



BROCHURE

Statement of Purpose and Service User Guide



Bendigo Nursing Home

22 Arundel Road, Eastbourne, East Sussex, BN21 2EL, UK

Tel 1: +44 (0) 1323 64 25 99; Fax: +44 (0) 1323 431 080

E-mail: info@bendigonursinghome.co.uk; www.bendigonursinghome.co.uk



Date:

Dear ,

RE: ENQUIRY FOR THE PROVISION OF ACCOMMODATION FOR PERSONS WHO REQUIRE NURSING OR PERSONAL CARE, TREATMENT AND DIAGNOSTIC PROCEDURES

Thank you for your enquiry. An information pack in respect of Bendigo Nursing Home is enclosed, containing the home's Service User's Statement of Purpose and Guide which may answer if not all, most of your question. We always encourage prospective service users and their family and friends to visit the home and see for themselves, have a look and a feel of the home, talk to our residents and staff and have all their questions answered by the manager or the deputy manager.

Bendigo Nursing Home is a small home and is registered to provide nursing care for up to 25 people. People who live at the home require assistance with a range of nursing and personal care needs, with some needing support in relation to living with memory loss and dementia. The care provided is individualised and person centred.

This information pack contains details and photos of the home's facilities, equipment, staff, admission, care planning, Terms of Business and Conditions of Admission and other information that you may find useful. Should you become a resident of the home, you will find in your room another information pack, including Residents' handbook (also available on our website: www.bendigonursinghome.co.uk that is valuable source of reference and guidance.

This information pack also contains Testimonials from our residents, their families and friends as well as various photographs of the home, facilities, events and activities to enable you to make an informed choice.

We do appreciate that you are faced with a difficult task in choosing the right home. At Bendigo "HOME" is the all-important word and every effort is made to make it so. We provide a high standard of co-ordinated care, treatment and support in homely and comfortable surroundings. Each room is tastefully decorated to a very high standard and is equipped with a electric profiling bed, remote-control colour TV and easy to use Staff Call System.

Our aim is to create a happy and homely environment, ensuring residents are at the centre of the care we provide and their wishes are respected and met by liaising with their relatives, friends, legal representatives, GPs and other professionals as necessary. Residents' wishes and interests are always of paramount importance.

We also offer a number of regular activities (church services, organised activities within the home, outings to the theatre, special events etc.). All residents are encouraged to participate so that any skills lost through illness for example, may be regained and they can enjoy as full physical and mental recovery as possible. The decision to attend group activities is always that of the resident, there is no pressure on anyone to join in and time can be spent with individual residents on a one to one basis if they so wish or to facilitate their dependency needs.

We also organise other services such as hairdressing in our stylish hairdressing salon, chiropodist, daily newspapers, dentist, optician, etc., to ensure all the needs of the residents are met. We can arrange physiotherapy, if required. Additional services are supplied at extra cost which is detailed in our Terms of Business and Conditions of admission in this brochure

We are fully equipped with Parker and Invacare baths, conventional baths, hoists, passenger lift and wheelchair access to accommodate residents' individual needs.

We have open visiting hours and are delighted for our residents to receive visitors at any time and they are always welcome to have tea or coffee and biscuits.

We have extensive menu that caters also for special diets. A fresh fruit basket is provided for our residents in the dining and sitting rooms and sherry is also offered as a 'warmer' during winter afternoons and as an aperitif before lunch. Additionally, a snack and fruits tray are provided in all residents' rooms to enable them to have access to food 24 hours. These are just a few examples of the 'little extras' we provide and we are always available to listen to suggestions of how we may enhance our service.

We offer a range of accommodations i.e. single and double rooms. We provide service to people who are self-funded (pay the full amount of their fee, not including FNC (Funded Nursing Contribution)), as well to people who partly funded by Local Authority / Adult Social Care. Our fees are determined by the amount and type of care required and the specific room chosen. The fees range from £940 to £1,100 per week, depending on the room and level of care needs. Fees are inclusive of 24 hours' co-ordinated care, treatment and support. We do not provide one-to-one care, unless necessary or requested which will be at additional cost. The 'extra' will be any items required for personal needs e.g. hairdressing, chiropody, newspaper, items of luxuries, etc.

The information provided in this pack can be made available in large print, other languages, all of which can be provided upon request.

If you have any further queries, please call us and speak to either myself or my deputy. Alternatively, call in and see us, an appointment is not necessary.

Yours sincerely

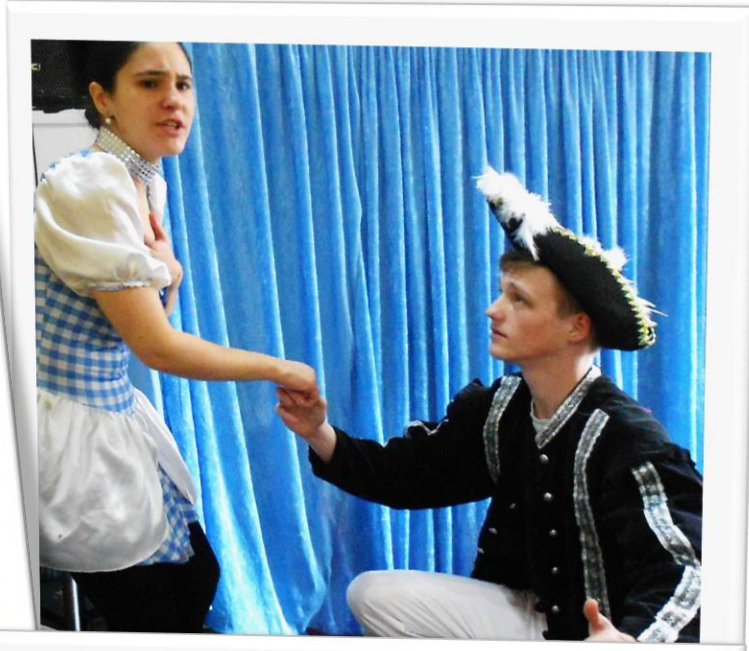
Mariana (BSc Hon)
Registered Manager

TESTIMONIALS

- ✔ "Since my aunt moved in Bendigo last summer her family have all been impressed by the kind compassionate care all the staff offer. She always says she is being looked after very well. I have personally been very happy with the good level of communication between staff and myself."
- ✔ "A happy home – my mother arrived at Bendigo in July and since then she has improved so much from the confused tired and weak person who was sent there after many falls and months of hospitalisation. She has received so much love care and attention at Bendigo so she is now really happy and her speech has improved as well as her walking ability. The staff are a bright cheerful bunch who interact with the residents well and keep them motivated with activities Their care and attention are the best available and every attention to medical needs are given when needed. The home is light, bright and well – furnished and very clean with a good chef serving up a choice of foods at each meal. The whole family are very impressed and visitors are welcomed anytime."
- ✔ "I viewed a few homes through Sussex and I came across Bendigo, Nothing compared to Bendigo. The staff are jolly and carry out their duties with exemplary care. The home has a very homely feel and my grandmother is thriving and very happy here."
- ✔ "My Mum always says that she is "treated like a lady". Can't say any more than that. She is happy, respected and treated with dignity and kindness. Thank you"
- ✔ "My mother is so happy at Bendigo and the staff are superb and very caring ..."
- ✔ "The care at Bendigo is highly impressive."
- ✔ "We as a family can't thank you enough for the care, attention you give mum. It's first class."
- ✔ "Since moving to Bendigo my mother's health has improved and she is very happy. I have peace of mind that she is well cared for, happy and safe."
- ✔ "I have every confidence in the way the home is run to the considerable benefit of the residents in my case my mother (name). Thank you."
- ✔ "I would like to thank all the staff at Bendigo for looking after my mother so well. She seems very happy and settled."
- ✔ "After five years at Bendigo ... (name) continuous to receive excellent care."
- ✔ "I have visited (name) about four times at the Bendigo and on all occasion he seems content and well cared for."
- ✔ "Many thanks to all the wonderful carers who look after my Mum so well. Thank you for your patience and respect and understanding. Also, thank you Mariana, who works so hard to make Bendigo a 'Home'."
- ✔ "Keep up the fantastic work. So glad we found Bendigo".

TESTIMONIALS

- ✔ "I would just like to say thank you for the care and kindness you have all shown my mother. Keep up the good work."
- ✔ "... (name) continuous to receive outstanding care from dedicated and caring staff."
- ✔ "I have no concerns. The care given to my mother is wonderful. The carers know her well and they are very welcoming to me and my family. It is a well led team and our wishes are always considered. I have observed for seven months and can say every person works extremely hard"
- ✔ "I've been so impressed with the warm, personal care that my patients receive at Bendigo." (by a GP)
- ✔ "In my experience, Bendigo provide good quality care. They are responsive and quick to identify changes or concerns. The home is warm and well furnished. The care team appear to be friendly and approachable." (by a GP)
- ✔ "I came with another colleague from the Safeguarding Development Team to have a conversation with residents about Safeguarding Adults in a residential setting. It was very supported by the management and staff which mean that the home welcomes information to residents and is transparent about feedback + open to learning."
- ✔ "I was welcomed and the staff were very helpful and knew all about the patient I was visiting."
- ✔ "Excellent well run home by a very concerning young lady."
- ✔ "A beautiful, clean, homely and well - organised home with friendly, caring staff."
- ✔ "I am always happy to visit in such an environment. I feel residents are safely and well cared for."



Certificate of Registration

This is to certify the following service provider has been registered by the Care Quality Commission under the Health and Social Care Act 2008

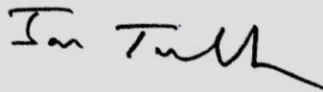
Certificate number: CRT1-7167058704
Certificate date: 11/07/2019
Provider ID: 1-101647533

Section 1

Service Provider details

Name of service provider: Kindcare (UK) Ltd
Address of service provider: 22 Arundel Road
Eastbourne
East Sussex
BN21 2EL
Date of Registration: 01/10/2010

Signed



Ian Trenholm
Chief Executive

Certificate of Registration

This is to certify the following person has been registered as a 'registered manager' by the Care Quality Commission under the Health and Social Care Act 2008

Certificate number: CRT1-7167053138
Certificate date: 11/07/2019
Provider ID: 1-101647533
Manager ID: 1-103647949

Section 1

Registered Manager details

Name of registered manager
Ms Mariana Philipova

Registered Provider

Kindcare (UK) Ltd
22 Arundel Road
Eastbourne
East Sussex
BN21 2EL

Signed



Ian Trenholm
Chief Executive

Section 2

Kindcare (UK) Ltd is registered in respect of

Regulated Activity: **Accommodation for persons who require nursing or personal care**

For Regulated Activity **Accommodation for persons who require nursing or personal care** the Nominated Individual (where applicable) is:

Mariana Philipova

Conditions of registration that apply to:

Kindcare (UK) Ltd for Accommodation for persons who require nursing or personal care

1. The Registered Provider must ensure that the regulated activity accommodation for persons who require nursing or personal care is managed by an individual who is registered as a manager in respect of that activity, as carried on at or from all locations.
2. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Bendigo Nursing Home 22 Arundel Road Eastbourne East Sussex BN21 2EL
Location ID	1-109522638
Additional conditions that apply at this location	1. The Registered Provider must only accommodate a maximum of 25 service users at Bendigo Nursing Home.

Kindcare (UK) Ltd is registered in respect of

Regulated Activity: **Treatment of disease, disorder or injury**

For Regulated Activity **Treatment of disease, disorder or injury** the Nominated Individual (where applicable) is:

Mariana Philipova

Conditions of registration that apply to:

Kindcare (UK) Ltd for Treatment of disease, disorder or injury

1. The Registered Provider must ensure that the regulated activity treatment of disease, disorder or injury is managed by an individual who is registered as a manager in respect of the activity, as carried on at or from the location Bendigo Nursing Home.
2. This Regulated Activity may only be carried on at or from the following locations:

Location Name and address	Bendigo Nursing Home 22 Arundel Road Eastbourne East Sussex BN21 2EL
Location ID	1-109522638
Additional conditions that apply at this location	

End of certificate

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Statement of purpose

Health and Social Care Act 2008

Version	5	Date of next review	When required and when there are any changes
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SERVICE PROVIDER

Name	Kindcare (UK) Limited
Address	Bendigo Nursing Home
	22 Arundel Road
Town/city	Eastbourne
County	East Sussex
Post code	BN21 2EL
Email	mariana@bendigonursinghome.co.uk
Main telephone	01323 64 25 99

ID NUMBERS

Service provider ID	1-101647533
Registered manager ID	1-103647949

AIMS AND OBJECTIVES

1.	To ensure that the people who use the service, their families and those acting on their behalf, are involved and are enabled, supported and their wishes respected in the decision-making process of their care planning, delivery of care and treatment.
2.	To ensure that the people who use the service and those acting on their behalf, are supported to make informed decisions about their care and treatment and staff obtain and act in accordance with their consent and respect their wishes even when care and/or treatment is refused explaining the risks and benefit and alternative options.
3.	To ensure effective, safe and appropriate, personalised care, treatment and support through coordinated assessment, planning and delivery. To ensure the people who use the service are involved in the care planning and their wishes respected and their individual needs met. To review the care planning with the service users and those acting on their behalf to ensure quality standards are met and that the people who use the service are satisfied with the standards of care they receive. The service users are confident in the care and treatment they receive as the service act in their best interest in cooperation and in consultation with other health and social care services.

4.	To provide choice of food and drink for people who use the service to meet their diverse, personal, cultural and religious needs and preferences, making sure that the food and drink provided is nutritionally balanced, in sufficient quantities to meet their needs and sustain their health. To ensure that the service users are enabled to make choices about the food and drink they have, the time and the place. Staff to ensure that any specific needs and risks such as malnutrition, allergies, diabetes, swallowing difficulties are identified on admission and expert consultation is sought if necessary.
5.	To ensure that the service users are safeguarded against the risk of any form of abuse and neglect and their human rights are respected. The service users are confident that the service does not tolerate abuse and feel free to raise and report any concerns. To ensure that staff have training and understand the signs of abuse and raise this with the right person if necessary. Service users are confident that the service has in place and staff follow safety policies and procedures in terms of infection control, medication administration and risks are managed and that the environment they live in and equipment are clean, safe, secure and well maintained.
6.	To ensure that care, treatment and support are provided by staff with the right qualifications, skills, knowledge and experience. People using the service are confident that staff are only employed if satisfactory CRB and ISA Adult First have been obtained, and their qualifications and experience verified and robust recruitment procedures are followed. People using the service are confident that the right staff, the right number of staff with the right training and supervision will deliver their care and treatment with respect and dignity. Management to ensure that staff are supported to acquire new skills and knowledge relevant to their work.
7.	To ensure that people who use the service and those acting on their behalf are confident that their comments and complaints are listened to and acted upon effectively without any risks that they will be discriminated against for making the complaint. The service users are confident because they know that the service have a system in place for comments and complaints and that they are provided with information about that system. To ensure that the service users and those acting on their behalf are confident that the service have an efficient management in place, that lead and monitor the quality of service effectively, identify and manage risks and improves the quality of service and outcomes for service users by gathering information from a variety of sources such as feedback from the service users and their families, residents meetings, comments and complaints, professionals, observations, latest best knowledge and practice, etc.

LEGAL STATUS

Incorporated organisation	<input checked="" type="checkbox"/> Private Limited Company
Company number	5372886

REGULATED ACTIVITY 1	Accommodation for persons who require nursing or personal care
REGULATED ACTIVITY 2	Treatment of disease, disorder or injury
SERVICE	Care home with nursing

LOCATION

Name of location	Bendigo Nursing Home
Address	22 Arundel Road

	Eastbourne
	East Sussex
	BN21 2EL
Brief description of location	<p>Bendigo Nursing home is registered for the provision of nursing or personal care and the service is suitable to accommodate up to 25 persons. The service ensures effective, safe and appropriate, personalised care, treatment and support through coordinated assessment, planning and delivery. The people who use the service or those acting on their behalf consent to the care, treatment and support provided, are enabled to make informed decisions prior to the care and treatment, and can withdraw their consent at any time.</p> <p>The service is also registered to provide treatment and support by qualified nursing staff in consultation with a range of healthcare professionals that may include Medical Practitioners, Psychiatrists, Dieticians, Tissue Viability Practitioners. Such treatments may include for example pressure wounds, malnutrition. Prior to such treatments, the person using the service will have his / hers needs assessed and risks and benefits of the treatment discussed and consent to the treatment obtained.</p> <p>The service is also regulated in the provision of diagnostics and screening procedures by qualified nursing staff in consultation with other healthcare professionals, undertake investigation in relation to the health and well-being of the person using the service. These investigations may include taking blood and/or urine samples. Such procedures are undertaken with the consent of the person using the service or those acting on their behalf, after the person has received information regarding the risks and benefits of the procedures.</p> <p>The home is situated in Upperton residential area of Eastbourne, approximately 15 minutes' walk from the town centre with its variety of shops, facilities, surgeries, library, GP surgeries and dental practices.</p> <p>The home is a character building of three floors accessible by lift and Stannah Chair stair lifts and is accessible by a wheelchair throughout the building and into the gardens. There are nineteen single and three shared rooms tastefully and fully furnished. The home has been recently refurbished. The rooms are equipped with a nurse call system to enable residents to call for assistance any time, hydraulic and electrical beds, specialised mattresses and washing and toileting facilities. The home also has several facilities and equipment available for people with restricted mobility and high dependency needs such as Parker and Invacare baths and shower rooms, Oxford and Invacare hoists.</p>

Brief description of location <i>(cont.)</i>	<p>The care and service is provided by qualified and experienced nursing and care staff. The management follows robust recruitment procedures and provides up to date training for the staff including additional and specialised training.</p> <p>The home also makes every effort to deliver a service of the highest quality that improves and sustains the residents' quality of life.</p> <p><i>More detailed information on the home, services and policies and procedures as well as Terms of Business and Conditions of Admission is provided within this brochure.</i></p>		
No of approved places / beds (not NHS)	25		
Name and contact details of registered manager	Registered manager:	Mariana Philipova	
	Contact details:		
	Business address:	Bendigo Nursing Home 22 Arundel Road Eastbourne East Sussex BN21 2EL	
	Telephone:	01323 64 25 99	
	Email:	mariana@bendigonursinghome.co.uk	
	Regulated activities:		
	1.	Accommodation for persons who require nursing or personal care	
2.	Treatment of disease, disorder or injury		
Service user band(s) at this location	Older people	<input checked="" type="checkbox"/>	
	Mental health	<input type="checkbox"/>	
	Physical disability	<input checked="" type="checkbox"/>	
	Sensory impairment	<input checked="" type="checkbox"/>	
	Dementia	<input checked="" type="checkbox"/>	

OUR VISION

To create a homely environment in a culture of openness and transparency, with a set of values that ensure the care, treatment and support you receive are safe, appropriate, effective, efficient and positively balanced when meeting your needs and respecting your wishes and preferences



OUR VALUES

To ensure your:

- ☑ INVOLVEMENT
- ☑ EMPOWERMENT
- ☑ INDEPENDENCE
- ☑ FULFILMENT
- ☑ SAFETY
- ☑ RIGHTS
- ☑ EQUALITY
- ☑ CHOICE
- ☑ FREEDOM

With:

- ☑ DIGNITY
- ☑ RESPECT
- ☑ CARE
- ☑ COMPASSION

In:

- ☑ A PERSON - CENTRED WAY

OUR DELICIOUS, WELL-BALANCED, HOME COOKED MEALS ARE LIKED BY ALL RESIDENTS. SNACKS AND FRUIT ARE AVAILABLE 24 / 7 IN THE RESIDENTS' ROOMS





TERMS OF BUSINESS AND CONDITIONS OF ADMISSION

Kindcare (UK) Ltd t/a Bendigo Nursing Home

22 Arundel Road, Eastbourne, East Sussex, BN21 2EL, UK

Tel 1: +44 (0) 1323 64 25 99; Tel. 2: +44 (0) 1323 431 080

E-mail: info@bendigonursinghome.co.uk; www.bendigonursinghome.co.uk



Variation July 2021

INTRODUCTION

These Contract Terms and Conditions set out the formal legal Agreement (“**the Agreement**”) between you and Kindcare (UK) Ltd trading as Bendigo Nursing Home. They apply to residents who reside in our Homes for longer than 28 days (“**Resident**”). By signing this Agreement, you are agreeing to be bound by these Terms and Conditions. For the avoidance of doubt, in the event of any inconsistency between these Terms and Conditions, these Terms and Conditions prevail.

We set out our Agreement with you here, to describe our relationship and to protect you from any misunderstandings so you know what you can expect from us and what is expected from you during your stay. This Agreement is important because it is your legally binding contract with us. You may like to seek independent legal advice because it is important that you have read and understand this Agreement.

You may wish to nominate a Nominated, Legally Authorised Representative, a relative or a close friend or someone with an enduring / lasting power of attorney or an appointed deputy from the Court of Protection to sign this Agreement on your behalf. If at any point you want to change your Nominated Representative, please speak to the Manager of your Home, who can help you. It is really important that we know who to speak to about these arrangements.

From time to time, we may suggest amendments to our Agreement to reflect changing circumstances that affect our Home or your care. We will always notify you (and your Nominated Representative) in writing with 4 weeks’ notice of any changes to our Agreement, so that you can let us know if you do not wish to continue living with us at our Home. If the proposed amendments to our Agreement mean that you wish to move out of our Home, then you will have 28 days from the day you notify us to move out before the amendments apply.

PART 1	Fees Agreed				J	
	SERVICE USER'S NAME IN FULL					
	DATE OF ADMISSION					
	DATE OF BIRTH		ROOM No			
	FEES (per week)	Local Authority Funding			£	
		Funded Nursing Contribution (FNC) <i>(paid by NHS directly to the home and may</i>			£	
		Client Contribution (your weekly payment contribution, if applicable)			£	
		Third Party Contribution / Top - up			£	
	ADDITIONAL / STANDING CHARGES	Incontinence pads <i>(please tick as appropriate)</i>	Yes, I would like the home to purchase incontinence pads and send an invoice for the amount of £8.60 (per week)			
			No, I will be supplying the incontinence pads (The person signing this contract becomes the person responsible for the supply of incontinence pads)			
Essential Cosmetic Accessories <i>(please tick as appropriate) such as body lotion for dry skin, deodorant, tissues, toothpaste and toothbrush or denture cleaner (such as Steradent) and denture adhesive (such as Fixodent), razors (where female residents also require removal of</i>		Yes, I would like the home to purchase cosmetic accessories and send an invoice for the amount of £7.75 (four- weekly)				
		No, I will be supplying the cosmetic accessories (The person signing this contract becomes the person responsible for the supply)				
DURATION OF SERVICE		Long Term Care		YES		
		Respite Care	YES	FOR	Weeks	
<p><i>Residents and their representatives may find detailed information on the home's Privacy Notice, policies and procedures, these Terms of Business, Consumer Rights and other relevant information such as visiting hours, pets, bringing food into the home, etc. in the 'Residents' Handbook' available in all residents' rooms and our website: www.bendigonursinghome.co.uk</i></p>						
<p><i>Should you require a different format of these Terms of Business and Contract of Admission such as larger print please ask our administrative assistant.</i></p>						
PART 2	Definitions:					
	In these Terms of Business and Conditions of Admission:					
	1. 'Home'	means Bendigo Nursing Home including staff working at the home and any regulated activities they may undertake, and the registered manager as its representative and responsible individual				
	2. 'Company'	means Kindcare (UK) Limited, trading as Bendigo Nursing Home				
3. 'Service'	is the provision of personal, social and nursing care, treatment and support, co-ordination with other necessary service providers, performed with reasonable care and skill, 24 hours, 7 days a week, 365 days a year. The home does not normally provide 'One – to – One Care'. Service is provided in compliance with sector specific and other relevant regulations, guidance and best practice. The home also ensures that that residents are treated with dignity and respect, receive suitable nutrition, are safeguarded from abuse and receive care in an environment which is clean and safe, premises and any equipment used are suitable and safe and, where applicable, available. The high quality of service is monitored by the sector regular, the Care Quality Commission (CQC) and the home's most recent inspection report is published on the CQC's and the home's websites.					

PART 2	4. 'One – to – One care'	<i>is when a member of staff is continuously with a resident during the day or night or both. This may be necessary for example when a resident is wandering and is at very high risk of falls, or wanders in other residents' rooms, or becomes depressed and tearful when left alone. Although staff spend a lot of time with the residents and check on them frequently, staff does not stay with individual residents all the time. 'One – to – One Care' in some cases may be necessary and in others may be requested by the resident or representative. 'One – to – One Care' can be arranged at an additional cost, based on the rate of pay per hour of staff at the time.</i>
	5. 'Service User'	<i>means the Service user / Resident / Client residing at the home</i>
	6. 'Service User's Representative'	<i>means the person who has the legal authority / legally appointed to be involved in the care, treatment and support of the service user. That person may be also Next of Kin (NOK), person who has Power of Attorney (POA), Lasting Power of Attorney (LPA) and more specifically is appointed to make decisions related to healthcare and welfare especially in cases where the service user lacks capacity. POA or LPA may have authority to make decisions related to financial matters as well. If the service user lacks capacity and does not have a representative, then</i>
	7. 'IMCA'	<i>is an Independent Mental Capacity Advocate who is appointed to make decisions on behalf and in the 'best interest' of the service user when the resident lacks capacity.</i>
	8. 'Local Authority Funding'	<i>means that some of the cost / expenditure towards the Service User's accommodation, care, treatment and support are paid by the Local Authority often represented by Adult Social Care. The amount paid by Local Authority is dependent upon individual financial circumstances and it is determined / assessed by the Local Authorities / Adult Social Services depending on the Service User's savings, state and /or private pension income and / or assets.</i>
	9. 'Funded Nursing Contribution' (FNC)	<i>means the contribution paid for nursing care provided by the home and is paid by the NHS. The contribution is paid directly to the nursing home, the resident does not receive any money directly and is in addition to the Service User's Contribution to support the provision of registered nursing care to eligible residents. The FNC is not included in the Client Contribution. In the event of increase in FNC, the fee will increase by the increase in the Funded Nursing Contribution, whilst the actual client contribution remains the same. The client contribution therefore, does not decrease by the amount of increase in FNC. In the event of the resident being admitted to a hospital, the FNC is put on hold for the duration of hospitalisation.</i>
	10. Self – Funded and Local Authority Funded residents	<i>Except for / not including FNC, residents are:</i> a) <i>Self – Funded when they pay the full cost / the full fee for the care, tratement, support, accommodation, equipment required, food, laundry, etc. provided by the home</i> b) <i>Local Authority funded when they pay only part of the fee for the service provided and part is paid by the Local Authority. How much / the amount of money the resident pay is determined by the Local Authority based on individual financial circumstances.</i> <i>The home does not make a financial assessment of self – funded residents and asks as a condition of admission for a confirmation that the resident can continue to pay fees for a minimum period (e.g. two years), however, a full disclose is required as to how the resident intends to self - fund their care, such as if funds are immediately available or if funds will be available after a sale of an asset (i.e. property) in which case the resident or their representative should contact Adult Social Care on 01323 747 333 to arrange a loan from the Local Authorities (so called '12 weeks disregard'), to fund the resident's care untill the sale is completed.</i>

	<p>10. Self – Funded and Local Authority Funded residents (cont.)</p>	<p>c) <i>In case where the resident lacks capacity their representative must disclose if they or anybody else (such as solicitor), have a Lasting Power of Attorney (LPA) and provide a copy of the LPA to enable the home to identify who is responsible for the payment of fees and involvement in the care of the resident.</i></p> <p>d) <i>Should the resident lacks capacity and there is no Lawfully appointed person who has LPA, then it is unlikely that the home would offer placement to the resident as the process of obtaining LPA through the Court of Protection is very lengthy and may take anything between 6 months to a year.</i></p>
<p>PART 2</p>	<p>11. Specilised Equipment</p>	<p><i>is the usual equipment necessary to meet the needs of the residents such as hoist, electric profiling bed, pressure relief mattress, etc. the home has such equipment which is regularly serviced amd maintained as per current relevant regulations. However, in some unusual cases additional or different equipment may be necessary, such as bariatric bed and pressure relief mattress the options will be discussed with the prospective or current resident or representative and where the resident is self – funded the cost may be borne by the resident. Similarly, in cases where the resident request to have a double electiric profiling bed instead of a single one. Where the resident is funded by the Local Authority, then then the Local Authority may provide the necessary equipment on loan at no additional cost.</i></p>
	<p>12. Standing Charges</p>	<p><i>Standing Charges means the four-weekly charges for incontinence pads (which are agreed in advance, refer to page one of this TOB) as well as for essential cosmetic accessories used for the residents such as body lotion for dry skin, deodorant, tissues, toothpaste and toothbrush or denture cleaner (such as Steradent) and denture adhesive (such as Fixodent), razors (where female residents also require removal of facial hair), shaving foam, shampoo and shower gel. The cost for the above essential cosmetic accesories is £8.75, however for the avoidance of overcharging the home will charge for cosmetics a standard charge of £7.75 every four weeks. All cosmetic accessories are purchased by bulk and thus we are unable to provide individual receipts.</i></p> <p><i>Incontinence pads also known as inco-pads are essential for the residents’ physical and mental well-being, such as preventing pressure wounds, feel confident when dry and clean. Currently inco-pads have been provided free on the NHS. The home has to complete numerous pages of records to enable the community incontinence team to assess and identify the size and number of pads (maximum of 3 for 24 hours). However, over the years the number of pads for 24 hours has been reduced again and again, currently 3 for 24 hours. Service providers have been told by the NHS that is sufficient, when in reality at least 5 often up to 8 in 24 hours are needed,. Hence the home has alternative arrangements for the provision of sufficient number of inco-pads.</i></p> <p><i>The cost of inco-pads and cosmetic accessories will increase over time (especially that inco-pads are imported from France), and thus the standing charge we invoice you for. We will inform you of that in advance.</i></p>





<p>PART 2</p>	<p>13. 'Client Contribution'</p>	<p><i>means the fees paid by the Service User or the Service User's Lawfully Authorised Representative towards the cost / expenditure for the Service User's accommodation, care, treatment and support. The Client contribution is an agreed amount per week. Client Contribution may cover the cost in full or in part. When the Service User is unable to pay the cost in full then the Local Authority may provide funding whereby the Client Contribution will be payment in part towards the cost. The amount of the Client Contribution will be determined / assessed by the Local Authority and is dependent upon the individual's savings, state and / or private pension income. Should that be the case, the resident or their representative are advised to:</i></p> <ol style="list-style-type: none"> <i>a) Contact the Local Authorities Adult Social Care on 01323 747 333 to request a financial assessment and eligibility for funding as early as possible, due to the process being lengthy and may take a few months.</i> <i>b) Inform the manager of this home as early as possible and at least one month prior to savings running out and keep the home informed on the progress of the financial assessment and eligibility</i> <i>c) Discuss with the manager the possibility of the resident to remain in the home even if there will be a decrease in fees as a result of his or her care and support being funded by Local Authority. In most instances the resident may remain in the home, however, it is likely that the resident will be moved to a different, possibly smaller room. The care, treatment and support will remain the same, high standard of service as prior to the move and all needs of the resident will be met as required.</i> <i>d) The resident or their representative must continue to pay the client contribution agreed as before until Local Authorities have completed their assessment and eligibility process and inform of their decision.</i>
<p>PART 2</p>	<p>14. Expenses / Additional Charges</p>	<p><i>means any additional cost paid by the home for things such as newspapers, hairdresser, chiropodist, transport for example taxi for outpatient appointment to hospital or surgery, escort by staff, purchase of clothing, 'home remedies', outing to for example theatre, pub, (the list is not exhaustive). Any additional costs are made with the prior verbal or written request or consent of the resident or their representative. Receipts are kept and available for inspection. Those additional costs are invoiced by an accounts company in areas and given / posted / e-mailed to residents or their representatives. The expenses are invoiced at a cost and no additional charges are added. Residents who are funded by Local Authority have their finances assessed and their client contribution determined so that they have available money to pay for additional expenses. Expenses may be paid by a cheque, after an invoice has been provided. We discourage cash payments. Residents do not need to have any money as the home in most instances will pay for additional expenses and the residents will be invoiced for those later. However, should the resident wish to have cash, cheque book, credit card, etc., all residents' rooms in the home are equipped with a bolted to the wall secure safe.</i></p>



	<p>15. Invoices</p>	<p>means the bill for the agreed client contribution and a bill for any additional expenses. Invoices are calculated on a FOUR weekly basis and are provided to the resident or their representative for payment in advance (similar to rent). Therefore, there are 13 invoices per year (52 weeks per year / (divided) by 4 weeks invoice period = 13 invoices) and not 12 (as 12 months per year). Each invoice provides information on the invoice period, amount of client contribution, Local Authority funding, FNC (if any), any discount given to the resident and payment method. The home does not have a Direct Debit payment method and we discourage cash payments and payments with cheques for large amounts such as over £1,000. A Standing Order will be prepared by the accounts company and the resident or their representative will just have to sign it and take it to their bank where the bank will make regular payment to the home towards the fees. The Standing Order can be cancelled by the resident or authorised person at any time. Any overpayments in fees are refunded by the company such in the case of death. Invoices must be paid within 7 days from the date of invoice.</p>
	<p>16. 'Third Party'</p>	<p>means a family member, appointed solicitor, charity, trust, etc. This list is not exhaustive.</p>
<p>PART 2</p>	<p>17. 'Third Party Contribution' / Top - up</p>	<p>means the supplementary payment towards the cost / expenditure for the Service User's accommodation, care, treatment and support. Third Party Contribution is in addition to any Local Authority Funding, Client Contribution and Nursing Contribution with the involvement of the Local Authority. The Third-Party Contribution may be paid independently to the home by Third Party such as family member, appointed solicitor, charity or trust and in some instances the Service User. Third Party Contribution may be paid also on the sale of an asset. Often family members would like to ensure that their loved ones will receive excellent care, treatment and support and hence pay an additional amount of money to secure a place in an excellent home.</p>
	<p>18. Loss or damage to the home's property by resident or a visitor</p>	<p>It has happened in the past that a visitor had removed from resident's room an item belonging to the home. In that instance the visitor will be asked to return the item and if that is not possible, then to pay the cost of the item. Any damage (other than a normal wear and tear) to a property of the home will be charged at a cost to replace the item. For example: persistent twisting and damaging of a call bell cable, persistent picking on the fabric or leather of the armchair, or damages inflicted by pets and children, who must be supervised by an adult at all times, etc.</p>
	<p>19. 'Long Term Care'</p>	<p>means that a service user has entered into a contract to reside at the home and receive treatment, personal and social care for a period of time longer than 28 days, for example in the foreseeable future or for the duration of his or her natural life (see also Part 2, Point 2, Notice and Notice Period), unless</p>
	<p>20. 'Respite Care'</p>	<p>means that a service user is residing in the home and receiving treatment, personal social care for predetermined period of time. That predetermine period of time may be extended or changed to long term care, subject to mutual agreement and availability. (Notice period does not apply in this case)</p>
	<p>21. 'Notice'</p>	<p>means the intent to terminate the provision of services by the home, or the receipt of services by the service user. The "Notice" may be initially verbal and later confirmed in writing. The home will always ensure that the service user is provided with a written notice. The home requires the service user to do the same, provide the home with a written notice.</p>
	<p>22. 'Notice Period'</p>	<p>is 28 days (four weeks) from the date on the written notice. If both parties agree that date may be the same and / or backdated to the date of the verbal notice.</p>

<p>PART 2</p>	<p>23. <i>Resident's belongings</i></p>	<p><i>Residents belongings are all and not exclusively, items such as clothing, footwear (which must be clearly and permanently named), small furniture, ornamental items, pictures and photos, equipment such as smart phones, laptops, wheelchairs, zimmer frames, etc. All rooms in the home are furnished with electric profiling bed, wardrobe, chest of draws, bedside cabinet, armchair and other necessary furnishings and equipment. Furniture and equipment provided are compliant with various regulation such as Fire Safety, Infection Prevention and Control, electrical safety, etc. and are regularly checked and if required serviced. The home encourages residents to personalise their rooms with their own belongings, however, any bigger items such as armchairs and furniture must be agreed by the manager or deputy manager and the facilities manager in advance as:</i></p> <ol style="list-style-type: none"> <i>a) Too many items of furniture may cause difficulty with assistance such hoisting; or</i> <i>b) Be a trip hazard</i> <i>c) Be a fire hazard where for example an armchair is very old and the fabric is not fire resistant as per current standards</i> <i>d) Is in a state that cannot be cleaned and may jeopardise infection prevention and control</i> <i>e) Electrical items that when checked are considered to be a fire hazard will not be allowed in the home</i> <p><i>On admission resident's belongings are listed in their care plan as well as photographed, especially items such as jewels, therefore, resident's representative must discuss in advance with the nurse in charge when new items are brought in or any taken away.</i></p>
	<p>23. <i>'Homely Remedies' / Over the Counter (OTC) Medicines</i></p>	<p><i>are medicines that can be bought 'over the counter' without doctor's prescription on the NHS, such as Paracetamol, Nurofen, cough medicines, Senokot, etc., often cheaper than NHS prescription. Until recently 'home remedies' were prescribed for older people by GPs on the NHS, however, as from 2018, changes have been made by the government that 'home remedies' are no longer prescribed by doctors on the NHS and the cost must be borne by the people who need them. In cases where a doctor prescribes 'home remedies' on the NHS, then there will be no additional charge to the resident.</i></p>
<p>PART 3</p>	<p>The Terms of Business (TOB) and Conditions:</p>	
	<p><i>1. Fees and Charges</i></p>	<p>The acceptance of a person to stay in this home involves a special relationship of intimate care, you are assured that we do our utmost to care for our service users with dignity and respect in all circumstances. However, to do so we have to ensure compliance with extensive regulated activities, premises and staff at a substantial financial cost and therefore, we have to define the relationship in business terms.</p> <p>All contracts whether verbal or written are entered into by the home, subject to the following conditions of admission which have been devised for our mutual benefit.</p> <ol style="list-style-type: none"> a) Service Users will be required during the pre-admission process, to provide information to the home obtaining relevant information from other service providers including general practitioner and / or hospital consultant on the state of their health together with any treatment required to enable the home to assess if the home will be able to meet the needs of a prospective service user and the level of care, treatment and support required, which will also enable the home to determine the fee. Residents and their representatives are additionally provided with our Privacy Notice together with these TOB. b) Fees at date of admission are as stated and agreed in Part 1 of these Terms and are due for payment within 7 days of the date of invoice.

- c) **Services Covered by the weekly fee:** unless otherwise stated and as defined in Part 1 point 3, the service includes 24 hours, 7 days a week, 365 days a year personal, social and nursing care, treatment and support performed with reasonable care and skill, co-ordination with other necessary service providers, as well as safe accommodation, full board and laundering of personal items. Registration with general practitioner for Service users treated under NHS will receive medical attention, drugs and medications as available under the NHS. The service and respectively the fee does not include 'one – to – one care'. Additionally, the weekly fee covers specifically:
- i. Residential Care Fee, which is calculated following an assessment of your care needs as set out in your care plan. Details of care services shall be set out in your care plan which will be reviewed periodically (usually each month) and updated as required, with a copy made available to you;
 - ii. Accommodation of your own room with furniture;
 - iii. A choice of delicious and nutritious meals, plus snacks and drinks available 24 hours, seven days a week. We will also cater for special dietary requirements.
 - iv. The opportunity to join in with fun activities, events and excursions, and the use of recreational facilities (please note, you may be asked to make a payment for the cost of some activities or excursions, but we try to include many activities in the Weekly Fee);
 - v. Assistance with washing, bathing, medication and other personal services, as you reasonably need. Our highly trained team members are on duty throughout the day and night to assist you as and when you need them;
 - vi. A complete laundry service (*excluding dry cleaning which we can arrange for you at an extra cost*);
 - vii. Coordinating care, treatment and support with your GP, social worker, dentist, chiroprapist and other professionals; and
 - viii. Nursing care on a 24 hourly basis. However, any additional charges for any other nursing care or equipment not covered by your NHS FNC funding is not included in the Weekly Fee.
- d) **The weekly fee does not cover:** other services and personal requirements such as medical requisites (other than medication by prescription), 'homely remedies', transport (i.e. taxi) and escort to outside appointments, activity outings, hairdresser, chiropody, newspapers, clothing, toiletries and any other items of a luxury nature can be arranged on request, and will be charged as extras on the service user's account. And more specifically the weekly fee does not cover:
- i. Hairdressing, additional continence products, visitor meals, cigarettes, newspapers, books, magazines;
 - ii. Private treatments (including but not limited to physiotherapy);
 - iii. Dental care services;
 - iv. Optical care services;
 - v. Chiropody services
 - vi. Toiletries and over-the counter medicines;
 - vii. Dry cleaning;
 - viii. Personal newspapers and magazine;
 - ix. Calls and line rental charge for a telephone in your room (if applicable);
 - x. Specialist seating and non-NHS wheelchairs;
 - xi. Service and repair of personal equipment and effects, including hearing aids and purchase of batteries, wheelchairs where privately owned;
 - xii. Private taxi or ambulance fares;
 - xiii. Holidays and certain events which involve travel or other costs or an attendance fee; and




		<p>xiv. Any other service or goods supplied for which provision is not made in your care plan.</p> <p>xv. Escort duties (for example to the hospital or home visits) – if you are not able to organise an escort, we may be able to provide one for you however the costs of such service must be met by you;</p> <p>xvi. Any personal purchases (including but not limited to personal toiletries, make-up, perfume, gifts or clothes);</p> <p>xvii. Any specialist medical equipment not already available for use at our Home (and also not available through the NHS or local authority);</p> <p>xviii. Any betterment of standard facilities (for example if you would like a room with an en-suite or a view);</p> <p><i>Most of the above services and products can be arranged by the home at additional cost</i></p>
<p>PART 3</p>	<p>1. Fees and Charges <i>(cont.)</i></p>	<p>e) The cost of medicines, screening and diagnostic procedures and treatment not available on the NHS must be borne by the service user.</p>
		<p>f) Should the Service User need incontinence pads in addition to the incontinence pads provided by the NHS (3 pads for 24 hours), the following two options are available, whereby resident or representative must inform the person in charge of the option chosen:</p> <p>i. The home will purchase the required incontinence pads and invoice in arrears the client for the amount of £8.60 per week, without supplying a receipt for the purchase which will be a wholesale purchase, or</p> <p>ii. The nurse in charge will inform resident or representative of the specifications of the required incontinence pads (such as size, absorption, etc.), and quantity needed for a period of 28 days which will be supplied, purchased and brought in, by the resident’s representative. The representative must ensure regular supply without interruption or alternatively, the client will be invoiced the sum of £8.60 per week for the provision of incontinence pads provided by the home.</p>
		<p>g) Four-weekly standing charges for essential cosmetic accessories used for the residents such as body lotion for dry skin, deodorant, tissues, toothpaste and toothbrush or denture cleaner (such as Steradent) and denture adhesive (such as Fixodent), razors (where female residents also require removal of facial hair), shaving foam, shampoo and shower gel. The cost for the above essential cosmetic accessories is £8.75, however to ensure that no resident is overcharged the home will charge for cosmetics a standard charge of £7.75 every four weeks which will be detailed in the residents’ ‘pocket money’ invoices. All cosmetic accessories are purchased by bulk and thus we are unable to provide individual receipts.</p>
		<p>h) The home has available furniture, equipment and other clinical and specialist equipment and items to meet the needs of the service user, however, should a service user and / or their family and representatives require equipment and other items not essential to meeting the needs of the service user such as 52” TV, then the service user may provide the required item or bear the cost of it, as practicable.</p>
		<p>i) Funded Nursing Contribution (FNC) is paid by the NHS directly to the nursing home and is in addition to the Local Authorities / Social Services and / or Service User Contribution. FNC is not included in the resident’s client contribution. In the event of increase in the nursing care, the fee will increase by the increase in the funded nursing contribution. The client contribution therefore, does not decrease by the amount of increase in FNC.</p>
		<p>j) Any part of the day of arrival or departure constitutes one full day’s residence unless the service user is funded by local authority.</p>
		<p>k) In the event that the service user vacates the room for whatever reason, without prior notice we reserve the right to charge 90% of the agreed fee, until all possessions have been removed.</p>




PART 3		<p>l) Where a service user leaves without a full four weeks-notice, 90% of agreed fee will be charged.</p> <p>m) In the case of temporary absence (such as hospital admission), then:</p> <ol style="list-style-type: none"> i. your room will be reserved for you where during the first full week of absence your fees will continue to be payable in full. ii. After that, your fees will be reduced by 10%. iii. If you are absent from the home for a continuous period of 6 weeks, we will consult with you and your nominated representative to seek agreement regarding the further retention of your room <p>n) Management cannot accept responsibility for service users' personal finances but we are always willing to discuss and advice when requested.</p>
	2. Review and Increase / Decrease in Fees	<p>Fees will be reviewed from time to time as determined by the Company. Such reviews will normally take place in the following circumstances:</p> <p> Any necessary increase in the level of care and services required over and above those already stated such as the need for a different room or 'One – to - One Care' or the purchase of bariatric equipment such as bed, pressure relief mattress, commode, etc., which are not normally necessary. This will result in an increase in fees or additional costs. Individual circumstances will be discussed with resident or representative and involve them in any decision. Seven days-notice will be given in writing, however, in circumstances where not providing additional care immediately would be harmful to the resident, and it is clearly in their best interests for it to be provided straight away.</p> <p>Where we give notice to increase fees for this reason, the resident may either:</p> <ol style="list-style-type: none"> i. Do nothing, in which case the fee increase will take effect on the date notified; or ii. Give us notice that the resident wish to leave. In this case will have 7 days from the date the resident notifies us, to move out before the fee increase applies; or iii. Ask for an independent review of our assessment of the resident's care needs, revised fee level, or both. In this case, we will suspend our notice period until the independent review is completed. If the resident is unhappy with the outcome of the review, he or she can still tell us of their wish to leave, as above. <p> Any requested for enhanced service over and above those already stated such as the resident or representative requests a larger / better room or 'One – to - One Care', double profiling bed, etc. This will result in an increase in fees or additional costs. Individual circumstances will be discussed with resident or representative and involve them in any decision. 28 days-notice will be given in writing.</p> <p> If a resident no longer wishes (or cannot afford) to pay for example a better room they may be able to move to a standard / smaller room, when one becomes available. This will result in a decrease of fees or additional costs. Individual circumstances will be discussed with resident or representative and involve them in any decision. Fee will change at the time of change of room.</p> <p> As a result of any statutory provisions coming into effect after the date hereof, for example, where the sector regulator, CQC, imposes new minimum staffing requirements for the provision of specific types of care, or if fitting all rooms with water sprinklers becomes statutory requirement. 28 days-notice will be given in writing.</p>

PART 3	3. Review and Increase / Decrease in Fees (cont.)	<ul style="list-style-type: none">  Annual increase effective from 1st April of each year based on the increase in percentage of National Living Wage (NLW) for that financial year. 28 days-notice will be given in writing.  Where we give notice to increase fees as detailed above in b), c), d) and e), the resident may either: <ul style="list-style-type: none"> i. Do nothing, in which case the fee increase will take effect on the date notified; or ii. Give us notice that the resident wish to leave. In this case will have 28 days from the date the resident notifies us, to move out before the fee increase applies; g) Where a self – funded resident is later funded by Local Authority, and agreed by the Manager, the Local Authority Contract will come into effect four weeks after the notice date of 28 days. Such change in funding may be a subject to Third Party Contribution <i>In no circumstances Local Authority’s Contract is backdated, specifically in respect of fees.</i>
	4. Notice and Notice Period	<ul style="list-style-type: none"> a) ‘The first four weeks, 28 days, following admission to the home are treated as a trial period. During this period, either of us may terminate the agreement by giving seven days’ notice in writing. We may terminate the agreement during this period if it becomes clear that we cannot provide you with the level of care that your needs require. Any fees that you have paid for any period beyond the expiry of the notice period (or the date of your departure, if later) will be refunded to you. Where you leave the home before the end of the notice period: <ul style="list-style-type: none"> i. we will not refund pre-paid fees for the notice period; ii. if we are able to re-allocate your room to someone else before that period expires, we will refund any payments that you have made for the period following re-allocation’. b) In cases where service users have their care, treatment and support funded by local authorities and those local authorities have sub – contracted the service user’s care, treatment and support to the home and the home have entered in contract with those local authorities, then the home will give the ‘Notice’ to the local authorities and not to the service user. Most local authorities have the ‘Notice Period’ specified in their contracts the same as the home’s, 28 days (four weeks). The Local Authority will review the circumstances and will endeavour to address issues contributing to the notice and if outcome is unsatisfactory, will find another placement for the resident. c) Except for service users that are residing in the home on ‘respite basis’ the ‘Notice Period’ is 28 days (four weeks), for both parties: the home and the resident where a written notification is required by either party. d) Before asking you to leave the home, we will make all reasonable efforts to address and manage all issues and consult with you and your representatives, and any other independent professional to ensure you understand that a problem has arisen and you are supported to resolve those issues. The reasons for the consultation will be fully discussed, together with possible solutions, before any final decision is made on the resident’s continued stay in the home. If the outcome is unsatisfactory, we will provide you and your representatives with 28 days’ written notice and we will work with you to help you find suitable alternative accommodation’.

PART 3

4. Notice and Notice Period (cont.)

- e) However, we are not obliged to provide services unconditionally. In this context and in general the home may end the contract if the resident is in serious breach of their obligations under the contract or where it is impossible for the home to continue providing care for reasons beyond our control. We consider that legitimate reasons for terminating a resident's contract would be:
 - i. A voluntary decision by the resident to leave the home (provided that this decision is genuine and the resident has sufficient capacity to make it or there is someone lawfully authorised to take this decision on their behalf).
 - ii. The need for the resident to move to accommodation that can better meet their care needs, even though the home has made reasonable adjustments to try to meet those needs (e.g. where the home is not registered to provide the type of care that the resident now requires).
 - iii. The need for the resident to move to extra care such as hospice, and the home does not provide this.
 - iv. The need for the resident to go into hospital (provided that the resident is unable to return to the home in the foreseeable future, the absence is not temporary), and we have consulted with the resident and their representatives before a final decision is made.
 - v. **If fees and expenses are not paid for a period of 30 days after the date of invoice.**
 - vi. Where the resident is violent towards staff or other residents and there is a significant risk of serious harm to staff, other residents or the resident themselves if they remain in the home.
 - vii. In extreme cases (for example, where a violent resident poses a significant risk of serious physical harm to staff or other residents or where their health rapidly deteriorates) we may need to take immediate action to safeguard residents and staff. In these circumstances, we will contact the Local Authority for advice and assistance in making appropriate arrangements.
 - viii. If and when, the resident's needs change and the home cannot meet those any longer
 - ix. The home encourages the involvement of family members, friends and other representatives in the care, treatment and support of the residents. We understand that it may be difficult and sensitive time for family members and friends, however, if the home cannot meet the needs of resident's family, friends and / or representatives in circumstances where for example:
 -  When there are systematically unreasonable and unrealistic demands (such as change inco-pads every hour when unnecessary, or to ensure that resident has bath every day and that may be stressful for the resident, or to ensure that resident sits all day in the communal lounge where there is a very high risk of developing a pressure wound on the sacrum, or the home to ensure that GP visits resident every day; and / or
 -  Where the demands are against the wishes and / or not in the best interest of the service user and may cause distress to a service user; and /or
 -  **Where family members are giving conflicting instructions or where there are family disputes. The home will communicate, relate and co – ordinate information concerning health, personal and social care only with the resident's lawful representative such as person who has Lasting Power of Attorney with authority to make decisions related to health; IMCA. The role of the staff at the home is not to resolve family disputes; and / or**

<p style="text-align: center;">PART 3</p>	<p style="text-align: center;">4. Notice and Notice Period (cont.)</p>	<p> <i>When there is systematically inappropriate behaviour during visits such as being under the influence of alcohol; inappropriate talk / comments when addressing the staff (i.e. racial, sexual, etc.); verbal and or other form of abuse aimed at the staff; and / or</i></p> <p> <i>When staff is systematically treated inappropriately and in breach of the home's equality policy and procedure by resident's and / or his or her family, friends and / or representatives; and / or</i></p> <p> When the wishes of the service user and their representative are consistently in conflict, for example if the service user wishes to spend more time in the communal lounge with the other residents and the representative insists that the service user should spend their time in their own room; or if the service user wishes to have a glass of sherry or wine with their lunch or supper (provided it is not jeopardising a treatment), and their representative maintains that the service user should not have any alcohol. <i>In this home, the wishes of the service user are always respected and his or her wishes are always considered first before the wishes of any other person involved (even when the person has diagnosis of Dementia, the person still may be able to make some decisions if not all).</i></p>
	<p style="text-align: center;">5. After Death</p>	<p>Losing a loved one is a difficult time and staff and management, always make every effort to ensure that any practical matters (such as removing residents' possessions) are dealt with compassion and sensitivity. The home cannot take possession or admit another person in the room of the deceased resident until all belongings are removed. And therefore:</p> <p>a) Where the resident was self – funded the home:</p> <ol style="list-style-type: none"> i. will charge 90% of the fee per day paid prior to death until belongings are removed from the room up to maximum of 10 days after the date of death, whichever is sooner, for example if belongings are removed in 3 days, then the home will charge 90% of fees for 3 days; ii. if the representative is unable to remove belongings within 10 days, then the representative must inform the home and inform as to when belongings will be removed. iii. If belongings are not removed within 10 days, then the home will charge 100% (full) fee per day paid prior to death up to maximum of additional 5 days after the date of death. iv. If belongings are not removed after the additional 5 days (in total 15 days), then the home will remove all belongings from the room and store them for no longer of 7 days; and v. Charge £30 per day if the belongings are small items such as clothing, ornaments, picture. vi. Charge £50 per day if the belongings are larger items such as armchair, recliner chair, chest of draws, desk, TV, etc. vii. Representatives may wish to discuss with the manager or deputy manager if the home would dispose of the belongings, in which case the charge for small items will be £30 and for larger items the representative will be invoiced for the cost of disposal; or viii. Representatives may wish to discuss with the manager or deputy manager if they wish to donate some larger items to the home.

PART 4	<p>5. After Death (cont.)</p>	<p>b) Where the resident was partly funded by Local Authority where the contract between the home and the Local Authority states that care will be funded two days after the date of death and no later, the home:</p> <ul style="list-style-type: none"> i. has no choice but to request representatives to remove all belongings no later than two days after the death; Client Contribution will be charged in full for those two days, and ii. alternatively, the home will remove and store all belongings on the third day after death and store them as specified in a), v., vi., vii. above. <p>c) <i>Whilst the staff at the home are committed to providing excellent care to our service users while they reside at the home, it should be noted that regrettably it is a company policy that staff and / or management do not attend funeral service following the death of a service user.</i></p>
		<p>Standard of care: Our standard of care will always meet the requirements of the Health and Social Care Act 2008 and subsequent amendments, and so this is our promise that we will provide appropriate care, treatment and support with dignity and respect.</p>
	<p>6. Additional Relevant Conditions</p>	<p>Medical Care:</p> <ul style="list-style-type: none"> a) To take care of your medical needs, you will need to register with a GP. To support your care, we have an arrangement with a local GP practice and you may choose to register there. Our team members (apart from our nurses) are not qualified to make any medical diagnosis. We will co-operate with your GP to ensure that you follow your medical treatments and record details of treatment in your care plan. Please let us know of any prescribed and non-prescribed medication that you need to take. We cannot take responsibility for any medication that you or your GP do not let us know about. b) If you are unwell, we will seek the appropriate medical care for you. <p>Accommodation:</p> <ul style="list-style-type: none"> c) We want you to have a comfortable stay in our Home. Your room in our Home will comprise at a minimum: <ul style="list-style-type: none"> i. An electric profiling bed allowing the individual to be comfortable when in bed, have for example a breakfast in bed, sit up to watch a TV, elevate legs, etc., as well allow staff to provide personal care in bed safely. ii. The bed will be furnished with a pressure preventative or pressure relief air mattress and bed rails is necessary and agreed. iii. An overbed / chair table for convenience iv. A wardrobe v. An armchair or recliner chair vi. A commode which is necessary for people who cannot weight bear and require hoisting for toileting as in these circumstances a person will not be able to use toilet safely vii. Bedside cabinet and bedside lamp viii. There are may other additional items of furniture as well as carpet, curtains, fan, etc. d) Your occupation of your Room is under a licence agreement and is not a protected tenancy. You may use any of the common areas of Home. e) We will enter your room to deliver personal care to you, to clean, do repairs and complete maintenance to make sure everything stays in good working order and you are well looked after.

PART 4

7. Additional Relevant Conditions (cont.)

- f) You may wish to change to a different room if there is a change in your care needs which means you need a more suitable room. We will honour a request to change rooms if an alternative suitable room is available, but this may result in a change to your Weekly Fee which we will let you know about in advance of making any changes.
 - g) Your Home will comply with the various fire regulations and the recommendations of the local fire authority. Please do your best to cooperate with our team members in the event of a fire evacuation. To keep us all safe, please do not smoke in your room or elsewhere in the Home. The Manager of your Home will advise you where you can safely smoke in the grounds of the Home.
 - h) We cannot accept any gifts or bequests from Residents, so as kind as it is, please do not offer such gifts. If you would like to show your appreciation in some other way, please discuss this with the Manager of the Home, who will be happy to help you.
- a) Precautions and security measures are taken however, residents are asked not to keep **excessive sums of cash and / or credit / debit cards**, or valuable items, specifically where resident lacks capacity. In most instances residents will not need to have any money such as cash, debit / credit cards, cheque books, etc. in their possession. The home can cover / pay for any additional expenditure and invoice the service user within 30 days. However, should that be the case those must be locked in the room's safe. A detailed list of such items must be kept and up-dated as appropriate, thereafter. It is the home's practice to take photographs of valuables such as jewels. No responsibility can be taken for items not disclosed and kept in a safe. No responsibility can be taken for personal possessions more specifically clothes not clearly and permanently labelled with the resident's name. On some occasions when a ring becomes large or small then it will be removed and kept safe.
- b) **Door locks** and are provided as practicable depending on individual's capabilities such as mobility, mental capacity, etc.
- d) Should the Service User need **incontinence pads** in addition to the incontinence pads provided by the NHS (3 pads for 24 hours), the following two options are available, whereby the client or his, or her representative must inform the person in charge of the option chosen:
- i. The home will purchase the required incontinence pads and invoice in arrears the client in the amount of £8.60 per week, without supplying an individual receipt for the purchase which will be a wholesale purchase, or
 - ii. The nurse in charge will inform the client and / or his, or her representative of the specifications of the required incontinence pads (such as size, absorption, etc.), and quantity needed for a period of 28 days which will be supplied, purchased and brought in, by the resident's representative. The representative must ensure regular supply without interruption or alternatively, the client will be invoiced the sum of £8.60 per week for the provision of incontinence pads provided by the home.
- d) Any **drugs, medication** or other medical preparations and /or prescription(s) must be notified to the home on admission and later for safety reasons. Relatives and visitors are asked not to bring in medication or food or drinks without consulting the Person in Charge.

		<p>e) Service users are asked to discuss smoking arrangements and alcoholic drinks requirements prior or on admission and are advised that their personal stocks of these items may need to be held by the Person in Charge who will make them available upon request. In general, service users who smoke may do so only in their own room and in the grounds of the home such as the garden and must observe the Home's Fire Regulations in this respect. Where assessment shows that it is necessary smoking will only be allowed under supervision in designated areas. For more details, refer to the home's 'Residents' Handbook' available in the resident's room on our website at: www.bendigonursinghome.co.uk.</p>
<p>PART 4</p>	<p>6. Additional Relevant Conditions (cont.)</p>	<p>f) Furniture, as reasonable and practicable, is allowed to be brought in by the service user at the time or just prior to admission. This, however, must be by prior arrangement with the Home subject to inspection as to its condition and defects liable to render the article unsuitable or unfit or fire hazard or risks related to infection control as well as subject to risk assessment (i.e. trip hazard, clutter). Service users are encouraged to bring smaller personal items such as photographs, pictures, etc. to enable them to personalise their rooms. Transportation, insurance and eventual removal of such items shall be the service user's responsibility and cost or that of his or her executor.</p>
		<p>g) Service users are free to journey out alone as practicable depending on individual physical and mental capabilities. The home cannot be held responsible in any way for the safety of service users once outside the home and hence n escort from our staff is recommended at additional cost.</p>
		<p>h) Our existing Insurance Policies cover personal effects up to a maximum of £1000 per service user with an excess of £150 per service user. If property of greater value is retained, furs, jewellery, etc. these must be covered by the service user's own insurance.</p> <p>i. Notwithstanding any act, neglect or default of the home whether or not caused by negligence: The Home shall not in any circumstances be liable for any claim or loss or damage or deterioration in property caused or contributed to by: <i>strikes, lockouts, fire, civil unrest, riot, acts of God, war, terrorist attack, wanton destruction, floods, burst pipes water or dampness or impact.</i></p> <p>ii. Theft or,</p> <p>iii. Damage by pests, vermin or other animals or any act of neglect or default of the home or their servants or agents, whether or not acting in cause of their employment. Under no circumstances shall the home be liable for consequential loss.</p>
		<p>i) The home is 'pet friendly' and we have had a number of residents who have been able to 'move in' with their pet. However, that is decided on an individual case basis, prior to admission by manager or the deputy manager based on detailed risk assessment and the breed of the pet. A record from vet surgery will be required to determine if the pet is appropriately vaccinated. In any event, the owner, the resident, bears the responsibility and cost and must provide for food, veterinary examinations, walks, hygiene, etc. of their own pet. The home may be able to organise some essential for the pet activities at an additional cost for which the service user will be invoiced for.</p>
		<p>j) Fire Precaution: Whilst there are no restrictions to visiting hours within the home all visitors must write their initials the visitors' book stating the date and time of both their arrival and departure.</p>
		<p>n) Suggestions, concerns and complaints, should be addressed in the first instance to the nurse in charge and to the Manager or Deputy Manager following the procedures described in the home's Complaints Policy</p>

		available in the reception, residents' handbook or on our website. We are always available to hear any issues you may have.
		o) Service users are asked to provide the home with copies of one or more of the following: <ul style="list-style-type: none"> <i>i. Lasting Power of Attorney</i> <i>ii. Preferred Priorities for Care</i> <i>iii. Advanced Decision to Refuse Treatment</i> <i>iv. Prior Funeral Arrangements</i>
		p) Where a resident is funded by Local Authority, the Local Authority contract will supersede the Home's Contract, where there is any ambiguity.
	7. Variation of Terms	<p>We shall be entitled to review and vary these Terms of Business and Conditions of Admission to:</p> <ul style="list-style-type: none"> a) reflect new health and safety laws; or b) to comply with sector regulations; or c) to improve the service that we provide to you, or d) to improve the terms and ensure that they are fair and transparent e) reflect the consumer law <p>In all cases, we will notify you and your representatives about proposed changes and provide you with four weeks' notice before any changes takes effect. If you object to any variations of the Terms you have the right to terminate this agreement without penalty'</p>

PART 5	Terms Agreed by the Resident			
	These Terms of Business and Contract must be signed by both parties, by the Registered Manager of the Home, and the Service User. The terms and conditions should be read in full before signing. Failure to do so does not excuse the service user from compliance with the terms and conditions.			
	Does the Service User have capacity to read and understand these terms and conditions of business?		YES	NO
	<i>If the answer to the above question is 'NO', then Part 5, should be completed</i>			
	<i>I have read the above Terms and Conditions for admission to the home before signing and fully understand and accept them.</i>			
	SERVICE USER SIGNATURE			
	SERVICE USER'S NAME			
DATE				

Terms Agreed by Lawfully Appointed Representative

Where the service user lacks capacity, more specifically to read and understand these terms, then these terms and conditions should be signed by the service user’s lawful representative. In consideration of the home’s agreement to admit the as named in Part 1 Service User on the Terms and Conditions detailed previously, the service user’s representative agrees as follows:

1. To indemnify the Home in respect of any failure to pay the fees due, not - withstanding that I shall not have notice of any neglect or omission by the service user to pay the fees and not withstanding any forbearance of the Home’s part to recover any fees due from the service user.
2. To indemnify the Home in respect of any breach by the service user of any of the other terms and conditions contained and to guarantee the performance thereof, not - withstanding any forbearance on the Home’s part to recover any loss that may be sustained.
3. In order to give the effect to this indemnity and guarantee I declare that the Home shall be at liberty to act as though I were the principal debtor and I waive all or any of my rights as surety which may at any time be consistent with any of these.
4. This indemnity and guarantee shall be a containing indemnity and guarantee to the Home for all sums due from the service user and shall only be capable of determination by me when all fees or sums due from the service user or myself under the terms and conditions herein contained have been discharged in full. Until that time the terms of this indemnity and guarantee shall not be determinable and shall in the event of the death of me / either of us be binding upon our personal representatives

PART 6

I have read the above Terms and Conditions for admission to the home before signing and fully understand and accept them.

SIGNATURE OF AUTHORISED PERSON	
NAME	
RELATIONSHIP TO THE SERVICE USER	

Privacy Notice for Service Users

Kindcare (UK) Ltd, trading as Bendigo Nursing Home, in accordance with the General Data Protection regulation (GDPR) we have implemented this Privacy Notice to inform you, our residents, of the types of data we hold on you and process. This Privacy Notice also explains how we use any personal information we collect about you, during the information gathering process known as an Assessment of Need. Topics covered are:







- 🔗 [What information do we collect about you?](#)
- 🔗 [How do we use such information?](#)
- 🔗 [Access to your information and correction](#)

1. **What information do we collect about you, the lawful basis of the information gathered, who provided the data and retention period?:** The nature of our service means that very personal and sensitive information is discussed, in order to ensure we can meet your health and social care needs in ways that are unique to your individual circumstances. The specific type of information is required in order for us to meet our legal and regulatory obligations as a registered provider. The Lawful Bases which we use are contained within the Data Protection Act 2018 and are:

Data / Information we hold on You	Lawful Basis	Who Provided the Information / Data	Retention Period
Name, Date of Birth	Legal Obligation	You or your LPA / POA / NOK, or Local Authority	Records are archived and kept for 3 years after the date of last entry, after which hard / paper copies are cross shredded and digital copies are deleted
Next of Kin / Relevant, Involved Family Members, LPA (Lasting Power of Attorney) / POA) contact details	Legal obligation (<i>involvement and decision-making</i>)	You or your LPA / POA / NOK, or Local Authority	
Records and contact details on relevant professionals involved in your care, treatment and support such as GP, Social Worker, Community Dietician, Optician,	Legal Obligation (<i>co-ordinated care</i>)	You or your LPA / POA / NOK, or Local Authority or requested by the home	
Medical History	Legal Obligation	Your GP	
Health and Monitoring Records (including past and current weight, blood pressure, nutrition, hydration, BMI, vision, hearing, etc.)	Legal Obligation (<i>in meeting needs</i>)	Your GP or as per our assessment	
Medicines	Legal Obligation	Your GP	
Well-being (including mental, social and spiritual needs, life history and family tree, your preferences and wishes as well as end of life care wishes)	Legal Obligation (<i>in meeting needs in a person-centred way</i>)	You, your family / representative, psychiatrist / GP, our assessment	
Special Categories Data (race, ethnic origin, religion, disability, sex, sexual orientation)	Legal obligation (<i>to ensure equality and necessary adjustment</i>)	You / your representative	
Letters and documents such as hospital appointments, funeral arrangements, advance decisions, correspondence with your representative, copies of LPA / POA, signed Terms of Business and Contract, NHS letter related to Nursing needs and contribution)	Legal Obligation (<i>co-ordinated care</i>) as well as Contractual (<i>payments</i>)	You, your family / representative, LPA / POA, GP, hospital, NHS	

Photographs (such as your photograph, photographs of any pressure wounds or skin damage)	Legal Obligation (i.e. the right medication is administered to the right person)	Our staff	
Accidents / incidents reports	Legal Obligation	Our staff	
Complaints, issues raised and investigations	Legal Obligation	You / other complainant, manager, deputy manager	
Care Planning (current and archived)	Legal Obligation	You and our staff	
Risks and needs assessments	Legal Obligation	Our staff	
Notifications to CQC (Care Quality Commission) and other regulatory organisations	Legal Obligation	Our staff	
Feedback of our service	Legal Obligation	You	For about 12 months
Financial records (such as invoices and payments made by you / your representative / Local Authority (LA) / NHS) as well as any additional expenses	Legal Obligation (HMRC) as well as Performance of a Contractual (payments)	Our accounts department, you / LPA / POA, LA, NHS	6 years

2. **How information about you will be used:** We may share information regarding your care with those who have a need to know, namely Health Professionals, such as GP's, Ambulance Paramedics, Hospitals etc., Local Authorities, include departments such as Social Services, etc. and any relevant person identified by you, such as an L.P.A., and our staff. We will not share your information with anyone except those indicated above, unless required by law. Personal information supplied to us is used in a number of ways, for example.

-  To agree a Care Plan
-  To review your care needs
-  To monitor your medication
-  Share information about you with relevant professionals involved in your care, treatment and support such as GP, Hospital, Dietician, Optician, etc. in order to provide well-managed and co-ordinated care, treatment and support. For this purpose, the lawful basis are legal obligation, however, in cases where there is a lack of capacity the lawful basis changes to vital interests.
-  To help us improve our services
-  Photographs are:
 - i. Used for your MAR sheets where medicines administration is recorded. We are required to administer the right medicine to the right person and having a photograph available ensure that there are no errors, and hence this is a legal obligation.
 - ii. Also used to display on your room door for identification purposes and this is our legitimate interests
 - iii. Used for display around the home, our TV monitors and brochure as part of you daily activities in which case we ask for your consent

3. **How will we use this information?:** Upon completion of your Assessment of Need, we compile a Care Plan with your involvement and the involvement of people you have chosen, which sets out tasks, aspirations and outcomes in order to meet all your identified needs and this is regularly reviewed and updated. This includes liaison with all those involved in your care such as family, your representative relevant health and social care colleagues and other professionals.

4. **Access to your information and corrections:** All files held in your name are available for your perusal and you can ask us to remove or amend information which is inaccurate.




5. **Protecting your Data:** We are aware of the requirement to ensure your data is protected against

accidental loss or inappropriate disclosure, destruction and abuse. We have implemented processes to guard against such.

6. **Your Rights:** You have the following rights in relation to the personal data we hold on you:
 - a) the right to be informed about the data we hold on you and what we do with it;
 - b) the right of access to the data we hold on you.
 - c) the right for any inaccuracies in the data we hold on you, however they come to light, to be corrected.
 - d) the right to have data deleted in certain circumstances. This is also known as ‘erasure’; however, that may mean that we are unable to ensure appropriate care, treatment and support
 - e) the right to restrict the processing of the data;
 - f) the right to transfer the data we hold on you to another party. This is also known as ‘portability’;
 - g) the right to object to the inclusion of any information;
 - h) the right to regulate any automated decision-making and profiling of personal data.
7. **Consent:** Where you have provided consent to our use of your data, you also have the right to withdraw that consent at any time. This means that we will stop processing your data.
8. **Making a Complaint:** If you think your data rights have been breached, you are able to raise a complaint with the Information Commissioner (ICO). You can contact the ICO at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or by telephone on 0303 123 1113 (local rate) or 01625 545 745.
9. **Data Protection Compliance:** alternatively, you can inform the manager either verbally or in writing to Mariana, Bendigo Nursing Home, 22 Arundel Road, Eastbourne, BN21 2EL; mariana@bendigonursinghome.co.uk

Privacy Notice for Service User’s Relevant Persons Involved (LPA / POA, NOK, Family Members)

Kindcare (UK) Ltd, trading as Bendigo Nursing Home, in accordance with the General Data Protection regulation (GDPR) we have implemented this Privacy Notice to inform you, our residents’ representatives, of the types of data we hold on you and process. This Privacy Notice also explains how we use any personal information we hold on you.

-  *What information do we hold on you?*
-  *How do we use such information?*
-  *Access to your information and correction*

1. **What information do we collect about you, the lawful basis of the information gathered, who provided the data and retention period?:** The Lawful Bases which we use are contained within the Data Protection Act 2018 and are:

Data / Information we hold on You	Lawful Basis	Who Provided the Information / Data	Retention Period
Contact Details (full name, address, telephone number(s), e-mail address, business / law firm name, fax number)	Legal Obligation <i>(involve representatives in the residents’ care, treatment and support under the Health and Social Care Act)</i>	You	Records are archived and kept safe for 3 years after the date of last entry, after which hard / paper copies are cross shredded and

Letters and correspondence (hard / paper copies and e-mails), copies of LPA / POA, signed Terms of Business and Contract on behalf of the resident	Performance of a contract	You	digital copies are deleted
Care Planning (involvement, including Best Interest Decision records, DNACPR)	Legal Obligation	You	
Records of verbal communication (either in person or on the phone)	Legal Obligation	You	
Complaints, issues raised and investigations	Legal Obligation	You / other relevant complainant(s), manager, deputy	
Feedback of our service	Legal Obligation	You	For about 12 months
Financial records (such as invoices and payments as well as any additional expenses)	Legal obligation (HMRC)	You and our accounts department	6 years

2. **How information about you will be used:** We will only share your contact details that you have provided willingly with Health Professionals, such as GP's, Hospitals, other professionals involved such as optician, etc., Local Authorities, include departments such as Social Services, our staff to keep you informed of the condition of the person whose care, treatment and support you are involved in, as well as our accounts department. We will not share your information with anyone except those indicated above, unless required by law.
3. **Access to your information and corrections:** Any information held on you is available to you and you can ask us to remove or amend information which is inaccurate.
4. **Protecting your Data:** We are aware of the requirement to ensure your data is protected against accidental loss or inappropriate disclosure, destruction and abuse. We have implemented processes to guard against such.
5. **Your Rights:** You have the following rights in relation to the personal data we hold on you:
 - a) the right to be informed about the data we hold on you and what we do with it;
 - b) the right of access to the data we hold on you.
 - c) the right for any inaccuracies in the data we hold on you, however they come to light, to be corrected.
 - d) the right to have data deleted in certain circumstances. This is also known as 'erasure', however, that may mean that we are unable to ensure appropriate care, treatment and support
 - e) the right to restrict the processing of the data;
 - f) the right to transfer the data we hold on you to another party. This is also known as 'portability';
 - g) the right to object to the inclusion of any information;
 - h) the right to regulate any automated decision-making and profiling of personal data.
6. **Consent:** Where you have provided consent to our use of your data, you also have the right to withdraw that consent at any time. This means that we will stop processing your data.
7. **Making a Complaint:** If you think your data rights have been breached, you are able to raise a complaint with the Information Commissioner (ICO). You can contact the ICO at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or by telephone on 0303 123 1113 (local rate) or 01625 545 745.
8. **Data Protection Compliance:** alternatively, you can inform the manager either verbally or in writing to Mariana, Bendigo Nursing Home, 22 Arundel Road, Eastbourne, BN21 2EL; mariana@bendigonursinghome.co.uk



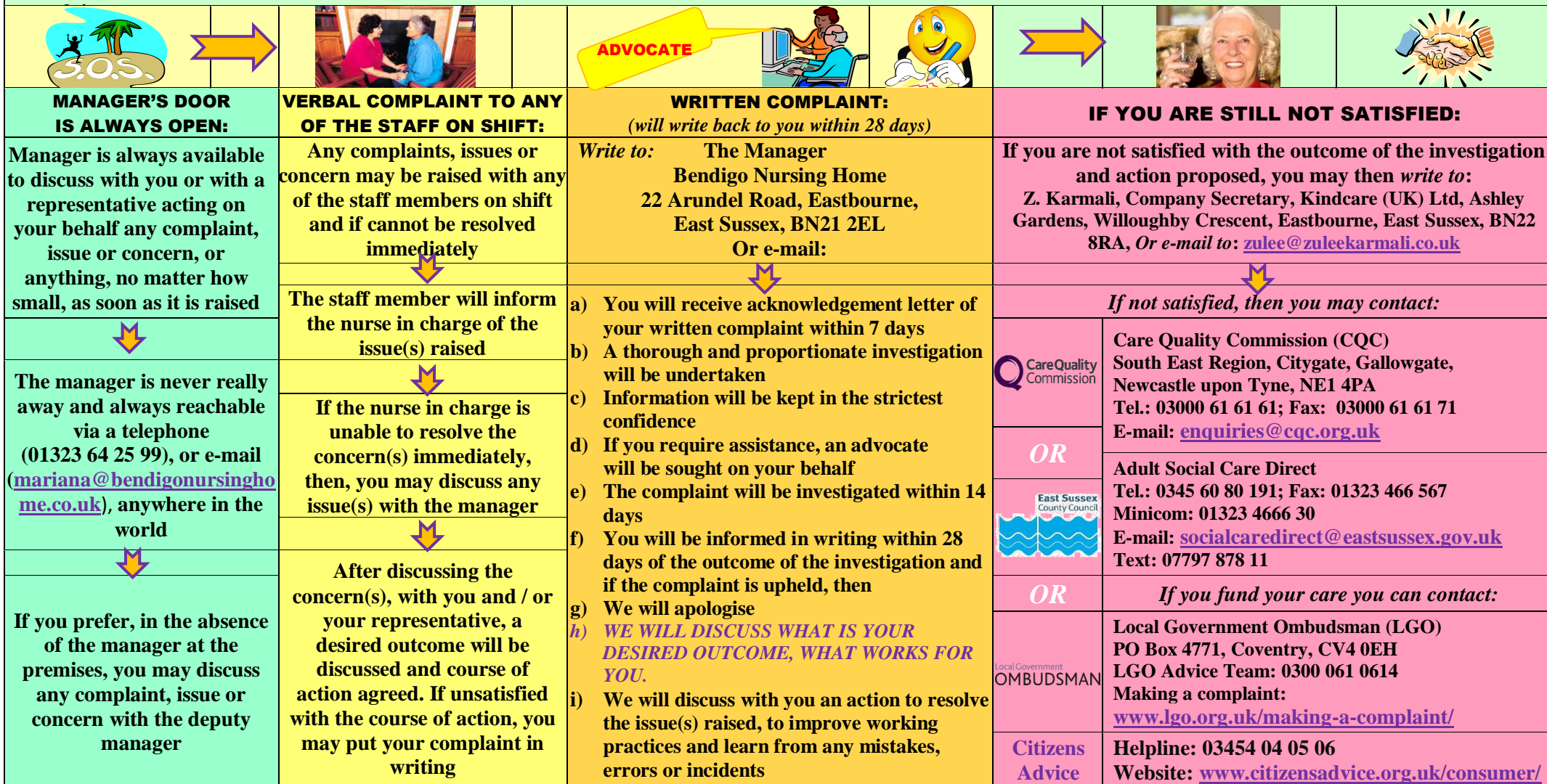
COMPLAINTS

DIAGRAMATIC PRESENTATION OF COMPLAINTS POLICY AND PROCEDURE




(Also a copy of the full complaints policy and procedure is available in the reception area and in the residents' rooms)

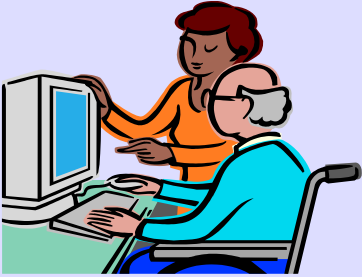








Management and staff will endeavour to provide the best quality of care, treatment and support available. Management also accepts that from time to time people, residents and / or their representatives may not be satisfied or fully satisfied with all or part of the care, treatment and support provided. Management and staff will take any reasonable steps to resolve the situation. Any complaints, issues and / or concerns raised are welcomed because they enable staff and management to learn valuable lessons. This home makes every effort to be open and transparent. It is our belief that it is far better to deal with a complaint early, openly and honestly, for everyone's benefit. People complaining will not be discriminated against or victimized. **WE AIM TO ENSURE THAT YOU HAVE A POSITIVE EXPERIENCE AND AN OUTCOME THAT WORKS FOR YOU.** If you have a complaint, a concern, an issue or anything at all, no matter how small it may seem, you may follow one of the following routes to raise a



FREQUENTLY ASKED QUESTIONS

No	QUESTION	ANSWER
1	<p>Making a decision to move in a nursing home</p> 	<ul style="list-style-type: none"> ● Here at Bendigo Nursing Home we make sure that everyone who is choosing a home, either for themselves or a loved one, has the information and confidence they need to make a good decision and more importantly, the right decision for YOU. ● We know that, for many people, the need to find a nursing home can come at a distressing time, with decisions taken in challenging circumstances. ● That is why we encourage YOU and loved ones involved to visit our home and other homes to ensure you make an informed decision. ● During your visit we will show you the home and answer all your questions to put your mind at rest.
2	<p>When can I or my Mum / Dad (Auntie / Uncle) move in to the home?</p> 	<ul style="list-style-type: none"> ● Once you have reached a decision that you wish to reside at our nursing home you need to: <ol style="list-style-type: none"> a) Call us and inform us of your decision if you will be paying for your care b) Call your Local Authority (Social Services) if they are going to fund your care c) If you do not know how your care will be funded, then you need to call the Local Authority and request a financial assessment. The telephone number for East Sussex County Council, Adult Social Care is: 01323 747 333 ● Once you have informed us of your decision, one of our qualified nurses (RN), will visit you either in your home or at a hospital and undertake an in-depth assessment of your needs, risks, wishes and preferences. The RN will record the assessment in detail. ● The RN will then discuss the outcome of the assessment with the manager to determine if the home and the care provided will be sufficient and appropriate to meet your needs and preferences. The RN will then: <ol style="list-style-type: none"> a) inform you of the decision if you will be funding your care or, b) inform the Local Authority if your care will be funded by them ● If you wish you or family may bring your belongings and items prior to your admission. The items or furniture should not be very large in size as they may congest the room and obstruct safe movement.
3	<p>What happens after admission?</p> 	<ul style="list-style-type: none"> ● Once you have settled into your new home, you can choose two key workers, one will be a registered general nurse (RGN) and another one a health care assistant (HCA). ● Your two key workers will spend time with you discussing your needs and preferences. They will also undertake a more detailed needs and risk assessment. They will advise you what is best for you and how they propose your needs to be met. ● They will listen to you and ● Devise your person-centred care plan that is appropriate and positively balanced in meeting your needs, and respecting your wishes

<p>4</p>	<p>Would I be involved in my care?</p> 	<ul style="list-style-type: none"> ✔ Yes. You will be involved in every decision-making process regarding your care, treatment and support. Nothing will be done without your consent. ✔ Staff will ask you what your wishes are about things such as: <ul style="list-style-type: none"> ✔ Where and how you would like to spend your day ✔ If you like to participate in the church service we have at the home once a month ✔ What you would like to eat ✔ What you would like to wear ✔ If you like to go to the theatre ✔ If you wish to have flue jab ✔ If you wish to see your GP, etc.
<p>5</p>	<p>What if I am not able to communicate my wishes?</p> 	<p>If for any reason such as Dementia, you are unable to communicate your wishes then:</p> <ul style="list-style-type: none"> ● We will listen to your close family and friends who have known for long time and know your preferences ● If you do not have family and / or friends then we will endeavour to arrange an advocate for you. An advocate is an independent person who will act on your behalf and ensure that your best interests and rights are respected ● Best interest decisions will be made on your behalf involving family, friends, advocate and professionals ● We will apply to the Local Authorities for authorisation of Deprivation of Liberty Safeguards (DoLS), to ensure that your freedom and rights are not unnecessarily restricted.
<p>6</p>	<p>Would my records and information be kept confidential?</p>	<ul style="list-style-type: none"> ● Yes. We comply with Data Protection Act. We keep records and information in the strictest confidence. ● However, sometimes in case of emergency we must share relevant vital information with other professionals such as emergency services, paramedics, GP, etc. to ensure that you receive timely and appropriate treatment, and hence ● We ask for your written consent to share relevant information with other professionals involved in your care, treatment and support such as a social worker. Refer to Privacy Notice
<p>7</p>	<p>Would my family and friends be able to visit me?</p>	<ul style="list-style-type: none"> ● Yes. The home has open visiting hours. ● We would advise that your family and friends do not come when you may be sleeping. For example, if you like to sleep till late in the morning or go to bed early in the evening, your loved ones should avoid visiting during these times.
<p>8</p>	<p>Social Life and Activities</p> 	<p>The home has a varied activities programme which changes monthly depending on the residents' preferences. Some of the activities included in the home are:</p> <ul style="list-style-type: none"> ✔ Residents' meeting where the people who live in the home express their wishes, concerns, issues and preferences regarding activities, the running of the home, the staff and anything they may wish to discuss ✔ Church Service by visiting volunteers ✔ Activities that promote mental and physical stimulation such as words, pictures and history quizzes, light exercises and yoga for both people who may have and for those who do not have mobility difficulties.

<p>8</p>	 	<ul style="list-style-type: none"> ✔ Going out shopping, theatre, for tea and scones and anything else that the residents may wish to do ✔ Bingo ✔ Visiting musicians who play musical instruments and sing popular songs including sing-a-long. ✔ The home has a hairdressing and beauty salon. The residents are able to book a hairdresser appointment in advance for Tuesdays and experience a real hairdo day. ✔ The chiropodist visits every 6 weeks ✔ All our residents, male and female, have their manicure regularly maintained and are able to choose from a wide variety of nail polish colours ✔ We also have art and origami classes ✔ Ten Pin bowling where even people with mobility difficulties can participate ✔ Our residents decide which activities they wish to participate in and inform the staff to assist them for group activities ✔ One to one activities are undertaken for people who do not wish to participate in group activities such as reminiscence ✔ We also have special Birthday, Christmas and Easter celebrations.
<p>9</p>	<p>Bringing FOOD and / or DRINK to your loved one:</p> 	<p>When you bring food and / or drink to the home for your loved one, you must ensure that you:</p> <ul style="list-style-type: none"> ● Inform the nurse in charge who will assess how the food should be stored safely (for example if the food requires to be kept in a fridge). And take appropriate action. ● This is to ensure that the residents are at no risk of harm by eating out of date or inappropriately stored food ● Please, do not just leave any food in the resident's room without informing anybody
<p>10</p>	<p>Bringing BELONGINGS / CLOTHES for your loved:</p> <p><small>Click on the picture to hear the word.</small></p>  <p>dress T-shirt shorts trousers jumper skirt shoes socks hat jacket</p>	<p>When you bring belongings / clothes for your loved one you must:</p> <ul style="list-style-type: none"> ● Give them to the nurse in charge or our admin assistant who will ensure that they are labelled with the resident's name to avoid misplacement in another resident's wardrobe. ● Additionally, our admin staff will take photographs of the belongings / clothes to avoid any misunderstanding and record them in the resident's care plan ● Alternatively, you may label the belongings / clothes prior to bringing them to the home ● Please do not just leave any belongings / clothes in the resident's room without informing anybody

Pets owed by service users



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We know that pets are often treated as a member of the family and separation from the loved pet may cause a feeling of loss and grief. That may affect a person's mental and physical well-being. Request by people to move in the home with their pet will be considered by the manager individually subject to suitability and risk assessment. The manager of the home is solely responsible for the decision to admit a pet into the home and the decision is final. Should a person is admitted in the home with their pet, certain conditions apply, including but not exclusively:

- The owner must provide prior to admission an evidence (letter, passport or certified record) from a qualified vet that the pet is in good health and has all necessary vaccinations
- The owner is responsible for the health, safety, welfare, feeding, grooming and if necessary exercising of their pet
- The owner is liable for any veterinary expenses and necessary vaccines
- The cost for damages caused by the pet, including soiling, will be recovered from the owner.
- The manager reserves the right to re-assess the situation at a later date and if necessary request the removal of the pet

Meals




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- ✔ The home has an extensive and varied menu for five weeks.
- ✔ All meals are well balanced and home cooked by our in-house chef
- ✔ The menu caters for various diets and preferences and includes traditional English as well as Mediterranean cousins
- ✔ The menu has photographs the meals served to enable people with short term memory loss to make a choice with ease.
- ✔ Meals and snacks are available 24 hours and bowl of fruit is available in the residents' rooms
- ✔ A glass of wine or sherry is available for people with their meals
- ✔ Residents' choice of meal is recorded prior to meal times and given to the chef



<p>13</p>	<p>Smoking / Vaping</p> 	<p>The home has ‘No Smoking’ policy. However, it is the residents’ home and we are aware how difficult is to give up a life-long addiction, and hence there are designated smoking areas. People who wish to smoke have a risk assessment and if necessary are supervised by staff who are smokers and undertake the task voluntary.</p>
<p>14</p>	<p>Is the service safe?</p>	<p>The last inspection report states that the home is safe and more specifically in respect of:</p> <ul style="list-style-type: none"> ✔ Safeguarding people from all forms of abuse and discrimination ✔ Staff recruitment, staffing levels and whistleblowing ✔ Risk assessment and safety (health and safety; fire safety) ✔ Safe premises and equipment ✔ Management of accidents and incidents ✔ Infection prevention and control ✔ Management of medicines ✔ The manager undertakes an annual audit of all aspects of the service 