

RICHMOND  
VILLAGES

*Part of Bupa*

# Domiciliary Care

## *A Guide to our Services*



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# Overview

The Domiciliary Care Service is managed by a Head of Domiciliary Care who reports directly to the Village Manager and who is supported by a dedicated team of qualified staff to meet the assessed needs of service users.

Additional teams within Richmond Villages and Bupa provide assistance and guidance in financial, legal, health and safety, training, quality and clinical expertise to the Domiciliary Care Team (and the village overall).

When a resident chooses to move into Richmond Villages independent living apartment or assisted living apartment, they are responsible for their own health care needs and are entitled to all the services available through the NHS. Residents are encouraged to plan, review and - where appropriate - deliver their own care.

Whether to engage the domiciliary care service is a resident's personal decision in line with their care needs. The care home residents can request additional companionship calls, if relatives request, at the normal charge. There would be a need for a domiciliary care plan.

Chargeable domiciliary care services are available to residents who live within Richmond Villages and range from support of personal services such as helping with personal care, dressing and undressing, safety and wellbeing checks, companionship calls, to supporting household services such as washing up and tidying.

We also may be able to support you in your medication management. This guide aims to provide more detailed information on the services we provide, the processes we need to follow under the Care Quality Commission's (CQC) regulatory requirements and provides details on whom to contact with any queries.

The CQC audits registered organisations to ensure legal requirements linked to providing care are met, therefore detailed records have to be kept for any care provided. Our insurance cover is also based on Bupa/Richmond Villages complying with the CQC requirements. Such records include a formal care plan as well as a Medication Administration Record (MAR), where medication management is required.



## WHAT IS DOMICILIARY CARE?

Most of us experience the need for some extra support in later life and making a decision about accepting care is an important one. With domiciliary care, you or your loved one can continue to stay in the place you feel most comfortable – at home. You may be starting to find it difficult to complete different areas of your routine and want some support whilst staying in familiar surroundings. You may already be supported by family members but feel that additional help is needed to support you whilst they are not available, or to relieve some of the burden to a loved one looking after you. Domiciliary care will allow you to remain as independent as possible in the home you love and know, and could be an alternative to residential care.

## WHO IS DOMICILIARY CARE FOR?

Domiciliary care is for anyone who wants to stay at home while receiving the support they need to remain independent. This type of care can be beneficial to people of all ages. Care can include recuperation, convalescence and rehabilitation, as well as daily care to support you in deteriorating health, mobility or cognisance. We can also offer domiciliary care in the form of companionship to any one in the care home setting.

## HOW DOES IT WORK?

Domiciliary care is delivered in regular pre-planned home visits from a fully trained care worker and scheduled in minimum 15 minutes intervals. You may only require one visit a day, or perhaps even once a week to start with, to support simple tasks to provide more confidence, and can lead through to several hours of care a day.

## WHAT DOES IT INVOLVE?

The following pages set out tasks the team can support you with, subject to a pre-services care needs assessment confirming our ability to meet your needs.

### Personal Care

There are clients who need assistance with washing, dressing or using the bathroom. We offer our clients a professional service whilst maintaining their dignity in leading a normal happy life. Whether supporting you with a daily shower or a weekly bath, whether it's just help with putting on socks or assistance in full dressing and undressing, we can provide a personalised care service to meet your needs.

Personal care also includes our assistance with your continence, including emptying a catheter, helping with your incontinence pads and stoma management.

### Mobility Support

If you feel uncertain or unsafe of your mobility, we are able to assist you with the little movements around your home such as getting in and out of bed, moving around your apartment and even undertaking any prescribed exercises to keep you mobile. If your curtains are getting too heavy to close for you, we'll operate these for you on our call.

Or if you feel you need support getting from your apartment to an activity, the restaurant or a refreshing walk around the gardens as well as playing cards or even just having someone to have a cup of tea with, we are here to support you. We are also happy to take residents outside the village shopping, to a church service or any other appointments required. These are classed as companion calls.

### Medication

Many of our residents take medication. We can assist you in prompting you to take your medication, particularly where this may need to be taken at specific times, to assure you or a loved one, that you haven't forgotten important pills. Or you may ask to help administer your medication, making sure to watch that you have taken everything you have had prescribed.

Please note that we do generally manage the ordering of medication for those in our care. Please see more detailed information about assistance with medication later in this document.

### Household Chores

Whilst we are with you on a care call - and subject to allowing plenty of time in your care package - we can also support you with simple household chores as part of your domiciliary care services.

This may include us making you breakfast after getting up and having your wash, a cup of tea on our afternoon call, or a supper sandwich before we leave you ready for bed.

You may ask us to load your dishwasher for you at the beginning of your evening call or take your washing out of the tumble dryer and fold this for you into your drawers. Perhaps you need us to take out your kitchen bin bag at the end of your call?

Whilst Richmond Villages provides a full housekeeping service through our cleaning team, little touches such as these examples are simple to incorporate into our routine when visiting you for your care call, subject to allowing plenty of time within your contracted hours.

### Shopping Calls

We offer a highly flexible package where we can take you out and about to do your weekly routine shopping. Our carer can be there for you for support/help or we can complete it on your behalf, or help you place your orders online. This can be any kind of shopping from main supermarket shop to garden centres and clothes shops. This can either be a regular contracted occurrence, or if pre-booked with plenty of notice, we will endeavour to make this service available to you ad-hoc.

### Companionship Calls and Social Support

Whilst Richmond Villages offer a comprehensive activities programme, you may find it daunting to make that first step, or require assistance to allow you to participate. This is where our companionship service provides the support you may seek.

Whether you need assistance in accompanying you to weekly activities and making those first introductions, whether you'd like to book support for a day out to see friends or family, keeping in touch with your local societies or activity groups or whether it's simply taking you to the main village centre to participate in activities and events, and back again to your home to assure your safe return, you can book such support with the domiciliary care team. We want to help our residents to maintain their social aspect of their life while we are caring for them.

If you book regular social companionship slots you may choose to vary what you'd like to do with this time! – Perhaps go for a walk one day, ask for a book to be read the next and play a board game on another day!

Please note that where such calls are not regularly booked, you should provide us with as much notice as possible to allow us to secure relevant staffing to facilitate such assistance.

### Short Term Assistance

If you have recently become ill, have had a short hospital visit for an inpatient procedure or have just had a major operation from which you need to recover, we are able to provide temporary short-term assistance to support your recuperation.

If you are aware of an operation in advance, please contact us as you plan your admission so that we can discuss potential support you may need after your discharge. This will allow us plenty of time to arrange for appropriate cover.

Short-term assistance can include any of the services outlined above, knowing that your aim is to return to your full strength as quickly as possible so that you are able to again live independently.

### Palliative Care / End of Life Care

Palliative care at home means you can stay in familiar surroundings and with family members you love whilst receiving specialist and compassionate care support to provide symptom relief from serious illness, whenever it is needed.

Our care will be individual to you and constantly reviewed to meet your changing needs as your health deteriorates over time, helping you to cope with cancer or nausea and vomiting, personal care, pain management for neurological and physical symptoms, administering medication, preparing meals and companionship care.

We frequently work alongside a number of organisations including end of life charities like Macmillan cancer nurses, the district nurses and the wider NHS continuing health care teams who will provide aspects of specialist medical care. This enables us to offer the right level of home care for both patients and family alongside other elements of your care plan.

## DOMICILIARY CARE SUPPORT WITH MEDICATION

We are able to provide assistance with medication as part of a scheduled payable domiciliary care call, or as an ad-hoc care call with short-term medications, under the CQC registered services of domiciliary care.

This allows us to assist with the administering of medication such as tablets, eye drops, solutions, patches or topical creams. Residents are assessed as to the type of support required to deliver medications safely under the domiciliary care registration, which may include simple prompting through to full control of medications to support a resident. Prompting medications means that domiciliary care staff are not required to administer the medications, and no formal charts will be recording these medications being given, whereas full support will require all medications to be ordered via the team and access approved with the GP practice.

Administration and recording of medication is covered within our Bupa policies which reflect any legal requirements on our domiciliary care team, including specific medication training that has to be completed, as part of providing a registered service.

In general, as part of scheduled and contracted domiciliary care services, we are able to assist with prompting, ordering and administering medication, provide personal care (including emptying of catheters) and support with general activities of daily living around the home, including companionship and escorts. Further levels of care are provided by District Nurses, this includes the administration of injectable medications, placement of catheters or other external healthcare professionals as advised/prescribed by the GP.

Domiciliary care services for medication care can be contracted ad-hoc if a temporary need arises i.e. the administration of short-term medication. Scheduled contracted service is set up for a minimum period of 7 days with a minimum of 15 minutes allocated for each administration of medication time point, i.e. morning medications. Night time medications would require 2x15 minute calls per day.



## NURSING CARE

The nursing provision in the care home is specific to the registered services of the care home, under the CQC registration for a nursing home. We are not able to extend the nursing assistance into our independent living apartment and assisted living apartment areas as part of a domiciliary care service, as these areas of the village are not registered as a nursing home. We cannot step into an area that is the remit of a district nurse.

Providing nursing support in domiciliary care would jeopardise our legal registration of our domiciliary care services, we could be fined, and lose our registration. Our nurses would also not be insured to operate outside of the registered facility to provide any nursing care.

For this purpose, we need to see our assisted living and independent living apartments as independent dwellings, as if they were anywhere in the community, and as such the district nursing team are responsible for any such care.

If residents have a temporary nursing need, there is the opportunity of a respite stay on our care floor (minimum respite of 2 weeks applies) or a move to the care home for more permanent needs, subject to availability of rooms and ability to meet care needs. Our care home accepts both residential and nursing clients and caters for elderly/frail care as well as care for those who live with dementia. Whilst residents may be eligible for public Continued Health Care (CHC) or Funded Nursing Care (FNC) funding, our rates, which include access to all our village facilities, may require you to top up to meet your care fees.

If you would like to enquire further about our care home facilities and services please contact our Head of Care or the Village Manager.

## HOW IS THE SERVICE REGULATED?

All Domiciliary Care Agencies at Richmond Villages are registered with CQC as an entity of Richmond Care Village Holdings Limited, a wholly owned subsidiary of Bupa Care Homes Ltd with registered address at 1 Angel Court, London, United Kingdom, EC2R 7HJ.

CQC will inspect a domiciliary care service when it is first set up and thereafter in regular intervals dependent on the care quality rating CQC have awarded to the service.

Please see the CQC website for our current ratings.

CQC will inspect the service against set quality criteria ensuring that the service meets the Key Lines of Enquiries (also known as KLOEs) in delivering the service to its service users. These criteria ensure the services are safe, effective, caring, responsive, and well-led.

You can read more about the domiciliary care services purpose and values in Appendix 1 of this document, which outlines how it aims to meet the required quality standards as set out by CQC.

As a regulated service, our agency is required to maintain care plans and documentation relating to any care we provide to our residents, as well as administrative paperwork including Medication Administration Records (MAR), risk assessments, training documentation, incident records and reviews and similar.

## WHERE DO OTHER SERVICES NEED TO GET INVOLVED

As previously explained, the domiciliary care service provides care services in relation to the areas outlined within this document. Where care and health assessment requirements go beyond the qualifications of our domiciliary care team, community health teams play a vital role in supporting people with their health and care needs to support residents live independently in their own home for as long as possible.

Many services involve partnership working across health and social care teams, made up of a wide variety of professionals including GPs, community nurses, allied health professionals, district nurses, mental health nurses, therapists and our care assistants.

Our team are not qualified to provide nursing care which must be provided through qualified registered nurses and is delivered by district nurses within the community of our village. Access to specialist nurses (for example, diabetes, COPD, heart failure, incontinence, tissue viability) can be arranged by you by contacting the GP if you have any concerns.

Where support is required to assist in supporting residents with mental health concerns, you and your family will liaise with the community mental health team including the community mental health nurse, often through being referred by the GP. In urgent circumstances, our domiciliary care team may support your family in raising concerns to the local mental health crisis team, who step in to support residents with any mental health emergencies.

We encourage residents to engage with an occupational therapist (OT) to assist in the assessment of mobility; Should residents feel that they require equipment to assist their mobility, it is the OT who can prescribe and arrange these to be delivered. Our team will act in accordance with the OT's recommendations in the mobilising and moving and handling of residents. Please note that our maintenance team are unable to undertake maintenance tasks on any medical equipment. This will need to be arranged with the supplier of your medical equipment aids.

Where residents are following a rehabilitation programme including exercises for mobilising or strength and conditioning of their body, our team will be able to support these as part of a care call. They will (and must) follow the instructions of a physiotherapist and will only be able to engage residents in activities as assessed by such professionals.

Should residents experience concerns over their speech or difficulties with swallowing and communication a speech and language therapist (SALT) will assist in assessing the resident's needs. They can offer support through swallowing and speech exercises, dietary advice including prescription of thickeners and changes to medication. Our team will then act in accordance with SALT's recommendations when preparing meals or drinks, or when communicating with you during your service call.

Residents may experience concerns with continence in later life and you may be referred to the continence nurse for assessment, which in turn will provide access to exercises, medication or continence aids.

Where residents approach the end of their life and wish to be cared for within your own home, the community end of life and palliative care team will be engaged through your GP and the local district nurse. In conjunction with our domiciliary care team arrangements will be put in place to support residents in their palliative care.

Whilst our team are able to provide simple support in cutting finger and toe nails and occasional filing as part of personal care, if included within a resident's care plan, where it is evident that there is a medical need for nail care, or where an infection is evident, the community podiatry service needs to be engaged, often through a GP referral.

Whilst this list is not exhaustive, we hope it provides an overview of the additional support available through your GP and the NHS which will support you living independently in your home, whilst our care team will be able to follow the professional advice given, as part of a formal care plan.

## EMERGENCY/FIRST AID SUPPORT

Emergency calls are defined as situations that pose a medical or security risk for the resident. You may find yourself suddenly unwell and require our assistance to alert (and where required wait for) an ambulance, assistance following a fall and related follow up checks, providing first aid or responding to other out of the ordinary clinical/medical emergencies.

Emergency calls at night are not chargeable as these are covered within the service charge fees however during the day, after twenty minutes, emergency incidents are reviewed regularly to ensure no new care needs or patterns are established through regular emergency calls. Where attendance is extended beyond the emergency and additional care is provided, this will be chargeable as an adhoc fee.

Often our actions will include us recommending you contact 111 or for us to call 999 as we are not a replacement for the police service in case of a break in. Please note that whilst our domiciliary care team are the first responders to an emergency, it may not always be a domiciliary carer who will remain with you during an emergency call. Where we feel you are safe to be left with a family member, another resident or on your own after our initial attendance, we will arrange a follow up check at a later time. Our priority is to check your safety, before we may need to move onto a scheduled call for another service user.

## RESTRICTIONS OF THE SERVICE

The domiciliary care service is what it says in its title – care provided in a domiciliary/home environment. What it does not provide is nursing services which can only be provided by qualified and registered nurses. Where appropriate, these will be provided within your own home by the district nurses.

For any care intervention we provide - other than emergency response services - we are required to have a care plan in place. Therefore even for services that may seem just as simple as providing one time care with cream, medication or personal care, a care plan needs to be drafted. Providing ad hoc services without a care plan is not possible as this would jeopardise our CQC registration.

Our service works on pre-scheduled visits and our staffing is arranged as such. As our domiciliary care service is not funded through service charge fees (only part of the registered manager/in certain cases all of the registered manager and night emergency cover is service chargeable), all other hours have to be covered through chargeable services. To keep costs to a minimum we therefore only employ carers to fulfil the current needs and some minor contingent for emergency response (during weekdays also covered by registered manager). We are therefore reliant on recruitment to grow our service and provide some of the more adhoc services residents may wish us to provide.

Domiciliary care is a planned scheduled service. This means that call times and the duration of the calls are planned into a schedule of work for the carer. Whilst we will try to attend ad hoc calls, we are not able to guarantee that we can attend when you need us at short notice as we may be delivering a scheduled service to other residents.

## HOW DO I GET CHARGED?

### Contracted versus Ad-hoc

Residents who receive regular domiciliary care services will be asked to sign a contract to benefit from preferential rates as well as securing regular time slots for their services. Contracted services are charged in advance of their monthly services at the contracted rate, per every 15 minutes. Residents who do not have a domiciliary care services contract and require assistance, or where contracted times are exceeded on a contracted care call, are charged ad-hoc fees per every 15 minutes, which are accounted for in arrears of services required. Ad-hoc calls are subject to available time slots and care staff.

Unscheduled assistance with personal care, cleaning or tidying, domiciliary duties, companionship calls or similar that do not constitute as a medical emergency will be treated as ad-hoc care calls and charged accordingly and are subject to availability of carer/time slots.

At times, an attendance may also initially be for an emergency and then turn into an ad-hoc care call when you ask us to support you with other care requirements after dealing with your initial emergency. Such additional time will also be chargeable.

Our team will make you aware of this at the time.

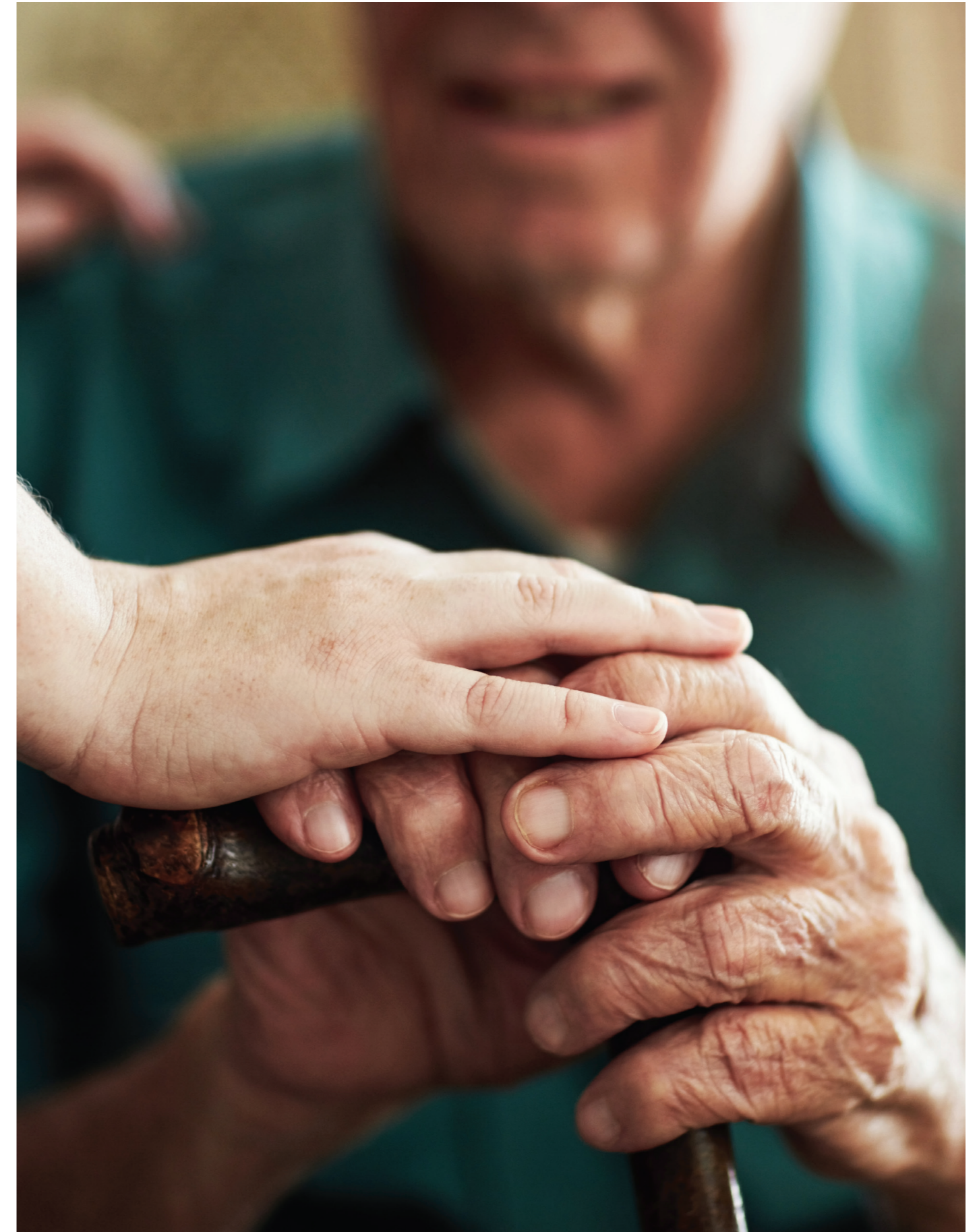
### Domiciliary Care Fee Reviews

We review costs relating to our domiciliary care services and related fees annually to ensure we can continue to deliver high quality, safe and compassionate care to all our residents. There are several factors which impact the cost of providing domiciliary care services and the fees we need to set.

The main proportion of our costs relate to staffing. With a continued national shortage of workers in the adult social care sector, we must ensure our pay rates are competitive to attract and retain good colleagues, as well as allow to pay for agency staff where short-term assistance is required. Pay rates are also impacted by legislative changes in the National Living Wage (NLW) which has increased significantly above the rate of inflation over the past two years.

We have enclosed some frequently asked questions which may help answer some of your queries. For completeness we have also included the domiciliary care services terms and conditions that accompanied your first contract schedule and which we have attached with this letter for reference.

Please note that terms and conditions are in place which outline charges applicable for contracted services during periods of absence, including hospital stays.



## APPENDIX 1: PURPOSE AND VALUES OF RICHMOND VILLAGE'S DOMICILIARY CARE SERVICE

### Purpose and Values

Richmond Villages' core purpose is to help our residents live longer, healthier, happier lives and creating a better world. Our values are:

**Brave** - with 74-years of history behind us, strong foundations and solid plans, we believe we are more ready than ever to be brave and tackle new challenges head on. We're going to make new possibilities happen.

**Caring** – a premise absolutely fundamental to Bupa's origins. In 1947 Bupa was established “to prevent, relieve and cure sickness and ill-health of every kind” and we have maintained this caring ethos ever since. It is an attitude and mindset that permeates our unique organisation and one our team deliver by acting with empathy and respect.

**Responsible** – we acknowledge our collective responsibility to each other and the planet, ensuring that we leave the world in a better place for future generations. Being a responsible business is intrinsically linked to owning your decisions and actions and the impact they make on the people and the environment around us.

We know that in order to take these from words to tangible action, we need to do more than talk the talk. Walking the walk and embodying these values in everything we do at Bupa is crucial to ensure we deliver on our purpose – helping people live longer, healthier, happier lives and making a better world.

### Aims and objectives of our Domiciliary Care Service

The domiciliary care service at Richmond Villages is committed to providing a service that is safe, effective, caring, responsive, and well-led.

We put the service user at the centre of everything we do, providing you with the opportunity to have an impact on decision making and to shape services both locally and across our organisation. We recognise the value of involvement and inclusion, to the individual, their family or advocate, the community living and working in our village and to our organisation as a whole. We will provide opportunities to enable our service users to get involved at a level that suits them and, where necessary, with the support of a relative or advocate.

#### At Richmond Villages we aim;-

- to treat our service users as individuals, supporting independence and lifestyle choices, encouraging full participation in decisions about their care, support and in the running of the domiciliary care service.
- to enable service users to meet their full potential through well planned, supportive care delivered by dedicated and capable staff, who put their client at the heart of everything they do whilst encouraging independence.
- to provide opportunities for service users to participate in activities tailored to their individual needs and preferences to maintain physical and mental well-being and enabling them to have enjoyable experiences and meaningful moments.
- to meet the emotional, social and physical needs of our service users in a secure and homely atmosphere.
- to ensure staff are suitably trained and supported to deliver high quality care, with opportunities for continuous professional development in an environment they love.

- to work closely with partners to ensure our service users receive care and treatment tailored to their needs, and to their preferences, such as resident's family and other representatives, GPs, nurses, and a wide range of other specialist professionals.
- to respond quickly and effectively to complaints, comments and suggestions relating to the way the service is provided to ensure resident's individual requirements are addressed, and the service learns and improves as a result.
- to work in a culture of openness and honesty to ensure the safety and well being of the service user, their visitors, and the staff working in the home. This includes staff awareness of how and when to report concerns, issues or incidents to ensure these can be fully investigated and resolved, and any risks managed appropriately.
- to ensure continuous quality improvement by monitoring, auditing and reviewing our practice, addressing issues and learning from analysis and best practice.

### Service Users Rights

The aim of good quality domiciliary care must always be to promote a way of life for service users which permits them to enjoy, to the greatest possible extent, their rights as individual human beings. The following rights as individuals are fundamental to the domiciliary care service's work.

#### Privacy

An individual's right to privacy involves being free from intrusion or unwelcome attention. At Richmond Villages we aim to maximise our service user's privacy in the following ways:

- Staff will enter a service user's property and rooms within the property only with express consent, or if an emergency situation has arisen.
- A service user has the right to privacy and not to be interrupted by a worker.

- We respect the fact that a service user's possessions are private and always act in accordance with the principle that our workers are guests.
- Our staff respect a service user's right to make telephone calls and carry on conversations without being overheard or observed by a worker.
- We ensure that records of the services provided are seen only by those with a legitimate need to know the information that they contain.

#### Dignity

The right to dignity involves recognising the intrinsic value of people as individuals and the specific nature of each person's particular needs. We aim to maximise our service user's dignity in the following ways:

- We arrange for service users who require assistance with personal tasks, such as dressing, bathing and toileting to be helped as far as possible by the care worker of their own choice and, if desired, of the gender of their choice.
- We ensure, if asked, that service users receive the necessary assistance with dressing and maintaining their clothes.
- We will try to provide help for service users with make-up, manicure, shaving, hairdressing and other elements of their appearance so that they can present themselves as they should wish.
- We aim to minimise any feelings of inadequacy, inferiority and vulnerability which service users may have arising from disability.
- We treat service users with a level of respect which reinforces person and individual characteristics, responding to specific cultural demands and requirements and aiming to maintain relationships which are warm and trusting but appropriate to the relationship of worker to service user.



**Independence**

Independence enables the service user to feel empowered to make decisions on their care plans, the activities they undertake, and how they wish to live their lives. We acknowledge that service users have the right to take calculated risks without continual reference to others. We aim to maximize our service user’s independence in the following ways:

- We help service users to manage independently, wherever possible, rather than becoming dependent on care workers and others.
- We encourage service users to be responsible for their own healthcare and medication and provide aid if needed and requested.
- Ensure service users, their representative, and the team around the service user, (if applicable) are fully involved in the care planning process, implementation of care and managing of care records.
- We will work in alliance with carers, relatives, friends, as well as the service user to provide a feasible service which is mutually agreeable to both the care agency and service user.
- We aim to focus upon creating a climate in the delivery of care and to foster attitudes in those around the service user which focuses on capabilities rather than disabilities.

**Security**

In providing services to people who live with a disability, there is a lifestyle balance which needs to be obtained; ensuring the service user can experience as much independence as possible and making sure that we maintain the balance between helping them obtain maximum independence, while not exposing the service user to adverse risks.

Taking care of the security of all service users therefore dictates that we have an obligation to provide an environment and support structure which offers sensible protection from danger while providing a comfortable environment with readily available assistance upon request. This should not be interpreted as a demand for totally safe or risk free lifestyle; taking reasonable risks can be interesting, exciting and fun, as well as necessary.

We respond to our service users need for security in the following ways:

- We may carry out, where necessary, risk assessments in relation to premises, equipment and activities of the service user of the service user who is being supported.
- Our staff will advise service users about situations or activities in which their disability may put them, their property or our staff at risk.
- We can assist a service user to create an environment within their apartment which is free from unnecessary sources of danger.
- Every member of our domiciliary care team completes a rigorous selection process and induction programme prior to commencing lone working. The team are aware of their responsibilities and duty of care to every service user, and how to engage in whistleblowing if required.

**Civil Rights**

We aim to help our service users to continue to enjoy their civil rights in the following ways:

- Provide physical assistance to ensure their ability to vote is maintained.
- To provide the assistance required to utilise public services such as libraries, educational facilities, workshops, to name but a few.
- We will signpost service users to the correct health service as required by the ailment presented.
- We provide easy access to service users, family and friends to make compliments and complaints through our feedback cards located throughout the building. In addition the domiciliary care manager will make themselves available, allowing service users and their families access to management as and when required.

**Choice**

Choice consists of the opportunity to select independently from a range of options. We will respond to our service user’s right to choice in the following ways:

- We will manage and schedule our services so as to respond as far as possible to a service user’s preferences with regard to the staff with whom they feel most comfortable.

- We respect service user’s eccentricities, personal preferences and idiosyncrasies.
- We hope to cultivate an atmosphere and ethos in our service delivery which welcomes and responds to cultural diversity.
- We encourage service users to exercise informed choice in their selection of the organisation and individuals who provide them with assistance.
- We actively encourage service users to be involved in the organisation of the service and the running of the village which it serves.

**Fulfilment**

Fulfilment has been defined as the opportunity to realise personal aspirations and abilities. It recognises and responds to levels of human satisfaction separate from the physical and material, but it is difficult to generalize about fulfilment since it deals with precisely those areas of lifestyle where individuals differ from each other. We respond to service user’s right to fulfilment in the following ways:

- Assisting service users to participate in activity which is in line with their personal preferences, including religious practices.
- Respond professionally and sensitively to the special requests and wishes of service users and family of service users who require special attention when preparing for end of life care.
- We will make additional efforts to ensure service users have assistance to attend social and cultural including minority interests, activities and events.
- We will make every effort to ensure that service users achieve an unfulfilled task, action or event before the end of their life.
- At Richmond Villages processes are in place to ensure that service users’ views are known and that their concerns are acted upon. Annual resident and relative satisfaction surveys inform management about the quality of service.
- The organisation aims to work with service users and relatives to involve them in the operation of the village and to assist with decision making on how the

services are provided. This is done through resident and relative meetings.

- Residents, and where appropriate their relatives, will give valid consent to their care, and support during their stay at Richmond Villages.

**Safeguarding and Safety**

At Richmond Villages, policies, procedures and training are in place to ensure that residents are protected from abuse, harm and or neglect and ensuring that their human rights are respected and upheld. Staff are trained in safeguarding procedures and know how they should report suspected abuse and to whom. Residents and their relatives have information and support to understand local safeguarding procedures. Support is also available to help them with reporting processes. The safeguarding policy is available within the home and this is supplemented by local protocols and procedures from the local safeguarding team.

Cleanliness and infection control practices are fully aligned to the Department of Health’s code of practice for health and adult social care on the prevention and control of infections and related guidance. Infection control practices and procedures are embedded into the village health and safety processes.

Medication management processes and procedures within the service aims to keep residents safe by ensuring that medicines are handled safely, securely and appropriately. All staff who administer medication are suitably qualified and their competence is regularly assessed.

Richmond Villages has a robust maintenance programme ensuring that premises and equipment used is safe and fit for its purpose. Equipment is checked prior to use to ensure that it is comfortable for residents and meets their needs.

A comprehensive set of policies and procedures available within the village is accessible to staff and residents. These both directly and indirectly make reference to safety for residents, visitors, staff and contractors.

**Suitability of Staff**

At Richmond Villages we make sure that residents' needs are met by ensuring that the people we employ are appropriate for their role and have the right support to help them do their job.

Candidates are subject to the following checks:

- DBS checks
- Registration checks with NMC for qualified nurses
- Immigration checks
- References
- ID checks to confirm eligibility to work in the UK

Induction training is provided for all staff.

The aims of induction training are to

- Give all new employees clear and consistent information about Richmond Villages
- Help the new employee to settle in and become part of the team
- Meet the requirements of current legislation

Richmond Villages operates a superior level of support and audit through on site systems and centrally appointed specialists. The Village Manager and Head of Domiciliary Care have regular meetings with the Regional Operations Director and Clinical Governance Manager. Advice, guidance and direction is provided through a structured and coherent pathway.

The domiciliary care service at Richmond Villages will maintain an up-to-date Statement of Purpose to ensure residents benefit from the knowledge that the Care Quality Commission is informed of the services provided.

A comprehensive quality assurance process (Domiciliary Care Essentials) at the village, supported by regular visits from the Operations Director, Operations Manager and Clinical Governance Manager to conduct internal audits seeks to reassure residents that standards of care, treatment and support are safe and effective.

**Feedback and Complaints**

Richmond Villages aims to ensure that residents and their relatives know how to raise any concerns or complaints that they may have about the service. Complaints and concerns will always be taken seriously and acted upon quickly to resolve them.

A robust complaints procedure is in place and is regularly monitored.

Reportable incidents and events are notified to the Care Quality Commission within the timescale required.

Trends are investigated to establish cause and action taken to improve care and service to residents.

R I C H M O N D  
V I L L A G E S

*Part of Bupa*

Richmond Villages, The Lodge, Hatherley Lane, Cheltenham, Gloucestershire GL51 6PN

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