

STATEMENT OF PURPOSE

TAPTONHOLME

CARE HOME

Residential and Residential Dementia

**14 Taptonville Crescent
Broomhill
Sheffield
S10 5BP**

February 17'

Taptonholme is a Victorian building which opened as a retirement home in 1947. It is now a residential home for the elderly and is registered with The Care Quality Commission.

It is run by a Board of Trustees and is a Registered Charity.

Our registration

Our registration enables us to accept residential clients who have everyday physical problems and require assistance with everyday living. The registration also allows us to accept elderly clients with dementia but only at residential level. An assessment of needs is always undertaken before accepting any clients into the home to ensure all needs can be met and that staff are able to provide care to a high standard.

The Chairman of Trustees

Martin Cowell

Martin takes an active role in the running of the home and visits on a regular basis. He makes regular visits to ensure the smooth running of the home, speaks to staff and residents and completes a monthly report with the manager in accordance with current legislation. The meetings include any repairs and renewals which are needed. We have recently updated the heating system and have received kind donations towards the cost from Sheffield Church Burgesses, Yorkshire Building Society, Harry Bottom Charitable Trust and J G Graves. The minutes are kept on file for inspection by the CQC.

The Manager

Mrs Karen Walker

Karen holds the City & Guilds Advanced Management for Care and has gained the Registered Managers Award. Karen also takes further management courses to ensure she is up to date with all the changing legislation. She has 23 years experience in the care of the frail elderly which include 16 years as a Registered Manager.

The Assistant Manager

Miss Jamie-Lee Hartley

Jamie-Lee holds the NVQ 2 in Social Care and Leadership & NVQ 3 in Social Care and Management. Jamie-Lee regularly updates her training to remain aware of current legislation and assists in the supervision of the staff. She has 11 years experience in the care of the frail elderly working at Taptonholme and has been newly appointed as the Assistant Manager at Taptonholme.

The Head of Care

Mrs Angela Skelton

Angela has 18 years experience working at Taptonholme with the frail elderly and people with dementia. She holds NVQ 2 & NVQ 3 in Social Care. She supervises the care staff and mentors new carers so that the best care possible is given to the people who live at Taptonholme.

The Staff

All the staff are approachable, friendly and helpful. They provide care to a very high standard and are very supportive of the clients' family. The home has an excellent reputation for dealing well with dementia care.

Senior Staff

All senior staff are qualified to NVQ level 3. Several senior care staff have achieved their Leadership qualification. Taptonholme endeavour to encourage as much personal development as possible. Senior staff are trained in 'The Administration of Medicines' and administer prescribed medication where residents choose not to administer their own. There is always one Senior Carer on duty to supervise the Care Staff and take charge of any emergency situations. Regular First Aid Training is completed and any emergency is always supported by the emergency services when contacted. There are 6 senior care staff employed at the home.

Care Staff

There are 14 care staff in the home that are not at senior level. It is now a legal requirement for individuals providing care to hold NVQ 2 in social care.

All staff receive regular in-house training to provide the best care possible.

Mandatory training includes:

Moving & Handling
Safeguarding Adults
Food Hygiene Awareness
Skills for Care
First Aid
Fire Awareness
Infection Control
COSHH
Health & Safety
Medication Administration (senior staff only)

Other training has included:

Mental Capacity Act
Dementia Awareness
Deprivation of Liberty Safeguarding
Person Centred Care
Epilepsy Awareness
Oral Hygiene
Challenging Behaviour
Falls Awareness
Grief & Loss
End of Life Care
Psychology
Parkinson's
Continence & catheter care

Care staff are employed for their knowledge and experience, although new and inexperienced staff will be trained by Taptonholme if it is felt that they have the ability and character to become good Carers. They will be closely supervised by the Head of Care and Senior Care Staff.

Domestics

There are 4 Domestics employed by the home and are here daily and ensure the home is clean and free from any odours. They also study at NVQ level to ensure they have the necessary training for their role, including COSHH, Infection Control, Health & Safety, Safeguarding, Moving & Handling and First Aid.

Cooks

There are 2 cooks employed by the home and provide a varied and nutritious diet. The home has received an award for the cleanliness of the kitchen. We are also awarded 5 stars for our kitchen hygiene standards. The Cooks hold relevant NVQ qualifications and are trained in higher level Food Hygiene Standards. The Cooks also receive training on Safeguarding, Health & Safety, COSHH and Infection Control.

Staffing levels

During the day there is a senior carer and two care assistants on duty for each shift, along with the manager, domestics and cook. A 'dependency assessment' is carried out weekly by the manager to assess the level of care staff required to ensure good quality care and ensure safety.

At night there are 2 carers.

TAPTONHOLME

Taptonholme is registered for 19 residents and caters for both male and female residents aged from 65 years old. The home is situated in a quiet residential area with good views from most of the rooms. There are local shops, Doctor's Surgeries and bus services all within walking distance.

The home has 17 single bedrooms and 1 double bedroom.

Lower ground floor

2 single bedrooms

1 single bedroom with en-suite

1 toilet

1 bathroom with hoist

Laundry

Ground Floor

3 single bedrooms

2 toilets

2 lounges

Dining room

Kitchen

Main office

First floor

2 single bedrooms

2 single bedrooms with en-suite

1 double bedroom with en-suite

1 shower room

Second floor

5 single bedrooms

1 single bedroom with en-suite

1 bathroom

Hairdressing room

Themed area

Our themed area is in the smaller lounge. The theme is films and film stars.

There are a variety of film posters and pictures of film stars on the walls which encourage reminiscence and discussions amongst the residents.

The weekly fee starts from £568 for a single room without en-suite and £677 per week for a larger room with en-suite. The fees include 24 hour care, meals, laundry, all activities and outings.

Residents pay for hairdressing, chiropody, dentistry and any papers or magazines. They also provide their own toiletries and any alcoholic beverage they enjoy.

Residents may entertain their guests in any of the lounges or their own rooms.

Residents are encouraged to personalise their own rooms by bringing in their own furniture if they wish and any ornaments they may cherish. Linen is provided by the home but residents may provide their own bed linen and soft furnishings to their own taste if they prefer.

In each room there is provided a bed and bed linen, curtains, mirror, bedside lighting, comfortable seating, drawers, enclosed space for hanging clothes, suitable electrical sockets, TV socket, a small table and handwash basin. We provide lockable facility if required in their rooms and only they hold the key. Some residents also hold a key to their own rooms, although senior staff hold a master key in case of any emergencies.

Admission

Admission is sometimes arranged through a Social Worker with a full needs assessment already undertaken by the social work team. The Manager of the home will receive a copy of this assessment enabling a plan of care suitable to the residents needs. If a resident is not eligible for assistance with funding and does not have a Social Worker then a needs assessment will be carried out by the Manager of the home. This is normally carried out at Taptonholme where the person requiring care spends part of the day with us.

This assessment will cover:

Personal care and physical wellbeing

Diet and weight including dietary preferences

Sight, hearing and communication

Oral health

Foot care

Mobility and dexterity

History of falls

Continence

Medication usage

Mental state and cognition

Social interests, hobbies, religion and cultural needs

Personal safety and risk

Family involvement, social contacts/relationships

We ensure we give ‘person centred’ care. We need to know what is important to each resident and what activities they like to do. It is also helpful to know what their previous careers were and what they still would like to achieve.

Personal Care

We provide assistance with personal care such as rising and retiring, washing and bathing, showering, dressing, oral care, hair care and nail care. We also help with the use of toileting facilities if this is required. We have a range of facilities to help with personal care such as a baths with hoist, grab rails, commodes for overnight use and call systems in every room including communal areas. We also have equipment to assist staff with the moving and handling of frail clients and these are regularly serviced and staff are fully trained to use them competently.

We offer care to residents whose ‘care needs’ range from minimal assistance such as help with dressing to full assistance with personal care.

In situations such as ill health the resident may need two care staff to fulfil their needs. Outside professionals will also be included in the care of an ill resident such as Doctors, Nurses and Physiotherapists if required.

If a resident is referred to the hospital as an emergency admission the family will be contacted and asked if they are able to escort them to hospital. If not then a member of staff will go with them if this is possible. The home cannot be left short staffed at any time and therefore staff may not be able to escort them. If an emergency admission happens overnight a member of staff will not be able to escort anyone to the hospital.

We also provide care for elderly people who have dementia and are assessed by social services as needing residential care due to deteriorating cognitive problems. Dementia comes in many forms and Taptonholme ensures that they continue to live an active, rewarding life ensuring they continue to be part of the community. Taptonholme is unable to cater for all types of dementia and as a person’s dementia progresses they may require further assessments by the mental health professionals. It is always a possibility that a person may be asked to leave if their dementia develops in an aggressive way or in any way that is difficult for the staff to manage or if the other residents are affected by their behaviour. They may be asked to leave following further assessments and investigations by health professionals. We will always endeavour to continue to care for people as their physical or mental health develops further.

Residents’ continence needs are assessed on admission and when appropriate a referral is made to the continence adviser who will give advice and equipment for continence management. This assessment is then followed-up every six months unless an earlier assessment is required.

We can also offer care to residents that require catheter care or colostomy care. In such cases the District Nurse will be in regular contact.

We employ both male and female staff and residents are given the choice of whether they would prefer male or female carers to assist them when needing personal care.

Key Workers

The Key Worker will become very important in the resident's life. The Key Worker is a member of staff who is given prime responsibility for ensuring that the resident is looked after in all respects and to help family and friends of the resident. They are responsible for communication between staff on relevant information informally when meeting with the families. Often a special relationship is formed and often the Key Worker will be the first to realise a resident's unhappiness or unmet need. The manager will support the Key Worker to enable them to meet the resident's needs.

Care Plans

These plans are confidential and will be used by the care team and appropriate professionals. They will set out the care that is needed and provided for the resident to ensure their well-being. These are updated at least monthly but sooner if circumstances change.

Mobility

We offer care to anyone who is independently mobile, uses a walking stick, zimmer frame or wheelchair. Residents requiring equipment will be supplied with their own appropriate equipment after assessment by a Physiotherapist or Occupational Therapist. All equipment at the home is regularly checked and cleaned by their Keyworker and will receive appropriate servicing. Residents may choose to purchase their own equipment, which will also be regularly serviced.

We also offer care to residents who require help to mobilise. All carers receive training in appropriate manual handling techniques and this is updated regularly in order to keep up with the latest legislation. We undertake risk assessments of all mobility and manual handling tasks and residents are encouraged to be as self-managing as possible in order to keep their independence and dignity.

We appreciate that mobility needs can fluctuate with the health of the resident and accept that 'resident need' may change sometimes on a daily basis. Our daily report system recognises this and ensures changes are monitored and appropriate action is taken.

Night care

There are two staff on duty through the night. They are on duty from 10pm until 7.30am. We offer a range of night observation from a minimum of two checks at 10pm and 7.30am up to hourly monitoring. Two hourly monitoring is the normal frequency of checks. The frequency depends on the resident's health, preference and risk levels. Risk assessments are undertaken taking into account the residents preference.

Night observations are carried out as discreetly as possible with minimum disturbance to residents. Sleep patterns are recorded in their care plans and in daily reports. Any changes to the residents sleep pattern is discussed with the client and may require the intervention of the GP.

Staff are there to reassure, monitor and provide any personal care the resident may need. Any drinks or snacks will also be provided if requested at night.

Health

The Local Enhanced Service for Care Homes have now organised all care homes to be registered with one Doctor at an allocated surgery. This means that all residents see the same GP, therefore diagnosing any problems early and avoiding hospital admissions. On admission the resident will be registered with the allocated GP. The GP normally visits on a weekly basis and will see any patients as requested.

Any resident requesting a GP appointment can be assisted to attend the surgery or a home visit can be arranged. If a GP visits a resident they will be taken to the privacy of their own room for the consultation and any treatment.

A district nursing team supports the home with any healthcare requirements and make regular visits to monitor residents.

Other healthcare professionals such as Physiotherapists, Occupational Therapists, Speech Therapists, Dieticians and Community Psychiatric Nurses are accessed through the GP.

Residents have access to private Chiropody services and when appropriate NHS Podiatry services. The home has a visiting Optician but residents may wish to continue to visit their own Optician

The home also has a visiting Dentist who holds 6 monthly checks and provides any treatment required.

Medication

The home uses the 'Monitored Dosage System' for medication administration and uses Boots Pharmacy. We are inspected by an independent pharmacy auditor every six months and administer medication in line with the Royal Pharmaceutical Society's guidelines. Residents may wish to administer some or all of their medication. If this is the case a risk assessment will be undertaken and a declaration will be signed by the resident, their GP and the manager of the home.

Any resident wishing to self medicate must keep all medication in a locked drawer which is provided in their room and the situation will continue to be monitored by staff to ensure medication is locked away. Residents will not be able to self medicate any controlled drug unless agreed by their GP. Controlled drugs are kept in a separate locked cupboard and are administered in accordance with current legislation.

Any medication that requires refrigeration is kept in a separate locked facility within the main refrigerator.

Diet

We understand the importance of good, well cooked, tasty nutritional meals. From the menus you will see that the residents have a good variety in their diet. Both hot and cold drinks are offered throughout the day.

Residents' dietary requirements and preferences are recorded in their care plan and reviewed every month.

Clients who prefer an alternative to the menu can request this and where practicable we will respond to this request

We can offer residents special dietary requirements such as:

Diabetic
Low fat
High fibre
Vegetarian
Soft or pureed diet
Use of thickeners
Use of supplements

We can provide specialist equipment such as adapted cutlery or drinking aids for anyone that requires help to remain independent. We are able to provide care to anyone who requires full assistance from a carer to eat and drink. Staff receive Food Hygiene training and undertake units in their NVQ specific to assisting clients with eating and drinking. The kitchens are inspected yearly by Environmental Health.

With the resident's consent they will be weighed at least monthly depending on their level of risk and actions are taken to supplement or change their diet when appropriate. Any drastic change in a resident's weight is discussed with them and any concerns are referred to the resident's GP.

The menu is nutritionally balanced and all residents have a choice of what they would like to eat each mealtime. There are also snacks available and offered throughout the day including fresh fruit and other healthy snacks as well as sweet treats.

Leisure and Family

We have an organised leisure programme that varies in response to residents' preference. This includes dominoes, cards, flower- arranging, sing-a-longs, gentle chair exercises and crafts, films, reminiscence and quizzes. We ensure we cater for all abilities and interests including those residents with cognitive problems.

The leisure programme is included in the fees of the home. There are also magazines, large print books and a selection of films for use in the DVD player. Outings are organised at resident's request. Transport, wheelchairs and escorts are all included in the fees.

Residents may wish to have refreshments whilst on these outings and these are also included in the fees.

Residents are encouraged to maintain links within the local community. Family and friends are encouraged to visit and will always be made welcome by the staff. We have open visiting arrangements. Staff are happy to post letters for residents and any mail received for the residents is immediately given to them. Residents may choose to have a private telephone line installed in their room. This is done at the resident's expense and they will be privately billed by the telephone company. There is also a separate phone for residents' use at no charge. A fax machine is also available. The Hairdresser visits two weekly and charges each resident individually.

Spirituality

The home has a good relationship with the local churches. Communion can be arranged for anyone that chooses to receive this.

If a resident wishes to attend any religious practice we can arrange for them to attend. There are several residents that attend church weekly and transport has

been provided by the church. Residents are also able to attend coffee mornings and Senior Citizen meetings at local churches.

Mental health and communication

We actively encourage residents to make informed choices, make decisions and if appropriate take risks as everyone has to in their daily lives. There is a policy for risk assessment in the home and risk assessments will be carried out by the care staff and forms part of the resident's care plan. We accept that a resident's ability to understand risk taking can vary as every person is an individual, but the environment will be made as safe as possible in order for them to take risks. We offer care to people with assessments of dementia.

Residents mental health needs are recorded in their care plans and this is reviewed with them monthly. When appropriate, referrals can be made to the Mental Health team for advice and support. Residents may have difficulty expressing their needs due to communication problems or memory loss. Communication may be difficult due to a speech impediment or hearing problems. All these details will be recorded in their care plan. Access to audiology and speech therapy can be obtained through the GP.

Risk Taking

Responsible risk taking is part of the normal expression of independence. After appropriate risk assessment residents should not be discouraged from undertaking certain tasks. Those who are able to judge the risks themselves should be free to make their own decisions as long as it does not threaten the safety of others.

The Manager along with the key worker will assess any risk of fall or injury to the resident. This will include their previous history of falls, confusion, impaired senses, frailty and any mobility problems. The environment will be made as safe as possible by rearranging furniture, making sure furniture is at the correct height and any details will be recorded in the resident's care plan. The situation will be regularly reviewed and the plan revised if necessary.

Any falls are always reported under current legislation.

BASIC PHILOSOPHY

To work with the residents, their families and other carers to meet the individual needs of the resident.

To encourage the resident to remain as independent as possible.

To encourage the resident to take an active part in decision making.

To maximise privacy, dignity and autonomy to each resident.

To understand physical, emotional and social needs by establishing a quality care programme.

AIMS & OBJECTIVES

To offer freedom of choice, privacy and opportunity for decision-making.

To be efficient, whilst showing concern for residents, other staff and visitors.

To construct a care plan which is agreed with the resident, family members / advocates and relevant staff.

To share information with residents in an open, professional relationship. To give access to residents on personal records held on them.

(Information about or derived from a third party is not disclosed without the consent of that party)

To record and follow up any complaints by the resident or their families.

Safety

The home has a regularly maintained fire system comprising of extinguishers, alarms, smoke detectors, magnetic fire doors and break glass points.

All staff receive fire awareness training.

Day staff receive fire instruction 6 monthly and night staff receive fire instruction 3 monthly.

Regular fire drills are undertaken and weekly fire alarm tests are undertaken.

The home has undertaken a risk assessment relating specifically to fire and this is available at the main office.

The front door and front gate has a magnetic keypad system ensuring the safety of all residents in the home. This allows the residents to use the garden without risk of wandering away from the grounds.

The home has health & safety policy & procedures in place and regular risk assessments are undertaken. The staff team are trained in health & safety including infection control, risk assessment and control of substances hazardous to health.

Complaints & Suggestions

We welcome suggestions from residents and their family and friends on how we can improve the care at Taptonholme and undertake regular surveys and questionnaires to gain their views. A copy of the home's Complaints Procedure is displayed in the entrance hall.

Nutrition

The meals are held in the main Dining Room but residents have the choice to eat in their rooms if they wish. They may also have their meal at a time of their choice if they choose not to eat at set mealtimes. The mealtimes are made as comfortable and pleasant as possible and residents are able to take time over their meal. Meals are never rushed.

The following menu has been organised by holding a meeting with the residents, cooks and manager. Meetings about the menu are regularly held to ensure residents are eating what they enjoy and are not becoming bored with the menu.

SAMPLE MENU – BREAKFAST DAILY

Choice of:

Grapefruit

Prunes

Fruit Juice

Cereals

Porridge

Toast

Jams & Marmalade

A cooked breakfast is offered several times weekly but this may be requested daily

Lunches (main meal of the day)

Monday

Chicken & mushroom pie

Fresh vegetables or

Gravy

Omelette

Side salad

Soup

Treacle Sponge & Custard

Ice cream

Yogurt

Tuesday

Gammon & pineapple

New potatoes or

Fresh vegetables

Jacket potato – choice of filling

Side salad

Soup

Treacle tart & custard

Ice cream

Yogurt

Wednesday

Liver & Bacon

Creamed Potato or

Fresh Vegetables

Bacon & egg

Soup

Fruit flan & cream

Ice cream

Yogurt

Thursday

Roast Pork

Season Pudding or

Fresh vegetables

Roast of the day

Salad

Bakewell Tart & Cream

Ice cream

Friday

Battered cod

Chips

Peas

or

Fishcakes

Creamed potatoes

Peas

Apple pie & custard

Ice cream

Yogurt

Saturday

Cottage pie

Fresh vegetables

or

Jacket potato – choice of filling

Side salad

Soup

Banana & custard

Ice cream

Yogurt

Sunday

Roast of the day

Creamed potato

Roast potato

Yorkshire pudding

Fresh vegetables

or

Roast of the day salad

Soup

Fruit & cream

Ice cream

Yogurt

Salads are available daily upon request as are cheese & biscuits if preferred to the desserts.

TEA

Monday

Soup of the day

Cheese on toast

or

Soup of the day

Selection of sandwiches

Chocolate cake

Cheese & biscuits

Tuesday

Soup of the day

Ham salad

or

Soup of the day

Selection of sandwiches

Strawberry/lemon tarts

Cheese & biscuits

Wednesday

Soup of the day

Beans on toast

or

Soup of the day

Selection of sandwiches

Cheesecake

Cheese & biscuits

Thursday

Soup of the day

Egg salad

or

Soup of the day

Selection of sandwiches

Lemon sponge

Cheese & biscuits

Friday

Soup of the day

Sardines on toast

or

Soup of the day

Selection of sandwiches

Fruit scones

Cheese & biscuits

Saturday

Soup of the day

Cheese salad

or

Soup of the day

Selection of sandwiches

Chocolate gateaux

Cheese & biscuits

Sunday

Soup of the day

Salmon salad

or

Soup of the day

Selection of sandwiches

Trifle

Cheese & biscuits

Hot and cold drinks are offered throughout the day and are also available on request.

Hot milky drinks are offered before the residents retire to bed.

Fresh fruit is offered throughout the day. The menus are devised to ensure residents have a well balanced diet.

TAPTONHOLME – CONTRACT OF RESIDENCE

This agreement is made between:

Taptonholme: 14 Taptonville Crescent, Broomhill, Sheffield S10 5BP

Resident:

Name.....of Taptonholme

Next of kin:

Name.....of.....

Residence and payment of care fees:

The calendar monthly charge of.....will be paid calendar monthly in advance. We undertake to provide accommodation, personal care, all food, light and heating.

The weekly charge will be reviewed from time to time and a new weekly charge will be introduced subject to the resident and next of kin being issued with one month's notice.

Taptonholme undertake to maintain a standard of care as required by the Quality Care Commission. If an occasion should occur where a complaint or query arise the resident or advocate will be referred to Taptonholme's complaints procedure. If the complaint is not resolved to the satisfaction of the resident or advocate then this will be referred to the CQC, National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA. Tel: 03000 616161 / 08450 150 120

This agreement will remain in force until terminated by either party giving four week's notice in writing. Four week's charge shall be payable in lieu of notice. Should the resident leave the home without giving notice, the current rate will be required.

The first eight weeks of admission will be regarded as a trial period for the benefit of Taptonholme and the resident.

Taptonholme will be the abode of the resident. Should the resident at any time require hospital treatment or be otherwise temporarily absent from the home, Taptonholme will retain the accommodation unless and until four weeks notice is given by either party. The full weekly charge will be payable. In the event of death any fees outstanding will be charged to the resident's estate.

Contract of residence:

Taptonholme may give notice to the resident of termination of this agreement under the following circumstances:

- None payment of fees
- If Taptonholme is no longer able to meet the care and needs of the resident after taking advice from appropriate members of the healthcare team.
- Any circumstances or behaviour which Taptonholme may feel detrimental to the home or welfare of the residents.

Medical and personal requirements:

The resident shall, from their own resources, provide hairdresser, newspapers, clothing, toiletries and other items of luxury or personal nature.

Residents will be required, before taking up residence at Taptonholme to provide information on their state of health, any treatment required and the name and address of their GP.

The resident or next of kin may request Taptonholme to take charge of all medication and dispense as per medical instruction. If a resident elects to dispense their own medication it must be kept in a secure locked place in their room.

Personal effects and personal mobility:

Residents are free to journey out alone. However, Taptonholme cannot accept responsibility for a resident’s safety away from the home unless the journey and any necessary supervision were arranged by the home.

All electrical items brought into the home on admission or during occupation shall be first inspected as to the safety of the items before use in Taptonholme.

At the discretion of Taptonholme items of furniture may be brought into the home subject to inspection as to their condition and defects liable to render the articles unfit or unsafe.

Transportation, insurance and eventual removal of such items are the resident’s responsibility.

Residents shall be responsible for insuring their own personal effects. Taptonholme cannot be held responsible for the loss or damage of such effects.

All valuable assets must be declared upon admission for insurance purposes.

Taptonholme is registered as a care home with the Quality Care Commission.

Signed for and on behalf of Taptonholme.....

Signed by resident.....

Signed by next of kin.....

