

## STATEMENT OF PURPOSE



**SHERINGHAM HOUSE**  
**54 OLD ROAD EAST, GRAVESEND, KENT DA12 1NR**

## **THE REGISTERED PROVIDER**

The Registered Provider is:

Aitch Care Homes (London) Limited  
Unit 2, Buckingham Court  
Rectory Lane,  
Loughton, Essex  
IG10 2QZ

### **EXPERIENCE AND QUALIFICATIONS**

The Aitch Care Homes Group is a high quality professional provider of community care homes for individuals with a learning disability. These individuals may have additional mental health, social or emotional needs and may present behaviours that challenge.

The Aitch Care Homes Group has been operating since November 2001 and has achieved some excellent results in terms of the standard of care provided and acclaim for its achievements in progressing service users with complex needs.

The company is committed to not only providing high levels of care and excellent accommodation, but also in developing a strong management team to maintain and develop these objectives.

The management team has a wealth of experience gained from the care industry, the property development industry and financial accountancy.

## THE CARE STAFF

### THE HOMES' WEEKLY ESTABLISHMENT FIGURES

1 Home Manager	39 hours
1 Deputy Manager	39 hours
1 Assistant Home Manager	39 hours
4 Senior Support Workers	156 hours
9 Support Workers	351 hours
4 Waking night staff	140 hours

**Total: 764 hours per week**

**This equates to 5 staff members on both day shifts (plus manager, day shift or evening shift) and 2 waking night staff.**

### STAFFING HOURS OF THE HOME

The home is staffed between the hours of 7.30 am and 10.30 pm by the day staff and from 10 pm to 8 am by the waking night staff.

The home is also supported by a 24 hour 'On-Call' facility by the Management Team of Sheringham House and Senior Management.

## Experience

### QUALIFICATIONS OF THE CARE STAFF

#### **Ian Pitman, Registered Manager, Registered Managers Award, D32/33**

##### **Experience :**

Ian has worked in the field of learning difficulties for the last thirteen years. He worked for the National Autistic Society for five years. Over that period he has worked with people with Autistic Spectrum Disorder, Fragile x, ADHD, Tourette's syndrome, Downs Syndrome, Cerebral Palsy, epilepsy, diabetes, general learning difficulties, the visually and hearing impaired, people with dementia and people with challenging behaviour. Ian has experience of people with mental health disorders, (bipolar disorder, schizophrenia, agoraphobia, depression, substance abuse) people with mobility difficulties as well as voluntary and paid youth work.

##### **Training Received**

Registered Managers Award D32/33	Safe Driving
IOSH Risk Assessment	Basic Food Hygiene
SPELL	Medication Training
SCIPr	POVA
Social Stories	Fire Safety Training
Makaton / BSL	Fire Risk Assessment
Epilepsy	Training the trainer
Diabetes Management	Crisis Management
Health and safety	Fire Training
PCP Training	Moving and handling
Counselling	Diversity Training
Safe handling of Medicines NCFE Level 2	First Aid at work (Four day course)
Mobile hoist training	Mental Capacity Act
Electric bath hoist training	
Presentation skills	
Working with families	
Recruitment training	
Keyworker training	
Income support / Disability living allowance training	
Housing Law	
Visual impairment training	
Hearing problems and solutions	

Ian has just completed his NVQ4 in Care.

**Samantha Long, Deputy Manager , Registered Managers Award, NVQ 4 Care**

Samantha has worked in care for the last twenty-seven years, predominantly working with the elderly. She supports a relative with a learning difficulty who lives in a residential setting which gives her a unique insight into what constitutes a good quality service provision. The extensive ongoing training and nearly two years experience working at Sheringham House have fully prepared her to fulfil this role effectively.

**Training Received**

Registered Managers Award  
NVQ4 Care  
SPELL (Autism)  
Epilepsy Training  
Moving and handling  
Fire Training  
Safe Handling of Medicines NCFE Level 2  
PCP Training  
POVA  
Mobile and bath hoist training  
First Aid at work (4 day course)  
Health and safety  
Basic Food Hygiene  
Crisis Management  
Diversity  
Dementia  
Certificate in care practice  
Certificate in infection control  
Mental Capacity Act

**Pauline Hanson, Assistant Manager, NVQ3 Care**

Pauline has twenty years experience working in Care in residential units in a managerial capacity and in the community.

**Training Received**

NVQ 3 Care  
First Aid  
Basic Food Hygiene  
Health and safety  
Autism SPELL / TEACCH  
Crisis Management  
Fire Training  
Epilepsy (Buccal midazolam and rectal diazepam)  
Medication administration

Manual Handling  
Programmes and Services  
Care Orientation  
Introduction to learning difficulties  
Alzheimer's and dementia  
Care basics  
Leadership training  
Skills of care management  
Communication impairment  
Preventing falls  
Basic Health and Safety  
Infection Control  
Safe Handling of Medicines NCFE Level 2  
Adult Protection  
PCP Training  
Static and mobile hoists  
Assessment and referrals

**Izabela Maksalon, Senior Support Worker , NVQ3 in Care**

Experience : Izabela has a background in teaching and psychology. This has served her in good stead in her current role. Izabela has worked in the field for just over a year first at Kingsdown House then at Sheringham. She is a calm organised individual with considerable insight into behavioural difficulties

**Training Received**

NVQ 3 Care  
Medication Administration  
POVA  
Infection Control  
Manual Handling  
Effective Communication  
Fire Training  
Epilepsy (Buccal midazolam and rectal diazepam)  
Autism SPELL / TEACCH  
First Aid (AP)  
Crisis Management  
Introduction to Learning Difficulties  
Safe Handling of Medicines NCFE Level 2  
PCP Training  
Static and mobile hoists

### **Julie Barham, Senior Support Worker, NVQ 3 in Care**

**Experience :** Julie has worked in care for the last twelve years. She particularly enjoyed working in rehabilitation unit which involved promoting the independence of individuals recently discharged from hospital.

#### **Training Received**

NVQ 3  
POVA  
Appointed Person First Aid Training  
Basic Food Hygiene  
Risk Assessment  
COSHH Training  
Epilepsy Training (Buccal midazolam)  
SPELL 1 (Autism) Training  
Conflict Management  
People Handling  
Fire training  
Management Training  
Adult protection

### **Joanna Golabek, Senior Support Worker, working toward NVQ3 in Care**

#### **Experience :**

Joanna has worked as a support worker previously for three years. She has experience of working as an Occupational therapist and has worked with children as a special needs teacher.

#### **Training Received**

NPA training in medication administration.  
Infection control  
POVA  
Conflict Management  
SPELL (Autism training)  
Epilepsy, rectal diazepam, buccal midazolam  
Management training  
People Handling  
Fire Training  
Basic food hygiene

### **Tomasz Wolniewicz, Support Worker, working toward NVQ 2 in Care**

**Experience :** Tomasz background in teaching, he is a calm, well organised individual who has spent the last year learning how to work with the residents at Sheringham House.

#### **Training Received**

Introduction to people with learning difficulties  
Adult Abuse  
Crisis Management  
First Aid

Epilepsy (Buccal midazolam and rectal diazepam)  
Medication Administration  
Autism SPELL /TEACCH  
Infection Control  
Safe Handling of Medicines NCFE Level 2  
Conflict Management  
Mobile and static hoists  
PCP Training  
Moving and handling

**Theresa Sentence, Night Support Worker, working toward NVQ 3 in Care**

**Experience :** Theresa has been working in the field of care for nine years in services supporting people with learning difficulties and mental health difficulties.

**Training Received**

Introduction to people with Learning Difficulties  
Adult Abuse Training  
Conflict Management  
First Aid  
Epilepsy (Buccal midazolam and rectal diazepam)  
Autism SPELL / TEACCH  
People Handling  
Medication administration  
Infection Control

**Ian Nicholson, Support Worker, NVQ 3 in Care**

**Experience :**

Ian came into the field with a background in benefits, training, sales and art.

**Training Received**

NVQ3, Care  
Safe Handling of Medicines NCFE Level 2  
Fire Training  
POVA  
Mobile and bath hoist training  
Conflict Management  
PCP Training  
SPELL Training  
Introduction to People with Learning Difficulties  
Epilepsy Training (Buccal midazolam and rectal diazepam)

**Jacqui Clive, Support Worker, NVQ2 in Care**

**Experience** : Jacqui has worked in the field for eleven years working with residents in a rehabilitation unit

**Training Received**

NVQ 2 Care  
Safe Handling of Medicines NCFE Level 2  
Epilepsy, rectal diazepam, buccal midazolam  
Autism SPELL  
Crisis Management  
Health and safety  
POVA  
Basic Food Hygiene  
Infection Control  
Certificate in risk assessment  
Dementia Training  
PCP Training  
Operation of mobile and static hoists  
First Aid AP course  
Continence care and management

**Ewelina Majek, Support Worker, working toward NVQ2 in Care**

**Experience** : Ewelina previously worked as a teacher.

**Training received**

Introduction to people with learning difficulties  
Adult Abuse  
Crisis Management  
First Aid  
Epilepsy (Buccal midazolam/ Rectal diazepam)  
Medication Administration  
Autism SPELL /TEACCH  
Infection Control  
Safe Handling of Medicines NCFE Level 2  
Fire training  
PCP Training  
Moving and handling

**Kamil Malinowski, Support Worker, working toward NVQ2 in Care**

**Experience** : Kamil was a student and has no background in care.

**Training Received**

Health and safety  
Basic Food Hygiene  
Autism (SPELL)  
Crisis Management  
Medication Administration  
Manual Handling  
Fire training

Epilepsy (Buccal midazolam / rectal diazepam)  
Working toward NCFE training in Medication Administration

**Izabela Towgin, Night Support Worker, working toward NVQ2 in Care  
Experience :**

Izabela has worked in a customer support environment for a number of years.

**Training Received**

Crisis Management  
Manual Handling  
Medication Awareness  
Infection Control  
POVA  
First Aid (AP)  
Health and safety

**Lidia Kokosza, Support Worker, working toward NVQ2 in Care  
Experience :**

Lidia has worked as a teacher, librarian and a care worker. She has a background in psychology.

**Training Received**

Autism (SPELL)  
Infection control  
Manual Handling  
Medication Awareness  
Crisis Management  
Appointed person First Aid  
Fire Training  
Health and safety  
Epilepsy (Buccal midazolam rectal diazepam)  
Working toward NCFE training in Medication Administration

**Lovelie Sell, Support Worker**

**Experience :**

Lovelie worked in a variety of customer support roles for a number of years. She has worked in Learning difficulties for five years as a nursing assistant.

**Training Received**

Infection Control  
Crisis Management  
Medication Awareness  
Manual Handling  
Epilepsy (Buccal midazolam/ rectal diazepam)  
Working toward NCFE training in Medication Administration

**Nthabeleng Hedwig Motlounge, Night Support Worker**

**Experience**

Hedwig has been working in care for the nearly two years. She has experience of working with older people.

**Training Received**

Introduction to people with learning difficulties

First Aid (AP)

Adult Abuse

Crisis Management

Epilepsy (Rectal diazepam / buccal midazolam)

Medication administration

Autism SPELL / TEACCH

PCP Training

Moving and handling

Administration training

Infection control

Working toward NCFE training in Medication Administration

**Olubenga Ogundare, Night Support Worker, working toward NVQ2 in Care**

**Experience :**

Olubenga has worked in care since 1998 supporting people with mental health difficulties and learning difficulties.

**Training Received**

Epilepsy, rectal diazepam and buccal midazolam

Autism (SPELL)

Health and safety

Crisis Management

Basic Food hygiene

AP First Aid

Fire training

All staff will complete shortly after commencing employment the mandatory qualifications of Basic First Aid, Basic Health & Safety, Basic Food Hygiene, Manual Handling and Fire training. They will also take further courses relevant to the needs of the home, such as specialist autism training and epilepsy training.

All care staff will be encouraged to work their way through the NVQ programmes.

## **THE REGISTERED MANAGER**

The Registered Manager for Sheringham House is:

Mr. Ian Pitman

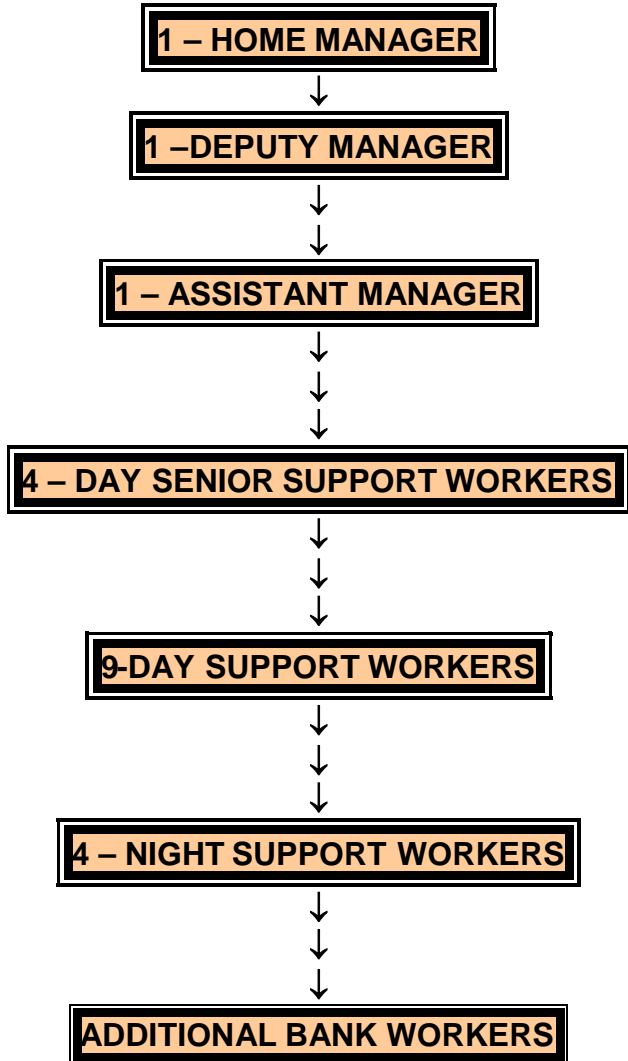
### **QUALIFICATIONS**

Ian has the Registered Managers Award and has submitted his NVQ4 in Care for assessment.

### **BACKGROUND HISTORY**

Ian has worked in the field of learning difficulties for the last twelve years. He has worked for the National Autistic Society for five years. Over that period he has worked with people with Autistic Spectrum Disorder, Fragile x, ADHD, Tourette's syndrome, Downs Syndrome, Cerebral Palsy, epilepsy, diabetes, general learning difficulties, the visually and hearing impaired, people with dementia and people with challenging behaviour. Ian has experience of people with mental health disorders, (bipolar disorder, schizophrenia, agoraphobia, depression, substance abuse) people with mobility difficulties as well as voluntary and paid youth work.

**ORGANISATIONAL STRUCTURE OF SHERINGHAM HOUSE**



## THE SERVICE USERS

Sheringham House is home to ten male service users between the ages of 19 and 56, who are registered as having a learning disability. Their needs are also complex and can present a challenge to the service. Some of the service users may have autism and/or epilepsy and have specific needs associated to this.

The home does not provide nursing care to its individual service users. However, some of the service users do require support with their personal care and mobility.

The aim at Sheringham House is to support individuals to develop their daily living skills and independence. For the more able service users, the main goal will be for them to move to a supported living environment in the future, if they so wish.

The nature of autism means that the tenants can be vulnerable to exploitation in a variety of ways. To promote the safety and personal development of all the people living at Sheringham House the Staff Team will be highly trained.

The Staff Team come from a wide variety of backgrounds, which promotes a diverse service provision for the people living at Sheringham House. All staff have access to a wide range of training to support them to enable everybody living at Sheringham House to access education, entertainment and paid employment if they so desire.

The needs of people who are on the Autistic Spectrum can vary quite widely and all staff will be trained on how to effectively support people around their communication, their ability to interact with other people and exposing them to experiences, which they may not be able to imagine which could promote their independence more fully.

All tenants currently have a Care Plan. In 2008 the Care Plans will be enhanced further by the implementation of Person Centred Planning. These plans will be reviewed twice a year or more frequently if the need arises. This would list all aspects of their care and any restrictions or specific interventions required by the individual concerned. There will be a list of entitlements provided to all residents and an annual plan for Sheringham House which shows our commitment to providing an excellent quality service provision tailored to individual need.

Staff respect residents individuality and provide support with this fact in mind.

The people living at Sheringham House will be supported to access their local community, develop the skills necessary to promote their independence, make choices around their lifestyle, maintain their dignity at all times in all circumstances within an equal opportunities framework.

We will be asking all individuals living at Sheringham and any of their relatives, friends or partners to become involved in our Parents Support Group. This organisation would be asked to become active in auditing our service so that we are providing the highest quality individually tailored service available in the area.

## THE ADMISSION CRITERIA

1. Interested parties would be invited to view the home
2. Following these visits, should the home be identified as suitable, the Client Placement Executive and Home Manager would then visit the prospective service user and a full assessment would be carried out to identify whether the home could meet the service users assessed needs.
3. The Home Manager would invite the prospective service user to visit the home and meet the other service users and staff. If the service user liked the home, they would be offered further visits and a possible over-night stay before they made up their mind to move in.
4. During the interim period, key professionals/family members would meet to exchange any information which would facilitate a smooth transition for the service user
5. The relevant authorities would be required to confirm acceptance of the placement and their financial responsibility.
6. The organisation would provide the service user with a written and coasted contract, and terms and conditions.
7. A minimum 'settling-in' period of three months would be offered for long-term placements, followed by a review with the service user and relevant parties, including existing service users.
8. On admission, the Community Learning Disabilities Team would be informed and an agreement of continuing care made.
9. The service user would be registered with a local G.P. and other care professionals
10. There will be no emergency admissions without a full assessment having been undertaken by ACH.

## **SOCIAL ACTIVITIES, HOBBIES AND LEISURE**

At Sheringham House we feel that social activities play an important part in home life, and are dependent on each individual's likes and dislikes. With this in mind, we work with each individual service user to find out what social activities they like and then work towards putting these in place.

We draw up weekly activities timetables for each service user. From this we then work a staffing roster around their needs, ensuring that sufficient staff are on duty to carry out the activity.

We are very aware of the need for structured day activities, especially for those diagnosed with Autistic Spectrum Disorder.

We encourage service users to maintain contact with family and friends. Some of our service users go on regular home visits and we can arrange visits to see their friends. We acknowledge that they enjoy socialising with their own peer group and therefore, ensure that they have access to various social clubs and discos. It is important also that they broaden their horizons and forge new friendships within the community.

## **SERVICE USER INVOLVEMENT/PARTICIPATION**

The aim at Sheringham House is that our service users are given as much choice as possible and are actively involved in the home's decision making, however large or small their participation may be.

We acknowledge that this may be difficult at times, as some of our service users have non-verbal communication. Therefore we develop formats and systems appropriate to the service users' needs to support them to make choices. We use Makaton and enlist the help of Speech Therapists and other care professionals to assess some of our service users needs, so that we can ensure that we are working in the right direction.

All service users have their own bank accounts and will be encouraged to manage their own financial affairs as much as possible.

If decisions have to be made on the service users behalf, this will be recorded in their Care Plans along with the reason why the decision had to be made.

We work with Independent Advocacy Services for our service users. Advocates work with the service users on a 1-1 basis as required to get to know them and their needs, in order to effectively work with them in the future.

## **FIRE PRECAUTIONS AND EMERGENCY PROCEDURES**

The Home Manager has ultimate responsibility to ensure that all fire precautions and emergency procedures are carried out within the home.

The home designates Health & Safety Representatives who are responsible for carrying out the weekly/monthly fire checks, which include fire alarm and emergency lighting tests. Fire evacuations are carried out three monthly and a record maintained in the Health & Safety folder.

The home has an annual maintenance contract for the servicing of fire extinguishers, fire blankets, alarm systems, emergency lighting and automatic fire doors,

Risk Assessments are in place and are assessed annually or sooner if necessary.

All staff must be involved in a fire evacuation at least once annually. All receive annual fire training, which is recorded in their training file.

Fire action signs are on display throughout the home.

All employees have a responsibility to report immediately any concerns around fire or health & safety.

As some of our service users are not able to communicate verbally and do not understand the written word, the home will produce a pictorial fire procedure.

## **MEETING THE SERVICE USERS SPIRITUAL NEEDS**

Service users at Sheringham House are given every opportunity to follow their religious beliefs. Two residents have indicated a preference to attend local places of worship. They are supported by staff in this area of their lives.

We acknowledge that not all service users want to attend religious services and that this is their choice.

## **ARRANGEMENTS MADE FOR CONTACT BETWEEN SERVICE USERS AND THEIR RELATIVES AND FRIENDS**

ACH believes that it is important for service users to maintain contact with their family and friends, but further acknowledge that it may be their choice not to do so. We support any choice they make on this matter,

Whatever their choice, staff at Sheringham House will do their utmost to ensure that our service users maintain contact if they wish to do so and that there is always a welcoming atmosphere when friends and relatives do visit.

The home has a separate room where guests can be entertained in private. Service users can entertain guests in their own bedroom if they wish.

Service users have full access to a telephone.

We acknowledge that service users may have friends in other areas – it is our aim to help our service users maintain contact with these friends.

The home has its own fully air-conditioned people carrier and a saloon car and arrangements can be made to drop off service users with their family or friends and pick up later. We can also pick up family and friends and bring them to the home if necessary.

## THE COMPLAINTS PROCEDURE

Aitch Care Homes (London) Limited endeavour to provide the highest quality service under our Quality Assurance Procedure and to ensure the smooth running of the home. However, we recognize that, on occasions, things do go wrong, and if they do, we are committed to putting them right. The Management of ACH will deal with any complaint professionally and compassionately, under the following complaint procedure.

We recognize the importance of the right for anyone to give voice to any concerns they may have regarding the care or related aspects to Sheringham House. To avoid conflicts of interest for the staff we will endeavour to ensure that all residents have access to an independent advocate.

Information of the whereabouts of the Complaint Book is available to visitors in the Visitors Book. Staff will be advised of this procedure on induction and residents informed of the procedure at the time of moving in.

All residents' will have a copy of the complaints Procedure. We have adapted the procedure into a format that is accessible to residents', by using signs and symbols. Further adaptations will be made depending on the level of understanding of the individual.

All complaints, whether they are communicated verbally or in writing will be dealt with via the following procedure:

1. Any member of staff taking a complaint must take the details down in writing, if verbally communicated.
2. The complaint will be passed immediately to the relevant Manager.
3. The Manager will consider the complaint and give the complainant and the appropriate parties formal, verbal acknowledgement within 24 hours of the complaint being lodged. This will include an indication of the intended actions within the investigation and a formal written confirmation sent within 7 working days.
4. Actions will be discussed between the agency and any other parties involved and the outcome will be decided upon on a joint basis.
5. A written record will be kept of the complaint at all stages.
6. Should the complaint be of a nature which is more complex, and the Manager cannot come to an agreeable outcome with the involved parties, the Managing Director of ACH will consider the complaint and work with the parties to come to an agreement.

### **Investigating a complaint;**

All complaints will be acknowledged by letter, within 7 working days. The letter will clearly detail the name of the member of staff investigating the complaint.

The investigating member of staff may contact the complainant for further information, and will carry out initial enquiries. If the problem or difficulty can be resolved in a straightforward way, the member of staff will take whatever steps are necessary, and write to inform the complainant what will be done.

The complainant will receive a reply within 28 days of the complaint being received. The reply will detail the result of the investigation and what action will be taken.

### **Investigating a complex complaint;**

If the complaint is complicated, it may take longer than 28 days to investigate. In such cases, a letter will be sent to the complainant explaining that the investigation will be completed within 3 months, unless the time limit is extended with all parties agreement.

The investigating member of staff will conduct a full investigation. This may include more detailed discussions with the complainant and other people. There may be formal meetings, which will be properly conducted and recorded. A person of their choice to help and support them at this stage of the procedure may accompany them if they wish.

The investigating member of staff will write a report when the investigation is completed. The complainant will receive a reply detailing the conclusions and recommendations of the investigator.

### **Appeal**

Should the complainant not feel that satisfactory resolution has been achieved through informal measure they may appeal using the company's grievance procedure.

### **Monitoring**

All complaints will be retained in the complaints file. Formal complaints of harassment will be monitored to identify any patterns to ensure that no victimization occurs.

On induction staff will be trained on dealing with complaints if harassment, the Whistleblowers' Charter, equal opportunities and documentation of complaints. It is the responsibility of the staff to acquaint themselves with and

abide by all and each of the issues current for the time being of the company's dealing with complaint procedure.

All persons have the right to make a complaint to the Inspection Officer:

The Inspection Officer  
Commission for Social Care Inspection  
Maidstone Area Office  
Hermitage Court  
Hermitage Lane  
Maidstone  
Kent  
ME16 9NT

Telephone Number: 01622 724950

On occasions of a Complaint of Harassment or in conjunction with the Whistleblowers' Charter, this may invoke the need to implement our disciplinary procedure.

Grievances are considered as seriously as complaints and both Clients and Staff are encouraged by the Management at ACH to voice any such grievance.

## **ARRANGEMENTS MADE FOR RESPECTING THE PRIVACY AND DIGNITY OF SERVICE USERS**

It is not easy sharing a home with other people, so it is important therefore, that staff and service users are aware and respect each others need to privacy and dignity.

At times, service users enjoy the peace and solitude of their own bedrooms and both the staff and other service users should respect this right to privacy. Staff therefore, should not enter any service users bedroom without knocking first and being invited in. This also should apply to other service users and they are reminded that they should not enter any other service users bedroom without permission. Staff also need to gain permission to show anyone into a service users bedroom for maintenance purposes.

Each service user has a key available for their own bedroom, although not every service user takes advantage of this facility. There are also lockable cabinets in the bedrooms in which people can keep their valuables. Any infringement of this right would be discussed with the service user and family and would be documented in their Care Plan.

Sheringham House has one communal lounge area and one dining room downstairs. It also has a separate room downstairs where service users can entertain guests in private.

The dignity of the service users is of utmost importance and must be maintained at all times, especially with service users that require support with their personal care.

## **SPECIFIC OR ALTERNATIVE THERAPIES USED IN THE HOME**

We are currently proactively seeking a trained aromatherapist to conduct massage sessions within the home.

## **REVIEW OF SERVICE USERS SUPPORT PLANS**

Review of all service users support plans is held in consultation with the service users and their family/representatives/advocates at least twice annually. Should a service user wish to review their plan more frequently than this, then arrangements can be made for them to do so.

Although support plan review meetings would generally be multi-disciplinary and relatives, advocates and Social Service representatives be invited, the final decision on who is invited would be with the service user themselves.

The support plans at Sheringham House will be produced in a suitable format for the individual written and pictorial format, according to each individual's needs. Each plan will be person centred and will be drawn up with the service user, with assistance from staff as and when required.

If for any reason the support plan needs to be revised, this would be in consultation with the service user and their advocates.

## THE ACCOMMODATION PROVIDED

Sheringham House is adapted for the purpose of being a Registered Care Home,

The downstairs accommodation consists of a hallway, office, lounge, laundry, dining room, second lounge / visitors room, kitchen, one toilet, one assisted bathroom and five bedrooms with en-suite bath or shower and toilet facilities.

The upstairs accommodation consists of five bedrooms with fully en suite bath or shower and an alternative assisted bathroom.

The communal room sizes are as follows (measured in square metres):

Lounge – 29.0

Dining Room – 23.0

Visitors Room – 10.0 (approx)

The bedroom sizes are as follows (measured in square metres):

Bedroom 1 - 12

Bedroom 2 – 12

Bedroom 3 – 12

Bedroom 4 – 12.6

Bedroom 5 – 12.2

Bedroom 6 – 19

Bedroom 7 – 13.5

Bedroom 8 – 12.3

Bedroom 9 – 12.25

Bedroom 10 – 18.7

External doors are operated by a key fob system for security reasons. Bedroom doors all have keys. Each bedroom has a chest of drawers with a lockable drawer facility in which service users can keep any valuable items. Service users are issued with keys and fobs where appropriate, some residents choose not to have any keys. Any limitations around an individuals personal freedoms are outlined in their Care Plan.

**Sheringham House**  
**Aims and Objectives**  
**January '08**

**CHOICE**

**Aim**

To provide an individual tailored environment in which to encourage the people supported by ach to make informed choices and to enjoy a wide variety of experiences in all aspects of their lives. The Staff Team are to support people living at Sheingham House to advocate for themselves as far as far as possible.

**Objectives**

- 1) To facilitate the individual to be involved in making decisions in all aspects of his or her life.
- 2) To provide support and if necessary a forum for self-advocacy.
- 3) To take advice from relevant parties (family advocate/social worker/staff.
- 4) To produce a communication profile for each person at the project.
- 5) Feedback best practice models in the appropriate forums.

**Monitoring**

Team meetings  
Monitoring reports  
Key worker meetings  
Care Plan meetings

**Action**

All staff

**Co-ordination** RM./ DM / AM/KW.

## **GENERAL HEALTH**

### **Aim**

- 1) To promote people supported by ACH to take responsibility for their own medication
- 2) To coordinate action with regard to health issues that arise for people supported by ACH to seek advice and/or treatment as necessary.
- 3) To promote a healthy lifestyle (diet, exercise etc.) with people supported by ACH.
- 4) To give people supported by ACH informed choice in their chosen life options (consequences of poor diet, smoking, birth control, sexuality, safe sex).

### **Objectives**

- 1) People supported by ACH to have responsibility for their own medication as far as possible.
- 2) People supported by ACH to undergo an annual health check.
- 3) People supported by ACH will have their medication reviewed by their GP at regular intervals but at least annually.
- 4) People supported by ACH will access to dental care which will be evaluated on an individual basis.
- 5) People supported by ACH to have access to visual & hearing evaluations annually as required
- 6) People supported by ACH will have access to alternative therapies if they so desire.

### **Monitoring**

Team meetings  
Monitoring reports  
Key worker meetings  
Care Plan meetings

### **Action**

All staff

**Co-ordination** RM./ DM / AM/KW.

# ENABLEMENT

## **Aim**

People supported by ACH to be enabled to develop competence in their chosen fields and maintain the skills they already have.

## **Objectives**

- 1) To take a holistic view of the individual and to identify key skills in place.
- 2) Evaluate further developmental opportunities.
- 3) Implement skills training programmes as appropriate.
- 4) To promote understanding of the individual take into account their wishes with regard to skills development and tailor services accordingly.

## **Monitoring**

Team meetings  
Monitoring reports  
Key worker meetings  
Care Plan meetings

## **Action**

All staff

**Co-ordination** RM./ DM / AM/KW.

# FINANCES

## **Aim**

People supported by ACH to be enabled to develop their own finances where possible.

To support each individual as far as necessary where they cannot handle their own finances. Encourage independence.

## **Objectives**

- 1) People supported by to take control of their own finances where possible.
- 2) Staff to support individuals to budget on a day-to-day basis for holiday or large purchases (TVs, videos etc).
- 3) An annual financial assessment to take place (benefits review).
- 4) Staff to support the individual to make entries in their own finance books if possible and involve the person in handling transactions themselves to promote independence.

## **Monitoring**

Team meetings

Monitoring reports

Key worker meetings

Care Plan meetings

## **Action**

All staff

**Co-ordination** RM./ DM / AM/KW.

# **EMPLOYMENT**

## **Aim**

To support the individual to seek employment in their chosen field.

## **Objectives**

- 1) To take holistic view of the individual and to take individual account their feelings around employment & the skills base they have.
- 2) To seek professional advice if the person involved does wish to seek employment.
- 3) To support the individual as far as required within their role without compromising their independence or personal responsibility.

## **Monitoring**

Team meetings  
Monitoring reports  
Key worker meetings  
Care Plan meetings

## **Action**

All staff

Co-ordination RM./ DM / AM/KW.

# **PARTICIPATION**

## **Aim**

People supported ACH to be encouraged to participate in all aspects of their lives.

## **Objectives**

- 1) Support the individual to be involved in the decision making process as far as they wish.
- 2) Support the individual to experience the consequences of making decisions.
- 3) Ensure effective rotaing to permit participation with the level of support required.

## **Monitoring**

Team meetings  
Monitoring reports  
Key worker meetings  
Care Plan meetings

## **Action**

All staff

**Co-ordination** RM./ DM / AM/KW.

## **DEVELOPING RELATIONSHIPS**

### **Aims**

People supported by ACH to be encouraged to develop or continue relationships outside those offered by co-tenants or staff.

### **Objectives**

- 1) People supported by ACH to be supported to entertain family or friends in  
Their own home if desired.
- 2) Opportunities to be offered to increase the size of the individual's social circle  
Through outside activities.
- 3) Endeavour to enlist be-frienders to develop relationships with people  
Supported by ACH.

### **Monitoring**

Team meetings  
Monitoring reports  
Key worker meetings  
Care plan meetings

### **Action**

All staff

**Co-ordination** RM./ DM / AM/KW.

**Ian Pitman**  
**Registered Manager**

**January '08**

**Review due June '08**

