

# THIS HANDBOOK HAS BEEN PRESENTED TO:

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## YOUR KEYWORKER IS

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We are pleased to welcome you as a new resident here at The Coach House Nursing Home. We are committed to helping you settle into your new home as quickly as possible.

The aim of this handbook is to relate the homes philosophy, expectations, standards of care and detail your Terms and Conditions of residency.

In addition it contains general policies and procedures, which you should familiarize yourself with. Once you have read your Terms and Conditions of Admission please sign and return it in its entirety to the Administrator so it can be copied and returned to you.

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## **STATEMENT OF PURPOSE**

We place the rights of you, the resident, at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment, and the services we provide, and to encourage you to exercise your rights to the full. We welcome into the home clients of both sexes over the age of sixty years.

Our objective is to deliver care to all residents to a standard of excellence, which embraces fundamental principles of good care practice, and this will be evaluated through the practices and conduct of the staff within the home. We are committed to the maintenance of your rights, identity and individuality and in so doing, the maintenance of your dignity at all times. We also recognise the importance of the need for privacy and choice for all. We strive to maintain a stimulating and pleasant environment, designed to help compensate for any loss of physical or psychological abilities.

This commitment is accepted and implemented by all our staff and is positively communicated to our residents, their relatives and friends, enabling us to create a spirit of trust and confidence in the professional standards that we set and in the quality of service we provide. The foundation of which are the Homes Statement of Purpose and the Residents Charter.

### **The following objectives are used as a guide to those responsible for the process of care within our Nursing Home:-**

- Ensure all residents are involved where possible, in the planning of their care and are given the opportunity to question and discuss that care and how it is carried out.
- Ensure all residents are treated with respect and sensitivity and are addressed in an appropriate manner.
- Ensure all staff value and respect the individuals right of choice, privacy and dignity at all times.

### **We recognize the importance of ensuring competent and progressive nursing practices within the Home so that our qualified nurses:-**

- Recognize their individual professional accountability.
- Maintain their levels of competence and keep up to date with nursing practices.
- Are involved in the standard setting and quality monitoring for the services we provide.
- Plan a systemized and individual care plan pertinent to each resident's needs and requirements.
- Provide a system of advocacy that ensures resident's needs are represented and recognised.

## **PRIVACY**

We recognize that life in a communal setting, and the need to accept help with personal tasks, are inherently invasive of a residents ability to enjoy the pleasure of being alone and undisturbed. We therefore, strive to retain as much privacy as possible for you in the following ways.

- Giving help in intimate situations as discreetly as possible.
- Offering a range of locations around the home for you to be alone or with selected others.
- Guaranteeing your privacy, when using the telephone, opening and reading post and communicating with friends, relatives or advisors.
- Ensuring the confidentiality of information the home holds about you.
- Provided a door lock to your bedroom upon request.

## **DIGNITY**

Disabilities quickly undermine dignity, so we try to preserve respect for our residents intrinsic value in the following ways.

- Treating you as a special and valued individual.
- Helping you to present yourself to others, as you would wish through your own clothing, your personal appearance and your behaviour.
- Offering a range of activities, which enables you to express yourself as a unique individual.
- Tackling the stigma from which you may suffer through age, disability or status.
- Compensating for the effects of disabilities, which you may experience with regard to communication, physical functioning, mobility or appearance.

## **INDEPENDENCE**

We are aware that our residents have given up a good deal of their independence in entering a group living environment. We regard it as all the more important to foster our residents remaining opportunities to think and act without reference to another person in the following ways.

- Provide as tactfully as possible human or technical assistance, when it is needed.
- Maximizing the abilities you retain for self-care, for independent interaction with others, and for carrying out the tasks of daily living unaided.
- Helping you take reasonable and fully thought-out risks.
- Promoting possibilities for you to establish and retain contacts beyond the home.
- Encouraging you to have access to, and contribute to the records of your own care.

## **SECURITY**

Many residents have sought admission to the home as an escape from elements in their previous living arrangements, which threatened their safety or caused them fear. We, therefore, aim to provide an environment and structure of support, which responds to this need in the following ways.

- Offering assistance with tasks and in situations, which would otherwise be perilous for you.
- Avoiding as far as possible the dangers especially common among older people, notably the risk of falling.
- Protecting you from all forms of abuse and from all possible abusers.
- Creating an atmosphere in the home, which you experience as open, positive and inclusive.

For the protection and welfare of all our residents all exterior doors are monitored by the homes internal call system. The front door is kept locked at all times and any unknown persons are asked for identification.

Residents are requested to lodge valuables such as jewellery, money and bankbooks with the Administrator for safekeeping. Valuables will be kept in the homes safe and a receipt will be issued for them. It is requested that you do not carry around or keep large amounts of cash in your room, however a lockable storage container can be supplied in your room upon request.

## **INSURANCE**

The Home carries Public liability insurance plus cover for personal property up to £500. You are advised to have items of value insured privately through your own insurance company.

## **CIVIL RIGHTS**

Being old, having disabilities and residing in a home, all act to deprive our residents of their rights as citizens. We, therefore, work to maintain our residents place in society as fully participating and benefiting citizens in the following ways.

- Ensuring that you have the opportunity to vote in elections and to brief yourself fully on the democratic options.
- Preserving for you full and equal access to all elements of the National Health Service.
- Helping you if necessary to claim all appropriate welfare benefits and social services.
- Facilitating you to contribute to society through volunteering, helping each other and taking on roles involving responsibilities with and beyond the home.
- Assisting you to access public services such as libraries, further education and lifelong learning.

## **CHOICE**

We aim to help residents exercise the opportunity to select from a range of options in all aspects of their lives in the following ways.

- Providing meals which enable you as far as possible to decide for yourself where, when, and with whom you consume food and drink of your choice.
- Offering you a wide range of leisure activities from which to choose.
- Enabling you to manage where possible your own time and not be dictated to by set communal timetables.
- Avoiding wherever possible treating you as part of a homogeneous group.
- Respecting individual, unusual or eccentric behavior.
- Retaining maximum flexibility in the routines of the daily life of the home.

## **FULFILMENT**

We want to help our residents to realize personal aspirations and abilities in all aspects of their lives. We seek to do this in the following ways.

- Informing ourselves as fully as each resident wishes about their individual histories and characteristics.
- Providing a range of leisure and recreational activities to suit the tastes and abilities of all residents, and to stimulate participation.
- Responding appropriately to the personal, intellectual, artistic and spiritual values and practices of every resident.
- Respecting your religious, ethnic and cultural diversity.
- Helping you to maintain existing contacts and to make new liaisons, friendships, and personal or sexual relationships if you wish.
- Attempting always to listen and attend promptly to any desire to communicate at whatever level.

## **LEISURE & ACTIVITIES**

We encourage you to do as much as possible for yourself and to follow your hobbies and interest as this is one of the many ways in which your physical and emotional health will be maintained. This is your home and you are encouraged to share, as you are able, in the activities of the home, but we accept the need for a careful balance between promoting freedom of choice and ensuring your safety. The activities organiser works four afternoons a week, organising an innovative program of social activities in and around the home, which in fair weather includes outings, garden parties, concerts, etc. Library and talking book facilities can be arranged.

## **SHOP**

We have a selection of items on sale in the main reception area for the convenience of residents should they wish to make a purchase. Items include tissues, shampoo, bubble bath, toothpaste, deodorant etc. All items can be charged to your account or paid for in cash.

## **VISITORS**

Visitors are welcome in the home any time between 10am and 8pm. If you wish to have a visitor join you for a meal you are requested to notify the person in charge twenty four hours in advance, a small additional charge will be made for visitors meals.

Visitors are encouraged to take you out although they must advise the person in charge that they intend to do so. The home accepts no responsibility for residents during such outings.

## **MEALS**

Our chefs prepare a varied menu of fresh wholesome meals. The home strongly supports the provision of a healthy, nutritious and balanced diet that provides for all residents dietary needs and offers personal choice and pleasure. All special diets and requirements are catered for.

Breakfast:-	Served from 8am to 9am.
Lunch:-	Served from 12.15 to 1pm.
Evening meal:-	Served from 5.15 to 6pm.
Supper:-	Served from 8pm onwards.

Morning and afternoon tea\coffee is served in the lounge or bedrooms as desired. All meals may be served in the bedrooms depending upon the needs and wishes of the individual. Cold refreshments and fruit are available at all times.

The home operates a six weekly rotating menu utilizing fresh seasonal ingredients, copies of the menu can be found in the Statement of Purpose at reception.

## **GIFT FOOD**

We have identified a possible hazard in the form of food products brought into the home by residents, their family and friends. Obviously we are unable to ascertain that these foods products have been prepared, handled or transported safely. If after being informed of the potential risks of these unknown food products, it is the express wish of the individual and or NOK that they still wish to consume said products then it will be necessary that they complete a liability waiver agreement.

## **HEALTH & PERSONAL CARE**

We draw on expert professional guidelines for the services the home provides, in pursuit of the best possible care we will do the following.

- Produce with each individual, update regularly, and thoroughly implement a service user plan of care, based on an initial and then continuing monthly assessment.
- Seek to meet or arrange for appropriate professionals to meet the health care needs of each resident.
- Establish and carry out careful procedures for the administration of your medicines.
- Take steps to safeguard your privacy and dignity in all aspects of the delivery of health and personal care.
- Treat with special care residents who are dying, and sensitively assist them and their relatives at the time of death.

You may retain your own G.P where possible. Where residents come for admission from a distance, and their own G.P is unable to visit them, our own Homes doctor will take over their medical care. You are requested to bring with you on admission the following items:-

- Medical Card.
- All medications and dressings prescribed by your own doctor.
- Out Patient appointment cards.
- Latest prescription for spectacles, and hearing aid books where applicable.
- Home address and telephone number of own G.P.

A copy of the Admission Procedure can be found in the Statement of Purpose at reception.

## **RELIGION**

A regular communion service is held monthly, clergy of other denominations can be called upon to visit those who may wish their services. Below is a list of local places of worship.

The New Life Church Assembly of God  
Pentecostal Church  
Ripon 01765 605444

St. Wilfreds Church  
Roman Catholic  
Ripon 01765 279263  
Email: philip47holroyd@gmail.com

Ripon Cathedral  
Church of England  
Ripon 01765 603462

Allhallowgate Methodist Church  
Methodist  
Ripon 01765 602439

St. John The Evangelist  
Harrogate  
01423 565129

Bilton Grange United Reformed Church  
Harrogate  
01423 521088

Jewish Synagogue  
Harrogate  
01423 507070

Baptist Church  
Harrogate  
01423 565282

## **CHIROPODIST**

The Homes chiropodist visits monthly, a charge for this service is levied to your account on a monthly basis. If you wish to retain your own chiropodist you are free to do so.

## **HAIRDRESSER**

We have a dedicated hairdressing room utilized by the homes own hairdresser who visits three times a week, a charge for this service is levied to your account on a monthly basis. Alternatively if you wish to retain your own hairdresser they are welcome to use the Homes facilities.

## **COMPLIMENTARY THERAPYS**

Arrangements for visits by other professionals can be made on request such as:-

Physiotherapist, Optician, Dentist, Occupational Therapist, Osteopath, Reflexologist, Aromatherapist, Manicurist, Beauty Therapist etc.

## **LAUNDRY**

There is an in-house laundry available for all personal laundry. You are requested to have all personal items labeled clearly with your name and initials prior to admission. Relatives are requested to have any additional items brought to the Home clearly marked with your name, including such items as: tights, stockings and underwear. Whilst every effort will be made to care for items of personal clothing etc, the home cannot accept responsibility for damage to delicate items during laundering, or for loss of items not clearly marked with their owner's name.

## **NEWSPAPERS**

Newspapers and periodicals can be ordered from reception for daily delivery. A charge for this service is levied to your account on a monthly basis.

## **NEWSLETTER**

We produce a newsletter on a weekly basis, the aim of which is to keep everyone informed of events and happenings throughout the home. It also gives residents an open forum in which to air their views and the opportunity of making suggestions on areas that may need altering or improving.

Topics covered in the current newsletter are as follows:

*Refurbishments* Any areas of the home undergoing re-decoration or alteration.

*Regulations* Any changes or new regulations that need to be implemented.

*Activities* Current weeks activities

*Outings* Details of organised trips.

*Memories* Resident's memories and stories

*Quiz* Something to get you thinking

*Visitors* Dates and times of Communion, chiropody etc.

*Birthday* Forthcoming residents and staff anniversaries.

*Suggestions* Ideas that have come back either verbally or via questionnaires.

*Staff News* Participating in raising monies for charity, gaining qualifications etc.

Any other comments or information that would be beneficial in being conveyed

## **TELEPHONE SYSTEM**

The home is equipped with a direct dial telephone system similar to one you would find in a hotel. If you would like to have a telephone in your own room please enquire at reception.

All incoming calls to the home are answered through an automated switchboard in reception; this facility enables a caller to either dial a room extension directly or to hold and speak to a member of staff. If a caller wishes to contact a room extension on Bishop wing directly they would need to prefix the room number with 2 (i.e. To dial directly to Room 3 a caller would dial 203, Room 12 would be 212, etc). The same applies to Church wing only those rooms are prefixed with 3 (i.e. To dial directly to Room 8 on Church wing a caller would dial 308). Having this facility does enable friends and family who may not live in the area or are unable to visit as often as they would wish, to keep in touch, with the added benefit that there are no line rental charges involved.

To make a telephone call from your own room you will first need to pre-fix the number you are calling with 9 e.g. (9 01765 600541). The telephone system logs all calls made from every room extension, and all calls made carry a charge (similar tariff to that of a BT phone box).

There is a pay phone for relatives and visitors use, which is situated on the wall on the ground floor of Bishop wing. The instructions on how to use it are above the telephone.

## **INTERNET – COMPUTERS**

A wireless internet connection is installed throughout the home enabling you to use your computer wherever you wish. If you do not have your own computer we have a portable computer station with a very user friendly touch screen system which enables you to have access to the internet, send and receive emails, print and save photo's or talk to friends and relatives via the web cam. Please ask a member of staff and we can arrange instructions on it's use.

## **NURSE CALL SYSTEM**

The control panel for the nurse call system is located in the main reception. When a call point is activated in a bedroom, toilet, lounge, bathroom, etc a red light will be displayed on the panel next to a number, which corresponds to the number of the room calling. The call will also register on the pagers, which all staff are required to carry with them.

When a pager receives a call it emits a series of alert tones, the red light flashes and the call is displayed. Once a call has been made and is received by the pagers it will continue to emit a series of alert tones, periodically, until the call has been cancelled at the call point that it originated from. The call cannot be cancelled from any other place other than the point it originated from so you can be assured that a member of staff will attend to your request. Under normal circumstances calls will be answered within three minutes of activation wherever possible.

If emergency assistance is required (activated by an attending member of staff only) the pagers will register an emergency alert, the alert tones are much quicker and EMERGENCY is displayed under the usual message and staff will respond instantly.



## **STAFFING**

We are aware that the homes staff will always play a very important role in your welfare. To maximize this contribution, we will do the following.

- Provide an appropriate number of staff with the relevant mix of skills and qualifications in health and social care to meet your needs.
- Observe recruitment policies and practices, which both respect equal opportunities and protect your safety and welfare.
- Offer our staff a range of training, which is relevant to their induction, foundation experience and further development.

A staff development and training file is on display at the front desk, which holds certificates awarded to our staff on completion of courses attended, this is updated regularly.

All staff are required to wear the homes uniform, either tunics and trousers or dresses. The tunics or dresses are colour coded to delineate grade/job role.

- Dark blue – Matron & Deputy
- Hospital blue – Registered Nurse
- Light blue – Care assistant
- White – Care assistant (male)
- Grey – Care assistant undergoing induction
- Burgundy – Housekeeping/Domestic

To assist recognition by residents and visitors all members of staff wear name badges.

## **KEY WORKERS**

The Home operates a key worker system. Following admission you will be allocated a carer or nurse who will introduce themselves as such. The aim of the key worker is to provide you with an advocate within the staff team through whom relationships can be developed based on trust and mutual respect. Your key worker will help you settle in, get to know you, go through the Resident's Handbook and liaise with your family.

If for any reason you are not happy with your allocated key worker please let Matron know and alternative arrangements will be made.

## **GIVING OF GIFTS / GRATUITIES**

It is of some concern that residents within our care may place members of staff in an invidious position by asking them to accept a gift/money, or to ask for assistance with the preparation of wills, deeds of gift, or any other document purporting to pass property. Of equal concern is the instance where you may wish to bequeath to employees gifts, which could then be subsequently disputed by relatives or other beneficiaries. You will appreciate that this could cause embarrassment and legal issues both to the members of staff concerned and to the Home.

In order to reduce the risk of accusations that perhaps undue influence has been used by an employee, the management would like to draw your attention to the dangers which could exist. We would like to stress that staff have been instructed that under no circumstances should they accept gifts or money from clients or bequests from their wills.

If however, a client is insistent on making a gift then they will be advised to seek independent advice and to discuss the matter with relatives and the management of the home.

In addition, employees have been instructed that they must not help with or offer advice upon the preparation of wills, deeds of gift, or any other document purporting to pass property. If you wish to make a will, then information about where independent advice and assistance can be obtained will be made available by the management. Excepting management, staff will not act as witness to any residents will, and in no circumstances will any member of staff become an executor of a resident's estate.

## **THE ENVIRONMENT**

The Coach House is an attractive detached period property combining traditional charm and character with the very latest in building standards and fire regulations. The home is situated in beautiful parkland surroundings at Sharow Cross, only minutes from Ripon centre and within easy access to all local amenities. The private and tranquil gardens are extensive, well maintained and easily accessible for the less able.

The homes principle rooms consist of three lounges, a garden room and a dining room all on the ground floor. These spacious rooms benefit from large picture windows with delightful views. Every possible care has been taken with furnishings and décor, in order that they are both functional and pleasing to the eye. We have forty single rooms and one twin bedded room all individually furnished and decorated to a very high standard. Every bedroom has en-suite facilities and is equipped with nurse call system, colour television, and telephone if required.

You are encouraged to bring your own furniture, furnishings and electrical equipment into the home, in order to further personalize your room. It must be noted that electrical appliances are subject to testing in order to ensure safety, any items found to be unsafe must either be repaired or replaced. Furnishings and furniture must comply with fire resistance standards, any items that are suspected of being a fire risk will not be accepted in the home.

It is our aim to provide the best possible standards of accommodation, to this end we will do the following.

1. Maintain the buildings and grounds in a safe condition.
2. Make detailed arrangements for the communal areas of the home to be safe and comfortable.
3. Supply toilet, washing and bathing facilities suitable for the residents for whom we care.
4. Arrange for specialist equipment to be available to maximize residents independence.
5. Provide individual accommodation, which meets or exceeds the National Minimum Standards.
6. Ensure that the home is kept clean, hygienic and free from unpleasant odors, with systems in place to control the spread of infection.

A copy of the homes physical environment can be found in the Statement of Purpose at reception.

## **FIRE PRECAUTIONS**

It is the homes belief that staff, residents and visitors within the home should be as safe as possible from the threat of fire or from injury in the case of an outbreak of fire. The best way to ensure that this state of safety exists is to have robust fire policies and procedures in place, to ensure that staff are well trained to cope with an outbreak of fire or an alarm situation.

Daily checks are carried out to ensure that where required fire doors are closed, exits and stairways are unobstructed, all unnecessary electrical equipment is turned off and storerooms are kept locked shut.

The weekly check, which ensures the alarm system is functioning correctly throughout the building is usually carried out each Friday. To do this an alarm condition, lasting no longer than 30 seconds, is activated by triggering in rotation one of the break glass points, residents and visitors need not take any action.

Once a month, usually on a Friday, we have an unannounced fire drill where the alarm sounds for approximately 2 minutes. This drill is for staff training purposes only and again you do not need to take any action. The nurse on duty will try, where possible, to inform all visitors when a drill will be taking place.

Everyone should be made aware of what to do in the event of a fire, instruction regarding these procedures are posted throughout the building for the benefit of visitors.

Those who wish, and are allowed to smoke may only do so in the designated area, under supervision and at your own risk. All combustible materials and lighters etc must be lodged with the home for safekeeping. Visitors should familiarize themselves with fire exits and drills. Lifts should never be used in the event of a fire or emergency.

## **FIRE EVACUATION PLAN**

Since emergencies can and do occur, preplanning is necessary to prevent a disaster. However we are aware that during emergencies there is an urgent need for rapid decisions, due to shortages of time, resources and trained personnel which can lead to chaos during an emergency. Circumstances in an emergency mean that normal channels of communication cannot be relied upon to function routinely, thus prior planning and implementation of procedures is an important factor in how an incident is handled.

We have adopted the progressive horizontal evacuation method. This method will be used for residents who can walk or are wheelchair bound. It works on the principle of moving residents from an area affected by fire, through as many fire resisting barriers as possible to a fire protected area on the same floor where they can wait in a place of safety whilst the fire is dealt with or to await further evacuation by the fire brigade.

We also adopt the delayed evacuation method for residents who are bed bound. These residents will remain in their rooms behind the fire doors whilst the fire is dealt with or until further evacuation is needed.

If the fire brigade is not able to contain the fire then all residents will be evacuated from the building.

## **FINANCIAL ARRANGEMENTS**

We are committed to providing value for money within our comprehensive and caring service  
The fees charged are dependent on:

- The type of room/facilities required.
- The type of care package and needs of the individual.

Depending on the personal financial situation, a resident can either pay the fees privately, four weeks in advance, or receive benefits organized via social services.

A copy of our Terms and Conditions is annexed at the end of this handbook.

## **BANK DETAILS**

If you wish to pay your fees by standing order our bank details are below. Incidentals will then be invoiced separately on a quarterly basis.

BANK: BARCLAYS  
ADDRESS: RIPON BRANCH, PO BOX 76,  
HARROGATE, HG1 1TQ  
BENEFICIARY: THE COACH HOUSE NURSING HOME  
ACCOUNT NO: 40252379  
SORT CODE: 20-37-13  
FREQUENCY: EVERY FOUR WEEKS

## **NHS FUNDED NURSING CARE**

Private paying residents coming into nursing care are, on the whole, entitled to the NHS Funded Nursing Care contribution. These monies are non means tested which means this allowance is payable irrespective of the amount of capital or income an individual has or receives.

The local Clinical Commissioning Group (NHS) are obliged to carry out an assessment of an individual's nursing needs either whilst in hospital or in a nursing home. This assessment will determine whether someone meets the criteria and are therefore eligible to the Funded Nursing Care payment.

Upon completion of the assessment both the individual and the nursing home are notified of the CCG's decision. Payment of the FNC is made directly to the Home every four weeks, in arrears to cover the nursing element of an individual's care home fees.

When an individual is first admitted to the home an application for FNC will be completed if it is considered that the individual requires nursing care. An application will also be made at a point if a residential client's condition deteriorates to a level where they require nursing intervention.

The NHS has produced an information booklet for anyone living or going into nursing care. We have copies of this booklet available; if you wish a copy please ask at reception.

## **COMPLAINTS**

Despite everything that we do to provide a secure and homely environment, we know that you may become dissatisfied from time to time. Therefore we have policies in place detailing how to make a complaint and the way in which these are dealt with.

### **POLICY STATEMENT**

The home believes that if a resident wishes to make a complaint or register a concern they should find it easy to do so. It is the homes policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services. This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by residents and their relatives and carers are taken seriously.

This policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation and forms no part of the homes disciplinary policy.

The home believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, resident dissatisfaction and possible legal proceedings. The home supports the concept that most complaints, if dealt with early, openly and honestly, can be sorted at a local level between just the complainant and the home. If this fails due to either the home or the complainant being dissatisfied with the result the complaint can be referred to the Local Government Ombudsman and legal advice will be taken as necessary. Comments can also be passed on to the Care Quality Commission.

### **AIM**

The aim of the home is to ensure that its complaints procedure is properly and effectively implemented and that residents feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

### **OBJECTIVES**

The goals of the home are to ensure the following:

1. Residents, their representatives and carers are aware of how to complain and that the home provides easy to use opportunities for them to register their complaints.
2. Matron will be responsible for the administration of these procedures.
3. Complaints are acknowledged within three working days.
4. Investigations into complaints are held within twenty-eight working days.
5. All complaints are responded to in writing by the home.
6. Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they cause to both residents and staff.

Complaints can be made by telephone, in person, in writing or by email. Complaints should be directed to the Matron.

Contact details: Matron

The Coach House Nursing Home  
Dishforth Road  
Sharow  
Ripon  
HG4 5BQ

Tel: 01765 600541

Email: [Admin@coachhouse-nh.co.uk](mailto:Admin@coachhouse-nh.co.uk)

When a complaint is made by telephone a written record of the complaint will be made and the complainant will be furnished with a copy within three working days.

All other complaints will be acknowledged within three working days.

A complaint must be made no later than 12 months after:

1. The date the event occurred or, if later,
2. The date the event came to the notice of the complainant.

The time limit will not apply if Matron is satisfied that

1. The complainant can give a good reason for not making the complaint within the time limit and
2. Despite the delay, it is still possible to investigate the complaint effectively and fairly.

Anonymous complaints will be dealt with by the Matron reporting to the Proprietor.

Complainants may use local advocacy services details of which can be found in the Residents Handbook.

Complaints will only be accepted from a representative

1. Where we know that the resident has consented, either verbally or in writing or
2. Where the resident cannot complain unaided and cannot give consent because they lack capacity within the meaning of the Mental Capacity Act 2005 and
3. The representative is acting in the resident's best interests eg where the matter complained about, if true, would be detrimental to the resident.

This procedure can be made available on request in other languages and in other formats.

## **INFORMAL COMPLAINTS**

These are day-to-day complaints, which can usually be resolved relatively simply.

The person complaining should direct the complaint in the first instance to the nurse in charge of the shift.

The nurse in charge will discuss the matter with the complainant and try and resolve the problem there and then. If appropriate, details of the complaint will be noted in the residents personal file.

If it is not possible to resolve the complaint, arrangements will be made for the matter to be brought to the attention of the Matron who will, if appropriate, arrange a meeting with the complainant to investigate the complaint in more depth and again attempt to resolve the matter. The report from the nurse in charge to Matron must contain the following information:

- Time & date of complaint
- Complainants name, address & telephone number
- Description of complaint
- Description of action taken at the time of complaint to resolve the situation
- Name(s) of staff or other people who became involved

If the matter still cannot be resolved, the complaint should be dealt with as a Formal Complaint using the following procedure.

If the complaint concerns the Matron directly, the complaint may be put directly to the proprietors.

## **FORMAL COMPLAINTS**

These complaints are usually of a more serious nature, which are not able to be resolved by the informal procedure.

- All formal complaints should be addressed to Matron or if appropriate the proprietors.
- On receipt of a formal complaint Matron will:
- Contact the proprietors and arrange a meeting for further discussion and advisement
- Acknowledge the receipt of the complaint within three working days
- Advise the complainant in writing of the action that will be taken to investigate and resolve the complaint.
- Conduct an investigation into the matters surrounding the complaint and try to find a satisfactory solution.

Unless specifically requested otherwise, record the details of the complaint and the solution if any, both in the patients file and the homes complaints book.

## **FURTHER ACTION**

If after exhausting the homes complaints procedure and the matter still remains unresolved then the complainant has the right to take the complaint to the Local Government Ombudsman, who provide a free, independent service, at the following addresses:

Local Government Ombudsman  
PO Box 4771  
Coventry  
CV4 0EH  
Tel: 03000 610614

[www.log.org.uk](http://www.log.org.uk)

Our service is registered with and regulated by the Care Quality Commission (CQC). The CQC cannot get involved in individual complaints about providers, but it is happy to receive information about our services at any time. You can contact the CQC at the following address.

Yorkshire and Humberside Region  
Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

Tel: 03000 616161  
Fax: 03000 616172

Email: [www.cqc.org.uk/contactus.cfm](http://www.cqc.org.uk/contactus.cfm)

Annual reports are prepared for the period ending 31<sup>st</sup> March and include:

1. The number of complaints received
2. The number of complaints that were well founded, partly or fully
3. The number of complaints that have been referred to other bodies
4. The subject matter of complaints received
5. A summary of any matters of importance in those complaints themselves or in the way that the complaints were handled and
6. A summary of any matters where action has been or is to be taken to improve services as a consequence of those complaints

A copy of this report is available on request.

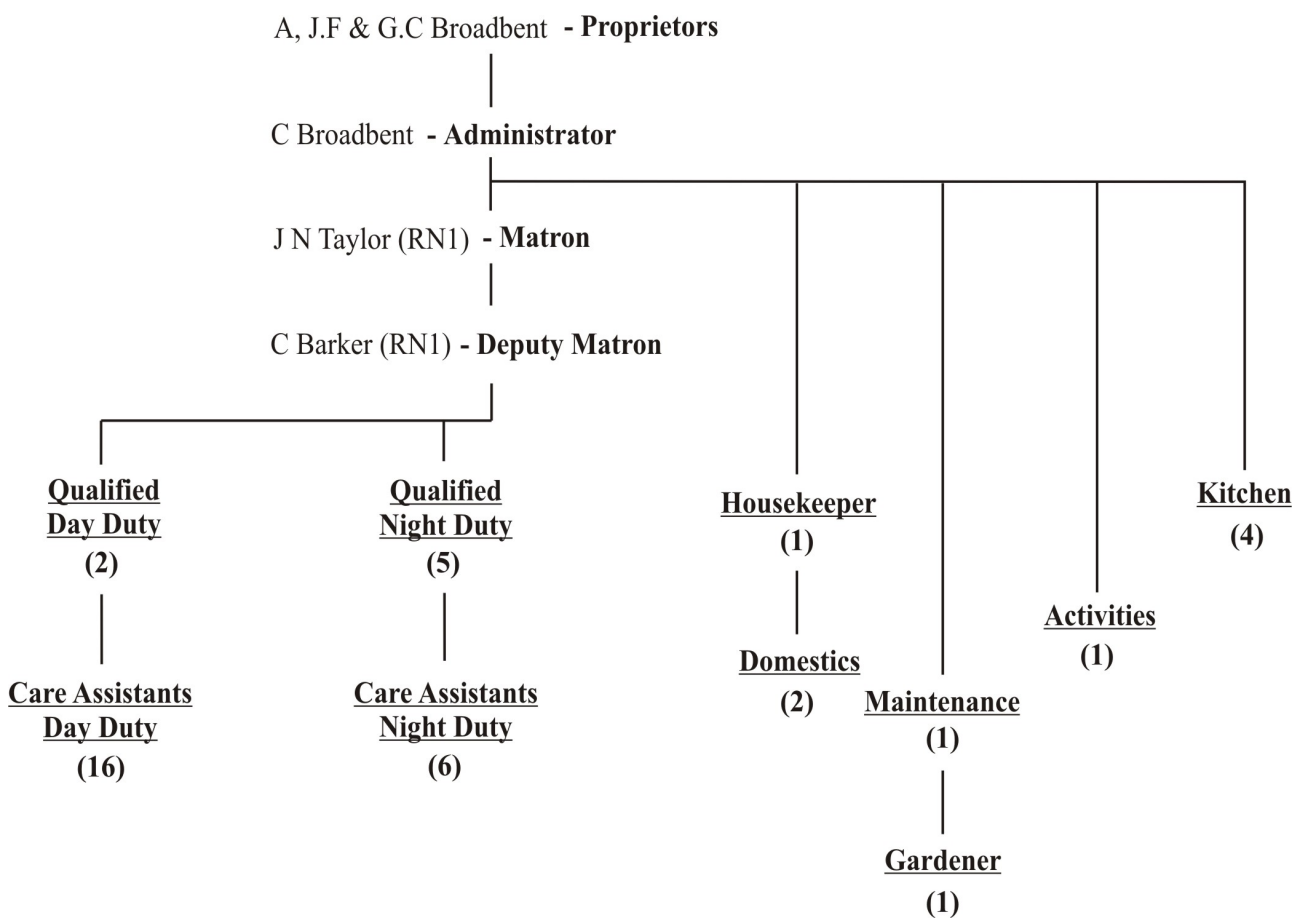


## MANAGEMENT

We know that the leadership of the home is critical to all its operations. To provide leadership of the quality required, we will do the following.

- Always engage as registered manager a person who is qualified, competent and experienced for the task.
- Aim for a management approach, which creates an open, positive and inclusive atmosphere.
- Install and operate effective quality assurance and quality monitoring systems.
- Work to accounting and financial procedures, which safeguard residents interests.
- Supervise all staff and voluntary workers regularly and carefully.
- Keep up-to-date and accurate records on all aspects of the home and its residents.
- Ensure that the health, safety and welfare of residents and staff are promoted and protected.

## MANAGEMENT STRUCTURE



J F Broadbent – Proprietor/Administrator  
Managed the home since 1991, Diploma in Business Studies, NVQ4 in Management

J N Taylor – Matron since 1991  
Qualified as an RN1 in 1987, D32/33 Assessors, ENB931, ENB998, NVQ4 in Management.

C Barker – Deputy Matron since 1991  
Qualified as an RN1 in 1977, D32/33 Assessors.

## **INSPECTION REPORTS**

The home is regulated and routinely inspected by The Care Quality Commission who produce their findings in a report, a copy of the most recent inspection report can be found in the Statement of Purpose at reception or on the CQC website [www.cqc.org.uk](http://www.cqc.org.uk).

## **QUALITY ASSURANCE**

We are committed to maintaining and improving the quality of our service. An important part of our approach to quality assurance is obtaining the views of our residents, their family and friends and visiting health professionals. We do this by informal meetings and questionnaires. There is an admission questionnaire at the end of this handbook, which we would appreciate you filling in.

## **RESIDENTS CHARTER.**

### RIGHTS

As someone who lives in a nursing home you enjoy the same rights and freedom as any other person of your own age who lives in the community. The management of the nursing home recognize this and wishes you and your fellow residents to know your rights on issues important in your daily life – your privacy, rights, choices, friends, interests, etc. We have therefore set out policies in these areas and how they effect you.

### RESPONSIBILITIES

Your personal choices and actions have consequences, which may effect other people. No one has complete freedom to do as they please – we all have to take account of the needs of others, a nursing home is no different in this respect.

Staff in the home promote the delivery of safeguards to health, safety and well being of residents by providing skilled nursing care and support whenever it is needed.

### RISKS

You are encouraged, as someone living in a nursing home, to enjoy as much independence as your particular circumstances permit. It is important to acknowledge the risks independence brings especially to those already affected by illness, age, disability, either physical or mental. These risks should be assessed and defined, as to avoid all risk would lead to an unhealthy existence. Some degree of risk is entirely normal for everyone.

### RESTRICTIONS

Some individuals with severe physical or mental difficulties may be unable to exercise their rights in full. The commitment to a process for advocacy on behalf of those so affected, enables their rights to be protected in full. It is wrong to deny residents their essential rights and any restrictions should be strictly limited and reviewed regularly.

## **YOU HAVE THE FOLLOWING RIGHTS:**

- To have your personal dignity respected.
- To be treated as an individual with your own needs, wants and desires.
- Not to tolerate any forms of abuse.
- To be treated with a respectful attitude.
- To express your needs, wants, likes and dislikes.
- To personal independence, choice and responsibility for actions and to undertake for yourself those daily living tasks which you are able.
- To privacy for yourself, your belongings, your visitors and your affairs.
- To have your cultural, religious, sexual and emotional needs accepted and respected.
- To have the same access to facilities and services in the community as any other citizen.
- To maintain and develop social contacts and interests. To alleviate loneliness and isolation.
- To receive a nutritious and balanced diet.
- To manage your own financial affairs or to be offered the opportunity to delegate that authority lawfully to an individual with the appropriate skill, education, and expertise to carry out your wishes correctly and in sympathy with your intentions.
- To have, and where possible to participate in, regular reviews of your individual circumstances, and to have a friend or adviser present if you wish so.
- To receive personalized care, planned by a qualified nurse and to participate as fully as possible in the formulation of your own individual care plans before and during your stay.
- To make decisions about your medical treatment and medication in conjunction with the qualified staff.
- To be fully informed about the services provided by the home and to be kept informed of any changes in circumstances, which might affect your well-being.
- To be represented by an advocate, if you so wish, or if you are unable to make personal representations.
- To have access to your personal file in line with the Department of Health policy and procedures.
- To receive care from properly trained, vetted, supervised and supported staff.
- To have access to a formal complaints procedure and to be represented by a friend or adviser as you so wish without fear of repercussions.

## **ADVOCACY**

Advocacy means to speak up for someone. Most of us at sometime in our lives speak up for others or hope that someone will speak up for us when we need support.

Advocacy is about making things change because people's voices are heard and listened to. It's about making sure that people can make their own choices in life and have the chance to be as independent as they want to be. With independent advocacy it is about another person (an advocate) making sure that a person is not ignored because they need some help to make sure that they are heard. Advocacy is about putting a person back in control of their life.

People are very different and may need different types of advocacy at different times in their lives. We need to make sure that there is choice that suits the differences of the people who want what advocacy has to offer.

What is common to all types of advocacy is that the person who it is for is always at the centre of the advocacy process. It is all about what the person wants, and finding the best way of getting that across to the people who need to know.

Assistance from independent advocates can be accessed as follows:

Harrogate and District Advocacy Scheme Tel: 01423 547500

Age Concern free helpline: 0800 00 99 66

CareAware helpline: 08705 134925

## **HEALTH AND SAFETY POLICY STATEMENT**

The Coach House Nursing Home recognises its Health and Safety duties under the Health and Safety at Work Act 1974 and further associate protective legislation, both as an employer and a company and to that end have appointed Mrs J. N. Taylor to assist as the person responsible for monitoring our Health and Safety Policy, its implantation and maintenance.

Mr J. F. Broadbent will liase with EMAS, HSE and EHO in order that Mrs Taylor is kept updated with any new legislation, which needs to be passed onto the employees and residents alike.

The Home has instituted a system for the reporting of Accidents, Diseases and Dangerous Occurrences to the Health and Safety Executive and the Registering Authority (therefore carrying out its duties as laid down by RIDDOR). Recorded documentation is kept in the Home for inspection by any Authority to view.

We accept the responsibility under the Health and safety at Work Act 1974 section 2 and will provide as far as practical:-

1. A safe place to live and work, safe systems for work, a safe healthy living environment with safe appliances for daily life.
2. Information, codes of practice, Instruction Manuals, lists of procedures, instruction and supervision as is necessary to ensure the health, safety and welfare of our residents and employees.

We will provided a structured training programme for all employees and re-train when necessary, covering any changes to the law or a circumstances change. We will keep documentary evidence of this training in compliance with the Health and Safety information for Employees Regulations.

We will promote awareness and understanding of health and safety throughout the work force. We will ensure the safety and absence of health risks in connection with the use, handling, storage and transport of articles and substances.

We will, at any reasonable time, be willing to discuss with any of our residents and employees any aspect of Health and Safety and will actively encourage their comments and suggestions for improvements in standards of practice in furtherance of complying with legislation.

The home has taken out insurance against liability for injuries etc. suffered by any of its employees, arising out of and in the course of employment, provided only that it was caused by the negligence and or breach of statutory duty on the part of the Home. This policy is prominently displayed for inspection by Employees/Authorities and residents in the main reception area.

All employees agree to comply with their duties under section 7 of the Health and Safety at work Act and co-operate with us so far as to enable us to carry out our health and safety duties towards them. Failure of our employees to comply with our Health and Safety policy procedure can lead to dismissal.

In recognition of our duties to our residents, the general public and all lawful visitors to our Home, we regard that the extent of our duties are compatible with section 5 and 7 of the Health and Safety at Work Act.

This policy and the organisation for its implementation is subject to review annually, taking into account any interim measures which may be introduced.

## **MOVING AND HANDLING**

The **Manual Handling Operations Regulations 1992** (MHO Regulations) require that handling is avoided wherever possible, as this is the most effective way to avoid injury.

In April 1996, the Royal College of Nursing (RNC) launched a new code of practice in line with the principals of the MHO regulations, which suggests that lifting should be avoided in all but exceptional circumstances.

### **AIM**

It is the Homes aim to eliminate, as far as possible, the risks involved with handling residents. To this end and in accordance with the above guidance we have instigated a “Minimal Handling Policy”. There are a large variety of handling aids available for use throughout the Home, which, if used correctly, will enable the effective implementation of this policy. A minimal handling policy promotes residents independence, as residents are encouraged to help themselves so far as is reasonably possible. The policy has the added benefit in that it promotes the provision of better care, in addition to limiting the risk of injury to both the carer and the residents.

It is the responsibility of the Person in Charge to make sure that a written moving & handling assessment and directive has been completed for every resident requiring moving and handling. These written assessments are reviewed and updated on a regular basis.

# **SAFEGUARDING VULNERABLE ADULTS**

## **POLICY STATEMENT**

We at The Coach House are committed to a zero tolerance of abuse and neglect within our organisation. We believe that every resident has the right to live their life with kindness, compassion, dignity, respect, autonomy, privacy, independence and choice, free from abuse. Our policy and procedures are consistent with the North Yorkshire Multi-Agency Safeguarding Adults Policy, Procedure and Guidance.

## **AIM**

This policy is intended to:

- (i) Set out the values, principles and policies underpinning the homes approach to abuse and safeguarding.
- (ii) Set out the procedure to be followed if abuse is suspected.

## **Definition of Abuse**

Abuse can manifest itself in many different forms and on some occasions can be unintentional. A standard definition of Abuse is:

*“Any action (or lack of action) that causes harm or distress to another. These actions may be deliberate or accidental and include: physical, psychological, neglect, sexual or financial”.*

Actions may be the result of an individual, a group of people or be classed as institutional abuse.

## **PREVENTION AND MINIMISING ABUSE**

- The Coach House has a rigorous recruitment process that includes potential employees undergoing a POVA and DBS check before commencing employment.
- Safeguarding Adults is an integral part of staff induction.
- Staff are encouraged to report any concern they have about the safety and wellbeing of a resident.
- Safeguarding adult training is completed annually by staff and volunteers.
- Safeguarding policy and procedure regularly reviewed and updated.
- Residents are made aware of the Safeguarding policy and procedure and complaints policy.

We are committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place. All those involved will be treated with dignity and respect.

These procedures should be read in conjunction with the following policies and procedures

- Staff and Volunteer recruitment policies
- Confidentiality
- Health and Safety
- Disciplinary and Grievance
- Whistle blowing
- Complaints
- Equality and Diversity
- Data Protection

**Abuse could be:**

Deliberate and intended  
 Random  
 A result of negligence, indifference or a failure to protect  
 Discriminatory behaviour  
 A criminal offence  
 Multiple

**Abuse could be carried out by:**

Staff/Volunteers  
 Other residents  
 Relatives and carers  
 Other vulnerable people  
 Strangers

There are several forms of abuse that can occur in a social care setting. Never assume that a particular type of abuse cannot happen in our home. Experience shows that where complacency exists, abuse flourishes.

**Physical Abuse**

Perhaps the most easily recognised form of abuse and the one that springs to most people's minds when the subject is raised. It takes many forms, some of which are:

- Punching
- Slapping
- Kicking
- Biting
- Burning
- Nipping
- Shaking
- Wrongful use of restraint
- Wrongful use of medication

**Sexual Abuse**

Perhaps the second most often recognised form of abuse which, although quite rare, often has the most profound effect on the psychological health of the victim. It is defined as "forcing a person to take part in any sexual activity without consent or an activity for which they would not willingly give their consent". This can occur in many forms and guises:

- Unwanted sexual advances by another person
- Inappropriate sexual activity of another person
- Being forced to take part in any sexual act against your own free will
- Inappropriate language of a sexual nature by another person

**Psychological Abuse**

This form of abuse is undoubtedly more common than most people think and is often referred to as "playing mind games". In the past, lack of good quality training meant that staff were not adequately prepared for the variety of challenges they would face. In many cases staff have been unaware that their actions were construed as abusive. Ignorance is no defence!

Psychological abuse (playing mind games) includes:

- Ignoring
- Frightening
- Swearing at a resident
- Shouting at a resident
- Blaming
- Humiliating
- Intimidating

## **Neglect**

This is an area that some people would claim not to easily recognise as abuse, but still enables the abuser to exercise their power over the victim. Whichever way you look at it, below is a list of potential areas of neglect, which if acted upon would cause distress and harm to an individual, and according to the definition, that constitutes abuse:

- Deprivation of assistance
- Deprivation of medication
- Deprivation of clothes
- Deprivation of food
- Deprivation of heat
- Deprivation of support

## **Financial**

This is an area of abuse which is quite common in some areas and is probably unintentionally more widespread than many people think and includes:

- Misuse of another person's money
- Misuse of another person's personal effects
- Withholding money or personal effects
- Disposal of personal effects without consent

## **Discriminatory**

This abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals, it includes:

- A person's race
- Gender or gender identity
- Age
- Disability
- Sexual orientation
- Religion

## **Organisational**

Whenever any form of abuse is caused by an organisation, it may be organisational abuse. This includes neglect and poor practice within an institution or specific care setting. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, procedures and practices within an organisation.

The needs of the individual should not be sacrificed to meet the demands of the home. This is the simplest form of Organisational/Institutional Abuse and usually means that the abuse that takes place is ensuring all residents are being abused similarly.

This is usually due to the rigidity or "institutionalised" way in which work patterns and activities are carried out. It may be that an activity has been carried out in the same way for many years and staff resist or even resent any suggestion that a better way of working can now be found.

" Whose benefit is the home being run for, is it for the staff or is it for the residents?"

The answer is the residents!

## **What signs to look for**

People very rarely come forward and tell you that they have been abused, although once they 'open up' they often cannot stop talking about it until they have told the full story. Sudden changes in a person should be noted and observed by staff as a potential warning sign. Changes may be subtle but often are sudden and drastic. Any change in a person, however small has a reason. Common signs are:



## **Physical Signs**

- Unexplained injuries, bruising or burns
- Changes in personal hygiene or self care
- Sudden continence problems without apparent reason
- Sudden weight loss

## **Psychological Signs**

- Becoming withdrawn or unusually quiet
- Refusal to accept visitors
- Disturbed sleeping patterns
- Irrational or aggressive behaviour
- Reclusiveness
- Refusal to see health care professionals

## **Neglect**

- Poor standard of heating or housing
- Poor standard of diet, hunger, malnutrition
- Poor personal hygiene
- Untreated medical conditions
- No visitors or correspondence

## **Sexual**

- Itching, painful or injured genitals
- Bruising
- Venereal disease(VD) or urinary tract infection (UTI)
- Sexual references, innuendo or hints about sexual abuse
- Reluctance to be cared for by a particular individual
- Reluctance to accept certain visitors

## **Financial**

- Unusual bank transactions
- Sudden changes in the residents will
- Suspicious activity of visitors or relatives
- Sudden financial problems

## **Who are the Abusers?**

Unintentional abuse happens each and every day. It happens in shops, offices, hospitals, schools and care homes, examples of such are:

- In shops there are staff who ignore you to serve someone else or deliberately give you the wrong change.  
This is abuse of their position.
- In offices there are people who gossip and start rumours about colleagues, they give you all the worst jobs to do because you spurned their advances at the Xmas party.  
This is abuse.
- There are people in hospitals who make you wait for a bedpan or leave your drink just out of reach when you can't move.  
This is abuse.

- There are people in schools who make overweight children run cross country in the cold and rain, or deny a recreational activity for no apparent reason or make derisory comments about the way you dress.
- This is abuse.
- There are staff in care homes who stop a resident from having a smoke “because you’ve just had one” or say “I’ll fetch it in a minute” and then get sidetracked onto another job and forget. This is abuse.

Where a member of staff is aware that the actions or approach of another staff member is such that it might be classed as “unintentionally abusive” they should report this to Matron or the manager. If the member of staff does not report actions or approach the Matron or manager they may be guilty of condoning the abuse or even being passively compliant in perpetrating the abuse and they are just as guilty as any other abuser.

### **Named Person**

Matron, Jill Nicola Harrison is the appointed individual who is responsible for dealing with any safeguarding Adults concerns. In her absence, Deputy Matron, Carol Barker will be available for workers to consult with.

### **Jill Nicola Harrison**

01765 600541

Home number programmed on home’s phone

### **Carol Barker**

01765 600541

Mobile 07432632701

The roles and responsibilities of the named person(s) are:

- To ensure that all staff and volunteers are aware of what they should do and who they should go to if they have concerns that someone may be experiencing, or has experienced abuse or neglect.
- To ensure that concerns are acted on, clearly recorded and referred to Adult Social Care following the North Yorkshire Safeguarding Adults Multi-agency Policy and Procedure where necessary.
- To follow up any referrals and ensure the issues have been addressed.
- To reinforce the utmost need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security.
- To ensure that staff and volunteers working directly with resident’s who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.
- To co-operate with safeguarding investigations carried out under the North Yorkshire Safeguarding Adults Multi-agency Policy and Procedure.
- To ensure that disciplinary procedures are co-ordinated with any other enquiries taking place as part of the ongoing management of any allegation.

### **Action to be taken by staff on discovery of abuse (Alerter)**

It is the duty of all members of staff to be vigilant and watch out for any indications of abuse.

If any member of staff suspects that abuse might have taken place or is still taking place, they must report it to the manager or Matron without delay. If they suspect that the manager might be involved in the abuse, the staff member should report their suspicions to:

- A higher level manager within the organisation (if possible)
- The Care Quality Commission
- The Police

All reports of abuse, no matter how minor, should be referred immediately to Social Services Multi-agency Safeguarding Team using the Inter-agency Safeguarding Adults Alert Form. The abuse should also be reported to the CQC, as required by regulation 37 Care Home Regulations 2001.

To delay in reporting suspected abuse might mean that a person is exposed to the abuser for longer than necessary and not reporting suspected abuse may be seen as condoning the abuse.

If an allegation of abuse is received in the home by the manager, they should immediately:

- Protect the person reporting the abuse by following the Whistle blowing Procedure.
- Protect the resident by following the Confidentiality and Access to Information Procedure.

The manager should immediately take such steps as may be required to protect the victim of the abuse from any further suffering in the short term or until a full investigation can be carried out.

- **Ensure Safety**  
The first priority is to ensure the safety and protection of vulnerable adults. In making the person safe, it may be necessary to inform emergency services. If medical treatment is not immediately required, medical examinations should not be arranged until the safeguarding strategy is agreed.
- **Preserve Evidence**  
Where there are suspicions that a crime may have taken place the police should be contacted and physical, forensic and other evidence should not be contaminated.
- **Report and Record**  
All incidents should be reported immediately no matter who the alleged perpetrator is or who the victim is. This home respects and will not penalise anybody who is willing to stand up for anyone suspected of being abused and will not tolerate harassment of staff by other staff to “keep secrets”.
- Keep a careful detailed record of concerns, clearly separating fact from opinion. This should be written down as soon as possible, with the date, your signature and position. This could be used as evidence in a range of procedures.

## **DO**

Stay Calm and try not to show shock

LISTEN carefully rather than question directly

Be sympathetic

Be aware of the possibility that medical evidence might be needed

Tell the person that:-

- They did right to tell you
- You are treating this information seriously
- It was not their fault
- You must discuss it with an appropriate manager
- If they wish, contact be made with the police and or Social Services
- In certain circumstances the police and Social Services will be contacted without their consent, but that their wishes will be made clear throughout

Report to the Person in charge, or if you suspect them, you should report directly to North Yorkshire Adult Services and the police

Write down as soon as possible and as far as you are able, what was said by the person disclosing, stating the date and time, your signature and position as this could be used as evidence in a range of procedures.

Ensure that information is noted in the care plan

## **DON'T**

- Press the person for more details
- Promise to keep “secrets”. Explain that the information will be kept confidential. i.e information will only be passed to those people who need to know
- Make promises you cannot keep
- Be judgemental (eg why didn't you run away etc)
- Pass on information to anyone who doesn't need to know i.e gossip

## **ACTION TO BE TAKEN BY THE REFERRER ON A REPORT OF OR DISCOVERY OF ABUSE**

Ensure the immediate safety of the resident. Summon emergency assistance if required.

All reports of abuse, no matter how minor, should be referred immediately to Social Services Multi-agency Safeguarding Team using the Inter-agency Safeguarding Adults Alert Form. The abuse should also be reported to the CQC, as required by regulation 37 Care Home Regulations 2001.

Referral to North Yorkshire Adult Services should include the following information:

- State that you have an Adult safeguarding issue
- Personal details of the victim
- The referrers details
- The substance of the allegation
- Details of the alleged abuser
- Details of specific incidents or events including dates, places, injuries, witness, etc
- Whether or not consent has been given to take this matter further.

Adult Social Care Customer Services

Monday – Friday 8am – 5.30pm

**01609 780780**

This number will be answered by Emergency

Duty team outside these hours

Email Raising concern forms to

[Social.care@northyorks.gov.uk](mailto:Social.care@northyorks.gov.uk) or

[Social.care@northyorks.gcsx.gov.uk](mailto:Social.care@northyorks.gcsx.gov.uk)

Yorkshire & Humberside Region

Care Quality Commission

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

**Tel: 03000 616161**

For general questions or enquiries about safeguarding adults, please email:

[Safeguardingadultsteam.enquiries@northyorks.gov.uk](mailto:Safeguardingadultsteam.enquiries@northyorks.gov.uk)

For additional information please visit [www.northyorks.gov.uk/safeguardingadults](http://www.northyorks.gov.uk/safeguardingadults)

For any safeguarding adult concerns which may involve a crime, contact should be made with the **POLICE** via **999**. It should be made clear that the report is about safeguarding adult issues and an incident number should be requested.

All staff should ensure that they co-operate with police or social service investigations. Where a member of staff is the alleged abuser, they should be suspended immediately, in line with the homes disciplinary policy. Internal investigations should be delayed until actions have been decided by the Adult Protection Strategy meeting.

#### **ACTION TO BE TAKEN IN AN EMERGENCY SITUATION**

If the situation is an emergency (ie where a resident is being or has been physically attacked) then staff members should call for assistance immediately and intervene to protect the resident from further harm. They should give first aid and call a doctor, an ambulance or the police as appropriate. If the abuser is still present staff should try to calm the situation, but should avoid putting themselves at risk.

#### **DOCUMENTATION**

All facts, incidents, assessments and discussions related to the suspicions should be recorded clearly and accurately. Opinions and conjecture should be avoided and an attempt made to capture only the facts. Such records should be written in a official file and kept securely and safely as per the Data Protection Act 1998. The CQC should be kept informed at all times.

# **CONFIDENTIALITY POLICY**

## **OUTCOME STATEMENT**

Residents will receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

This is because we comply with the regulations and will:

- Cooperate with others involved in the care, treatment and support of a resident when our responsibility is shared or transferred to one or more services, individuals, teams or agencies.
- Share information in a confidential manner with all relevant services, individuals, teams or agencies to enable the care, treatment and support needs of residents to be met.
- Manage, store, transfer and share information in a way which ensures confidentiality of that information.
- Work with other services, individuals, teams or agencies to respond to emergency situations.
- Support residents to access other health and social care services that they may need.

We will only share information about residents with others if the resident has given their permission, or where the law requires us to.

We will ensure that confidential information is held securely on their behalf and that you can access it at any reasonable time.

## **POLICY STATEMENT**

Residents can be confident that when their care, treatment or support is provided by more than one service, or is transferred from one service to another, this is organised so that:

- The plan of care includes arrangements for when a resident transfers between services.
- Each of their assessed needs is met by the service that is accountable for doing so; ensuring, in total, that all those needs are met.

All those involved in the care, treatment and support of the resident:

- Cooperate with the planning and provision of care, treatment and support.
- Have the documented plan of care available to them.
- Have relevant information about the resident available, where it has a direct bearing on the quality and safety of the care, treatment and support being delivered.
- Record the key points of the care, treatment and support they have given.
- Enable relevant information to be accessed in time to ensure that the needs of the person who uses services continue to be met.
- Maintain clinical and professional confidentiality in relation to information held, stored or shared.

Residents can be confident that when information about their care, treatment and support needs to be passed to another service this is organised so that:

- The information includes everything the other service will need to ensure the needs of the resident are met safely, even when the transfer of information is required urgently.

As a minimum this includes:

- Their name
- Gender
- Date of birth
- Address
- Unique identification number where one exists
- Emergency contact details
- Any person(s) acting on behalf the person who uses services, with contact details if available
- Records of care, treatment and support provided up to the point of transfer e.g pink passport
- Assessed needs
- Known preferences and any relevant diverse needs
- Previous medical history that is relevant to the person's current needs, including general practitioner's contact details
- Any infection that needs to be managed
- Any medicine they need to take
- Any allergies they have
- Key contact in the home that the resident is leaving
- Reason for transferring to the new service
- Any advance decision e.g DNAR Form
- Any assessed risk of suicide and homicide or harm to self and others.

The information is transferred in time to make sure that there is no delay to the assessment of needs by the other service.

The information is transferred in a way which maintains confidentiality at all times.

There are no interruptions to the continuity of care, treatment and support for the resident.

Residents can be confident that when more than one service is involved at the same time in their care, treatment and support, or are planned to be in the future, the services provided are organised so that:

- All those involved understand which service has the coordinating role and who is responsible for each element of care, treatment and support to be delivered.
- Each service respects the confidentiality of information but not in a way which hinders or prevents the safe and effective delivery of care, treatment and support.
- Each service is involved when the care plan is reviewed.
- Where appropriate, all those involved discuss together the plan of care for the resident.
- It takes into account relevant guidance, including that from the Care Quality Commission which may from time to time be published.

Residents can be confident that when more than one service is involved at the same time in their care, treatment and support or are planned to be in the future, the transfer of information is organised so that:

- The confidentiality of people who use services is protected.
- Information is transferred safely and securely.
- Where appropriate, the way in which information is documented, copied, stored and transferred to the other service has been agreed previously with other services, in line with laws that relate to the safe handling of information.
- Staff know the ways that are acceptable for transferring information.

Information is transferred that:

- Is relevant to the continuing safe delivery of care, treatment and support.
- Is factual, correct and does not include subjective opinions about the service user.
- Can be shared in line with the Data Protection Act 1998 and other relevant guidance.
- Staff notify the Matron if information has been lost or transferred incorrectly.

here are clear procedures which are followed in practice, monitored and reviewed about the action to be taken when confidential information is inappropriately shared, stored or is lost. These procedures include the requirement to inform the resident if their information is so affected or lost.

- When information relates to a safeguarding allegation, or where disclosure is in the wider public interest for another reason, the disclosure is made in accordance with relevant legislation and guidance. As far as possible the consent of the person(s) whose information is to be disclosed will be obtained.
- Where the matron cannot obtain consent, they are clear about the reasons and the necessity for sharing.

Residents can be confident that when more than one service is involved at the same time in their care, treatment and support, the services provided are organised so that:

- The resident knows who to contact about their needs and if their needs are not being met.
- Residents are aware of the information about them that is being transferred.
- Residents can be provided with a copy of the information transferred if they want it.

Residents know that they can request information to be transferred to another service and that the home will agree to transfer the information requested unless there is a good reason why they should not or cannot. If so, that reason is fully explained.

Residents are supported to access the care, treatment and support they need by the matron and manager who:

- Make them aware of other available health and social care services or support relevant to their care, treatment and support.
- Help them to approach other health and social care services or support they want to access, and that are relevant to their needs.
- Enables them, as far as possible, to access other health and social care services or support relevant to their care, treatment and support needs, provided that their care, treatment and support in the home will not be compromised.
- Are able to register with a general practitioner, dentist and any other health service of their choice that they may require, as far as is possible.

## **PROCEDURE**

Each resident is given a copy of this procedure in their Resident Handbook.

The Matron will ensure that information, which is classed as confidential, is placed in a secure location where access can be restricted to those people who have the right to view the information.

Matron is responsible for ensuring that, apart from staff and the resident, access to confidential information is restricted to allow only those people for whom each resident has given permission.

If a resident, who has “Capacity”, refuses permission for a person to access information relating to them, the Matron will not attempt to overturn or override the decision.

To do so may constitute a breach of the residents basic human rights and is an offence.

The only circumstance where a resident’s refusal to access information can be overruled would be where the law requires such access.

This would include instances where the manager or Matron is made aware that a criminal act may have been committed.

The matron is responsible for including “Confidentiality” as part of the induction process for new staff.



Areas considered for classification as confidential include:

- Paper based records
- Computerised systems
- Recruitment information
- Other staff records – including Appraisal and Supervision.
- Disciplinary records and complaints files
- Any residents records
- Conversations held or heard

Definition of Confidentiality –

There are two forms of confidentiality:

“Relative Confidentiality”

Information held or supplied is used in a responsible way. Information is used for the benefit of individual staff members or residents concerned.

“Absolute Confidentiality”

Information is never recorded or documented in any form

Information is not discussed, commented on or shared.

It is a very difficult form of confidentiality to promote, examples of which are:

- Doctor / patient confidentiality (although some notes do exist)
- Parish Priest through the confessional

The manager/matron is responsible for ensuring that resident’s are aware that “Absolute Confidentiality” cannot be guaranteed.

All records normally remain within the home.

If records need to be taken or sent to another location the manager/matron should ensure that a suitable, safe and secure method is used.

Fax transmissions are not considered safe for confidential information as there is no guarantee who will receive the document at the recipients end.

E-Mail is not considered to be secure for confidential items unless the recipient is able to ensure security of receipt at their end.

Where records or post is marked “Private and Confidential”, the item should not be opened or shown to anyone other than the addressee.

Records held on computer (or other electronic storage and retrieval system) are be protected by an effective back up and retrieval system.

Under normal circumstances information should not be given over the phone unless:

- The resident or staff member gives their permission
- In an emergency to 999 call centre staff
- Where requested by a care professional in respect of the care of a resident whose identity is known and is involved in the care of the resident.
- If there is no other practical means of passing information.
- In such cases the senior member of staff on duty must be satisfied that the person receiving the information has been able to properly prove their identity.

Staff at all levels are made aware of the potential breaches of confidentiality that can occur during casual conversations.

Some residents will try to illicit information about other residents from staff and everyone should be aware that what they say, how they phrase it and the tone of their voice may be misinterpreted by others.

In order to minimise risks, staff should:

- Not talk about resident's in conversation with other residents.
- Not conduct confidential or private conversations in corridors or communal areas.
- Not conduct handover meetings with residents present.
- Not discuss residents outside the home with people not employed in the home. They are not bound by the same rules of confidentiality as staff are.