



---

# **Specialist Dementia Care**

## **Help at Home Support**

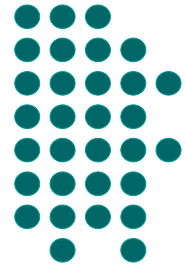
### **Service User's Guide**

### **Incorporating The Service's Statement of Purpose and Complaints Procedure**

**Rugby Office  
44 Regent Street  
Rugby  
CV21 2PS**

**01788 577825**

**Reviewed and updated February 2011**





## Background Information

Guideposts Trust was established in 1972 to bring individuals with mental health problems and learning disabilities out from long stay hospitals and residential units and live in a supported environment in the community. Guideposts developed over 200 such schemes throughout England during the period 1972 - 1996. Subsequently Guideposts has concentrated on delivering services that enable people to live in the community such as day care, community support, home care, friendship and befriending schemes. We currently manage three supported housing schemes in Gloucestershire caring for people with learning disabilities and also provide community support to older people. Guideposts also has a Help at Home Service in Oxfordshire and Gloucestershire which provides personal care and domestic help in the home for older people and those with learning disabilities. This includes light laundry, cleaning, shopping, food preparation and befriending. The Rugby Home Support Service launched a similar scheme for people in the Rugby and south Warwickshire areas in June 2006, and now delivers care through its Help at Home support and specialist dementia care service.

Guideposts has run dementia services for older people for the past six years. A 30 bedded Teaching Nursing Home with an attached Care Research Centre in Oxford was opened in May 2000 with the aim of becoming a centre of excellence in the care of people with dementia. The home was purpose designed and built with trained staff to work with residents. The home took trainees on placement from Oxford Brookes School of Healthcare and had a block contract from Social Services for 20 beds. The home aimed to put into effect best practice resulting from the research carried out at Guideposts Care Research Centre and had a high level of expertise in this area. The home has since been transferred to new owners.

Working in conjunction with the Institute of Public Care at Oxford Brookes University and with funding from the Department of Health, Guideposts researched best practice from a wide range of sources. A Model of Best Practice in the care of people with dementia was put into effect in the Nursing Home. This was subject to comparative research with 12 other care homes. The findings from this research cover operational management and practice. They are replicable to other care homes as well as domiciliary care, and based upon the research and knowledge already gained, specialist training courses in the care of older people with dementia are now being run. As part of our work, Guideposts funds the specialist training and consultancy carried out by them with care staff and care homes.

### The Rugby Service (Home Support Service)

The registered provider is **Guideposts Trust**, the responsible individual (on behalf of the organisation) is **Dave McCabe** who is the **Chief Executive of the Trust**. Dave McCabe is line manager to the manager of the service (Victoria Horsley). Dave has a Diploma in Social Work and has over 20 years' experience in the care sector, including experience of managing the 30 bedded nursing home for older people with dementia in Oxfordshire and being involved in the research programme into the care of people with dementia.

The **manager** is Victoria Horsley. Victoria has over 16 years' experience in the care sector, including extensive experience of managing domiciliary care and working to provide a service to people with dementia. She is a Chartered Manager at member level with the Chartered Management Institute, has an NVQ level 4 in management, a level 5 diploma in management and a level 2 certificate in dementia awareness. Victoria is currently working towards a level 7 diploma in leadership and management.

The range of qualifications and experience of the other service staff is set out below:

<b>Post Title</b>	<b>Number of posts (full time equivalent)</b>	<b>Minimum competencies /qualifications</b>	<b>Minimum experience</b>
Deputy Manager	1	NVQ 3 in care	15 years' experience in care which includes working with people with dementia
Coordinator	1	Started as a CSW in 2009 and has been promoted to coordinate in 2010.	
Supervisor	1	NVQ 3 advanced management in care certificate and working towards level 3 diploma in management with the Chartered Management Institute	35 years of working in care and 11 years working with people with dementia
Administrator	1	NVQ 3 in business administration	3 years' experience in dementia care and 40 years' experience as an administrator
Disc Information Officer	1		18 years' experience in dementia
Care staff	21	NVQ 2 or working towards it	All completed skills for care induction

### ***How are staff recruited, trained and supported***

We operate a robust recruitment procedure. Staff are interviewed by the management team face to face. If successful at interview level then references are requested one of which must be the person's last employer. A full enhanced check is also made through the Criminal Records Bureau. These checks must be completed and satisfactory to the manager before staff are offered employment.

Induction training is then offered and this can take a total of 12 weeks to complete. The induction is made up of both theory and practical training and carried out by a member of the management team. The new employee will have at least 20 hours of shadowing consisting of watching an experienced carer at work and being observed. The new employee is supervised throughout and will be signed off as competent in each key area before being allowed to work alone.

Regular supervision is carried out on all staff and this will include watching them at times carrying out their care duties. All staff are signed on to the diploma in care after a 6 month period.

## ***Overview of Service***

This Service is run by Guideposts Trust, registered charity 272619, operating in the Rugby, Nuneaton and south Warwickshire areas.

The service has a contract with Warwickshire Social Services (now known as Adult, Health & Community Services). This particular part of the service provides a specialist person-centred domiciliary care service that will meet the needs of people in south Warwickshire and Rugby who have a diagnosis of dementia. The service also provides support to individuals who are funding privately and does some work which is funded by the local Health Authority (PCT).

### ***The Objectives of the Service***

The aim is to support people in their own homes where the alternative may be residential or continued hospital care and to provide help to individuals who need support to live independently at home. These individuals may be older people, people with learning disabilities and those with mental health issues, and also to assist their carers.

The service will:

provide direct help with personal care, domestic support services such as housework, shopping and social support (as defined in the person-centred plan). It is a seven day a week service operating between the hours of 7.00am – 10.30pm, and will be tailored to meet individual needs.

Assistance may include:

- help to get out of/or into bed
- support with toilet needs
- help with personal hygiene
- help with dressing
- help with taking some medications
- preparing and serving meals
- support with light household duties including laundry and bed changing
- help and support for carers
- support to pursue hobbies and interests
- social visits to enable main carers to go out
- assistance with shopping
- support patients at home after hospital discharge
- escorts to appointments.

### ***Detailed Service Outcomes for the Care at Home Service***

The service has been established to enable people to maximise their lives through specialist care, which builds on individual strengths whilst retaining choice, confidence and dignity. It will promote the service user's independence and maintain their skills. It will facilitate hospital discharge for people and enable them to remain in their own homes and retain their independence for as long as possible. It will facilitate hospital discharge for people. The service should prevent hospital admission or inappropriate admission to 24 hour care for people with dementia.

The service outcomes are described below:

#### ***Safety Outcomes***

- Enable people to remain living safely within their own home.
- A reduction in the number of people admitted to hospital or residential care home, permanently or temporarily.
- Provide an extended period of independent and safe living in the community for people.
- To work with multi-disciplinary network to actively avoid hospital admission or inappropriate 24 hour care.

#### ***Development Outcomes***

- An increase in the number of people who can participate more fully in their local communities.
- To promote the independence of individuals by encouraging them to participate in the activities of daily living.
- To address the social inequalities experienced by people by ensuring that they remain active within their community, by accompanying the person to the shops, community facilities, etc.

#### ***Wellbeing Outcomes***

- An increase in the number of people living independently in the community.
- To maintain the well being of people who require support and their carers.
- To enable people requiring support to maintain their relationship with their carer.

### **The Organisation of the Service**

The manager of the service has overall responsibility for the delivery and quality of the service.

The deputy manager supports the work of the manager and the team. The team manages small groups of support staff, who in turn work with designated service users. The deputy manager and the team are responsible for the day to day running of the service in their areas including the allocation of work programmes according to the support required by service users and this includes the supervision of community support workers.

A close working relationship is maintained between the service and other health and social care professionals to ensure efficient and effective support to the service user is being maintained in their own homes. Community support workers are encouraged to

attend planning meetings and reviews where their detailed personal knowledge of the service user and the home is of great value to the social work teams.

### **How do you find out if you can receive help at home?**

If you believe that it would help you to have support from the service then either you or someone on your behalf can:

- Contact your local Social Services (Adult, Health & Community Services) office, and request a visit from a member of staff.
- Contact the service directly, details at the end of this User Guide and speak to the manager or the assistant manager who will be able to assist you.

### **What will the service do if I want private help?**

One of the management team will arrange to visit you/meet with you to discuss what your requirements are.

### **What will Adult, Health and Community Services do?**

Where support is arranged through our contract with Adult, Health and Community Services they will visit you to talk about the kind of help you need. This is called an assessment. This will help the Adult, Health and Community Services staff identify what services you may need, if any.

### **What happens next?**

If support is arranged privately then we will agree this with you directly and in line with our current charges applicable at the time the service commences. If Adult, Health and Community Services assess that you need a service they will arrange it for you. In all instances a senior member of the staff from the service will visit you to discuss your care, and complete appropriate Health & Safety checks (risk assessments). They will then agree with you your care plan. This is the exact help you will be getting and when.

### **Service ethos**

The National Minimum Standards for Domiciliary Care, says that community support workers will carry out tasks **with** the service user, not **for** them, minimising any intervention and supporting service users to take acceptable risks as set out in the service user's care plan. Managers and support staff enable service users to make decisions in relation to their own lives, providing information, assistance, and support where needed.

### **The service you can expect to receive**

All services provided will comply with the National Minimum Standards for Domiciliary Care and associated Regulations.

Community support workers will arrive within 30 minutes of the agreed time. Where there is a delay due to unforeseen circumstances, you will be contacted and an apology and an explanation will be given.

You will be involved if there is a proposal to permanently change your agreed care plan.

- Community support workers will carry an identification card.

- Community support workers will wear their tabards/uniforms and have a good standard of appearance.
- Personal information held about you will be held safely and securely in accordance with the Data Protection Act.
- Community support workers will respect your rights and dignity.
- Community support workers will be responsive to changes in your needs and help you contact other services.
- In an emergency, community support workers will contact the relevant services and when necessary your next of kin.
- Community support workers cannot undertake any nursing duties. For example, they will not change dressings, administer injections or give suppositories.
- Community support workers will respect your right to choose how you wish to live your life.
- The senior staff of the service will visit you at least once a year to make sure you are happy with your care and that the highest standards are being maintained.
- If your community support worker is unable to gain access to your home, the office for the service will be notified and they in turn will inform your relatives or the emergency services.

Whilst we aim to ensure that you have the same named regular community support workers, we cannot guarantee that from time to time in response to service needs, changes may be necessary. Changes sometimes have to be made to the service, for example, there will be times during holidays, training or sickness when your community support worker will be unable to come. Should any long term change be necessary, someone from the service will discuss this with you.

### **Please note**

Community support workers are not allowed to enter or remain in your home if you are not there. They are not allowed to hold the keys to your home.

Your community support worker must not hold monies or bank/pension books for safe-keeping.

Community support workers are not allowed to accept gifts or bequests. They must not be a beneficiary or act as an executor to your will. Neither are they allowed to enter into any personal financial arrangements with you.

You need to provide suitable cleaning materials as applicable and ensure that all equipment you provide, especially electrical items, are in good working order.

- Community support workers must not undertake any tasks that might cause a personal injury, such as, unsafe lifting. It will be necessary for us to make an

assessment of the risks involved in doing some of the tasks in the care plan.

Any accidental breakages or damage caused by community support workers may be covered by your household insurance. Every care will be taken while working in your home. However from time-to-time accidental minor damage may occur. We ask you to accept this as a normal hazard when receiving help in your home.

Service users' files remain the property of the service at all times and must be returned to the service on the last visit when the care has been terminated by either party.

You (the service user) have a right to access information held on our computers about you; this information is in accordance with our registration under The Data Protection Act 1984 and in line with the Freedom of Information Act 2000. If you wish to access this information please discuss this with the manager who will make necessary arrangements.

### **Withdrawal of Service**

If you have been assessed as needing services commissioned by Adult, Health and Community Services, then Guideposts Trust has a duty to provide it.

However, there is also a responsibility to ensure that staff are able to perform their duties within the requirements of Health and Safety Law.

Services may be withdrawn if there are acts of violence or aggression towards community support workers. Incidents will be fully investigated, and a risk assessment undertaken. Everyone involved in providing care would then consider if it is right to continue providing the service.

Where a decision is made to continue providing the service, appropriate support and supervision would be available to ensure that staff are safe.

### **Cancellation of Service**

If you cancel your service permanently, Adult, Health and Community Services will be notified (where they are/have been involved). It is always best to speak to Adult, Health and Community Services before this happens as they can help you with any problems.

If you wish to cancel the service please let the service know as soon as possible. If the cancellation of the service is only temporary, for example you may be on holiday, don't forget to let us know when you are returning.

### **Quality Assurance**

Guideposts Trust will monitor the outcome and performance of the service. Performance measures will include:

- Number of service users.
- Percentage of people with dementia who are receiving the service.
- Number of service users' visits missed and reasons.
- Actual hours of care delivered.
- Number of complaints reported and resolved.

- Number of accidents reported and resolved.
- Increased respite opportunities for carer.
- Reduced need for hospital admissions.
- Care package reviews.
- Annual service users' satisfaction questionnaires.
- Stake-holder surveys (Adult , Health and Community Services Commissioning, Health Service staff, etc).
- Staff supervision.
- Checks on records and time sheets etc.

### **Monitoring**

Evaluation by Adult, Health and Community Services contract monitoring staff. An annual survey carried out with you through the use of a questionnaire and one-to-one meetings. The senior staff will visit all new service users prior to the service being delivered and then undertake review visits within six weeks from the date of the start of the service. All service users' views and comments regarding the service they receive will be recorded by community support workers on the contact sheets at the time the comments are made.

### **Insurance**

Guideposts Trust insurance cover is adequate to meet standards set out in the National Minimum Standards for Domiciliary Care.

### **Service Targets**

Regarding the service Guideposts Trust will:

Provide all our service users with a care plan explaining the service they will receive.

Ensure all community support workers receive basic training so that they carry out their duties competently and safely. We also aim to ensure that staff receive appropriate induction and on-going training and undertake to train them to NVQ level 2. NVQs have now been replaced by diplomas.

All personal care is delivered by NVQ level 2 qualified staff or staff working towards NVQ level 2 qualification.

Ensure that community support workers arrive within the agreed timescale to carry out their duties. Should any changes in these arrangements be necessary, these will be discussed and agreed with you.

Have a named person to contact if you have any concerns.

Respond to any worries or problems (complaints) promptly. You will be given a full written explanation in line with the complaints procedure.

### **Amount and method of payment of fees**

Where referrals are received from Adult, Health and Community Services, they will carry out your financial assessment to establish what, if any, contribution you will be required to pay for the service. Where you are required to pay towards part of the costs or the full cost of the service, you will be notified by Adult, Health and Community Services of this, they will make arrangements for you to pay them directly. Where the support is arranged directly and paid for privately, the invoices for the support will be sent to you or your representative every four weeks. We ask that you make payment within 14 days of the date of your invoice by cheque or standing order where possible.

NOTES:

**Addresses and Contact details:**

The service's normal office hours are 9am to 5pm Monday to Friday. There is always a senior member of staff on call at any time the service is being delivered (normally between 7.00am and 10.30pm). In the event of there not being anyone in the office, telephone calls will automatically be transferred to the person on call.

**Guideposts Trust specialist dementia care and Help @ Home Support**

Rugby Office  
44 Regent Street  
Rugby  
Warwickshire  
CV21 2PS  
Tel: 01788 577 825

**Guideposts Trust Head Office and contact:**

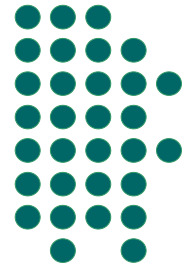
Dave McCabe: Chief Executive  
Guideposts Trust  
Two Rivers  
Station Lane  
Witney  
Oxfordshire  
OX28 4BH  
Tel: 01993 772886

**Care Quality Commission (formally Commission for Social Care Inspection)**

77 Paradise Circus  
Queensway  
Birmingham  
B1 2DT  
Tel: 0121 600 5300

**Contract Monitoring & Compliance Team**

Strategic Commissioning & Performance Management Division  
Adult Health & Community Services Directorate  
Saltisford Office Park  
Building 2  
Ansell Way  
Warwick  
CV34 4UL  
Tel: 01926 410410



## **GUIDEPOSTS TRUST**

**Specialist Dementia Care  
and  
Help at Home Support**

# **Complaints Procedure**

**44 Regent Street  
Rugby  
Warwickshire  
CV21 2PS**

**Tel: 01788 577 825**

**Fax: 01788 577 875**

**[rugby@guidepoststrust.org.uk](mailto:rugby@guidepoststrust.org.uk)**

## CLIENT COMPLAINTS AND REPRESENTATIONS POLICY

### 1 **Introduction**

- 1.1 A client (or their representative) may complain about any legitimate concern that they have about any aspect of the support that they receive from Guideposts Trust. A legitimate concern is one where the service fails to live up to its stated aims or clearly does something wrong.
- 1.2 All staff have a responsibility to promote the understanding of how to make a complaint or representation, the meaning of such actions and the importance of making such actions.
- 1.3 Complaints or representations can be made to any member of staff, who should note it in writing and inform their manager who will respond speedily.
- 1.4 Complaints or representations can be made in writing or verbally, and in some cases relatives/carers and/or representatives may need to be nominated to make the complaints or representations on behalf of the client.

### 2 **Levels of Complaint or Concern**

Not everything, which concerns clients, is necessarily aired as a 'complaint'. Complaints are usually registered when other, less "formal" methods have failed. Guideposts Trust recognises the following levels, in ascending order.

### 3 **Raising Concerns**

If a client, or relative, has some concerns but does not feel that they wish to invoke a "complaint" they may raise issues for discussion and hopefully resolution at a local level.

### 4 **Formal Complaints**

These must be made to the manager and s/he will (normally) conduct the investigation. The manager will take all necessary action in line with the Complaints Procedure to attempt to resolve the problem/issue wherever possible.

### 5 **Appeals against Findings of an Investigation/Serious Complaints**

These are made to the senior management of Guideposts Trust directly and an investigating officer will be nominated. The investigating officer will normally have no direct contact with the centre (or staff) which is the source of the complaint. (If the senior management of Guideposts Trust is confident that the complaint can be fully resolved at a local level, they may refer it to the responsible manager, if this manager has not previously investigated the complaint.

### 6 **How to complain**

- 6.1 If you wish to make a complaint, this is how to do it.
- 6.2 Raising concerns. Any client (or relative) may raise issues with the services manager at any time. If you wish you may raise issues with other staff who will bring the situation to the attention of the manager. (Complainants who are not clients should contact the manager directly).
- 6.3 If you feel uncomfortable airing concerns in a one-to-one situation, you can raise your concern at a review. One of the purposes of these meetings is to give people

## **CLIENT COMPLAINTS PROCEDURE**

the chance to air their concerns and/or preferences. (However reviews may not occur at a time when you have a concern, in which case you should still raise the matter with your carer or the management of the service.)

- 6.4 Formal complaints. If you feel something is more seriously wrong you may raise it as a Formal Complaint. (There is no need to have raised your complaint as a 'concern' first.) Alternatively someone may have done something wrong to you, which you want to report.
- 6.5 You **do not** have to put your complaint into writing, but it will be helpful if the manager is clear what concerns you. If you do not put things in writing (or have someone do it for you) the manager may summarise your conversation. This is to check that they have all the main points. If you do not agree with the summary you must say so. If you do not, either the wrong things might be investigated, or something that bothers you might not be looked at.
- 6.6 After you have presented your complaint the manager will arrange to investigate. The manager will take all necessary action to attempt to resolve the problem/issue wherever possible. All complaints will be dealt with in a sensitive manner and confidentiality will be respected. The aim will be for the investigation to be completed in 21 days. If it becomes clear that this is not enough time, the manager will write to advise you when it will be complete.
- 6.7 At the end of the investigation you will receive a written response (within 28 days usually).
- 6.8 If you are not satisfied you may appeal against the findings to the senior management of Guideposts Trust.

## **7 Appeals against the findings of an Investigation of Complaints**

- 7.1 If you are not happy with the result of a Formal Complaint you may make an appeal to the trustees of Guideposts Trust. If your complaint is about the manager or is of a very serious nature you may make your initial complaint to the trustees of Guideposts Trust. The trustees will convene a small Complaints Panel consisting of: two trustees, the Chief Executive of Guideposts Trust and an independent person nominated by the trustees. Someone will be nominated to investigate your complaint. You will be told who this is within 14 days. The aim will be for the investigation to be complete in 21 days. If it becomes clear that this is not enough time, the person investigating will write to advise you when it will be complete.
- 7.2 The Complaints Panel will consider the investigating officer's report with one of the trustees as chair. The decision of this panel is final.
- 7.3 At the end of the investigation you will receive a written response indicating the outcome.

At any time you can complain directly to the regulatory body:

**Care Quality Commission (formally Commission for Social Care Inspection)**

77 Paradise Circus  
Queensway  
Birmingham  
B1 2DT

Tel: 0121 600 5300

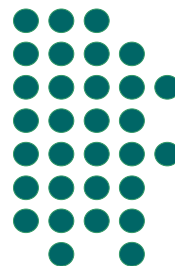
**Contract Monitoring & Compliance Team**

Strategic Commissioning & Performance Management Division  
Adult Health & Community Services Directorate  
Saltisford Office Park  
Building 2  
Ansell Way  
Warwick  
CV34 4UL

Tel: 01926 410410



**Registered Charity Number 272619**



---

**Rugby Office  
44 Regent Street  
Rugby  
CV21 2PS  
Tel: 01788 577825**