

# Lynhales Hall Nursing Home

## Statement of Purpose Updated 28<sup>th</sup> December 2006

### **Aims and Objectives:**

It is the objective of Lynhales Hall Nursing Home to provide care to all Service Users to a standard of excellence which embraces fundamental principles of good practice, and that this may be witnessed and evaluated through the practice, conduct and control of quality care in the Home. It is a fundamental ethos that those service users should be able to do so in accordance with the home's Statement of Values.

It is the object of the home that all service users shall live in a clean and safe environment and be treated with respect and sensitivity to their individual needs and abilities. Staff will be responsive to the individual needs of the services users and will provide the appropriate degree of care to assure the highest possible quality of life within the home

*To meet the client's needs , the care service within the home is designed to achieve the following objectives:*

- ❑ To deliver a service of the highest quality that will improve and sustain the service users overall quality of life. In this respect , the care service is designed to meet the requirements of a recognised accredited quality standard e.g. Blue Cross Mark Of Excellence, but in people orientated fashion.
- ❑ To ensure that the care service is delivered flexibly, attentively, and in a non discriminatory fashion, whilst respecting each service users right to independence, privacy, dignity, fulfilment and the rights to make informed choices and to take risks.
- ❑ To ensure that each service user's needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments.
- ❑ To ensure that the care service in whole is delivered in accordance with agreed contracts of care.
- ❑ To ensure all our residents are kept safe, with rigorous risk assessment under Health and Safety Guidelines. Fire alarms are checked weekly, and fire drills carried out frequently and at random. All staff undertakes Fire Training four times per year.
- ❑ To manage and implement a formal programme of staff planning, selection, recruitment, training and personal development to enable service user care needs to be met.
- ❑ To manage the care service efficiently and effectively to make the best use of resources and to maximise value for money for the service user.

- To ensure all service users receive written information on the home's procedure for handling complaints, comments and compliments and how to use it. All residents and/or their advocate Receive a copy of our complaints policy. How to complain is also included in the Service User Guides, available in all rooms, and contained within the Contract of Residence.

## **Philosophy of Care**

Lynhales Hall Nursing Home aims to provide service users with a secure, relaxed and homely environment in which residents care, well being and comfort is of prime importance. We are able to provide accommodation in double, or single rooms. Most single rooms have en-suite facilities. The main house has been converted from a Country Manor House, and has two purpose built extensions. Three sitting areas are available and conform to all current regulations. Secure, extensive grounds and available for Service Users enjoyment, alone or assisted.

Carers will strive to preserve and maintain the dignity, individuality and privacy of all service users within a warm and caring atmosphere, and in doing so will be sensitive to the service user's changing needs. Such needs may be medical / therapeutic (for physical and mental welfare), cultural, psychological, spiritual, emotional and social, and service users are encouraged to participate in the developments of their individual care plans in which involvement of family and friends may be appropriate and is greatly valued.

This will be achieved through programmes of activities designed to encourage mental alertness, self esteem, social interaction with other service users and with recognition of the following care values of care which are fundamental to the philosophy of our care home.

### **Core Values of Care**

<b>Privacy</b>	<b>Dignity</b>	<b>Rights</b>
<b>Independence</b>	<b>Choice</b>	<b>Fulfilment</b>
<b>Security</b>	<b>Respect</b>	<b>Equality</b>

All care staff within the home will be appropriately qualified to deliver the highest standards of care. A continuous staff training programme is implemented to ensure that these high standards are maintained in line with the latest initiatives and developments in care practices as may be laid down in appropriate legislation, and registration authority guidelines.

## **Service User's Rights**

The rights of all our service users are the main priority in our philosophy of care. We will promote those rights through the care and services we provide and encourage all service users to exercise their rights to the full.

## **Privacy and Dignity**

We recognise the changes service users face when moving into a home. To minimise the impact of those changes we will promote the philosophy of a 'family circle'

*We will endeavour to retain as much privacy and dignity as possible by:*

- ❑ Helping service users to personalise and furnish their rooms as they wish.
- ❑ By providing keys to their rooms and a secure place for their valuables
- ❑ Giving service users the opportunity to have privacy when receiving visitors, making telephone calls or opening and reading mail. An 'open house' policy is adopted at Lynhales Hall Nursing Home. All visitors are requested to sign in and out of the premises. All visitors are offered tea and coffee on arrival, and if a visit coincides with a mealtime, friends and visitors are to be offered food, and to join the person they are visiting, if desired.
- ❑ Securing all service users records and information and respecting the confidentiality of those records.
- ❑ Treating each service user as an individual and a respected member of the family circle.
- ❑ Assisting each service user to maintain their dignity through their personal appearance and behaviour.
- ❑ Promoting activities that encourage service users to express themselves as individuals.
- ❑ Helping service users to overcome any shortcomings they may experience through age or disability.

## **Independence**

We recognise the importance for all service users to retain their independence and the problems that group living can give. We will encourage service users to act and think as individuals by:

- ❑ Maximising the opportunities for service user's self care, by encouraging independence in care. Self medication facilities are available after assessment by a trained Nurse
- ❑ Encouraging service users to retain financial independence
- ❑ Helping service users to take reasonable and fully assessed risks
- ❑ Ensuring service users maintain links with contacts outside the home. Through day care centres, religious organisations, and schools
- ❑ Giving all service users the opportunity to contribute to the records of their own care and to express their views on that care. All residents, if able, are encouraged to read and discuss their care, and plans, and be involved in their updating process. Care plans are kept in the resident's room.
- ❑ Bi-Annual questionnaires are circulated to all residents and their advocates, and after an audit of the results has been made, all invited to a Residents and Advocate meeting to discuss the findings..

## **Freedom of Choice**

We recognise that every service user should have the opportunity to choose a home which will meet their needs and can offer the care they require. They should be given the opportunity to exercise their right of choice in all aspects of daily living.

### ***To facilitate that choice we will:***

- ❑ Provide comprehensive information on the home and the quality of services and care available
- ❑ Provide each service user with a contract or a statement of terms and conditions of residency
- ❑ Carry out a needs assessment on each service user prior to admission.
- ❑ Demonstrate to each service user that we can meet their assessed needs
- ❑ Offer the opportunity for prospective service users to assess the home by way of a trial visit/stay
- ❑ Provide a range of meals service users can choose from and allow them to decide where and when they consume the food of their choice
- ❑ Continually offer a wide range of social and leisure activities. We provide activities both in house and by external providers, according to our residents' wishes, needs and abilities. In the light of current good practice, we do not involve anyone who may be challenged beyond his or her capabilities. We do, however, encourage those activities, which help retain existing skills, independence and choice.
- ❑ Avoid strict routines and maintain maximum flexibility in the daily life of the home. However, due to the severe disabilities of some of our residents, active and verbal participation in the operation of the Nursing Home is limited. We do consider the background and life experiences of the patients plus the limited verbal and non-verbal communications to ensure that the Nursing Home operates to meet the needs of the patient.

**Proprietor: Lynhales Hall Nursing Home Limited**

**Name and address of the Registered Provider:**

Director: Richard Claridge. R.G.N  
Lynhales Hall Nursing Home Limited. Reg Number; 04990733  
Registered office  
Lynhales Hall Nursing Home, Lyonshall, Kington, Herefordshire. HR5 3LN.

**Name and address of the Registered Manager:**

Mrs Meg Fallon-Registered General Nurse  
Lynhales Hall Nursing Home, Lyonshall, Kington, Herefordshire. HR5 3LN.  
Trained in 1979, and has a plethora of experience spanning over 10 years working with the elderly, with a further 7 years working closely with the Management with another Home in Hereford.

**Organisational Structure of the Home**

**Proprietor:** Mr R Claridge RGN. Tel : 01544 340238

**Registered Manager:** Mrs Meg Fallon RGN. RMA.Cert Ed D32/33/34Tel:01544340238

**Administration:** Mrs Jackie Whittall Tel: 01544340238

**In House Education:** Miss Michelle Swithenbank RGN, RMA, Cert Ed ENB 998 D32 D33  
(Maternity Leave)  
Mrs Sue Huxley RGN, RMM, D32, D33, City & Guilds 7407 Stage 1 and 2

**Deputy Matron:** Mrs Pamela Saunders R.G.N R.M.N.d\32\33\34 Tel: 01544 340238

**Sisters in Charge**

Mrs D. Cunanan RGN  
Mrs N. Carandang (Nights) R.GN  
Mrs Bridget Egerton R.G.N. Macmillan Nurse  
Mrs.Sue Ball SEN D32 33  
Mrs. Nicola EDWARDS ( Nights) RGN  
Mrs. S. Joseph RGN  
MS. Laura Jones RMN

**Support Nursing Staff :-**

Ruby Mathew (Staff Nurse)  
Mercy Chacko (Staff nurse)

**Senior Care Staff:** (Team Leaders)

All the staff below will carry the responsibility of heading a team of carers in a rotated system of the five wings in which the Home is divided.

Mrs Shirley Broderick (NVQ 2 NVQ3 Inc)  
Mrs J Hassler (NVQ2)  
Ms. Bella Toress ( Qualification equates to NVQ3)  
Ms. Maritess Valdes (Qualification equates to NVQ3)  
Ms. Marilou Daef (Qualification equated to NVQ3)  
Ms. Maria Tenedero Qualification equates to NVQ3)  
Mrs. Prescy Bautista ( Qualification equates to NVQ3)  
Mrs.Rodalyn Rodrigues ( qualification equates to NVQ3)  
Miss. Imee Monta (qualification equates to NVQ3)

**Care Staff:**

Angelika Wencel ( NVQ 2)  
Anna Wojkowska (NVQ2)  
Justina Szcirkowska (NVQ2)  
Magdalena Hynek (NVQ2)  
Giji Thomas Undergoing training  
Miss Klaudia Wencel Undergoing NVQ2  
Karol Kyrch Undergoing Induction  
Maria Najmanowicz Undergoing Induction  
Ewa Wojciechowska Undergoing Induction  
Katherine Home Undergoing Induction  
Sue Barden Nightcare Assistant (NVQ2)

**Maintenance and Head Gardener:** Mr Mike Layton  
Maintenance assistant : Romi Bautista

**Domestics:** Mrs Vi Burns (NVQ1 Domestic engineering)  
Mr. Laslo MecseKi undergoing training

**Housekeeping:** Mrs Debbie East Tel 01544 340238

**Laundry:** Mr Keith Turner(NVQ1 Domestic engineering)

**Activities:** Miss Emily Vaughan NVQ2  
Volunteer 'PAT A PET' Mrs. Rosie Bashford

## **1. Staff**

### 1.1 Recruitment.

A robust approach is taken to recruit suitably compassionate staff to care for the elderly, to include sourcing reliable references, professional interviewing techniques. All staff undergo an 'enhanced' Criminal Records Bureau and 'Protection of Vulnerable Adults' list check prior to commencement of employment. All qualifications must be evidenced with certification, and in the case of Qualified Nursing Staff, a check with the Nursing and Midwifery Council is undertaken for verification.

### 1.2 Staff Training:

All care staff will be asked, as part of their employment contract, to undergo training in Induction, Foundation, as laid down by 'T.O.P.P.S' standards, and then move onto training towards N.V.Q 2 and 3. Included in this staff will also undergo training in Moving and Handling, Fire Safety, Abuse, Food Hygiene and Handling, Health and Safety, Palliative care, and Care of the Service user with Dementia type illnesses, and any other training relevant to the fields encompassed within the range of Registration. Qualified Nurses will receive post-registration to the minimum required by the Nursing and Midwifery Council. Ancillary staff will receive the mandatory training as above, and any other relevant to their job descriptions.

## 1.2 Provision of Staffing Numbers:

A suitably qualified member of staff as to their care input dependency will assess all Service Users, using the Residential Care Forum assessment tool. For Qualified Nursing Input, the Royal College of Nursing assessment tool for the older person will be utilised. From the results gathered, staffing numbers will be formulated and adhered to. Both these tools will be used on admission, and should any deterioration take place of the Service User, and staffing numbers adjusted accordingly.

## 1.3 Skill Mix

Every endeavour is made to ensure that a continuous mix of qualified and specifically trained staff are available on each shift in equal proportions to enable to deliver the services outlined in the registration categories.

## **Age range and sex of service users:**

Male and female. Aged from 40-103 years

*Lynhales Hall Nursing Home is registered with the Commission for Social Care Inspectorate as a Care Home, with nursing, to receive 47 Service Users under the following categories:*

- ❑ **N**=with Nursing. State Registered Nurses are on duty at all times, 24hours per day
- ❑ **PD**=With Physical Disabilities. State Registered Nurses are on duty at all times, 24hours per day

- ❑ **DE**=With Dementia. We have Registered Mental Nurses on duty (Please see specific notes below)
- ❑ **E**=Service users who are over 65 years of age but do not fall within the category of old age
- ❑ **OP**=Older People
- ❑ **TI**=Terminal Illness-We have a Trained Macmillan Nurse on Staff, our own syringe driver, access to the Community Macmillan Nurses, links with the Hospice at Bartestree and regular contact with Dr Chris Farnham-Consultant in Palliative Care. Lynhales is part of a pilot group within the west midlands adopting the Gold Standards in palliative care. The Manager also a member of the Syringe Driver working group in Hereford, headed by Mrs Sally Mirando, Macmillan lead Palliative Care Nurse. (Please see specific notes below)

### **Admission Criteria:**

Any person who falls in the above categories

Under usual circumstances, prior to admission, the patient and/or their advocates are invited visit the Home to view the facilities and discuss the requirements and conditions. If the placement is accepted, the patient is assessed by a qualified member of staff (Usually the Manager) at their current residence, and a comprehensive assessment is undertaken. All patients are offered a placement subject to one-month trial, after which either party may terminate the placement. We are able to accept patients on an emergency basis, where the month's trial will still apply.

### **Specific detail of the needs Service Users may require:**

- May require continuous staff supervision to live safely and comfortably
- May need considerable assistance with skills of daily living
- May need considerable medical attention from Qualified Nurses in General Nursing
- May need attention from Qualified Nurses for pain and symptomatic relief.
- May need assistance of trained staff to aid communication
- May need assistance with mobilisation
- May need assistance with eating or require specialist devices
- May require administration of medication and supervision of effects by a qualified nurse
- May be immobile or require assistance with mobilisation
- May have behaviour patterns that require supervision and intervention by staff
- May be confused and disorientated
- May wander and present a safety problem to themselves or others

## **Specific Arrangements made for the Care Of The Terminally**

### **III**

- ❑ Referrals will be made either from the GP's, Community staff or directly from the Hospice in Hereford.
- ❑ Assessment, prior to admission will be made by the manager of the Home to gain access to medical and nursing information to gain continuity of care, and to ensure that Lynhales, and

staff are able to offer the care required. All members of the Palliative Care Team will be consulted. The assessment will cover all domains, including physical, psychological, social, religious, and cultural. Treatment and care choices will be explained to patients and carers, and a care plan formulated in conjunction with carers, family and friends, and reviewed as often as necessary.

- ❑ Although it may be generally assumed that the admission of a terminally ill patient to a Nursing Home may be considered as the last phase of their life, arrangements for discharge if necessary, will be in conjunction with community palliative care team in Hereford, GP's and the Palliative care Consultant alongside relations and friends and carers. Full medical and nursing reports will be formulated and made available to these parties.
- ❑ Key members of staff, who include already Registered Nurses, will be responsible for the ongoing assessment of care and it's development, alongside Community Macmillan Nurses, The Consultant in Palliative Care, and St Michaels Hospice
- ❑ On-going training will be given via Jean Fisher, St Michael's Hospice, Hereford, for qualified and Care Staff., which will encompass dimensions of Physical, psychological, social, religious and cultural needs, as well as being trained in communication skills, dissemination of information regards the care and condition of the service user and breaking of bad news
- ❑ We have on our staff a Trained Macmillan Nurse, access to Community Macmillan Nurses, and regular contact with Dr C Farnham-Consultant in Palliative Care, who will have regular meetings regarding the welfare of the service users.
- ❑ We are currently part of a pilot scheme adopting the Gold standard for palliative care within the west midlands.
- ❑ Three registered Nurses hold current Registered mental Nursing Qualifications, who will assist in giving general psychological care for patients and carers.
- ❑ Qualified Staff and the Manager of the Home will receive training encompassing personnel support for all those who work in the establishment. Again, St Michaels Hospice will be the point of contact for further advice and support.
- ❑ The Sister in Charge together with the designated Key Worker will work together to provide access to agencies or services for carer support including bereavement support.
- ❑ Information about Carer Support Services will be available in the Staff Room, lecture rooms and Nurses Station
- ❑ A procedure is available for patients and carers and for those who work in the Home, is in place for accessing out of hours specialist advice and support.
- ❑ The Multi-professional team will only employ evidence based clinical guidelines
- ❑ Six monthly service user questionnaires and meetings are held, taking into account patient requests, although requests will be taken and acted upon at any time

- ❑ Lynhales is managed and operates for the benefit of the service user, regular residents /relatives meetings are held within the home.
- ❑ Privacy of the patient will be upheld at all times.
- ❑ Religious and cultural requirements are taken into account after death, at the requests of both patient and family\friends.
- ❑ Records of care will be kept as per policy.
- ❑ Infection controls are in place as per policy
- ❑ Ordering and Storage , use and disposal of medicines will be conducted as per homes policies.
- ❑ Administration of medicines is carried out as per Home's policies
- ❑ Self-administration of medicines is carried out as per home's policy
- ❑ Storage and supply of medical gases is carries out as per home's policy.
- ❑ Massage and Aromatherapy is available on request and\or recommendation, for which an additional invoice will be raised.
- ❑ Physiotherapy by a Registered Clinician is available on request, for which an additional invoice will be raised.

**Specific Arrangements made for the Care Of Those suffering from Dementia related illnesses.**

- ❑ Referrals will be made either from the GP's, Community staff or directly from the Stone bow Unit in Hereford.
- ❑ Assessment, prior to admission will be made by the manager of the Home to gain access to medical and nursing information to gain continuity of care, and to ensure that Lynhales, and staff are able to offer the care required. All members of the Mental Health Team will be consulted. The assessment will cover all domains, including physical, psychological, social, religious, and cultural. Treatment and care choices will be explained to patients and carers, and a care plan formulated in conjunction with carers, family and friends, and reviewed as often as necessary.
  - Mental Health Nurses employed within the staff
  - Specific organised activities for those with dementia type illnesses, including Reminiscence therapy, and reality orientation.
  - Massage Therapy arranged by request.
  - All Care Staff trained to care for service users with dementia type illnesses in conjunction with the Alzheimer's Society.
  - Secure outside doors, which are alarmed
  - Secure Gardens allowing Service Users to use the extensive gardens in which to walk alone or accompanied
  - Care Planning to conform with the Alzheimer's Society's guidelines, being person centred and focused, with 'Care Mapping'
  - Support provided at request from the Community Psychiatric Nurses
  - Support provided at request from the Mental Health Consultant
  - Specific assessment by the Manager prior at admission
  - Strong links forged with the Stone bow unit and associated services
  - Flexible approach to care offered reflected in the Care plans
  - Large, comfortable and homely premises with appropriately labelled rooms, clear and visible, and easily found
  - Services users can bring their own furniture, belongings, photos and memorabilia.

## **Specific Arrangements made for the Care Of Those suffering from a mental health disorder .**

- ❑ Referrals will be made either from the GP's, Community staff or directly from the Stone bow Unit in Hereford.
- ❑ Assessment, prior to admission will be made by the manager of the Home to gain access to medical and nursing information to gain continuity of care, and to ensure that Lynhales, and staff are able to offer the care required. All members of the Mental Health Team will be consulted. The assessment will cover all domains, including physical, psychological, social, religious, and cultural. Treatment and care choices will be explained to patients and carers, and a care plan formulated in conjunction with carers, family and friends, and reviewed as often as necessary.

- Mental Health Nurses employed within the staff
- Specific organised activities for those with mental health type illnesses, including Reminiscence therapy, and reality orientation.
- Massage Therapy arranged by request.
- All Care Staff trained or undergo training in care of service user with mental health type illnesses.
- Secure outside doors, which are alarmed
- Secure Gardens allowing Service Users to use the extensive gardens in which to walk alone or accompanied
- Care planning to encompass person centred care and focused on individual needs of the resident.
- Support provided at request from the Community Psychiatric Nurses
- Support provided at request from the Mental Health Consultant
- Specific assessment by the Manager prior at admission
- Strong links forged with the Stone bow unit and associated services
- Flexible approach to care offered reflected in the Care plans
- Large, comfortable and homely premises with appropriately labelled rooms, clear and visible, and easily found
- Services users can bring their own furniture, belongings, photos and memorabilia.

## **Specific Arrangements made for the Care Of Those between 18-65.**

- Referrals will be made by the medical practitioner, community staff or directly from the Stone bow unit or Hereford county hospital
- Assessment prior to admission will be made by the manager of the home to gain access to medical nursing information to facilitate a continuity of care. Primarily to ensure that Lynhales and staff are able to offer the care required. All members of the multi-professional team will be consulted. The assessment will include all domains: the physical, psychological, social, cultural and religious needs of the younger service user. Treatment and care choices will be explained to service users and a care plan

formulated in conjunction with carers, family and friends that meets the specific needs of the service user.

- ❑ Registered nursing staff will be responsible for the on going assessment of care and it's development, along side the specialist nurse practitioner consultant nurses based within the Herefordshire trust.
- ❑ On going training and professional development will be given to all staff co-ordinated and facilitated by the training facilitator at Lynhales or the manager, incorporating the services of specialist multi-professional agencies.
- ❑ A range of services will be explored that can offer flexibility and responsiveness to the service users circumstances. The emphasis is that the needs of younger physically disabled require an atmosphere and environment to enable them to reach their fullest potential.
- ❑ We recognise the importance of maintaining all friendships, hobbies, and interests that service users had prior to their admission to Lynhales as part of maintaining this, a social assessment will be undertaken to identify your social hobbies and interests. A plan of activities will be formulated to meet these social needs, either through group activities or we are able to offer one-to-one social interactions.

## **Delivery of Care**

The staff as detailed above, and with continuous assessment will meet the needs of the Service user. Detailed plans of care are formulated for each individual, based on the Logan, Roper and Tierney model, and will contain assessments and plans of care incorporating all the needs of daily living, and how outcomes are met. These will be updated monthly, or as required. These will be signed in conjunction with the appointed relation or friend, and will be kept in the room of all Service Users.

General Practitioners are available 'on call' 24 hours. Specialist help may be sourced from community agencies, such as Nutritionalists, Physiotherapists, Masseurs, Consultants and community Nurses, in general, palliative and mental health fields, and any other specialists the Service User may require. Additional costs may be invoiced for some of the above.

## **Specialist equipment available for Service Users:**

- Air mattresses and cushions for those who having been assessed as needing this equipment
- Hospital beds available in all rooms, or divans by request. Bed rails on assessment.
- Reclining chairs available
- Wheelchairs for self use, or to aid mobility
- A range of walking frames and sticks
- All corridors have handrails
- 8 person lift
- Hoists provided and manual handling equipment
- A range of aids to assist eating and drinking

- Syringe Driver for use with sub cutaneous medication ie used in palliative care

### **Social activities:**

These are arranged for the enjoyment and quality of life of those in our care with the intention of reflecting their interests, wishes and capabilities. Planning social activities begins on admission, each resident or relative provides the activities co-ordinator relevant information through a pen profile. Each resident has an assessment of their interests and a social diary bases on their preferences is developed.

We meet twice a year to discuss with those in our care, staff, friends, and relatives Etc. any social activities they would like to have arranged.

Planning and arrangements are made to implement the activities programme, which is communicated and explained to every one in various ways.

Whilst we encourage participation in suggesting activities and being involved we recognise a persons right not to partake if they do not want to.