

BLACK SWAN  
Care Group

# Resident's Guide





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# 1

## OVERVIEW

# Welcome

**This Resident's Guide is intended to give you a brief insight into life in our Home. If you become a permanent Resident, you can use this guide for future reference and to keep relevant future paperwork.**

When becoming a Resident, you will be allocated a keyworker. Over a period of time and where practical, you will have a choice in your keyworker.

The Keyworker's responsibility is that of co-ordinating and facilitating the best possible care for an individual Resident. The Keyworker is responsible for ensuring that the individual Residents assigned to them have an enhanced quality of life and to liaise and act on the following sections.

- To communicate medical issues and liaise with the Person in Charge, Doctors etc.
- To liaise with other professional bodies including social workers, psychiatrists etc.
- To liaise with the Resident's family and to update them with any relevant information.
- To be fully aware of any emotional difficulties the Resident is experiencing and to ensure that the Resident has a well-balanced lifestyle where their particular interests are fully expanded.

## Resident Involvement

All Residents are encouraged to participate in the running of the Home. They are actively encouraged to:

- Run their own Resident monthly meetings (with or without assistance).
- Take an active part in staff recruitment.
- Take an active part in the general running of the Home.





# 2

## STATEMENT OF PURPOSE

# The Statement of Purpose

This document outlines basic information about the Home.

It is reviewed on a periodic basis and only altered significantly after discussions with the existing Residents (not withstanding operational and corporate amendments and requirements).

A copy of the current 'Statement of Purpose' can be obtained from the Management Team.

# 3

## GENERAL POLICY

# General Policy

The Home has a range of policies, covering a wide range of issues for Residents and Staff.

Some of the most relevant have been included here, but if there is any aspect of the running of the Home or the policies of the Proprietor, Black Swan International Limited – please ask.

## Policies

- Admissions
- Cooperating with other Providers and Transfer of Information
- Discharge
- Donations and Gifts
- Fire Procedure
- Human Rights including Charter of Rights
- Resident Participation
- Safeguarding and Protection of Residents
- Touch
- Visitors

## Information

- Nutrition and Diet
- Infection Control
- Consent to Care and Treatment
- Mental Capacity and Deprivation of Liberty
- End of Life

# Admission Policy

**We recognise that admission for a Resident is a time of concern. We will ensure that the Resident, family and representative will have all the necessary information. The Homes welcome all for both long-stay and short-term visits. We can accommodate those who wish to have a single room and those who wish to have shared accommodation.**

Specific restrictions for each individual Home are as follows:

**Belamacanda, Mid Meadows, Westfield House and Drummonds (Accepts persons with a physical or learning disability from the age of 18 who do not require nursing care). It is not able to accept Residents:**

- With persistent aggressive behavioural problems.
- Persistent walking with purpose where this would impose a risk to the Resident and other Residents.
- With psychiatric mental health problems.
- If a Resident's condition deteriorates to such an extent that they are advised by their General Practitioner,

that they need constant nursing care.

- Belamacanda has two upstairs bedrooms that are only accessible by way of stairs or stair lift. Upstairs Residents who become unable to access their rooms will be requested to transfer to a ground floor room or leave the Home if a suitable room is not available.
- Mid Meadows has three upstairs bedrooms that are only accessible by way of stairs, stair lift or through floor pod lift. Upstairs Residents who become unable to access their rooms will be requested to transfer to a ground floor room or leave the Home if a suitable room is not available.

**Beccles Care Home, Chiswick House, Heathcote, Kings Lynn, Laurel Lodge, Maitland House, Nightingale Lodge, Park House, Potton View, Spring Lodge, Southwell Court, Taverham Grove, The Beeches, The Gables, The Haven, The Lodge, Thomas Tawell House, Valentine House and York House (Accepts persons who do not require nursing care).**

**They are not able to accept Residents:**

- With persistent aggressive behavioural problems.
- Persistent walking with purpose where this would impose a risk to the Resident and other Residents.
- With psychiatric mental health problems.
- If a Resident's condition deteriorates to such an extent that they are advised

by their General Practitioner, that they need constant nursing care.

- York House has 2 bedrooms (bedroom 23 and bedroom 24) which are only accessible by way of the stairs or stair lift. Residents of bedrooms 23 and 24 who become unable to access their room by way of the stairs or stair lift will be requested to transfer to another bedroom or leave the Home if a suitable room is not available.
- The Beeches has 5 bedrooms (bedrooms 1,2,3,4 and 5) which are only accessible by way of the stairs or stair lift. Residents of bedrooms 1-5 who become unable to access their room by way of the stairs or stair lift will be requested to transfer to another bedroom or leave the Home if a suitable room is not available.

### **The referrals & admissions procedure for Residents will be as follows:**

The Manager or senior staff member undertakes a pre-admission assessment, collating the information received in order to decide if the Home is able to meet the Resident's needs. In areas where a trusted assessor scheme has been approved, the trusted assessor will carry out the assessment. If it is deemed that the Home can meet the Resident's needs, an initial care plan is made, and this is recorded on the pre-admission assessment and duly signed by the Manager and Resident or their representative where applicable.

Referrals via Social Services should be made by a social worker who should forward written information on behalf of the Resident to the Home Manager.

### **Where possible, the referral information should include:**

- A comprehensive needs assessment (including daily living skills, disabilities, in-patient and day hospital history).
- A current care plan to include social, medical and behavioural history.

When possible, an appointment is made with the potential Resident/family which might be at the Home or the person's own home. The Manager will ensure that the prospective Resident is able to understand the Home's 'Resident's Guide' (if applicable). The Manager asks the Resident whom they would like to be involved in the actual admission to the Home, which information the Resident would prefer to remain confidential is requested and a note of this on the assessment form. As much time as is necessary is spent ensuring that the potential Resident understands the following:

- The position of the Home.
- The facilities that the Home has to offer and the services available.
- The philosophy of the Home.
- The Terms and Conditions for Residents.
- The Resident's right to manage their own affairs.
- The complaints procedure.
- The care planning and assessment process.

The potential Resident is able to visit the Home as many times as they wish prior to being admitted to begin their four week trial period. This could be for a cup of coffee, a meal, spend the morning, afternoon or spend the whole day there.

When a decision has been made to begin the four week trial period, a date and time is arranged for admission to the Home.

On admission the Resident and family/ representative are shown to a private room, or directly to their bedroom, if they choose and they are offered refreshments. The staff on duty are introduced and the carer's role is briefly described to the Resident/family. Assistance is given if required with unpacking and the moving of furniture if necessary.

Dependent on the individual's needs and wishes, the Resident/family is shown around the Home and specific information is given regarding the services available. The Resident/family are introduced to the Residents in the lounges when appropriate.

If valuables are kept on behalf of the Resident, these are recorded in the Resident's finance ledger (if money) or the Resident's Items held in Safe ledger (if valuables).

During the trial period, which is for a period of 4 weeks, we want the Resident to be absolutely sure that when they accept a permanent residency, they feel that the right decision has been made. Even after they have made this decision, they have the

absolute right to move out of the Home at any time.

During the trial period the Resident will be allocated a key worker, who is responsible for ensuring appropriate levels of care are provided. The initial care plan will be reviewed in consultation with other health, social care professionals, relatives, carers and the individual Resident. Therapeutic aims and objectives will be set and identified within the plan based upon a comprehensive assessment of needs.

On admission, new Resident's medication should be counter-checked with their current GP as soon as reasonably practicable as per the Home's Medication policy.

All pets are welcome, subject to a risk assessment.

### **Emergency Admissions**

Where practical, the admissions procedure will be adhered to as soon as possible and an initial assessment made within 24 hours of admission. A complete risk assessment and an initial care plan will be produced within 48 hours of admission.

### **Trusted Assessors**

Trusted Assessors are employees of the NHS that have been employed to reduce the number of delayed discharges. They alleviate the need for the Home to assess a potential Resident in the hospital as they will do it on the Homes behalf. They must have the qualifications, skills, knowledge and experience to carry out health and

social care assessments. If a NHS Trust has a trusted assessor their details will be found within the care home along with a Trusted Assessor Agreement.

It is company policy to accept the assessments provided by a Trusted Assessor, but a secondary assessment must take place once in the care home in the same way as with Emergency Admissions.

Whilst accepting assessments made by Trusted Assessors, it is for the Home's management to analyse the assessment and make a judgement as to whether to accept the Resident into the Home.

### **Acceptance of Residents who are relatives of Employees**

It is the Home's policy that only in exceptional circumstances will direct relatives of the staff or Proprietor be accepted as Residents. Acceptance is only with the approval of the senior management of the Company. This policy is implemented to avoid potential 'attention seeking' from the relative and possible demands on the family staff member. At all times the Home's ethos should be remembered, that is for Residents to live at the Home on an equal basis. Details of any relative of employees or the Proprietor have to be recorded.

### **Accompanied Outings**

#### **Planned Outpatient's Appointments**

When Residents have a planned outpatient appointment, arrangements will be made

by contacting the next of kin, where they will be asked to escort their family member to planned appointments if this is appropriate.

### **Emergency Hospital Visits**

If a Resident has an accident within the care home and requires hospital / casualty admission, an ambulance will be called immediately. The next of kin will be informed and given the hospital details. The person in charge of the home at the time is responsible for ensuring this has been carried out.

It is not possible to guarantee that there will be a member of staff available to escort the Resident in these circumstances. This will depend on the staffing resources available at the time of the incident and the needs of the other Residents. The Care Standards Act and the associated regulations requires homes to be staffed to a minimum level. It will therefore only be possible to send a staff escort if staffing levels can be maintained at this safe minimum level. The Home Manager or designated person in charge of the home will decide whether a staff escort can be provided.

Staff will ensure that the appropriate written information is given to the ambulance staff which indicates the level of care the Resident requires. The responsibility of care is transferred from the home to the ambulance and hospital staff for the period until the Resident is able to return to the home. The person in charge is responsible for ensuring this takes place safely.



  
SPRING LODGE  
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# Cooperating with other providers & Transfer of Information

The staff of the Home will make every effort to make any transfer of Residents between services an easy and efficient process. Either the Manager or Person in Charge of the shift will be responsible for co-ordinating the Resident's care and transfer of information when a Resident is moving between services.

## New Admissions

The Manager and Senior staff in the Home will follow the Home's Admission policy and complete a full assessment of the Resident's needs. This will include thoroughly reading and reacting to any information provided by Social Services, Hospitals, G.P.'s, Care Homes and other professional bodies.

## Transfers to the Home

Prior to any transfer of Resident back to the Home the Manager/Person in Charge of Shift will liaise with the service where the Resident is currently staying. Any relevant information

will be recorded in the Resident's Care Plans / Risk Assessments and notes. Any information provided to the service should be read thoroughly and relevant information recorded and acted upon.

## Transfer to Another Service

When a Resident is being discharged from the Home the Manager and Senior staff of the Home will follow the Home's Discharge Policy. When transferring to another service either temporarily or permanently the following should be provided prior to or on the day of transfer;

- Copy of the Emergency Pack
- Copy of Care Plan
- Any medicine they need to take plus any relevant medication records
- Any other information about the Resident where it has a direct bearing on the quality and safety of the care, treatment and support being delivered
- An explanation to the Resident regarding such transfer of information and why. As far as possible consent to the transfer of information should be obtained from the Resident

## Information Sharing

The Home will ask for and keep information so that Residents receive proper care and treatment when needed and for as long as they need it. The home will also need to share information to ensure that all services meet Resident's needs, now and in the future.

However, sharing information presents risks.

Whilst transferring/sharing information:

- The confidentiality of the Resident is to be protected
- Information is transferred safely and securely
- Information can be shared only in line with the General Data Protection Regulation (UKGDPR) 2016 or subsequent legislation
- Consent should always be sought

### Methods of Transfer

Every effort should be taken to ensure there is no loss of data during any form of information transfer or sharing. Transfer methods and strategies to reduce or eliminate data loss are as follows:

**Post** – Where a postal address is not regularly used, every effort should be made to verify its accuracy before sending. When transferring 'sensitive personal data' this should be done via Recorded Delivery.

**Fax** – To minimise the risk of fax transmission to incorrect recipients, all regularly used fax numbers should be programmed in to the fax machine. Only those numbers that are authorised to receive sensitive personal data should be stored.

**Email** – Black Swan International Ltd. utilises 256 bit encryption on its network. Attention MUST be paid to the careful

and accurate typing of recipient email addresses. The use of 'Reply to All' is discouraged wherever possible as this can lead to data being transmitted inadvertently to incorrect recipients. Unsolicited email should NEVER be responded to if the identity of the sender cannot be verified.

**Vehicle** – On occasions it may be necessary to transfer sensitive personal information in a vehicle. Any such information MUST be stored within a locked container that must not be left in plain sight, or in the vehicle overnight.

### Objectives

- Provide a framework to clarify Black Swan International Ltd. procedures relating to the sharing of information
- Ensure everyone working with personal information understands the importance of information sharing, where it improves care for service users
- To ensure that only the minimum information necessary for the purpose should be shared
- To ensure that when information needs to be shared, that sharing complies with the law, guidance and best practice
- Ensuring service users rights are respected at all times.
- To ensure that confidentiality is adhered to unless there is a robust public interest in disclosure or a legal requirement to do so.

### **Responsibilities and Process for information sharing**

The company will ensure that information sharing protocols exist for all transfers of person identifiable information. Black Swan International Ltd. is not required to put in place information sharing protocols where information sharing is between trusted organisations for care purposes or forms part of a statutory requirement. Such protocols may still be of value and where organisations feel that it is important to establish working procedures, formal information sharing agreements should be in place. Where agreements are in place, these are signed at the highest level and approved by a Director, the Data Protection Officer and/or the Caldicott Guardian. This signed agreement provides a statement of the agreed terms and conditions under which the organisations agree to share data. The information should only be used for the purposes defined in the agreement and every member of staff has a duty to protect the confidentiality of the data being shared. Copies of these signed agreements are then passed to the Information Governance Board.

Staff may receive request for "one-off requests" which are not covered by a data sharing agreement. If members of staff have concerns, they should seek advice from their Senior Regional Manager, Data Protection Officer or Caldicott Guardian.

### **Consent**

The company will at all times ensure that where consent is given, service users and all appropriate individuals are fully informed of their choices and the implications of these.

Under UKGDPR, consent must be "freely given, specific, informed and unambiguous". It must also be as easy to withdraw as it to give.

The company obtains consent to share information with third parties on admission and signed by the Resident via the consents interaction and also has the right to process such information in our provision of safe care and treatment.

Guidance should also be sought from the Data Protection Officer or Caldicott Guardian where there is any doubt as to whether disclosure should take place.

Privacy Notice fact sheets are available to all Residents as part of their Resident's Guide within the homes.

### **Data Collection and Validation**

The recording of Resident activity information is vital if the company are to ensure continuity of care for the service user and control risk factors. Good data quality is essential as it enables Black Swan International Ltd. to accurately measure service user activity and plan and design future services.

High quality data is not an optional extra, it is a fundamental requirement for the delivery of high standard services.

All staff are responsible for the care they provide and the associated data that they collect and record, whether they are carers or Care Home Managers.

Care Home Managers should ensure that this data is accurate, timely and has been validated.

All staff are aware of the importance of data collection and recording as part of their induction and ongoing training within their individual role. Adherence to these standards should be monitored by the managers as part of the supervision process.

All data collected is then reviewed by the Care Home Manager.

### **Anonymisation and Pseudonymisation Process**

Anonymisation Information can be used without patient consent and requires the removal of Name, Address; Date of Birth; and anything else that could identify a Resident.

Information that has been anonymised can never be reverted back to its original form. Information may be used more freely if the subject of the information is not identifiable in any way. When anonymised data will serve the purpose, health professionals must anonymise data to this extent and, if necessary, take technical

advice about anonymisation before releasing data. Whilst it is not ethically necessary to seek consent for the use of anonymised data, general information about when their data will be anonymised should be available to service users.

Pseudonymisation is sometimes referred to as reversible anonymisation. Service user's identifiers, such as name, address or date of birth, are substituted with a pseudonym, code or other unique reference so that the data will only be identifiable to those who have the code or reference. Where those who are using data have no means to reverse the process, and so no way to identify an individual from the data they have, the data may be treated as anonymised and there is no common law requirement to seek consent for their use

The company utilises pseudonymisation through its sub process of assessing risk by consulting the Data Protection Officer

### **Supporting References**

General Data Protection Regulation 2016

The Common Law Duty of Confidentiality  
Caldicott Principles

Crime and Prevention Act





# Discharge Policy

We recognise that discharge from a Care Home is a time of concern. Our staff are specifically trained to ensure that this period is as stress free as possible. We will also ensure that the Resident, family and representative will have all the necessary information. Notwithstanding this, it is accepted that there are circumstances where a Resident will leave the Home. This can be either at their own instigation or at the instigation of Senior Management. Possible circumstances are as follows:

## Resident

- They or their representative or Social Worker feel that the Home is not suitable for their needs, for whatever reason - during the trial period or at any other time.

## Senior Management

- If a Resident's condition deteriorates to such and extent that they are advised by their General Practitioner that they need constant nursing care.

- If a Resident shows persistent aggressive behavioural problems.
- If a Resident has persistent wandering where this would impose a risk to the Resident and other Residents.
- The Home is unable to meet their needs.
- Late payment of fees in breach of the 'Terms and Conditions for Residents'.
- Where alterations are required to the property as specified by the Care Quality Commission or where the Home is to remain financially viable and the said alterations require the Resident to vacate their bedroom.
- Where the Proprietor deems the Home to be financially un-viable under its existing Registration category or as a Care Home and gives notice of closure.





Regardless of the reason for the Resident leaving the Home, the following procedure will be undertaken:

- The Resident, their representatives and Social Services (where applicable) will be consulted to ensure that all concerned are aware of the reason for discharge and that the appropriate notice has been given.
- The Manager, where practical, will assist the Resident to view alternative accommodation within the local vicinity.
- The care staff will ensure that full assistance is given to any receiving Care Home, by way of documentation and full details of the Resident's likes and dislikes as detailed on the Resident's care notes.

- The care staff will endeavour to ensure that ongoing links are maintained with the Resident, their family and representative should they so wish.
- The care staff will endeavour to ensure that the Resident has the opportunity to maintain links with the existing Residents in the Home, should they so wish.

On the day of departure, the care staff will ensure:

- That the Resident has all personal belongings, including personal money, medication and medical records etc. All monies and valuables should be signed out by Staff and Residents and/or the family/representative.

# Donations & Gift Policy

**The Directors, management and staff at the Home, acknowledge and actively promote the rights of our Residents to live a full and independent life, exercising control and choice in their everyday lives.**

Notwithstanding this, it is against the policy of the Home for employees to receive gifts, particularly of money from Residents, their relatives or from other persons for any care given to the Resident. Occasionally small personal gifts of little intrinsic value will be offered where refusal could offend and cause distress to the Resident. In such circumstances, the gift could be accepted but the Manager or the person in charge should be notified of the circumstance.

- Under no circumstances are staff members allowed to borrow money or personal belongings from a Resident or a Resident's family, however small. It is highly likely that this will lead to instant dismissal
- Staff should never become involved in helping a Resident with their will or from benefiting from Resident's wills.
- Staff are not permitted to borrow money or use/borrow personal belongings from Residents and if this is discovered it

is highly likely that they will be instantly dismissed. Additionally, if money or belongings have been borrowed from a Resident who is deemed a 'vulnerable adult', then this will be deemed as financial abuse and the relevant actions will be taken.

- Staff are not permitted to purchase or sell to Residents any items, without the prior approval of the Manager.
- Staff are not permitted to provide credit or lend to a Resident, even if buying goods/services for them. This should be done via the Home's petty cash system. Residents cannot write cheques to staff.
- Staff are not permitted to benefit from promotional offers (buy one get one free) or use their own shop loyalty card if purchasing on behalf of a Resident.

The Directors recognise that occasionally friends or relatives may wish to make a cash donation towards the Home. It is the Directors' policy that this should be a nominal amount and for the benefit of the Residents. Any cash received, is placed in the Residents' Amenity Fund, which is used to contribute toward additional outings and entertainment, in excess of that offered by the Home.

- The Amenity Fund monies are kept separate from those of the Home, by way of a separate ledger sheet held at Head Office which will include receipts etc.
- Residents are informed at their regular meetings (where applicable) of the balance in the fund.

- Residents are consulted at their regular meetings as to what they wish the money to be used for.
- Notwithstanding this, the Directors reserve the right to make the ultimate decision as to how the money is used.

Should friends or relatives wish to gift a specific item to the Home, this should be of nominal value and for the benefit of the Residents. To avoid any potential confusion concerning ownership, any items purchased from the Amenity Fund or gifted/donated to the Home, become the property of the Home.



# Fire Procedure

Anyone discovering a fire **MUST** sound the fire alarm.

1. On hearing the alarm, the **Person-in Charge** should make their way to the alarm control panel, with the Fire Prevention File and call the Fire Brigade unless they are totally satisfied that it is a false alarm.
2. Should there be any doubt as to whether it is a false alarm, the Fire Brigade should be called. **DO NOT** take risks. The Fire Prevention File should be made available to the Fire Brigade on their arrival as it includes details of fire zones and Risk Assessments for each Resident.
3. **Staff** - where practical, should proceed to the alarm control panel to take instructions from the Person-in-Charge. Instruction will be given to evacuate the Residents from immediate danger.
  - a. All staff must be aware of the relevant Muster Points.
  - b. Begin to evacuate Residents away from the fire, starting with those closest to the fire itself. Initially move Residents into the next safe zone behind automatic fire doors.
  - c. The main Muster Point is the **Resident's MAIN LOUNGE** to which Residents should be evacuated if possible.
  - d. Should this not be possible, Residents should muster in the **CAR PARK AREA**.
4. **Residents** - where practical, should

proceed to the main muster point which is the **Resident's MAIN LOUNGE**.

Should this not be possible, Residents should muster in the **CAR PARK AREA**. If they are unable to proceed unassisted, they should wait for assistance, ensuring that all doors are closed.

5. When proceeding through the building, staff should ensure all fire doors are closed.
6. Only attack the fire if small and with the appropriate fire fighting equipment. But **DO NOT** take personal risks.
7. Passenger and stair lifts must NOT be used.
8. The Fire Prevention File should be checked by the **Person-in-Charge** to ensure that everyone has been assembled at the Muster Points. If anyone is missing, this must **immediately** be reported to the fire brigade when they arrive.
9. When the all clear signal is given by the fire authorities, the **Person-in-Charge** must write a report about the incident for the Manager/Director's attention.

## FIRE PROCEDURE – Bluebell Bungalow, Drummonds

1. **Anyone discovering** a fire **MUST** sound the fire alarm.
2. On hearing the alarm, the **Person-in Charge** should make their way to the alarm control panel, with the Fire Prevention File and call the Fire Brigade unless they are totally satisfied that it is a false alarm.

3. Should there be any doubt as to whether it is a false alarm, the Fire Brigade should be called. **DO NOT** take risks. The Fire Prevention File should be made available to the Fire Brigade on their arrival as it includes details of fire zones and Risk Assessments for each Resident.
4. **Staff** - where practical, should proceed to the main reception area to take instructions from the Person-in-Charge. The fire panel will indicate zone 11 for the bungalow. Instruction will be given to evacuate the Residents from immediate danger.
  - a. The person in charge will allocate four staff to go to the bungalow. Begin to evacuate Residents away from the fire, starting with those closest to the fire itself.
  - b. The main Muster Point is the **FRONT RECEPTION AREA** to which Residents should be evacuated if possible.
5. **Residents** - where practical, should proceed to the **FRONT RECEPTION AREA**. If they are unable to proceed unassisted, they should wait for assistance, ensuring that all doors are closed.
6. When proceeding through the building, staff should ensure all fire doors are closed.
7. Only attack the fire if small and with the appropriate fire fighting equipment. But **DO NOT** take personal risks.
8. Passenger and Stair Lifts must **NOT** be used.
9. The Fire Prevention File should be checked by the **Person-in-Charge** to

ensure that everyone has been assembled at the **FRONT RECEPTION AREA**. If anyone is missing, this must immediately be reported to the fire brigade when they arrive.

10. When the all clear signal is given by the fire authorities, the **Person-in-Charge** must write a report about the incident for the Manager/Director's attention.

## **FIRE PROCEDURE – DRUMMONDS**

**Anyone discovering** a fire **MUST** sound the fire alarm.

1. On hearing the alarm, the **Person-in-Charge** should make their way to the alarm control panel, with the Fire Prevention File and call the Fire Brigade unless they are totally satisfied that it is a false alarm.
2. Should there be any doubt as to whether it is a false alarm, the Fire Brigade should be called. **DO NOT** take risks. The Fire Prevention File should be made available to the Fire Brigade on their arrival as it includes details of fire zones and Risk Assessments for each Resident.
3. **Staff** - where practical, should proceed to the main reception area to take instructions from the Person-in-Charge. Instruction will be given to evacuate the Residents from immediate danger.
  - a. Begin to evacuate Residents away from the fire, starting with those closest to the fire itself. Initially move **Residents into the next safe zone behind automatic fire doors**.

- b. The main Muster Point is the **FRONT RECEPTION AREA** to which Residents should be evacuated if possible.
4. **Residents** - where practical, should proceed to the **FRONT RECEPTION AREA**. If they are unable to proceed unassisted, they should wait for assistance, ensuring that all doors are closed.
5. When proceeding through the building, staff should ensure all fire doors are closed.
6. Only attack the fire if small and with the appropriate fire fighting equipment. But **DO NOT** take personal risks.
7. Passenger and Stair Lifts must **NOT** be used.
8. The Fire Prevention File should be checked by the **Person-in-Charge** to ensure that everyone has been assembled at the **FRONT RECEPTION AREA**. If anyone is missing, this must **immediately** be reported to the fire brigade when they arrive.
9. When the all clear signal is given by the fire authorities, the **Person-in-Charge** must write a report about the incident for the Manager/Director's attention.





# Human Rights Policy

Human Rights are a set of recognisable principles on which the Home can base its everyday work.

The Home sees human rights as a vehicle for making fairness, respect, equality, dignity and autonomy central to life in the Home. These core values are brought to life by a range of different human rights that make them real.

| Value    | Human Right                                                                   |
|----------|-------------------------------------------------------------------------------|
| Fairness | Right to fair trial.                                                          |
| Respect  | Right to respect for family and private life, home and correspondence.        |
| Equality | Right not to be discriminated against in the enjoyment of other human rights. |
| Dignity  | Right not to be tortured or treated in an inhuman or degrading way.           |
| Autonomy | Right to respect for private life.                                            |

The Home uses a Human Rights Based Approach (HRBA) as a way of ensuring that human rights principles and standards are made real in practice. The HRBA is based on five core principles which have been developed at the international level by international development agencies and the United Nations. Together, these principles support a wide range of benefits for Residents and staff. The five key HRBA principles are:

|                    |                                                                                    |
|--------------------|------------------------------------------------------------------------------------|
| <b>Principle 1</b> | Putting human rights principles and standards at the heart of policy and planning. |
| <b>Principle 2</b> | Ensuring accountability.                                                           |
| <b>Principle 3</b> | Empowerment.                                                                       |
| <b>Principle 4</b> | Participation and involvement.                                                     |
| <b>Principle 5</b> | Non-discrimination and attention to vulnerable groups.                             |

Using the above human rights, values and principles the Home has developed a Charter of Rights for Residents as listed below

# Charter of Rights

**Trial Period** - The right to enter the Home initially on a trial basis.

**Contract** - The right to receive a contract outlining the rights and obligations of both the Home and the Resident.

**Appropriate Care** - The right to have their social, emotional and physical needs and wishes identified, acknowledged and met wherever possible with particular attention being paid to those persons in minorities.

**Assessment/Review** - The right to participate fully in the formation of their care plans and to be informed of all services that may be relevant to their needs (regardless of their immediate availability).

**Quality of Life** - The right to live within a safe and comfortable environment, within which social care practices support and stimulate in order to enable each individual to enjoy their life to the full.

**Dignity** - The right to be treated in such a manner as to allow the individual to retain dignity at all times.

**Privacy** - The right to personal privacy, including the provision of accommodation within which the individual can exercise choice, for example over whom to admit and how to furnish their bedroom.

**Security** - The right to receive care that provides adequate security to the individual, protecting them both from the 'behaviour of others' and from any undue danger created by their own behaviour or circumstances.

**Individuality** - The right to be treated as a valued individual at all times.

**Independence/Choice** - The right to make choices about their own lifestyle and to exercise personal independence on all possible occasions, including those which there is a degree of personal risk.

**Life in the Home** - The right to be informed of any matters likely to affect their life within the Home and to participate fully in all decisions affecting their Home.

**Access to information** - The right to have access to their personal file.

**Citizenship** - The right to exercise all their civil and natural rights and to have access to all local services (health, leisure, education and social services).

**Continuity** - The right to maintain links with family, friends and other personal contacts from the past.

**Personal Responsibility** - Subject to individual risk assessment, the right to take responsibility for their own personal affairs (including the rights to manage their own finances and to administer their own medicines) and to undertake all those daily living tasks of which they are capable.

**Advocacy/Complaints** - The right to be represented by an advocate of their choice and the right to have access to a formal complaints procedure (which includes the right to contact the registration authority direct). The exercise of these rights should be considered the absolute prerogative of each Resident, regardless of circumstance, disability or age. Restrictions must only occur where there are demonstrable reasons to justify such departures. These circumstances should be recorded and the records should be kept for external scrutiny.





# Resident Participation

## Policy Statement

This Home believes that every Resident has the right to have a say in the running of the Home where they live, and to have their complaints, ideas and comments listened to and respected. This policy is intended to set out the values, principles and policies underpinning this Home's approach to user participation.

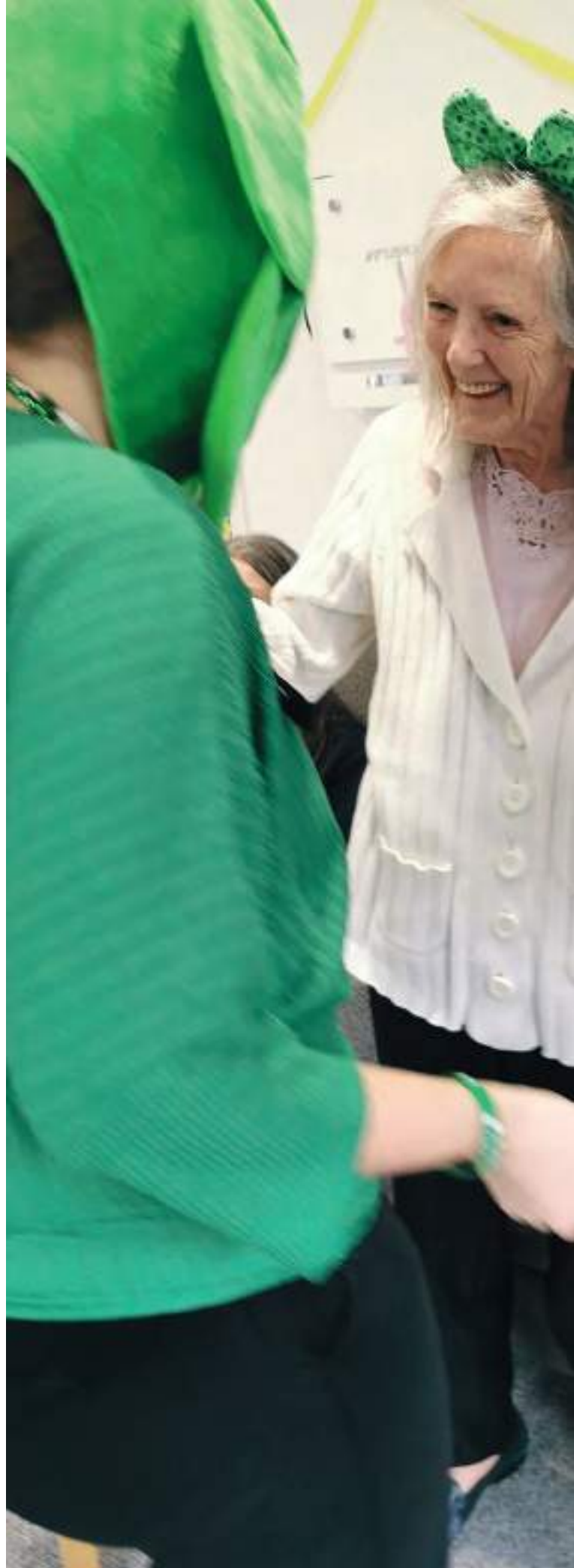
## User Participation Policy

It is the policy of the Home that no major changes will be made to the Home's statement of purpose without full consultation with existing Residents.

The Home further agrees that all Residents of this Home will:

- Be provided with comprehensive, accessible, understandable and up to-date information, in suitable formats, about its policies, procedures, activities and services.
- Be given opportunities to participate in activities which enable them to influence key decisions in the Home.
- Receive feedback about the outcomes of their involvement and participation.

Those Residents who require communication support in order to understand the information issued will be provided, where possible, with appropriate support to ensure that their involvement and participation can be ensured.





## Procedures

At this Home the following applies:

- The views, suggestions and comments of all Residents, their families and their friends will be listened to with respect, and their active participation in the running of the Home sought. All reasonable help will be given in the way of support and communication aid to enable those with physical, sensory or communication impairments to participate fully.
- Residents meetings will be held on a regular basis. A staff representative will attend these meetings only if requested by the Residents.
- A Resident representative (if applicable) will be invited to attend regular staff meetings. The representative will be elected by the Residents on an annual basis.
- Minutes will be recorded from both of these meetings.
- A Resident satisfaction survey will be distributed to Residents on a six monthly basis. Summaries of the results of each survey will be collated and published within one month of the questionnaires being returned. Residents who require help to complete their survey form will be given support.
- A family satisfaction survey is sent out annually. Summaries of the feedback are printed for each Home and suggestions are acted upon.

# Safeguarding and Protection of Residents

## Policy Statement

This Home believes that every Resident has the right to live their life with privacy, dignity, independence and choice, and be free from abuse or fear of aggression and violence. The Home will work in collaboration with all legal and caring agencies to uphold this right and to ensure that our Residents are protected from harm through abuse or exploitation at all times.

## Aim of the Policy

This policy is intended to set out the values, principles and policies underpinning the Home's approach to the protection of its Residents from abuse and exploitation.

## Home Policy on Protection

The Local Policy and Procedures for Safeguarding of Vulnerable Adults' state that in the case of suspected abuse, then the local Social Services are the lead agency and the appropriate Liaison Officer within Social Services must be contacted to report the case. The following are the contact details for homes to contact if they want to report concerns:

## All Black Swan Homes

### Black Swan Safeguarding Lead

Susan Webster - Tel **01603 507 596**

## cqc

Telephone: **03000 616161**

Email: **enquiries@cqc.org.uk**

## All Essex Homes

Essex Safeguarding Adults Board –

Tel. **0345 6037630** or via the

website: **<https://www.essex.gov.uk/adult-social-care-and-health/report-concern-about-adult-or-child/making-professional-safeguarding>**

## All Norfolk Homes

Norfolk County Council Customer Service Centre – Tel **0344 800 8020**

## All Suffolk Homes

Suffolk County Council - Tel **0800 917 1109**

## All Cambridgeshire Homes

Cambridgeshire County Council –  
Tel **0345 045 5202**

Outside office hours, at weekends and on public holidays contact the emergency duty team on **01733 234724**

## All Lincolnshire Homes

Lincoln County Council - **01522 782155**  
(Monday to Friday, 8am to 6pm)  
or **01522 782333** (outside office hours).

It is the legal and moral responsibility of everyone working at the Home to respect the rights of our individual Residents and to protect them from physical and mental harm at all times. In this Home the following applies:

- Staff will ensure that Residents are protected and safeguarded from the following abuse:
  - o Physical abuse
  - o Financial or material abuse
  - o Psychological or emotional abuse
  - o Sexual abuse
  - o Neglect or acts of omission
  - o Discriminatory abuse
  - o Domestic Violence
  - o Modern Slavery
  - o Organisational (Institutional) abuse
  - o Self-neglect

#### • **Physical abuse**

The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment

#### • **Domestic violence**

Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member, regardless of gender or sexuality. Domestic abuse is not just about partners, but all family relationships including forced marriage.

#### • **Sexual abuse**

Direct or indirect involvement in sexual activity without consent. This could also be the inability to consent, pressure or inducement to consent or take part.

#### • **Psychological (emotional) abuse**

Acts or behaviour which impinge on the emotional health of, or which causes distress or anguish to individuals. This may also be present in other forms of abuse.

#### • **Financial or material abuse**

Unauthorised, fraudulent obtaining and improper use of funds, property or any resources of an adult at risk from abuse.

#### • **Modern slavery**

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

#### • **Discriminatory abuse**

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

#### • **Organisational (Institutional) abuse**

Institutional abuse occurs where the culture of the organisation (such as a care home) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the adult, including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, for example, or in relation to care provided in one's own home from domiciliary services. This may range from one off incidents to on-going ill-treatment. It can be through

neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

- **Neglect and acts of omission**

Ignoring or withholding physical or medical care needs which result in a situation or environment detrimental to individual(s). Ill treatment and wilful neglect of a person who lacks capacity are now criminal offences under the Mental Capacity Act.

- **Self-neglect**

Self-neglect is unlikely to be a safeguarding issue, however agencies must assess concerns raised under their statutory duties; having consideration for an individual's right to choose their lifestyle, balanced with their mental health or capacity to understand the consequences of their actions. This refers to a person for whom there is a concern about their mentally competence for the situation in which they find themselves. Once identified as a situation that cannot be managed through regular case management, high risk or self-neglect situations could be managed by using elements of the safeguarding process, i.e. professional meetings. Self-neglect is characterised as the behaviour of a person that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. The definition of self-neglect excludes a situation in which a mentally competent adult, who understands the consequences of his/her decisions, makes a

conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice.

Ignoring suspected abuse is not an option for any staff member.

Staff will furthermore ensure that Residents are protected and safeguarded from harm from physical violence or attack, or from self-harm.

Robust procedures should be in place for responding to the suspicion or evidence of abuse or neglect (including whistle blowing) and ensuring the safety and protection of Residents in accordance with the Department of Health guidance 'No Secrets'. **(Please see the Homes policy on 'Whistle Blowing').**

All allegations and incidents of abuse, along with action taken, will be recorded.

Staff who are considered by the management of the Home to be unsuitable to work with vulnerable adults will be referred, in accordance with the Health and Social Care Act, for consideration for inclusion on the DBS Barred List.

**Confidentiality** – whilst every effort should be made to ensure that confidentiality is preserved, this will be governed by what may be an overriding need to protect a Resident who has been or is a risk of abuse. It is not possible to keep information about suspected abuse confidential, and as such should be shared with the Manager.

### Record keeping and preserving evidence

– It is important that written records are kept of all appropriate information regarding suspected abuse. This includes what has been said, phone messages, notes, letters, statements, medication records as well as details of the actual suspected abuse. In some cases of abuse, particularly physical and sexual abuse it may be necessary to preserve evidence which may mean not interfering with clothes, bedding, the contents of a room and no cleaning and tidying. Police may wish to take forensic evidence which needs to be preserved.

In the case of Homes in Essex, Cambridge if abuse is suspected then a SetSAF1 form is to be completed and sent to the lead agency.

### Residents' Money and Finances

This Home believes that keeping your own money and spending it on whatever you want is an important element in maintaining our human dignity and in being able to exercise choice and autonomy. Therefore, in this Home:

- Staff will ensure that Residents retain effective control of their own money except where they state that they do not wish to or they lack capacity.
- The registered Manager will ensure that safeguards are in place to protect the financial interests of the Resident.
- Written records of all transactions will be maintained.
- Where the money of individual Residents is handled by the Home, the Home

will ensure that the personal finances of those Residents are not pooled and that appropriate records and receipts are kept (unless the whole group agrees to the contrary).

- Secure facilities will be provided for the safe keeping of money and valuables on behalf of the Resident.
- Records will be kept of all possessions handed over to the Home by the Resident for safe-keeping.
- Residents will have access to consult on their finances in private
- Staff should never become involved in helping a Resident with their will or from benefiting from Resident's wills.
- Staff are not permitted to borrow money or use/borrow any personal belongings from Residents and if this is discovered it is highly likely that they will be instantly dismissed. Additionally, if money or belongings have been borrowed from a Resident who is deemed a 'vulnerable adult', then this will be deemed as financial abuse and the relevant actions will be taken.
- Staff are not permitted to purchase or sell to Residents any items, without the prior approval of the Manager.
- Staff are not permitted to provide credit or lend to a Resident, even if buying goods/services for them. This should be done via the Homes petty cash system. Residents cannot write cheques to staff.
- Staff are not permitted to benefit from promotional offers (buy one get one free) or use their own shop loyalty card if purchasing on behalf of a Resident.

### Violence in the Workplace

This Home provides accommodation for Residents who may, from time to time, behave aggressively or may even, on rare occasions, become violent. The Home believes that there is much that the Home and a well organised staff team can do to minimise the frequency of such outbursts by providing high-quality individualised care and effective support and monitoring. Where outbursts do occur the Home recognises that it has a duty to protect the safety of all concerned as far as it reasonably can. The Home believes that danger in these circumstances can be reduced by preventing incidents from happening in the first place, or by dealing with them more effectively if and when they do occur.

#### Therefore in this Home:

- Physical and verbal aggression by a Resident should be understood and dealt with appropriately
- Physical interventions should be used only as a last resort by trained staff, to protect the rights and best interests of the Residents and at the minimum consistent with safety
- Staff should deal with incidents of violence and aggression in the Home in accordance with the Home's policy on Aggression towards Staff.

### Training

All staff should be trained to recognise abuse, how to deal with incidents and how to report their suspicions. Appropriate staff should be trained in proper procedures for dealing with Resident's money.

All staff should also be trained in how to deal with aggression and violence in the Home where appropriate. When recruiting new staff the Home will refer to the Independent Safeguarding Authority register.

### Working with and supporting the Resident at risk during a safeguarding enquiry

At the start of the safeguarding enquiry, the enquiry lead should ask the Resident at risk what they would like the enquiry to achieve and how they would like to be involved.

The enquiry lead should ensure that the Resident at risk has the chance to review and revise their desired outcomes throughout the process (if needed using speech and language therapy, non-instructed advocacy or other communication and decision-making aids).

- Involve the Resident at risk (and their family or an appropriate advocate) throughout the enquiry process, in line with their wishes and mental capacity, unless there are exceptional circumstances that justify their exclusion.
- Make reasonable adjustments to enable Residents to fully participate in the safeguarding enquiry, in line with the Equality Act 2010.
- Safeguarding Adults Boards should be assured that local authorities have auditing processes in place to monitor how Residents and their advocates are included in safeguarding enquiries.

## Sharing information

The enquiry lead should ask the Resident at risk:

- if they would like to be kept up to date during the enquiry
- how much detail they want
- what format they would prefer this in
- who they would like to contact them.
- If the police are involved in a safeguarding enquiry, the enquiry lead should hold early discussions with the case officer on the rules of communication and information recording.
- When safeguarding enquiries finish, the enquiry lead should provide feedback for the Resident (and their family and advocates) that:
- summarises the enquiry, and includes the relevant outcomes and recommendations
- gives them the information needed to decide whether they wish to take any further action (for example, informing the Care Quality Commission or making a complaint to the Local Government and Social Care Ombudsman).

## Safeguarding Children in the workplace

### Policy Statement

Black Swan International Ltd acknowledges the duty of care to safeguard and promote the welfare of children and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice.

## Aim of the Policy

The policy recognises that the welfare and interests of children are paramount in all circumstances. It aims to ensure that regardless of age, gender, religion or beliefs, ethnicity, disability, sexual orientation or socio-economic background, all children

Have a positive and enjoyable experience at any of our homes within the Black Swan International Ltd.

Are protected from abuse whilst participating in organised events or visiting relatives.

## Definition

Black Swan International Ltd acknowledges that some children, including disabled children and young people or those from ethnic minority communities can be particularly vulnerable to abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

As part of our safeguarding policy Black Swan International Ltd will:

- Promote and prioritise the safety and wellbeing of children and young people
- Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people.

- Ensure appropriate action is taken in the event of incidents/concerns of abuse and support provided to the individual/s who raise or disclose the concern.
- Ensure that confidential, detailed and accurate records of incidents/concerns of all safeguarding concerns are maintained and securely stored and reported to our Child Sexual Exploitation Lead, who is the officer responsible for implementation and dissemination of Child Sexual Exploitation Guidance.
- Prevent the employment/deployment of unsuitable individuals
- Ensure robust safeguarding arrangements and procedures are in operation.

In the event that children are brought into the care homes then:

- The parent or responsible adult is fully responsible for the behaviour and actions of the child or children whilst in one of our homes. The parent or responsible adult must be someone, who is not currently working on shift.
- The parent or responsible adult will be responsible at all times for the supervision of their child / children during the period that their child/children are in our homes and will be responsible for exercising sufficient supervision to prevent any hazardous situation from arising.
- If the parent is required to leave the child or children at any time, alternative supervision by a suitably responsible adult must be arranged for that period.

**Regardless of their age, children**

**must not be left unattended under any circumstances.**

- Children must not be allowed to disrupt the normal operation of the home or the work of the employees. The home manager or other appropriate senior management can request that the parent remove the child or children immediately from the home if they have any concerns about the safety or supervision of the child or children, or if their presence is causing a distraction for others.
- Children are not permitted in the care home kitchens, under any circumstances.

The policy and procedures will be widely promoted and are mandatory for everyone involved in Black Swan International Ltd. Reference should also be made to individual local authority Safeguarding Policies. Failure to comply with policy and procedures will be addressed without delay and may ultimately result in dismissal from the company.



# Touch Policy

## Policy Statement

Every Resident deserves to be happy, kept safe. Touch is essential in order to provide sensitive and good quality care for the individuals we support. Our policy ensures that all staff, volunteers and visitors to the Home can understand the principles of our approach.

## Aim of the Policy

We have the policy to ensure a consistent and coherent approach, stating how and when we would use 'touch' with those people in our care. Used in context and with empathy, touch supports the development of our natural interactions with the Residents we care for. This policy outlines when touch maybe needed and gives staff the direction and security for this to occur positively and productively while still protecting the people in our care.

## The Scope of this Policy

This policy relates to how we work with those Residents we support.

The following people must work to this:

- Staff at the Home
- Volunteers at the Home

We expect the following people to understand how we implement the policy:

- The Residents
- Their Families and Friends
- Visiting Professionals

## How we will Implement and Monitor this Policy

We acknowledge the importance of touch and its routine use for the following reasons:

For **communication**: to reinforce other communication (e.g. hand on shoulder when speaking) or to function as the main form of communication in itself. In addition, to respond non-verbally or to another person's own use of physical contact for communication and to make social connections. This is particularly likely to occur during intensive interaction or day to day greetings.

During **activities**; activities naturally include touch, sports, keep-fit, dance. People of any age are likely to be quite tactile and physical during activities.

For **therapy**: (e.g. hand and foot massage, sensory stimulation, physiotherapy, rebound therapy etc) provided either by a therapist or by another member of staff following therapy advice.

For **emotional reasons**: to give reassurance and to communicate security and comfort.

For the **purposes of care**: touch is necessary in order to carry out personal care for many of the people we support (Caring Policy).

To **carry out medical / feeding procedures**

To **give physical support**: to people who have physical difficulties (e.g. transfers in and out of wheelchairs) and in order to guide people between places, rooms or activities.

To **protect** Residents from danger by physically intervening and managing challenging behaviours including the use of restraint; only as a last resort and in order to prevent actual harm (Restraint Policy).

### Principles

- Staff need to be clear and open about why they are using touch and be able to explain their practice.
- There must be clarity and transparency in issues of touch. Wherever possible, a description and rationale for physical contact and the details of it should be documented in the Resident's records following discussion with the Resident, key-worker and their family.
- The use of touch should be discussed openly and regularly between staff.
- It should be recognised that gender and cultural factors have relevance in issues of touch, but the emotional and communication needs of the individual are equally important.
- As far as possible, the Resident involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they give that might indicate that they don't want to be touched. It should always be considered by staff that for touch to provide positive experiences it should be consensual.
- Staff must be aware of the potential hazards in respect of sexual issues:
  - o Staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all feedback signals from the person they are working with
  - o The person we support may occasionally inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or misunderstanding.
- It is never appropriate for staff to touch a person's intimate body areas except as part of intimate or medical care (Caring Policy).
- If staff are in any doubt about issues concerning appropriate touch or observe any practice that causes concern they should discuss this with their line manager.
- Staff should be aware that there have been many instances of abuse perpetrated in care / education establishments. The best methods of prevention are transparency, openness and teamwork. Staff should try to monitor and assist each other in carrying out their work.





# Visitors & Visiting Times

The Directors, management and staff at the Home, acknowledge and actively promote the rights of our Residents to live a full and independent life, exercising control and choice in their everyday lives.

- Residents' visitors are actively encouraged.
- There are no set visiting times and visitors are welcome, night or day.
- Residents have the right not to receive any visitor, if they so wish.
- Restrictions on visitors will only be imposed in the event that their conduct or presence severely disrupts the other Residents and the operation of the Home.
- In the event that the Home experiences a Business Interruption event such as electricity / gas / water / lift failure or an outbreak of infection, the Home will put a notice on the front door (if appropriate) outlining the procedures that are in place and plan of action. The next of kin as identified on the Resident's Circle of Care will also be informed by telephone of the situation. These events may require the Home to reduce or restrict visitors to the Home.

# Information on a Balanced and Nutritional Diet

The Home has produced a varied menu which should provide you with a balanced and nutritious diet. If you are deemed to be suffering from malnutrition or are seen as greatly overweight, then if you agree you will be put on a scheme (Malnutrition Universal Screening Tool (M.U.S.T.)) to overcome these issues in order to improve your overall health.

Please find below a few hints to assist in a healthy diet which have been compiled by the Food Standards Agency.

1. Base your meals on starchy foods such as wholegrain bread, cereals, rice, pasta and potatoes.
2. Eat lots of fruit and veg including fruit juice, fruit with cereals.
3. Eat more fish especially oily fish such as salmon, mackerel, tuna and sardines.
4. Cut down on saturated fat and sugar.
5. Try to eat less salt – no more than 6g a day.
6. Get active and try to be a healthy weight. Light exercise will always help you.
7. Drink plenty of water – about 6 to 8 glasses a day.
8. Don't skip breakfast – it's always good to have breakfast.

# Information For Residents and Visitors on Infections

## The Home has policies and procedures in place to prevent and control infections in the Home.

Please note the following points which will assist in reducing infection.

- Always wash your hands after going to the toilet
- Always wash your hands prior to eating or drinking
- Ensure that care staff are wearing protective gloves and aprons prior to providing any personal care to you
- Ensure that your bedroom is clean. Ask the staff/cleaners to clean your room if you feel it needs cleaning
- Please ask your visitors to show any food/drink they bring into the Home to the staff so they can check its suitability for you
- Please ask your visitors not to visit whilst there is an outbreak of infection in the Home - visiting may commence 48 hours after the end of an outbreak of infection (exception of covid outbreak with an essential care giver)
- Contact with faeces, urine or blood provides a higher risk of infection. Please avoid and contact staff if this occurs
- If you require any information about a particular infection (e.g. diarrhoea, influenza, food poisoning, scabies, MRSA) then please ask the Manager. Detailed information is available from the Home or Head Office

# Information on Consent to Care and Treatment

**The Home believes each Resident, where they are able, should give consent to the care, treatment and support they receive.**

Each Resident is able to change the consent they have given at any time.

Written consent is given by way a Resident's signature on the following documents:

- Pre-admission assessment.
- Contract and Terms and Conditions of Residence.
- Individual Risk assessments on Smoking and Use of Bedrails.
- Care Plans.

Risk assessments and Care plans are reviewed as and when necessary and at least every 6 months. Residents are able to review these documents and their consent at any time. A meeting to discuss such issues can be arranged with the Homes Manager.

In the event that a Resident lacks the capacity to understand an issue then 'Best interest' meetings are held with their representatives such as family, friends, power of attorney, next of kin, social or medical professionals. Written consent by those relevant representatives would then be by way of signature on the above documentation. Further information regarding 'Best Interests' meetings can be obtained from the Homes Manager.



# Information on Mental Capacity and Deprivation of Liberty

Every effort is made to encourage and support our Residents in making decisions for themselves. This is achieved through ongoing assessment and observation by staff working with Residents with regards to the Resident's physical and mental health. If it is assessed that a Resident lacks the capacity to make an informed decision then the Home will make all efforts to ensure the Resident has suitable representation. This may be by way of family representation, advocacy services, medical and social services representation and/or representation through the Mental Capacity Act such as an IMCA.

## Assessment of Capacity

Staff are trained that before any care or treatment is carried out an assessment of capacity is made. Depending on how serious the decision is will depend on how formal the assessment of capacity will need to be. Whether and how such assessments are recorded may vary according to the seriousness of the decision made.

It is important that all Residents have access to the Home's policy on Mental Capacity and Deprivation of Liberty and in addition the Mental Capacity Act 2005 can be provided by the Manager on request. This information is available to families and/or representatives of the Resident.

## Confidentiality and Record Keeping

### Confidentiality

Personal information about the Resident will not be disclosed unless:

- the person agrees
- there is a legal obligation to do so
- there is an overriding public interest

Where a person lacks capacity the Mental Capacity Act test of 'best interests' may also justify disclosure.

If a person lacks capacity to consent to disclosure then a decision will be made by Senior Care Staff and, if necessary, other health care professionals whether it would be in their best interests to disclose the information.

## Record Keeping

Decisions made about the assessment of mental capacity, and the determination of best interests will be recorded accurately in the Residents care plan

## Deprivation of Liberty

Residents "Deprivation of Liberty Safeguards" information.

It is important that all Residents have access to the Home's Deprivation of Liberty Safeguards Policy. This information is available through the manager. This information is available to families and/or representatives of the Resident.

## Deprivation of Liberty Safeguards

### Background

- Deprivation of Liberty Safeguards is a piece of legislation (inserted into the Mental Capacity Act via the Mental Health Act 2007). The Deprivation of Liberty Safeguards came into force on 1st April 2009.
- These safeguards will prevent decisions that deprive vulnerable people of their liberty.
- The safeguards have been developed to protect all Residents.
- If a person is deprived of their liberty they will have an identified representative, rights of appeal and the "deprivation" must be reviewed and monitored.

- These safeguards cover people in both hospitals and care homes registered under the Health and Social Care Act 2008.

## Who is covered by the Deprivation of Liberty Safeguards?

People aged 18 and over in all hospitals and care homes in England and Wales

- Who have a mental disorder and who lack capacity to consent to the arrangements for their care or treatment but are receiving care or treatment in circumstances that amount to a Deprivation of Liberty where it may be necessary to protect them from harm and appears to be in their best interests.
- Deprivation of Liberty can only be used if it is the least restrictive option.
- There is no distinction between treatment of physical or mental conditions.



# End of Life Care

**This Home believes that every Resident has the right to die with dignity, without pain and in their own familiar surroundings surrounded by people they know and trust.**

The Home believes that the quality of care which Residents who are dying receive in their last days is as important as the quality of life which they experience prior to this. In this Home the following applies:

- When death is inevitable, Residents should be allowed to die in peace, quietly and reverently.
- All care home staff should deal with the death of a Resident with sensitivity and respect.
- Resident's wishes concerning terminal care and death should be discussed, respected, and carried out, including observation of religious and cultural customs.
- Resident's family and friends should be involved (if this is what the Resident wants) in planning for and dealing with growing older, terminal illness and death.
- Palliative care, bereavement counselling, practical assistance and advice will, where possible, be provided by trained professionals or specialist agencies if the Resident wishes.
- Residents should be able to receive treatment and care and to die in their own room, if that is their wish, unless there is a medical reason for an alternative setting.
- Residents, especially those who have been terminally ill for some time, should be offered the choice of dying at the Home or in a hospice.
- The changing needs of Residents with deteriorating conditions – for personal support or technical aids – should be reviewed and met swiftly to ensure that the individual retains maximum control.
- Other Residents should be supported to deal with the illness or death of a Resident.
- The Home should take care to understand the particular religious requirements and needs of all denominations that it caters for.
- Pain and distress should be controlled, and the privacy and dignity of dying Residents at all times preserved.
- Relatives should be encouraged to visit as often as possible and at any time as desired by the Resident, and staff should find out at an early stage whether relatives wish to be called at night if a Resident deteriorates or dies.
- A Resident's religious beliefs should be respected at all times.
- No Resident should die alone. If a particular Resident has no close relatives, or they are unable to be present, a member of staff should be asked to stay with the Resident.

# 4

## CONTRACT & TERMS AND CONDITIONS OF RESIDENCE

## The 'Contract' or 'Terms & Conditions'

If you are contracted via Social Services or another Government agency, your contract will be as per their contract and this will include an annexed copy of your initial care plan. Also, you will need to sign and agree the Homes 'Terms and Conditions for Residents', which details the general conditions of the Home and details any additional costs that you may incur.

If you are not admitted via a government agency, then the Homes 'Terms and Conditions for Residents' includes the relevant conditions associated with the contract.

Your contract is available on request from The Manager.

# 5

## INSPECTION REPORTS

# Inspection Reports

The Home is inspected by the Care Quality Commission.

Inspections take place on a random basis and are unannounced.

Residents are encouraged to speak to the Inspectors during these visits and also to encourage their family and other interested parties to attend on the day of Inspection.

The Inspectors produce a detailed report on the Home and the main comments are discussed at the next Resident's meeting.

A copy of the report is placed on the Resident's notice board and is available from the office.

Any Residents wishing a personal copy of the report should contact their 'keyworker'.

# 6

## COMPLAINTS PROCEDURE

# Complaints Procedure

**The Directors aim to maintain the highest standards of care but appreciate that from time to time there may be areas of concern which need to be discussed. We intend to handle all complaints in a sensitive matter and as quickly as possible. The Resident, their relatives, friends or representatives are invited to raise any concerns that they have over actual standards of care, or any other matter, either verbally, in writing or by e-mail in the following manner:**

- Discuss a minor concern with the senior member of staff on duty.
- Make an appointment for a fuller discussion in private with the Manager.
- For further discussion, make an appointment with Senior Management to express a concern or to make a formal written complaint to Black Swan International Limited, 10 Meridian Way, Meridian Business Park, Norwich, Norfolk, NR7 0TA. Telephone number: 01603 507596, Fax: 01603 453231 or email [headoffice@blackswan.co.uk](mailto:headoffice@blackswan.co.uk). You may speak or write to the Home's Regional Manager or the Managing Director, Tom Lyons.
- All complaints will be responded to either verbally or in writing within 28 days. Complaints will be recorded in the Complaints ledger and will be acknowledged within 3 working days.
- If you are dissatisfied with the outcome of the Home's complaint procedure or the matter is of great concern then there is recourse to the following:
- If you are funded by the Local Authority then reference can be made directly to the Local Authority Social Services Complaints Procedure. If you remain dissatisfied then you can contact the Local Government Ombudsman Advice Team on 0300 0610614.
- If you are self funding then you can contact the Local Government Ombudsman Advice Team on 0300 0610614.
- You may also contact the Care Quality Commission. They are not able to investigate your complaint but would like to share your experience. Contact details are as follows:
  - o CQC National Customer Service Centre, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA. Telephone: 03000 616161, Fax: 03000 616171. Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

This procedure can be made available in other languages and formats on request.

# 7

## PERSONAL CARE PLAN

## **Copy of Personal Care Plan**

A copy of the Resident's personal care plan is available from The Manager.

# 8

## MINUTES OF RESIDENTS' MEETINGS

# Minutes of Residents' Meetings

Residents' meetings are held on a regular basis. These meetings give Residents an opportunity to take an active part in the running of the Home and contributions are very welcome.

Residents are entitled to:

- Run their own meetings (with or without assistance)
- Elect a Resident on behalf of the Resident group to participate in staff recruitment and selection.
- Contribute and comment on all aspects of the running of the Home.
- Notice of the next meeting is placed on the Resident's notice board.
- Attendance is not compulsory, but very much encouraged.
- Residents should not wait until the next meeting to bring up any matters of concern. They should immediately speak to their 'keyworker' or the 'person in charge' of the shift or the Manager.
- The meetings are minuted and copies of the minutes are placed on the Resident's notice board and also held in the office.

Any Residents wishing a personal copy of the minutes should ask their 'keyworker'.

9

# QUALITY ASSURANCE

# Quality Assurance - Questionnaire

It is very important to the Proprietor that the Home is running as per its ethos and 'statement of purpose'.

Consequently, a quality assurance system is in place, some of the elements being:

- Regular involvement by Senior Management including regular Head Office audit reports. These reports are issued to Senior Management and the Manager of the Home.
- Monthly Home's audit report completed by the Manager or their delegated staff member
- Quality assurance questionnaires are sent to various parties on a periodic basis.
- Results of these questionnaires are made available and copies placed on the Residents' notice board.
- They are additionally discussed at the next Residents' meeting.
- Should any Resident wish to have a personal copy of the results, then they should contact their 'keyworker' who will arrange this.
- Residents are very much encouraged to participate in the running of the Home and their views are constantly sought.
- Inspection Reports are discussed with the Residents at the next meeting.

10

# PRIVACY NOTICE

# Privacy Notice

## What is this privacy notice about?

The purpose of this notice is to inform you of the type of information (including personal information) that Black Swan International Ltd. holds, how that information is used, who we may share that information with, how we keep it secure and confidential, and reminds you of your rights under the General Data Protection Regulation 2018 (GDPR). Black Swan International Ltd. will be what is known as the 'Controller' of the personal data you provide to us. Our contact details are found at the end of this document.

Confidentiality affects everyone, and we take our duty to protect your personal information and privacy very seriously. We are committed to taking all reasonable measures to ensure the confidentiality and security of personal data for which we are responsible, whether computerised or on paper.

At Black Swan, we have appointed a Data Protection Officer who is accountable for the management of all information assets and any associated risks and incidents, and a Caldicott Guardian who is responsible for the management of resident information and resident confidentiality.

## Why do we collect information about you?

The team at Black Swan International Ltd. need to know certain information about you in order to provide the care for you that you

have requested us to. We also need to be able to assert our right to be recompensed in return for these services, as per the service agreement or contract we have with you. If you do not provide this information, then we will be unable to provide you with the care services you have requested.

We will not collect any personal data from you that we do not need in order to provide and oversee the records about your health and any treatment and care you receive from ourselves or others as we have agreed with you.

## What do we do with the information?

All the personal data we hold about you will be processed by our staff in the United Kingdom. We may store personal data in the form of paper records, electronic records on computers or on cloud-based systems whose servers are located within the European Union.

Your data may be processed by third parties where there is either a legal obligation for us to do so or there is a requirement to do so in order to be able to provide the care that you have requested us to provide you.

We take all reasonable steps to ensure that your personal data is processed securely and conforms to the requirements of data security as outlined in the General Data Protection Regulation.

### Use of CCTV

For the safety and security of our residents, staff, and visitors, Black Swan International Ltd. operates Closed-Circuit Television (CCTV) systems in communal areas, both inside and outside our homes. The purposes of these systems are to:

Ensure the safety and security of residents, staff, and visitors.

Protect property and prevent crime.

Monitor and review incidents to maintain a safe environment.

CCTV footage is considered personal data under GDPR. Any images recorded are stored securely, and access is restricted to authorised personnel only. Footage will only be shared with third parties where there is a legitimate reason to do so, such as a legal requirement, safeguarding concern, or incident investigation.

CCTV recordings are retained for a limited period, typically no longer than is necessary for the purposes described above, after which they are securely deleted or overwritten.

### Who do we share personal information with?

Black Swan International Ltd. has a legal duty to keep information about you confidential. Similarly, anyone we need to share your information with also has a legal duty to keep it confidential.

We may share information with the following (this list is non-exhaustive):

- General Practitioners / Hospitals / Pharmacists
- Ambulance Services
- Commissioning Support Units, Clinical Commissioning Groups and other NHS Bodies.
- Other government agencies and local authorities

We may also need to share some information about you to others, so we can all work together for your benefit and if we have your permission to do so.

We will not disclose your information to any other third parties without your permission unless there are exceptional circumstances, such as the health and safety of others is at risk or if the law requires us to pass on information.

### How long we keep it?

We will generally keep your personal data for a minimum period of 7 years, after which it will be destroyed if it is no longer required for the lawful purpose(s) for which it was obtained.

### Your Rights relating to Your Information

You have the right to restrict how and with whom we share the personal data in your records that identifies you. This is noted within your records in order that all professionals and staff treating and involved with your care are aware of your decision. By choosing this option, it may make the provision of care more difficult or untenable. You can also change your mind at any time about a disclosure decision.

### How you can access your records

GDPR gives you a right to access the information we hold about you on our records (including to rectify or erase it) and to have that information provided to you in a format that you can understand. Requests must be made in writing to the Information Governance Team:

Information Governance Team  
Black Swan International Ltd.  
10 Meridian Way  
Broadland Business Park  
Norwich  
Norfolk  
NR7 0TA

Telephone - **01603 507596**

### Contacts

For independent advice about Data Protection, privacy and data sharing issues you can contact:

**The Information Commissioner**, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Tel: **08456 30 60 60**

Website: **[www.ico.gov.uk](http://www.ico.gov.uk)**







