

# West Haven Care Home

## Statement of Purpose



### **Care Home for Adults, with Dementia and Nursing Needs**

Registered with the Care & Social Services Inspectorate Wales  
North Wales Care Association Member

Registered Provider / Responsible Individual: JA Care Ltd / Mr. S. Jayaratnam

Registered Manager: Heather Evans  
9 Francis Avenue  
Rhos on Sea  
Colwyn Bay  
LL284DW

Telephone: (01492) 540201

**April 2019**

## Statement of Purpose for Westhaven Care Home

Westhaven Care Home has been converted from an older property, which stands in the pleasant residential area of Rhos on Sea. We are a short walk from the local bus routes, (number 12/14/15) and easily accessible, by car, from the A55. Our nearest railway station is in Colwyn Bay, which is approximately 1 1/4 miles away.

Within Rhos on Sea itself, which is about 15 minutes walk from the Home, there is a shopping area, with supermarkets, clothes shops, cafes, bakery, fabric shop, health food shop, hairdressers, jewellers and chemist shops. The beach and promenade area of Rhos on Sea are also within this vicinity.

The Home is on two floors and has 19 beds for residents with dementia and nursing needs, the majority of our residents are 60 years of age or older. Occasionally, the home may have permission to take in those who are under 60, dependant on a pre-admission assessment of the needs of the individual. We are able to look after those with complex health needs and advanced dementias, and admission is undertaken following a pre admission assessment, which takes into account the needs of the potential resident and also the needs of the residents who currently reside at the Home. Many physical health needs can be met, such as CVA, diabetes and Parkinson's disease, as well as the needs associated with advanced dementia. We are also able to look after people who require palliative care, as well as having advanced dementia, as our staff have undertaken the "six steps" palliative care course.

The home can accommodate both male and female residents. Westhaven has 11 ground floor rooms and 7 first floor rooms. There is one shared room and 5 rooms have en-suite facilities. In addition, Westhaven has two lounge areas and a dining room/conservatory for the use of residents.

Each resident's room is pleasantly decorated and individually furnished and residents may also have small items of personal furniture. Each room has a profile bed, and a variety of pressure relieving mattresses are available, dependent on the assessed needs of the individual resident. Residents are also encouraged to bring photos, pictures and other memorabilia when they come into the home. The home has both a bathroom and wet room, so that residents have the choice of bath or shower. There is a small patio area outside , which is accessed via a ramp, where residents and their visitors can sit to enjoy the sunshine in summer.

A personal call system ensures that residents receive prompt attention when they require assistance. This can be either by call bell or by alarm mat at the side of the resident's bed, which notifies staff when the resident has attempted to get out of bed.

A passenger lift is available to all floors.

Mobile hoists and assorted sizes and types of slings are available for residents who are assessed as requiring assistance to transfer from bed to chair, and vice versa, and for those who have a little more mobility, equipment such as a "steady sara", are available to assist with transfers. We try to encourage residents to maintain their mobility for as long as possible, and a moving and handling assessment is undertaken on admission to provide information regarding the best way to assist each individual resident, for example, if the resident requires hoist transfers then the type and size of sling will be noted in the document. Wheelchairs with foot plates, are available for longer distance transfers, e.g. from bedroom to lounge or to the outside area.

Television points are provided in all rooms.

The home is covered by insurance, but we advise that residents consider taking out their own insurance for valuable personal possessions. Lockable drawers are provided in each room, if these are required by the resident, and if they are able to use them.

We provide a choice of three meals per day, all of which may be hot meals. Alternatives are available on request. All special diets, such as reduced sugar, gluten free, dairy free are catered for. To enable the residents to make a choice, photos of the relevant dishes are displayed on a day to day basis in the dining room area, and individuals' representatives views on their likes and dislikes are also sought following admission. These choices can then be documented in the individual's care plan so that all staff are aware of likes and dislikes.

All residents' bed linen and towels are provided and are laundered on the premises, along with personal laundry.

Residents may retain their own GP where possible. We work closely with both surgeries at West End medical centre and also with the surgery at Penrhyn Bay, as we are in the catchment area for all three of these surgeries.

A chiropodist attends as required for a small charge. The home does not provide any specific therapeutic techniques, but occupational therapy or physiotherapy may be arranged through the appropriate services. A hairdresser attends the home once a fortnight and undertakes hairdressing duties for a small charge. Prices for both the hairdresser and chiropodist are available from the manager or the nurse in charge of the shift.

We understand the importance of maintaining Welsh language and culture, especially for our elderly residents, where Welsh may be their first language, and a few of our staff speak Welsh. We try to promote an "Active Offer" by using simple Welsh phrases with those residents who we know speak Welsh, to try to make them feel at ease with the service we are providing. The "Active Offer" is a means of providing a service in Welsh without someone having to ask for it, and it is something that the Welsh Assembly Government is keen to promote within health and social care settings.

We also promote welsh culture within the Home, for example, by having special menus for St David's day which reflect the different foods associated with Wales and decorating public areas with symbols of Wales, such as daffodils and leeks.

We also have special menus at other times throughout the year, and these are drawn up in accordance with special events that might be taking place during the year, such as royal weddings, saints days ( St Andrew's day, St George's day), religious festivals, such as Easter and Christmas, and we fully appreciate that not all residents would want to take part in activities for these events and respect their wishes if they do not wish to take part.

### **Registered Person / Responsible Individual / Registered Manager**

The name and business address of the Registered Provider is JA Care Ltd, 7 Stratton Avenue, Wallington, Surrey, SM6. The Registered Responsible Individual is Suda Jayaratnam, who is based in Wallington. Heather Evans, BSc, RGN is the Registered Manager and she has worked at the home for several years. She is registered with Social Care Wales and her registration number is W/2079068.

### **Staffing**

Westhaven employs an appropriate number of qualified and experienced staff, including trained nurses, senior care staff, care staff, kitchen staff, domestic and laundry staff. A part-time activities organiser is also employed.

Currently 67% of care staff hold at least a QCF level 2 in Care, or an equivalent, and a further 13% are currently working towards achieving a QCF level 2 in care or equivalent. The kitchen staff have received appropriate training in food hygiene.

All staff within the Home undertake annual training sessions to ensure that best practice is maintained and this includes areas such as Health and Safety, Safeguarding, Infection Control, basic food hygiene, Fire safety Awareness, Dementia Awareness and dignity and respect.

The manager has a degree in nursing, is a registered general nurse and has a management qualification that is recognised by Social Care Wales. The deputy has a degree in nursing and is also a registered general nurse. Our other nurses are all registered general nurses and their registration details are checked on a regular basis by the manager. Currently two of our nurses also have previous management experience.

Our current staffing is made up of eight RGNs, which also includes the manager and deputy manager, twenty care assistants, three cooks, two domestics, two laundry staff and one maintenance person. Some of the posts are part time and this helps provide increased flexibility for covering the shifts to meet the needs of the residents in our care.

All staff attend dementia training on an annual basis and we are registered with six steps to provide end of life care, and ensure that at least one member of staff attends the annual updates, to ensure our continued registration with six steps.

During the day, between 8am and 2pm, we generally have five care staff and one trained nurse on duty. During the afternoon we generally have four care staff and one nurse on duty and overnight we have two care staff and one trained nurse on duty. Overnight, there is a designated person "on call" - usually the manager, but in her absence, the deputy or one of the other nurses provide "on call" for emergencies that may arise. If the manager is not "on call" then all trained staff are made aware of who is the designated person "on call".

Within our day to day work, we find that when assisting residents in the mornings, one member of care staff will be assigned to breakfast duties, whilst the other four are split into two staff to work on the first floor and two staff to work on the ground floor, to assist the residents to get washed and dressed before transferring to the lounge areas. We actively encourage residents to spend some time in the lounge each day, so that they do not feel isolated and lonely. During the afternoon, all staff are available to assist the residents as they are needed, whether this is to assist them with diet and fluids or to assist them to and from the bathroom. For those residents who are unable to come to the lounge, through

general frailty or general ill health, a member of staff will check them on a regular basis and if they need repositioning to prevent pressure ulcer damage, then this is also undertaken, and the frequency of this is documented in the individual's personal care plan.

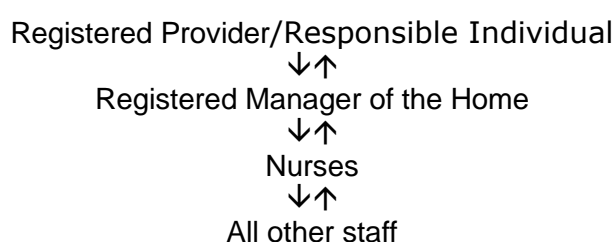
The number of staff may change to meet the needs of the business and the dependency levels of the residents.

The manager works Monday to Friday, although this does sometimes change to meet the needs of the business.

All staff have regular supervision sessions, every six to eight weeks and all staff have an annual performance development review.

### **Organisational Structure**

The staffing structure of the Home is as follows:



The organisational structure of the Home is very much a two way process, with information flowing from the responsible individual, through the manager and nurses to the other staff, or vice versa. The manager has an open door policy, so that staff or resident's representatives are always able to speak to her, should the need arise.

On a day to day basis the responsible individual delegates health and safety matters to the manager, along with day to day running of the Home. The responsible individual visits the Home weekly to ensure that everything is in order and during this time, he is available to speak to staff or resident's representatives, if they wish. During the weekly visits the responsible individual will tour the Home to ensure that the environment is clean and tidy and if any maintenance work is seen as needing to be done, this information gets passed to our maintenance person. The responsible individual also spends time with kitchen staff, to ensure that we are able to maintain nutritious home cooked meals on a daily basis. The majority of our foods are supplied by local retailers. Each month the manager provides the responsible individual with various reports which cover things such as number of falls, number of accidents, staffing issues, admissions, discharges, complaints, compliments, training undertaken and updates on supervisions carried out.

### **Admission and Assessment of Residents**

Residents are admitted after assessment and in conjunction with the home's Admission of Residents' Procedure. Copies of the resident's pre-admission assessment are available in the resident's care plan. The home adopts a 'holistic' approach to all care, with an individual assessment of every resident. Following a discussion with the resident and/or representative/advocate, we establish how these needs may best be met. This is then written into each individual care plan, which is agreed with each resident and/or representative/advocate. The majority of our residents have been assessed as lacking capacity to make decisions regarding their day to day care, so any interventions are done in the best interest of the resident, and are usually discussed with the resident's representative or advocate.

The resident's care plan will be reviewed at least once per month and will be updated or amended, as required by the review.

In the case of an emergency admission, assessment will still be carried out to establish that the home is the most appropriate environment for the client. Any necessary inter-agency consultation will also be carried out prior to admission and where funding is required, it will also be ascertained that this is available.

The new resident and/or relative/advocate will be informed about the home as soon as possible (within 48 hours) and all other admission criteria will be met within one week of the emergency admission.

### ***Activities***

A programme of events is arranged and includes outings when residents are able, singing/music, passive/active exercises and sensory stimulation. A programme is displayed in the home. Information on activities is also contained in the residents' guide.

All residents will be encouraged to continue to attend any local place of worship they have attended in the past. Should a resident require a member of the clergy to visit them, this may be arranged by request to the Manager.

If the resident is able then they will be encouraged to continue with day to day activities that they previously did, for example gardening, going out for walks.

We encourage community groups into the Home to help engage with our residents and enhance our activities programme, for example, a visiting recorder group, carol singers at Christmas time, pets visiting.

### ***Consultation***

The home has a questionnaire to encourage residents, where appropriate, and/or their relatives/advocates to formally give their opinion on the home and its operation. Residents and their family members can approach any member of staff, at any time, with requests or observations about the care given within the home. Each resident and/or their family is encouraged to complete a questionnaire, at least annually, to provide us with information and feedback about the service we provide. Thank you cards and letters and e-mail correspondence from families are also retained in the Home, as this is important feedback for all levels of staff and these are available should the regulators or monitoring officers wish to view them.

### ***Fire Precautions and Emergency Procedures***

The home is regularly inspected by the North Wales Fire Service and has the fire-fighting equipment required. This equipment is regularly inspected and is maintained or replaced as necessary. All fire drills and tests are carried out and logged in accordance with fire regulations. Further details are available in the home's Health and Safety Policy. Details of the home's associated emergency procedures are contained in the Emergency Procedures policy.

## ***Visiting Arrangements***

Family and friends of residents are encouraged to visit regularly and maintain contact by either letter, telephone or e-mail when visiting is not possible. Visitors are welcome at all reasonable times but the resident has the right to refuse to see a visitor and staff will respect this right accepting responsibility, if necessary, for informing the visitor of the resident's wishes.

## ***Complaints***

Residents, or their advocates, are advised to discuss any queries, concerns or complaints with the home's manager in the first instance. A copy of the home's Complaints Procedure is included in every residents' guide and is also displayed in the home. A copy is included at the end of this Statement of Purpose.

## ***Privacy and Dignity of Residents***

Staff in the home will respect the dignity and privacy of residents at all times. Staff will show courtesy and respect in all contact with residents and, in particular, a respect for what is private and personal. Staff will always knock and will enter a resident's room by permission of the resident, when they have capacity to make this decision. If the resident does not have the capacity to make this decision, then the staff will knock on the door and wait for a few minutes before entering the room. In the case of shared rooms, every effort will be made to create private space by the use of room dividers and other furniture. Residents will be encouraged to personalise their private space with the use of their own soft furnishings, ornaments, pictures, plants and, as far as possible, furniture, as long as it meets the necessary fire regulations. All residents will be able to wash and use the toilet with their privacy maintained, even when requiring assistance. Residents will be able to meet whom they wish in private, either in their own room or some other comfortable accommodation. Residents may request care from a staff member of the same gender, if available.

## ***Equal Opportunities***

Westhaven is committed to equal opportunities and has an Equal Opportunities Policy, a copy of which is available from the Manager.

With regard to Residents, the Policy states:

Residents will not be discriminated against, or receive less favourable consideration, on the grounds of race, gender, religion, ethnic or national origins, sexual orientation, marital status, age, disability, language ability.

Training will be given to ensure that:

1. All staff are aware of their responsibilities towards the promotion of equal opportunities.
2. Staff are properly equipped to take account of the differences and special needs of particular groups.
3. Suitable provision is made for those special needs to be met.

## ***Behaviour Management and Restraint***

The home's approach to behaviour management is detailed in its Policy on Managing Aggression and/or Challenging Behaviour. The home does not allow the use of restraint and

the above policy states that it must only be used as a last resort after full assessment and with a multi-agency agreement and to safeguard the resident's own health and safety.

### ***Our Philosophy of Care***

Our emphasis is to provide the highest standards of care whilst maintaining a friendly and homely atmosphere. We intend to ensure that the twilight years of life are the time for our residents to relax and enjoy life to the fullest of their capabilities. This is why we will endeavour to promote independence as much as possible with a view to minimising disabilities and maximising abilities. Each and every resident will have varied and different needs, as we are all individuals. As a caring team we look to adopt a 'holistic' approach to our care with an individual needs assessment of every resident and a discussion with the resident and/or relative/advocate as to how those needs may best be met. From this process the individual care plan will be compiled and agreed. In particular, we will look to meet the following needs:

#### **Autonomy**

Whilst living together as a group there is recognition of the needs of others. Also within the group there is an individual need of self-determination so as to avoid rigid routines.

#### **Choice**

Residents will have the opportunity to select, independently, from a range of options. There will be a partnership between the residents, the care staff and relatives/advocates, where choice can be negotiated and agreed together. This should create an atmosphere where everyone can feel they can determine their plan of care. Residents can indicate if they would prefer to be looked after by a staff member of the same gender and this information will be recorded in their plan of care.

#### **Esteem**

There should be a knowledge and respect for the individual life history to create an identity for both residents and staff, with a positive regard for family and friends, where they exist. This will reinforce their individual esteem.

#### **Fulfilment**

The purpose of our Home is to enable residents to achieve their potential capacity whatever that may be - physical, intellectual, emotional or social. This can be achieved by the sensitive recognition and nurturing of that potential in each individual and by understanding that it may change from time to time.

#### **Dignity**

To preserve self-respect in residents who depend on the support of others hinges on the status they are afforded. Privacy of space is important, as is the right to hold and express opinions or, if appropriate, keep them private. Recognition of talents, sensitivities and beliefs should be an essential feature of the way staff respond to residents. Staff will at all times show courtesy and respect in all contact with residents and, in particular, a respect for what



is private and personal. Residents can indicate if they would prefer to be looked after by a staff member of the same gender.

### **Self-determination**

Living together in a community with others requires that residents should recognise and respond to the rhythms and needs of other people. Nevertheless, within these limitations residents still have a basic right to self-determination and therefore should not be regimented or subjected to rigid routines. Within these limitations the provision of choice is an essential principle. The exercise of choice is also an essential principle and requires a partnership between residents, relatives/advocates and staff, in which choice can be negotiated and agreed. Some residents may require help to express their wishes and preferences. All residents should have access to external advice, representation and possible advocacy. Even deeply held views and aspirations may not be expressed if staff do not encourage such links outside the home.

### **Individuality**

Staff will always be responsive to the needs and requirements of the individual and not impose a regime that is dictated by the needs and/or preferences of others. All residents should be allowed reasonable idiosyncrasy in matters such as dress, food preferences, bed times and the general run of daily activities. As well as providing an environment which nurtures individuality and self-awareness, staff should build up, in those who are capable, the self-confidence and motivation to lead a more independent form of living. Not all residents have a need for specialist nursing care, but some may become conditioned into comfortable dependence. When it is in their best interests, individuals should be encouraged to move to a more appropriate setting, possibly with a degree of support.

### **Private Space**

It is highly desirable that all residents in long term care should have their own room unless they prefer otherwise, as well as the use of communal areas. Private rooms should be looked after as much as possible by the resident with staff, in normal circumstances, entering by permission of the resident. In the case of shared rooms, every effort will be made to create private space by the use of room dividers and other furniture. Residents will be encouraged to personalise their private space with the use of their own soft furnishings, ornaments, pictures, plants and, as far as possible, furniture. Each resident will have the use of an easy chair in their own private space, should they wish, lockable storage, sufficient space for the storage of personal possessions and hanging space for clothing. Residents who so wish will be able to have their own television set. All Residents will be able to wash and use the toilet in private, even when requiring assistance. Residents will be able to meet whom they wish in private, either in their own room or some other comfortable accommodation.

### **Emotional Needs**

Residents should have normal opportunities for emotional expression, in particular the freedom to have intimate and personal relations within and outside the home. The ability to manage relationships and to assume personal responsibility will fluctuate at times, nonetheless residents will continue to have the same needs as other people for expressive behaviour and physical human contact and these needs should be respected.

### **Linguistic and Cultural Needs**

For residents whose first language is Welsh, staff will encourage the resident to maintain communication in Welsh and also ensure that cultural identity is maintained. This could be through offering the choice of Welsh language television or radio programmes. Offering Welsh language newspapers, should they be requested by the resident. Reminiscence about Welsh cultural events such as the National Eisteddfod or the Llangollen Musical Eisteddfod would also be encouraged. This would be in line with the Welsh Assembly Government's More than just words, which promotes the use of the Welsh language and actively promotes Welsh culture. It also enables the staff to demonstrate that they understand the needs of the resident and try to make them feel at ease within their environment.

For those residents whose first language is one other than Welsh or English, then staff would try to find out more about the culture and personal history of the individual resident, by talking with family members and documenting the findings in the plan of care.

By remembering language needs of the individual and that many of the elderly or those with dementia, can only communicate in Welsh, we would be recognising that language is connected to good-quality care outcomes, and this would also help to ensure that the resident felt included and not isolated.

### **Risk and Choice**

Responsible 'risk-taking' should be regarded as normal and residents should not be discouraged from undertaking certain activities solely on the grounds that there is an element of risk. Excessive concern with safety may lead to an infringement of personal rights. Those who are competent to judge for themselves should be free to make their own decisions as long as they do not threaten the safety of others. Residents who are unable to judge for themselves may have an advocate appointed to assist them in making an informed decision.

### **Quality of Experience**

The quality of life within the home will be enhanced by the inclusion of the widest possible range of normal activities, in particular those with which they have been familiar with in the past. The presence of personal possessions is extremely important, as are continuing opportunities to go shopping, attend places of worship, visit the cinema, theatre and public houses, if the resident is still able. Opportunities should be made available for religious and political beliefs to be expressed and pursued. This may involve recognition of practices such as prayer and contemplation that require privacy and quiet.

### **Principles of Care**

Whether young or old, sound in body and mind or suffering from disability, residents have a fundamental right to self-determination and individuality. Equally, they have the right to live in a manner and in circumstances which correspond, as far as is possible, with what is normal for those who remain in their own homes. It is our aim to ensure, by recognition of the individual needs of each and every service user, that the main purpose of our care is to create as near to home life as possible.

### **The Rights of the Resident**

These basic rights should be accorded to all that find themselves in our care. In elaborating such rights there has been no attempt to distinguish between the requirements of one group

of residents or another, yet it must be recognised that all cannot apply equally to every resident regardless of his or her condition, although every effort will be made to apply them equally. Advocacy will be arranged where appropriate.

### **Basic Principles**

An older person, like any other person, is a full member of society who has the right: to respect for their individuality, independence, privacy and dignity; to make genuine and informed choices; to choose to develop new skills and knowledge; to form and continue friendships; to have their views listened to and accepted.

When an older person lives in a communal setting or has a number of workers involved in their care, their needs as an individual must be respected. There should be someone who is responsible for each service user being cared for. Older people who need care should have the freedom to choose, where appropriate:

- Their own habits and lifestyle
- When to eat, sleep or wake
- To be private
- To handle their own money
- To be able to go out
- To have shared or single space
- To decide their own washing habits
- How to be addressed
- What to wear
- To bathe, wash and use the toilet in private

Older people are entitled to respect for their social and cultural histories.

Older people should be able to choose their own level of freedom or to know why their freedom must be curtailed.

Older people should be represented by an advocate or other person when this is necessary, to put their point of view.

Older people should be consulted if they have to move.

Older people should have the knowledge about their conditions and prospects, about ways of improving their situation, about who is ultimately responsible for their care.

### **Confidentiality**

All information on Residents is strictly confidential. Under the company's Confidentiality Policy, staff are made aware that they must not discuss any aspect of a resident, or their care, with any unauthorised person, or outside the Home. Only relevant information is shared with other professionals, e.g. GPs, social workers, hospitals, and is kept strictly confidential, and in line with the new GDPR guidelines, which came into effect at the end of May.

## **Complaints Policy**

We aim to give appropriate care and consideration to all our Residents, and offer a warm welcome to all those who visit the home. However, there may be times when you think that this is not being achieved.

### ***What to do***

If you feel you have a complaint to make, this should be raised in the first instance with the person in charge of the home at the time. Quite often, there might be a simple explanation that would satisfy your worries or concerns.

If you are still concerned then you should contact the **Manager of the Home**, either in person, in writing or by telephone, giving details of your concerns. We aim to acknowledge receipt of your complaint within 3 days. We aim to reach a resolution within 14 days; however, it may take up to 28 days to resolve more complex issues. If the matter is likely to take any longer to resolve, we will keep you informed.

If you are still not satisfied that your complaint has been dealt with, you should contact our Responsible Individual.

If you are still concerned after this step, you should contact the Registration and Inspection authorities, giving details of your concerns by telephone or in writing.

You have the right to approach anyone on the list, up to and including the Registration and Inspection Authorities, at any time. The Ombudsman should be contacted if all else has failed.

### **Contact the Responsible Individual by letter or telephone:**

**Mr S. Jayaratnam  
c/o Westhaven Nursing Home  
9 Francis Avenue  
Rhos on Sea  
LL28 4DW**

**Tel No. (01492) 540201**

### **Contact the Registration and Inspection Authorities:**

**Care and Social Services Inspectorate  
Wales  
North Wales Region  
Government Offices  
Sarn Mynach  
Llandudno Junction  
LL31 9RZ**

**Tel: 03000625609**

### **Contact the Local Ombudsman by letter:**

**The Ombudsman for Wales  
Derwen House  
Court Road  
Bridgend  
Mid Glamorgan  
CF31 1BN**