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# **Statement of Purpose**

## STATEMENT OF PURPOSE

### The Aims and Objectives of the Home

Avon House is registered to provide care in the category of PC/DE.

#### a) Aims

To provide all Service Users a life that is as normal as possible, given their individual health needs in Homely surroundings.

To provide all Service Users with care which will enable them to live as independently as possible with privacy, dignity and with the opportunity to make their own choices.

#### b) Objectives

To ensure that assessments of need will be used to develop individual care plans with the objective of meeting the aims of the Home for each Service User.

To provide each Service User with a safe secure Home staffed by competent personnel using the best equipment available to enable the stated aims of the Home to become a reality for each Service User.

### Statement of Philosophy

Avon House has adopted the Residents Charter. The philosophy of the Home is based upon a belief that all Service Users are entitled to be treated as individuals. The care provided by the Home should not be institutionalised however the staff is required to operate and apply the procedures laid out in the Homes' policy and procedure manual, for the safe delivery of the all care services. Additionally, the care needs of each Service user will be continually assessed so that appropriate care plans can be developed and implemented on an ongoing basis.

In order to achieve its Aims and Objectives, the Home must also be aware of the ongoing development of best practices in clinical and social care and ensure that the Home environment evolves in line with the best creative thinking currently available.

### Facilities Provided at the Home

#### *Building & Gardens.*

- The Home's accommodation is provided on two floors
- The first floor is accessed by a staircase and a passenger lift
- The Home provides:
  - 24 Single Rooms
  - 1 Twin Room
- There are 2 Lounges and 1 Dining Room
- The Home is equipped with a modern Fire Alarm System
- The Home is equipped with a modern Call Bell System
- There are 4 WC's which can be accessed by Wheelchairs on the ground floor
- There are 3 WC's which can be accessed by Wheelchairs on the first floor
- There is 1 Assisted Shower Room on the ground floor
- There is 1 Assisted Bath on the first floor

- There is 1 Assisted Wet Room on the first floor
- The Kitchen is located on the ground floor
- The Laundry is located on the ground floor. All used clothing will be collected from the Service Users rooms each day and returned to them within 48 hours, washed and ironed
- All clothing must be labelled with the Service Users name
- The rear garden is accessible to Service Users and ramps are provided for the use of Wheelchairs.

The Home has two bedrooms that measure below 9.3sqM. Both bedrooms (1 & 9) measure 9.14sqM.

### ***Equipment***

Avon House has one lifting hoist and other moving and handling equipment to help in the transfer of Service Users requiring assistance.

The Home can provide adjustable/ high/low fully profiling beds for the Service Users health and comfort should the Service User's assessment indicate the need of such a bed.

The Home has pressure-relieving equipment. This is used when a Service Users Assessment indicates its need. District Nurses can also provide additional equipment when and where necessary.

### ***The Service***

Avon House also provides the following services:

- A Hairdresser visits the Home regularly.
- Regular visits from a visiting Optician.
- A Chiropodist visits the Home at regular intervals
- Entertainers to provide old time music.
- Exercise to Music sessions.
- The Home will provide the services of a Physiotherapist and an Occupational Therapist – should the Service Users Assessment indicate a need.
- Internal Entertainment such as bingo, reminiscence therapy, card/board games and supervised events.

*(However the cost of these services is not included in our fees and will be invoiced separately.)*

### **Staffing Arrangements**

#### **DAYTIME STAFF**

<i>Resident Category</i>	Resident Nos	Care Assists	Ratio
Resident Care	26	4	1: 6
Care Manager/person in charge		2	
Totals	26	6	

**NIGHT TIME STAFF**

<i>Resident Category</i>	Resident Nos	Care Assists	Ratio's
Resident Care	26	2	1 : 13
Totals	26	2	

**1. Registered Manager & Registered Service Providers**

The Registered Manager of Avon House is Mrs Jaquelyn Mann. The Home's Registered Service Providers are Mr & Mrs A Brookes (Cobham Care Ltd).

**2. Staffing - Qualifications & Experience**

Avon House employs 21 care staff, 1 qualified to NVQ 4, 1 qualified to NVQ 3 and 5 qualified to NVQ 2. 1 Care Manager qualified to NVQ 3 and 1 Registered Manager qualified to NVQ 4 and RMA (Registered Managers Award). Also employed are 4 domestic/ancillary staff, 3 of which are qualified NVQ 2. 11 staff are currently undertaking various levels of NVQ. All staff are trained to NVQ standards and additional on-going training is provided such as First Aid, Manual Handling, Understanding Dementia, Protection of Vulnerable Adults etc.

**3. Staffing - General**

- We are aware that the Home's staff will always play a very important role in the Service User's welfare. To maximise this contribution we shall do the following
- Employ staff in sufficient numbers and with the relevant mix of skills to meet Service Users needs
- Provide at all times an appropriate number of staff with appropriate experience and/or qualifications in health and social care
- Observe recruitment policies and practices which both respect equal opportunities and protect Service Users safety and welfare
- Offer our staff a range of training that is relevant to their induction, foundation experience and further development
- Employees shall complete a Training Induction Programme within six weeks of their employment in the Home
- Employees shall complete a Foundation Training Course within six months of their employment in the Home
- Our Aim is for 50% of all care staff to achieve NVQ Level 2
- All staff involved in food preparation will have been trained in Food Hygiene awareness
- Staff involved with the moving and handling of the Service Users will have been trained accordingly

- It is the Home's aim to provide an Appointed First Aider on duty at all times
- All staff will receive internal training using the Home's extensive procedure manual

### *Quality Services*

We are aiming for a progressive improvement in the standards of training at all levels of our staff and management.

#### **4. Organisational Structure**

The Manager undertakes the administration of the Home and supervises the work of the management team and all other staff.

#### **5. Registration**

Avon House is registered as a Residential Care Home for 26 elderly over the age of 65 with Dementia.

#### **6. Range of Needs**

Our Home offers a high standard of specialist care for the Elderly, Mentally and Infirm, particularly those suffering from Alzheimer's disease and other medical problems causing memory loss. We are not registered to provide long term nursing care.

#### **7. Admittance Policy Statement**

- Avon House understands that older people often find the process around moving into a Home to be traumatic, confusing and upsetting and it is up to the staff at the Home to play a supportive, sensitive and understanding role in that move.
- The Home furthermore believes that it is essential both that the prospective service user is confident their needs will be fully met by the Home if they move into it and the Home itself has to be fully confident that it will indeed be able to meet those needs. The Home believes that, as well as doing a full assessment of needs on a potential Service User, the best way of ensuring that the Home is "right" for a particular Service User is to offer a trial period of residency.

### *Aim of the Policy*

This policy is intended to set out the values, principles and policies underpinning this Home's approach to trial periods of residency.

### *Policy on Trial Visits*

Avon House firmly believes that it should only accept a new Service User if a needs assessment shows that the Home can adequately meet the needs of the prospective Service User and that this has been demonstrated during a trial period of residency. In this Home the following applies:

- All potential new Service Users who are interested in staying at the Home should be offered a trial period of residency of four weeks.

- On arrival at the Home the service user and their representative shall be welcomed warmly and shown to their own private room to unpack. They will be served refreshments there and the admitting member of staff will stay with the service user during this period.
- The admitting member of staff will fill in an Initial Care Plan with the service user and/or their representative and explain the exact nature of the trial period system and a little about the Home and its routines (eg what arrangements are in place for mealtimes, etc).
- It is likely that the service user will be anxious and apprehensive and every effort will be made by the staff of the Home to be reassuring and supportive. In particular the admitting member of staff will make a point of finding out how the service user would like to be addressed.
- The admitting member of staff will offer to show the service user around the Home but will not force the service user to do so if they do not wish to.
- If the service user wishes to sit with the other Service Users at mealtimes then they will be encouraged to. If not then arrangements will be made for them to take their meals in their room.
- Great care will be taken by all staff during the first few days of any service user's residency that they introduce themselves to the new Service User and help them to settle in.

***During the trial period the following applies:***

- Any special needs will be addressed and the Home will explain or demonstrate exactly how those needs will be met from day to day.
- A full assessment of the service user should be completed in conjunction with social services and other key workers.
- At the end of the trial period the following will take place.
- A confidential case review will be arranged involving all key workers and including the service user and their relatives and/or representatives or advocates.
- The case review will assess the trial period and come to a decision as to whether or not the service user should be offered a place at the Home or if the service user wants a place at the Home.
- The case review will make any recommendations necessary as to further support required or outstanding needs to be met.

We recognise that every prospective Service User should have the opportunity to choose a Home that suits their needs and abilities. To facilitate that choice and to ensure that our Service Users and/or representatives know precisely what services we offer, we shall adopt the following;

- Provide detailed information on the Home by providing a statement of purpose and an informative service user guide.
- Give each Service User or their representative, as appropriate, a statement of terms and conditions specifying the details of the relationship.
- Ensure that every prospective Service User has his or her needs carefully assessed before a decision on admission is taken.
- Demonstrate to every person about to be admitted to the Home that we are confident that we can meet his or her needs following assessment.
- Avoid unplanned and emergency admissions. However, an emergency admission can be accepted providing the person or agency referring the service user is able to provide sufficient information to the Manager to determine that the prospective service user has needs broadly within the services and facilities offered by the Home. The emergency agreement will state that the admission is short term and the placement could only become long term after a full assessment and review.

## **8. Focus on Service Users – Daily Life & Social Activities**

We want everything we do in the Home to be driven by the needs, abilities and aspirations of our Service Users, not by what staff, management or any other group would desire. We recognise how easily this focus can slip and we endeavour to remain vigilant to ensure that the facilities, resources, policies, activities and services of the Home remain Service User led.

It is clear that our Service Users need care and help in a range of aspect of their lives. To respond to the variety of needs and wishes of our Service Users and whenever possible to do the following;

- Aim to provide a lifestyle for Service Users that satisfy their social, cultural, religious and recreational interest and needs
- Provide meals, which constitute a wholesome, appealing, and balanced diet in pleasing surroundings.
- Informing ourselves as fully as each Service User wishes about their individual histories and characteristics.
- Providing a range of leisure and recreational activities to suit the tastes and abilities of all Service Users and to stimulate participation.

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:

- Assist them to choose their own clothing, take care of their personal appearance and be aware of their behaviour in public.
- Responding appropriately to the personal, intellectual, artistic and spiritual values and practices of every Service User.
- Helping our Service Users' religious, ethnic and cultural diversity.
- Helping our Service Users to maintain existing contacts and to make new liaisons, friendships and personal relationships if they wish.
- Compensating for the effects of disabilities which Service Users may exhibit in their communication, physical functioning, mobility or appearance.

## **9. Consultation with Service Users**

All staff at Avon House are strongly encouraged to be receptive to any suggestions or ideas on any matter that would improve the running of the Home. The management team are always available should any service user or their representative prefer to discuss such matters or suggestions, in greater detail.

Due to the mental frailty of our Service Users the intrusion of Questionnaires is not carried out by the Home. However, comments and views are requested from their Representatives, District Nurses, GP's etc.

## **10. Fire Precautions & Associated Emergency Procedures**

Avon House is registered with West Sussex Fire Brigade. All bedrooms and communal areas are fitted with smoke alarms and emergency lighting. A Fire Risk Assessment is carried out annually and a Fire Procedure developed. There is an appropriate recording system maintained.

## **11. Religious Services**

Service Users are free to follow the religion of their choice. Avon House provides a monthly service with a visiting Minister for Service Users who wish to participate. Arrangements are also made for Service Users to attend a place of worship of their choice.

## 12. Service User Rights

We place the rights of Service Users 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 Service Users to exercise their rights to the full.

### *Visitors*

Avon House's Policy with regard to visiting encourages visitors at all times. However, we do ask that meal times be respected.

## 13. Complaints

While we trust that all our Service Users and their representatives will be satisfied with the quality of care we provide, there may be occasions when a service user or their representative may wish to raise a concern, or make a formal complaint.

We want you to know that you should always feel free to raise your concerns. It is hoped that a discussion with the Registered Manager will resolve the issue. We may however need to carry out an investigation, if this is the case then we will contact you again within 28 days with the result of our investigation and what action we intend to take.

In the first instance we would advise you to contact the senior person on duty at that time.

If your concern is not resolved then contact should be made with the Registered Manager.

If you are not satisfied that we have addressed your concerns the next step is to contact the appropriate Inspection Unit of the Commission for Social Care Inspection. The local address is listed below:

Commission for Social Care Inspection, West Sussex team, 4<sup>th</sup> Floor Overline House, Blechynden Terrace, Southampton, SO15 1GW.

Telephone Number: 023 8082 1300

## 14. Health & Personal Care - *regulation 15 (1)*

We draw on expert professional guidelines for the services the Home provides. In pursuit of the best possible care we shall do the following;

Produce with each Service User, regularly update and thoroughly implement an Individual Care Plan for each Service User based on an initial and then continuing assessment.

Seek to meet or arrange for appropriate professionals to meet the health care needs of each Service User.

Establish and carry out careful procedures for the administration of Service Users' medicines.

Take steps to safeguard Service Users' privacy and dignity in all aspect of the delivery of health and personal care.



Treat with special care Service Users who are dying and sensitively assist them and their relatives and friends, at the time of their death.

### *Comprehensiveness*

Reviews are carried out on a monthly basis. Reviews should be more frequent, if there are changes in the service user's condition making significant amendments to the Care Plan imperative in the interests of the service user. We aim to provide a total range of care, in collaboration with all appropriate agencies, to meet the overall personal and health care needs and preferences of our Service Users.

## **15. Accommodation**

A wide variety of shops surround Avon House and the seafront is approximately fifteen minutes walk away. Both Worthing Central Railway Station and West Worthing Station are within easy reach. Bus routes serving the surrounding districts pass close by. Ample free parking is available.

The accommodation consists of 1 double room and 24 single rooms. All have vanity units/wash basin, TV points, commodes, smoke detectors and nurse call systems. All rooms are fully furnished, but can be adapted to hold any personal belongings that the Service User would like to bring with them. There are 8 toilets, 1 shower room, 1 bathroom, 1 wet room and a commercial laundry. Downstairs there is a comfortable main lounge with TV and a smaller lounge for those who prefer peace and quiet. There is one dining room that overlooks an attractive park. *Please refer to Schedule 1.*

## **16. Therapeutic Techniques**

Service Users have the opportunity to receive massages, aromatherapy, pedicures and manicures from both outside professionals and within the Home from appropriately trained staff.

## **17. Privacy & Dignity**

### *Privacy*

We recognise that life in a communal setting and the need to accept help with personal tasks are inherently invasive of a Service User's 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:

- Giving appropriate assistance as discreetly as possible in intimate situations such as washing, bathing, dressing and toileting.
- Helping Service Users to furnish and equip their rooms in their own style and to use them as much as they wish for leisure, meals and entertaining.
- Offering a range of locations around the Home for Service Users to be alone or with selected others.
- Allowing Service Users the appropriate independency when using the telephone, opening and reading post and writing replies to friends and relatives.
- Ensuring the confidentiality of information the Home holds about its Service Users
- To encourage the service user to carry out normal daily tasks with as much independence as possible by obtaining for them the materials required.

***Dignity***

Disabilities quickly undermine dignity, so we try to preserve respect for our Service Users' intrinsic value in the following ways:

- Treating each service user as a valued individual.
- Helping Service Users to present themselves to others, as they would wish through their own clothing, their personal appearance and their behaviour in public.
- Offering a range of activities, which enables each Service User to express themselves as a unique individual.
- Being patient concerning the difficulties that the service user may have in their communicating, mobility or appearance.

A Service User Charter of Rights is in operation in the Home (see Schedule 3)

**Schedule 1****ADDITIONAL PROCEDURES & POLICIES LISTED IN THE REGULATIONS****Assessment of Prospective Service Users*****Referral***

- On receiving a referral, whenever possible the relative and whenever possible the Service User and his/her relatives should be encouraged to visit the Home as a first step in the assessment process.
- A copy of the Homes facilities sheet shall be given to the prospective Service User/Representative as well as an information pack.
- Assessment forms should be completed in as much detail as possible on a visit to the prospective Service User. Information can be obtained from the referrer if the future Service User lives too far away.
- Cooperation from the Service User/Representative, the GP, Hospital must be obtained when producing the Medical checklist.

***Making a decision to offer a placement.***

- The Home is registered to admit the CSCI category of service user: PC/DE.
- A member of the management team must complete the assessment before a decision is made to offer a place. The medical checklist must be completed with the assistance of the Hospital Clinicians, the GP, representative or relative.
- Managers must bear in mind the categories for which the Home is registered to accommodate.
- Assessment material must be evaluated in conjunction with the Admissions Criteria Matrix, to determine whether a placement in the Home would be appropriate to the Service User's needs.

***Other considerations.***

- The system is not inflexible and while managers should endeavour not to admit Service User's who are outside the categories of registration for the Home (See Certificate of Registration). For example, should someone requiring care be under the age of 65 but the assessment indicated that his/her needs were

compatible with the services offered in the Home (his/her needs were similar to those of an older person) then it is possible to make a case for admission. The Commission for Social Care Inspection Unit must be informed before a decision to offer a placement is made.

## Assessment Guidelines- Assessing the Needs of people with Dementia

### Introduction

Category DE is described in the Registered Homes Act regulations as being able to care for people with a 'mental disorder' other than a mental handicap (learning disability), past or present. Our Home is registered with this category, and is 'in theory' authorised to care for persons with a dementia such as the following:

- Alzheimer's Disease
- Multi-infarct Dementia
- Picks Disease
- Creuzfeldt-Jacob Disease
- Sub-cortical Dementia

As well as the above there are also included in this category people with a mental illness such as currently active Schizophrenia. It is the intention of the Home to work primarily with the sufferer of dementia and not with a person having a functional mental illness.

The assessment process is aimed at selecting people with a dementia who are in need of care in consequence of an impaired mental ability to deal with their own direct care tasks.

Challenging behaviour may be presented by some of these people either now or in the future.

### *Evaluating the information.*

It must be appreciated that guidance cannot establish precise criteria against which all applications can be measured. The guidance defines the boundaries within the assessment is to be made.

In assessing whether the Home has the ability to care adequately for an individual the headings ***Mental Ability, Mental Illness, Behaviour and Sociability*** contain the information that must be considered in this context.

It must be ascertained whether the individuals GP is working to achieve a level of medication which does not act as a restraint, and which is prescribed with the aim of maintaining the health and welfare of the individual to the best effect.

Information regarding the individual's condition will lead to a decision as to whether he/she needs residential or nursing care. For example an individual, who needs invasive clinical tasks carried out, would be best placed in a Nursing Home with the required registration.

When considering an individual who has dementia the same criteria is applied as to those who do not.

It would not be in the Home's aims/interest to care for an individual who is presenting physically challenging and aggressive behaviour, which may cause other Service Users, Staff or themselves to be in danger.

### *Emergency Admission of Service Users.*

Admissions of an urgent nature are only permitted in instances where the welfare of the individual might be harmed if the admission is delayed. Therefore it is possible to admit a service user without a full assessment being carried out.

In these circumstances as much information as possible must be obtained as soon as possible. The assessment should be completed as soon as possible after admission.

It will be stated in the emergency agreement, that the admission is short term only and that any decision for the placement to become long term would not be made until a full assessment and review had been completed.

### ***Activities***

Service Users need to lead fulfilled lives; a stimulating, interesting activities programme is on offer in the Home. Where possible Service Users are involved in the activities programme through consultation and the programme must be amended to accommodate their changing wishes. Mobility and disabilities must be taken into account.

Service Users need to live ordinary and as far as possible, independent lives and the activities programme should be able to support this objective. They need to be able to remain involved in activities that interested them before they moved into residential care. There may be some Service Users, who due to their loss of mental or physical ability may not be able to continue to enjoy the activities they had done previously. The aim of the activities programme in this case will be to introduce them to other activities that will open up new areas of interest and provide the ongoing stimulation they need.

Service Users suffering from dementia need activities, which are specifically designed for them and it is very important for Service Users to have access to activities, which include exercise. Mobility problems should be taken into account when devising an exercise activity. In addition to the Service User themselves, other useful ways of establishing what activities would be of interest to the Service User would be from their family and friends.

An activities programme needs to be designed to consider the various needs of the Service User group, including those with disabilities - for example,

- People who are hard of hearing may need the staff to use other forms of communication other than speech, such as signing. Also, It may be possible to have a loop system installed
- Talking books can be made available to people with impaired sight.

### ***Administration***

Minutes shall be taken at all meetings and kept on file.

Dates of meetings shall be displayed on the Staff Notice Board.

### ***Religion***

Every Service User has the right to continue to attend a place of worship of his or her faith; it is the duty of the Staff in the Home to ensure that this is possible. Staff transport, relatives or volunteers may be used for this purpose. If the Service User is incapable of attending their chosen place of worship, then ministers should be invited to hold services in the Home and encouraged to converse with other Service Users who may not be of their religion.

Considerable comfort is often gained from faith in declining years, even with people who have had little to do with their faith since their childhood. It is an important part of the life and routine of the Home and many Service Users benefit from conversation with people connected with religious organisations.

The Home will facilitate the observance of those religious festivals that are appropriate to the faith of the Service Users living in the Home.

The observance of religious rituals to be carried out prior and post death is assured.

### ***Visitors***

'Open House' is the policy towards visitors to the Home. The Home encourages relatives, friends and other i.e. voluntary organisations etc., to visit the Home during the day. This enables visitors to come along when it is convenient to them and encourages stimulation for the Service Users.

Visitors should be able to go into Service Users rooms. Arrangements should be made clear at the outset to both visitors and Service Users in order to avoid and prevent awkward situations between staff and visitors.

Some visitors do not like to sit and talk with their relatives or friends in a public room, this is especially the case if a Service User is hard of hearing and they are required to shout. If it is possible the ideal is to set apart a room private use, however if this is not possible the Service Users own room can be used.

Avon House has a secure front door locking device and the security code is restricted to staff use only. This is in the interest of fire safety and for the safety and well being of our Service Users. All visitors must ring for admittance and be greeted by a staff member. The visitor must confirm who they are and whom they are visiting.

All official visitors must produce identification before being admitted into the Home and be referred to the Duty Person In Charge. All official visitors must register the reason for their visit and sign accordingly in the 'Official Visits Log Book' held in the Office.

Service Users are vulnerable people entertaining visitors in their own Home, and this should always be borne in mind when admitting visitors to the Home. It may be possible that from time to time undesirable people will try to gain access to the Home. ***No one should be admitted who does not have legitimate business within the Home.***

### ***Reviewing the care plan.***

The overall plan should be constantly under review. If a significant alteration is indicated through the continual monitoring of the Care Plan Evaluation Sheet (for example, a Service User has had a series of unexplained falls) a formal review should be held with the Service User/ relatives and other relevant professionals. This will enable all relevant parties to discuss the situation and proposals.

A formal review will be undertaken annually for all Service Users and appropriate relevant parties.

The outcome of the review will be recorded on the Review form. The Care Plan will be amended in accordance with any changes.

**Schedule 2**

Room number or name	Size in SqM	Wheelchair Accessible / useable
Lounge One - Main	19.23	Yes
Lounge Two - Quiet	23.02	Yes
Dining Room	26.19	Yes
Communal Area	6.80	Yes
<b>Total</b>	75.24	
Communal Space per person	75.24 divided by 26 = 2.90	
Shower Room & WC - Ground Floor		Yes
<i>WC's Ground Floor</i>		
1		No
2 & 3		Yes
<i>Ground Floor Bedroom Room No</i>		
1	9.14	Yes
2	11.70	Yes
3	9.62	Yes
4	15.10	Yes
5	10.10	Yes
6	9.64	Yes
7	9.37	Yes
8	11.19	Yes
9	9.14	Yes
10	11.96	Yes
24	9.50	Yes
25	9.65	Yes
<i>Office</i>		
<i>Medication Room</i>		
<i>First Floor Bedroom No</i>		
11	9.95	Yes
12	9.35	Yes
13	11.47	Yes
14	11.48	Yes
15	9.64	Yes
16 Twin Room	20.54	Yes
17	12.00	Yes
18	9.70	Yes
19	13.94	Yes
20	11.48	Yes
21	9.90	Yes
22	12.68	Yes
23	11.35	Yes
<i>Bathrooms - First Floor</i>		Yes
Bathroom 1 & WC		Yes

Bathroom 2		Yes
<i>WC's First Floor</i>		
WC 1		Yes
WC 2		Yes

### Schedule 3

#### RESIDENTS CHARTER

##### 1. The Right of Fulfilment

To assist Residents to achieve their full potential capacity, however small, in respect of their physical, intellectual and social needs.

##### 2. The Right of Dignity

To preserve the self-respect of Residents by: -

Maintaining Status  
 Affording privacy in space, belief and opinions  
 Recognition and use, where appropriate, of talents  
 The practice of courtesy and respect towards all Residents at all times.

##### 3. The Right of Autonomy

To maintain a Resident's right to self-determination and freedom of choice, subject to the limitations of group living.

The provision of choice with assistance where necessary, to express wishes and preferences, including external help, for example, Doctor, Solicitor, Advocate.

##### 4. The Right to Individuality

To respond to the individual needs of Residents.

To enable Residents to maintain their identity in respect of their own beliefs and opinions.

##### 5. The Right to Esteem

To recognise the qualities, experiences, talents and former status of Residents. To get to know their relatives and visitors and to use the information obtained to help maintain the morale of individual Residents.

##### 6. The Right to a High Quality of Life

To expect a wide range of normal activities to be available.

To enable the Resident to exercise freedom of choice and to provide opportunities to go shopping, visiting etc.

To provide facilities for Residents to follow their own particular religious and political pursuits and to recognise the necessity for privacy at all times to enable the Residents to pursue these interests.

##### 7. The Right of Freedom of Emotional Expression

To maintain the Resident's right to have normal opportunities to develop personal relationships both within and outside the Home.

#### **8. The Right to Take Risks**

To allow the Resident to undertake activities which contain an element of risk. The criteria being the Resident's competence to judge the possible risk to them and others.

#### **9. The Right to Life**

The Human Rights Act (October 2000) includes a right to life.

#### **10. The Right of Access to all Personal Records**

Residents have the right to access all of their personal records kept at the Home. A Resident may nominate someone else such as the Next of Kin or person holding a Power of Attorney to access the records on their behalf.



## Schedule 4

### FIRE PROCEDURES & PREVENTION

Avon House is strictly a NO SMOKING HOME.

#### On Suspicion or Discovery of Fire

- 1 Establish whereabouts of fire.
- 2 Raise the alarm - immediately breaks the glass in the nearest break-glass point.
- 3 Tackle the fire with the relevant fire appliances provided, without taking personal risk.
- 4 Ensure Fire Service is called - lift receiver and dial **999**, give the operator your telephone number and ask for FIRE
- 5 When the Fire Service is called give the call distinctly: **FIRE AT** Avon House Residential Care Home for the Elderly Mentally Infirm, 40 - 42 Shakespeare Road, Worthing. Inform them if the fire is thought to be eliminated - ***Do NOT replace the receiver until the address has been repeated by the Fire Service.***
- 6 Be aware that when the alarm sounds - both of the Front Doors will automatically unlock.
- 7 Close ALL doors and windows to prevent fire and smoke spreading.
- 8 Residents should be evacuated using the progressive fire evacuation procedure, in the following order of priority;

#### ***Sideways Evacuation:***

- a) The room involved in the fire
- b) All rooms opening off the corridor
- c) The floor where the fire started *and.....*

#### ***Downward Evacuation:***

- a) The floor above the fire
- b) The floor below the fire

Close doors and windows as you go.

- 9 Assemble in the furthest and safest contained area from the fire.
- 10 Carry out a roll call using the Register of Service Users and inform Fire Officer of any missing persons.

**DO NOT**

- STOP TO COLLECT PERSONAL BELONGINGS
- USE THE LIFT
- DO NOT RE-ENTER THE BUILDING UNTIL TOLD IT IS SAFE TO DO SO

**ON HEARING THE ALARM**

- 1 All staff must go to the control panel (located in the Main Entrance Hallway) The person in charge shall coordinate the staff to establish whereabouts of the fire and will immediately summon the Fire Brigade.
- 2 Dial 999 and give the operator your telephone number and ask for FIRE.
- 3 When the Fire Service replies give the call distinctly:

**FIRE AT-** Avon House, 40/42 Shakespeare Road, Worthing BN11 4AS

***DO NOT replace the receiver until the Fire Service has repeated the address.***

- 4 **NB:** Both of the Home's Front Doors will be unlocked!
- 5 Staff shall check all areas to identify which smoke alarm has sounded the alarm and to establish if a fire has occurred or whether the alarm is faulty.
- 6 In the event of fire, Residents should be evacuated to safe areas
- 7 Close doors and windows as you go.
- 8 Assemble in the furthest and safest contained area from the fire.
- 9 Carry out a roll call using the Register of Service Users and inform Fire Officer of any missing persons.
- 10 If it is a fault, not a fire, then the alarm should be turned off, reset and arrangements made for the system to be checked and repaired.

**DO NOT**

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**REVIEW OF THIS DOCUMENT**

We keep this document under regular review and would welcome comments from all others.