

STATEMENT OF PURPOSE

FOR

DGSM yourChoice

“BUILDING BRIDGES” HOME SUPPORT SERVICES

53, Highfield Road, Dartford, Kent, DA1 2JS.

Tel.No: 01322-281833

Fax.No: 01322-286633

‘BUILDING BRIDGES’ HOME SUPPORT SERVICE is a Domiciliary Care Service, Registered with the Commission for Social Care Inspection. ‘Building Bridges’ provides home support to adults with Learning Disabilities. As part of DGSM yourChoice Limited ‘Building Bridges’ operates within the framework of the Companies standards, policies and procedures.

Schedule1 (1)-(Name & address of Registered provider.

Registered Provider: DGSM yourChoice Limited

Registered Office: 53, Highfield Road, Dartford, Kent, DA1 2JS

Tel: 01322- 281833

Fax: 01322- 286633

Email: info@dgsmyourchoice.org.uk

Charity Registration No: 263546

Name of Responsible Person: Mrs Liz Woodward

Name of Registered Manager: Miss Theresa Chambers (on secondment)

Schedule 1 (2) - Relevant qualifications & experience of Registered provider

DGSM yourChoice is a registered charity established to support people with learning disabilities and their carers through the promotion of support, training, housing, education, employment, leisure and recreation. DGSM yourChoice is affiliated to National Mencap.

DGSM yourChoice manages five Care Homes and a variety of support services that all comply with the Companies own Standards and Core Values and the associated Regulatory Standards.

Schedule 1(3) – Details of the Registered Manager.

The manager, Theresa Chambers has 23 years experience of working with adults with learning disabilities, 14 of which have been as Registered Manager of Registered Care Homes. Theresa holds a current Registered Nurse (Mental Handicap) qualification, a Diploma in Management Studies, a Certificate in Teaching in the Lifelong Learning Sector and is an N.V.Q. Assessor .

Schedule 1 (4) – Organisational structure.

The Service is the direct responsibility of the Chief Executive, the day-to-day management and co-ordination of the Service is the responsibility of the Registered Manager who also has line management responsibility for the Support Workers that deliver support to the service-users.

Schedule 1 (5) – The Premises.

The Registered Provider is the owner of the premises.

There are a number of direct-dial telephone lines into the premises and a dedicated facsimile line.

The premise has an alarm system and a number of security cameras. There are 3 key holders.

The building is fitted with a fire detection system and has fire extinguishers.

The Health and Safety officer for the building is Mrs Chantal Sandion, Human Resources and Training Manager.

The provider holds a comprehensive insurance policy for the building and has additional public and employers liability policies. The certificates of all policies are displayed on the premises.

Office hours are: Monday to Friday, 9am to 5pm. Outside of these hours, an on-call system is in operation.

Schedule 1 (6) – Geographical Areas of Operation.

The service operates in the Dartford, Gravesham, Swanley and Medway areas.

Schedule 1 (7) –Types of Services Provided.

Personal care, independence skill advancement, support with daily living skills, support to access other professional services, leisure activities.
A range of day-care and night-care hours to meet the needs of the individual service-user.

Schedule 1 (8) – Range of Dependency Needs.

Adult service-users with needs relating to their learning disability or associated health care requirements.
This includes those with profound physical disabilities and those who have behaviours that challenge services.

Schedule 1 (9) – Range of Care Tasks.

The service provided includes personal care, social support and life-skill development for those aiming to achieve independence in their lives.

Schedule 1 (10) – Age Range of Service users.

All service-users are adults above the age of 19 years. Consideration will be given to provide support for adults with learning disabilities who have children.

Schedule 1 (11) – Duration of Visits Carried Out.

The minimum duration of visits accepted is 15 minutes. There is no upper limit of visit duration.

Schedule 1 (12) – Contractual Arrangements.

The service is willing to enter into a contractual arrangement with any social services department, or any individual in receipt of direct payments.

Schedule 1 (13) –Assessments.

Assessments are completed prior to commencement of any support service. These will be reviewed as required, but not normally at less than 6 monthly intervals.

13.1 PRELIMINARY INFORMATION.

The referring Care Manager sends a Service Delivery Order with an outline of the proposed Service-user plan.

13.2 and 3. ASSESSMENT PROCESS.

The Service Manager visits the prospective service-user to complete both care needs and risk assessments.

13.4 DECISION MAKING PROCESSES.

The decisions relating to the type of support required, time and method of delivery must be person centred in its remit. It is the responsibility of the Service Manager to decide on acceptance based on the care and risk assessments and on the availability of Support Workers.

13.5 DOCUMENTATION AND COMMUNICATIONS.

The service develops the individual service-user plan in consultation with the service user and the Care Manager. This is based on the care needs assessment and the risk assessment.

All documents relating to the service-user will be available to them in their own home including the messages sheet for Support Workers.

13.6 EQUIPMENT NEEDS.

Where the plan indicates the need for additional equipment or resources, e.g. for moving and handling, this is to be arranged via the Care Management team or Community Nursing Services.

Schedule 1 (14) – Service-User Plans.

Service-user plans will be completed in detail as part of the support planning process and will be person centred.

In all cases the plan is subject to review at the request of the service-user, Care Manager, advocate, family member or the Service.

14.1 CONSULTATION PROCESS.

The plan is developed in detail prior to commencement of service delivery using a person-centred approach.

14.2 DOCUMENTATION AND COMMUNICATIONS.

A service-user file is provided to the service-user for their reference.

It includes the care and risk assessments, the planning outcomes, the service-user plan, a service-user guide, a copy of the complaints procedure, a satisfaction survey and a message sheet.

14.3 REVIEWS OF SERVICE-USER PLANS

These are to be reviewed as required although not less than 6 monthly.

Schedule 1 (15) – Arrangements in Relation to Medication.

Support Workers may assist in the administration of prescribed medication or prompt its use.

Such assistance must be in accordance with pharmacy instructions.

Support Workers cannot advise on the use of any medication or homely remedy.

Schedule 1 (16) – Arrangements to Assist With Mobility.

Support Workers are trained in the use of some patented equipment such as slide sheets and hoists as part of their moving and handling training.

All Support Workers will encourage the Service-user to maintain their mobility.

Schedule 1 (17) – Staffing of the Agency.

The policy of DGSM yourChoice. is to maintain adequate staffing arrangements in the office and on-call, in order to support the team of Support Workers and provide them with the resources and information needed to deliver the support specified in the service-user plan.

Staff recruitment and training procedures maintain a team of Support Workers suitable for the provision of support to the dependent service-users that contract with the Service.

17.1 RECRUITMENT AND APPOINTMENT.

For D.G.S.M. this is the responsibility of the Human Resources and Training Manager.

17.2. POLICY ON CRIMINAL RECORDS CHECKS.

Support Workers are required to provide an Enhanced Disclosure to the Criminal Records Bureau.

17.3 OFFICE STAFFING.

The office is staffed by the Chief Executive, Area Managers and administrative staff members.

17.4 ON-CALL SYSTEM.

outside of office hours, the all Support Staff are able to contact the company via a mobile phone. This is held by the Service Manager.

17.5 TRAINING AND STAFF DEVELOPMENT.

In addition to the statutory training requirements for each Support Worker, the Company operates an N.V.Q. programme.

All support Workers attend a 3 day induction programme prior to commencement of service provision. This is followed by on-the-job shadowing of experienced staff for a period of time, depending on experience.

17.6 RANGE OF QUALIFICATIONS AND EXPERIENCE OF SUPPORT WORKERS.

All Support Workers are included in the Company N.V.Q. programme. Most of the Support Workers have experience in the Care field including working in domiciliary services.

A number of Support Workers have worked for D.G.S.M. prior to their current role.

17.7. STAFF HANDBOOK.

All staff members have a personal copy of the Handbook, containing information about the service, emergency procedures and the relevant Policies and Procedures that may be needed during work with service-users.

17.8 UNIFORM AND IDENTIFICATION.

The Company has a non-uniform policy in line with the principles of normalisation.

However, all Support Workers carry an identification card that bears their photograph, contact numbers for the Company and an expiry date.

17.9 PROTECTIVE CLOTHING.

All Support Workers are provided with gloves and disposable aprons as required.

Support Workers are issued with personal alarms.

17.10 ARRANGEMENTS FOR SUPERVISION.

There is a Company supervision and appraisal scheme.

All Support Workers will be visited at the convenience of the service-user on a monthly basis.

Appraisal is at the end of the probationary period and yearly thereafter.

17.11 DISCIPLINARY PROCEDURES.

Minor breaches of the disciplinary code are dealt with immediately on an informal basis, with the view that this is an opportunity for the Support Worker to learn from the process.

Where more serious breaches occur there is a procedure for 1 verbal then 2 written warnings. All such warnings are at the express approval of the Human Resources and Training Manager.

The Company has a disciplinary procedure appeals process.

Schedule 1 (18) –Arrangements for the Provision of Personal Care.

The Registered Manager oversees all arrangements for the provision of such care.

18.1 SAFETY OF SERVICE USERS.

The Registered Manager oversees all aspects of the provision of services. The risk assessment covers all aspects of the delivery of services as described in the Plan.

The Company has rigorous policies, procedures and training requirements that are the framework of all services it provides.

18.2 POLICY ON ABUSE.

Abuse of any kind is not tolerated by the Company.

All Support Workers receive Protection of Vulnerable Adults training every 3 years.

Support Workers are trained to spot the signs of abuse and self-neglect and are required to report all concerns to the Registered Manager immediately.

All such reports are investigated and/or notified to other agencies.

All reports and outcomes of investigation are notified to the Commission for Social Care Inspection.

18.3 PROMOTION OF INDEPENDENCE.

It is the primary role of the Support Worker to maintain the skills of all service-users and to increase opportunities to widen these skills, using the goals set out in the Plan.

18.4 CARE OF THE SERVICE-USERS PROPERTY.

Support Workers are required to be aware of the full risk assessment for each service environment and associated security issues and their responsibilities in this regard.

They will ensure that during their visits and at the time that they leave, all gas and electrical appliances are safe and that the person's home is secure to their standards.

Any unsafe aspects of the environment are reported to the Manger immediately who will investigate the situation, take remedial action and change the risk assessment if required.

18.5 KEY HOLDING.

The service is willing to hold keys for service-users if this is indicated in their plan.

All keys held are listed at the office.

18.6 PRIVACY AND DIGNITY FOR SERVICEUSERS.

All aspects of privacy, dignity and confidentiality are included in the Support Worker Induction programme.

The Company also has policies and procedures in respect of these core values.

18.7 CONFIDENTIALITY POLICY.

Respect for the confidentiality of information regarding service-users is central to the operation of the Company, having policies, procedures and staff training in this area.

18.8 SERVICE-USER PREFERENCES.

The service provided is person centred in its approach. The views of the service-user are paramount to the Company.

18.9 POLICY ON RESTRAINT.

The Company policy for the Management of Challenging Behaviours is adhered to at all times.

Schedule 1 (19) - The Management of Rotas.

The Registered Manager oversees the team rota and its application.

19.1 GENERAL SCHEME.

The company currently uses a non-automated system, as attention to detail and consistency of support are vital to those that access the service.

19.2 ON-CALL COVER.

The on-call manager has copies of the rota, Support Worker contact information and information about the service-users.

19.3 CHANGES TO THE ROTA.

Any changes made are entered directly onto the computer. Support Workers are supplied with a new rota as necessary.

19.4 COVER FOR ANNUAL LEAVE/SICK LEAVE.

All requests for Annual Leave must be made one month in advance to the manager for consideration.

Cover of visits if a Support Worker is sick may be provided by the manager.

19.5 PROVISION OF ROTAS TO THE SUPPORT WORKERS.

Individual visit rotas are supplied to Support Workers weekly.

19.6 TIMESHEETS.

These must be signed at the end of every visit by the service-user.

These must be returned to the office weekly for the completion of payroll.

Schedule 1 (20) – Records.

The Registered Manager, in partnership with the Human Resources and Training Manager, is responsible for the recording systems used and the maintenance of these for the service.

20.1 RECORDS HELD IN THE OFFICE.

All records pertaining to the management of the service itself, past and current service-users and all Support Workers are held at the office. These may be on paper or on computer data bases.

20.2 RECORDS IN THE SERVICE-USERS HOME.

See section 14.2.

Schedule 1 (21) – Monitoring of the Service.

Satisfaction surveys are completed 6 monthly and at the time of the Plan review. Spot checks are completed by Care Managers. Feedback is also elicited at supervision meetings and team meetings.

Schedule 1 (22) – Handling of Service Users Monies.

Support of this kind will only be provided where it is expressly required in the service-user plan. All such transactions will be recorded in the plan and signed by the Support Worker.

Schedule 1 (23) – Grounds on which the Service may be terminated.

See appendix 1.

The grounds listed in appendix 1. are not exhaustive, nor do they automatically lead to termination of services provided. All situations will be investigated and considered individually, with alternatives assessed in conjunction with the Service-user, the Care Manager, and any others directly concerned with the service-user where this is practical given the urgency of the situation. Authority to terminate any provision of care lies with the Responsible Person.

Schedule 1 (24) – Complaints Procedure.

See appendix 2.

APPENDICES

APPENDIX 1

(See Statement of Purpose, Schedule 1 (23) – Circumstances in which the Service may be Terminated.

The following is a list of circumstances in which the Company may consider termination of the service provided.

Services would always be withdrawn reluctantly, and after lengthy negotiations toward acceptable resolution.

Circumstances will be considered on an individual basis.

The period of notice of termination of services provided would be as long as is reasonable in the individual circumstance, with consideration given to the Health and Safety of the service-user and the Support Workers.

The list is not exhaustive, and other circumstances that place service-users, Support Workers or the Company itself at unacceptable risk would be considered on an individual basis.

REASONS RELATING TO THE SERVICE-USER, THEIR RELATIVES OR REPRESENTATIVES.

- Abuse of Support Workers or other Company staff, whether physical, verbal, emotional, racial, cultural or sexual.
- Uninvited contact with Support Workers or other Company employees at their home, on their private phone, facsimile or e-mail.
- Concerns for the Health and Safety of the Support Workers by virtue of the environment in which support is being delivered.
- Inadequate co-operation by the service-user, their relative or representative in the provision and upkeep of specialist equipment and in the support delivery process.
- Inadequate co-operation by the service-user with administration requirements such as care assessments, risk assessments, signing of timesheets etc.
- Development of support needs that the Company cannot meet.
- Development of care needs, which in the opinion of the Company, cannot be met by domiciliary care services.
- Inadequate co-operation by the service-user, their relative or representative in the review processes.
- Unreasonable demands by any party for support to be provided that is not described in the support plan, extra, `off-the-record` visits, assistance with medication or nursing care that the Support Workers are not able to give.
- Inadequate payment of invoices to those in receipt of direct payments.
- Non-acceptance of fee reviews on a periodic basis.
- Concerns for the safety of Support Workers due to the location of the service-users home.

REASONS RELATING TO THE PURCHASING COMMISSIONER.

- Provision of inadequate or misleading information about the support needs of the Service-user at the initial referral or subsequently.
- Inadequate co-operation with support reviews, including the refusal to fund extra support where this is an issue of risk to the service-user or the Support Worker.
- Inadequate arrangements for the payment of invoices for support delivered.
- Failure to maintain adequacy of payment including periodic review of fees.
- Withdrawal of funding necessary for the provision of service in the service-users geographical area.

REASONS RELATING TO THE COMPANY.

- Difficulties in the recruitment or retention of Support Workers in the service-users geographical area.
- Development of Support needs for which the Company does not have sufficiently trained or expert staff.
- Commercial decisions arising out of non-viability of the service in the service-users geographical area.

OTHER CIRCUMSTANCES OUTSIDE OF THE CONTROL OF THE COMPANY.

These would be impossible or difficult to predict in advance, but could arise from:

- Changes in regulations or regulatory requirements.
- Conditions of Registration imposed by the Commission for Social Care Inspection.
- External factors affecting the recruitment and retention of suitable Support Workers in one or any geographical area

APPENDIX 2

HOW TO COMPLAIN

The Service is committed to ensure that all complaints, however small, are dealt with in a responsive, courteous and efficient manner.

If you have an issue or a cause to complain, the first step would be to inform the Registered Manager or the senior member of staff on duty at the time. Details of the complaint will be recorded in the Complaints Book.

If the complainant feels that his/her complaint has not been satisfactorily dealt with, a written representation needs to be forwarded to DGSM yourChoice management (address as above). A reply of the outcome will be sent to the complainant within 7 days.

It is DGSM yourChoice's policy to equitably resolve any complaints within 28 days period.

The complainant has the right to contact Commission for Social Care Inspection at any time. The address and telephone number is as follows:

**Commission for Social Care Inspection
The Oast
Hermitage Court
Hermitage Lane
Maidstone
Kent, ME16 9NT**

Tel No: 01622 724950
