



PRIMLEY COURT
QUALITY CARE SINCE 1985

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STATEMENT OF PURPOSE

Legal Status of the Service Provider	:- Sole Trader
Name of Service Provider	:- Mr. Paul Bliss, email- b4bliss@hotmail.co.uk
Name of Registered Manager	:- Miss. Clarissa Bautista
Service Provider ID	:- 1-101696535
Location ID	:- 1-130934182
Manager ID	:- 1-101696535
Number of Registered Beds	:- 80

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Optima Care Partnership

Optima Care Partnership has been providing quality care since 1985 by its owner Paul Bliss, when he acquired premises in Bedminster, Bristol. Over the years Optima has expanded and now provides a range of care through 6 different locations. There is an ethos throughout Optima Care Partnership to provide excellent care and to create environments in their Home where people feel at Home.

We as a family run organisation continue to evolve and ensure that those people that chose our homes to become theirs remain the focus of all our attention. To be able to do this effectively the resident will often need the support of family members to assist staff in knowing what is important to everyone. We strive as a family to ensure that past times and past joys are part of today's experience. This will ensure that the family remain at the heart of the delivery of care.

Our family run organisation ensures inclusiveness of our residents, relatives and also our staff. We support our staff both professionally and personally. We recognise that staff want to make a difference, to be surrounded by quality and good practice, and supported by an organisation committed to the same values as them.

Primley Court and Primley View have been part of Optima Care since 1992. They have operated as 2 separate homes until December 2015 when they were registered as one location with the Care Quality Commission.

Primley Court is now registered as 80 beds.

51 beds are at Primley Court, the Court Unit and 29 beds are at Primley Court, the View Unit.

The service has 59 beds that meet the needs of people living with Dementia or a Mental Health need. 51 of these beds are at Primley Court, the Court Unit and the other 8 are in The View Unit.

The remaining 21 beds based at The View Unit are nursing.

All beds are for people over the age of 65.

The Court

The Court has 20 beds in a Victorian House retaining many of its character features that has been adapted to have self contained areas that are light and spacious.

There is a purpose built extension where there are a further 31 beds. Each has their en-suite bathroom and many rooms have views over the Torbay Coast.

There are bathrooms and/or wet rooms on each floor. There are hoists to assist people to use the baths, and shower rooms for those who prefer a shower. There are two lifts that are able to accommodate wheelchairs for access to all areas of the home.

The View

The View has 21 beds in a Victorian House. Many rooms have views across the Torbay coast. There is also a purpose built 8 bed area within the home that provides nursing care for people living with dementia.

There is access throughout the home with a lift. There are bathrooms/wet rooms with hoist equipment if needed.

Primley Court and View

Residents, with support from their relatives and loved ones, are encouraged to bring as many of their own personal belongings such as pictures, ornaments, radios, televisions etc to provide reassurance and familiarity with the past. This ensures that they are comfortable in their surroundings of feeling at home. Larger items such as furniture can be discussed with management.

Relatives and loved ones are encouraged to visit as often as they like. They are able to have meals and stay overnight (if they wish) when their relative is nearing the end of their life.

Residents are made to feel welcome on admission and family and/or friends are encouraged to continue to visit to ensure continuity of relationships that matter for the resident.

Each resident has a named nurse and keyworker. These three people with assistance from relatives and loved ones formulate an individualised care plan. This covers their personal and medical history, as well as record particular activities they enjoy and any cultural or religious aspects of their care. The named nurse and keyworker will monitor and review all aspects of care, in consideration of dignity and respect, and will liaise with other professionals, residents, family and friends throughout their stay.

It is very important that the transition from hospital or home to their new home is as stress free as possible, ensuring that all moves are in the best interests of the resident.

Primley Court therefore encourage that potential residents visit the home with their loved ones previous to admission where possible. This gives an opportunity for residents and loved ones to view the facilities and ask questions that are individual to them.

If Primley Court is chosen as your preferred home, management will then arrange an assessment at either the prospective resident's home or hospital. This is to ensure that all care needs have been considered and that they can be met by the home.

The home manager will then liaise with the prospective resident's social worker/care manager to ensure the correct funding is made available and also discuss the implementation of their care plan.

Philosophy of Care

Our ethos is enhancing the quality of life of residents by providing a home for people that has the flexibility to adapt to the needs of individuals.

With family and friends able to visit freely and contributing to the staff's understanding of residents past experiences ensures that residents are supported in feeling valued and empowered to make independent choices.

Regulated Activities

Primley Court provides for the following Regulated Activities listed in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.:-

1. Nursing and Personal Care
2. Treatment of Disease, disorders and injuries
3. Diagnostics and Screening Tests

Nursing and Personal Care

Regulated Activity	Service User Type	Service User Band
Accommodation for persons who require nursing or personal care	Nursing homes Residential Homes	Caring for adults over 65 yrs Dementia Mental Health conditions Physical disability

The difference between nursing and personal care resides in the professional qualification required to address either of these needs.

Personal care is delivered by carers, most of whom hold an NVQ or Health and Social Care Diploma in care. Typically the needs falling within this category include assistance with personal hygiene, nutrition, elimination, mobility, communication, cognition, spiritual and cultural needs, and leisure activities.

Nursing care is delivered by a Registered Nurse/Nurses, which include RGN's and RMN's, supported by a strong team of trained carers, who are skilled in monitoring residents general conditions for the purpose of preventing/managing/or treating illnesses. Our experienced and trained staff are committed to providing the highest quality care and has detailed understanding and additional specialised training in the unique nature of dementia care.

We offer continuing care for clients who require the ministrations of a trained nurse on a 24 hour basis. One of our strengths is to offer a level of experienced support for people that have not previously settled in other care environments. We offer excellent palliative care for residents Our aim, in this case, is to palliate the symptoms to ensure that people are pain free and comfortable

at all times. We also provide terminal care for people who are approaching the end of their lives. Here our aim is to provide 24 hour care of the dying carried out in a calm and sensitive manner. This includes holistic care and pain, nausea, anxiety and restlessness relieving medications to minimise discomfort for residents. We have access to the local hospice care Nurses at Roecroft.

The home also provides Intermediate Care for people who have been discharged from hospital but are unable to return home and need a short term placement in a care home. This is provided with regular support provided by District Nurses.

The home also provides for Mental Health illnesses other than a diagnosis of Dementia. These can include Schizophrenia and Bi-polar. The home does meet the needs of persons under the age of 65, in unusual cases, if the diagnosis and presentation of needs can be met by the home. Where appropriate we continue to liaise with other members of the Multi-Disciplinary team, in particular GP's, Community Psychiatric Nurses, Dieticians and Psychiatrists.

The home has very experienced nursing and care staff in meeting the needs of people with Dementia. The service is able to assess changes of medication, different interventions and approaches that support the multi professional team in ensuring that the outcomes of care plans and care reviews are met in the best interests of the residents that live in the home.

Aims and Objectives

At Primley Court we strive to always maintain a highly trained and happy workforce to carry out duties in caring, which will be reflected in the happiness and contentment of our residents. We endeavour to do this by:-

1. Preserving the residents dignity and identity
2. Maintaining and where possible improving the residents' independence
3. Ensuring that residents privacy is respected at all times
4. Allowing residents the opportunity to make informed choices about matters that affect their care and personal lives. We always seek consent before any form of activity and we respect their rights to refuse intervention
5. Maintaining and respecting the residents beliefs and aspirations
6. Providing safety within precincts of the home with minimal restrictions
7. Carrying out risk assessments to ensure that residents are able to conduct chosen activities safely
8. Motivating and stimulating residents so that they lead happy and fulfilled lives
9. Enabling residents to express their views
10. Ensuring that vulnerable residents are not subjected to any form of abuse
11. To encourage residents to believe in their own self worth and importance, to remain an individual and to pursue their lives as they would at home within the limitations of Primley Court

12. To give all residents the option of expressing their beliefs and to practice their own particular religion, to this end ministers of all faiths are encouraged to visit the home at any time and arrangements are made for services, communion and giving of the last rites
13. To ensure that all residents are able to understand the choices that are available to them within the home. Appropriate information and instructions are given so that residents are able to make informed decisions about matters that affect their lives
14. All legal requirements regarding safety are rigourously and properly dealt with thereby maximising resident's personal safety. All staff are trained to deal with emergency situations.
15. To enforce all recommendations issued by the Public Health England regarding the control and prevention of infection, and working closely with them in cases of outbreak
16. To encourage residents to pursue their hobbies and past times. A range of activities are available to suit all abilities, the objective being the enjoyment rather than the end product
17. The staff are encouraged to be approachable at all times to enhance communication, this enables residents to express any concerns they may have and helps staff deal with these issues in the appropriate and efficient manner which will normally result in satisfaction for both parties.
18. We have a Complaints Procedure where residents and relatives can formally express their concerns in a more formal way. We do take all complaints seriously which enable us to continue service development.

Treatment of disease, disorder or injury

Regulated Activity	Service User Type	Service User Band
Treatment of disease, disorder or injury	Nursing homes Residential Homes	Caring for adults over 65 yrs Dementia Mental Health conditions Physical disability

Our purpose is to provide 24 hour care for clients who require nursing input as well as assistance with the activities of daily living. Typically, this includes treating/managing diseases/ disorders associated with the aging process such as heart failure, strokes, diabetes, epilepsy, Multiple Sclerosis, COPD, Renal Impairment, cancer and Parkinson's disease. Being sensitive to the needs of people living with dementia, we embrace the guidelines from Torbay and South Devon Trust and work closely with the local Mental Health Team at Chadwell. The care is provided by our team of highly qualified nursing staff in conjunction with other members of the Multi Disciplinary Team (MDT): General Practitioners, hospital consultants, psychiatrists, specialist community nurses, physiotherapists, dieticians, speech therapists, podiatrists, opticians and dentists.

We have the flexibility of service to offer respite care for clients whenever there is a bed available. The service also provides for Intermediate Care. Typically this scheme enables patients to be discharged from hospital before they are fully recovered. More often than not they are still in need of treatment, rather than purely recuperation time, therefore, they are discharged to a nursing home where the nursing care they need can be delivered. Their progress is followed by NHS nurses who come and visit regularly and who discuss any nursing issues with our RGN's. NHS nurses also arrange rapid interventions from other community services, for instance physiotherapist, and/or occupational therapist.

Older people are prone to developing pressure related sores and skin tears. We do our utmost to prevent the development of pressure sores by providing both pressure redistribution/relieving equipment and prevention care.

However, our nurses and care staff are also competent in wound care and are able to treat pressure ulcers or any other type of skin injury by the skilled selection of interactive dressings.

Aims and Objectives

1. To ensure that our nursing staff up-date their knowledge on a continuous basis so that they are aware of new treatments and provide evidence based care. In this regard they are fully supported in their revalidation in line with the NMC guidelines of March 2015.
2. To ensure that our residents receive the correct treatment in a timely fashion by differentiating between continuing care and acute conditions.
3. To seek the views and wishes of our residents or their representatives regarding the type of care they wish to receive and to encourage them to formulate advance directives , or in the case of the terminally ill, to discuss resuscitation status in order to prevent both unwelcome and/or unnecessary hospitalisation.
4. Should a resident opt to be treated in the care home, and then we ensure that they are fully aware of the implications while respecting their rights to refuse more active treatment. To this end, Capacity Assessments may be carried out and best interest options implemented with input from next of kin and other members of the MDT.
5. When the preferred place of care is our care home, to work closely with GP's and other members of the MDT to ensure that we provide the best possible treatment available in the community for any given illness.

Diagnostic and Screening Procedures

Regulated Activity	Service User Type	Service User Band
Diagnostic and Screening Procedures	Nursing homes Residential Homes	Caring for adults over 65 yrs Dementia Mental Health conditions Physical disability

In order to provide meaningful nursing care and correct treatments, doctors and nurses work together to instigate/perform certain tests that will help towards arriving at a diagnosis and planning the appropriate type of treatment. The observations and tests that we are able to perform in the home are as follows-

1. Monitoring our residents conditions by performing basic observations such as, blood pressure (BP), pulse (P), temperature, and blood O₂ Saturation (SATS), Blood sugar
2. Collections of samples to be sent for analysis, such as Mid Stream Specimens of Urine, stool and swabs. These are sent to diagnose potential infections and find out what treatments are required for any infection.
3. Blood tests can also be taken by our Venepuncture trained staff. This will give insight into specific long term or acute problems, the most common being anaemia, infection, liver damage, kidney impairment, dehydration, thyroid dysfunction, nutrients deficiencies, likelihood of a cancer and Dementia screening.

Aims and Objectives

1. To monitor our residents closely to either prevent illnesses to develop or ensure that prescribed treatments are effective.
2. To obtain various specimens for laboratory investigations competently and in accordance with clinical procedural guidelines.
3. To ensure that staff receive the appropriate training in order to take specimens correctly
4. To ensure that we carry out all the instructions that we may receive from other members of the MDT.
5. To ensure that we document any result of diagnostic procedures.

Daily Life and Social Contact

At Primley Court we recognise the importance of maintaining a persons wellbeing when they enter a care home, where former routines of daily activity and recreational skills can be easily lost or forgotten. We fully recognise that the transition to a care home is a major life change and our aim is to ensure that quality of life is promoted to the highest possible level with meaningful and enjoyable activities and continued social contact.

Life histories, to which relatives contributions are valued, are used to help us get to know residents as people, with their own personalities and pasts. Understanding the reasons behind a persons actions and the people, places and belongings which are important to the person can help to overcome the frustration and fear someone may experience at being unable to express what they need.

During the week we employ 2 full-time and one part time activity co-ordniators whose responsibility it is to arrange a programme of activities and entertainment providers for group or individual enjoyment. They will also spend time with residents who are being cared for in their individual rooms. Residents are encouraged to carry out small tasks throughout the day, such as helping to lay the tables or watering the plants, which can help to retain self-esteem and involvement in daily life.

Where appropriate, community involvement takes place and relatives are always encouraged to participate in activities.

Visiting times are open with relatives and friends encouraged to spend quality time at the home and engage in day to day activities in line with the preferences of the residents.

Visitors are required to sign in and out using the visitors book in reception.

Involvement and Information

In order to achieve our aims and objectives we must continually monitor and audit the service we provide, listen to the comments of others, including our regulators and Local Authority who both carry out inspections and audits of our service. We act accordingly to continually improve the service we deliver. We will do this in a number of ways:-

1. Inspection by our regulators the Care Quality Commission (CQC) – A copy of our recent inspection is available upon request.
2. Local Authority carrying out Service Improvement Programme (SIP) visits of the service and the subsequent action plans coming from them.
3. Quality Assurance Questionnaires (QAQ) which are circulated to residents, relatives, staff and other professionals yearly. The feedback that we receive is summarised and an action plan is put together. The results of these surveys are available upon request.
4. Meetings are held with residents, relatives and staff on a regular basis and feedback formulates action plans that improve the service.

5. Communication – Staff are always able to listen and discuss what residents and their families have to say and will provide them with as much feedback as we are practically and legally able to do.

Suitability of Staffing and Management

Our experienced and trained staff are committed to providing the highest quality of care and have a detailed understanding of the unique nature of dementia.

To achieve the highest possible standards of care we:-

1. Have appropriate recruitment procedures in place
2. Ensure all relevant checks are carried out when we employ staff
3. Ensure staffs are registered with the relevant professional regulator or professional body where necessary.
4. Make sure there are sufficient staff with the right experience, qualifications and skills to support and care for people.
5. Make sure that our staff are properly trained, supervised, appraised and supported to provide care and treatment to all our residents.
6. Enable our staff to acquire further skills and qualifications that are relevant to the work they undertake.
7. Have a mechanism in place to deal with staff who are thought to be no longer fit to work in health and social services.

Management

The Home Manager is a registered nurse (RGN) who is also registered with the CQC. As appropriate and is of good character and integrity, is physically and mentally fit and has necessary qualifications, skills and experience to manage the service.

The home manager is also supported by a further 2 deputy managers for each unit who have time allocated to them separate to working as a nurse on shift.

In total there are the equivalent of 3 full time nurses employed as administration in the support of the nursing team.

Nursing Team

The nursing team is made up of Registered nurses both RMN and RGN. Our team of registered nurses are very experienced in older person's care having maintained the required level of competency by attending relevant courses.

We guarantee at least 2 nurses on shift and as many as 7 on shifts during the day. This variance is determined by the time of day and the needs of the service.

Care Team

The home employs a number of care assistants, of which a majority hold NVQ and Social Care Diplomas. In addition all staff receive mandatory training in :-

1. Fire Prevention
2. Manual Handling
3. Infection Control
4. Safeguarding of Vulnerable Adults
5. Basic First Aid
6. Dementia Awareness
7. Mental Capacity Act and DOLS

The number of care assistants that are on duty at any one time is determined by the needs of the residents. This number could be as many as 25 which could be further supplemented by 3 activities co coordinators.

Catering

Our chefs understand the special dietary needs of people living with dementia and construct innovative menus and serving methods. Our kitchen offers both traditional home cooking as well as catering for those with special dietary requirements.

Ancillary Staff

The team is led by a full time housekeeper and is made up of domestics, who ensure that the home is clean and odour free at all times, there are 3 laundry assistants who provide a very efficient service being responsible for both residents personal clothing as well as towels and bedding. All staff receives mandatory training in Infection control, COSHH, Healthy and Safety, Manual Handling and Fire Prevention.

We have 2 full time members in our maintenance team. This means during the week there is always someone on sight and at the weekend is able to be contacted in case of emergency. All members of our ancillary and maintenance team contribute towards the care and dignity of our residents.

The home also employs a full time office administrator who is able to support the nursing and care team.

Administration and Fees

The fees are dependant upon the choice of room available and the individual requirements and needs, this will be discussed and agreed prior to admission as will arrangements for paying fees.

The current price of care starts from £700 per week and is assessed according to the level of care and needs required. The price covers all aspects of care. The home is able to provide a number of optional services/items which are not covered by the weekly fees such as-

1. Hairdressing

2. Private Podiatry
3. Newspapers
4. Toiletries
5. Escort to medical appointments
6. Aromatherapy/Reflexology

Details for the current charges for these items are available upon request.

Further information is available upon request from the Manager or in their absence the Nurse In Charge.