

Oakwood House

Statement of Purpose

Contents	Page No.
1. INTRODUCTION	2
2. AIM	2
3. PHILOSOPHY AND VALUES	3
4. APPROACHES TO CARE PRACTICE	4 - 5
5. KEY OBJECTIVES	6
5.1 Individual's quality of life	6
5.2 Involvement of family, carer's and friends	7
5.3 Equality In Practice	7
6. THE ENVIRONMENT	8 - 9
7. ADMISSION CRITERIA	10 - 11
8. ASSESSMENTS AND CARE PLANNING	12
9. DOMESTIC ARRANGMENTS	13
10. FIRE PRECAUTIONS AND EMERGENCY PROCEDURES	14
11. COMPLAINTS AND COMPLIMENTS	15 - 16
12. ADDITIONAL INFORMATION	17
12.1 Targets	17
13. MANAGEMENT	18 - 20
14. CHARGES	21

1. INTRODUCTION

OAKWOOD HOUSE is situated on a quiet road in a residential area within Goodmayes. This is a newly developed care home which has been developed for service users between the age group of 18-65 with Mental Health for both male and female. OAKWOOD HOUSE is committed to providing its service users with the best possible care to help encourage a working rehabilitation programme tailored to meet the needs of each individual. At OAKWOOD HOUSE we promote and support service users to develop their well being within a family like environment.

The home offers easy access to shops and a range of social and recreational facilities. This attractive, impressive looking property offers a homely environment designed to meet the holistic needs of people with ongoing, long term Mental Health problems by promoting independent living.

Our dedicated team of experienced staff are on duty 24 hours a day to provide care, support and help to Service Users. Staff deployment is based on the individual's needs.

The individual needs of service users are assessed carefully and care plans are implemented to ensure a personalised and sensitive service, treating each individual with respect and dignity. Opportunities exist to skilled individuals to plan for their future.

OAKWOOD HOUSE is a residential care home with an additional factor of a 'supported living' (though residential, we encourage freedom and independence) environment to tie in with the modern changes and practices in care. Oakwood House does not provide nursing care.

2. AIM

At OAKWOOD HOUSE a wide range of interventions and approaches are used in the care and support of people with Mental Health issues. The purpose of OAKWOOD HOUSE is to provide varying degrees of care and support to service users with Mental Health issues and to optimize their level of functioning. We offer a service to aid and support service users who have diverse and a range of mental Health problems.

We offer service users a congenial, happy and comfortable environment. The house promotes independent living encouraging every service user to live life to the full, within his or her capability. All service users are encouraged to make choices and be involved in the day to day running of the house, using resources both within and outside the home, identifying and utilizing support available in the community.

We place maximum emphasis on residents to manage their own lives to the greatest attainable extent to maintain their dignity, choice and independence.

3. PHILOSOPHY AND VALUES

Values and Guiding Principles

- **To encourage and assist service users to maintain a high quality of life, with respect for individuality and personalization where applicable.**
- **To provide support and encouragement to service users to maintain their independence and engage in personal choice related to daily living.**
- **To provide services and facilities which respect individual rights, needs, and dignity, whilst accepting some individuals may need assistance to make an informed decision.**
- **To provide the care and support required for each individual to optimise their level of functioning. To continually assess and constantly try to improve the quality of care, support and the facilities we provide.**
- **We will support and encourage residents with regards to choice, dignity, respect, privacy, independence, social inclusion, rights and individuality.**

4. APPROACHES TO CARE PRACTICE

OAKWOOD HOUSE will provide a service for service users whereby:

- **Individuals can expect to have their needs met based on their individual assessment. In addition creating a 'Person centred plan as far as possible.**
- **Provide fair access to services regardless of their faith, beliefs, colour, sexuality, ethnicity or disability.**
- **The age range of the residents is 18-65 years (but is not limited, over 65 can also be provided for) of mixed sex.**
- **The highest priority will be given to meeting the emotional, social, developmental and physical/ health needs of each individual.**
- **Upon admission the new service user is allocated a key worker and over time the individual's choice to change is optional (and associate key workers, responsible for providing continuity and consistency of care / approach,as well as reviewing and overseeing the care plan.**
- **Care plans will be evaluated and discussed with all involved parties to ensure a team approach and personal involvement. Care plans work alongside care plan approaches provided by external agencies and professionals are reviewed on a regular basis. Special provisions are made for clients undergoing a crisis to ensure that a more detailed plan is updated as necessary.**
- **Care will be provided by experienced staff who are suitably trained and receive ongoing training and support in their role.**
- **Service users can expect to have their needs attended to promptly, confidentially and with respect for privacy.**
- **Choice will be available where possible to encourage service users to self medicate, with assistance given as required with regard given to safety and individual human rights.**
- **A culturally sensitive service will be provided to best meet the needs of people from different ethnic or cultural persuasions.**
- **Disabled access is available which include regulation doorways and hand rails in bathrooms .**

- Individual's can retain their choice of Doctor, Dentist etc where this is possible, or, alternatively register locally.
- Staff receive ongoing training in interpersonal and communication skills and new working practices circled around Mental Health.
- Staff will make themselves available to discuss individual issues and concerns.
- Encouragement and support will be given to enable service users to use the facilities available to other people in the community, this will include access to higher/further education, counselling services, potential employment opportunities, sports and recreational facilities etc.
- Staff may have to intervene in situations where health and safety controls have to be put in place to reduce risk to individuals or property. Risk assessment and management is high priority, with policies and emergency contingency plans in place.
- Service users will receive regular reviews. Care plans will be reviewed and evaluated on a monthly basis internally with service users and key workers. External reviews will depend on each service users needs. The review timescale will be six monthly and yearly. CPAs will also be implemented to ensure the stability for an individual.
- Service users will be given choice in recreational and social activities if desired and the opportunity and support in the cultivation of new and old hobbies/pastimes. Therapeutic techniques will be adopted in the home based on clients' needs and choice and reflected through their care plans under appropriate supervision. In the past these have included music and one to one exploration sessions. Where possible we encourage as much as possible community presence and community involvement for each service user.
- An Activities Coordinator is available on a session basis and interest in other therapeutic models is encouraged under appropriate supervision. Should a service user wish to obtain therapeutic techniques then we can make arrangements for alternative and complementary therapies should they be deemed by the RMO (appointed consultant), if so, funding may have to be agreed.

Service users will be expected to:

- Respect the rights of other service users.
- Respect the homes minimal rules and regulations designed to ensure health and safety for group living arrangements.
- Pay the fee for the accommodation, either themselves or through their representatives, which excludes personal items, such as toiletries, hairdressing, clothing, newspapers or magazines, and outings. All this information will be given in the service user guide, which can be given in pictorial format or read out loud, with explanation.
- Individual's can retain their choice of Doctor, Dentist etc where this is possible, or, alternatively register locally.
- Staff receive ongoing training in interpersonal and communication skills and new working practices circled around Mental Health.

5. KEY OBJECTIVES

5.1 Individuals Quality of Life

Individuals will be:

- Supported to achieve fulfilment of cultural, religious and spiritual needs i.e. dietary needs, festivals, services, interpreters etc.
- Addressed according to preference (name, title etc) and at all times with courtesy and respect.
- Encouraged to participate and utilise the full use of facilities outside of the home and out in the community.
- Safeguard from discrimination on any grounds or under any circumstances whether it be age, disability, sex, race, language, religion etc. (equal ops policy).
- Provided with a quality service of a consistently high standard, subject to monitoring periodically, using quality assurance tools such as questionnaires.

- Given personal information on aspects of care, to include service users guide/service users handbook and resources pack. and be encouraged to be involved in discussions about issues affecting them either directly, or indirectly.
- Involved in the daily life of the home with consideration given to personal preference and the promotion of independence, including planning an annual holiday, social excursions.
- Safeguard and protect the individual fully from potential abuse.

5.2 Involvement of Family, Carer's and Friends

Individuals will be:

- Able to receive visitors at any reasonable time (until 10pm).
- Encouraged to maintain and forge friendships.
- Able to use the facilities to receive visitors.
- Able to invite friends or family to join them for lunch/dinner by prior arrangement.
- Encouraged to give feedback, and make suggestions that might impact on the quality of care through meetings, reviews, staff and service users forums, and a comments box.

5.3 Equality in Practice

- Management will ensure strict adherence to policies and procedures, particularly those appertaining to anti-racist, anti-discriminatory practices and abuse of vulnerable people.
- Service users will have the right to privately consult a Solicitor, or Advocate and to be properly represented.
- Staff will ensure each individual retains their rights and that they do not lose any entitlements associated with ordinary life whilst residing at OAKWOOD HOUSE.

6. THE ENVIRONMENT

BEDROOM ACCOMMODATION

Each bedroom exceeds 12sq meters and is single occupancy only. Each bedroom is equipped with its own en suite facility. Service users' bedrooms include:

- (a) Bed, chest of drawers, two chairs**
- (b) Wardrobe, lockable storage space, reading light**
- (c) Space for personal possessions e.g. computer, music systems, personal electrical appliances**
- (d) Portable or non portable television**
- (e) Bedding, curtains, carpet**
- (f) Window which open for good lighting and ventilation. Fully safety regulated with restrictors**
- (g) Nurse call system**
- (h) Full set of bath mats, towels, and bedding.**
- (i) TV port and Wifi access**

Service users can sometimes bring their own furniture (where suitable) and are encouraged to decorate and personalise their rooms subject to fire and safety requirements. Service users' bedrooms are lockable. Where possible service users are also encouraged to have their own keys for use.

TOILETS AND BATHROOMS:

Although each bedroom contains its own en suite facilities, communal WCs and bathrooms can be located on the ground floor.

We provide a comfortable, safe and fully accessible shared living space for activities and private use. This includes:

(a) Living room/dining room

The ground floor has a separate living room and dining room to accommodate service users. The living room contains a TV, DVD, video, CD and music system to be enjoyed by all. Whilst the dining room houses a full computer facility. There is adequate seating to accommodate service users, staff and visitors.

(c) Visitors' room

A Visitors rooms are available to all and provide a private area for visitors, consultations, therapies and activities.

(d) Smoking rooms

Smoking is not permitted in the bedrooms or anywhere else in the building we request that service users only use the smoking facility provided outside in the designated garden area.

(h) Laundry room

The ground floor has a separate laundry room facility. There are washing machines and dryers in each. Service users where applicable are encouraged to carry out their laundry themselves. Staff assistance is however always available when required.

(i) Storage

We provide a safe place for service users to store personal belongings. Should a service user wish to use this facility we can hold items on shelves in the storage area.

(j) Garden

The communal garden area provides an attractive setting and contains seating areas, a vegetable patch, flower beds and shrubs and service users are invited to tend the gardens and participate in the selection process of flowers and shrubs.

7. ADMISSION CRITERIA

- **Emergency admissions will not be accepted.**
- **Admissions with current drug/alcohol dependency problems would not be accepted.**
- **Service users are required to be mobile as resources and facilities would not be available.**
- **Care given will be subject to regular review and evaluation, with the service user and their representatives present where appropriate, to ensure needs are being met.**
- **The service will enable where possible service users to move on to independent living, encouraging financial management of individual budgets and daily living skills.**
- **Each service may have access to their records on request and with the assistance of their key worker in accordance with the Access to Information Act 1987. The service is always kept informed of ways of obtaining assistance if required. During our designated trial period we monitor the resident's adjustments to his/her surroundings by observing the relationships with staff and other service users living in the home. We endeavor to meet the clients personal needs and through assessment make adjustments accordingly.**

REFERRALS AND ADMISSIONS

Referral should be made in writing by a named key worker, care manager or care plan co-ordinator who should forward written information on behalf of the service user to the home manager. The referral information should include:

- **A comprehensive needs assessment (including diagnosis, daily living skills, disabilities, in-patient and day hospital history).**
- **A current care plan or care programme approach summary.**
- **A short social report to include history, criminal history, medical history and psychological history.**

The head of the home will consider referrals with reference to the eligibility criteria described below.

The function of this home is to provide treatment and continuing care for people who have experience of Mental Health. The home is intended to provide a home for life for its service users if they wish for this, and will help those who wish for more independent living through support and assistance designed to maximise their skills to live in their chosen setting.

The home accepts referrals on behalf of service users who are between 18 and 65 years old. They should have experienced or still have a diagnosed Mental Health condition.

The home aims to help as many service users with serious Mental Health needs as possible, the home specialises in Self Harm or Suicide Attempts

- Inappropriate or Anti-Social Behaviours
- Behaviour which consists a Danger to Self or Others
- Violent Behaviour
- Serious Sexual Disorders
- Arson or Deliberate Attempts to Harm Others
- Dangerous or Criminal Behaviour
- Severe Dementia
- Severe Drug or Alcohol Abuse
- Severe Mental Health
- History of Mental Health

If the referral fits with the homes eligibility criteria then a staff member from the home will contact the referrer. A senior member of management will then visit the applicant to conduct a preliminary assessment. If satisfactory a secondary assessment will take place usually within 4-6 weeks. Depending on suitability of the applicant and upon obtaining suitable risk assessments an introductory visit to the home will be arranged. All visits to the home are by prior arrangement. During the introductory visit the potential service user should be offered a chance to discuss with senior staff at the home, and with their key workers, carers or relatives, exactly how the home may be able to meet their needs and requirements.

All service users who complete a satisfactory introduction visit and needs assessment and who still wish to pursue their application should have their case presented at a weekly referrals meeting chaired by the head of the home where a decision on service provision and offer of residency will be made. This should promptly be communicated to the referrer.

Offers of residency should be based upon:

- **Successful Introductory Visits**
- **A Full Needs Assessment having been completed**
- **The home being Confident that it can meet all of the Objectives Identified.**

Initial offers of residency should be made on a three month settling in trial basis during which existing service users would be consulted about the compatibility of the new service user. This trial period should be followed by a full case review.

It is the policy of the home that every potential service user or applicant should be viewed as an individual, taking into account cultural and gender issues in all aspects of care provided. In deciding upon a possible offer of residency, discrimination of any kind will not be tolerated.

During the trial period each service user will be allocated Key Worker for ensuring appropriate levels of care are provided. A service User person centred care plan (PCP) and a Health Action Plan (HAP) will be prepared in consultation with other health, Social Care Professionals, Relatives, Carers and the Individual Service user.

Therapeutic aims and objectives will be set and identified within the plan based upon a comprehensive assessment of needs.

External support

The home obtains support from external local community health teams and community psychiatric nurses, community clinics, outpatients services, day centres and other local community projects.

8. ASSESSMENTS AND CARE PLANNING

Preliminary and secondary assessments are carried out during the admission process. Individual risk assessments are formulated to help us to identify relapse indicators and to help us to prevent a relapse occurring. These assessments help us to identify the possibility of:

- **Self harm, suicide attempts or gestures, threats, plans, ideas, tendencies and to note degree of harm, methods and indicators**
- **Violence against Persons**
- **Sexual Risk to Others**
- **Neglect/Exploitation/Abuse by Others**
- **Current Learning disability or Escalation of Problems**
- **Any history of discrimination**

9. DOMESTIC ARRANGMENTS

- Staff members are employed to maintain the environment, to ensure its cleanliness and presentation at all times. service users are encouraged to engage in a house chores rota, shopping and cooking programme. A handyman is on call when needed and a gardener comes in during summer months, although residents are encouraged to choose plants they wish to have in their garden, and to water them.
- Food menus will provide a choice of high quality, nutritious and appetizing food appropriate to the person's dietary, cultural needs and personal wishes. Menus are in place as a guide and residents may choose alternative meals if they wish. Menus are on a four weekly cycle and will be reviewed on an ongoing basis and residents consulted as to daily choices, as well as in monthly service user meetings. A record of food actually eaten will be kept to monitor nutrition and appetite. Each menu choice can be tailored to the individual's wishes, wants can be easily catered for.
- Pictorial menus and cook books can be provided for those who may be unable to read, if needed. Varied dietary requirements can be catered for on the premises. However, Kosher and Halal meals can be provided by outside catering services if needed.
- Service users prepare their own breakfast / lunch themselves (supervised). Evening meals are prepared jointly and shared.
- Service users have access to a telephone in a place of privacy.

10. FIRE PRECAUTIONS AND EMERGENCY PROCEDURES

The whole building is covered by a fire alarm detector system which is subject to a quarterly maintenance programme. Fire fighting equipment is in place strategically around the building and procedures are displayed on site at various points. A fire drill is conducted weekly and service users will be inducted on fire drills. This along with 24 hours staffing helps to create a safe environment without the feel of an institution.

In the event of a fire, the safety of the service users, staff and any other persons in the building, depends heavily on the ability of staff to respond promptly. Therefore we ensure all staff are aware and have been instructed in what action to take in the event of a fire through suitable training and induction procedures. Staff are aware of all evacuation protocols and in turn will induct all service users ensuring that any specific service user needs are identified and addressed. Through most of the building we have three means of escape and a designated assembly area at the front of the building.

FIRE DRILLS

- A Designated Person will carry a fire test weekly (with drills three monthly) sometimes at random times to ensure correct procedures are adhered to.
- All fire drills will be recorded in the appropriate file for inspection.
- The Designated Person will observe the process and note down any relevant concerns for discussion with the manager and staff.

11. COMPLAINTS

OAKS CARE LIMITED has clear open and transparent ways for people to express concerns and anxieties and these are acted upon and addressed.

- Service users are encouraged to freely comment on, or complain about aspects of the service provided by the home, through informal, or, formal channels with views listened and responded to, using feedback to inform change and make improvements. The service user's handbook contains information on the complaints procedure and information notices are displayed.
- The manager, and if necessary then the Directors can be contacted concerning complaints, and staff assistance given if necessary to take matters further to the Commission for Social Care Inspection.

- A compliments file will be compiled and made available where appreciative notes/comments and thank you cards about the service are stored.
- Service user complaint forms are available.

HOW TO RAISE A CONCERN

OAKS CARE LIMITED seeks to provide a service that meets the needs of its service users. Therefore, staff should encourage service users to discuss any problems they may have. We have an open door policy for service users to express their concerns.

Wherever possible, complaints by service users should be dealt with informally at a local level, either by the senior staff member on duty or the key worker, and the results will be noted in the care record.

If this discussion fails to resolve the complaint, the service user can talk to the Manager directly.

The complaint will be dealt with through the formal complaints procedure. To invoke the formal complaints procedure, the complaint should be submitted in writing. It is acknowledged some service users may need assistance with this, and staff will need to be sensitive to this possibility in endeavouring to resolve the complaint. If a service user is unable to write and would like staff to write on their behalf, it must be read back to the service user and they must sign to say it is a true account of what they are making the complaint about.

If the service user wishes his/her complaint to be taken up in any other way (e.g. a relative, friend, advisor or any other independent person, such as a social worker), staff will endeavour to provide them with whatever help is needed.

The formal letter of complaint should be addressed to the Manager.

On receipt of the letter, the Manager will carry out the investigation and will write to the service user within seven days of receiving the complaint explaining the process that will be followed.

The Manager will then interview those involved and make related enquiries. He/she will then submit a written report to the responsible person within a maximum of four weeks.

It is anticipated that most formal investigations will be dealt with in a much shorter period of time than this.

If he/she wishes, the service user's comments can be incorporated into the care record, but not information provided by other people interviewed unless their specific approval is obtained. When a line of action has been decided, the Manager will write to the service user detailing the original complaint(s); the steps taken to investigate and the proposed result. This letter will also contain details of how the service user can appeal if he/she remains dissatisfied with the resolution. The letter will form part of the service users care record. Details of the proposed result will also be sent to others relevant to the investigation.

If a service user wishes to appeal against a proposed resolution of a complaint, he/she must indicate this in writing within seven days of receiving the letter from the Manager.

In the event that the complaint is with regards the manager service users can submit the complaint directly to the responsible person, Mrs. S. Ghattarody, OAKS CARE LIMITED, 179 Breamore Road, Ilford, IG3 9LU and marked private and confidential and thus invoking the complaints procedure.

In the event a service user does not get a satisfactory response then they can direct to the Care Quality Commission (CQC) who will help with any complaint that they have.

We understand that some people could be worried about sharing their concerns and complaints with Oaks Care Limited and may worry about possible effects. In these cases and in the event the complaints procedures fails to address the complaint you can contact the address below to raise any concerns:

Care Quality Commission (CQC)
Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG

12. ADDITIONAL INFORMATION

- During the course of the year service users are provided with opportunities for social outings, they are encouraged to choose trips, including bowling, restaurant meals, holidays, shopping and other excursions of interest.
- Continuous training and development is offered to staff to improve skills, which includes NVQ, in-house programmes and other relevant courses.
- Service user reviews will be held after the initial probationary period (this is normally at twelve weeks). Reviews will then be held on a quarterly (although CPA and care plans are revised more frequently) depending on needs of service users. Family and friends will be invited to all reviews as well as all professionals involved in the care of the individual service user. Feedback will be given to service users and persons attending reviews and participation of all involved will be appreciated.

12.1 Targets to be Achieved

- Networking is happening with similar homes which create more of a community presence.
- Links are also made to help with training staff, to ensure continuity while networking
- An annual holiday/s is planned
- All staff will be trained to N.V.Q. Level 2 in care and senior members of staff will be expected to train to N.V.Q. Level 3. The Manager will hold the RMA and be registered.

13. MANAGEMENT ARRANGEMENTS

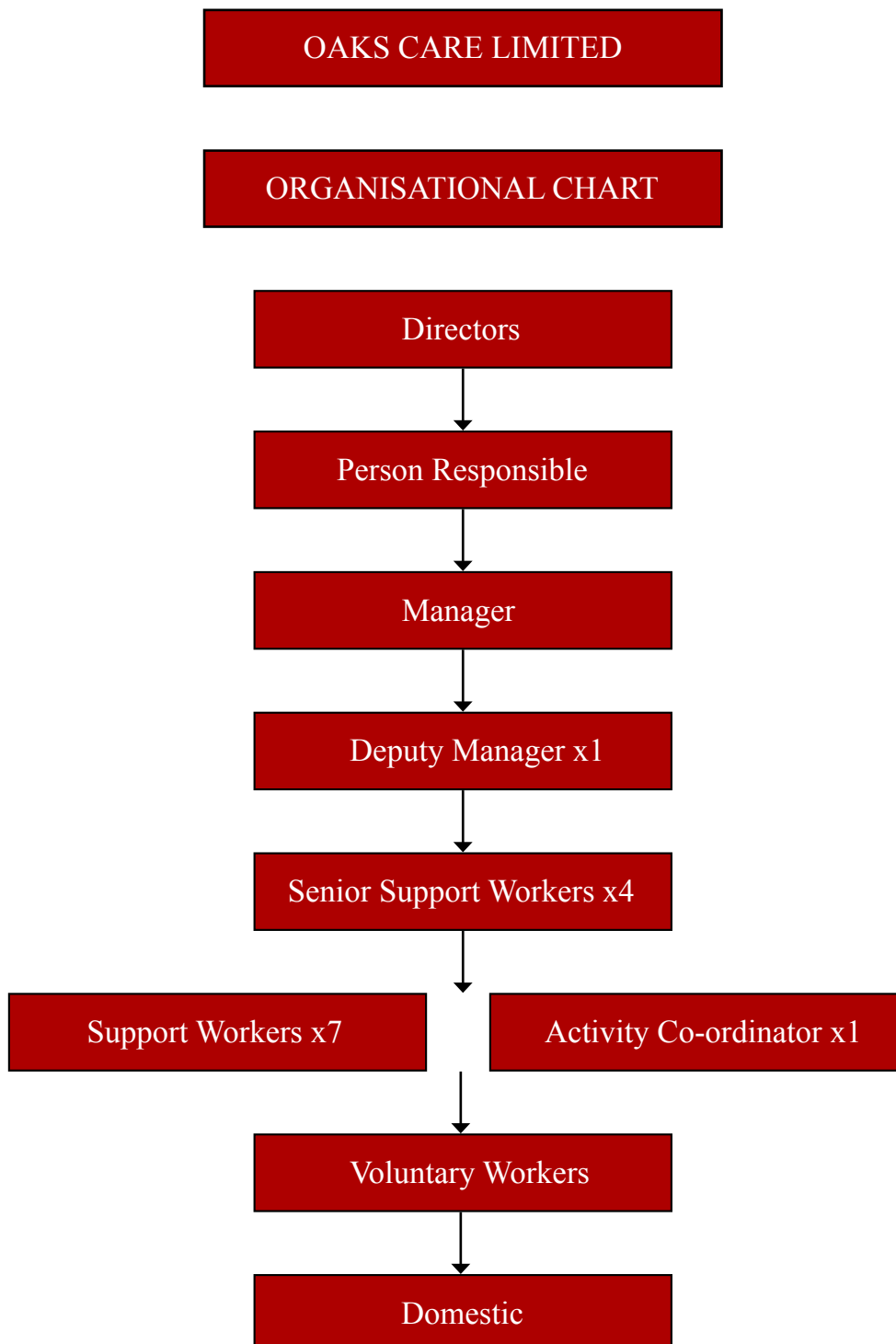
OAKS CARE LIMITED is an independent private company

Registered Provider: OAKS CARE LIMITE (OAKWOOD HOUSE)

179 Breamore Road, Goodmayes, Essex.

Person responsible: S. Ghattarody, 179 Breamore Road Goodmayes Essex.

Registered manager: Rennie Lee



The team consists of staff involved in NVQ levels of training, in-house programmes and attendance at other relevant courses relating to the care field. This is well established and ongoing, recorded in individual portfolios as part of the education and training strategy.

* Staffing levels are subject to change according to Service Users individual needs (the above is an example, not necessarily the entire setup).

The registered provider has obtained a vast array of qualifications allowing him to obtain the position of person responsible. These qualifications are tailored towards caring and supporting our service users with mental illnesses and staff within a care home service including NVQ 4 Registered Managers Award

STAFF QUALIFICATIONS

OAKWOOD HOUSE has a comprehensive induction programme for all staff which adheres to its policies and procedures in relation to care standards set out by the CARE QUALITY COMMISSION. Any appointed Manager will have obtained the NVQ 4 Managers or RMA Award as a minimum requirement.

Any appointed Deputy Manager will have obtained or be enrolled in NVQ Level 3, or above

Senior staff must have obtained or have been enrolled in NVQ level 3.

Support workers and activity co-ordinators will be required to enroll in the NVQ level 2 as a minimum requirement.

All staff will receive training in the following:

- Protection of Vulnerable Adults
- Safe handling of medicines.
- Food Hygiene
- Health & Safety
- Basic First Aid
- Abuse in the Care home
- COSSH
- Needs of the Service User
- Fire Prevention
- Adult Protection Awareness
- Basic Awareness Mental Health
- Mental Capacity Act
- Deprivation of Liberty

- Support Workers provide cover (24 hours). Or where necessary to meet the needs of the service user.
- Use of medication (medipaks administered by staff, or self administered if able to do so safely).
- Managers and all staff have responsibilities under Health and Safety, notices and updates displayed on notice board with strict adherence to fire regulations (see 5.5).
- Regular staff training and supervisions takes place.
- The staff undergo performance reviews and have individual development plans and portfolios.
- Staff and service users meetings are held at regular times. Staff at all levels are expected to gain appropriate experience and qualifications through training and development courses made available to them, with performance linked to development.

14. CHARGES

For the scale of charges for OAKS CARE LIMITED please talk to the Manager. As these charges are calculated according to individual needs and requirements at the time of request. Currently the fees start from a reasonable yet cost effective package per week and increase according to the service users needs and requirements.

For client contributions assessments are made by the social services in respect of the client's income through various benefits they receive. Current service user's contributions range from £0.00- £95.00 per week, but are subject to change.

In the event that clients are unable to pay their contributions, the local authority should meet the cost.