

Service Users' Guide

Crowstone Manor Care Home for the Elderly

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Registered Manager: Wendy Livingstone-Stallard

Registered Provider: Crowstone Manor Ltd

Aims and Objectives

Aims

The staff and management of Crowstone Manor aim to achieve a reputation with Social Services, local carers, residents and potential residents that places it in the top 5 Care Homes of its type in the area.

Crowstone Manor aims to offer quality care at affordable prices such that a long term viable business is built up and sustained over time.

The management aims to generate sufficient revenue to ensure

- that residents are guaranteed a comfortable life style by providing good quality food, appropriate levels of heating, etc.
- that quality care staff can be attracted and retained by paying competitive salaries
- that the buildings can be maintained to a high standard
- that the owner can make a living

Objectives

To create a friendly, supportive, and stimulating environment where each individual resident and member of staff feels part of a small community.

To foster a family home environment and not to expand the premises so that it takes on the character of an institution.

To foster an atmosphere of participation where residents feel comfortable being actively involved in shaping life in the home such that 'complaints' are kept to a minimum and are likely to be resolved locally.

To encourage residents to lead a full and active life by enabling them to continue pursuing current interests, and to expand their horizons by supporting them to develop new interests.

To enable each resident to retain as much control over their day-to-day life as is possible, limited only by regulations and each resident's abilities and wishes.

To meet individual needs in a personalised manner by respecting each resident's right to privacy, providing care of a personal nature such that dignity is retained by each resident and ensuring that the opportunity exists for residents to make independent choices about their lives.

To ensure that the needs of the residents take first priority at any time of the day or night and are never fitted in around the administrative or operational routines of the home.

To provide a high quality of care by ensuring that sufficient numbers of appropriately skilled carers are on duty at all times.

To provide commonly used facilities on site, e.g. hairdresser, chiropodist, etc. and to assist those who wish to make their own arrangements outside the home.

To provide a safe and secure environment through the provision of a fire detection system, a nurse call system, a lift and a variety of aids which enable residents to feel more confident and secure.

To enable a smooth transition to life in the home by encouraging potential residents to visit the home and meet everyone, by visiting them in their own homes and by deferring any irrevocable decisions until they have lived in the home for an appropriate length of time as a trial period.

Building

Crowstone Manor is an attractive and spacious property built in 1912 as a family home in a pleasant residential area. It was converted for use as a Care Home in the 1980's and had a small extension built in the 1990's which incorporated a shaft lift.

Many of the original features are still in place such as an oak panelled hall and dining room with parquet flooring, and the bedrooms vary considerably in size and shape. Such features help to preserve the character and concept of a 'family home' as opposed to a purpose built institution. The main rooms are as follows:

U/S Bedroom 1	10.3 sqM	TV aerial socket & personal phone point
U/S Bedroom 2	10.2 sqM	TV aerial socket
U/S Bedroom 3	11.1 sqM	plus toilet & hand basin en suite TV aerial socket & personal phone point
U/S Bedroom 4	10.6 sqM	TV aerial socket
U/S Bedroom 5	12.4 sqM	plus toilet & hand basin en suite TV aerial socket & personal phone point
U/S Bedroom 6	10.3 sqM	plus toilet & hand basin en suite TV aerial socket & personal phone point
U/S Bedroom 7	10.8 sqM	plus toilet & hand basin en suite TV aerial socket & personal phone point
U/S Bedroom 8	10.5 sqM	plus toilet & hand basin en suite TV aerial socket & personal phone point
D/S Bedroom 9	19.8 sqM	plus toilet & hand basin en suite TV aerial socket & personal phone point normally used as a shared room
D/S Bedroom 10	10.3 sqM	with patio doors opening onto the garden TV aerial socket & personal phone point
D/S Bedroom 11	10.3 sqM	with patio doors opening onto the garden TV aerial socket & personal phone point
Dining Room	27.6 sqM	
Lounge	26.6 sqM	Loop system for the TV
Entrance Hall		security lock on the front door
U/S Bathroom	9.7 sqM	with toilet, hand basin, easy access shower, and a peninsular bath with a hoist
D/S Bathroom	4.2 sqM	bath, toilet and hand basin

There is a lock on every bedroom door and each resident can choose whether to have a key to their room or not. The doors can be locked from the inside without using a key and the staff on duty have access to a master key to gain entry in an emergency.

Our procedures for fire prevention are rigorous. All the staff are trained to be aware of potential hazards and to deal with them immediately, e.g. keeping walkways clear. Every room has a smoke detector which is linked to the main alarm system in the building. Fire doors are fitted throughout the building and will close automatically when the alarm sounds. All fire fighting equipment and alarm systems are tested at regular intervals by our staff and by outside contractors. Smoking is not normally allowed inside the building but would be closely supervised by a member of staff if necessary. We hold fire drills every 6 months to ensure that the staff would be able to deal with an emergency if necessary. We do not expect our residents to be able to think for themselves in an emergency situation such as a fire. The staff are trained to locate each resident and decide what is best for each resident according to the circumstances.

We also take building security seriously. Security locks are in place on the front door and side gate which require a four figure code to be punched in before they will open. These have been put in place to stop confused residents from simply walking out of the Home without realising what they are doing. Unknown callers are never left alone inside the building, they are always escorted. All external doors are locked at night and a number of security lights and alarms are in place to detect intruders in the grounds. Our secluded garden is secure and safe for residents during the day.

Surrounding Area

Crowstone Manor is just 300 metres from the London Road so that it is near to a variety of shops, banks, building societies, a post office, a theatre and a pub. Chalkwell Park is nearby and the sea front is less than a mile away.

There are several Doctor's surgeries in the area and many of our residents have been able to continue with the same Doctor that they used before coming into the Home.

There are a number of churches of different denominations nearby and arrangements can be made to take residents to services. In some cases, the church will help to transport residents while our own carers will escort residents on foot or in wheelchairs when required. Some residents prefer to see a priest or rabbi on a 1:1 basis in the Home.

Staff

Angela Murray became the Registered Provider at Crowstone Manor in May 1994. In 2015 Wendy Livingstone-Stallard and Tara Teager formed a Ltd company and purchased the home from her, in order to maintain continuity for the residents and staff who were at Crowstone Manor. They work as the Manager and Deputy Manager, so are actively involved with the home at all times. They meet at least once a week which is a time when the Management Team can plan ahead or discuss any issues that concern both of them.

Wendy Livingstone-Stallard came to Crowstone Manor in March 2007 to take up the post of Manager. Wendy is in day-to-day operational control of the Home and is responsible for all aspects of the residents' care. She spends some of her time assisting residents with their personal care which enables her to stay in touch with the needs of each resident and to make informed assessments of their care needs. She ensures that all the staff receive the training they need to do their jobs effectively and that appropriate numbers of trained staff are on duty at all times. She is also responsible for all Health and Safety aspects of the building and equipment. Wendy has a particular interest in promoting the independence of the residents which in turn gives them a positive attitude and improves their quality of life. She also has extensive knowledge in the area of nutrition for the elderly and ensures that meals are prepared to suit the needs of each individual. Before joining Crowstone Manor,

Wendy was the Deputy Manager in a similar Home for 10 years and had been working with the elderly in Homes for 19 years. She has a City & Guilds qualification in Advanced Management for Care, an NVQ4 in Care, the Registered Managers Award and a Chartered Management Institute level 5 Diploma in Management and Leadership (QCF). She also keeps up-to-date by undergoing the same training as the rest of the staff.

Tara Teager joined Crowstone Manor in 1993 as a carer, she left in 1999, but returned in 2001 and took up the post as Deputy Manager. She is responsible for the care of the residents and the building. Tara also has a keen interest in organising outings and activities for the residents. Tara has her NVQ 3 in care. She also keeps up-to-date by undergoing the same training as the rest of the staff.

We have 4 other levels of care staff at Crowstone Manor as follows:

Deputy Manager	A developmental post - not official in registration terms Normally working towards management qualifications Trained to order and receive drugs Able to carry out many of the office administration functions Research all aspects of changes required Otherwise effectively skilled to the level of Senior Carer
Senior Carers	Lead shifts in the absence of a Manager Have the character and maturity to take control when needed Have at least 2 years experience in care Trained to administer drugs Trained to take control in an emergency Trained to deal with enquiries for beds Trained to deal with complaints
Carers	Are able to work alone Sufficient experience to know when to get more senior help Never give out drugs Never lead shifts
Trainee Carers	No previous experience of care & learning from scratch Never part of the headcount Never left unsupervised Never more than 1 trainee at a time

Normally, the Manager or Deputy Manager would be on site from 08.15 until 16.00 each day and would take charge of the shift. Designated Senior Carers would take charge from 16.00 until 08.15 the next day. There are always at least two care staff on duty throughout the day and night, one of whom will be a senior grade.

We are required to have a third carer on duty during the morning when the residents tend to be more alert and active. In practice, we often have a fourth carer on duty which enables us to take residents out of the Home without affecting the statutory headcount - see section on Social Activities.

We also have Domestic staff who clean the Home every day and can have administrators who would assist with various administrative tasks, enabling the Manager and Deputy Manager to have more contact with the residents. We do not have a cook because the cooking is spread throughout the day and night, and we are small enough to be able to fit it into the routines of the care staff. We also find the money is better spent employing the 'fourth carer' thus enabling us to provide more social care.

Crowstone Manor policy requires that staff receive the following training:

All staff	In-house Induction
All staff	Fire Safety Refresher training every 3 months for night staff Refresher training every 6 months for all other staff
All staff	L2 Award for Health & Safety in Health & Social Care Refresher training every 3 years
All staff	Moving and Handling Refresher training every year
All staff	Safeguarding Vulnerable Adults
All care staff	L2 Award for Food Safety in Catering Refresher training every 3 years
All care staff	Mental Capacity Act & Deprivation of Liberty Orders
All care staff	Infection Control
All senior care staff	First Aid Refresher training every 3 years
All senior care staff	Accredited Medication training Refresher training every year

We also actively encourage staff to attend training courses which are directly relevant to the residents currently in our care. Examples of these are:

All care staff	Dementia Parkinsons Disease Diabetes Activities Nutrition
All senior care staff	Blood Glucose Monitoring
All administrative staff	Sage Accounting Sage Payroll

All members of the care staff are encouraged to work towards QCF2 and QCF3 qualifications but neither is a condition of employment.

Any member of staff who joins Crowstone Manor without one of the essential elements of training will be booked on a course within their first month and will normally have been fully trained within the first 3 months of their employment. Exceptions are rare and are normally due to lack of course places.

A full training record for each member of staff together with their care experience is available for inspection but is not reproduced here because it is subject to frequent update.

The sex mix of our staff broadly matches that of our 12 residents. We normally have 2 or 3 male residents so that we try to have at least 1 or 2 male members of staff but as a norm, most of the staff are female. We normally have some younger members of staff but we tend towards middle aged and older staff because we find that they relate better to the client group.

Residents

All our residents are over 65 but as a norm, most tend to be in their eighties and nineties. We normally have 2 or 3 male residents but most residents tend to be female. The majority of our residents want long term care for life. However, we also cater for occasional short stay residents, sometimes for respite, sometimes for rehabilitation, and we provide a 'Day Visitor' service for our regular respite clients. At any point in time, the dependency level of our residents will range from low to high and most will become more dependent slowly over time.

Our normal staffing level enables us to care for 2 highly dependent residents at a time but if circumstances demand, we increase the staffing level temporarily to meet the need rather than ask a resident to move out. However, Crowstone Manor is not a home that provides long term nursing care and if a GP and the District Nurses feel that they cannot support a resident in this Home, then we would have to ask the resident to move on to a more appropriate Home. When a vacancy exists, we consider the dependency levels of the other residents in the Home at the time and ensure that we are not overstretched.

Crowstone Manor does not cater for those who have been diagnosed with dementia as their primary reason for entering a Home. Our residents are primarily old and are in need of various levels of support with normal daily tasks. We expect some of our residents to become confused as time goes on and suffer loss of memory and we would expect to continue caring for them.

Admission to Crowstone Manor can be a lengthy process. Normally, a relative, a Social Worker or the potential resident themselves contacts us by phone, e-mail or letter, and sometimes they simply arrive at the door without an appointment. In the early stages, we provide information about the Home using a Brochure, a price list and typical menus. We gather as much information as possible about the potential resident which helps us to determine in theory whether we can offer an appropriate level of care. We then invite the potential resident to visit the Home and spend some time with us over lunch. If the potential resident still wishes to join us, we would set up a visit in their own home to continue the assessment process. If everyone agrees, the potential resident is then added to our waiting list until an appropriate room becomes available. Throughout this process, other appropriate documents will be provided, e.g. our latest Inspection Report, specimen contracts, our Service Users Guide, our Charter of Rights, etc.

On rare occasions, it is not possible to meet the resident before they enter the Home. This is normally because they live a long way away and are moving to this area to be near one of their children. In these circumstances, we must rely on the information given to us by the family or a Social Worker and carry out the initial assessment within the first few hours of their stay. All residents are assessed or re-assessed on admission and full care plans are drawn up for them within 48 hours as a norm.

When residents are accommodated in the shared room and one of the beds becomes vacant, you can rest assured that we will never place a new person in that room without the full agreement of the existing resident. We would only approach those people on the waiting list that we feel are likely to be acceptable, e.g. same sex, similar mental state, etc. and then we would want the two people to spend time together before making a positive choice to share the room.

We encourage our residents to help shape life in the Home by holding meetings for them and by asking them to complete surveys. But we stay alert to the fact that some of the residents are not able to take an active part in a meeting or able to complete a survey without help. To ensure that everyone's preferences and opinions are taken into account, we work with each individual in a way that enables them to be included. Key workers play a large part in this process, spending time talking 1:1 with their residents. We all listen to their conversations over lunch and we watch their reactions to everyday events. For example, we listen to their conversations with each other about the food we provide, we take note of when they ask for more and if they leave food on their plates. Such information enables us to make continual adjustments to the menus which reflect the wishes of the residents.

We make it as easy as possible for residents to complain. Every member of staff will deal with minor moans as they arise and treat each event as an opportunity to deliver a better service. Typically, there can be disputes about whether a window in the lounge should be open or not. Each resident tends to build a special relationship with 1 or 2 members of staff, often their key worker, sometimes the Manager or the owner, and they will take bigger issues to those individuals for resolution. Typically, they might ask to change tables in the dining room to move away from another resident who upsets them in some way.

We can never guarantee that all the residents feel confident enough to complain about anything that bothers them but we try to check how everyone is feeling through informal conversations and we continually act upon the information we gather. We work closely with relatives and other frequent visitors who we hope will pass on information about any problems a resident is experiencing so that we can deal with situations quickly.

This system has worked well over time and helps to keep official complaints to a minimum. But there will still be times when a resident, their relative or a friend wants to make an official complaint. Any complaint made to the Home will be investigated by at least one member of the Management Team, reported back to the complainant within 21 days and will be documented in full.

If the complainant is not satisfied with the outcome of the Home's investigation, they can refer the complaint to other bodies for further independent investigation. The procedure is different for private clients and clients funded by a Local Authority. Private clients can contact the Local Government Ombudsman (LGO) to take the matter further, whereas funded clients must contact their funding Authority first and only then refer the complaint to the LGO if they are still not satisfied.

Complaints can also be made direct to the Care Quality Commission (CQC) but they have no statutory obligation to investigate. Instead, they note any comments made, good or bad, and use these to inform their future dealings with the Home.

The full complaints procedure is documented in our Handbook Section 6.7 which includes current contact information for the LGO and CQC. An outline of the procedure is written into each resident's annual contract and is displayed in the Information Exchange File.

Care

Our aim is to keep our residents as independent as possible for as long as possible which raises their self esteem. The care staff are always available and ready to help if necessary but will stand back while a resident has the confidence to act by themselves. We allow our residents to take reasonable risks and would only intervene if they are likely to cause serious harm to themselves or if they are making life intolerable for other residents. Care staff can always be called quickly by using the nurse call system which is installed in every room of the Home.

We keep comprehensive care plans for all the residents. As a norm, these plans are reviewed at least once a month and adjusted if necessary. A more frequent review is carried out when circumstances demand, for example, during rehabilitation or when a resident is terminal.

The residents are involved in the process of care planning but some will probably not realise that fact. We try to maintain a homely atmosphere in all aspects of our work so that a formal session, discussing care plans which the resident is then asked to sign, could work against that fundamental principle and cause some residents to limit the information they give us. Instead, we talk to them informally and agree a course of action which is then documented as a separate event. Information is also gathered from relatives, visiting health professionals and our own staff.

We operate a Key Worker system at Crowstone Manor. In essence, each resident has a key worker who works closely with them and builds a special relationship with them. The pairings are very important and are monitored closely during the early stages in case changes need to be made. A key worker is in a unique position to monitor any changes in a resident's ability to care for themselves and is therefore able to provide essential input to the Care Plan.

We use a number of aids in the Home to make day-to-day life easier for the residents. A shaft lift big enough to take a resident in a wheelchair will transport them between the ground and first floors. Raised toilet seats, grab rails by toilets and hand rails in corridors enable many residents to stay independent for a little longer. A variety of moving and handling aids are available to help with different situations and, should it become necessary, two different types of mobile hoists and a rotastand will enable us to move a resident between their bed, chair, wheelchair, etc. We also have an inflatable 'Chair' which enables us to raise a resident from the ground. All the hot taps used by the residents are fitted with temperature control devices to ensure that the residents cannot scald themselves. To protect the residents from being burnt, we have changed all radiators to low surface temperatures. Meanwhile any old style radiators that could not be changed have covers to ensure that the residents are safe.

Nutrition is a very important aspect of the care we deliver. Some residents are diabetic and need special diets, but every resident needs a balanced diet to help them fight infections, etc. A number of our staff have a particular interest in nutrition for the elderly which ensures that each resident is given the right food and that it is presented in a way which encourages them to eat.

Outside professionals come into the Home to provide other essential services but residents can choose to make their own arrangements outside the Home if they prefer. The resident's GP will be called out whenever necessary and will enlist the help of District Nurses as required. A chiropodist visits every 6 weeks and will make additional ad hoc visits when required. An optician carries out eye tests once a year and will make additional visits if required. The local dentist is only a few doors down the road but will come to the Home for simple jobs which do not require any specialised equipment. The advocacy service is also on hand for any resident who has no family or who wishes to get help and advice outside their family circle.

Social Activities

Crowstone Manor is not a Home where there is a set pattern of activities such that you can say "It's bingo - it must be Monday". We take each day as it comes and provide the kind of activities that the residents want. When it is cold and wet, we tend to do things indoors but as soon as the warmer weather comes, we encourage the residents to spend time outside, even if it is only in the garden. Some residents do not like doing anything in a group and prefer to do something on their own while others want to plan their own time without any 'bright ideas' from us.

We often have an extra member of staff on duty in the morning which gives us more capacity to support and encourage the residents in their chosen activities. It also enables us to take residents out of the Home without affecting the statutory headcount. Trips to the shops or the park are common as are a variety of boardgames, jig-saw puzzles, dominoes, quizzes, etc. which can be played on the dining room tables between meals. Chair exercises to music is a very popular activity and helps to keep the residents mobile and alert. Keeping up with current affairs by discussing the news from the television or newspaper is also a favourite, as is talking about their lives and families. Such conversations tend to take place in the lounge or the garden.

We like friends and families to visit as often as possible and to treat the place like 'home'. Whenever possible, we encourage families to continue taking the residents out to events they are used to, for example, Sunday lunch with the family, church services with the family, bingo, etc. We also encourage residents to join local clubs outside the Home so that they have a wider circle of friends and broader interests. Obviously, the condition of the resident often limits their options.

The Home organises several day trips out each year in a mini bus adapted to cater for those in wheelchairs. Typical summer outings would be to Maldon Park, Tropical Wings, etc. while typical winter trips would be to a show or for lunch at a local restaurant. Summer trips normally involve eating out, with a picnic lunch prepared by the Home or a simple pub lunch being typical. Residents are normally accompanied on a 1:1 basis for outings and members of the family are always encouraged to join us and often help out.

We have 2 cats at Crowstone Manor - a black, male ball of fluff called Pudding and a ginger, female ball of fluff called Ginnie. They both chose to adopt us and provide interest for a number of the residents. Family members sometimes bring dogs to the Home and this is always an enjoyable time for most of the residents. If a resident wanted to keep a pet at the Home, we would need to consider how it would fit in with Pudding and Ginnie, and whether the resident could care for their pet adequately. For example, it would not be reasonable for the care staff to be dog walking instead of looking after residents!

We have regular visits from a hairdresser and many of the residents use her services while some have their own hairdresser come into the Home and others go out to a salon of their choice. The mobile library also visits on a regular basis and can cater for the needs of most residents.

Alcohol is a normal part of daily life for a number of our residents and is not restricted unless there is a medical reason to do so or because the resident's behaviour becomes anti-social and upsets others. Smoking is permitted but must be supervised for safety reasons. It is restricted to specific areas of the Home, normally outside, to ensure the comfort of non smokers.

Residents are never forced to join in any activity at this Home. They are encouraged and supported to go where they want and to do what they want at all times, and that includes time that they might want to spend alone in their own rooms.

Finances

Crowstone Manor aims to have as little involvement as possible with the financial affairs of its residents. Residents are encouraged to look after their own financial affairs but if they are not capable of doing so, we ask them to nominate a representative from outside the Home, e.g. family, friend, solicitor, etc., who can help them. There are two main areas where our residents or their representatives need to consider money. The first is to enable them to pay their fees and the second is to enable them to have some cash available to pay for goods or services that are not covered by the basic fees.

We encourage our residents to have bank accounts into which pensions can be paid and from which monthly standing orders can be set up to pay their fees to the Home. If a resident is dealing with their own financial affairs, we would help them to set up an account if they did not have one already, to change standing orders when necessary, to check bank statements or to understand any official correspondence. Some residents already have building society accounts which cannot be used to set up standing orders and these residents normally pay their fees by cheque. Cash payments can also be made but these are not the norm and are generally discouraged.

Most residents will need some cash to pay for goods and services which are not covered by the basic fees. For example, the hairdresser and chiropodist are not our own staff, they are both self employed and come to the Home to provide a service for those residents who want to use them. The trips organised by the Home are subsidised but a contribution is always required from those residents who want to take part. Cash is also needed to buy personal items such as clothes, sweets, alcohol, make-up, etc.

The Home will cash cheques up to £30 for residents on request but 24 hours notice would be helpful if a larger sum is required. Residents who want a regular amount of cash each month will be encouraged to add this amount to their standing order or cheque for fees.

How best to keep the residents' cash in the Home is a difficult area because we need to strike a balance between encouraging the resident to be as independent as possible whilst ensuring that their cash is secure. Some residents suffer loss of memory and can easily forget where they have stored their cash which can lead to accusations of stealing against staff or other residents. In spite of this, residents will be encouraged to look after small amounts of cash for themselves.

If residents prefer, the Home will hold cash for them. Such cash will be held securely on the premises and an individual account will be maintained for each resident. But we will never assume that a resident wants their cash to be administered by the Home and we will never take money away from a resident. Large amounts of cash will not be held because the Home's insurance policy would not cover any losses. This means that there may be times when we might suggest to a resident that they are keeping more money on the premises than is necessary. When this happens, we will assist the resident to reduce their cash to a more appropriate level.

User Views

We continually listen to the views of our residents and their visitors on a day-to day basis which enables us to make adjustments to the way we work and the service we deliver. In effect, our approach is tailor-made to suit our current residents at any point in time.

But we also take stock from time to time by asking our residents and their visitors to complete questionnaires which give us a snap-shot overview of how they feel about the service we deliver. Over the years, we have learnt that friends and relatives tend to value different things from residents. For example, relatives are always more impressed with our menus than residents are; relatives always seem to attach importance to the appearance of the building where residents are more concerned with the behaviour of other residents; etc.

With this in mind, we normally prepare different questionnaires for the two groups. This also enables us to ask the friends and relatives about issues that might have little meaning to some residents, such as Health and Safety or staff training. Our current group of friends and relatives has elected to meet about every 6 months but not with the residents present. General opinion is that most of the residents would find it difficult to participate in a meaningful way at such a gathering. Holding residents' meetings and communicating on a 1:1 basis are considered to be better ways to engage our residents in the process.

Our current way of obtaining 'user views' is not set in concrete and will inevitably be modified to suit the friends, relatives and residents in the Home at the time. The results from our latest surveys are always available for you to see at any time - just ask for a copy.

And Finally...

If you want to read any of our Policies or Procedures in more detail, our Handbook is always available on site and you are welcome to use it at any time.

We aim to please at Crowstone Manor and we want to do well. If you believe we are not delivering anything in the way that this User Guide suggests we do, please tell us. And if you can think of ways to improve our service, tell us about that too. We work hard in the background to create a relaxed, homely environment and we believe we achieve that. We have an efficient and effective administration system which ensures that everything runs like clockwork. If things get broken we repair or replace them quickly. We never forget to do the things we are supposed to do like put out the rubbish, get the lift serviced or order the drugs. But we aim to deal with all those things quietly in the background and we hope you won't even notice that they happen.

We keep a Comment Book on the Hall table in hope that anyone connected to the Home in any capacity will tell us what they think of us. We hope you will use it and give us the opportunity to become even better and to improve the quality of our service.