



# Archgate Care Services

## Statement of Purpose

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# 1 Introduction

This document summarises information about Archgate Care Services (ACS) for users of our service, people who are considering using our service, and the carers and representatives of users and possible future users. It also includes all the information required by the National Minimum Standards for Domiciliary Care Agencies in Wales which became law in February 2004.

## 2 Our Aims and Objectives

ACS aims to provide care and support for people who cannot look after themselves at all times and need occasional help. The service is provided in your own home at the times that are convenient to you and in ways that you prefer and find comfortable.

Our central belief is that the needs and rights of service users are paramount and everything we do is based on sustaining this.

## 3 Areas we Operate

We can provide services in most of the South Wales area, particularly Cardiff, the Vale of Glamorgan, Rhondda Cynon Taff, Bridgend, Gwent and we intend to expand this coverage to cover the Welsh counties beyond the areas mentioned above.

## 4 Our Principles

1. We aim to provide personal care and support for our Service Users which encourage their active participation and promote their well being.
2. We constantly review our activities to make sure we continue to meet our stated aims and objectives and welcome feedback from our Service Users, their friends and relatives. A copy of our Feedback form is attached and is also issued with our Service Users Contract when service is requested.
3. We will provide a defined package of care for each Service User that contributes the personal and health care needs and requirements for the Service User. This will involve, where necessary and requested, cooperation with other services such as Social Services departments. The care package will be designed to maximise the Service User's independence and their participation in their community.
4. In order to provide a satisfactory package of care, we will assess a potential Service User's needs and preferences. This Assessment will ensure that the care provided meets the needs of the Service User as closely as possible. The package of care will be reassessed at regular intervals to make sure that the care provided continues to meet the needs of the Service User and that the care provided is flexible enough to meet a Service User's changing needs or requirements. This package of care is known as the Care Plan.
5. We are totally committed to providing best quality services and we have processes in place to ensure that we work for continuous improvement in the level of care that we offer. As part of this commitment, we are working towards achieving ISO9002 standard in quality assurance.
6. Our staff are trained to appropriate levels as required, and are expected to continue to work on training during their employment, working towards achieving the recognised industry standards of skills specified in National Vocational Qualifications (NVQs).

## **5 Service Users Rights**

The aim of best quality domiciliary care should always be to promote and support a way of life for all Service Users which enables them to enjoy their rights as individual human beings. We consider the following Service Users rights as fundamental and inviolable:

### **5.1 Right to Privacy**

An individual has a right to privacy and to be free from intrusion and unwelcome attention. We ensure this in the following ways:

1. Our staff will only enter a Service User's property and rooms with express consent.
2. Our staff ensure minimum disruption to a Service User while carrying out the Care Plan, so that a Service User can continue with their own activities such as entertaining friends or undertaking a private activity on their own.
3. A Service User's possessions are private and must be respected and care for by our staff, who will never forget that they are visitors in the Service User's home.
4. Our staff will respect a Service User's right to have a private conversation, telephone conversation or online communication with someone without being overheard or observed by our staff.
5. Records of the care being carried out will be stored at the Service User's home, and our staff will ensure that these records are only seen by those with a legitimate need to know the information they contain.

### **5.2 Right to Dignity and Respect**

The right to dignity recognises the intrinsic value of people as individuals as well as the specific nature of each person's particular needs. We ensure that this right is sustained at all times in the following ways:

1. Where a Service User requires assistance with personal bodily tasks such as dressing, bathing and going to the toilet, we will ensure that the choice of care worker allocated will be approved by the Service User and, if desired, of the gender of their choice.
2. Our staff will work to minimise any potential feelings of inferiority, inadequacy, or vulnerability which a Service User might have arising from their personal condition, and will also work with a Service User to celebrate their uniqueness and achievements whatever they may be.
3. Our staff will always treat Service Users with the respect they expect, including addressing them in their preferred style, adhering to specific cultural requirements and maintaining relationships with Service Users which are warm and trusting yet appropriate for the situation.

### **5.3 Independence and self-sufficiency**

Our Service Users will often already have lead full, active and independent lives. Our staff encourage Service Users to think, plan, act and take sensibly calculated risks without continual reference to others. We aim to maximise our Service Users independence in the following ways:

1. We help Service Users to help themselves as far as is practicable, trying to ensure that they do not become totally dependent on care workers and others.
2. We encourage Service Users to take as much responsibility as they can manage both for their own healthcare and medication as well as for managing the normal routines of daily life such as shopping and housekeeping.
3. We involve Service Users in all planning for their own care, including devising and implementing their care plans and managing the records of the care being provided.

4. We also work with carers, relatives, and friends of Service Users to provide as continuous a service as is practicable.
5. Above all, our staff aim to create a positive climate of delivery of only the care required and focussing on achievements and capabilities rather than any disabilities.
6. However, this is sometimes a need to balance the need for a Service Users independence with ensuring they are not exposed to unnecessary hazards. Our staff will always ensure they are tactfully at hand to provide some help to avoid such hazards.
7. Our staff are carefully selected, comprehensively trained and briefed to provide care services responsibly and professionally and never to exploit the situation to abuse a Service User.

## **5.4 Civil Rights**

Our staff will always help Service Users to enjoy their civil rights in the following ways:

1. We will provide easy and instant access for our Service Users and their friends, relatives, and representatives to provide negative or positive feedback on the services provided. We have a comprehensive Complaints Procedure, and a copy of this is also attached.
2. Wherever possible, and if permissible within the terms of the Care Plan, we will support Service Users in participating as fully as they wish in the activities of their communities, such as voluntary work, religious observance, involvement in associations etc.

## **5.5 Right to Make Choices**

Our Service Users will always be given the opportunity to independently select their care from a range of options. And we will respond to their right to choice in the following ways:

1. We will schedule and organise our services so as to comply as far as is possible with the Service Users preferences, particularly with regard to the care workers with whom they feel most comfortable.
2. We respect (and enjoy) Service Users personal preferences, idiosyncrasies and eccentricities at all times.
3. We aim to cultivate an ethos in our service delivery which welcomes and responds to cultural diversity.
4. And we encourage Service Users to make informed choices about their selection of an organisation and individuals who can provide them with assistance.

## **5.6 Fulfilment**

Although difficult to generalise about, fulfilment is generally taken to mean successful achievement of personal aspirations. Since each person differs in their aspirations, we hope that we can foster and assist this progression towards fulfilment in the following ways:

1. If requested, we will assist Service Users to participate in religious or spiritual matters and practices and to celebrate meaningful festivals and anniversaries.
2. We always make particular efforts to understand and assist with a Service Users wish to participate in minority interest events or activities.
3. And we will try to help Service Users participate in as broad a range of social and cultural activities as possible.

## **6 The Services that Archgate Care Services Provides**

Archgate Care Services provides care for a range of Service Users. We can provide care for:

Elderly People  
People with Physical Disabilities  
People with Sensory Loss  
People with Dementia and mental health problems.  
People with Learning Disabilities.

The personal and domiciliary services which can be provided are:

Bathing, washing, shaving etc.  
Assisting clients to use toilet facilities  
Assisting clients in getting up and dressed, and bed making if required.  
Preparing meals and assisting with eating if required.  
Encouraging and participating in clients social activities  
Domestic duties including cleaning, washing and ironing.  
Assistance with shopping  
Assistance in dealing with household expenses subject to our policies and procedures for the handling of Service Users money.  
Assisting clients in undressing and going to bed.  
24 hour live in care in the Service Users own home  
Night care  
Escorted outings to places of interest, day centres, or educational establishments.  
Supervision of the taking of medication subject to our policies and procedures for the handling of Medication.

## **7 Our Organisation**

### ***7.1 The reason for our Care Agency***

We started Archgate Care Services after becoming disappointed in some of the quality of care which seemed to be available elsewhere. This disappointment was reinforced by press stories about how badly some Service Users were being treated, particularly by larger Care Agencies.

Our aim from day one has always been to provide the service required, for the time required, at the price quoted and with a cheerful and calm attitude. And to make sure of this, we strive never to overload our carers with too many clients and ensure that they always have sufficient time to provide the services requested (and paid for) by our clients.

We employ male and female carers, and each carer is carefully interviewed to find out in which area of care their personal skills can best be applied for the benefit of our Service Users.

We have learnt from many years of experience in public service through charitable organisations and businesses employing staff that the most important components of any organisation are the customers and the staff. Without either of these, the organisation cannot exist. So these two components are always nurtured and cared for to the best of our ability.

## **7.2 The Management Structure of the Organisation**

Archgate Care Services is a sister company to Archgate Solutions Limited which provides computer consultancy and a computer retail outlet in South Wales. Archgate Solutions has always prided itself on having an honest and open attitude towards customers and has built up a positive reputation throughout the area.

Mrs. Liz Pearce is a director of Archgate Solutions and the owner of Archgate Care Services and brings the same honest and open attitude to Service Users as she provides for computer customers.

Mrs. Pearce is the registered provider and manager for Archgate Care Services and is registered with the CSIW.

## **7.3 The Care Workers**

These are the most important people in our organisation. The rest of the team are there to support the care workers. They are our public face and the interface to all our customers. They are very special people and we take great care in recruiting, training, supporting and supervising them.

## **7.4 Feedback – Complaints and Compliments**

We welcome feedback on our services at any time and from any of our Service Users or Care Workers. We try our best to get things right and are very disappointed if things do go wrong. To learn lessons, we have a formal Complaints Policy and Procedure so that we can find out as quickly as possible if something needs to be sorted out. Although Service Users can feel free to make comments directly to their Care Worker, we are just as happy to hear from them directly – particularly if the Service User feels that the Care Worker has not handled the concern correctly.

Formal complaints should be handled using our Complaints Procedure to ensure that the corrective action is taken as quickly as possible. If a Service User does not feel that we have sorted the problem out, they have the right to complain to the National Care Standards Commission which regulates our service.

However, we are very happy to receive any compliments too. It's always nice to know that our efforts are recognised.

## **7.5 Limitations of Service**

The time a carer can spend with a Service User is necessarily limited, and the scope of what the carer can do is also limited by the details of the Care Plan; but we do the best we can to meet all the expectations in this Statement of Purpose within these limits of time and scope allowed.

## **7.6 Actual Delivery of Service and Record Keeping**

When a Service User's Care Plan is created, a copy will be kept at ACS Offices and in the Service Users home so that the Service User and the allocated Carer can consult it. A daily log is also kept at the Service Users home in which the carer can record every visit and any significant information affecting the Service User's wellbeing.

Rotas for Carers are defined a week in advance, and each carer receives their rota in good time for their visits to Service Users. The Carer must ask for the Service User to sign this rota to confirm the visit and if they do not, the Service User can request to see the rota in order to sign it.

The process starts with a request for service from a Service User either as a private client or through the relevant Social Services department. These details, including Service User details, care required and time and date of the required visit are entered into our computer system. This information is then used to create the rotas for individual carers taking into account location, distance and time between visits, and suitability of carer for the care requested. This advance notice of rota details gives Carers time for them to check the information and ask for any clarifications. This also allows them the opportunity to raise any issues with the office about their suitability or availability for a particular visit request which can then be sorted out in good time before the visit is required.

Part of the computer program requires mandatory allocation of a visit request to a Carers rota. Any unallocated visits are listed so that no Service User request is forgotten or missed.

And finally before rotas are sent out, they are checked for feasibility – to make sure that the Carer has sufficient time between visits and can allow the requested time for each Service User.

After each week, the Carer returns the signed rota to the office where missing signatures are queried and any adjustments made to the records to allow for Service Users cancelling the visit request due to illness etc. or the Carer has been unavailable and some visits on their rota may have been allocated to another Carer.

As part of the details of the Service User which are stored ready for visit requests, details of the Carers who have visited this Service User are also recorded so that the same Carer can often be sent for subsequent visits to ensure continuity for the Service User.

## **7.7 Assessing Risks**

Providing care for Service Users in their own home can carry an element of risk for both the Service User and the Carer. To reduce these risks, we carry out a home assessment which not only ascertains what services a Service User requires, but also identifies any risk that might be incurred. This assessment also allows for ACS to recommend possible mitigation of the risks identified. This Risk Assessment will be updated periodically and copies stored both at the Service Users home and in the office.

## **7.8 Service User Care Plan**

This plan is either defined by the referring social worker if the Service User comes to us through local authorities, or by us directly for private clients. An important part of the plan is the identification of the methods to be used in providing the care requested and how ACS measures the successful provision of the care.

If a Service User comes to us independently, having assessed Service User's needs and the risk, ACS will prepare a plan for the care they expect to deliver- if you have been referred to ACS by a social worker that will already have been done in consultation with ACS.

In either case there will be a 'Service User Plan' specifying the services ACS will provide, with details such as timing, the special tasks to be performed and the days of the week when carers will visit. The Plan will also state what all concerned understand to be the objectives of providing the service and how ACS and all concerned plan to achieve those objectives.

## **7.9 Reassessing the need and reviewing the care**

Over the course of time the Service User's needs may change. He/she may need more or less care, the type of care he requires may have changed. As a result ACS will keep the Service User's needs under review (together with your social worker, if you have been referred to us by the social services) and make decisions about the care accordingly. If there are aspects about the care which you would like to change, let us know.

## **7.10 Terms, Conditions and Fees**

If a Service User has been referred to ACS through the Social Services the fees will be covered by the Local Authority. If a Service User has come to us independently ACS will send an invoice to you four-weekly which will need to be paid within 7 working days. The invoices will specify how many hours of care were provided during each week, and where the charge varies e.g. week or weekend they will be separated out. A list of our charges is enclosed. Please note that for cancellation of services ACS requires a minimum of 24 hours notice. Full details of the terms and conditions are set out in the ACS Standard Contract.

## **7.11 Prices**

ACS's current prices for its services are set out in the price list which is available on request. This information is relevant to Private Service Users only. For all Service Users whose care is funded by Social Services, the relevant local authority will be invoiced accordingly.

All Service Users will be provided with a statement of ACS Standard Conditions of Engagement, which will apply on or before the commencement of the Service. A copy is attached.

ACS welcomes feedback on its services, especially from Service Users and their carers, whether these are compliments, complaints or suggestions for improvements. Service Users should feel free to let us have any comments they wish to make. In this case of a Service User wishing to make a complaint he/she should take the steps outlined in the attached complains procedure. If anyone feels that ACS has not dealt with a complaint to their satisfaction, they have the right to complain to the National Care Standards Commission, which regulates our service.

## **7.12 Quality Assurance**

ACS is always keen to provide the best possible service and to do this it continually checks on what we are doing, talks with its staff and with outsiders who have opportunities to see and judge its work, and above all, ACS listens to its Service Users. This process is called 'Quality Assurance'. Enclosed is a copy of the ACS Quality Assurance Policy.

## **7.13 Procedures for Monitoring Services**

ACS will through its supervisory staff keep in constant touch with ACS Carers who are required to report to their Supervisors any non routine event and to log information of all routine occurrences on a daily basis. ACS supervisors make regular and non-routine calls upon Service Users and relatives to ensure that the service is being provided as it should be. ACS, through its supervisors, endeavours to keep in regular touch with Service Users, User's relatives and Social Workers; and tries always to develop a team approach to the delivery of care.

## **7.14 Procedures on Continuity of Care for Support Workers**

### **7.14.1 General Rules for Replacing Workers**

A manager or supervisor who has to arrange for a replacement worker should observe the following general rules.

1. Consult the Service User or their representative if possible and if there is time. This is advisable in every case, and is obligatory under the Domiciliary Care Minimum Standards if the change is permanent or likely to last longer than 30 days.
2. Always, unless the previous worker has found to be unsatisfactory, use a worker who as near as possible replicates the skills, experience and knowledge of the worker being replaced.
3. If the Service User has several workers supplying service, consider whether one of the other existing workers could be available, by extending hours or by shifting from other duties but avoid setting off chains of changes which disrupt several Service Users.
4. If the Service User has had other workers in the past and was satisfied with them, consider whether they could be available.
5. Ensure that the newly allocated worker is briefed both by you and, if feasible, by the worker being replaced.
6. If there is time, ensure that the newly allocated worker receives appropriate specialist training before starting to provide service, or as soon after as possible.
7. Apologise fully, express sympathy and as far as possible provide support to the Service User and their carer or representative throughout the process.
8. In cases where a Service User has communication or comprehension difficulties, take special care to ensure, as far as possible, that they understand what is happening, and that the position has been explained to the Service User's relative or representative if there is one.
9. In cases where a Service User is receiving substantial help from a carer, ensure that the situation is fully explained to the carer as well as to the Service User.
10. Remember that we have obligations to staff as well as the Service Users. In particular, be careful not to reveal confidential information about a staff member.
11. In communicating with a Service User or their representative, always consider whether it would be best for a care worker who is familiar with the Service User to carry out this function on the agency's behalf.

### **7.14.2 Specific Reasons for Making a Change**

#### **Worker is unavailable at short notice**

Most sickness absence is unpredictable, so quick is likely to be needed to fill the gap created by the non-availability of a worker. An attempt should be made to work how long the absence is likely to be and to make a plan to cover the whole period rather than proceeding on a day-to-day basis. An absence arising from special or compassionate leave should be similarly handled.

#### **7.14.2.1 Worker on holiday or training**

It should usually be possible to anticipate absences resulting from holidays or training, to make careful replacement plans and to explain the situation fully to the Service User in advance.

#### **7.14.2.2 Worker leaves the organisation**

It should usually be possible to anticipate absences resulting from a worker's leaving the agency, to make careful replacement plans and to explain the situation fully to the Service User in advance.

#### **7.14.2.3 Sudden, unpredicted need to change worker permanently**

If a worker, for example, leaves the agency without notice or it becomes necessary to change a worker urgently for any of the reasons listed in the Standards, quick action is likely to be needed to fill the gap. Consideration should be given as to whether it is possible to make an alternative long-term arrangement immediately or whether a temporary arrangement is necessary until a more satisfactory long-term replacement can be available.

#### **7.14.2.4 Service requirements change in ways which make it impossible for the worker to continue**

If a situation arises in which it becomes apparent that a worker does not have the necessary skills, physical capacity or training to deal with a Service User's changing needs, or cannot be available for additional hours or changed times, it should usually be possible to anticipate the development. If not, the point above applies.

#### **7.14.2.5 Service User requests a change of worker**

If the Service User requests a change of worker, the manager should of course explore the reasons. In most cases, since we always aim to meet Service User's requirements, the request should be met. Even if the request seems unreasonable, it may be wise to make a change as the relationship with the existing worker may deteriorate further. Only if the request seems flippant or if there are repeated requests, should we hesitate to comply with a Service User's wishes. Before making the change the manager should discuss the request with the worker to obtain as full a picture as possible, to support the worker if appropriate, and if the worker was indeed unsatisfactory to initiate any other necessary action, for example, further training, increased support or supervision, or, in serious cases, discipline. Subject to some discretion the manager should confidentially brief the replacement worker on what happened.

#### **7.14.2.6 A non-professional relationship has developed**

If a non-professional relationship had developed between a Service User and a worker, it is usually necessary to act swiftly, but the Service User should still be consulted as fully as possible about the replacement. The manager should then assess whether the incident should lead to further training or disciplinary or other action in respect of the worker and, subject to some discretion, should confidentially brief the replacement worker and what happened.

#### **7.14.2.7 An assignment causes severe stress for a worker**

If it is necessary to relieve a worker because of the stress the assignment generates, the situation should usually be anticipated and a carefully planned replacement introduced with full consultation. The new worker should, of course, be confidentially briefed on what has happened and, if appropriate, be provided with additional support. Careful consideration should be given to the future workload and support needs of the worker replaced.

#### **7.14.2.8 Worker suffers abuse or discrimination**

If a worker suffers abuse or discrimination to an extent they need to withdraw from a Service User, the manager should thoroughly explore the situation and consider whether the organisation can continue to provide a service. If it is decided to continue, any replacement worker should be thoroughly briefed about the risks in the situation. The Service User or their representative should still be consulted as fully as possible about the replacement but they should be warned that any recurrence of the abuse or discrimination may prejudice the continuation of the service.

## **7.15 Staffing**

Archgate Care Services is wholly owned and managed by the registered manager and provider Mrs. Elizabeth Pearce.

David Brennan is the Coordinator and Supervisor of the Carers. He has worked in the Care Industry for some time and also acts as a Carer where the occasion arises.

ACS intends to only provide Carers who are employed by ACS to ensure quality of service. It will not be our practice to use self employed carers or other staff.

## **7.16 Our Policies and Procedures**

To ensure that we act consistently, provide a high quality of service, maintain good communications with all staff and Service Users, we have a set of policies and procedures which are regularly monitored, maintained and updated. The full list of our policies and procedures follows, but the following particular procedures are highlighted:

### **7.16.1 The giving of assistance in the administration of medicines**

It is our policy that Service Users can only be assisted in taking their medication. And then only by Carers who have received the appropriate training, if the relevant Care Plan specifically requires this assistance, and only in accordance with the relevant Care Plan.

Carers are required to check on every occasion on which help is given in the administration of medication that the correct dose of the correct medicine is given and that a clear record is kept of the medicine and dosage given in the log maintained for this purpose in the Service Users Home. Refer to the ACS Medication Policy for further details.

### **7.16.2 Protection of the Health and Safety of Care Workers**

The health and safety of Care Workers is maintained by the general application of our policies and procedures and specifically by those about Health and Safety Rules, Manual Handling, Protective Clothing, Training, Supervision, Equal Opportunities and Staff Discipline.

### **7.16.3 Safeguarding Service Users Property**

The safety and security of Service Users property is maintained by the application of our procedures on Gifts and Legacies, Investigation of Financial Irregularities, Dealing with and recording transactions involving Service Users money, Home Security and Staff Discipline. As well as insurance cover held by ACS in respect of negligence on the part of our staff.

### **7.16.4 Safeguarding Service Users**

The safety of Service Users is maintained generally through all our policies and procedures, but particularly those relating to Needs Assessment, Risk Assessment, Abuse, Whistleblowing, Staff Training, Supervision of Staff and Quality Assurance. Please see the following list.

## **7.16.5 The list of our Policies and Procedures**

Service Users are welcome to examine any of these documents where relevant. They are available from the office on request.

1. Archgate Care Services Statement of Purpose
2. Service Users Care Plan Pack
  - 2a. Home Care Safety & Risk Assessment
  - 2b. Moving and Handling Risk Assessment
  - 2c. Service Users Medication Record
  - 2d. Incident Report
  - 2e. Daily Log Sheets
  - 2f. Individual Service User Care Plan
3. Service Users Guide
  - 3a. Contact Details
  - 3b. Service Users Contract
  - 3c. Medication Procedure
  - 3d. Complaints Procedure
4. Employees Policies and Procedures
  - 4a. Expenses Policy
  - 4b. Accept Night Work
  - 4c. Application Form
  - 4d. Confidential Information and Agreement
  - 4e. Consent to Release Information
  - 4f. Disciplinary & Grievance Procedure
  - 4g. Employee Disciplinary Report
  - 4h. Handling Complaints
  - 4i. Office Coordinator Job Description
  - 4j. Home Care Worker Job Description
  - 4k. Contract of Employment
  - 4l. Employee Handbook
  - 4m. Induction and General Training Programme
5. Service Users Policies & Procedures
  - 5a. Handling Service Users Money
  - 5b. Maintaining Records in the Home
  - 5c. Nail Care Policy
  - 5d. Needlestick Policy
  - 5f. Dealing with MRSA
  - 5g. Manual Handling
  - 5h. Gifts & Legacies made by Service Users
  - 5i. Handling Service User Keys
6. General Policies & Procedures
  - 6a. Bomb Threat Procedure
  - 6b. Codes of Practice
  - 6c. Preventing Violence and Aggression
  - 6d. Data Protection Policy
  - 6e. Equal Opportunities and Anti Discrimination
  - 6f. Criminal Record Board checks and storage of reports
  - 6g. Whistle Blowing Policy

## **7.17 How to Contact Us**

Please contact Mrs. Elizabeth Pearce, Owner and Registered Manager at Fforest Fach Cottage, Taffs Well, Cardiff CF15 7RR. Telephone number 029 2081 0575. Email [liz.pearce@archgatecareservices.co.uk](mailto:liz.pearce@archgatecareservices.co.uk)

David Pearce is our Coordinator, and he can be contacted at the same address.

## **7.18 Insurance Cover**

Archgate Care Services has comprehensive insurance cover, providing Employers Liability, Public Liability and Professional Indemnity. Copies of the certificates demonstrating this cover are available on request.