



**WOODLAWN HOUSE
Adult Short Breaks Unit
Quarry Lane
Dungannon
BT70 1HX**

STATEMENT OF PURPOSE

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**Date: June 2008
Reviewed Annually
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INTRODUCTION

It is recognised that an integral feature in the provision of specialist Health and Social Care services for adults with a Learning Disability and their carers is short breaks provision. This short breaks facility was established in 2008 to provide a co-ordinated range of high quality and effective health and personal social services to adults aged 18 years and over. It aims to ensure that these services are both appropriate and accessible.

This short breaks facility works closely with a range of health and social services staff to ensure that the facility provides the highest quality service.

1.0 Registered Provider

The Registered Provider is:

Name: Mr Shane Devlin Chief Executive

Business Address:

Southern Health & Social Care Trust,
Craigavon Area Hospital,
68 Lurgan Road, Portadown,
Co Armagh.
BT63 5QQ.

1.1 Registered Manager

The Registered Manager of facility is:

Name: Louise Donnelly

Address of Establishment or Agency:

Woodlawn House
Quarry Lane,
Dungannon,
Co Tyrone. BT70 1HX

2.0 Number and relevant qualifications and experience of staff

Please refer to appendix 1 for details

3.0 Philosophy of care

This short breaks facility is committed to meeting the individual needs of adults with a Learning Disability. Staff will provide a warm, caring and supportive environment that adheres to the following principles:

- Patients will feel safe, secure and comfortable and their happiness will remain our first priority.
- Patients will be enabled to express their needs and be listened to.
- All patients will be treated equally and fairly in keeping with Equality principles.
- Patient needs will be assessed and care planned using a person centred approach.
- Each Patient will be allocated a named nurse who will take a special interest and have specific responsibilities for him or her.

4.0 The Aims of the facility

The aim of this facility is to provide high quality short breaks to adults with a Learning Disability and will focus on the main area of:

1) Planned short term short breaks

There may be occasions when the need arises, to provide emergency extended breaks/ temporary placements for individuals whose permanent placement may have broken down, who have a physical disability to include cognitive impairment and behaviour that challenge. Any deviation from short breaks will be agreed in advance with RQIA.

5.0 Objectives of the facility

- To provide a home from home facility where adults with a Learning Disability can avail of short breaks.
- To support and actively promote family life and enable adults with a Learning Disability to live at home and have their needs met.

- To meet the significant and complex health needs of adults with Learning Disabilities through a highly qualified and experienced workforce.
- To provide an appropriate facility for emergency short breaks care.
- To support each individual in achieving their personal aspirations and maximum level of independence via a person centred approach.
- To support and encourage individual choice and decision making in all aspects of daily living whilst respecting the rights and needs of others.
- To actively promote and maintain inclusion and involvement in a range of day, leisure and community activities by providing the level of support necessary for each individual.
- To ensure the provision of privacy and personal space when requested whilst also ensuring individual safety.
- To support individuals in fulfilling their social, cultural and religious aspirations to the level of involvement which they wish.

6.0 Status and constitution of the facility

Statutory

This is a nursing facility providing short breaks for adults who have a Learning Disability and is operated by the Southern Health and Social Care Trust and registered under Article 8 (1) of the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 as a Nursing Home.

7.0 Organisational structure of the facility

This short breaks facility is situated within the Mental Health and Learning Disability Directorate of the Southern Health and Social Care Trust. The Trust's Statutory Functions and direct line management will be carried out by Ms Lena Canavan the Head of Service, and is managed locally by the onsite manager Louise Donnelly. In the Managers' absence the Nurse in Charge will be designated in charge.

8.0 Number of patients/residents to be accommodated or provided with services

This short breaks facility will accommodate a maximum of 9 patients. Where emergency temporary placements have been agreed, bed capacity will be reduced accordingly in order to safely manage all individuals. If necessary the ceasing of short breaks to increase staffing levels and maintains safe practice in the unit.

9.0 The range of needs (categories of care) that the facility or organisation is intended to meet and the number in each category

This facility will provide services for 9 adults both male and female, with a Learning Disability (LD) including adults over 65 years of age (LD (E). It will also temporally accommodate Physical Disability (PD).

10.0 Admission criteria

The person must:

- Have a diagnosed learning disability or Physical Disability
- Be aged 18 years old.
- Have complex care needs
- Be resident within the Southern Health & Social Care Trust and be known to Community Learning Disability Services
- Be willing to pay for short breaks care in accordance with Trust Procedures.

The staff must:

- Possess the appropriate skills, knowledge and experience to meet assessed need.

The facility must:

- Be able to safely and appropriately meet the assessed needs of the person with a Learning Disability

The facility will aspire towards a minimum 100% occupancy rate in order to provide value for money for the commissioner. However this

will be ultimately determined by the presenting need and compatibility of the patient group at any given time

11.0 Referrals and Allocation of Short Breaks

- The individuals Community keyworker will complete Short Break Referral Form (SBR1) –see appendix 2 - and appropriate assessments for any individual and their carers wishing to avail of a short break.
- The Learning Disability Community Team Leader will screen the Short Break Referral Form in conjunction with all associated assessments and will forward this to the Short Breaks Team and include a recommendation on allocation of nights.
- The Short Break Screening Team will meet monthly and agree the allocation of nights to appropriate facility.
- The Short Break Coordinator will arrange for the individual, and their carers accompanied by Keyworker to attend facility.
- A pre admission meeting will be arranged and the individual and their carer's and all professionals currently involved with the patient will be invited to attend. Copies of all up to date signed reports and assessments should be provided to the Registered Manager/Nurse in Charge at this meeting.
- A pre admission assessment will be completed by a nominated Registered Nurse and further information will be obtained from the patient (where appropriate) and carers on the patients' needs, preferences, likes and dislikes
- Further assessments may be arranged and undertaken as required. Copies of the outcomes and recommendations of all assessments must be made available to the home before the individual's first overnight admission. Any items of equipment required/recommended must also be made available to the home before the individual's first overnight admission.
- Requests, changes or cancellations required carer should be made via the community keyworker to the Short breaks Coordinator who will liaise with the facility.

12.0 Emergency admissions

Emergency admissions are closely linked with the duties of the SHSCT, to care for and protect vulnerable adults and meet the assessed needs of carers. The admission/allocation criteria will be adhered to in all such circumstances.

An emergency admission will be **considered** when SHSCT staff establish the need to deal with a situation as an emergency. The decision to offer admission in any circumstances is at the discretion of the Registered Manager in consultation with their line manager.

The Aim of an Emergency Admission is:

- To assist carers in attending to unforeseen event requiring prompt action, which cannot be met by domiciliary care provision, examples may include death of an immediate family member, sickness/incapacity of main carer.

Such admissions should be for the shortest possible duration, with timeframes agreed at the outset, where possible.

The procedure is as follows:

- The referrer/short breaks coordinator contacts the facility to establish if an appropriate bed to meet the individuals assessed needs is available.
- The Nurse-in-Charge will:
 - confirm availability of a bed
 - confirm the availability of bed equipment which will meet the assessed needs of the individual
 - consider compatibility issues with other patients availing of the service of that time
 - Consider if additional staff resources are required and can be sourced to meet the assessed needs of the individual. This may be require to be done in consultation with the Registered Manager and/or Head of Service
 - In situations where the bed is not available consideration should be given to re-directing the referral to other services e.g. Team Leaders Community Services, Duty Social Worker
 - Following consultation with Registered Manager or Nurse in Charge facilitate the emergency admission
 - Follow admission procedure as per Operational Policy
- Arrangements are made between the referrer and the Registered Manager/Nurse in Charge to:

- Set objectives for admission
- Provide relevant information such as Comprehensive Assessment, Comprehensive Care Plan, Risk assessment and/or other relevant information. This should be provided on admission or as soon as practical thereafter.
- Provision of a Medicine Administration Record and all currently prescribed medicines
- Review the patient's placement. This should be undertaken within two working days of admission.

13.0 Arrangements for patients/residents to engage in social activities, hobbies and leisure interests

- The facility will endeavour to involve adults as much as possible in the life of the local Community and encourage them to use the full range of social and leisure facilities available. The facility has access to transport to facilitate the use of local amenities.
- The facility will work closely with School/ Day Care Staff to assist patients and their carer's in availing of short breaks care by attending reviews, where possible and the sharing of relevant information
- Patients may continue to attend school/day placement on a daily basis if transport has been arranged and provided by the SHSCT
- Each patient will have the opportunity to participate in activities appropriate to his or her age and personal choice whilst availing of a short break

14.0 Arrangements in place for consultation with patients/residents about the operation of the home

Each patient will be allocated a named nurse who will take a special interest and have specific responsibilities for him or her.

The facility aims to provide the highest possible quality of service. To help us do this, we welcome patients and carer's views and comments, both negative and positive.

These are our assurances to patients and carers:

- We will provide our service to you in a similar manner to a 'home from home'.
- The facility aims to ensure that you feel safe, secure and comfortable.
- You will be cared for by professional staff, working to regulated professional standards.
- You will have a named nurse appointed.
- Everyone using the facility will be treated with dignity, respect and equality and will receive a friendly and helpful service.
- Your human rights will be adhered to at all times.
- You will be invited to ask questions and be given answers that are clear and understandable to you.
- We will identify your talents; development needs and offer appropriate support to build on these.
- You will not be left alone, unless you choose to be and this choice will be recorded in your Nursing Assessments.
- Together with you and your carer, we will develop a Care plan, which will meet your assessed needs.
- While you are availing of a short break, your care will be planned in a partnership agreement with you and your carer
- Together with you and your carer we will agree a time of admission/discharge for you which will normally be between 3.00pm and 6.00pm (admission) and 10.00am and 12.00pm (discharge).

There will be an opportunity for each patient and their parent/carer to articulate their experience of the short breaks service via an annual satisfaction survey. Any queries or concerns which they may have with regard to short breaks can also be discussed at an annual review or on admission or discharge.

Patients will also be given the opportunity to communicate their suggestions and opinions of the service provided at house meetings.

15.0 Fire precautions and associated emergency procedures

Fire Precautions

The Facility complies with NI Fire Code HTM 84 Fire Safety in Residential Care Premises.

All staff receive fire safety information, instruction and training as part of the induction process and attend fire lectures bi-annually. The Facility has a nominated Fire Officer and all nursing staff are trained as Deputy Nominated Fire Officers. A minimum of one member of staff trained as a Deputy Nominated Fire Officer will be on duty at all times. Fire checks will be carried out and recorded by facility staff on a weekly basis.

Medical Emergencies

A minimum of one member of staff trained in basic resuscitation/first aid skills will be on duty at all times. This person will be responsible for managing and coordinating the immediate care of the individual and if necessary contacting the Emergency Services by dialling 9-999.

The Facility adheres to the Trust's Emergency Plans, which set out guidance in relation to any major incident.

16.0 Arrangements in place for meeting patient's spiritual needs/attendances at religious services of their choice

This Facility fully respects the religious observations of every person using this short breaks service and every effort will be made to accommodate and support an individual's spiritual needs and religious observances and requirements. It will arrange as far as possible, for the person to attend their place of worship during their stay and/or contact a representative from a particular religious denomination on their behalf, if they should so wish.

17.0 Social contact with relatives/friends/ representatives/local community where practicable

Visitors:

The facility has an open visiting policy regarding visiting arrangements. Patients and their visitors will be offered a quiet area within the facility, which affords privacy, dignity and freedom from intrusion.

A copy of the Visiting Guidelines will be made available to each individual and their carers on induction to the service. Contact arrangements will be clearly detailed in patient's individualised care plan. In certain circumstances, visitors may be asked to comply with advice from Trust staff in relation to visiting. Details of such advice will be recorded in the patient's nursing file. It may be helpful also to contact the Nurse-in-Charge before visiting to ensure that patients are in residence and not on a day trip/social outing.

Visitors are asked to comply with smoking regulations and not to smoke within the facility or site and to obey the fire regulations. We would also ask visitors to check with nursing staff when bringing fruit, confectionary or drinks, as patients may have specific nutritional requirements. The consumption of alcohol within the facility is not permitted.

In the interests of infection control we would ask visitors not to visit if they have colds, flu like symptoms or vomiting/diarrhoea. Visitors should always use the hand sanitiser located throughout the facility.

Telephone Contact:

It may be appropriate for some patients to maintain regular contact with carers and family members via telephone calls. These arrangements should be clearly detailed in the patient's nursing assessment and care plan.

Carers contact is encouraged, but where possible telephone calls should take account of the domestic nature of the facility.

In the interests of privacy and confidentiality patients are requested not to bring in mobile phones into the facility.

18.0 The arrangements for dealing with complaints

We value comments, suggestions for improvement and complaints. All complaints, comments or suggestions, whether oral or written shall be taken seriously, handled appropriately and sensitively. A copy of SHSCT We value Your Views Leaflet will be made available to each patient and their carer on induction and also by request.

We would encourage patients and carers to speak to the Registered Manager or Nurse-in-Charge initially if they have any queries or concerns and/or use our Suggestions Box located at the front door of the facility. Attempts shall be made to resolve any complaints immediately and locally where possible.

Alternatively, comments and suggestions or complaints can be made directly to:

Southern HSC Trust Central Reporting Point for Complaints & Incidents
Ground Floor
The Maples
Craigavon Area Hospital
☎(028) 38614150

We will ensure that information remains confidential and the complaints procedure complies with Equality Legislation.

The Trust has in place independent advocacy arrangements which will be accessed when appropriate.

19.0 The arrangements made for dealing with reviews of the patient's/resident's care plan

REVIEWS:

Reviewing the care needs of patients and their carers is essential. The care plan will be tailored to their individual, emotional, physical, social, educational and developmental needs. The frequency of reviews should be governed by the complexity of need and should be linked with existing review systems

The process of ongoing review within the facility will include:

- Update information databases and review of Nursing assessments and Nursing Care Plans.
- Promote the flow of information and enhance communication between patients, their carer's and Trust staff/ key professionals.
- Offer guidance and support to patients and their carer's.

- Report any unmet need.
- Listen to patients and their carers' comments, suggestions and complaints in relation to service provision.
- Identify areas for improvement to be taken account of in our planning processes.
- Maximise the benefits of short breaks for patients and their carer's.
- Promote inclusion/participation of patients and their carer's in service delivery.

Documentation should be recorded in a standard format to aid the consistent collection of data and information. A copy of the care plan should be available to the patients and their carer and shared with all other contributors where appropriate.

20.0 The number and size of rooms in the home

The main building comprises eight ensuite bedrooms, two large bathrooms, two further WC, two living rooms, a quiet room, a Multi-Sensory room, kitchen and dining room, staff room and staff changing area, a laundry room, a treatment room and a reception area.

Adjacent to main building is a self-contained unit comprising of 1 ensuite bedroom, living room/kitchenette, staff toilet and office. (See appendix 3 for layout details and numbers of rooms *.) *Due to temporary short term admission of service user with a physical disability there will be a reduction in available bed capacity to 6.

21.0 Details of any specific therapeutic techniques used in the home and arrangements made for their supervision

Specific Therapeutic techniques including physical restrictive interventions may be required on the basis of the patient's learning disability and/or behaviour, in order to avoid placing themselves or others in danger. Issues in relation to restrictive practices will be specified within the patient's individual Care plan and Risk Assessment. The least restrictive method will be adopted in the event of this measure being required. This will be agreed with the patients (where possible), carers and relevant members of the multi-disciplinary team.

The facility will adhere to Trust procedures in the provision of techniques or therapies and arrange for the appropriate supervision and training for staff.

22.0 The arrangements made for respecting privacy and dignity of patients

The facility will aim to enhance the individuality, dignity, self-respect and quality of life of each person accessing the facility.

- The service should be based upon the assessed needs of individuals.
- The service should be developed to ensure it responds flexibly and sensitively to the needs of individuals and their carer's.
- The service should be effective, prompt, equitable and comprehensive.
- The quality of service provided/developed to an individual should address:
 - The right of individuals to be free from intrusion or public attention into their affairs;
 - Opportunities to incur a degree of calculated risk, balanced against their right to protection from abuse;
 - A recognition of the intrinsic value of people, regardless of circumstances, by respecting their uniqueness and their personal needs and treating these with respect;
 - The realisation of personal aspirations and abilities in aspects of daily life;
 - The maintenance of all entitlements associated with citizenship;

23.0 Date approved and implemented: June 2008

24.0 Dates of review and record of changes made:

November 2011

- Changes to admission criteria
- Changes to staff team (Appendix 1)

October 2012

- Changes to line management structure
- Changes to staff team (Appendix 1)

April 2013

- Review of admission criteria – patients who present with a higher level of behaviours which challenge will now be admitted to the facility for short breaks care if their assessed needs can be safely and appropriately met in the facility. Staffing levels will be increased at these times over each 24 hour period. Modifications will be made to the internal doors to minimise the risk of harm or injury to those patients who are considered more vulnerable.

February 2014

- Changes to staff team (Appendix 1)

July 2014

- Changes to staff team (Appendix 1)

December 2014

- Changes to staff team (Appendix 1)

January 2015

- Appointment of Deputy Chief Executive following resignation of Chief Executive

August 2015

- Changes to staff team (Appendix 1)

September 2015

- Changes to staff team (Appendix 1)

January 2016

- Changes to use of terminology from respite provision to short break provision
- Changes to staff team (Appendix 1)

February 2016

- Changes to staff team (Appendix 1)

March 2016

- Changes to staff team (Appendix 1)

April 2016

- Appointment of Interim Chief Executive Mr Francis Rice
- Changes to the referral process for short breaks provision

July 2016

- Changes to staff team (Appendix 1)

September 2016

- Changes to staff team (Appendix 1)

April 2017

- Changes to staff team (Appendix 1)

June 2017

- Changes to staff team (Appendix 1)

October 2017

- Changes to staff team (Appendix 1)
- Variation of structure to include self-contained unit adjacent to Woodlawn House (Appendix 3)

January 2018

- Changes to staff team (Appendix 1)

February 2018

- Changes to staff team (Appendix 1)

May 2018

- Changes to staff team (Appendix 1)

December 2018

- Changes to staff team (Appendix 1)
- Variation of Structure application passed to include self-contained unit adjacent to main building which has increased bed capacity to 9

April 2021

- Variation of registration to include Physical Disability additional category of care NH-PH for one individual.

Appendix 1

Woodlawn House Staff Team

The facility currently employs 31 staff all of whom have undergone thorough and rigorous screening checks by the Trusts Human Resources Department prior to any formal offer of or commencement of employment. On commencement of employment at the facility all staff receive a comprehensive and in depth facility induction, a Trust Induction (if new to the Trust), mandatory training and opportunities to attend relevant study days and courses.

Registered Manager - Louise Donnelly

Assistant Manager

Support Workers

We currently have 9 Support Workers in post all of which are all 1st Level Registered Nurses on Part 1 Learning Disability on the NMC Live Register with many years of collective experience nursing individuals whom have a Learning Disability.

Home Support Assistants

We currently have 17 Home Support Assistants in post all of whom have experience of working with individuals who have a Learning Disability.

Domestic Assistants

We currently have two domestic assistants in post who are responsible for cooking and cleaning duties within the facility.

Secretarial Support

We are currently have a part-time secretary in post who provides secretarial support for the facility.

Laundry Assistant

We currently have a vacancy for this post

APPENDIX 3

Number of Rooms and Layout of Building