



KEELE HOUSE CARE HOME

Service User's Guide

Copy to be kept in each room
Please do not remove
2019



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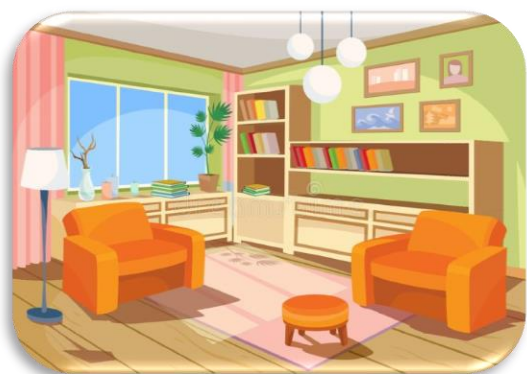
INTRODUCTION



The following information is to help you settle in at your new home. If you need any assistance, please use the call bell or ask any member of staff who will be happy to help you.

The information can be produced in different formats in line with individuals' communication needs. If you need an alternative format please contact us.

If there are any changes made to the home, we will also change the information in the guide so that you are fully kept up to date with what is happening.



ABOUT THE HOME

Address

We can be found at:
Keele House Care Home
176 – 178 High Street
Ramsgate
Kent
CT11 2TS

We can be contacted by:
Telephone: 01843 591 735
Email: manager@keelehouse.co.uk

Who owns and runs the home?

Keele House Care Home is owned by UV Care Group.

It is registered with the CQC as a care home. The registered person, who is responsible to the CQC for the welfare and safety to the people who live in the home, is Indi Toot.

The home manager is Margaret Collins, who is responsible for everything to do with the day to day running of Keele House Care Home.

Keele House Care Home is registered with the CQC to provide accommodation as well as personal and support care to 31 people who are over the age of 65 years old, who have physical disabilities and/or dementia. The home is fully insured in line with the statutory requirements.

OUR VALUES AND AIMS

Keele House Care Home opened over 30 years ago as a private retirement home for 31 people who felt they were not safe or happy living on their own and who wanted a level of care, support and company in a homely environment. Most of our residents have come from the local area and many continue to remain in touch with families, friends and the local community.

At Keele House Care Home we value each and every individual who comes to live here. We welcome applications from people over 65 years from all walks of life and with many different needs, who enjoy the opportunity to share and celebrate the richness and diversity of their experiences. We can assure everyone who comes to live in our home that they will be treated with respect and dignity according to their individual needs and wishes.

Our aims

To provide a 'home from home' experience in a large family atmosphere, in a fresh and clean environment serving you with healthy nutritional meals and drinks whilst enjoying doing what you like best.

Our values

To provide the same service to the people who use our service as we would to our own families and loved ones.

We value the relationships of people living at our home and encourage you to invite your families and loved ones to the home for social enjoyment.

It is important that our staff are trained to high standards and adopt the attitude of CANI:

Continuous

And

Never-ending

Improvement

Which is very important to the owner Indi Toot.

Our mission statement

To make you apart of our family, encouraging you with passion to retain as much of your independence as possible with dignity.

A zero-tolerance policy on any type of discrimination, we promote LGBT+ (Lesbian **G**ay **B**isexual **T**ransgender **T**ranssexual **2/Two-Spirit** **Q**ueer **Q**uestioning **I**ntersex **A**sexual **A**lly) inclusive practices.

Our best efforts to be as responsive as possible to people's needs and requests.

To help people with dementia to overcome their frustrations and make them feel valued.

Words from Indi Toot: -

*"It is important to me that we provide the best service we can every day. I do not believe a good and effective service can ever stop moving forward this is why we adopt the **CANI** approach, **we truly believe being good and outstanding is a journey not a destination**"*

STAFFING, QUALIFICATIONS AND TRAINING

Management and staff at Keele House

Role	Staff	Number of staff
<i>Owner</i>	Indi Toot	1
<i>Home Manager</i>	Margaret Collins	1
<i>Head of Care</i>		
<i>Head Senior Carers</i>		
	Elizabeth Robb Lesley Bolton Susan King Sharon Osborne	4
<i>Care Assistants</i>	Carly Saxby John Emery Nichola Collins Amanda Walmsley Diane Walmsley Dominic Lewis Donna Horn Amy Francis Eileen Breakspear Julia Flitter	10
<i>Night Staff</i>	Josephine Paddington Debbie Parry Barbara Kmiec Christine Webb Susan Palmer Pamela Bennett	6
<i>Kitchen Staff</i>	Susan Busby Jacqueline Line	2

<i>Housekeeper</i>	Susan Belsey Julie Fitzjohn Pauline Emery Clare Janes	4
<i>Maintenance</i>	Shane Warner	1

Identifying the staff

The managers wear their own clothes smart dressed.

The head of care wears a navy-blue uniform.



The senior staff wear royal-blue uniforms.



All other care staff wear a lilac tunic.



Domestic and housekeeper staff wear a grey uniform.



Cook wears white chefs' clothes.



- All staff receive the necessary criminal records checks and clearance from the Disclosure and Barring Service before starting their employment with the home.
- We aim to have 6 care staff and a manager on duty during the day. 5 care staff are on duty in the evening. At night there are 3 waking night staff and one member of staff on call.
- The home encourages care staff to spend as much individual time with residents as their other duties allow. The care staff will look after you and they will have set tasks to do to help you to settle in.

- You will be given a named keyworker who we try to ensure is on when you are admitted. You can always talk to the carers if you have any concerns.
- All of our support staff receive training in the home's philosophy and values.
- The home is fully committed to staff learning and development. The home manager has the required qualifications for the position, including an NVQ level 5, and undergoes regular and up to date training.
- is the head of care she has her NVQ level 3. All other care staff have their NVQ level 2 or are working towards it.
- All new staff receive a full induction and are trained to Care Certificate standards if there are no NVQ care qualifications already achieved.
- All staff receive training in adult safeguarding and refresher training in all health and safety matters. Their training is regularly updated.

WHAT KEELE HOUSE CARE HOME PROVIDES

Accommodation

Our Accommodation includes:

- 27 single rooms, all en-suite.
- 2 double en-suite rooms for couples who seek to share or who mutually agree to share.
- Call bells in each room providing 24-hour help.
- Rooms decorated to a high standard, or if residents have specific request we will try our best to accommodate.
- Help to make rooms more personal by individuals bringing in, where practical, items of furniture and other effects
- 2 communal lounges with a TV and a conservatory dining room.
- Adapted and well-equipped bathrooms which meet all health and safety standards
- A well-maintained and fully serviced lift to the upper floor.
- Easy wheelchair access to all main areas.

Personal care and support

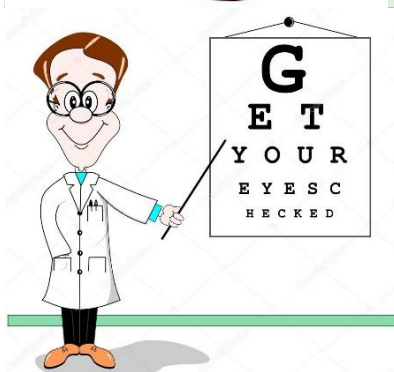


Our hairdresser, Lorette comes to the home every Friday, she will however make special arrangements where necessary.

SHAMPOO AND SET	£8.00
WITH A CUT	£12.00
SHAMPOO AND BLOW DRY	£8.00
WITH A CUT	£12.00
PERM INC. FINISH	£28.00
COLOUR AND TINT INC.FINISH	£20.00
DRY CUT	£6.00



A chiropodist visits the home every 6/12 weeks at a cost of £10.00 per person; this cost must be met by the service user on the day.



We have Vision Call who deal with eye and ear tests and they visit the home on a regular basis, but if required we can always call and ask them to visit. The tests are free, and the prices of glasses and hearing aids vary accordingly. Alternatively, you may wish to continue to use the services of your own dentist or optician; you can go to them or request them to visit.



Safe handling of all medication prescribed or used by the person, with the person being given the opportunity to be responsible for their own medication.



The NHS dental service (Capital House, Jubilee Way, Kent ME13 8GD) are able to come to the home for those who struggle to commute.

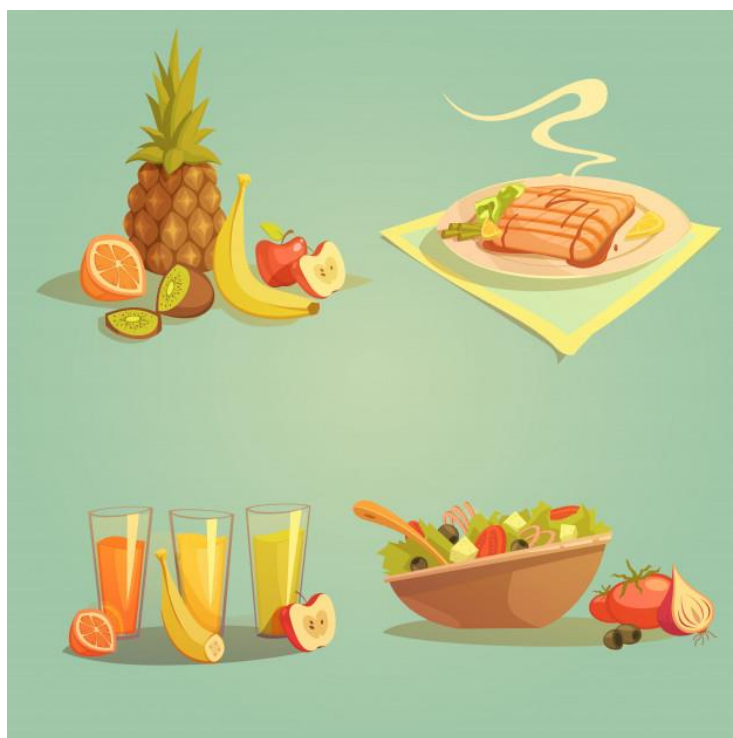


If you have any nursing needs, then a District Nurse will attend the home to see you. Care staff will carry out all personal care you may require.

Food and drink

We provide:

- 3 full meals each day, served in the dining room or, on request, in a resident's own room or where else they like that would be practical.
- Hot or cold drinks and light refreshments are provided between meals and on request throughout the day.
- A choice of healthy and nutritious meals we also cater for any special dietary requirements.



The time schedule below is indicative:

Meals are served on the ground floor in the dining room (unless requested otherwise):

Meal	Start Time	Finish Time	Notes
Breakfast	8.30am	9.30am	If you would like your meal at a different time please request this as we provide an individualised service.
Lunch	12.30pm	1.30pm	
Supper	5pm	6pm	



An early morning drink is served from 7am or earlier if requested.



Mid-morning drink and biscuits are served from 10:30am.
Afternoon drink and biscuits are served from 2.30pm.

Evening milky drink and a snack are served between 8:30pm and 9pm.

The above list is not exclusive, and you only have to ask for a drink and/or snack at any time throughout the day or night and our staff would be more than happy to serve you.

- If you wish to entertain your family and/or friends, we will be more than happy to provide refreshments for your guests as they are also our guests.
- Menus follow a four-week rota and requests are made on a daily basis after breakfast, with a choice of 2 meals, however we would be happy to offer an alternative if that is what you would prefer.
- The cook will cater for special occasions, given notice and visitors or relatives can dine with you for a small fee.



Leisure activities



A pleasant garden and sitting area.



The home can arrange a newspaper delivery service, please see the manager or senior on duty to arrange this service. This is a private service and you will be invoiced separately.



The activities coordinator organizes stimulating and wide-ranging shared activities to help individuals to follow their interests and hobbies.

The activities coordinator will arrange activities such as outings, bingo, etc.



Care staff will also spend time with the service users, doing small activities like nails, chatting about the past and ensuring the service users are happy. The home has a selection of jigsaws, games and books available.

Facilities



Adequate car parking for visitors.



All personal laundry will be collected by the care staff and will be returned to your room after it has been washed and ironed.



Basic repairs will be carried out, but zips or more serious repairs are not done in the home. The home does not provide a dry-cleaning service, if you wish to have clothing dry cleaned it is the responsibility of yourself or relatives to take the clothing to the dry cleaners and to collect it and bring it back.



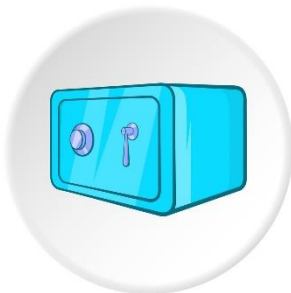
Help for people who wish to follow their religion by putting them in touch with local faith leaders and institutions, etc.



The home will provide linen, towels and face flannels but ask you to provide your own toiletries including denture pots.



Your room will be tidied daily and cleaned regularly. Although we will make every effort to avoid disturbing you there may be times where it is necessary to ask you to vacate your room for a short while during this process.



The home has a safe deposit facility where small items may be kept. A lockable box can be provided on request for your room. Any item of value or money kept in your possession is your responsibility. You are advised not to keep large amounts of money or valuable items in your room.

Local amenities



Encouragement and help for residents to attend local facilities and services in line with their wishes and needs.



The home will provide an escort to the hospital for appointments, but support from relatives would be welcome. Unfortunately, we cannot provide transport for any other appointments, but we can arrange for a taxi to take the service user to and for appointments, the cost for taxis must be met by the service user on the day.

You are free to leave the home at any time, but we ask that you inform a member of staff of your intentions and approximate time of return. If you will be out for meals, please let us know.

Quality assurance



We involve the residents and their relatives in the development of the home by consulting them and keeping them fully informed of changes, including 2 monthly meetings.



We regularly seek their opinions on the quality of the services we offer so that we can on improving them by surveys and questionnaires.



We provide staff with regular supervision and training.



We take all complaints seriously and try to do something about them. All residents and relatives know about their right to make a formal complaint and how the complaints procedure works.



We have a duty of candour to always let you know that if we make mistakes over any part of your care we will let you know and how we have or will put matters right.

Medical services

If you come to live in the home you might wish and it might be practical for you to keep your GP and other healthcare

service providers (e.g. dentist, optician, hearing and mobility aids, etc).

If you need new medical service providers we will help you to register or have access to them using services that are well known to and endorsed by our residents.

We will always be available to contact the emergency services when required.



COMPLAINTS



If you find you are not very happy about something, or something has upset you. You can talk to a member of staff and they will do their best to make it right.

Please do not hesitate to speak to someone about your concerns. Whomever you decide to speak with, your concerns will be taken seriously and steps will be taken to make things right and to reassure you.



If you have spoken to someone and you do not feel anything has improved then please ask to speak to the manager.



If the manager is not able to resolve any complaints been made then you will be redirected on to Indi toot the home owner who will be more than happy to talk through this with you.

If you are not satisfied with the outcome you can contact CQC or Ombudsman, contact details follow this section.

ADDITIONAL INFORMATION

There are other organisations that you should know how to contact if you need to.

1. The CQC invites people who use registered services to share their good or bad experiences with them by phoning 03000 61 61 61, sending an email to enquiries@cqcher.org.uk, or completing an online form at www.cqc.org.uk.
2. If the complaint has not been dealt on house then the Ombudsman Services Communications can be contacted by phoning 03304401614.
3. If you are concerned about possible ill treatment, neglect of your needs or abuse occurring anywhere in the home, which we regard as unlikely, you should know that you can contact the local safeguarding adults board, who will respond to your concerns. You can phone them on 03000 41 61 61.
4. In the event of any whistleblowing you can contact the whistleblowing please contact the Whistleblowing Team on 01622 694569 or email internalaudit@kent.gov.uk.
5. If you need to discuss or review any part of your care with someone from the local authority you should contact the adult social care department on 03000 41 41 41.

We will always provide other information on local services as they are required.

WHISTLEBLOWING POLICY

Legal Reference

- 1.0 Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Outcome Statement

- 2.0 Service users are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.**
- 2.1 This is because we comply with the regulations and will:**
- Take action to identify and prevent abuse from happening in the home.
 - Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
 - Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
 - Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.
 - Only use de-escalation or restraint in a way that respects dignity and protects rights, and respects the preferences of service users.
 - Understand how diversity, beliefs and values of service users may influence the identification, prevention and response to safeguarding concerns.
 - Protect others from the negative effect of any behaviour by service users.

- Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the service users and in accordance with the Mental Capacity Act 2005.

2.2 Bad practice for whatever reason is not acceptable and all staff should feel confident that their comments and concerns will be suitably acted upon.

2.3 Staff who report any form of bad practice should be able to do so without fear of retribution, ridicule or victimisation.

2.4 The home is fully committed to improvement and will fully support any staff member who reports incidents of “bad practice”.
Indeed, the home will take disciplinary action against any staff member who is found to have ridiculed or victimised a colleague who reports bad practice.

Policy Statement

3.0 Service users live in a home where staff have taken steps to prevent abuse and do not tolerate any abusive practice should it occur.

The home minimises the risk and likelihood of abuse occurring by:

- Ensuring that staff and service users understand the aspects of the safeguarding processes that

are relevant to them.

- Ensuring that staff understand the signs of abuse and raise this with the right person when those signs are noticed.
- Ensuring that service users are aware of how to raise concerns of abuse.
- Having means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern.
- Having effective means of receiving and acting upon feedback from service users and any other person.
- Taking action to ensure that any abuse identified is stopped and suspected abuse is addressed by:
 - a. Having procedures that take account of relevant legislation and guidance for the management of alleged abuse
 - b. Separating the alleged abuser from the service user and others who may be at risk by removing the opportunity for abuse to occur, where this is within the control of the home or the manager
 - c. Reporting the alleged abuse to the appropriate authority
 - d. Reviewing the care plan to ensure that they are properly supported following the alleged abuse incident.

3.1 Service users benefit from a service that:

- Works with other services in relation to all safeguarding matters and has safeguarding policies that link with local authority policies.
- Participate in safeguarding adult boards where required.
- Has clear procedures about the use of restraint and safeguarding.
- Considers relevant guidance set out in the Care Quality Commission as may be from time to time published.

3.2 Service users receive care, treatment and support from all staff who:

- Are committed to maximising service users choice, control and inclusion and protecting their human rights as important ways of meeting their individual needs and reducing the potential for abuse.
- Recognise their personal responsibility in safeguarding service users.

3.3 Service users benefit from practice where the use of restraint and management of behaviour that presents a risk is:

- Always risk assessed to ensure the appropriate techniques are used.
- Practised in a way that protects the dignity and respect of service users and protects their human rights.

- Discussed, agreed and documented in advance, wherever possible, with the service user as part of the processes for planning care.
- Identified and documented in a plan that sets out preferred measures to prevent and minimise the use of restraint, which is reviewed as the service users needs change.
- Used as a last resort and is the minimum response necessary for the shortest possible time, to make them and others as safe as possible.
- Recorded.
- Where applicable, used in line with the restraint guidelines in the Mental Capacity Act 2005 Code of Practice and the Mental Health Act 1983 Code of Practice and including a best interest assessment.
- Followed by an assessment whenever restraint is used of the service user restrained and others involved in restraint for signs of injury and any emotional or psychological impact.

Procedure

- 4.0 Staff should be aware, and confident, that wherever and whenever they observe bad practice that they should report this to the manager of the home and that action will be taken.

- 4.1 Whenever bad practice is alleged, the manager should ensure that a full and thorough investigation is carried out by a person who is able to provide an impartial view on the issues raised. This might involve asking the manager from another home, an advocate or other such person.
- 4.2 The manager should ensure that the highest standards of confidentiality are maintained throughout the investigation period.
- 4.3 The name, address and telephone contact numbers of the Care Quality Commission, social services and local Health Authority are displayed in the home (and staff room) so that staff are able to report bad practice to a higher authority if they do not feel able to report issues to the manager of the home.
- 4.4 The manager should be aware that in some cases staff do not feel able to make reports on bad practice using their own names. The manager should ensure that any member of staff who wishes to report bad practice in “anonymity” is able to do so.
- 4.5 Where the manager has been required to take disciplinary action against a member of staff for victimisation of a person who reports bad practice, this should take the form of “gross misconduct”.

Where the case is proven, the manager should move for dismissal of the guilty member of staff.

- 4.6 The manager may be required to notify the Care Quality Commission of such events as directed by Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
This report should be made using the Care Quality Commission Notification Form

The Following Evidence Will Demonstrate That The Required Outcomes Are Being Met And Relevant Standards Achieved

- 5.0 There should be evidence that:
- All staff have undertaken awareness training in Whistleblowing and that this is recorded
 - Staff understand the principles of Whistleblowing and that not reporting may be seen as condoning bad practice
 - Staff are aware of how to report bad practice
 - Observed behaviours and actions indicate that bad practice is not evident
 - Records show that reports of bad practice have been taken seriously and acted upon
 - Records of bad practice have been documented, investigated and outcomes identified for improvement
 - Contact details for CQC are readily accessible in the home

Training Required

6.0 Staff should be aware of the following:

- Staff are aware through the Induction Programme how to report bad practice in the home.
- Training in the home should focus on “good practice”.
- Staff should be encouraged to challenge bad practice with the perpetrator, whenever seen, in the first instance.
- If you don’t report “bad practice” you are actively condoning it – and that makes you as guilty as the person who uses bad practice

Forms And Referenced Documents For This Procedure

7.0 Reference - Care Quality Commission Web Site:
www.cqc.org.uk

7.1 Reference - CQC Notification Form – go to
www.cqc.org.uk and type “Notification” into
search window

SAFEGUARDING

Legal Reference

- 1.0 **Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Outcome Statement

2.0 **Service users:**

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

2.1 **This is because we comply with the regulations and will:**

- Act to identify and prevent abuse from happening in the home.
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
- Understand how diversity, beliefs and values of service users may influence the identification, prevention and response to safeguarding concerns.
- Protect others from the negative effect of any behaviour by service users.

2.2 Abuse is wrong and must never be condoned, excused or allowed to continue. We will ensure that

in all our actions we will put the rights and interests of service users first.

- 2.3 We will ensure that service users and staff are protected from harm and not subject to unwanted attention or behaviour that concerns or upsets them.
- 2.4 All staff must work within and follow the Protection Of Vulnerable Adults Guidelines and Guidance issued by DoH. Staff must also be aware of local guidance issued by the local authority Safeguarding team.
- 2.5 We ensure that all actions taken by staff are in line with locally agreed protocols of reporting, and referring through local safeguarding, CQC and Police.
- 2.6 All training for staff in the home should focus on the values base of the service and how this may be interpreted by others. Only by ensuring that all staff work in a consistent and non-abusive way will the incidence of Institutional Abuse be removed.

Policy Statement

3.0 Definition of Abuse

- 3.1 Abuse can manifest itself in many different forms and on some occasions can be unintentional. A standard definition of Abuse is:
“Any action (or lack of action) that causes harm or distress to another. These actions may be deliberate

or accidental and include: physical, psychological, neglect, sexual or financial”.

Actions may be the result of an individual, a group of people or be classed as institutional abuse.

- 3.2 Service users live in a home where the Provider has taken steps to prevent abuse and does not tolerate any abusive practice should it occur.
The service provider minimises the risk and likelihood of abuse occurring by:
- Ensuring that staff and service users understand the aspects of the safeguarding processes that are relevant to them.
 - Ensuring that staff understand the signs of abuse and raise this with the right person when those signs are noticed.
 - Ensuring that service users are aware of how to raise concerns of abuse.
 - Having effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern.
- e. Using information from safeguarding concerns to identify non-compliance, or any risk of non-compliance, with the regulations and to decide what will be done to return to compliance.
- 3.3 Service users benefit from staff who take into account relevant guidance set out in Care Quality

Commission and local safeguarding team documents as may be from time to time published.

3.4 Service users receive care, treatment and support from staff who, in relation to safeguarding:

- Know how to identify, report and respond appropriately to suspected or actual abuse because there are clear procedures that are followed in practice, monitored and reviewed.
- Understand the risk factors for abuse and what they must do if a service user is being abused, suspected of being abused, is at risk of abuse or has been abused.
- Follow the referral process and timescales for any potential safeguarding incident as described in all relevant local and national multi-agency procedures.
- Understand the roles of other organisations who may be involved in responding to suspected safeguarding issues to the extent that is appropriate to their role.
- Work collaboratively with all relevant services to safeguard and protect the welfare of service users.
- Cooperate and work collaboratively with all relevant services during any investigative process.
- Take part in regular reviews of the care, treatment and support outcomes against specific plans for service users.
- Are confident to report concerns without worrying about consequences, as they are aware of their

rights under the Public Interest Disclosure Act 1998.

- Follow any agreed protection plan in order to reduce the risk of further safeguarding incidents.

3.5 Service users have access to information about what they might expect to happen when a referral is made under the local safeguarding procedures.

3.6 Service users are confident that:

- Information about a safeguarding concern is appropriately shared in line with multi-agency procedures, taking into account the sensitive nature of the information.
- Safeguarding procedures are delivered in a way that protects service users human rights, including their human rights to life and not to be treated in an inhuman or degrading way.
- The manager will implement and review any subsequent authorisation in line with guidance.

Procedure

4.0 The local authority Safeguarding Team has been created to help to prevent unsuitable people from working with vulnerable adults.

This is to be achieved by working in partnership with the Disclosure and Barring Service (DBS) and others to store and review relevant information.

- 4.1 The Safeguarding Team has combined three previously held data bases (List 99, POCA and POVA Registers) into the simplified ISA Barred Lists
- 4.2 It is now illegal for a person who is barred by safeguarding to work, or apply for work, with children or vulnerable adults.
- 4.3 Employers face criminal charges for knowingly employing a person who is on the ISA barred list.
- 4.4 The manager has a legal duty to refer to the Safeguarding Team relevant information about a person who is working with vulnerable adults where there are reasonable grounds for believing that they consider the person to have caused harm or posed a risk of harm.
- 4.5 The manager should ensure that all applicants for employment are appropriately registered with a professional or governing body, where appropriate.
- 4.6 The manager must refer information to Safeguarding whenever they have dismissed a member of staff (or where the staff member resigns) because:
 - They have harmed a vulnerable adult
 - They have indicated that they may harm a vulnerable adult
 - The manager believes there is a significant risk of harm to a vulnerable adult

- The manager considers it appropriate that ISA are informed of the individual
- 4.7 The manager should use the “Referral Forms” located on the local authority web site to make the referral
- 4.8 The manager and staff should co-operate with safeguarding at all times in the processing of a referral.

The Following Evidence Will Demonstrate That The Required Outcomes Are Being Met And Relevant Standards Achieved

- 5.0 There is evidence that:
 - Staff have received training in the ISA and Safeguarding procedures from a recognised and approved trainer
 - Staff are aware of how to make a safeguarding report to ISA
 - The service provider has the required forms and documentation to make and manage safeguarding referrals
 - There are full and comprehensive records of any referrals made
 - Following referral, the service has acted on guidance given or requirements made

Training Required

- 6.0 Staff should be aware of the following:

Policies and procedures alone will not protect staff and service users from harm.

Only by ensuring that all staff understand and follow such procedures will abuse, bullying and harassment stop.

Staff should be aware of the sensitivity of other people in their comments and general conversation in the service.

Abuse can occur through ignorance, but ignorance is no defence. Staff should be aware that they are responsible for their actions in their dealings with service users.

Where a member of staff is threatened or attacked and their health, well-being or life is in danger and they act in self defence to remove themselves from the danger, this should not be regarded as abuse.

- 6.1 Abuse can manifest itself in many different forms and on some occasions, can be unintentional.

A standard definition of Abuse is:

“Any action (or lack of action) that causes harm or distress to another. These actions may be deliberate or accidental and include: physical, psychological, neglect, sexual or financial”.

Actions may be the result of an individual, a group of people or be classed as institutional abuse.

OWNER PROFILE

Name: Indi Toot

Role: Nominated Individual / Managing Director

When did you get involved with the home:



I took over my first home Keele House in Ramsgate on 16th February 2017 at which point we were just a single operator. We then acquired Kent House, Broadstairs in Feb 2017. Another local opportunity came to the market the next year and we acquired Treetops, Margate in June 2018. Our most recent purchase was that of a Nursing Home, High View Oast, Ash, Canterbury and this was in February 2019. We then re-branded ourselves U V Care group after the name of my son Yuvi. We are a family run-business and are focused on our core values and mission statement which is CANI, standing for Continuous And Never-Ending Improvement. A statement that we live to serve each day.

Little bit about yourself (including skills):

I came from an entrepreneurial family and learnt the value of hard-work from an early age. My parents and grandparents would have wanted me to live up to their expectation of gaining an academic degree but this was not my dream. I always enjoyed living with my grandparents growing up, so older people's care has always been a passion for me even more so as I have seen my grandad's needs deteriorate and seeing how a proud man needs assistance in such basic tasks is heart-breaking. However I focus on the opportunities that he has given to me and wish to add this into the lives of so many more older people who can all benefit from kind support from caring people.

What made you want to join the care sector:

After being based in a construction industry for many years I did not see myself staying there for a long time and wanted to do something else. I moved out of my family home when I got married and so didn't see my grandad as much, I felt care homes give me that connection of

being able to play apart in older people's lives, not just my family but those of so many other also. Coming from a Sikh upbringing we focus on something we call SEVA, this means serving others, something we are very committed to at U V Care group and hope to contribute to the local area for many, many years.

What you love about your care home:

I love the opportunity I get every day to work with all our lovely staff and try to improve the lives of those that live with us, whilst giving reassurance to their loved ones that they are safe and well. This is all in partnership with all stakeholders that have an interest in the lives of our people.

Most important qualities/values your care home has:

We are strong believers that good and outstanding care is not a destination but a journey that we travel every day. Our map along this journey is CANI (Continuous And Never-Ending Improvement).

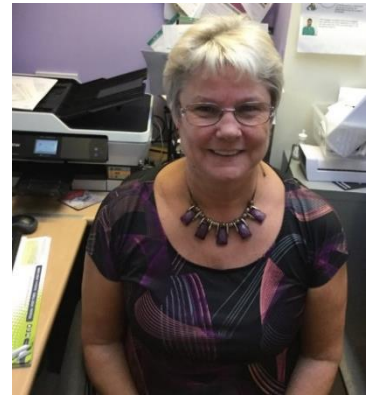
MANAGER PROFILE

Name: Margaret Collins

Role: Registered Manager

When did you start working in the care home:

I joined Keele House in October 2007



Little bit about yourself (including skills):

I am a very caring fun-loving person, I am the eldest of 5 siblings, therefore I have developed strong leadership skills.

I have 4 children of my own and 6 step children, who have given my husband and I an abundance of grandchildren and great grandchildren, who play the very important role of keeping us feeling young at heart.

I have worked all of my adult life doing a variety of part time jobs when the children were small, from waitress, barmaid, picking potatoes, factory work, care in the community, cleaner, carer, etc.

When the children went to school, I got a job as a cleaner in Broadstairs Nursing home, this set me on my journey to where I am today the registered manager in Keele House.

What made you want to join the care sector:

The experience of working in the community, with elderly people gave me an insight into the difficulties they experienced living at home, it showed me that the support they received was imperative to enable them to live at home for longer.

The experience of working in a care setting, with elderly people gave me an insight into the difficulties individuals experience when leaving their own home and moving into a care home. People don't always move into care homes through choice nowadays, it is mostly a necessity usually due to severe frailty or Dementia.

My nurturing caring and respectful nature is ideally suited to this profession.

Experience in care:

I have 25 years of care experience, I started my care career working in the community, then as a domestic in a care home and on to being a care assistant.

I studied hard and achieved qualifications, in doing so I gained a greater insight into people's care needs and developed an insight as to how these needs can be met.

I have worked and managed many different care settings ie Residential care, Dementia care, care in the community

I worked in Wales for 6 months in a residential home that had changed its registration to enable them to care for people with Dementia, using my experience to aid a colleague gain appropriate management knowledge to become the registered manager of her home.

Qualifications (Related to care eg NVQ etc):

NVQ 2,3,4 Registered Managers award

Manual Handling Trainer

What you love about your care home:

I love that the function of the home makes a difference to older people's lives, at the most vulnerable time of their lives, when they feel lost, alone, confused, poorly and even neglected/ abandoned.

Our home is open, spacious and secure, it offers a feeling of freedom for those who are restricted, they can come and go into the garden as they would have at home.

We offer care for each individual as their needs require, but most of all we offer love, support and companionship

Most important qualities/values your care home has:

The care home offers a home from home atmosphere, welcoming family and friends to remain involved with loved ones.

A copy of statement of purpose is available upon request.

The Manager and Staff at Keele House Residential Care Home hope this information is adequate, but if you have any problems please do not hesitate to contact a member of staff.

We hope your stay with us is a happy one.

