

Plas Cwmcynfelin Ltd.

Statement of Purpose

22nd May 2026
Due for Review May 2027

PLAS CWMCYNFELIN CARE HOMES

| Section 1: About the provider | |
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| Service Provider: | Plas Cwmcynfelin Ltd. |
| Legal Entity: | Private Limited Company |
| Responsible Individual: | Hannah Lennon |
| Manager of Service: | Hannah Lennon |
| Name of Service: | Plas Cwmcynfelin Care Homes |
| Address of service: | Plas Cwmcynfelin Care Homes Ltd Llangorwen Clarach Aberystwyth Ceredigion SY23 3DN |
| Telephone: | 01970 623783 |
| Fax: | 01970 639297 |

Section 2: Description of the location of the service

Plas Cwmcynfelin Ltd is a family run care service located near Clarach, about two miles from the University town and seaside resort of Aberystwyth. The complex comprises two buildings; the Main House and the Coach House.

Aberystwyth is a small university town on the west coast of mid Wales. Although fairly small and isolated, the town has all the facilities that would be expected of a larger settlement, and some that are of national and international importance, such as Aberystwyth University and the National Library of Wales.

Many facilities in the town are of great importance to the local community, such as Aberystwyth Arts Centre, which houses many varied and interesting live theatre productions throughout the year, as well as music events and cinema screenings. They also offer many evening classes in various artistic disciplines. There are many attractive features in the surrounding area, including Bwlch Nant Yr Arian forest, the Rheidol valley with its narrow gauge railway and, of course, Cardigan Bay which is a Special Area of Conservation and home to the bottlenose dolphin.

Cwmcynfelin—or simply “Cwm”, as it is affectionately known—has been described as “one of the best—loved mansions in mid Wales”. Certainly, it is a house which, for the gentleness of its characters, has won many hearts.

The handsome yet unassuming old house and Coach House (listed Grade II) of classic Georgian design, were built c. 1770 as a family home by Matthew Davies, then High Sheriff of Cardiganshire.

In the 19th century, his grandson Isaac Williams (theologian, poet and a leader of the Oxford Movement) brought many eminent colleagues to Cwm, including John Keble and J.H. Newman (later Cardinal). The house thus gained distinction as a scholars’ meeting place and acquired its wealth of historical associations.

Just below the house, in the pretty hamlet of Llangorwen, is the beautiful church of All Saints, which also has close connections with the Williams family.

Standing on an elevated site in ten acres of its own beautiful grounds and approached by a winding, tree-lined drive, Cwmcynfelin enjoys an ideal situation: with magnificent views across the Vale of Clarach to the sea at Cardigan Bay, here are complete wooded seclusion and tranquillity only two miles from the town of Aberystwyth and just over a mile from the neighbouring village of Bow Street.

Plas Cwmcynfelin is situated within easy reach of Aberystwyth and Borth, with their respective GP surgeries. Medication is supplied by Borth Pharmacy. Bronglais hospital is also within easy reach of the nursing home, as are the other town services such as dentists, opticians and the day centre.

The Home can provide transport to and from appointments if needed with its own minibus that has been adapted for wheelchair access.

Section 3: About the service provided

Plas Cwmcynfelin aims to devise a person centred care package to meet the needs of each service user resident with us. We provide general care for those with nursing requirements, including high dependency, palliative and end of life care. We believe that our service users' voices are important and should be heard. We cannot hope to provide an effective service for them without listening to what they want, both individually and as a group.

We aim to provide respectful care that is sensitive to the individual needs of the service user to assist them to live as fulfilling a life as possible given their individual circumstances.

We provide personal care to individuals who are no longer able to engage in the activities of daily living through infirmity and who are unable to independently meet their own care needs. We will thoroughly assess the needs of the service users both prior to admission and during their stay with us, taking into account their preferences and choices and those of their representatives where these reflect the best interests of the service user themselves. This ongoing assessment will inform the service user's individual plan of care.

The care provided will encompass a broad spectrum of needs including:

GENERAL SUPPORT WITH ACTIVITIES OF DAILY LIVING

We aim to support our service users to live the life that they choose by consulting with them on their wishes and choices, gathering information that they wish to share regarding their life histories and drawing up a package of care that will support them to live as fulfilling a life as possible, incorporating balanced risk whilst safeguarding them from harm, neglect and abuse. As part of this we will provide:

- **Support with mobility (e.g. through general frailty or underlying neurological problems such as stroke, brain injury or degenerative conditions).** We can offer support to immobile service users, providing aids to assist activities of daily living such as hoisting equipment, bed mobility equipment and aids to bathing. Equipment is inspected and serviced regularly in compliance with relevant legislation, and all staff are trained in safer manual handling techniques.
- **Support with washing, dressing, rising and retiring.** Where a service user is unable to carry out their own personal care, our care team will support them in these activities sensitively and discreetly. Where they are able to carry out some of these activities themselves, this is encouraged. The service user's individual preferences will be taken into account with regard to time of rising, retiring, choice of clothing for the day and manner in which they are to be washed and dressed. The service user's privacy and dignity will be maintained at all times during the administration of personal care by ensuring that it is carried out behind closed doors. Staff will ensure that a service user is well presented, tidy and groomed in accordance with their wishes.
- **Management of incontinence.** Incontinence pads are supplied by the Home as required, although continence will be supported as far as possible by assisting service users to use the toilet regularly. Our registered nurses are all trained in catheterisation (including the management of suprapubic catheters) and associated maintenance including bladder washout and flushing of the catheter. Our nurses are also trained in stoma care, and bowel management. We supply various toileting aids to suit a range of abilities, including bed pans, urinals, etc.
- **Support with nutrition and hydration (including PEG).** We appreciate the importance of good nutrition and hydration, and as such, aim to provide a varied and appetising menu. We will take the personal, medical, cultural and ethical dietary

requirements and choices of our service users into account. Our staff receive training in feeding and associated difficulties that can arise in our service users, and will always be available at mealtimes to assist service users who have difficulty in feeding themselves. We will assess the risk of malnutrition in each of our service users on a monthly basis using agreed tools (MUST) and maintain records of dietary and fluid intake where there is cause for concern. We make referral to speech and language therapists and the local health board dietetic service as necessary.

- **Support with sensory loss.** We support those with sensory loss by making necessary referrals to audiology clinics, taking advantage of visiting optician services (and arranging appointments with the service users' own opticians as applicable) and providing transport to and from these appointments with our own adapted vehicle. We assist service users with visual impairment to access activities such as talking books. Our registered nurses are trained and have equipment to perform ear syringing to promote good hearing. Staff are made aware of how to change batteries in hearing aids.
- **Rehabilitation.** We have experience of service users who have suffered stroke, fractures and other life changing events, or deterioration in mobility due to general frailty. Where referral to reablement specialists has been made, we can support the service users to undertake programmes that are put in place.

GENERAL NURSING CARE

Our care team are trained to recognise the nursing needs of our service users and deliver appropriate care to manage their basic requirements. They are required to register with Social Care Wales, and to maintain and update their registration through undertaking regular continuing professional development.

Our registered nurses are fully qualified and able to deliver general nursing care. They will maintain their registration with the NMC and update their skills through regular training and by following the NMC Code and requirements for revalidating their nursing qualifications.

As part of our service users' care packages, we can include:

- **Pressure area care.** All care staff are trained to provide effective pressure area care. Our registered nurses carry out ongoing risk assessment using locally agreed tools (Pressure Sore Prediction Score – PSPS), and we supply pressure relieving equipment to reduce this risk. We make referrals to the local Tissue Viability Nurse who also supports us with training as necessary.
- **Administration of medication in compliance with GP prescription (including via PEG).** Where a service user wishes and is able to manage their own medication, a risk assessment will be carried out to ensure that they are safe to do so. Where a service user cannot or does not wish to manage their medication, it will be managed and administered by our registered nurses in accordance with associated legislation and guidelines. Service users managing their own medication will be supplied secure means to store it (e.g. a lockable unit in their room). Our trained nurses are competent in administering medication via PEG tube where fitted, and are also able to administer percutaneous medication, including intramuscular and subcutaneous injection and subcutaneous infusion.
- **Wound care and dressings.** Our registered nurses are trained in the dressing of both simple and complex wounds to promote healing. We will always make referral to relevant services (e.g. TVN) to provide support in the management of wounds and follow management strategies given.
- **Monitoring of general condition (including pain status) and responsive referral to appropriate healthcare services.** All care staff have a role in maintaining the general health of the service users. They will do this by familiarising themselves with the service

users and their usual presentation. Through this, they will become aware of when there are problems that require reporting. Staff know to whom to report problems and changes. The registered nurses will make referrals to appropriate external healthcare services as necessary. Members of the care team are trained in how to gather specimens of urine, stools and sputum, and our registered nurses are trained in phlebotomy.

NEEDS RELATING TO SPECIFIC MEDICAL CONDITIONS

- **Support with cognitive impairment and dementia (including with challenging behaviour)** Although we can offer support to those with dementia and our staff receive training in dementia care, we cannot offer support to those whose mental health needs outweigh their nursing needs (i.e. if they are prone to wandering) as we do not have a secure environment to cater for these needs. Support will be offered to individuals with dementia by gathering information regarding their life history and using this to inform reminiscence, activities and aspects of their personal care plans. Staff will be sensitive to the needs and emotions of these individuals, adopting appropriate strategies to support them and managing any challenges that may be presented by them.
- **Palliative and end of life care.** We will work closely, and harmonise with any palliative care team that is already supporting a service user on admission. We also receive support and advice from the local specialist community palliative care nursing service when delivering such care. We will be sensitive to the feelings of people with these needs, ensuring we make prompt referral to relevant healthcare services as needed. We will support the families of service users to visit, particularly when an individual is at the end of their life, and the visits are welcomed by the service user. We will make visitors feel welcome and supported at this difficult and emotional time.
- **Renal failure.** We are experienced in managing service users who are in renal failure, and will support these individuals to fulfil any instructions given by relevant healthcare professionals and support them to attend regular dialysis clinics as required.
- **Respiratory conditions (e.g. asthma and COPD).** Our registered nurses are trained to use a range of respiratory equipment including Non Invasive Ventillation machines with CPAP mask, nebulisers and oxygen therapy equipment, and can support and monitor service users in the safe use of these. They are also trained in oral suction if the need arises.
- **Multiple sclerosis.** We have provided support to a number of service users with multiple sclerosis in recent years, and we are aware and able to assist in the management of complications that can accompany this condition (e.g. dysphagia, recurrent chest infection, etc). On admission, this condition will have advanced to the stage where it is not manageable in the service user's own home and they require support. They will already have a regime of care in place, and we will ensure that our staff are familiarised with this regime and that the transition to the nursing home is as seamless as possible.
- **Diabetes (including unstable).** Our registered nurses regularly monitor the blood sugar of our diabetic service users and administer insulin and medication as prescribed and indicated. Where diabetes is brittle and difficult to manage, we will make referral to specialist diabetic nurses and follow any advice given. In any event, all diabetic service users will be regularly reviewed by specialist nurses.
- **Degenerative conditions.** We have experience of a wide diversity of conditions, but recognise that these must be treated on a case by case basis, as we acknowledge that the experience of the condition, and the needs of each service user will be unique irrespective of the diagnosis, and the individual must come first. However, if presented with a condition with which we are unfamiliar, we will seek training and information

regarding the potential needs of the service user, and ensure that we are able to successfully meet these.

SOCIAL AND RECREATIONAL NEEDS

We recognise that the health needs of an individual, whilst very important, are only part of what is required to experience true wellbeing. We acknowledge the importance of supporting service users to fulfil social, intellectual, cultural and religious needs, also.

- We will provide a homely and welcoming environment, affording full use of the buildings and the gardens.
- We will support our service users to pursue interests and hobbies that are important to them. This will include maintaining visits to the day centre and other social groups they may already be attached to or are interested in attending.
- We will support our service users to attend religious services and to maintain links with their church if they so wish. Non-denominational services will be held regularly at the Home for the benefit of our service users also.
- The service provides a range of craft activities and entertainments, the programme of which is responsive to opinions and feedback from the service users themselves.
- A service user group meets regularly whereby feedback can be gathered regarding life in the Home and any suggestions for improvements. Since its inception, this has affected real change in the Service, implementing ideas from the service users.
- We accept that not everyone can be actively engaged in activities due to their infirmity, and as such, we provide other activities tailored to those who are bed nursed and extremely infirm such as aromatherapy and massage.
- We will maintain our service users' links with the local community by arranging trips in our minibus to Aberystwyth, the surrounding area and places of interest. This includes regular visits to the Arts Centre and the local museum.
- We will support service users to maintain existing relationships with those who are important to them by making their visitors welcome in the Home, providing them with refreshment and involving them with the activities of the Home as far as they wish to be.
- We maintain links with the town library and are regularly visited by the library van.
- We will work towards delivery of the Active Offer, and have a number of staff who are able to converse in Welsh. All staff are encouraged to learn some Welsh, even if this is only simple greetings. The Welsh language will be respected in this Home.

RESPIRE CARE

We may provide respite care subject to vacancy.

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| b) Age range of the people using the service | 40 years old and upwards. |
| c) Gender of people using the service | Male and female |
| d) Maximum Capacity | 53 service users: 31 in the Main House and 22 in the Coach House. |

| Section 4: How the service is provided | |
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| <p>a) Arrangements for admitting, assessing, planning and reviewing people's care.</p> | <p>Under normal circumstances, our service users or their representatives are able to visit to view the building, its facilities and ask questions about the service prior to admission.</p> <p>Closer to admission, a full assessment of the prospective service user's needs is conducted by one of our nurses. This assessment will form the basis of the initial plan of care and takes place in the individual's current setting.</p> <p>The prospective service user is contacted in writing by the Home to inform them whether or not we are suitable to meet their needs. This will depend upon the outcome of the initial assessment.</p> <p>On arrival at the Home, the service user will be welcomed, provided with the Welcome Pack and settled into their room. Medication will be transferred to, and administered by, the nurse where the service user is unable to manage this themselves. Any valuable items or cash will be transferred to the office safe if the service user wishes. Full integration into the community of the Home will take place at the service user's own pace and in line with their wishes.</p> <p>The service user will be consulted regarding needs and preferences, photographed for identification purposes and their initial assessment reviewed soon after admission (within 24-48 hours).</p> <p>Where newly admitted service users have an existing wound, bruising, etc., it will be necessary to photograph these for the service user's records. In any event, the service user or their representatives will be asked for written consent to this.</p> <p>One month after admission, the nurse will conduct another assessment on the service user to determine any changes in needs. This will inform any review to the care plan. Care plans are routinely reviewed on a monthly basis, but also in response to change in needs.</p> <p>If, after admission, the service user decides that the service is not suitable for them, they can terminate their residency without notice for up to two months. After this trial period, the normal period of notice is one month.</p> <p>From time to time the Home may accept an emergency admission. Such emergency placements do not imply the right for a service user to stay in the Home once the emergency is over. They also do not commit the service user to the placement once the emergency is over. Under such circumstances, the welcomes may need to be more symbolic, but we aim to have all necessary documentation in place and to provide the service user with all necessary information within statutory timescales. We reserve the right to refuse an emergency admission if we feel we are not an appropriate placement for the service user.</p> |

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| <p>b) Standard of care and support.</p> | <p>We aim to promote independence and wellbeing as far as possible in the following ways:</p> <ul style="list-style-type: none"> - Treating all service users as individuals, respecting and upholding their privacy, dignity, choices and rights. - Involving the service user themselves in devising their plan of care, involving representatives where this is appropriate and in the best interests of the service user. - Allowing our service users to exercise choice and control over their individual care and daily lives as far as they are able. - Maintaining a safe and secure environment where our service users feel happy and well cared for. - Encouraging service users to be actively involved in the running of the Home through participation in the Residents' Group, thereby affecting real change and assisting the management team in tailoring the service to the needs of the current service users. - Allowing our service users to take calculated positive risks. - Assisting our service users to engage in hobbies and interests in whatever capacity they are still able. - Welcoming service users' families and friends into the building and creating a homely atmosphere that encourages and fosters the formation of new friendships. - Maintaining other links with the local community either through providing access to the local area, facilities, services and amenities, or by encouraging visits by local community groups. - Designing a stimulating programme of activities that will support existing skills and introduce service users to new ones. - Supporting service users to access and follow programmes of education if they wish. - Risk assessing the environment on a regular basis to ensure that it is safe and fit for purpose. - Maintaining the physical wellbeing of our service users and managing their respective medical conditions in line with advice from relevant healthcare professionals. - Maintaining relevant records and documentation surrounding the service users' care. - Assisting service users with any rehabilitation or treatment regimes that have been designed on their behalf in line with professional guidance. - Encouraging service users to be as mobile as possible within the bounds of their capabilities. - Making relevant referrals to external agencies and healthcare services where necessary. - Providing a varied and nutritious menu for our service users, and seeking feedback on the quality of food on offer. - Providing assistance with meals and fluids where needed, and monitoring the service users' nutritional status where indicated, using recommended tools and protocols. - Monitoring quality of care by actively seeking the opinions of service users, their representatives and commissioners of care, as well as performing internal audits on systems in place. |
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| | <ul style="list-style-type: none"> - Providing a 24 hour laundry service. - Providing a safe, pleasant, hygienic and well maintained environment for our service users to live in. |
| <p>c) Language and communication needs for people using the service.</p> | <p>We aim to ensure that all of our staff are trained in communication, and that there are staff available on all shifts who are able to communicate in the Welsh Language.</p> <p>We are aware of Social Care Wales' Active Offer, and we encourage all staff to communicate in Welsh to some degree, even if this is limited to simple greetings.</p> <p>Those staff who are not able to communicate in Welsh are asked to learn some phrases, encouraging Welsh speaking service users to teach them if willing. This is stimulating for the service user and also helps to form good working relationships.</p> <p>Welsh speaking staff are encouraged to address service users in their preferred language in the first instance.</p> <p>Staff who do not speak Welsh should refer Welsh Speaking service users to Welsh Speaking staff if this is the service user's wish.</p> <p>Signage will be displayed using pictograms where possible, eliminating the need for written language. This will assist people of all language backgrounds and prevent discrimination.</p> |

| Section 5: Staffing arrangements | | | |
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| a) Numbers of staff qualified and their competencies | | Main House | Coach House |
| | Responsible Individual | Hannah Lennon (L5) | |
| | Manager | Hannah Lennon (L5) | |
| | Lead Nurse | Gwen Davies (RN1) | Dariusz Jakubek (RN1) |
| | Nurses | Nonhlanhla Ncube (RN1) Veronica Machokoto (RN1) Ruby Laud (RN1) Zukisa Mahaye (RN1) | Krysztof Sabat (RN1) Anne Jones (RN1) Nithu Thomas (RN1) Simisola Adetunji (RN1) Meha Mary Jose (RN1) |
| | Care Assistants (Diploma Holders or equiv.) | Jeremy Vines (L5) Amy Morgan (L3) Glenda Livermore (L3) Kevin Davies (L3) Susan Jones (L3) Jason Gould (L3) Victoria James (L2) Stephanie Thomas (L2) Liz Tinney (NVQ 3) Mandy Davies (NVQ 2) Luningning Jones (L3) Oluwatosin Funmilola (L4) Sharon Maguire (L2) Stephen Alonge Oladiran (L4) | Siwan Morris (L3) Wendy Laidlaw (L3) Tracy Wood (L5) Nicole Haynes (L3) Delvina Isaac (NVQ 3) Jackie Jones (NVQ 3) Maggie Williams (NVQ2) Oluwaseyi Ayodeji Joto (L3) Jennifer Lovell (L3) |
| | Care Assistants (Diploma Trainees) | Honey Baby (L3) Kubarat Olafimihan Olajumoke (L3) Anjaly Krisnankutty (L3) Mitchelle Sola (Nurse training) Opeyemi Adeleye (L3) Nikhil Augustine (L3) Amal Reju (L3) | Anna Matthew (L3) Aswathy Krishnan Nalin (L3) Paulina Stachowiak (L3) Andrea Geyermann (L3) |
| | Non Diploma-Holding Care Assistants | Avril Rowlands Sarath Das Ramdas Abigail Palmer Natasha Frost Shemrin Lalit Stella Paul Kamini Sharma Sri Sakthivel Sreeja Xavier Jeny | Akhila Pillai Chinchu Chacko Deborah Smith Aaliyah Davies Claire Archer |

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| | Kitchen/ Domestic/ Laundry | <p>Graham Saunders Anne Price Gary Allen Paul Beard Amanda Drakeley Rachel Arklay Gyula Kopecsni Shaju Varghese Karol Malinowski Jeanette Humphries-Wragg Luningning Jones Honey Baby Allyson Pugh Jillian Bailey Rachel Humphries-Wragg</p> | |
| b) Staff levels (number of staff on shift) | Staffing Level (Morning) | 7 Care Assistants, 1 or 2 Nurses | 5 Care Assistants, 1 or 2 Nurses |
| | Staffing Level (Evening) | 7 Care Assistants, 1 Nurse or 2 nurses | 4 Care Assistants, 1 or 2 Nurses |
| | Staffing Level (Night) | 3 Care Assistants, 1 Nurse | 2 Care Assistants, 1 Nurse |
| c) Specialist staff | <p>David Langford - David Langford BSc (Hons) MCIMSPA (Ch) is a registered Clinical Exercise Physiologist with the Academy of Healthcare Sciences and specialises in prescribing exercise rehabilitation for older people. David has 25 years of experience working with those whose function is declining due to age-related changes in health.</p> <p>David's expertise is in the management of falls and injury prevention, frailty and sarcopenia; a muscle wasting disease commonly associated with older age and closely linked to a number of adverse health outcomes. There is a very high prevalence of sarcopenia amongst those residing in long term care. David also specialises in rehabilitation and recovery after stroke and works closely with the nursing and care teams to optimise residents' mental and functional capacity. Residents can be offered an assessment, advice or an individualised one-to-one tailored exercise session to improve their physical function and quality of life. David is committed to providing the highest quality standards for service users and undertakes regular continuing development programmes.</p> <p>For further information, please refer to David's LinkedIn or Facebook page.</p> <p>Helen Hinks - aromatherapist providing therapeutic massage using a range of relaxing oils which has proven extremely popular with our service users.</p> <p>We receive support from community based services such as chiropody and opticians. We work in partnership with community based specialist nurses (e.g. diabetic nurse, palliative care nurse, etc.), and will implement any care regimes and treatment that they put in place.</p> | | |

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| <p>d) Deployment of staff at service</p> | <p>Both buildings are divided into sections. In the mornings and evenings, two care assistants are allocated per section of the building to attend to the service users and assist them to wash, dress and rise (or retire if evening) as appropriate to their condition and wishes, maintaining a ratio of 1 care assistant to 5 service users. At busy times during the shift (e.g. meal times, where there are a number of high-dependency bed nursed service users), staff from other sections will be transferred across to assist as dictated by the current needs of the service user group.</p> |
| <p>e) Arrangements for delegated tasks</p> | <p>The Lead Nurse in each building will formulate each Service User's care plan in partnership with the Service User, MDT and/or their representative where appropriate. Where the lead nurse is not on duty, the responsibility for overseeing the care and ensuring the delivery of service to each individual falls to the nurse in charge of each shift.</p> <p>All medication administration is the sole responsibility of the nurse on duty, and they receive annual competency assessments for this. Nurses are also responsible for any intervention that requires specific clinical skills (e.g. wound care, application of dressings or taking of blood samples).</p> <p>Basic clinical tasks may be delegated to Nursing Care Assistants (e.g. measuring blood pressure and blood sugars, etc.), provided the staff member has received appropriate training and is competent to carry out the task. No member of staff should be expected to carry out a task that they are not competent to do.</p> |
| <p>f) Supervision arrangements</p> | <p>All staff involved with the care of service users (including management staff) are supervised on a quarterly basis. These sessions, as well as providing pastoral care, include direct observation of practice and subsequent feedback to address any areas of weakness observed. The sessions also provide staff members with the opportunity to reflect on their own practice and to identify any training opportunities that they may wish to engage in to enhance their skills, as well as providing advice and support with professional issues they may have encountered. Feedback as to the performance of the Service is also sought from each staff member to give them an input into how the Service is run.</p> |
| <p>g) Staff training</p> | <p>Care assistants and Nurses are expected to be registered with their respective professional bodies, and are responsible for fulfilling the requirements of their ongoing registration. This includes taking responsibility for their own record of Continuing Professional Development. Plas Cwmcynfelin, as their employer, will support them in doing this as appropriate.</p> <p>Staff receive a basic induction package of training that includes Moving and Handling, Food Hygiene, Infection Control, Mental Capacity Act, Dementia care, and Safeguarding of Vulnerable Adults with regular updates to each. Moving and Handling refresher training is undertaken yearly, and we access community based training and LHB training as the opportunity arises.</p> <p>New care assistants who have successfully completed the induction stage of employment are expected to enrol on a course of study following the National Occupational Standards. This opportunity may not be offered where staff have indicated that they are to be employed on a short term basis. Training will be offered at Level 2 initially depending on qualifications already held. They are</p> |

further encouraged to develop their skills by following higher levels of study when they feel ready to do so.

The training needs of the Company are driven by the needs of the service user group. Where a service user is to be admitted with a condition or needs that are likely to be unfamiliar to the staff, we will seek training resources to address the requirements. Where there are no training resources available, we have staff who hold teaching qualifications and are able to design training resources in-house.

| Section 6: Facilities and services | |
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| a) Number of single and shared rooms | <p>Main House: 3 shared rooms, 25 single occupancy. All rooms are fully furnished and include a wash basin and vanity unit.</p> <p>Coach House: 1 shared room, 20 single occupancy. All rooms are fully furnished and include a wash basin and vanity unit.</p> |
| b) Number of rooms with en suite facilities | <p>Main House: 4 single rooms with en suite toilet and basin. 1 single with en suite toilet and wet room.</p> <p>Coach House: 8 single rooms with en suite toilet and wet room</p> |
| c) Number of dining areas | The Main and Coach Houses each have a communal dining room. |
| d) Number of communal areas | <p>The Main House: 2 communal lounges plus a small lounge that is usable for private visits, consultations and small functions. 1 communal dining room.</p> <p>The Coach House: 3 communal lounges plus a small lounge that is usable for private visits, consultations and small functions. 1 communal dining room.</p> |
| e) Specialist bathing facilities | <p>The Main House: 4 communal bathrooms, 3 with bath hoist, plus 2 communal wet rooms with shower.</p> <p>The Coach House: 4 communal bathrooms, each with bath hoist, 1 communal wet room, plus private en suite wet rooms with shower in the new extension.</p> |
| f) Specialist equipment | <p>Aids to mobility are provided throughout each house, including hand rails in all corridors, grab rails in toilets and bathrooms, plus raised or mobile toilet seats to assist with toileting requirements.</p> <p>Each house has a range of mobility aids, e.g. mechanical and non mechanical stand aids, riser/recliner chairs and hoists to assist with mobility and safe handling of the service users. Every room is equipped with electric profiling beds and dynamic air mattresses or static pressure relieving mattresses (depending on clinical need).</p> <p>The en suite rooms in the Coach House are equipped with ceiling track hoists to aid transfer to the en suite wet room. All rooms, bathrooms, toilets and communal areas are fitted with alarm call bells to summon assistance if needed. Remote handsets for these are supplied in all single and twin rooms.</p> |
| g) Security arrangements in place and use of CCTV | The nursing home is situated in a rural area, and as such, is not likely to fall prey to opportunistic intruders, especially at night. Both houses are locked at 8pm. |

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| | <p>Service users are discouraged from bringing valuable items into the Home or carrying large sums of money, but any items they do wish to bring may be stored in the office safe, and accessed on request.</p> <p>There is continuous staff presence throughout the building both day and night. We do not operate a sleep-in shift system at night, so staff regularly patrol the building. Staff are discouraged from bringing valuable items or cash into the Home and do so at their own risk.</p> |
| <p>h) Access to outside space and facilities at this service</p> | <p>Both buildings are situated in well kept grounds. All public areas are easily accessible on foot or by wheelchair, and outside seating and tables with parasols are provided so that service users can sit out and enjoy the surroundings, or take meals and drinks outside if they wish. There are no steps or any other obstacle in public areas that would make access difficult for people with declining mobility or wheelchair users.</p> |

Section 7: Governance and quality monitoring arrangements

It is our aim to ensure that all individuals using our service receive a high standard of care and experience good outcomes.

Due to our being a family run Nursing Home, our Responsible Individual and Manager (Hannah Lennon) will be present during normal office hours (excepting periods of annual leave) to oversee the running of the Home. She is based in the main office in the Main House, although visits to the Coach House are made at least once daily. She conducts formal monitoring exercises on a quarterly basis on both houses, and the findings of these are formalised in writing to inform any plans for improvement and highlight areas for development. These examine all of the major aspects of the running of the service.

Each House has its own team of nurses and care staff to maintain continuity for the service users. Each house has its own respective lead nurse leading a team of registered nurses who are deputised in their absence. The nurses oversee and manage the work and deployment of the team of Care Assistants, ensuring that they are distributed effectively to fulfil the needs of the service user group.

The kitchen manager oversees staff and levels of stock for the kitchen, and is responsible directly to the registered manager. Other domestic staff are responsible directly to the registered manager.

The management of the Home operates an open door policy to ensure that staff, service users and their representatives are able to access the manager and the responsible individual when needed. In this way, we endeavour to deal with any problems informally and quickly before they escalate into major issues. If, however, any individual wishes to escalate an issue and make a formal complaint, the Home exercises a robust complaints procedure that is made known to all staff and service users/representatives, and displayed in public areas of the building. All complaints will be taken seriously and due action taken.

The Home proactively seeks opportunities to improve the service provided, and it does this through numerous methods:

- Monthly audits of service user bedside charts / care plans
- Monthly examination of the accident record, with yearly generation of an accident report to improve safety in the Home.
- Yearly review of all policies of the Home.
- Annual quality assurance exercises, whereby the opinions of service users, their representatives, staff and commissioners of care are sought.
- Six-weekly Residents' Group meetings, whereby service users have the opportunity to discuss the service and any ideas they have for improvement in an open and impartial forum. These meetings are minuted by the facilitator and responded to by the responsible individual.
- Bi-monthly supervision sessions with nurses and care assistants, including direct observation of practice and discussion of training needs and opportunities.
- Welcoming and reacting to feedback offered by all parties when received.