



Victoria
Community Care Limited

Service user guide



Introduction - Care at home

At some time in our lives we may experience difficulty with our physical or mental well-being. It may, for whatever reason, leave us unable to complete tasks and activities that we would normally take for granted. It may last for a short time or it could be a permanent circumstance. If you, or a member of your family finds they are in this situation, you may decide that you need 'Community Care'.

Community Care can be provided through social services or privately. Community Care is about providing the opportunity for people to remain in the comfort of their own home environment, whilst receiving an individual care service, catered specifically to their needs.

This guide aims to provide general information regarding Victoria Community Care's services to assist you in your decision as to which Agency you would like to provide your care. The guide will also outline, exactly what you can expect from us, our promises to you, your rights, and the procedure for complaints and compliments.

Victoria Community Care is a local organisation that have been involved in providing personal domiciliary care in Knowsley and the surrounding area's, since 1996.

Our service is about helping people to achieve their maximum level of independence and physical ability, whilst remaining in the comfort of their own home environment.

Here, at Victoria Community Care, we use a service user charter, which centres around six basic areas, these are:

Choice - You will be involved in all decisions.

Privacy - Expect confidentiality in all matters.

Dignity - To be afforded the respect deserved by the individual.

Independence - To follow the lifestyle they choose.

Fulfilment - Expect your quality of life to be enhanced by the service provider.

Service User Rights - Expect to have your cultural, religious practices and beliefs observed, respected and fulfilled.

I absolutely love my job because I think we give people an independent life with just a bit of back up. Sometimes it's as simple as helping someone to put their socks on but the fact is, they know someone is keeping an eye on them and they have the help that they need.

Client Stories

To all the carers who helped look after George I would like to express my thanks for caring for him during his illness.

Mrs Jones, Huyton

A big thank you for all the care and kindness that your carers give to my Mum. I was there this week and was delighted with the way they all cared for her. I do appreciate you all.

E. Carter

We sincerely thank all the girls that looked after Mabel. They made sure she was comfortable and well fed. Her last couple of years were made much better with their help and companionship

Vernon and Linda

The Smith family would like to thank you so much for the care and support you showed Mum and to us as a family during the latter years of her life. It was very comforting to know that you were always there for her.

Mary and Gerald



Referral and care planning process

Before care services commence, an assessment will be carried out - 'a home visit'. This will include the following:

- An assessment of your needs
- A moving & handling assessment
- A risk assessment

The person completing the above assessments will take into account your personal views and thoughts when planning your care.

You will then receive a written support plan, which clearly states the type of care service(s) to be provided. It will also state by whom and when the care will take place.

Throughout the entire period where care is being given we will continue to monitor our service, revising the support plan if the client's needs change and checking that our high standards are being maintained.

Services we provide

We provide services to elderly and vulnerable adults (over the age of 18 years). These include people with mental health problems, physical disabilities and sensory loss or those who have or are recovering from illness.

Types of Service

- **Personal care** - assistance with bathing, shaving, oral hygiene etc.
- **Maintaining continence** - assistance with toileting.
- **Promoting rehabilitation and maintaining skills** - encouragement to maintain independence, such as to prompt the use of mobility aids.
- **Food preparation** - prepare foods and drinks of choice, and assistance with eating/drinking.
- **Respite services** - sit in services to provide social support for informal carers such as family members.
- **Domestic duties** - such as, shopping, pension collection, cleaning etc. (Please note that if you go out by car with your carer, Victoria Community Care, do not provide car insurance for carers.) Service users will be asked to meet any transport expenses for petrol, bus or taxi fares incurred by the carer.

Victoria Community Care, is insured under Public Liability Insurance Act.



Service user notes

Staffing

The Carers

You are entitled to expect that the organisation will select and train its carers with the utmost care. We are committed to the very best recruitment and selection procedures, which include Criminal Record Bureau checks.

Please note, that if you feel that any of our staff are not meeting the above requirements, please do not hesitate to inform us, after all, we rely upon the carers to maintain our reputation.

Emergency Carers (On-Call)

The role of the 'on-call' carer(s) is to provide a point of contact for you, the service user and our carers before and after office hours. That is before 9.00am and after 5.00p.m. In the unlikely event that your carer does not arrive you would contact them, and they will find an alternative carer. You can contact the emergency carers on the office telephone number, which will automatically divert to their mobile telephone.

Placement Officers

Placement Officers are based at the office, Monday to Friday, 9am - 5pm. They organise your care rota's, and appreciate that the continuity and reliability of your carer is extremely important. However, in the event of any changes such as holidays or sickness, the placement officers will give you prior notification.

Quality Assurance Liaison Officers

The quality assurance officers are responsible for measuring the quality of the service we provide. Using a variety of methods such as, spot checks, courtesy calls and questionnaires they will monitor the quality of your service. This is essential to us in ensuring you receive the service you deserve.

Please feel free to inform us of any suggestions you may have to improve the standard of your service. Your opinions are important to us and we will use them to develop our services.

The above is essential in order to promote customer satisfaction and to ensure that each carer is aware of the need to continually strive to improve standards.

Please note, you may elect not to complete the questionnaire.

Administration

If you have queries relating to invoicing, charges or administration. Please contact our finance department on 0151 545 2839.

Compliment/Complaints procedures

In the unlikely event of a complaint we advise you to do the following:

Call the office and request to speak with a senior member of staff who will be familiar with the procedure. We hope that your complaint can be easily resolved, and that a verbal reason / explanation / apology is given. However, our senior staff have been instructed to produce a written report concerning all complaints, which includes a description of the complaint, the answer given as well as to state how the matter was resolved. The senior member of staff will have 28 days to fully investigate the complaint.

Should you feel that the matter had not been resolved to your satisfaction, then you may take up the matter with the Care Quality Commission.

Care Quality Commission
2nd Floor Unit I, Tustin Court, Court Way, Preston, Lancashire PR2 2YQ

It is important to state that any comments and complaints can be made with no risk of victimisation in any way, or refusal of services, which you would otherwise receive.

If there is a certain aspect of your care / carer you feel pleased with, and wish to mention it, please feel free to inform us at the office. This is always appreciated and your comments will be passed on to the carers concerned.

Here at Victoria Community Care, we feel that a consistent process of appraisal is the cornerstone of effective organisation and staff development. We believe that if we praise and invest in our staff, you the service user will receive the best possible service. Here at Victoria Community Care, we have high expectations of the staff, who provide your service. They will conduct themselves appropriately including respect for you and your family, your belongings and property.

Charges

If your care is being provided through Social Services, you may be asked to contribute towards the cost. Arrangements for payment will be made via, their finance department. Your social worker will be able to explain their charging policy and procedures.

If you are a private service user, and request care or domestic assistance directly, our charges are as:

1 Hour Call Mon - Fri	£10.00
1 Hour Call Sat & Sun	£12.00
1/2 Hour Call Mon - Fri	£5.00
1/2 Hour Call Sat & Sun	£6.00

Care provided on Bank Holidays and Public Holidays will be charged at double time.

Prior to the care or domestic service commencing, you will receive a written contract. Please read the contract and if applicable sign and

Service user notes (continued)

return it back to our administration department. A copy of the contract is at the back of this Guide.

Payments can be made weekly or 4 weekly, either by cheque or postal order. Made payable to Victoria Community Care Ltd. Payments must be made within 14 days from receipt of the invoice. Victoria Community Care is also able to provide care via the Knowsley Voucher Scheme.

Statement of purpose

Victoria Community Care Ltd, has, in accordance with the requirements of Regulation 4 (1) of the Domiciliary Care Agencies Regulations 2002 set down by the National Minimum Standards for Domiciliary Care, completed a "Statement of Purpose". The information contained in this document is as follows:-

- The aims & objectives of the agency.
- The nature of the services that the agency provides.
- The name and address of the registered provider and any registered manager.
- The relevant qualifications and experience of the registered provider and registered manager.
- The range of qualifications of the domiciliary care workers supplied by the agency.
- The complaints procedure established in accordance with regulation 20.

Please note, that if you like to receive a copy of this document or require any further information, then you may contact the office on 0151 546 4400.

Key policies and procedures

Confidentiality Policy

Our staff have a responsibility to treat all your information and documents in

the strictest confidence. Any personal information given to staff by yourself or representative or any conversation of a personal nature held within your home, must not be discussed or repeated outside of your home.

Only when staff obtain information about a service user, which they feel should be repeated to safeguard the service user's health or well being, must they relay that information to their manager for advice.

Failure to do so is a serious breach of company policy and if our staff are dealing with information inappropriately, please contact the manager.

Safeguarding of vulnerable adults

Victoria Community Care has a comprehensive policy in relation to the protection of vulnerable adults from abuse.

We believe that all vulnerable and older people within our community deserve good care and support and a right to live in safe and secure surroundings without fear of harassment or harm. All our staff receive Safeguarding Adults Training in order to help them identify signs of abuse and respond immediately and appropriately using the correct procedures and channels of communication. Thus ensuring that a full and proper investigation will take place.

Financial transactions

Financial transactions are an integral part of domiciliary care.

The Agency has a strict procedure, which staff must follow when carrying out any financial transactions.

Permission must be sought from the service user or relative before any financial transactions can take place.

Care staff are aware that they must complete the money record form in the service user file whenever they

carry out any financial transactions. Care staff must obtain a receipt for any benefit collection or bill payment they make and log it in the money record sheet. They must sign the money record form together with the service user and or their representative. They must count change back with the service user or their representative and log the balance on the money record sheet.

Care staff are not permitted to receive gifts of money or borrow money from service users. They are not allowed to have pin numbers to any credit or debit cards.

Care staff must return any benefit books to you as soon as they have dealt with the required transactions.

Care staff are not allowed to collect large sums of money or purchase expensive items without discussing it with their line manager first.

Care staff are not allowed to get involved in any financial arrangements with service users whatsoever or incur any liability on behalf of the service user i.e. such as agreeing to be a beneficiary in the will of a service user.

Electronic monitoring system

In order to provide the best possible service to you, our staff are required to use an electronic monitoring system. This system is used via the national telephone network. It is a free service, which records the arrival and departure times of staff to and from your premises. This means your carer will ask to use your telephone. The process will not take more than a few seconds. If you have any concerns regarding this system or have any objections, please contact us.

No Smoking Law 1st July 2007

In conjunction with the new 'No Smoking Law', service users are requested not to smoke _hr before carers are due on the call and while the carer is on the call.

Administering medication on behalf of service users

All the Agency's carers must attend the medication management course for health and social care workers as approved by Knowsley Primary Care Trust before administering medication.

Only medicines prescribed by a GP should be administered to a service user. Some people may experience side effects from their prescribed medications. When medication arrives from the pharmacy it will contain an information leaflet. This information gives the care worker advice on how to use the medicine correctly and potential side effects that may occur.

General Guidelines

Assistance with the administration of medication must only be given if it is documented as part of the care plan.

When trained, care workers are able to administer most forms of medicines with the exception of the specialist techniques including:

- Peg feeds,
- Oxygen,
- Nebulisers,
- Insulin injections,
- Enemas,
- Pessaries,
- Catheters,
- Changing a tracheotomy,
- Dressings, which will require more intensive specialist training.

Any other forms that will be required to be administered, including eye drops, eardrops, transdermal patches and application of creams and ointments. For topical applications gloves should be used.

Where service user consent (or relative consent if appropriate) is given and it is written in the care

plan prescriptions may be collected from the surgery and taken to the pharmacy for dispensing (preparation).

Staff will then take the medication to the service user for his/her safe keeping and use. Carers must ensure that medicines are kept in a safe place, which is both known and accessible to the service user.

All medicines collected on behalf of the service user should be documented in the care folder.

If it is in the service user's best interest to securely store the medicines within their home it will be agreed with the care manager, family or representative and clearly noted in the care plan as to how the carer can access and safely and securely store the medication.

Care workers should ensure that medicines are stored in accordance with manufacturer's instructions. For example a check should be made to identify special storage arrangements such as refrigeration.

The medication must be used from the original containers provided by the pharmacy. The labels should clearly show all instructions on how to use and administer the medicine the name and strength of the medicine, the dosage required, how often they are to be taken, any additional warnings and an expiry date.

When administering eye drops, the care worker should mark clearly the date the sterile seal was opened onto the bottle (not its carton), and onto the medication record sheet. 28 days after this date, any unused drops should be discarded and returned to the supplying pharmacy for destruction.

All medication administered should be clearly logged on the medication administration record sheet (MAR) provided. When describing what medication has been taken the full name and dose of the medicine, the

time they were taken and the full signature/ initials of the carer should be recorded.

If any new medicines are prescribed by the GP for example antibiotics, the care worker should clearly mark it on the medication administration record sheet in the home file. The care worker should inform the quality officers who should then double check the entry.

Any problems with the administration of the medication should be documented and reported by the care staff.

Carer may also need to perform a daily check to ensure that the correct dosages have been taken.

Please note:-

Carers are no longer allowed to give medication from blister packs or medication that has been arranged into dosette boxes by family members.

Return of Medications

Note for any unused, out-dated or discontinued medicines arrangements should be made to return them to the supplying pharmacy with permission from the service user. All medicines returned should be documented in the care folder.

Receipt of a new months supply of medicines should also be documented in the care folder.

All service users should be advised to dispose of unwanted medicines by returning them to a supplier for destruction.

Terms and conditions of business

Circumstances in which the agency may terminate your services

The following list of circumstances in which the agency would consider

Service user notes (continued)

termination of the services, are as follows:

The agency would always be reluctant to withdraw services being provided, and the circumstances would always be considered in individual cases. Wherever possible the problems would be discussed with the service user with a view to resolution without termination. The period of notice of termination of the service would be as long as reasonable in the circumstances, with particular consideration for the health and safety of both the service user and the care workers. This list may not be exhaustive and other circumstances that place service users, domiciliary care workers, or the agency itself at unacceptable risk would be considered on an individual basis.

Reasons relating to the service user or their relatives or representatives

- Abuse of care workers or other staff, whether physical, verbal, emotional, racial or sexual.
- Contacts by service users or their relatives or representatives with care workers at their home address or on their private telephone, fax or email.
- Concerns about the health and safety of care workers by virtue of the environment in which care is being delivered.
- Inadequate cooperation by service user or their relatives or representatives with care delivery including, where appropriate, the use of equipment necessary to promote safe moving and handling of the service user.
- Inadequate cooperation by service user with administrative requirements, e.g. signing of receipts in financial transactions.
- Development of the care needs that the agency does not provide or cannot meet.

- Development of the care needs that, in the opinion of the agency, cannot be met by provision of domiciliary care.
- Inadequate cooperation by service user or relatives or representatives with care review process.
- Unreasonable requests by service user, such as for visits or tasks that are not included in the care plan, or for assistance with medication or treatments with which care workers are not permitted to assist.
- Inadequate arrangements for payment of invoices by the service user or representative.
- Non-acceptance to any degree of fees reviews on a periodic basis.
- Concerns about the safety of care workers while travelling to the service user's home.

Reasons relating to the purchasing or commissioning authority (social services department or other outside agency)

- Provision of inadequate or misleading information about the circumstances of the service user.
- Inadequate cooperation with reviews of care, including refusal to provide for additional hours of care where indicated by the reviews carried out by the agency.
- Inadequate arrangements for payment of invoices for care services delivered.
- Failure by the purchasing authority to maintain adequacy of payment for services provided, including inadequacy of annual reviews for fees.
- Withdrawal by purchasing authority of any aspect of funding necessary for provision of service in the service user's geographical area.

Reasons relating to the agency

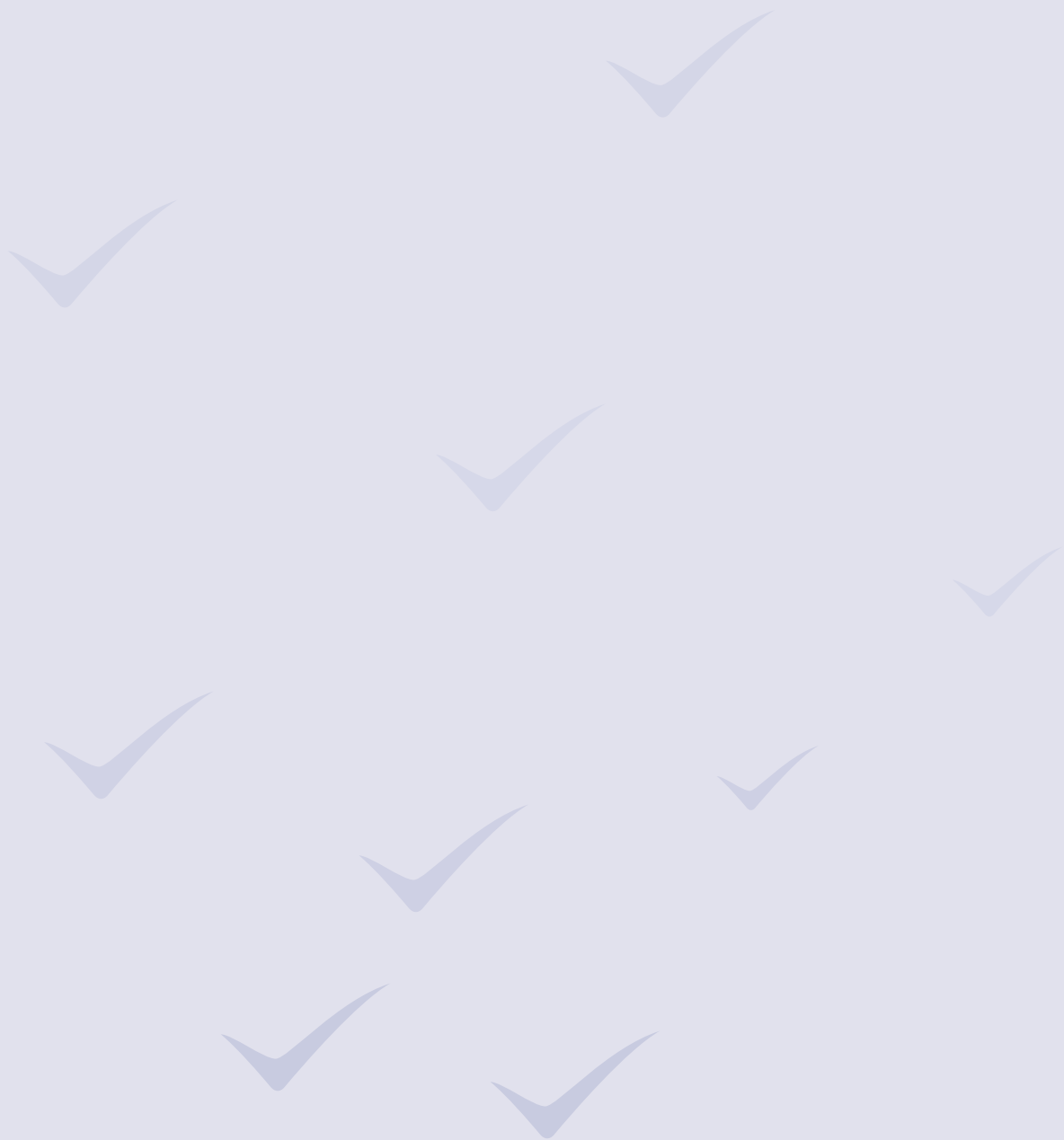
- Difficulties in recruitment and retention of care workers in the service user's geographical area.
- Developments of care needs for which the agency does not have sufficient trained staff, e.g. requirement feeding or specialist exercise routines.
- Commercial decisions arising out of non-viability of the service in the service user's geographical area.

Please note: The agency is unable to guarantee to restart delivery of care (in whole, or part, or with amended or additional care hours) to a service user after a prolonged period of absence due, for example, to hospital admission or respite care.

- Other circumstances arising from factors outside the control of the agency that would make it impossible to provide the service at the standards required by the regulations and/or those to which the agency works.

These would be difficult or impossible to predict in advance but could arise from:

- Changes in regulations or regulatory requirements.
- Conditions of registration imposed by the Care Quality Commission.
- External factors that make recruitment and retention of care workers in the service user's geographical area difficult or impossible.



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