

MENTAL HEALTH CONCERN
Alderwood



STATEMENT OF PURPOSE

ALDERWOOD

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Rectory Place
Bensham
GATESHEAD
Tyne & Wear
NE8 1XD

Tel: (0191) 477 7833
Fax: (0191) 478 3510
alderwood@mentalhealthconcern.org

REGISTERED PROVIDER

MENTAL HEALTH CONCERN

Buttress House
36 Brenkley Way
Seaton Burn
Newcastle upon Tyne
NE13 6DR

TEL: 0191 2170377
FAX: 0191 2170350
admin@mentalhealthconcern.org

www.mentalhealthconcern.org

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| REGISTERED PROVIDER: | Mental Health Concern |
| REGISTERED PROPRIETOR: | Brendan Hill (Chief Executive) |
| REGISTERED MANAGER: | Sam Green |

INTRODUCTION

Alderwood is a Mental Health Concern nursing home. Situated in a residential area of Bensham it provides nursing care for older adults experiencing severe and enduring mental health problems. Generally residents who use this service will be over 65 years of age. Alderwood provides nursing care for both men and women.

ACCOMMODATION

The unit is divided into three clinical areas, providing small, intimate environments for our residents. The accommodation comprises one area for nine residents with enduring mental health problems, a ten bed area for residents with Dementia, and a thirteen place respite service.

We reflect the uniqueness of our three specialities in our approach to their care, in the stages of assessment, planning, implementation and evaluation.

Our staff attempt to maintain residents' dignity and independence whilst, at the same time, promoting their safety and comfort. This includes emotional comfort, often enhanced by having personal possessions. Residents and Carers are encouraged to bring in ornaments, pictures photos etc to help personalise their bedrooms. Residents & Carers are welcome to redecorate / furnish individual bedrooms following consultation with the Nurse Manager.

All access points to the building are by concrete ramp, enabling easy access for wheelchair users. The garden / courtyard also has ramp access. Alderwood has a lift allowing access to the first floor and has a full compliment of wheelchairs, hoists and moving equipment.

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ACCOMMODATION Continued

The unit is equipped with all the necessary aids to assist care. Toilets are strategically placed for residents convenience, each fitted with call systems, safety doors, extraction fans, hand basins and adjustable grab rails. There are ample bathrooms, each equipped to meet the various levels of dependency of our residents. Handrails are fitted in the corridors.

Each area has its own lounge and dining space. Beverage bays are provided for the making of tea, coffee, snacks and soft drinks.

The unit's main meals are provided by a cook-chill system, prepared in our spacious kitchen.

ACCOMMODATION Respite Service

This service provides a wide range of packages of care, from holiday respite to short term regular overnight stays. The unit caters for elderly people with dementia and functional illnesses. Referrals are via the consultant psychiatrists in the Gateshead area. One bed is available for emergency respite.

The unit has 13 single bedrooms, with washing facilities, and wardrobes, three lounges and two dining areas, two bathrooms and three lavatories

Medical cover is via the residents own G.P, and there are regular reviews from the consultant psychiatrists.

The unit benefits from a snoozelan room, and reminiscence area which is a resource accessed by all the homes residents.

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ACCOMMODATION Dementia Care Unit

This service provides long term care for people suffering from Dementia.

The unit has 10 single bedrooms, with washing facilities, and wardrobes, a lounge and dining room, an assisted bathroom and three lavatories.

Medical cover is provided by a local G.P, with regular input from our consultant psychiatrist.

ACCOMMODATION Enduring Mental Health Unit

This unit provides long term care for people who have chronic mental health problems.

The unit has 9 single bedrooms, with washing facilities and wardrobes, a lounge and dining room, an assisted bathroom, and 3 lavatories. There is also a small lounge which is the designated smoking area.

This unit has access to a courtyard area with flower beds, and a seating area.

Medical cover is primarily the responsibility of the consultant psychiatrist, with the G.P.s support.

PHILOSOPHY OF CARE

Care approaches take into account the needs of each resident, and as each person is regarded as a unique individual with varying requirements, the routines are both flexible and non-regimented to accommodate these. By approaching care in this manner, we are able to closely relate our care interventions to that of the resident's previous lifestyle.

Staff are encouraged to relate to the residents on an equal basis, by displaying respect, sensitivity and regard to the individual. Residents are offered choices so that they can maintain control over situations. When this is impossible due to the level of infirmity, relatives are involved in this process.

Residents are encouraged to retain their decision-making rights, with regards to their choices in clothing, toiletries, social outings, and other preferences which are tangible to self-esteem.

Residents are free to pursue their religious preferences within the home. Staff are there to support the resident in accessing any local places of worship.

Care is all about partnerships and the Home recognises the need to involve relatives and carers as part of the overall approach. Relatives and/or carers are encouraged to continue participating in care offering suggestions, support, working alongside the staff, etc, if that is their wish or desire. The Home offers an open-door policy, without any restrictions on visiting times.

PHILOSOPHY OF CARE Continued

Care is based upon seven key principles (as identified in our mission statement). They are:

- **Rights**
The ethical and legal entitlements of residents should be safeguarded.
- **Choice**
Residents should have the opportunity to select independently or with support from a range of options.
- **Privacy**
Residents have the right to be alone or undisturbed and free from intrusion or public attention to their affairs.
- **Dignity**
Residents should be valued as individuals regardless of their circumstances with respect shown for their uniqueness and their personal needs.
- **Fulfilment**
Residents should have the opportunity to lead fulfilling lives, in which personal aspirations and abilities can be realised.
- **Citizenship**
Residents should have full access to, and be enabled to participate in the life of the community at large and, in particular, the community local to their home. Opportunities will be created to enable them to extend their lives beyond their home.
- **Independence**
Residents should be given the opportunities to think and act without reference to another person even when this incurs a degree of calculated risk.

CONSULTATION WITH SERVICE USERS

Where possible residents are involved in the care planning process. Regular resident meetings take place in the Enduring Mental Health Unit where participants are encouraged to comment on services used at Alderwood. The outcomes from these meetings are shared throughout the organisation through standing agenda items on clinical forums.

Work is ongoing regarding regular consultation with service users and/or carers regarding the quality of services across Mental Health Concern.

RISK TAKING

As an organisation, Mental Health Concern believes that positive community care which recognises and respects the human and civil rights of people struggling with mental illness will unavoidably carry with it elements of risk. (Over) protecting clients from the hazards of daily living prevents them experiencing the risk taking which is essential for human growth and development.

To maintain the independence of the resident wherever possible, staff will undertake a process of risk assessment, guided by Mental Health Concern's clinical risk statement. This assessment will take into consideration the following areas:

- ◆ The activity to be undertaken.
- ◆ The past experience of the activity.
- ◆ The skills, knowledge and equipment required to undertake the activity.

- ◆ The skills, knowledge and equipment possessed by those involved in the activity to maximise benefits and minimise risks.
- ◆ The possible desirable outcomes.
- ◆ The possible undesirable outcomes considered in terms of Seven Key Principles.
- ◆ The possible alternative activities.

ORGANISATION OF CARE

All care is organised and supervised by qualified nursing staff. A keyworker system is operated which ensures resident requirements are met. The keyworker (a Registered Mental Health Nurse) is responsible for assessing and planning for the needs of the resident. In assessing the resident the key worker endeavours to involve all appropriate parties including relatives, carers, other professionals and the whole care team.

The care package will be regularly scrutinised in care plan review meetings held within the home. Residents, who are able, are encouraged to involve themselves in this process. The keyworker will make arrangements with the next of kin or main carer for updates on the resident's progress and condition.

Medical care (other than people using our respite service) is usually from the general practice commissioned by the Home. The doctor attends twice weekly and in addition provides out-of-hours visiting. The client's own general practitioner can continue providing medical supervision if the family request it.

Psychiatric care is available from a Psychiatrist when required. A joint review of each resident's care, in conjunction with the GP, is conducted bi-annually.

Other professionals may be called in for advice/ consultation on an 'as required' basis. These include physiotherapist, occupational therapist, social workers, community psychiatric nurses; district nurses, continence advisor; speech therapist, psychologist.

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REFERAL / ADMISSION CRITERIA

All residents requiring continuous, specialised nursing care will have previously undergone a full clinical screening as specified in Mental Health Concern's Operational Policy documentation to ensure suitability of the placement. Both the potential resident and any family/carers will be fully involved in this process.

The Nurse Manager, or his/ her deputies, usually determines the client's needs prior to admission, by consulting those that have been closely involved with recent plans of care. This assists the Home's staff to be aware of the resident's immediate needs, so that care can be managed uninterrupted, during the settling in period. An individual care plan is designed for each resident and relatives are encouraged to be involved in this process.

STAFFING

The manager of Alderwood is a Registered Mental Health Nurse and has a management qualification. The nurse manager is supported by two Deputy Nurse Managers.

The home is continually staffed by qualified nurses (Key workers) who ensure high quality care is delivered at all times. The key workers are assisted by a team of support workers, a number of which are qualified to NVQ level 2 in care. Mental Health Concern is committed to continuing professional development and will encourage all support staff to undergo appropriate training including NVQ.

The team of Key Workers has a wide range of experience prior to working at Alderwood. For a nurse to take charge of the unit he / she must have worked a minimum of six months at 'D' Grade (junior staff nurse) and have undergone a period of Induction and Preceptorship.

The team of keyworkers have a wide range of experience amongst them and have undertaken numerous courses in health care and related subjects. Many have achieved qualifications in the specialised care of the elderly population, and some have undergone training in more diverse areas such as complementary therapy and psychological approaches to care.

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STAFFING Continued

The Nurse Manager is responsible that all staff receive regular supervision and appraisals. All registered mental health nurses have undergone training lasting 3 years. The team of support workers also has a wide range of experiences prior to working with Mental Health Concern.

An activity co-ordinator is employed fulltime within Alderwood who is responsible for supporting residents in engaging in social activities, hobbies and leisure interests. However it is an expectation that all staff promote the individuality of each resident.

All registered nurses are regulated by the Nursing & Midwifery Council and have an obligation to engage in continuous professional development.

Clear job descriptions and competencies specific to their role guide care staff who work for Mental Health Concern. In conjunction with the training and development manager, the nurse manager will support his/her staff in meeting the expectations set upon them.

COMPLAINTS

If residents have any concerns about the services provided, he or she should speak to a member of staff. They will endeavour to provide a full explanation or rationale to allay their concerns. If not satisfied, then please follow Mental Health Concern complaint procedure (attached.)

An independent advocate can be sought to assist any resident with their complaint. Some local advocacy organisations contact details can be found in the complaint procedure.

Concerns/complaints can also be communicated direct to the National Care Standards Commission (attached.)

SUMMARY

The content of this statement of purpose has been compiled with consultation from service users, relatives and carers. It complies with the standards as set out by the National Care Standards Commission.

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