

MONTANA CARE HOME

Statement of Purpose & Service User Guide

A Guide for Prospective Residents, Their Families and Friends



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MONTANA RESIDENTIAL HOME

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FOREWORD BY SR. THAYA MOSES

The Home aims to provide the highest standard of person centred care for every person living here, their family and carers.

We have produced this Guide to help you choose the right Home, and to provide you with useful information about our Home, should you choose us. The Guide contains details about our Standards of Care, our Aims and Objectives, our Complaints Procedures and the range of facilities and services we offer. We will also make our most recent *Inspection Report* and our *Terms and Conditions of Residency* available to you to help you make the right choice. At our last Care Quality Commission unannounced inspection in 2015 we were rated as Outstanding for the care we provide and rated Good in all other categories.

STATEMENT OF PURPOSE

Welcome to the Home

Montana is one of several residential and nursing houses administered and run by the Benedictine Sisters of our Lady of Grace and Compassion (a Registered Charity – number 1056064). We have strong values and believe that the residents who live here should, as much as they are able, be allowed to choose their own way of life with the right level of support.



The Home is set in a traditional single-storey house, now extended to provide spacious accommodation in the very heart of rural Suffolk. We provide residential care of the very highest quality to older people (male and female) who are in need of care through frailty, disability or choice. The care standards are traditionally high, provided in a serene, welcoming environment that offers a homely setting **to people of all religious backgrounds**. We actively encourage ministers of other religions to visit as required.

The Home has been modernised to come up to registration standards and now offers 19 (13 single and 3 shared room) places. All the rooms are modern, pleasantly decorated and individually furnished, 15 with en-suite shower and toilet facilities. One room has a washbasin and the allocated bathroom is situated across the corridor from this room.

The way of life is enhanced by the staff, who are mostly members of the Benedictine Sisters of Our Lady of Grace and Compassion (who live at the Home) and their lay community. We also own and share our grounds with a sheltered housing complex, and work closely with the occupiers there to integrate residents and share in an active social life. (Sr. Thaya Moses is the warden) This, coupled with our strong relationship with the local people, groups and services has helped to build a unique spirit and atmosphere at Montana.

The Home is set amidst the beautiful rolling countryside of Great Barton, just a short journey from the culturally historical town of Bury St. Edmunds, where there is a wonderful array of shops and amenities. We are also close to the East coast and many other local places of interest.

The Home has its own magnificent Chapel, which is well attended by the local community, as well as residents. The living area has several small cosy sitting and dining areas, suitable for a Home with maximum of just 19 residents. We have beautifully maintained gardens and a privately enclosed patio which offers a sheltered, safe place to sit and laze away summer days.



Friends and family visit at their convenience and are able to spend as much time with their relative as they wish, creating a pleasant, family atmosphere at the Home. *The Home positively encourages the continued involvement of family and friends to maintain the sort of contact you would like to help retain essential family and community ties.*

Admissions Criteria

The Home mostly offers long-term care but can accommodate short-term care (including respite) when there is availability. We focus on helping older people with physical frailty and, those needing companionship and care. Admissions are made only on the basis of a full assessment undertaken by senior staff. We can offer emergency care and have an *assessment, care plan and review policy* along with *admissions and discharge policies* (available on request).



Mission Statement

"We provide person centred care based on respect for human dignity and the personal development of each individual to promote a secure and loving family atmosphere and care for people regardless of their age, gender, race, ethnic origin, nationality, colour, religious persuasion or belief, cultural or linguistic background, marital status, sexual orientation, or disability.

MONTANA CARE HOME ALWAYS ENDEAVOURS TO :

- **BE RESPONSIVE TO PEOPLE'S NEEDS**
- **OFFER A SAFE ENVIRONMENT & LEVEL OF CARE**
- **OFFER PERSON CENTRED CARE**
- **BE EFFECTIVE IN PROMOTING HEALTHY LIVING**
- **BE WELL LED & PROACTIVE IN SEEKING FEEDBACK TO IMPROVE SERVICES**



Philosophy of care

The Home aims to offer person centred care of the very highest quality to you by:

a) Respecting your **privacy** and **dignity**.

Your personal care will be carried out in your room. Most rooms are singles (subject to availability). All toilets and bedrooms are provided with suitable locks and the bathrooms are designed to provide privacy. Staff will always knock before entering and are trained to make every effort to respect your wishes.

You will be entitled to privacy when you have visitors or a consultation with your GP, care manager, health professional, advocate or financial advisor.

b) Encouraging **choice** about where you wish to live and how you wish to spend your time.

For example the Home offers 3 shared rooms for those who express a choice to be together. When a shared place becomes single occupancy, the remaining resident may move to a single room (when available) if they wish.



Meals are varied with a choice of menus and you will be able to choose who you sit with or spend time with. You can have meals in your room if you so wish.

We will regularly consult with you about how the Home is run and you will be invited, through conversations, meetings and questionnaires to comment on any improvements we could make.

c) Ensuring your **rights** and need for **fulfilment** are understood and acted upon. You will have your own *personal care plan* and be asked to contribute to it so that we understand all your needs and wishes. You will receive regular reviews of your needs to ensure they remain well met, and you will be involved in contributing to these care plan reviews.

d) Enabling you to maximise your **independence**, so that there is not an increasing loss of skills and abilities. We encourage you to do as much for yourself as you are able, whilst minimising the risks of falls and accidents. Wherever possible you will be encouraged to make decisions, manage your personal care (with support and help if necessary) and handle your own affairs. Staff will give you time and patience to do things for yourself and resist the temptation to 'take-over'.

e) Helping you to maintain your **self-esteem** by valuing your opinions and the contribution you can make to the life of the Home. We will treat you with courtesy and respect and endeavour to build your confidence. You will be invited to sit in on new staff interviews and take notes of Residents' meetings.

f) Results of the Residents, Family and Friends, Professionals and Staff Satisfaction Questionnaires & CQC Inspection Report are attached in Appendices 1, 2 and 3.

g) Making opportunities available for **religious, cultural and political beliefs** to be expressed and pursued. This may involve observing your particular dietary and dress requirements and the facilitating of prayer



h) Ensuring that you are kept **safe** and feel safe. Wherever possible your fears and anxieties will be acknowledged and eased whilst we will be mindful not to be over-protective.

i) Recommending **responsible risk-taking** as a normal and important part of maintaining independence. The balance between risk and safety will be carefully maintained. Your anxieties will be discussed with you and agreement reached which balances the risks against your rights.

j) Ensuring your **citizen's rights** are upheld, including your rights to statutory health and social care or the rights to take part in and contribute to civic and democratic processes. The Home will be particularly vigilant in protecting you from abuse, theft, exploitation and fraud.

k) Assisting you to sustain your **relationships**. The Home values the role that relatives and friends can continue to play in your lives. Their participation is encouraged wherever you wish it and their contribution recognised as vital.

l) Providing **opportunities for leisure** in and outside the Home, which are sensitive to your tastes and capacities. You are always invited to make suggestions on the sorts of activities you would like to see happen at Montana.

Your quality of life will be enhanced by inclusion in the widest possible range of normal Activities.



m) Ensuring **necessary person centred care** and treatment is provided for you where it will be positively beneficial. Treatment is not given for the convenience of the Home and always provided with respect for your privacy and dignity.

n) Offering person centred **care that is open to scrutiny**. You and your relatives/ friends or advocates will be able to complain without fear of being victimised or asked to leave. We will involve you or your advocates in identifying your own needs and continuously strive to improve the quality of care you receive.

Equal Opportunities

The manager and staff show a high commitment to equality of opportunity for all who live, use, visit or work at the Home. The Home is staffed by a committed multi-ethnic staff group, ensuring cultural diversity and a harmonious atmosphere. We will not discriminate or allow others to discriminate against anyone based on prejudice or difference.

Aids & Adaptations

The Home is well equipped and can provide wheelchairs, hoists, commodes, bed rails, and an appropriate range of continence, pressure care and mobility aids where required. Safety rails are fitted throughout. Personal aids will be provided to you to meet your needs in accordance with your personal care plan.

Security & Safety

For safety and security doors are locked at night. Emergency exit doors must remain unlocked, but are secured with an internal locking device. Fire doors are fitted throughout and the Home is regularly inspected to ensure it meets the highest fire safety regulations. All staff are fire trained annually and there are well documented fire procedures in place. Regular, unannounced, fire drills are carried out. .

Anyone who visits the Home who is not known will be asked to produce evidence of identity. Visitors are required to sign in and out.

Staff Training

All staff are recruited through a professional and strict recruitment and selection process. When employed each member of staff undergoes strict *induction training* (to National Training Organisation specifications). Once trained with us, all staff are provided with *foundation training* and through internal support are assisted to develop skills and a professional approach.

The manager has a long background in care work and is qualified to NVQ 4 level in health and social care, and has a NVQ5 in Management & Leadership.. All care assistants hold at least a national vocational qualification (NVQ) 2 or equivalent. Several have NVQ 3 or are training towards their QFC 3. At Montana we recognise that training and education of care assistants and other key staff is vital. *As a result the Home has a happy, stable and confident staff group.* The Home ensures adequate numbers of staff are on duty at all times, based on the current needs of residents in accordance with the requirements of the CQC.





**SR. THAYA MOSES RECEIVING HER NVQ
LEVEL 4 AWARD FOR REGISTERED MANAGER (ADULTS)
PRESENTED BY DR. ANNE WILLIAMS, PRINCIPAL, WEST
SUFFOLK COLLEGE AND MR RICHARD SPRING, MP**

Staff Qualifications

POST	NUMBER	QUALIFICATIONS In Social Care	EXPERIENCE
SISTER THAYA (Registered MANAGER)	1	NVQ 2, 3 & 4 Registered Manager (Adults) Currently doing leadership in management level 5 & Care Certificate	15 years experience in Care Homes and 4 years as Deputy Manager at Montana until 2005. Manager from 2005
SISTER JACINTHA (DEPUTY MANAGER)	1	Nurse NVQ 3 NVQ 4 Care Certificate	11 years of nursing Experience
SENIOR CARE/ CARE STAFF (all trained Nuns or lay- community members)	7	4 NVQ 3 3 NVQ 2 Care Certificate	All are mature & experienced with excellent skills & knowledge. They have all completed training in First Aid, Food & Hygiene, Fire, Manual Handling, Health & Safety, Equality and Diversity, Challenging Behaviour, Medication, Diabetes, Moving and Handling, Mental Capacity Act, Diet and Nutrition, Infection Control, SOVA, Risk Assessment and Death, Dying and Bereavement.
SECRETARY	1	NVQ3	Worked at senior level for various health authorities and the Royal College of Nursing
NIGHT CARE STAFF	3	4 NVQ 2 Care Certificate	The night care staff have at least NVQ2 qualifications and most have worked at Montana for many years.
KITCHEN STAFF	1	Food & Hygiene Training NVQ2	The Home's cook has many years experience.
DINING ROOM ASSISTANT	2	House keeping NVQ2	The Home's dining room assistant has many years experience.
DOMESTIC	1	Several years experience. Done most of the training.	The Home's Cleaner has many years experience and has undergone most of the training.
LAUNDRY	1	Done most of the training.	No formal qualifications, but experienced
VOLUNTEERS	7	All have a different qualification & experienced.	The Home has a number of volunteers who help, particularly in assisting residents with social care activities.
S L SCOTT CHARTERED ACCOUNTANT	1	Chartered Accountant	Worked in other places for 10 years.
MAINTENANCE MAN	1	1 Unqualified	3 years of experience.

AIMS AND OBJECTIVES

Aim 1: To Offer Choice

Prospective residents have the information they need to make an informed choice about where to live.

Each resident has written 'terms and conditions of residency'.

No resident moves into the Home without having had their needs assessed and been assured that these will be met.

Residents and their representatives know that the Home will meet their needs.

The manager is able to demonstrate the Home's capacity to meet the assessed (including specialist) needs of each resident.

Prospective residents and their relatives have an opportunity to visit and assess the quality, facilities and suitability of the Home, including a trial period.

Residents are helped to maximise their independence and (where appropriate and required) to return home.

Aim 2: To Meet Health and Personal Care Needs

The resident's person centred health, personal and social care needs are set out in a personal care plan to ensure the Resident's person centred health care needs are fully met.

Residents, where appropriate, are responsible for their own medication and are protected by the Home's medicines policy.

Residents feel they are treated with respect and their right to privacy is upheld.

Residents are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect, and that their end of life wishes will be met.

Aim 3: To Encourage a Normal Life and Social Activities

Residents find the lifestyle experienced in the Home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.

Residents maintain contact with family/ friends/ representatives and the local community as they wish.

Residents are helped to exercise choice and control over their lives.

Residents receive a wholesome, appealing and balanced diet in pleasing surroundings at convenient times.

Aim 4: To Ensure Protection and a Clear Complaints Process

Residents and their relatives/ friends are confident that complaints will be listened to, taken seriously and acted upon.

Resident's legal rights are protected.

Residents are protected from abuse.

Aim 5: To Offer an Environment Conducive to Quality Care

Residents have access to safe, well-maintained and comfortable indoor and outdoor personal and communal facilities.

Residents have sufficient/ suitable toilet/washing facilities and the equipment required to maximise their independence.

Residents live in comfortable bedrooms with their own possessions around them.

The Home is clean, pleasant and hygienic.

Aim 6: To Provide High Quality Staffing

The numbers and skill mix of staff meets residents' needs.

Residents are in safe hands at all times.

Staff are properly recruited, well trained and competent.

Aim 7: To Manage /Administer the Home to High Standards

The Home is run by a manager who is fit to be in charge, of good character and able to manage her responsibilities fully.

Residents benefit from her leadership and management style.

The Home is run in the best interests of residents.

Residents are safeguarded by the Home's accounting/ financial procedures, record-keeping and policies and procedures.

Staff are appropriately supervised.

The health, safety and welfare of residents and staff are promoted and protected.



SERVICE USER GUIDE

The Caring Team

Montana is run by the Manager Sr .Thaya Moses who lives on the premises and offers constant managerial support. Care staff are on duty 24 hours a day on a rota system and the nuns live on site so are always available when needed. All of our staff are here to make sure that your needs are met, providing you with the best of care in comfortable surroundings.



Your Staff

The staff work as a close-knit team to ensure that all your person centred needs are met and the house is kept clean and maintained and that laundry, meals and personal care needs are met. They will ensure you have a clear, agreed assessment and an updated personal care plan which you have input into, and which takes into account your individual person centred needs. Staff aim to befriend you and work together with you, your family and other professionals to meet your needs and ensure the care you receive is always appropriate to you. You will also be allocated a **keyworker** whose role is to add a personal touch to the care you receive.



Administrative Support

Administrative support is available to the Home and residents who may require assistance with applications for support, benefits or other administrative issues.

Your GP

When you are admitted to the Home from within the area, wherever possible we will try to help you to retain your existing family GP. If, however this is not possible, or you are new to the area, we will ensure you become registered with a local GP.

Night Services

At night there is an awake senior carer in charge of the Home and care assistants who will ensure your continued comfort and care and deal with any emergencies should they arise.

Your Room

15 of the 16 bedrooms are en-suite. One room has a washbasin and the allocated bathroom is situated directly across the corridor. All rooms are well equipped, with a comfortable range of furniture and furnishings. You will get a choice of available rooms and are encouraged to personalise it by bringing your own pieces of furniture and ornaments. Any electrical items brought by you will need to be PAT checked prior to coming to Montana and the test certificates given to the Care Manager. For further details of room types, see overleaf.



ROOMS	FLOOR LEVEL	AREA SQ.M	CALL BELL	WASH H.B.	EN-SUITE W.C	EN-SUITE BATH/ SHOWER	DOUBLE OR SINGLE
Bedrooms 1	Ground	18.00	Yes	Yes	Yes	Yes	Double
2	Ground	13.00	Yes	Yes	Yes	Yes	Single
3	Ground	10.12	Yes	Yes	Yes	Yes	Single
4	Ground	11.25	Yes	Yes	Yes	Yes	Single
5	Ground	11.25	Yes	Yes	Yes	Yes	Single
6	Ground	16.00	Yes	Yes	Yes	Yes	Single
7	Ground	16.04	Yes	Yes	Yes	Yes	Double
8	Ground	14.00	Yes	Yes	Yes	Yes	Single
9	Ground	14.00	Yes	Yes	Yes	Yes	Single
10	Ground	14.45	Yes	Yes	Yes	Yes	Single
11	Ground	14.80	Yes	Yes	Yes	Yes	Single
12	Ground	11.70	Yes	Yes	Yes	Yes	Single
13	Ground	10.00	Yes	Yes	Yes	Yes	Single
14	Ground	11.20	Yes	Yes	Yes	Yes	Single
15	Ground	14.85	Yes	Yes	No (bathroom is located in corridor opposite)	No (bathroom is located in corridor opposite)	Single
16	Ground	S. Room 24.52 B. Room 12.12	Yes	Yes	Yes	Yes	Double

For Assistance

Staff are in attendance 24 hours a day and therefore in most cases you will be able to simply ask a member of staff for help. At other times the Home has an extensive *emergency call system* in all rooms which alerts staff to your need for assistance.

You will be offered the choice to wear an alarm pendant to summons help when needed.

Medication

On admission the manager or her assistant will need to be informed about all medication you are taking. Medication is administered by the trained *designated staff* on duty to meet the prescribed needs, often around mealtimes.

The Manager and staff ensure that all medicines are ordered from the surgery, prescriptions collected by Boots and prescribed according to the M. D. S. system then delivered to the Home by Boots. Following a risk assessment and within safety guidance you are permitted to hold and self-administer your own medicines if you prefer.



Valuables

All money and valuables in your possession will remain your responsibility. We advise you not to keep large amounts of money or valuables with you but to give them to your relative or representative for safe keeping. We do have access to a safe, which will be made available to you if you require.

Our menus are designed to provide a healthy, nutritional choice of meals covering a wide range of dietary and cultural needs. Your meals are prepared in our own kitchen by our cook, using fresh produce and an individual choice of meals is provided. The care assistants will help you choose what you want.

Should you need a diabetic diet or would like to eat something in line with your cultural beliefs we will ensure that these needs are catered for.

MEAL TIMES (ALL FLEXIBLE) - WE HAVE RECEIVED A 5* (VERY GOOD) RATING IN THE LAST 2 YEARS FOR THE UNANNOUNCED FOOD HYGIENE INSPECTION. THE LAST INSPECTION TOOK PLACE IN MARCH 2016



Breakfast: 08.30 - 10.00
Lunch 12.15 - 13.00
Dinner 17.15 - 18.30
Evening Drinks: 19.30 onwards
Room Service Menu available 24 hours



Tea/coffee/biscuits are served at 10.30 and 15.00. Drinks are served with every meal. Where requested, or where felt to be medically advisable, drinks are offered and are freely available throughout the day. **Meals can be taken in rooms or wherever residents prefer throughout the Home.** There are two water dispensers; one in the sitting room and one in the library.

We actively encourage relatives to take meals with the resident and for residents to go out for meals either accompanied by staff or family/ friends and enjoy as normal a life as possible.

Snacks (in between meals)

Should you require a snack in-between meals just inform a member of staff who will arrange with the cook to prepare the required snack.

This includes a late night snack if required. Fruit is always available in the dining room. Biscuits are served with morning and afternoon tea and relatives are welcome to bring individual items of food, which can be stored in our fridge.



Care Planning

Prior to your admission you will have had the chance to visit the Home and a care manager, doctor or nurse is likely to have assessed your needs and agreed your care plan. In response, the Home will develop its own, more detailed personal care plan for you, together with you. You will be able to see and agree your plan along with your family and we will regularly review and up-date your care plan with you. Social/ Health Care Services will also ensure that your person centred care needs are regularly reviewed through them (at least once a year).

Terminal Care

Coming to live at the Home is the start of a new chapter in people's lives. Even so the Home is well aware of the elderly and frail nature of our residents and inevitably this includes from time to time caring for people who are dying. We will ensure that your final wishes are met.

The Home has a great deal of experience in helping residents and families through these difficult times. Our staff receive appropriate training to help them deal effectively with death and dying and we ensure dignity and respect at all times. Where situations require additional expertise, we are able to bring in specialist palliative care nurses employed by other health care providers, who offer excellent support to the Home.

Visiting

Visiting times within the Home are flexible and we operate an open visiting policy during the day. Access to the Home at night is available for relatives if arrangements are made with staff prior to visiting. We can provide an overnight service for visitors who wish to stay with their relatives. We particularly encourage families, children and grandchildren to visit and stay overnight if possible, to allow normal, healthy contact and relationships to be sustained. All visitors are requested to respect the privacy and dignity of other people within the



Home at all times.

Telephone

The main telephone is situated in the office with a resident's extension in the entrance corridor. Some rooms have their own telephone point and we also have a payphone situated near the laundry which is available for use by residents or visitors.

Enquiries About Your Well-Being

Telephone enquiries about your well being can be made to the Home at any time of the day or night, especially if a relative has particular concerns.

We will inform relatives of any change in your condition should you agree and document such information in our care notes. Whilst we will always aim to give as much helpful information as possible, sometimes this is best done face-to-face rather than over the telephone and in such cases we will aim to arrange this with you and your relatives.

Television , Radio, Chapel Services

Televisions and radios are available throughout the Home for your enjoyment.

Each bedroom is fitted with an aerial socket and you are welcome to bring your own television. We do ask you to respect other people's privacy when watching television in your rooms and to adjust the volume accordingly. We also have the facility for you to watch the Services celebrated in our Chapel at Montana using the television in your room, should you so wish.

Radio/Cassette players are in the lounges and sitting areas. A radio will be made available to you if you request one in your room. If you are bringing your own itam please do the PAT checks and bring the certificate with you.

Smoking

The Home operates a **no smoking policy** as a matter of Health and Safety. As a result smoking is not permitted in all areas of the Home and visitors are requested not to smoke within the Home.

Facilities

There is a Post Office and shop within easy walking distance of the Home and a good selection of facilities in nearby Bury St. Edmunds, including hairdressing salons, newsagents and public houses and some of the most beautiful architecture and gardens in Suffolk. We have two local parks that are well used by the residents and their families for country walks and to feed the multitude of birds and natural wildlife.



Volunteer Assistance

Our aim is to promote and maintain a quality of life style within the individual resident's capabilities and provide a range of 1-1 and group activities. These include:

Piano concerts

Carol singing at Christmas by the choir of the Anglican Church

Cultural Dancing

Professional entertainers

Visiting Drama Groups

Pet Sessions

Drinks nights (open Bar) and chat

Twice-yearly Fetes

A Barbecue in the summer and a Curry night

Days out to places of interest with lunch included (with volunteer assistance)

Games and leisure activities including bingo, sing-a-longs, scrabble, card making, gentle exercises, films etc.

Please note residents are able to decline any or all of the social activities on offer at the Home.

Outings/ visits to the shops are encouraged and we arrange trips to local places of interest (including Felixstowe Beach, Ely, and the Abbey Gardens at Bury), with the supervision of care assistants where necessary. We have visited the local cinema, been Christmas shopping, enjoyed pub-lunches at a local hotel, taken boat trips, summer visits to places such as Claire Priory and Banham Zoo! We are always open to suggestions for future events and will actively seek your views and suggestions.



The Home has its own small but well stocked library with a range of books

(including large print for people with sight problems). Daily newspapers can be arranged through the local newsagent, which will be billed at cost.



Laundry

The Home provides its own comprehensive laundry service providing free washing and ironing. However, if you prefer to make your own laundry arrangements this will be perfectly acceptable.

Hairdressing

We have a qualified hairdresser on site, Sr. Julia, who offers a ladies' and gentlemen's hairdressing service . Price list as follows:

Shampoo and Set	£12.00
Wash & Blow Dry	£10.00
Gent's Trim	£8.00
Hair Cut	£ 8.50
Washed cut blow dry	£18.00



Alternatively arrangements can be made for you to visit a local hairdresser if you wish.

Chiropody

We have a visiting chiropodist (every 4-6 weeks) who charges you £20 for a visit (as of January 2020). Alternatively, staff will accompany you to the local health centre for a free chiropody service if required.

Spiritual care

The Home has its own purpose-built Chapel as an integral part of the Home, and a resident Chaplain says Mass daily for those who wish to attend.

However, residents of all (or no) religious persuasions are welcomed at the Home and we pay particular attention to ensuring that whatever faith you follow, we will do our best to ensure you can continue to practice. We will respect your wishes and can arrange for you to visit your place of worship at special times or on a regular basis.

We make every effort to cater for people with special needs. Your individual needs will be included in your care plan and appropriate care provided.

The Home is single storey making all rooms easily accessible, with of appropriate wheelchair ramps. All rooms are clearly marked for people who may be confused and we can access specialist groups to assist you. We will ensure that hospital appointments are made and transport arranged to meet any of your specific needs, including hearing and sight tests.

Out-Patient Appointments

Should your GP arrange an out-patient appointment (to see a specialist), the Home will ensure an escort. Alternatively you may like to have a relative or friend with you when visiting the Hospital. Transport is provided either through the GP or the Home for all hospital appointments.

Short-Term Care

From time to time (subject to availability) the Home is able to offer short-term or temporary respite arrangements. This might be short-term care following hospitalisation or illness, a holiday break for your carers, or a regular stay as part of your care plan. During any short-term care you will receive the same high standard of person centred care as our permanent residents and will be entitled to use all our facilities.

The Home offers an enabling approach aimed at maximising your independence and abilities, whether you are returning to your own home or staying with us.

Discharge from the Home

You may be discharged from our care to be admitted to hospital, to visit relatives, to return home (after a short-term stay) or even to go to another care home. Wherever you are going we will do all we can to ensure that your care is continued and that all relevant future carers, multi-agency staff involved in your care, are well informed about your needs in accordance with your care plan.



Listening To Your Views

We always welcome your views and opinions and, by listening to them, aim to improve our care. We have developed our own quality assurance system to regularly check how well we are doing in the eyes of others. If you or your relatives have any concerns whilst in our care please do not hesitate to inform the staff. Often they will be able to reassure you or resolve any concerns you may have straight away. If they are unable to do so to your satisfaction, they will try to put you in touch with someone else who will be able to help.

If however at any time you feel your concerns have not been adequately answered, or you wish to make a formal complaint, you should follow the enclosed complaints procedure.



Advocacy Services

If you (or your relatives) feel that you need or would like additional support in discussing any aspect of your care or future needs there are a number of outside agencies who can help. They will be able to offer you support, services and advocacy (to help you express your needs and wishes and represent your views).

For these services please contact:

Social Care Customer First (Tel: 0808 800 4005)

Local GP Surgeries: Angel Hill Tel: 01284 753008, Guildhall Tel: 01284 701331

Mount Farm Tel: 01284 769643) Victoria - 01284 725550 Swan - 01284 750011

West Suffolk Clinical Commissioning Group (Tel: 01284 758010)

Age Concern Tel: 01284 757740

FEES

The Home charges the current rate of fees paid by the relevant placing social/ health services. For more details about fees and the methods for paying them, please see our separate *Terms and Conditions of Residency (and Financial Agreement for Self-Funders)*.

Residents contributions to fees (or the full amount for some who self-fund) are usually collected by four weekly standing order. The fees are reviewed each year and usually change (subject to government guidance) each April.

OUR CURRENT FEE LEVELS ARE BETWEEN

£850 - £1200 PER WEEK

FOR A SINGLE ROOM & DOUBLE ROOM

Most people are eligible for financial assistance with their fees. This can be explained in detail by the relevant Social/ Health Services Department, but typically consists of a payment from Social Services according to their assessments of their needs, with the remainder paid by you from your benefits or from your family

Other people have more than the “minimum level of savings” (set each year by the government) which leads to them having to pay the full care home fee (they become “self-funding”). For these people the NHS help by making a small contribution to fees.

Should your circumstances change and you can no longer meet the full level of fees, Social Services will be contacted to assess your needs which usually culminates in them paying a finite amount, the outstanding balance being met by your family.

Available for your Perusal

Inspection Report

Terms and Conditions of Residency

If you need to see our Inspection Report please visit CQC web side.

www.cqc.org.uk

THE COMPLAINTS PROCEDURE

Aim

The Home will develop a simple, clear and accessible complaints procedure that ensures an "open" and accepting approach to complaints. Any complaints will be recorded and acted upon with the intention of bringing a speedy and satisfactory conclusion within 28 days.

1. Procedure

- 1.1 The complaints procedure is primarily for use in complaints made against the Home or staff from a relative, resident or other external professional. It is not for use by staff who have a grievance against the Home. For this the Home has a *grievance procedure*.
- 1.2 The complaints procedure forms a part of the internal policy and procedure manual. Its function is to provide an open and honest approach to complaints. Improved complaints procedures and more active resolution to complaints are a part of improving quality standards in compliance with the Care Act (2008).
- 1.3 The Home encourages complaints as a method of monitoring and improving standards.
- 1.4 Complaints against the Home or any member of staff will be taken seriously at all times. There will be an "investigative" style to complaints, leading to actions and a resolution within a clear time frame.
- 1.5 This guidance offers a conciliation process where resolutions to complaints cannot be found.
- 1.6 The manager/ senior staff will record all complaints, regardless of the apparent severity, on the complaints records sheet/ book.
- 1.7 Complaints will not be recorded on individual resident files.
- 1.8 The recorded details will indicate:
 - the name and signature of the person taking the complaint
 - the name of the person making the complaint
 - the date the complaint was made
 - the date of the alleged incidence or occurrence leading to the complaint
 - details of the incidence or occurrence
 - the names of the resident, staff or others involved
 - any verifying evidence/ witnesses
 - details of what action the complainant would like to be taken
- 1.9 The manager/ senior staff will investigate the complaint as soon as possible and within 7- 14 days of the complaint being received.
- 1.10 The manager/ senior staff will take immediate action where matters can be quickly and easily resolved.
- 1.11 The manager/ senior staff will clearly record the action taken during the investigation on the complaints sheet/ book.
- 1.12 Should investigations prove complex, a further 7 days can be taken to complete them, as long as the complainant is informed before the end of the initial 7-14 days.
- 1.13 On completion of the investigation the manager/ senior staff will immediately communicate

- the outcome to both the complainant and any person directly implicated in the complaint and record this on the complaints sheet/ book.
- 1.14 If there is a satisfactory resolution to the complaint, then the matter can be closed and the recorded details kept on file for inspection by the Care Quality Commission Inspection (CQC)
 - 1.15 The entire complaints process will be dealt with within a maximum of 28 days unless there are exceptional and extenuating circumstances, which must be explained to the complainant.
 - 1.16 If either the complainant or person(s) implicated are unhappy with the outcome, this must be clearly recorded in the complaints book. It is then a question for the investigating officer to try to find a more satisfactory resolution. This may be done through further investigation and should ideally involve the owner in all party discussions.
 - 1.17 If there is still no resolution, the manager/ senior staff will refer the matter to the CQC (contact details can be found on the back of this guide) to act as a third party. The decision of the CQC will be final and binding.
 - 1.18 Should, at any stage throughout the complaints process, the complainant wish to refer the matter to the CQC they may do so or request that the manager do so.
 - 1.19 The manager/ senior staff will ensure that all negotiations and outcomes are recorded on the complaints sheet/ book and all entries signed.
 - 1.20 Should the outcome find against the Home or member(s) of staff, where appropriate, disciplinary action will be invoked (please *see disciplinary policy*).
 - 1.21 Entries in the complaints book are audited.

Please see [Complaints Policy at the end of the booklet.](#)



USEFUL NUMBERS

Local Social Services Office: Tel: 01284 352212

Local GP Surgeries:

Angel Hill	Tel: 01284 753008
Guildhall	Tel: 01284 701331
Mount Farm	Tel: 01284 769643
Victoria	Tel: 01284 725550
Swan	Tel: 01284 750011

Tim Sykes is the Adult Board Manager of Adult Safeguarding

Endeavour House,
8 Russell Road
Ipswich, Suffolk IP1 2BX
tim.sykes@suffolk.gov.uk

Dominic Nasmyth-Miller is Adult Safeguarding Manager - MCA - DOLS

dominic-nasmyth-miller@suffolk.gov.uk Tel: 01473 260813

For General Adult Protection Enquiries please email :

Adult.Safeguarding@acs.suffolk.gov.uk

Age Concern

Tel: 01284 769524

Prioress General, Grace and Compassion Benedictines

Sr. Kathy Yeeles Tel: 01273 502129

Grace and Compassion Convent
38/39 Preston Park Avenue
Brighton, Sussex BN1 6HG



Complaints Policy Procedure (in accordance with the home's Policy 29 (Complaints))

- 1.1. The complaints procedure is brought to the attention of prospective residents and / or people acting on their behalf initially through our Service User Guide.
- 1.2. On admission, each resident is provided with a **Welcome Pack** which includes a summary of our complaints procedure which is produced in large print.
- 1.3. Montana will support residents or those acting on their behalf to make a complaint or bring comments where such assistance is needed.
- 1.4. Montana will ensure that any complaint made will be fully investigated and as far as possible, solved to the satisfaction of the person making the complaint.
- 1.5. Montana will take appropriate steps to coordinate a response to a complaint where there are other parties involved.
- 1.6. Montana will ensure that all complaints and follow up procedures are properly documented and available for perusal by appropriate persons.
- 1.7. Montana believes that complaints are best dealt with on a local level between the complainant and Montana. If either of the parties is not satisfied by a local process, the case can be referred to the prioress Sr. Kathy at 38/39 Preston Park Avenue, Brighton, East Sussex, BN1 6HG (Tel: 01273 502129).
e-mail : osb@graceandcompassion.co.uk
Sr. Kathy is also the link person to CQC. Details are supplied as part of our complaints procedure.

2 Oral Complaints

- 2.1 All oral complaints, no matter how seemingly unimportant, will be taken seriously.
- 2.2 Front-line care staff who receive an oral complaint seek to solve the problem immediately.
- 2.3 If staff cannot solve the problem immediately they offer to get the Care Manager to deal with the problem.
- 2.4 All contact with the complainant should be polite, courteous and sympathetic. There is nothing to be gained by staff adopting a defensive or aggressive attitude.
- 2.5 At all times staff remain calm and respectful.
- 2.6 Staff will not accept blame, make excuses or blame other staff.
- 2.7 If the complaint is being made on behalf of the Resident by an advocate it will first be verified that the person has permission to speak for the Resident, especially if confidential information is involved. It is very easy to assume that the advocate has the right or power to act for the Resident when they may not. If in doubt it will be assumed that the Resident's explicit permission is needed prior to discussing the complaint with the advocate.
- 2.8 After talking the problem through, the Care Manager or the member of staff dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff will clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (i.e. through another meeting or by letter).
- 2.9 If the suggested plan of action is not acceptable to the complainant then they will be invited to put their complaint in writing to the Care Manager.
- 2.10 In both cases details of the complaints will be recorded in the complaints book.

3. Written Complaints

Preliminary Steps

- 3.1. When a complaint is received in writing it will be passed on to the Care Manager who will record it in the complaints book and send an acknowledgment letter within two working days. The Care Manager, Sr. Thaya Moses is the named person who deals with the complaint throughout the process.
- 3.2. If necessary, further details will be obtained from the complainant. If the complaint is not made by the Resident but on the Resident's behalf, then the consent of the resident, preferably in writing, will be obtained from the complainant.
- 3.3. If the complaint raises potentially serious matters, advice will be sought from a legal advisor to Montana's. If legal action is taken at this stage any investigation by Montana under the complaints procedure will cease immediately.
- 3.4. If the complainant is not prepared to have the investigation conducted by Montana he or she will be advised to contact Sr. Kathy (see 1.7) or the CQC.

4. Meeting

- 4.1. If a meeting is arranged the complainant will be advised that they may, if they wish, bring a friend or relative or a representative such as an advocate.
- 4.2. At the meeting a detailed explanation of the results of the investigation will be given and also an apology if it is deemed appropriate (apologizing for what has happened need not be an admission of liability).
- 4.3. Such a meeting gives the home the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

5 Follow-up Action

- 5.1. After the meeting, or if the complainant does not want a meeting, a written account of the investigation will be sent to the complainant. This will include details of how to approach CQC if the complainant is not satisfied with the outcome.
- 5.2. The outcomes of the investigation and the meeting will be recorded in the complaints book and any shortcomings in Montana procedures will be identified and acted upon.
- 5.3. Montana will discuss complaints and their outcome at a formal business meeting and the complaints procedure will be audited by the Care Manager, as an on-going process.

6. Investigation of the Complaint by Montana

- 1 Immediately on receipt of the complaint Montana will launch an investigation and within 28 days will be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned.
- 2 If the issues are too complex to complete the investigation within 28 days, the complainant will be informed of any delays.
- 3 Complaints against Montana or any member of staff will be taken seriously at all times. There will be an “investigative” style to complaints, leading to actions and a resolution within a clear timeframe.
- 4 This guidance offers a conciliation process where resolution of complaints cannot be found.
- 5 The manager / senior staff will record all complaints, regardless of the apparent severity, on the complaints record sheet.
- 6 Complaints will not be recorded on individual resident files.
- 7 The recorded details will indicate:
 - the name and signature of the person taking the complaint
 - the name of the person making the complaint
 - the date the complaint was made
 - the date of the alleged incidence or occurrence leading to the

Complaint
 - details of the incidence or occurrence
 - the names of the resident, staff or others involved
 - any verifying evidence / witnesses
 - details of what action the complainant would like to be taken

- 6.8 The Care Manager / senior staff will investigate the complaint as soon as possible and within 7-14 days of the complaint being received.
- 6.9 The Care Manager / senior staff will take immediate action where matters can be quickly and easily resolved.
- 6.10 The Care Manager/ senior staff will clearly record the action taken during the investigation on the complaints sheet.
- 6.11 Should investigations prove complex, a further 7 days can be taken to complete them, as long as the complainant is informed before the end of the initial 7-14 days.
- 6.12 On completion of the investigation the Care Manager/ senior staff will immediately communicate the outcome to both the complainant and any person directly implicated in the complaint and record this on the complaints sheet.
- 6.13 If there is a satisfactory resolution of the complaint, then the matter can be closed and the recorded details kept on file for inspection by CQC.
- 6.14 The entire complaints process will be dealt with within a maximum of 28 days unless there are exceptional and extenuating circumstances, which must be explained to the complainant.
- 6.15 If either the complainant or person(s) implicated are unhappy with the outcome, this must be clearly recorded in the complaints log. It is then a question for the investigating officer to try to find a more satisfactory resolution. This may be done through further investigation and should ideally involve the complainant in all party discussions.
- 6.16 If there is still no resolution, the Care Manager/ senior staff will refer the matter to the Prioress General – Sr. Kathy or to CQC. As we are a charity that is part of a Religious Order there is a Diocesan route that ought to be taken. So if Sr. Kathy did not appear to deal with the complaint you can go to the Bishop of Arundel and Brighton. If the complaint got to him he would decide if the Diocese would investigate or send it back to head office or refer it to another Agency. If it goes to the CQC their decision will be final and binding.
- 6.17 Should at any stage throughout the complaints process the complainant wish to refer the matter to the CQC they may do so/ request that the manager do so.
- 6.18. The Care Manager/ senior staff will ensure that all negotiations and outcomes are recorded on the complaints sheet/ book and all entries signed.
- 6.18.1 Should the outcome find against the Home or member(s) of staff, where appropriate, disciplinary action will be invoked (*a copy of the Disciplinary Procedure can be obtained from the Care Manager*).
- 6.19 Entries in the complaints log are audited.

7. Concerns and Suggestions

- 1 We take very seriously any concern or suggestion made to us by residents or their representatives. These are recorded on the book where the concern is described in writing and followed by details of any corrective or preventive action taken as appropriate.
- 2 All complaints / concerns / suggestions are reviewed at monthly management meetings and an annual audit is carried out with results documented.

8. Unreasonably Persistent Complainants

- 1 In this eventuality our Policy is to deal with it on a completely individual basis taking full account of the needs and physical and mental condition of the resident. Details would be documented in the care plan where appropriate.



Top 20 Recommended Care Homes East of England 2019 - Montana Care Home



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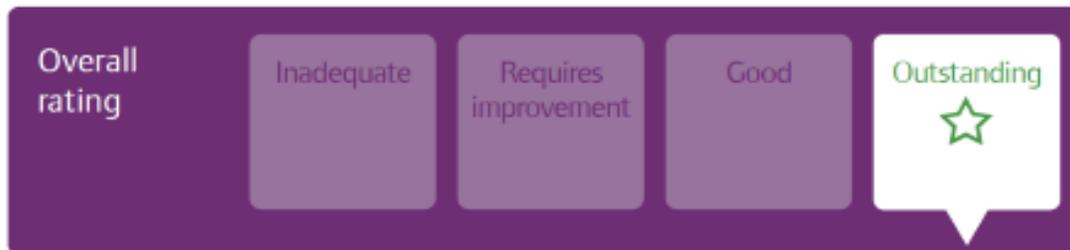
THIS IS TO CERTIFY THAT
Montana Care Home Grace and Compassion
Benedictines

HAS BEEN RECOGNISED AS A
Top 20 Recommended
Care Home in East of England



Grace and Compassion Benedictines

Montana Residential Home



Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding
Responsive?	Outstanding
Well led?	Outstanding

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/1-118089078

We would like to hear about your experience of the care you have received, whether good or bad.

Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder



The Care Quality Commission Inspection employs Inspectors to monitor standards within all care homes.

Inspectors aim to promote the highest standards of care by inspecting, advising and consulting with us to identify problems. The Inspector will also assist in complaint procedures when necessary or advise on matters of concern about the Home.

For more information or to make a complaint/ raise an issue of concern please contact:

**East Region
Care Quality Commission
City gate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Tel: 03000 616161
Fax: 03000 616172**

**CONTACT: Sr. Thaya Moses,
Montana Care Home, East Barton Road,
Great Barton, Bury St. Edmunds, Suffolk, IP31 2RF
e-mail :- montana.gtbarton@btconnect.com
www.montanacarehome.com**

TEL: 01284 787321

REVIEWED FEBRUARY 2020

