



Statement of Purpose Fairfield



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- This Statement of Purpose can be made available in formats suitable for the people for whom the home is intended. i.e. in an appropriate font size; different languages; using pictures, videos, audio tapes etc according to the prospective users method of communication.

Registered Office:
Newlands, Whites Row, Kenilworth, Warwickshire CV8 1HW
Telephone: **01926 864242** Fax: 01926 864240
Registered Charity No: 1012788. Registered in England Company: 2713150
www.wcs-care.co.uk

Reviewed Jan 2011

Fairfield is registered by:



Care Quality Commission
Health & Social Care Act 2008

"The registered provider must only accommodate a maximum of 36 service users at Fairfield".

Statement of reasons

"We are imposing this condition because your service is set up to accommodate 36 persons. The premises, management or staffing provided at this location are suitable only for a maximum of 35 persons".

"The registered provider must not provide nursing care under "Accommodation for persons who require nursing or personal care" at Fairfield".

Statement of reasons

"We are imposing this condition because you do not provide nursing care and the premises, management or staffing provided, at this location as presently configured would not be suitable to meet the needs of people who require nursing".

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ABOUT WCS CARE GROUP LTD

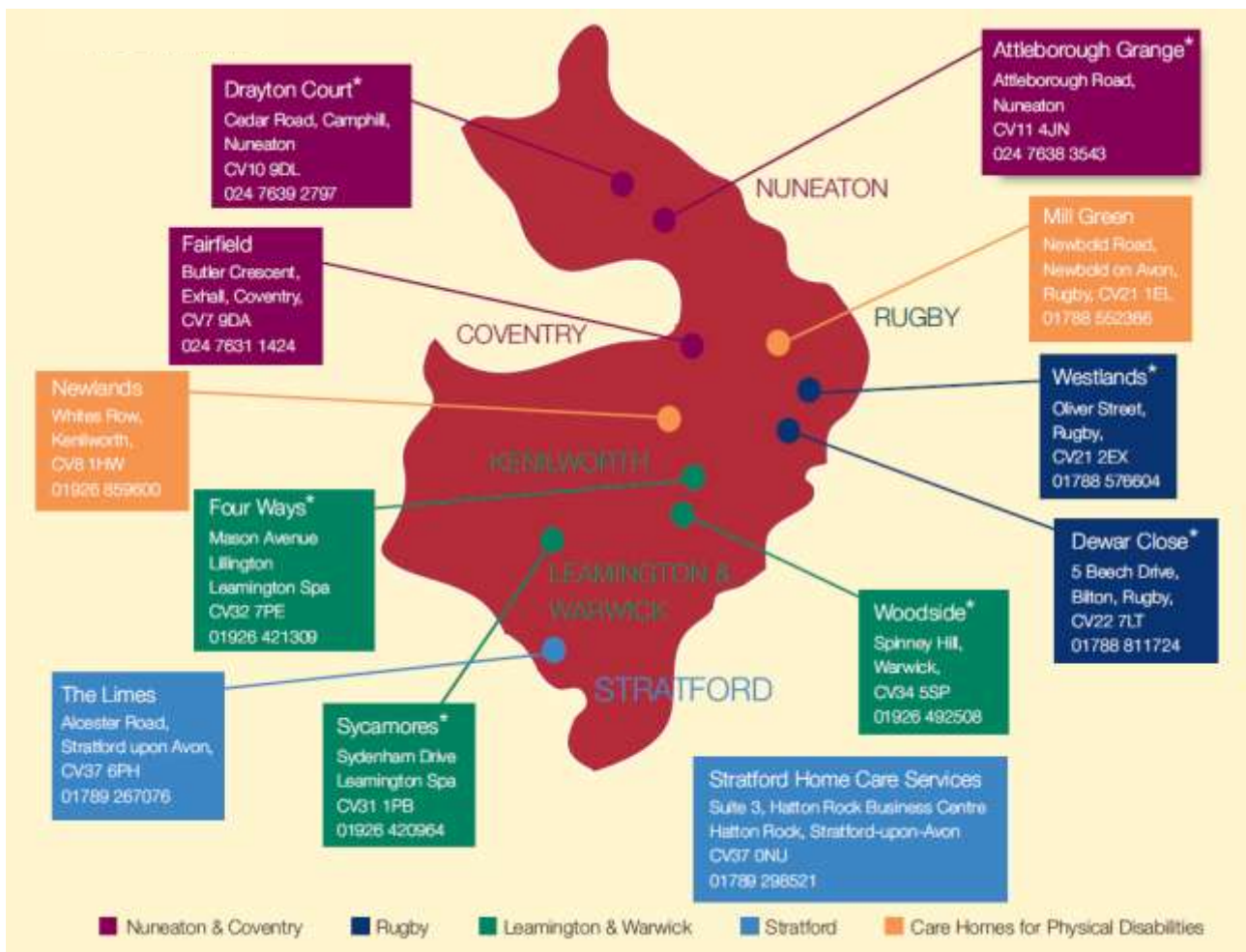
WCS Care Group Ltd is an independent care company wholly committed to the provision of high quality affordable care.

WCS Care Group Ltd began operating as a not-for-profit organisation with charitable status in 1992. Fairfield is one of eleven homes within the Company.

The Company does not have shareholders and the Directors are volunteers and are only paid out-of-pocket expenses. This means that all surpluses are reinvested into the business in order to maintain the highest possible standards of care across all eleven homes.

WCS Care Group Ltd has a total of 376 residential care places.

- Our nine Homes for older people offer day care, respite care, short stays and long term care.
- We provide specialist dementia care in all of our homes as well as accommodation and care to meet the needs those who are blind, partially sighted, sensory loss (**visual or hearing**), **physical disability, Parkinson's disease, those recovering from strokes, diabetes & arthritic conditions.**
- Our two Homes for younger adults with physical disabilities (Newlands & Mill Green) have been developed to cater for the very diverse needs of people in the wider community.
- Our Home Care Services offer personalised packages of care which are tailored to suit the needs of people in their own homes, sheltered housing and extra care.



OUR CARE PHILOSOPHY

At its heart, WCS Care Group Ltd is about people. We are:

- Passionate about what we do
- Embrace new ideas and good practice
- Other peoples opinions are always valued
- Privacy & dignity are respected at all times
- Listen to our customers and stakeholders
- Everyone is treated as an individual

OUR VALUES AND OPERATING PRINCIPLES

Integrity	We conduct ourselves with fairness, respect and honesty in all that we do.
Courage	We welcome constructive feedback and we display a 'can do' attitude.
Accountability	We are accountable for all that we do and are transparent in all our activities.
Team Culture	We collaborate and support each other to achieve excellent performance.
Creativity	We are open to new ideas and challenges and find innovative solutions.
Focus	Service users are the central focus of our activities.
Innovation	We embrace innovative and creative solutions
Partnership	We work in partnership with our service users, relatives, staff and others.
Best Practice	We deliver best practice quality services through our excellent staff.
Diversity	We provide equality of services to all and confront discrimination of any kind.
Improvement	We continuously improve our performance through learning and review of outcomes.

RESIDENTS' RIGHTS

We place the rights of residents 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 our residents to exercise their rights to the full.

Privacy

We recognise 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 our service users in the following ways.

1. Give help in intimate situations as discreetly as possible.
2. Help residents to furnish and equip their rooms in their own style and to use them as much as they wish for leisure, meals and entertaining.
3. Offer a range of locations around the home for residents to be alone or with selected others.
4. Provide locks on residents bedside cabinets, bedrooms and other rooms in which residents need at times to be interrupted.
5. **Guarantee residents' privacy when using the telephone, opening and reading post and communicating with friends, relatives or advisors.**
6. Ensure the confidentiality of information the home holds about residents.

Dignity

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

1. Treat each resident as a valued individual.
2. Help residents to present themselves to others as they would wish through their own clothing, their personal appearance and their behaviour in public.
3. Offer a range of activities that enables residents to express themselves as a unique individual.
4. Tackle stigma our resident may suffer through age, disability or status. Compensate for the effects of disabilities which residents may experience on their communication, physical functioning, mobility or appearance.

Security

We aim to provide an environment and structure of support which responds to the need for security in the following ways.

1. Offer assistance with tasks and in situations which would otherwise be perilous for residents.
2. Protect residents from all forms of abuse and from all possible abusers.
3. Provide readily accessible channels for dealing with complaints by residents.
4. Create an atmosphere in the home which residents experience as open, positive and inclusive.

Civil Rights

We aim to provide an environment and structure of support which responds for the need in security in the following ways.

1. Ensure that residents have the opportunity to vote in elections and to brief themselves fully on the democratic options.
2. Preserve for residents full and equal access to all elements of the National Health Service.
3. Help residents to claim all appropriate welfare benefits and social services.
4. **Assist residents' access to public services such as libraries, further education and lifelong learning.**

5. Facilitate residents in contributing to society through volunteering , helping each other and taking on roles involving responsibility within and beyond the home.

Choice

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

1. Provide meals that enable residents to as far as possible to decide for themselves where, when and with whom they consume food and drink of their choice.
2. Offer residents a wide range of leisure activities from which to choose.
3. Enable residents to manage their own time and not be dictated to by set communal timetables.
4. Avoid wherever possible treating residents as homogeneous groups.
5. Respect individual, unusual or eccentric behaviour in residents.
6. Retain maximum flexibility in the routines of the daily life of the home.

Fulfilment

We want to help our service users to realise personal aspirations and abilities in all aspects of their lives. We seek to assist this in the following ways.

1. Inform ourselves as fully as each resident wishes about their individual histories and characteristics.
2. Provide a range of leisure and recreational activities to suit the tastes and abilities of all residents, and to stimulate participation.
3. Respond appropriately to the personal, intellectual, artistic and spiritual values and practices of every resident.
4. **Respect our residents' religious, ethnic and cultural diversity.**
5. Help our residents maintain existing contacts and to make new liaisons, friendships, and personal or sexual relationships if they wish.
6. **Attempt always to listen and attend promptly to any resident's desire to communicate at whatever level.**

FAIRFIELD AIMS AND OBJECTIVES

1. Fairfield offers care and support for 36 older people, generally over the age of 65.
2. Every service user will receive individualised care and support, which builds on **a person's abilities and strengths and safeguards privacy and dignity.**
3. Fairfield will take into account the needs of people with dementia, the Disability Discrimination Acts 1995 and 2005, the Mental Capacity Act 2005, individual beliefs, preferences, religion and culture. Care will be provided in an environment that enables orientation. Attention is paid to lighting, colour schemes, floor coverings, signage, assistive technology, garden design and safety of external environment.
4. Fairfield will ensure service users receive assistance as required, in washing, dressing and toileting with the aid of specialist equipment operated by trained staff. Staff will promote and maintain independence including mobility of people with dementia.
5. Service users will be fully involved in the drawing up of their care plan and in agreeing the outcome. Care plans will address health and social care needs which include activities of daily living that maximise independent activity, enhance function, adapt and develop skills and minimise need for support.
6. Service users will receive a service from a chosen GP and Community Nurse on request subject to availability.
7. Outside agencies such as Occupational Therapists, Physiotherapists, Dentists, Opticians, Social Workers and others will be accessed as and when required in order to promote independence.
8. Fairfield will implement WCS Care Group Ltd Medication Policy and Procedure. Medications including controlled drugs are administered by designated and appropriately trained staff. The training received by staff who administer medication is accredited and includes the basic knowledge of medicines, how they are used and how to recognise problems and deal with them.
9. Care will be provided 24 hours a day, seven days a week by staff who have completed Common Induction Standards which assesses knowledge and practical skills that are required to meet the agreed assessed needs of the service users.
10. Service users are consulted regularly through a programme of monitoring the quality of care, meals and house keeping provided. The manager or the representative of the management team meets with each resident monthly to discuss their views on the service that the home provides. A record is maintained along with a detailed action plan.
11. Surveys are sent out to staff, service users, relatives and visiting professionals which are analysed and actions required identified. Staff, service users, relatives and visiting professionals will be encouraged to make comments and suggestions, both in the books provided and at the regular consultation meet-

ings in order to maintain a quality service. Any formal complaints will be acted upon according to the published complaints procedure within 28 days.

PERSON-CENTRED CARE

Person-centred care focuses on each person as an individual rather than on the symptoms of their illness or diagnosis, be it chronic pain, arthritis or dementia.

Person-centred care means getting to know the person first, then thinking about how their illness is affecting them.

Good person-centred care is treating others with the respect with which you would wish to be treated yourself.

Providing Person Centred Care within Fairfield

Providing person-centred care can be a challenging concept. How can care staff with all the demands they already face, provide care that meets the need of each individual within the Home?

Person-centred care means needing to look at values and attitudes. Sometimes these take time to change and be accepted by all.

Staff via the care planning process, are encouraged to get to know each person by finding out about their lives, the things that are already important to them, their feelings, thoughts, needs and wishes.

Friends and family can help with this process by putting together life stories together with the prospective service user information that they feel comfortable sharing.

Care staff are required to attend training sessions on person-centred care and accredited dementia care training in order to understand the concepts and put this into practice on a day to day basis.

As a company we try to have a commitment to person-centred care, by looking at ways of supporting and encouraging abilities, at the same time as meeting needs. If care plans just record problems and are task focused, we lose the ability to see strengths and in these cases people can lose their independence and individuality.

Fairfield is working towards the **Alzheimer's Society Model of Care for Person Centred Standards**, as a tool to improve care for people with dementia which focuses on 6 key areas: -

- Person-Centred Care
- Staff
- Care Processes
- Life in the Home
- Relationships
- Environment

PRINCIPLES OF CARE

Treatment and care should take into account each person's individual needs and preferences. Good communication is essential, supported by evidence-based information, to allow people to reach informed decisions about their care.

Service users should have the opportunity to make informed decisions about their care and treatment in partnership with their health and social care professionals. If people do not have the capacity to make decisions, health and social care professionals should follow the Department of Health guidelines – 'Reference guide to consent for examination or treatment' (2001), 'Seeking consent: working with learning difficulties' (2001) (all available from www.dh.gov.uk).

The Mental Capacity Act 2005 which is available from www.dca.gov.uk/menicap/legis.htm was implemented in April 2007 and has implications for all people with dementia, their carers and those who work with them. It has five key principles:

- Adults must be assumed to have the capacity to make decisions for themselves unless proved otherwise.
- Individuals must be given all available support before it is concluded that they cannot make decisions for themselves.
- Individuals must retain the right to make what might be seen as eccentric or unwise decisions.
- Anything done for or on behalf of individuals without capacity must be in their best interests.
- Anything done for or on behalf of individuals without capacity should restrict their rights and basic freedoms as little as possible.

The views of people with dementia concerning who should and should not be involved in their care are important and should be respected. With the permission of the person with dementia, carers and relatives should normally have the opportunity to be involved in decisions about care and treatment. Carers and relatives should be provided with the information and support they need.

REGISTERED PROVIDER, HAZEL WREN, CHIEF EXECUTIVE

WCS Care Group Ltd Chief Executive Hazel Wren has worked in Health and Social Care for thirty years. After qualifying as a nurse she spent her early career taking the lead in the programme of closure of long stay hospitals, the development of community based homes and the multidisciplinary teams to support people. There followed three years managing an acute psychiatric admission and assessment ward in an acute hospital setting. During this time she strengthened her knowledge in management and was successful in gaining a Diploma in Management.



To extend Hazel's client care base she became a Divisional Manager of Primary Care and Community Services for an NHS Trust with responsibility for 700 nursing and paramedic staff and 16 health centres.

After leaving the NHS in 1995 Hazel became the Chief Executive of a not-for-profit organisation, setting the Company up and transferring 11 residential homes and staff from the Local Authority.

Hazel's post prior to joining WCS Care Group Ltd was again a not-for-profit company which had 26 residential homes transferred from the Local Authority where she successfully negotiated a 30m bank loan to rebuild and refurbish those homes.

Hazel has had extensive experience in the provision of care to a range of client groups, in staff management, in development and in business management.

THE REGISTERED MANAGER AT FAIRFIELD, CLARE BAKER



The person officially registered as carrying on the business of the home is Clare Baker who has the relevant qualifications and experience of 25 years working with older people in residential care (*approx 2 years as Registered Manager*). Clare has a N.V.Q level 4 Leadership & Management in Care and is working towards N.V.Q. 4 in Health & Social Care and can be contacted at Fairfield, Butler Crescent, Exhall, Coventry CV7 9DA. Tel: 02476 311424

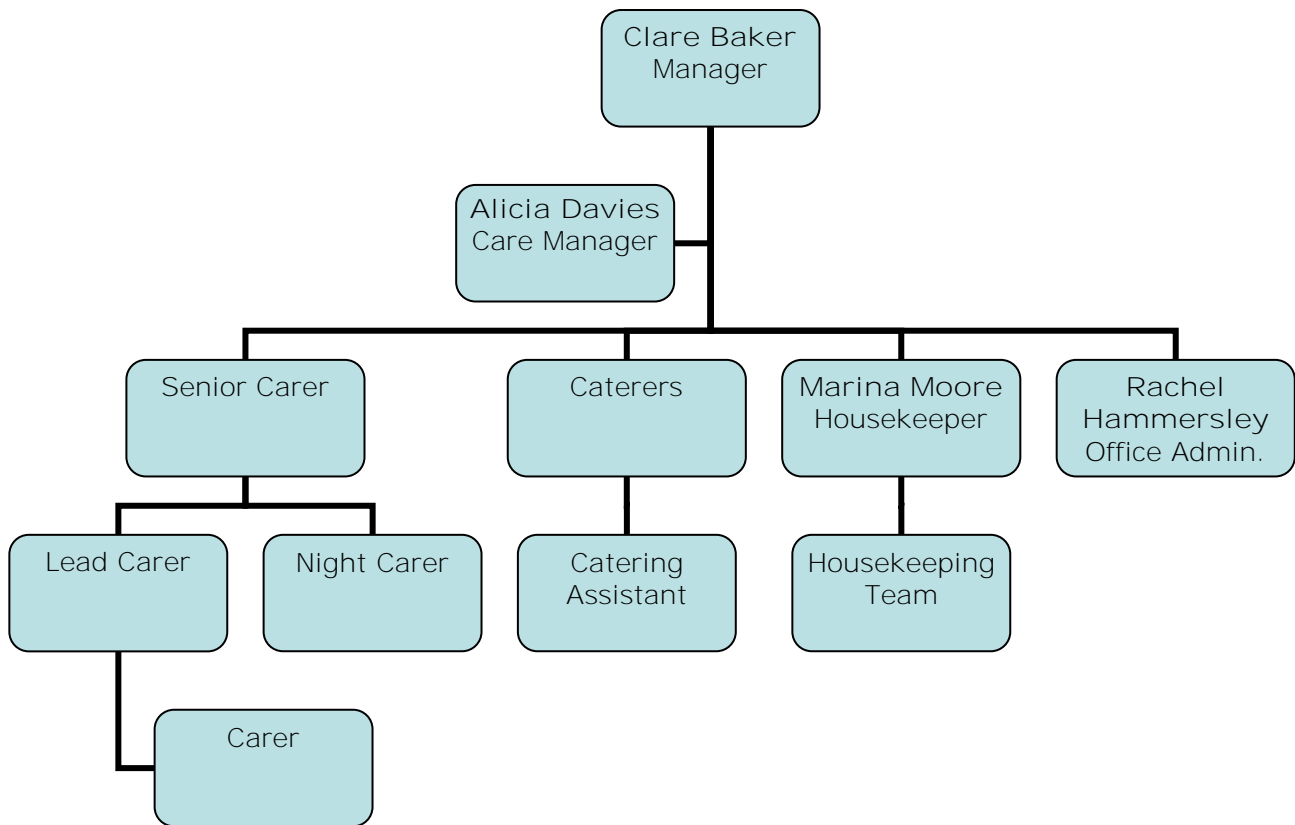
Clare began her career at a home in Bedworth, where she worked as a Care Assistant before progressing into a Care Officer role in 1988. In 2007 Clare joined WCS Care Group where she was appointed as Care Manager at Fairfield.

Clare is passionate about working with older people and her commitment to excellence and enthusiasm shine throughout the home along with her 'can do' attitude.

THE STAFFING STRUCTURE AT FAIRFIELD:

The home employs approximately 40 staff, 25 of whom are directly involved in delivering care to the 36 people who live there.

- 72% of care staff are qualified in NVO 2 Health & Social Care
- 30% of care staff are qualified in Dementia Care (Alzheimer's Society Yesterday, Today, Tomorrow)



THE ORGANISATIONAL STRUCTURE OF FAIRFIELD

A Service Manager from Head Office visits the home at least monthly to conduct a **complete review of the management of the home using WCS Care Group Ltd 'Care Management System'** which is ISO 9001 accredited and conduct **Monthly Management Compliance** visits as part of the Health & Social Care Act 2008, Regulation 10, Essential Standards, Outcome 16: Assessing and monitoring the quality of service provision.

Staffing levels and Service User requirements are formally reviewed every month to ensure appropriate care can be delivered and that staffing levels are adequate to meet the agreed assessed care needs of Service Users.

Fairfield is arranged with three separate households on the Ground, Middle and Top Floor. There are approximately six Lead Carers two of which are attached to each household along with a team of carers and a House Keeping Assistants. A Senior Carer assists the Care Manager in delivering person-centred care to service users.

Fairfield staffing model from 07:45 to 21:45 is five direct care staff on duty for 36 Service Users; from 21:45 to 07:45 three waking direct care staff are on duty, and non-direct care staff includes a Home Manager, Care Manager, Housekeeper, Administrator, House Keeping Assistants and Caterers whose hours vary according to assessed needs of Service Users.

The Manager and Care Manager share a permanent on-call arrangement for when

they are not in the building and are available 24 hours a day seven days a week to **support (in their absence) the 'nominated person in charge'**.

In the absence of the Manager and Care Manager the 'nominated person in charge' between 07:45 and 21:45 is a Lead Carer and between 21:45 and 07:45 a Night Carer. **This person will be indicated with their name displayed on a 'welcome board'** in reception along with any members of the management team who are on duty.

In-direct care staff

The Care Manager will deputise for the Home Manager and be responsible for the assessment and provision of care and allocation, supervision and development of care staff.

The Office Administrator supports the Manager in ensuring the administration service within the Home meets requirements.

The House Keeper is responsible for the hotel service and health and safety within the Home.

The **Caterer's** provide nutritious, quality, well balanced meals which reflect individual choice. Caterers provide a cooked breakfast, a main lunch time meal and prepare high tea.

House Keeping Assistants maintain a clean safe environment and provide a quality cleaning and laundry service.

DESCRIPTION AND DETAILS OF FAIRFIELD

The home is located on a village green in Exhall and lies between the town of Bedworth and the City of Coventry and is close to local amenities such as shops, pubs and a bus route.

Accommodation is on two floors which are accessible via a lift. Each have lounge and a dining areas with an integral kitchenette where snacks and drinks can be made by the people who live in the home, their visitors and by staff.

The home has good parking and landscaped gardens to the front and rear with mature willow, silver birch and apple trees and offering accessible seating areas and pleasant views.

Service Users accommodated

Fairfield provides care and accommodation for 36 service users, both men and women who are generally over the age of 65.

The range of needs met

Sensory loss (visual or hearing), physical disability, Parkinson's disease, those recovering from strokes, diabetes & arthritic conditions. Early onset and advanced dementia conditions are currently provided in the 9 places on the Ground Floor .

Although Fairfield does not provide formal nursing care, the services of the local community nurses are available as necessary where a separate nursing assessment and care plan need to be maintained. Fairfield does not provide intermediate care.

The Facilities

The physical environment of the home is designed for the Service Users convenience and comfort. In particular we will do the following: -

- Maintain the building and grounds in a safe condition
- Make detailed arrangements for the communal areas of the home to be safe and comfortable
- Supply toilet, washing and bathing facilities suitable for the Service Users we care for
- Arrange for specialist equipment to be available to maximise Service Users independence
- Provide individual accommodation which at least meets the National Minimum Standards
- Ensure that the Service Users are able have safe comfortable bedrooms with their own possessions around them
- Ensure that the premises are kept clean, hygienic and free from unpleasant odours with systems in place to control the spread of infection

Accommodation is provided on two floors with a passenger lift ensuring easy access. Each floor has separate lounge and dining areas which incorporate kitchen facilities.

All bedrooms are for single occupancy and 14 have en suite facilities.



Service Users are provided with the following; bed and bed linen, bedside table, curtains or blinds, mirror, overhead and bedside lighting, chest of drawers, wardrobe, chair, wash hand basin, carpet, lockable storage space and two double electric sockets. If the service user wishes, a table and seating for two people will be provided.

Service users are encouraged to personalise their rooms with their own belongings and are free to change furniture or furnishings and pictures if they wish. Items of furniture or equipment brought into the home are required to be checked to ensure that they are safe for use.

The ground floor environment is suitably adapted to be enabling and aid orientation. Lighting, colour schemes, floor coverings, assistive technology, signage, garden design and safe access to the external environment have all been considered to meet the needs of people with advanced dementia.

Bedrooms are lockable and service users are provided with the key. Each room is centrally heated which can be controlled by means of a thermostatic control valve.

Television aerials are available in each room, with some rooms having telephone **points ready for connection at the service user's own cost, plus the cost of relevant service charges and licence fees.** Televisions are available in lounge areas with the **added facility of the 'loop system' for those with hearing difficulties.**

A mobile telephone can be made available for incoming and outgoing calls.

Aids and adaptations have been included throughout the home including a loop system in the lounges, hoists, hand rails, adapted baths and wheelchair access to all parts of the building and garden.



The gardens have been secured, landscaped, offering accessible seating areas, pleasant views and are home to a variety of wildlife.



ROOMS IN THE HOME

Fairfield has 36 bedrooms for service users all of which are for single occupancy and 14 have en-suite facilities and at least 10 sq. metres of usable space.

The rooms in Fairfield for communal use are as follows: -

- On the Ground Floor, two open plan lounge/dining/kitchenettes, a dining room, open plan seating area, the entrance hall, a shower room and two bathrooms.
- On the First Floor there is two open-plan lounge/dining/kitchenettes, two small lounges, open plan seating area, three bathrooms and a hairdressing salon.



In addition there are some areas of Fairfield which are generally for staff use only as follows: Main kitchen, staff room and three offices on the Ground Floor, Sluice rooms and staff stations situated on each floor.

Laundry

A laundry is situated on the Ground Floor and laundry will be carried out as per the instruction in the Care Plan. Clothes may be delivered to the laundry or they can be left in the room in linen bags provided and collected by the staff. If you choose to use this service, it is essential that all clothing is labelled and we find the best solution is to use sew in name tags. These can be purchased through the home and staff are available to sew in the tags if required. Once the clothes have been laundered they will be returned to your room usually within 24 hours.

Domestic Facilities

Fairfield has a team of domestic staff who look after the main living areas of the Home. The cleaning of your room will be carried out as per your instruction. Unless instructed otherwise by the service user, each bedroom is lightly cleaned daily and thoroughly cleaned once a week.

If you prefer to clean your own room, the domestic team will be happy to assist you as you wish.

Smoking



WCS Care Group Ltd is committed to promoting the health and safety of all employees at work and of all service users within the homes and therefore has a no-smoking policy. A covered designated smoking area which is wheelchair accessible is provided by the front entrance.

CATERING SERVICES

Nutmeg

WCS Care Group use Nutmeg Nutrition Analysis Software, a leading provider in the UK, to support the promotion and delivery of healthy eating. Nutmeg enables WCS Care Group to achieve appropriate nutritional standards which provide information to inspecting bodies and stakeholders.

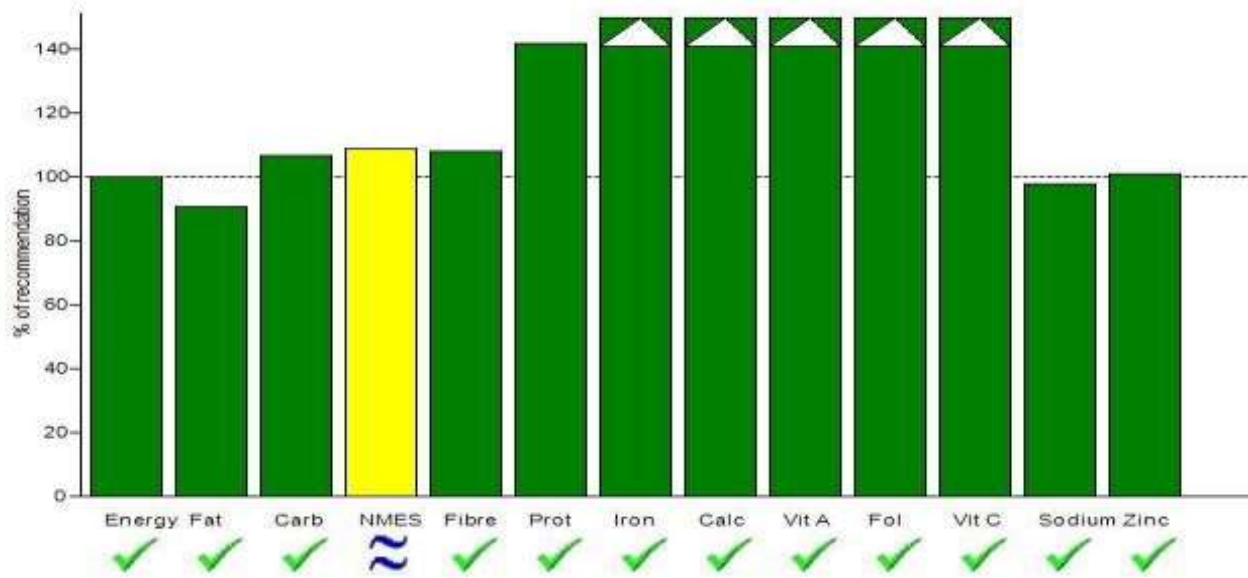
Nutmeg provides a recipe analysis programme which we now use to monitor all our recipes and menus. We are able to plan and adjust our menus to provide a healthy balance of nutrients for our service users.

The key features of NUTMEG are:

- Calculates weight & vitamin losses in cooking
- Estimates cooked weight of dried foods
- Analyses fibre, sugar and salt content
- Ability to show recipe analysis graphs of contents
- Menu building of healthy combinations



All meals



Nutrient	Amount	Units	Target	% of rec.
Energy	1960	kcal	1955	100
Fat	69.4	g	76	91
Carbohydrates	278.8	g	260.5	107
NME (non-milk extrinsic) sugars	63.2	g	57.5	109
Fibre/NSP (non-starch polysaccharides)	19.5	g	18	108
Protein	71.1	g	49.9	142
Iron	14.1	mg	8.7	162
Calcium	1109.2	mg	700	158
Vitamin A (retinol equivalents)	2072.5	µg	650	318
Folate	353.2	µg	200	176
Vitamin C	78.1	mg	40	195
Sodium	2364.4	mg	2400	98
Zinc	9.6	mg	9.5	101

When you arrive at Fairfield the caterer will meet with you to discuss your likes/dislikes in relation to food, drinks and snacks. This will then be incorporated into your Care Plan. The Home will then offer you a well balanced and nutritious diet. Our Care Manager and Catering Team also meet regularly with service users to plan the daily menu which will include any preferences you may have. We will offer you a

varied choice of meals each day. The staff will generally ask you your preferred choices the day before.

Meal times are normally set out as below, however this is not 'set in stone'. Please advise staff if you wish to have meals at an alternative time.

Breakfast	
Served in the dining room	08:30– 10:00
	Or your own room if you prefer
Lunch	
Served in the dining room	12.30 – 13:30
	Or your own room if you prefer
Tea	
Served in the dining room	17:00 – 18:00
	Or your own room if you prefer
Supper	
Served in lounges	19:30 – 20:30
	Or your own room if you prefer

(See the last two pages of this Statement of Purpose for a copy of a menu)

NB: snacks will also be available at all times

A choice of meals is offered each day, incorporating seasonal variations. A 'four week' rolling menu, approved by service users through their regular consultation meetings is displayed in each dining area. If required, menus can be provided in an alternative format. Service users select their preferred choices of menu to a member of staff for the following day. Individuals' food preferences, both personal and cultural/religious will be taken into consideration.

Staff can offer assistance in eating where necessary.



Special therapeutic diets can be provided as required.

Kitchenettes are provided on each floor where hot and cold drinks and snacks are available at all times. These can be accessed by the service users or by a member of staff on their behalf.



CRITERIA FOR ADMISSION

Of the 36 places available, 25 are purchased through Social Services and as part of the process for access, potential service users must be assessed by a social worker as well as the home.

The remaining 11 places are for service users who are self-funding. Potential service users are assessed by the home although; it is still recommended that a social worker undertake an assessment so as to ensure the placement can continue in the event of an altered financial situation.

All assessments consider the following criteria:

- that the potential service user is over 65 (male or female)
- **sensory loss (visual or hearing), physical disability, Parkinson's disease, those recovering from strokes, diabetes, arthritic conditions, early onset and advanced dementia conditions.**
- that the home has sufficient staffing levels to meet the level of dependency
- that any specialist health care needs can be met and the services of the local community nurses are available as necessary
- self care needs and disabilities
- issues around dual disability and primary need
- that funding is available

ADMISSION PROCEDURE

Under Government regulations, potential residents need to have their needs thoroughly assessed before entering a home this is intended to provide each service user with the best possible information on which to make an informed choice about their future.

For potential service users already in touch with a Social Services or social service department, the initial assessment will be undertaken as part of the care management process, but we also need to assure ourselves and the service user that this particular home is suitable for them.

For potential service users who approach the home direct, appropriately trained staff **will make a full assessment of need calling, with the service user's permission, on specialist advice and reports as necessary.**

The assessment will cover the range of health needs set out in Department of Health guidance. All information will be treated confidentially. The assessment process helps

the home's staff to be sure that the home can meet the potential residents requirements and to make an initial plan of the care we will provide.

We will provide prospective residents with as much information as possible about the home to help them make a decision about whether or not they want to live here. We offer the opportunity for a prospective resident to visit the home, join current residents for a meal and move in on a trial basis.

We are happy for a prospective service resident to involve their friends, family or other representatives in seeing the home and the care and facilities we can provide before making the final decision about admission.

Every effort will be made to assess the suitability of Fairfield for the prospective service user and vice versa prior to admission. The following factors will be taken into consideration when assessing the suitability of the placement:

- the registration of Fairfield
- criteria for admission
- the aims and objectives of Fairfield
- equal opportunities
- the physical restrictions of the building
- the needs of the service users already living in Fairfield
- the needs of the prospective service user
- the financial implications of a long term placement for the prospective service user
- staffing availability

The first four to six weeks or longer if required, will be mutually recognised as a trial period. This allows for a full assessment of needs by both parties and allows them the opportunity to change their mind about a placement with Fairfield. Service users will always be advised not to give up their own home until they are completely satisfied about the suitability of Fairfield.

After the trial period, a discussion will take place with the prospective service user re the suitability of the placement. Arrangements will be made for discharge if the placement is unsuitable.

Pets will be considered on an individual basis.

Service users will be asked to ensure that all items of clothing are clearly marked with their name; assistance will be offered if required. This is to reduce the risk of clothing being lost in the laundry.

The assumption underlying the admission procedure should be that service users are capable of making their own decision and have a right of choice. If a service user is unable to fully participate in informed decision making, consideration should be given to advocacy in support.

Emergency Admission

If exceptionally, an emergency admission has to be made, we will inform the new resident within 48 hours about key aspects, rules and routines of the home and carry out the full information and assessment process within 5 days.

SOCIAL ACTIVITIES, HOBBIES AND LEISURE INTERESTS

Fairfield will try to encourage and make it possible for service users to live their lives as fully as possible, in particular we do the following:

As part of the assessment process encourage potential residents to share with us as much information as possible about their social, cultural and leisure interests, as a basis for helping them during their period of residency in the home.

Encourage service users to continue to enjoy as wide a range of individual and group activities and interests as possible, both inside and outside the home, to carry on with existing hobbies, pursuits and relationships, and to explore new avenues and experiences.

Organised social event planners at Fairfield will be displayed and reviewed monthly to reflect the assessed needs and expressed wishes of service users but there is no compulsion for a resident to join in any of the communal social activities. Activities are available which are non-stressful and stimulating which include opportunities for service users to: -

- help staff with small tasks
- activities available daily
- participate in organised trips and outings
- engage in special events
- take part in exercise
- listen to a variety of music
- Activity plans for service users will also take account of as appropriate **Sensory loss (visual or hearing), physical disability, Parkinson's disease, those recovering from strokes, diabetes, arthritic conditions.**
- Quality of life for people with dementia is assessed by the home using a CLIPPER (Cardiff Lifestyle Improvement Profile for People in Extended Residential Care) **to build up a unique profile of a person's likes and dislikes.** This helps the carers focus in on changes that could make a real difference. The CLIPPER looks at how a person feels about 36 different activities that could occur during the day: The activities are grouped into eight categories: TOUCH & MOVEMENT; WATCHING & LISTENING; TASTING & SMELLING; ACTIVITIES – Outdoors; ACTIVITIES – Trips, visits etc. Some activities are more passive whilst others encourage the person to be more actively involved.
- Care Plans and Care Assessments utilise the Pool Activity Level (PAL) In-

strument to engage people with dementia in meaningful occupation. This assists carers trying to provide leisure activity to ensure its not too demanding or not presented in to the person in an understandable way.

All residents are entitled to use the dining rooms, the communal lounges, other sitting and circulating areas, the grounds of the home, but those who wish to may remain in their own rooms whenever they like.

Residents are encouraged to personalise their own rooms with small items of furniture and other possessions.

We hope that friendships among service users will develop and that service users will enjoy being part of a community.

The grounds of Fairfield have particular features such as an outdoor seating area, covered smoking facilities accessible by wheelchair and a secure sensory stimulating garden for people with sensory loss and advanced dementia conditions.

We recognise that food and drink play an important part in the social life of the Home so we try to provide a welcoming environment in the dining room and to ensure that meals are pleasant unhurried occasions providing opportunities for social interaction as well as nourishment. As far as possible we encourage service users to choose where they sit in the dining room and meals can be served in service users own rooms if desired. Three full meals are provided each day and there is a regular changed menu for lunch and evening meal. Service users are always offered a choice of meal. We cater for special and therapeutic diets as agreed with each service user. Snacks and hot and cold drinks are available at all times. We aim to make all the food and drink we provide attractive, appealing and appetising and to mark special occasions and festivals.

We try to ensure that the Home is a real part of the community so we encourage visitors to the Home such as voluntary organisations, students, school children and others. Naturally we respect the views of service users about whom they want to see or not see.

We recognise that risk taking is a vital and often enjoyable part of life and of social activities and that some service users will wish to take certain risks despite or even because of their disability. We do not aim therefore to provide a risk free environment though we will take care to ensure that service users are not subjected to unnecessary hazards. When a service user wishes to take part in any activity which could involve risk, we will carry out a thorough risk assessment with that individual, involving if they so desire, a relative, friend or representative. Such risk assessments will be regularly reviewed, with the participation of all parties, in the light of experience.

For the benefit of all service users and staff the Home is designated a non-smoking home. Service users who may wish to smoke have been provided with a designated outside covered smoking area.

There may be a charge associated with some activities and services, where this applies the details will be made clear to the service user in advance.

ARRANGEMENTS FOR CONSULTING WITH SERVICE USERS ABOUT THE OPERATION OF THE HOME

We aim to give service users opportunities to participate in all aspects of life in the Home, in particular service users are regularly consulted both individually and corporately about how the Home is run. We hold regular service users meetings where quality assurance questions are raised each month. Our objective is always to make the process of managing and running the Home as transparent as possible, and to ensure that the Home has an open, positive and inclusive atmosphere.

Aims and objectives – these are set every year by the Home. They are closely **linked to the WCS Care Group Ltd’s Business Plan but will also include the wishes of staff, service users and their families and friends.**

Comments books – these are available on each floor and we ask that you feel free to use them to make any comments about the service.

Monthly Management visits – these are monthly visits made to each home either by a member of the Executive Management Team or one of our two Service Managers. During these visits service users and staff will have an opportunity to comment on the services in the Home.

Inspections by the Care Quality Commission–Service users and their families and friends are consulted, where possible, during the visits and invited to speak to the inspector about the Home and the services provided. These reports are public documents, available both in the Home and to other people who wish to see them.

Service users’ meetings – Regular meetings take place to afford service users the opportunity to comment freely about the Home and services provided. Service users will also be given the opportunity to implement changes that they see as important to improving the quality of their lives.

Quality systems – We have various quality systems in place which monitor and review all aspects of the services we provide:

- Care
- Catering
- Housekeeping.

The Registered Manager – Will ensure effective systems of communication are in place for monitoring quality for service users with communication difficulties:

- Pictorial
- Story boards
- Sensory modifications
- Day to day feedback.

ARRANGEMENTS FOR RELIGIOUS OBSERVANCES

Service users who wish to practice their religion will be given every possible help and facility in particular we do the following: -

- if asked to we will make contact with any local place of worship on a service users behalf
- we can usually arrange for a minister or a member of the relevant congregation to visit a service user who would like this
- we will try to arrange transport for service users to any place of worship if required
- in the public areas of the home we celebrate the major annual Christian festivals. Other faiths can be catered for in the same way
- service users have the opportunity to participate or not as they wish

Religious observances at Fairfield will be displayed and reviewed monthly to reflect the assessed needs and expressed wishes of service users.

ARRANGEMENTS FOR CONTACT BETWEEN RELATIVES FRIENDS AND REPRESENTATIVES

Service users are given help or offered assistance to maintain the links they wish to with their families and friends, but they choose whom they see, when and where.

If a service user wishes, their friends and relatives are welcome to visit at any time convenient to the service user, and to become involved in daily routines, activities and participate in meal times. In each lounge there is a kitchenette with tea and coffee-making facilities. Visitors are free to make drinks for themselves during their visit.

If staff are not clear about the identity of a visitor, or that a particular service user has given their consent, they will ask the visitor to wait in reception until they have checked with the service user. If the service user does not wish to see the person or **the visitor has a negative effect on the service user's quality of life, becomes abusive** or aggressive towards service users or staff, or if the visitor is suspected of being under the influence of alcohol or drugs they will not be permitted on the premises.

If a service user wishes to be represented in any dealings with the home by a nominated friend, relative, professional person or advocate, we will respect their wishes and offer all necessary facilities.

FIRE PRECAUTIONS

All Service Users are made aware of the action to be taken in the event of a fire or **other emergency, and copies of the home's fire safety procedures are available on request and displayed on the back of each service user's room door and at each fire call point** situated by each fire exit around the building. Fairfield conforms to all relevant government guidance on promoting and protecting the health, safety, and welfare of service users and staff.

THE ARRANGEMENTS MADE FOR DEALING WITH COMPLAINTS

The management and staff of Fairfield aim, to listen to and act on, the views and concerns of service users and to encourage discussion and action on issues raised before they develop into problems and formal complaints. We therefore welcome comments and suggestions from service users and their representatives, friends and relatives. Positive comments help us to build on our successes, but we can also learn from comments that are critical. We undertake to look into all comments or complaints as quickly as possible and to provide a satisfactory response.

Anyone feeling dissatisfied with any aspect of the home should, if possible, raise the matter in the first instance with a responsible member of staff. It may be that the staff member can take immediate action to respond, and if appropriate apologise. If the complainant feels uncomfortable about raising the behaviour of a particular member of staff with the individual directly, they should approach someone more senior. Any member of staff receiving a complaint about themselves or a colleague will try and sort out the matter as quickly as possible.

If anyone who is dissatisfied with any aspect of the home feels that when they raised the matter informally it was not dealt with to their satisfaction or is not comfortable with the idea of dealing with the matter on an informal basis, they should inform the manager of the home that they wish to make a formal complaint. The manager will then make arrangements to handle the complaint personally or will nominate a senior person for this task.

WCS Care Group Ltd has a clear Policy and Procedure on dealing with any complaints made about the services we provide and a copy of the Complaints Procedure can be obtained from the Manager on request.

All complaints will be responded to within a maximum of 28 days.

Complaints can be made to any of the following:

- Any member of staff in the Home
- The Manager, Clare Baker
- Ed Russell, Director of Operations

WCS Care Group Ltd
Head Office
Whites Row
Kenilworth
CV8 1HW
Tel: 01926 864242

- Care Quality Commission
- West Midlands Region
Citygate, Gallowgate
Newcastle upon Tyne
NE1 4PAQ
Tel: 03000 616161
- Your Social Worker or The Local Ombudsman

SERVICE USERS PLAN OF CARE



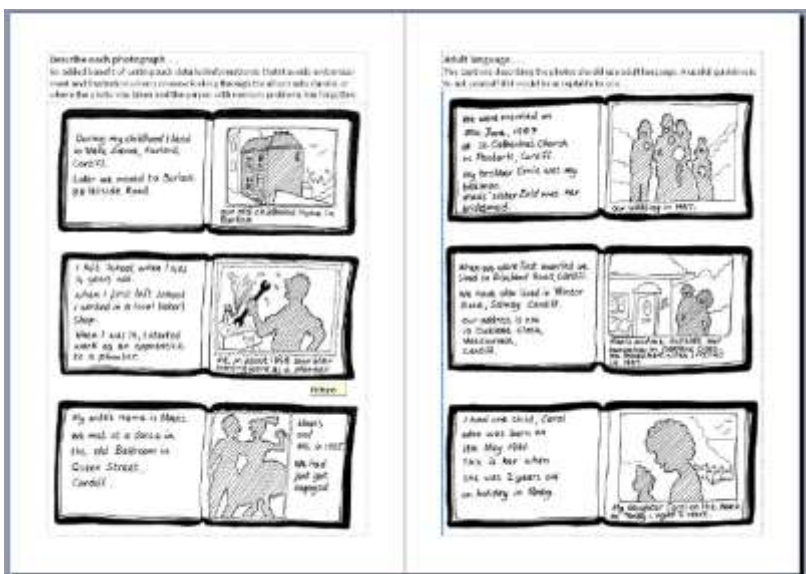
At the time of a new service users admission to Fairfield, we work with the service users and their friend, relative or representative, if appropriate to draw up a written plan of the care and support that we will aim to provide.

The plan sets out the care and support required, how we hope to meet those requirements and incorporate any necessary risk assessments to keep each service user as safe and well as possible.

At least once a month we review each service users plan together, setting out whatever changes have occurred and need to occur in the future.

From time to time further assessments of the care and support are required to ensure that the care provided is relevant to helping a service user achieve their full potential.

Every service user has access to their plan and is encouraged to participate as fully as possible in the care planning process.



Service users with dementia will be encouraged to browse regularly through a memory album to help keep fresh the key facts of their life story. This can be a boost to their confidence, and can help them feel more relaxed about themselves and their memory.

MENU WEEK NO: 1_ Low sugar options in blue

Day	Soup	Main Meal 1	Main Meal 2	Potato	Vegetables	Dessert	Hot Tea/ Sandwiches	Cakes
Sunday	Mushroom soup	Roast Lamb with Minted Gravy	Cauliflower Cheese	Roast or Mashed	Broccoli Carrots	Apple Pie & Custard Stewed Apple	Homemade Leek & Potato Soup & rolls Sandwiches	Scones Scones
Monday	Leek	Chicken Chasseur (tomato, mushroom & shallot sauce)	Fish in Tomato sauce	Mashed	Swede Carrots	Steamed Treacle Sponge & Custard Banana Custard	Macaroni Cheese Sandwiches	Victoria Sandwich Tea Cakes
Tuesday	Tomato	Toad in the Hole (Yorkshire pudding with sausages)	Pasta Bake	Mashed	Mixed Vegetables Cauliflower	Pineapple upside down pudding & custard Fruit Jelly	Sardines on toast Sandwiches	Chocolate Fairy Cakes Malt Loaf
Wednesday	Minestrone	Roast Beef & Yorkshire Pudding	Cheese & Tomato Potato Nests	Mashed Roast	Parsnip Peas	Apple & Raspberry Crumble & custard Stewed Plums	Hot Dogs Sandwiches	Swiss Roll Crumpets
Thursday	Asparagus	Braised Liver in Gravy	Cheese & Ham Flan	Mashed	Swede & Carrot Mix Sweetcorn	Lemon Meringue Pie Blancmange	Boiled Eggs Sandwiches	Apple Spiced Cake
Friday	Vegetable	Faggots in Gravy	Fried or Baked Fish	Chips Mashed	Mushy peas Broccoli	Jam Sponge & Custard Jelly	Baked Beans on Toast Sandwiches	Maids of Honour Diabetic jam Tarts
Saturday	Scotch Broth	Cottage Pie & Gravy	Cheese & Potato Pie	Boiled Potato Wedges	Broad Beans Baby Carrots	Bread & butter Pudding & Custard Low sugar version	Pork Pie & Pickles Sandwiches	Tea Cakes Tea Cakes

MENU WEEK NO: 2 Low sugar options

Day	Soup	Main Meal	Main Meal	Potato	Veg.	Sweet	Hot Tea/ Sandwiches	Cakes
Sunday	Leek	Roast Chicken with Stuffing & Gravy	Macaroni Cheese	Roast Mashed	Cauliflower Swede/ Carrot Mix	Trifle Fruit Jelly	Homemade Soup & rolls Sandwiches	Cherry/ Sultana Cake
Monday	Vegetable	Steak & Guinness Pie	Crunchy Vegetable Crumble	Mashed	Carrots Boiled Parsnips	Blackcurrant & Apple Crumble & Cream Stewed Apple	Fish Cakes Tomatoes on Toast	Lemon Fairy Cakes Yoghurts
Tuesday	Asparagus	Fishermans' Pie	Courgette Pasta Bake	Wedges Mashed	Broad Beans Broccoli	Gateaux	Spaghetti on Toast Sandwiches	Jam Tarts Diabetic Jam Tarts
Wednesday	Tomato	Roast Pork with Stuffing & Apple Sauce & gravy	Cheese & Potato Pie	Roast Mashed	Sprouts Mixed Vegetables	Bakewell Tart with Custard Bananas with Custard	Ham Salad Sandwiches	Muffins Tea Cakes
Thursday	Chicken	Beef Stew with Dumplings	Potato & Broccoli Bake	Mashed	Cabbage Swede	Rhubarb Crumble & Custard Stewed Rhubarb	Pilchards on Toast Sandwiches	Coffee Kisses Malt Loaf
Friday	Scotch Broth	Jacket Potatoes with Corn Beef Hash Filling	Fried or Baked Fish	Chips Mashed	Peas Broccoli	Spotted Dick & Custard Pears & Custard	Scrambled Egg Sandwiches	Tangy Madeira Cake Cheese Scones
Saturday	Minestrone	Savoury Mince	Cheesy Haddock Flan	Mashed	Sweetcorn Green Beans	Eves Pudding & Custard Rice Pudding	Sausage Rolls Pickles	Coffee & Walnut Cake Yoghurts

LIGHT LUNCH OPTIONS -

Main Course - Jacket Potato with Cheese, Omelette, Cold Meat Salad

Desserts - Tinned Fruit & Ice cream, Cheese & Biscuits, Fresh Fruit

MENU WEEK NO: 3 Low sugar options

Day	Soup	Main Meal	Main Meal	Potato	Veg.	Sweet	Hot Tea Sandwiches	Cakes
Sunday	Vegetable	Roast Pork, Stuffing & Apple Sauce & gravy	Broccoli & Cauliflower Bake	Roast or Mashed	Sprouts Carrots	Gateaux Semolina	Homemade Soup & rolls Sandwiches	Victoria Sponge Plain Sponge
Monday	Tomato	Shepherds' Pie	Potato & Carrot Cheesy Bake	Boiled	Cauliflower Swede/Carrot Mix	Orange Bread & Butter Pudding & Custard	Bacon Sandwiches	Maids of Honour Crumpets
Tuesday	Minestrone	Sausages in Onion Gravy	Cheese & tomato Potato nests	Chips Mashed	Baked Beans Peas	Lemon Meringue Pie Blancmange	Macaroni Cheese Sandwiches	Swiss Rolls Cheese Scones
Wednesday	Leek	Roast Chicken, Stuffing & Gravy	Jacket Potato with Tuna Mayonnaise	Roast Mashed	Broccoli Carrots	Steamed Chocolate Sponge & Custard Rice Pudding	Boiled Eggs Sandwiches	Chocolate Fairy Cakes Malt Loaf
Thursday	Mushroom	Braised Steak in Gravy	Creamy Vegetable Plait	Mashed	Cabbage Swede	Apricot & Almond Tart Stewed Plums & Custard	Spaghetti on Toast Sandwiches	Scones
Friday	Chicken	Cornish Pasties	Baked or Fried Fish	Chips Mash	Mushy Peas Mixed Vegetables	Bananas & Custard	Hot Dogs Sandwiches	Tea Cakes
Saturday	Asparagus	Spaghetti Bolognese	Leek & Potato Bake	Mashed	Green Beans Broad Beans	Apple Pie & Cream Fruit jelly	Pork Pie & Pickles	Apple Spice Cake

LIGHT LUNCH OPTIONS -

Main Course - Jacket Potato with Cheese, Omelette, Cold Meat Salad
Desserts - Tinned Fruit & ice cream, Cheese & Biscuits, Fresh Fruit

Winter Menu 2010

MENU WEEK NO: 4 Low sugar options

Day	Soup	Main Meal	Main Meal	Potato	Veg.	Sweet	Hot tea/Sandwiches	Cakes
Sunday	Minestrone	Roast Beef & Yorkshire Pudding & gravy	Broccoli & Pasta Bake	Roast Mashed	Roast or Boiled Parsnips Green Beans	Cherry Tart Jelly & Ice Cream	Homemade vegetable soup & rolls Sandwiches	Coffee & Walnut Cake Yoghurts
Monday	Leek	Pork Casserole Cobbler	Asparagus Plait	Wedges Mash	Carrots Broccoli	Spotted Dick with Custard Semolina	Fish fingers & Spaghetti Sandwiches	Vanilla Fairy Cake Crumpets
Tuesday	Tomato	Liver & Tomato Casserole	Smoked Haddock with Pasta	Mashed	Peas Cauliflower	Trifle Angel Delight	Pork pie & pickles Sandwiches	Chocolate Marble Cake Fruit Salad
Wednesday	Mushroom	Gammon with Parsley Sauce	Cheese & Potato Pie	Chips Mashed	Broad Beans Mixed Vegetables	Mincemeat Parcels & Custard Bananas & Custard	Turkey Salad Sandwiches	Cherry & Sultana Cake Sultana Scones
Thursday	Scotch Broth	Chicken & Mushroom Pie	Courgette & Pasta Bake	Mashed	Baby Carrots Green Beans	Bakewell Tart & Custard Blancmange	Scrambled egg on toast Sandwiches	Coffee Kisses Tea Cakes
Friday	Asparagus	Sausage Casserole	Baked or Fried Fish	Chips Mashed	Peas Plum Tomatoes	Saucy Lemon Sponge & Custard Rice Pudding	Hot Dogs Sandwiches	Jam Tarts Diabetic Jam Tarts
Saturday	Vegetable	Beef Bourguignon & Dumplings (Braised beef in red wine with garlic, onions and mushrooms)	Macaroni Cheese	Mashed	Cauliflower Swede	Jam Roly-poly & Custard	Bacon Sandwiches Sandwiches	Muffins Malt Loaf

LIGHT LUNCH OPTIONS -

Main Course - Jacket Potato with Cheese, Omelette, Cold Meat Salad
Desserts - Tinned Fruit & ice cream, Cheese & Biscuits, Fresh Fruit

Winter Menu 2010