



MONTANA Residents' Handbook of Home Policy

Absence

The Home accepts responsibility for the **protection and safety of every Resident** in its care and will respond immediately to any situation where a Resident has, or appears to have, gone missing, and the Home is unaware of their immediate whereabouts.

The Home operates an **escalating procedure** with a search of the Home followed by referral to known haunts, contacts etc. If the Resident is clearly “missing”, then a risk assessment and profile may be provided for the police, should their involvement become necessary.

All absences will be recorded on the appropriate form and the information passed to Regulatory bodies as required.

You are requested to let someone know at all times when you leave the Home, where you are going, and how you may be contacted.

Administration of medicines

Many of the Home’s Residents are advised to take medicine(s) either regularly, or on an occasional basis, in order to maintain or improve their health. The taking of medicines will form part of the initial needs assessment, and a decision taken as to whether the Resident wishes the Home, and its care workers, to participate in any way in the process of administering medicines. Typically, the Home will always try to encourage and maintain the Resident’s independence, but will provide assistance, as needed, when this has been agreed as part of the Resident’s care plan. Where assistance is given by any care worker employed by the Home, then it will be **undertaken within a strict procedure**, as outlined in the Home’s policy and procedure on the administration of medicines.

If you are taking medication, and need help, or you are concerned about any aspect of your care, please talk to a Care Worker in the Home.

Autonomy and independence

The Home will assess, plan, deliver and review the care services it provides to Residents with a view at all times to promoting autonomy and maintaining/increasing independence. It will do this through a number of activities and processes involving the Resident, such as:-

Care assessment and care plans

The Home will involve the Resident in the assessment and planning of the care services they need. The Home's aim will be to tailor a package of person centred care which reflects need, offers choice, and respects the Resident's opinion and judgement.

Review

The Home will agree a review schedule with the Resident upon creation of the inaugural care plan. The Resident is entitled to request a review at any time. The review will take into account the manner in which care has been delivered, whether it is meeting the objectives and any changes which have taken place in the Resident's overall needs assessment. These reviews take place once a month and involve input from the resident.

Personal finances

Control of personal finance is a key component of being able to demonstrate independence in living, and the Home will encourage, enable and empower Residents where possible to make decisions in relation to their own lives, providing information, assistance and support where needed.

Administration of personal care needs

Where appropriate, care workers employed by the Home will seek to carry out tasks assigned to them *with* the Resident, as opposed, for example, to simply carrying out tasks *for them*. In this way the Resident becomes involved in the care process, and

may, over time reduce dependence as confidence and competence increase.

If you feel that you are not being given sufficient freedom in relation to the choices you need to make, please discuss this with a Care Worker in the Home.

Bullying and harassment

All Residents in the Home have the right to be treated with dignity at all times and all employees, Residents, suppliers etc (indeed anyone who comes into contact with Residents) are required to conduct themselves in a manner which is entirely consistent with this general principle. **Any Resident who believes that this elementary right has been infringed may make a formal complaint.**

An employee whose wilful and deliberate conduct is in contravention of this policy may be disciplined, and, may also, as a result of this process, be issued with a formal warning, or be dismissed, as merited by the facts of the case. Other Residents who, are found, after appropriate investigation to have conducted themselves in violation of this policy may be warned as to their future conduct, or, in exceptional cases, may be required to leave the Home. This policy applies to everyone.

Complaints and suggestions

Complaints are encouraged and welcomed as a way of ensuring that any dissatisfaction with the quality of service provided by the Home is brought to the attention of the Home Manager as quickly as possible. All complaints will be fully investigated, handled sympathetically and confidentially, and, where necessary, improvements made.

Our aim is to deal with complaints efficiently and fairly, and, wherever possible, to achieve a resolution which is satisfactory to both the complainant and the Home. The Home's policy document will be provided to any Resident, or their representative, upon request. If the Resident is blind, or their vision is impaired, then the Home will, so far as it is practicable to do so a copy of the complaints procedure in a form which is suitable to that person.

Confidentiality

The Home and its staff will respect and protect all confidential information concerning its Residents, at all times. **All Residents will be provided with the Home's statement on confidentiality**, which outlines the obligations placed upon the Home to safeguard confidential information, the circumstances whereby the Home may disclose confidential information, the circumstances where express consent is required and the Resident's right to object to any disclosure.

Disclosure of confidential information by the Home

The Home is expected, on occasion, to share confidential information between members of care teams and between different organisations, in order that the Resident is able to receive, overall, the highest quality care. The information may be needed for care purposes involving the Resident, (such as delivering the correct care, arranging for care or co-ordinating care) or for such matters as clinical governance or clinical audit.

Residents may object to the routine disclosure of information described above if they wish, although they will be advised that this may not be in their best interests.

Contacts

All Residents have a right to seek and maintain contacts outside of the Home. The Home will, therefore promote, encourage and facilitate authentic contacts with the Resident which are purposeful, formal, informal and flexible and which are geared to creating a good experience for everyone.

Control of infection

The Home recognises its duty to promote a safe working environment for its Residents. The control of infectious diseases is an important aspect of this overriding duty. Care, especially intimate care, involves risks of infection which need to be managed in a safe and organised manner including the use of standard/universal precautions.

Standard/Universal Precautions **include:**

- Handwashing and skin care;
- Use of protective clothing;
- Safe handling of sharps (including sharps injury management);
- Spillage management.

Advice will be sought from time to time from appropriately trained professionals working in Infection Control.

Diversity in care

The United Kingdom is a true multi-cultural Society and it is inevitable that Residents within the Home will come from a variety of different backgrounds.

The Home's "Equal Opportunities" policy states that:- "All people shall be treated equally, regardless of their age, gender, race, ethnic origin, nationality, colour, religious persuasion or belief, cultural or linguistic background, marital status, sexual orientation, disability, or offending background unless unequal, or different treatment can be **shown to be justified** and is appropriate". This clear unambiguous statement of intent will apply to all aspects of the Home's operations and to the treatment of all Residents of the Home, at all times, whilst, at the same time, taking account of the individual's special needs with regard to their religion, culture, language etc.

Gifts, wills and bequests

Employees must ensure that neither they, nor the Home, may legitimately face charges or allegations of malpractice or corruption in their conduct at work. As such, a code of conduct has been developed by the Home which follows good practice and National standards. This code, embraced within the Home's policy/procedure on gifts, wills and bequests, includes advice on:

Solicitations – seeking gifts or favours

Any employee who seeks gifts or favours from Residents in return for the services they are required to provide will be subject to disciplinary action which will, almost certainly, lead to dismissal.

Voluntary gifts

It is not uncommon for a Resident, or someone closely connected to the Resident, to offer some gift as a mark of appreciation for the high quality of care they have routinely received from the Home. At the same time, the taking of gifts or acceptance of **substantial favours by employees from**, for example, Residents, or relatives can give rise to embarrassing situations and may be seen as an improper inducement to give some concession in return to the donor. As such, it is the Home's policy to discourage the practice of Residents or relatives offering gifts to care workers, or others employed in the Home.

Residents' wills

National Minimum Standards preclude staff involvement in assisting in **the making of or benefiting from Residents' wills**. As such employees of the Home are instructed to refuse to offer any advice whatsoever, either to the Resident, or anyone connected with the Resident, on the making of wills, or their contents.

Handling Resident's money

The Home aims to promote and maintain the independence of Residents in all aspects relating to the care and services they receive and believes that control of money matters is a key element of independence. Residents are therefore actively encouraged to take control of all aspects of their financial affairs, thus avoiding over-dependence on others, even in minor ways. There will be instances, however, when support is needed, and given, and it is in these situations in particular where the Home ensures that simple

good practices are implemented and observed, so as to promote trust and avoid disputes, misunderstanding or suspicion.

Induction of each new Resident

An induction programme is prepared prior to the arrival of each new Resident so that they may have an organised and well-managed introduction to the Home, house-rules, the other Residents etc.

Leaving care

The Home accepts that there will be occasions when a Resident may have to leave the Home in order to be cared for elsewhere. This may reflect, for example, a change in family circumstances, a need to cater for health conditions which are not able to be met at the Home, or for personal reasons. The Home will ensure that should a situation arise, then it will handle the departure in an organised and professional manner.

Leisure and social activities

The Home considers that one of its highest priorities is helping to establish and maintain the emotional and physical wellbeing of all Residents and will promote a range of activities and programmes which are designed to achieve this goal. The Home maintains an exciting programme of events, trips, activities etc. as well as providing activities for those who prefer to follow more “independent” pursuits. A calendar of events is posted on the notice board, so that everyone may be kept informed, and a diary of birthdays and special days is also maintained.

People moving and handling

Manual handling of people, (lifting, supporting, carrying, pushing and pulling by bodily force) is one of the most common activities within institutional care, and one which, the Health and Safety Executive (HSE) believes, results in substantial injuries each year.

The Manual Handling Operations Regulations 1992 have established certain principles within which care providers should operate, such as:

- To **avoid** the manual handling activities where it is reasonable practicable to do so; and, where it is not,
- To **assess the risk** and take appropriate steps to reduce it so far as is reasonable practicable.

“No lifting” policy

The Home does not believe that a blanket “no lifting policy” is a viable option when one of the primary objectives of the Home is to assist individuals live their lives as independently as possible. Rather the Home will try to balance the needs of everyone involved in the care process (particularly the needs of the Resident on the one hand, and the needs of the carer on the other) in order to ensure that:

- Employees **are not required to perform** tasks that put themselves and the Residents in their care at unreasonable risk;
- Resident’s personal wishes on the type of assistance given to them by the Home’s care workers are **listened to and respected** wherever possible; and
- Resident’s **independence and autonomy** is supported as fully as possible.

In order to satisfy these essential goals, the Home will undertake **general risk assessment as part of the needs assessment process**, and ensure that **all relevant issues relating to health and safety** are included. This risk assessment will focus on the needs of the Resident and the needs of the care worker, so that care is delivered in a balanced and sustainable way, and one that has taken into account the Resident’s lifestyle, personal preferences and functional needs.

Physical restraint

The Home will exercise physical restraint of a Resident only when other less intrusive methods have been attempted or considered, and only in extreme situations. All occasions on which a Resident is restrained, physically, will be recorded in accordance with this policy. “Physical restraint” is defined as the use of physical bodily force to limit a Resident’s freedom of movement.

Privacy and dignity

The Home recognises that most interactions between care workers and their Residents demonstrate some form of dependence upon the care worker, and obligations exist therefore to ensure that a **code of conduct** is observed which ensures that all actions undertaken:

- a) are with the express wish of the Resident;
- b) are conducted in such a way that the Resident does not feel undervalued or inadequate;
- c) protect privacy and dignity;
- d) promote respect between employees and the Resident.

Without limiting the extent of the code of conduct in any way, such protection must be observed in relation to some of the more common activities associated with domiciliary care, such as: -

- Dressing and undressing;
- Bathing, washing, shaving and oral hygiene;
- Toilets and continence requirements;
- Medication requirements and other health related activities;
- Manual handling;
- Eating and meals;
- Handling personal possessions and documents;

In each case:

- The Resident will have an individual **person centred care** plan drawn up with details of the personal care needs and how these are to be addressed;
- The views of the Resident on support and assistance will take precedence, unless otherwise explicitly stated in the care plan or concerns arise in relation to health and safety;
- If appropriate, written instructions from a professional person as to the nature of the care required may be obtained;
- When accompanying a Resident to the toilet, assisting with bathing, dressing or other intimate tasks, employees must endeavour to maintain a Resident's dignity and privacy, only undertaking those tasks that the Resident is clearly unable to do.

Wherever possible the Resident's wishes will be respected concerning the sex of the care worker assigned, (in particular where a *genuine occupational requirement* is evident) when intimate care is to be provided, although there is no automatic reason why a Resident should raise concerns about a care worker of the opposite gender.

Protection from abuse

Abuse is defined as:

“A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress.”

The Home is committed to preventing the abuse of Residents. It will strive to achieve this by:

- promoting a strong and identifiable culture of respect and valuing people;
- ensuring that thorough and systematic recruitment practices are followed which ensure that references are taken up for all care workers, and use is made of all checking procedures, particularly the Disclosure and Barring Service (DBS);
- encouraging the role of the advocate for Residents. Residents who have no relatives or friends to act as advocates should be encouraged to have an independent advocate who will act as spokesperson for the Resident and participate in care reviews as necessary;
- recognising the fundamental rights of Residents to privacy, dignity, maintenance of self-esteem and fulfilment, choice, recognition of diversity, individuality and independence, together with the maintenance of their rights as citizens;
- making relatives and advocates aware of the Home’s complaints procedure and encouraging them to comment upon the care received by Residents and to participate in reviews of care;
- committing to quality assurance and regular quality reviews;
- ensuring that training is provided on the forms and prevention of abuse and that such training is available to employees;
- taking action whenever there is suspicion that abuse has occurred;
- utilising management systems which support and supervise employees in their work and facilitate good communications;
- encouraging an atmosphere where employees feel able to discuss and therefore prevent the development of potentially abusive situations.
- ensuring that induction procedures for employees include the prevention of abuse of Residents;

- giving Residents a copy of the Home's complaints procedure upon commencement of care and ensuring that they understand how to use the procedure;
- encouraging Residents, their relatives or advocates to participate in reviews of care and to comment on care received.

Protecting Residents' rights

The Home will ensure that the rights of Residents will be respected at all times, and will, through appropriate instruction, education and training, ensure that all employees are aware of, and observe, the requirements of this policy. Any employee who wilfully acts in a manner which is contrary to the spirit and aims of this policy will be subject to disciplinary action, which could, in serious cases, include dismissal.

Residents have the right to:

- Make informed choices about where they live, and how they live their lives;
- Have their needs properly assessed, and to have those needs met on a consistent basis, and to a defined level of quality;
- Receive written information about the care they are receiving, together with its cost;
- Exercise an appropriate degree of control over their lives; to make informed choices and to take decisions;
- Live in comfortable, safe, hygienic surroundings;
- Make a complaint about any aspect of the service they are receiving;
- Receive care, attention, and services on an equal basis with all others;
- Be protected from any abuse or conduct which is detrimental to their wellbeing and health;
- Privacy;
- Be treated in a manner which promotes dignity, wellbeing and understanding.

Quality assurance

The Home aims to be the **provider of choice** within its catchment area and believes that it will accomplish this aim by ensuring that it meets the expectations of its Residents, families of Residents, staff, and all other associated stakeholders.

The Home will monitor satisfaction levels in all key areas of its operations, and will review, evaluate, and implement improvements, where necessary, on a continuous basis. This process will be known, throughout the Home, as the “Quality of Service Programme” (QSP).

Records

The Home accepts and observes its responsibility to establish, maintain, and keep secure, all necessary records relating to the care of Residents within the Home, and those records which have been identified as to be kept and properly maintained within prescribed National Minimum Standards, and Care Home Regulations.

In accordance with National Minimum Standard 37.2 **Residents have access** to their records and information about them held by the Home, as well as opportunities to help maintain their personal records.

Resident’s care plan

At the time of a new Resident's admission to the Home, we work with the Resident, and their friends, relatives or representatives if appropriate, to draw up a written plan of the care we will aim to provide. Each person's plan includes a description of their preferred daily routine, their likes and dislikes in relation to food and any specific dietary requirements and similar matters. It includes their preferences in respect to how they like to be addressed and what dignity, respect and privacy means to them in terms of daily behaviour and actions. We find that this is particularly important in relation to any intimate personal care activities that staff are expected to carry out.

The care plan also contains a risk assessment and any risk management plan needed. It includes details of health care needs, medication, details of GP and any community nursing or other therapeutic services provided or that the Resident commissions for herself or himself.

The care plan also includes details of Residents' social interests and activities and how these are met, and any arrangements to attend religious services of their choice and for contact with relatives, friends and

representatives. At least once a month, we review each Resident's plan together, setting out whatever changes have occurred and need to occur in future.

From time to time further assessments of elements of the Resident's needs are made to ensure that the care we are providing is relevant to helping the Resident achieve their full potential. Every Resident has access to their plan and is encouraged to participate as fully as possible in the care planning process.

Safe working practices

The Home has an overriding responsibility for safeguarding the health and safety of all of its workers whilst at work, and Residents, visitors etc. and maintains a health and safety policy which applies to everyone.

Sexuality issues

The Home wants all of its Residents to enjoy as full and as active life as possible and recognises that some Residents may wish to demonstrate sexual expression in a physical way.

All staff are given training and guidance, as necessary, so as to understand and accept, wholly, the **quite normal** needs of Residents, in this area, and to handle situations they come across with delicacy, sensitivity, and understanding.

Smoking, alcohol, drugs etc

The consumption of alcohol in the Home, by staff (at all times, including unpaid breaks) is **generally prohibited**, and failure to observe this clear and precise rule will result in disciplinary action which may lead to dismissal, even for a first offence. On an exception basis, the Home may lift this restriction (e.g. the marking of a special occasion, or in the event of a Christmas party) and employees will be so informed. There is no “presumed” lifting of this general ban, and drinking alcohol in the Home is only acceptable when specific, written approval has been granted beforehand.

Visitors and Residents, however, **may consume alcohol in the Home, at any time**, although in the case of Residents, only provided that this is not strictly prohibited, on medical grounds..

Any example of the use of illegal drugs (or some other inappropriate substance, e.g. solvents) **by staff in the Home will result in disciplinary action** which may lead to dismissal, even for a first offence. Clearly the use of illegal drugs is breaking the law, and action must be taken. Where substances are not illegal, but nevertheless there is evidence that use of the substance has had an adverse effect, or could have an adverse effect, (such as impaired judgement) then disciplinary action will be taken.

The use by **Residents or visitors** of banned or other inappropriate and dangerous substances **will not be tolerated** and staff are required to report any instances, or suspicions, of use/misuse, to the Home Manager without delay so that the matter can be dealt with immediately. **Staff are not allowed to smoke** anywhere in the Home, at any time. Residents/visitors may only smoke in the designated smoking areas.

Vetting of staff

It is the Home's policy to recruit employees who can demonstrate the highest standards of honesty, integrity and competence, relevant to the position they hold. Validation of information is an important feature of the Home's recruitment policy, (covering, as appropriate, education, qualifications, training and criminal records) and all prospective employees (in any occupation) will be invited to provide information, at the outset, on whether or not they have a criminal record or have been banned from working with children or adults through inclusion on a statutory list of persons unsuitable for such work.

Volunteers

The Home values the contributions made by volunteers who wish, for a variety of reasons, to make a contribution towards the care offered by the Home. In every instance, however, the Home will consult with Residents and staff so that contributions are welcomed, are as effective as possible, and are well-managed.

All Residents are to be provided with a personal copy of this handbook.



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