

Assessment Questionnaire Pack

Nower House
Coldharbour Lane
DORKING • Surrey
RH4 3BL

01306-882 844



Thank you for your recent residency application



In order to receive this *Assessment Questionnaire Pack* you should have already received the *Nower House Profile (Marketing Information Pack)* and completed its attached *Form 1 (Residency Application ~ Request for Consideration)*.

We would also hope that you have visited Nower House yourselves to assess its suitability and wherever possible, with the proposed resident. If this is not the case, we would strongly advise you do so as soon as is possible.

The *Nower House Profile/Information Pack* contains basic information on:

- The facilities and services provided by Nower House.
- Our admission criteria and categories of resident catered for.
- The Nower House room schedule and relevant fee structure.
- Details of our CQC Registration, and other statutory information.

This document (*Assessment Questionnaire Pack*) contains details on the following:

- The Nower House "Waiting List" for residency policy
- Resident Risk Taking and Quality of Life information
- The Nower Care Resident Admission Policy
Needs Assessment
- The Next Stage
The forms that need to be completed prior to acceptance for admission
- Information Packs
- *Assessment Forms 2 to 7*

This document refers to more detailed information in the Nower Care Policies & Procedures Folder. Nower Care has over 250 pages of recorded Policies & Procedures and these are available for inspection from Compliance filing at Reception. If required individual copies of P&P will be printed off upon formal request.

The Nower House "Waiting List" for Residency

Nower Care is not able to operate what is normally known as a "waiting list" of prospective residents, i.e. a list of applicants admitted in a strict chronological order. This is because the room that becomes available may not meet the assessed needs of those waiting longest.

When a room is vacated it is first offered to those existing resident's that have declared an interest in transferring rooms (e.g. to a private patio room). They may have been originally admitted to Nower House in a room grade that was not their first choice and were waiting for the room of their choice to become available.

Although the final criteria considered in selecting from a number of suitable applicants for a room is the respective dates of their original application, it is possible, that on occasion, the person selected for admission to a room may have only applied that week.

Risk Taking and the Quality of Life

Nower Care is conscious that the residents of Nower House are adults and should therefore be treated as such. They are free to make whatever decisions they choose about their own routines, activities and consequent safety.

It should be noted that Residents must be free to choose to:

- leave Nower House unaccompanied.
- undertake any activity or pursuit provided that it is not considered a potential risk to other residents or staff.
- manage their own medication (if Risk-Assessed as suitable to do so).
- manage their own finances.

Residents are assessed individually as a part of the Admission Process as to the amount of acceptable risk they

are able to take and this is discussed with them and their relatives or representatives.

We operate a 'Use it or Lose it' policy where residents will be encouraged to continue walking and caring for themselves for as long as possible and they will be supported to maintain their independence, even where their respective chosen activities may incur a certain amount of personal risk.

If a resident insists on an otherwise rational course of action that staff consider may expose them to risk or endanger them, then staff should advise them of the inherent hazards they perceive. They may attempt to dissuade the resident, deflect them from taking the risk or attempt to lessen the risk (e.g. taking suitable clothing if leaving Nower House). However, under no circumstances will staff attempt to restrain them from undertaking the risk if they cannot be otherwise convinced.

Obviously should a resident insist on leaving Nower House the relevant authorities (Police, CQC etc) will be informed and the resident's nominated Next of Kin will be informed of their decision immediately

Please refer to: *Nower Care Policies & Procedures # 2.19 Risk Management*

Please refer to: *Nower Care Policies & Procedures # 2.56 Residents Lacking Mental Capacity*

Nower Care Resident Admission

Nower Care Resident Admission Policy

It is the stated policy of Nower Care to ensure that no resident is admitted to Nower House without their needs having been assessed and recorded. The management of Nower Care, service users and their relatives must be assured that Nower House can fully meet the service users needs as they enter the Home. To this end Assessment Day Care, Short Stay and initial Trial Periods will be utilised to assure that all needs can be met.

Needs Assessment

Nower Care will ensure that no potential resident is admitted to Nower House without having had their needs assessed and having been assured that these can be fully met.

The following are key points which are implemented to underpin the above policy:

- Nower Care will ensure that a potential service user is only admitted to Nower House on the basis of a full assessment of their individual needs. This assessment will be conducted by the Home Manager or a Duty Manager in their absence. The overall assessment decision will be based on information and assessments provided by the service users family, GP or relevant health or care professionals.
- Where a prospective resident is referred via Social Services or a Hospital, Nower Care will obtain a summary of the Care Management Assessment and copy of any relevant Care Plan.
- Nower Care will ensure that its overall needs assessment will cover the following:
 - ▶ Personal care and well-being
 - ▶ Diet and weight, including dietary preferences.
 - ▶ Sight, hearing and communication.
 - ▶ Oral health & Foot care.
 - ▶ Mobility and dexterity.
 - ▶ History of falls.
 - ▶ Continence.
 - ▶ Medication usage.
 - ▶ Mental health and cognition.
 - ▶ Social interests, hobbies, religious and cultural needs.
 - ▶ Personal safety and risk.
 - ▶ Carer and family involvement and other social contacts or relationships.
- Nower Care will ensure that each new resident will have an individual Care Plan formulated to meet their own specific needs for daily living.

Please refer to: *Nower Care Policies & Procedures # 2.14 Resident Admission*

Assessment Forms

The following forms are provided to formulate and record the various needs assessments that are required to be conducted:

<i>Nower House Profile (Marketing Information Pack)</i>		<i>Completed by</i>	
Form 1	Request for Consideration	Applicant or Family	(Mandatory)
 <i>Nower Care Assessment Questionnaire Pack</i>			
Form 2	Financial Commitment Appraisal	Applicant or Family	(Mandatory)
Form 3	Relations Appraisal of Applicant's Needs	Applicant or Family	(Preferable)
Form 4	GP Suitability Assessment	Applicant's GP	(Mandatory)
Form 5	Residents Contact Addresses	Applicant or Family	(Mandatory)
Form 6	Non-Resuscitation Policy	Applicant and/or Family	(Mandatory)
Form 7	Resident's Allergies	Applicant or Family	(Mandatory)
	Nower Care Admission Form	Nower Care Manager	<i>Office Use</i>
	Resident Care Plan (Computer)	Nower Care Manager	<i>Office Use</i>

Additional optional assessments

Resident Assessment (Needs)	Nower Care Manager
Resident Risk Assessments	Nower Care Manager
Resident Manual Handling Assessment	Nower Care Manager
Resident Changing Needs Assessment	Nower Care Manager

Please refer to: *Nower Care Policies & Procedures* # 3.7 Resident Assessments

- *Residency Application ~ Form 1 (Request for Consideration)*
This form should have already been completed and lodged with Nower Care in order to receive this Pre-Admission Pack.

The following forms are appended to this document for removal and use:

- **Residency Application ~ Form 2 (Financial Commitment Appraisal)**
This *1 page form* must be fully completed, signed, dated and forwarded to Nower Care before any prospective resident can be offered a vacant room. The details provided on this form will be for the information of the General Manager and Bursar ONLY, it will be treated as highly confidential, not duplicated or stored in any other format and will be safely filed in the General Manager's office.
- **Residency Application ~ Form 3 (Relation's appraisal of dependency needs)**
This *2 page form* should be completed as fully as possible by the prospective resident's close relatives. If this form cannot be completed the information will be ascertained by interview with the resident upon their admission.
- **Residency Application ~ Form 4 (GP Suitability Assessment)**
This *2 page form* should be detached and either taken or forwarded to the prospective resident's most recent GP for their completion. Nower House's General Manager may send this form directly to local GP Practices on behalf of the applicant. It is imperative that we receive this form before an applicant is admitted.
Please complete the doctors name and address section (if known) and the applicants name and abbreviated address for accurate recognition purposes.
NB. Some GP's may make a charge for this confirmation. Please ensure that you enquire and that if this is the case, they have the details of who to invoice. Any cost incurred is the sole responsibility of the applicant or their representatives.
- **Residency Application ~ Form 5 (Resident's Contact Addresses)**
This *1 page form* must be fully completed and brought with a new resident on the day of their admission.
The *Financial Appointee* and *Nominated Next of Kin* fields must be fully completed and signed, all other fields are optional but may provide useful information during the applicants stay.

With regard to the *Alternative Contact* details, it should be noted that as with most hospitals, Nower Care will only commit to informing the *Nominated Next of Kin*, or in the case of their indisposition, someone they have in turn nominated, of any changing circumstances regarding their respective relative. This is because past experience has shown that the delivery and dissemination of potentially bad news is best left to a single 'next of kin' to avoid Nower Care becoming embroiled in potential family pitfalls and misunderstandings.

• **Residency Application ~ Form 6 (Non-Resuscitation Policy)**

This *1 page form* must be fully completed and signed and brought with a new resident on the day of their admission. The form confirms that the resident and their Next of Kin have read and understood the accompanying *Residents Guidance Notes* detailing Nower House's Non-Resuscitation Policy. NO Resident will be accepted without a signed copy of this form and there can be no exceptions to this policy whatsoever.

• **Residency Application ~ Form 7 (Resident Allergies)**

This *1 page form* must be fully completed and signed and brought with a new resident on the day of their admission. The form should be completed to confirm that for each of the 14 designated food allergens you are unaware of any allergic reaction on behalf of the Resident. Where an allergic reaction is known please indicate the severity of this potential allergic reaction. Nower Care cannot be held responsible for a failure to advise a Resident of a potential allergen in their food if we are not made aware on this form of the Resident's propensity to allergic reaction.

The Next Stage

Please ensure that Forms 2; 3; 4; 5; 6 & 7 are fully completed and returned to Nower Care.

When you have been offered and accepted admission to a suitable room you will be issued with **Information Pack 3 ~ Nower House Pre-Admission Pack** as detailed below.

Information Packs

- *1 ~ Nower House Profile (Marketing Information Pack)*
 - 1a Frequently Asked Questions (FAQ's) [Optional]*
- *2 ~ Nower Care Assessment Questionnaire Pack*

This includes general information on the assessment process of Nower Care, and a number of assessment forms for completion before admission can be considered. (This pack is issued when Residency Application ~ Form 1 has been received and a room has become available)
- **3 ~ Nower House Pre-Admission Pack**

This includes general information on admission to Nower House, an explanation of the mandatory requirement for various nominated individuals, and 2 forms that need to be completed upon admission. *(This pack is issued when an admission date has been confirmed)*
- **4 ~ Nower House Welcome Pack**

This details general information about the 'day to day' activities of Nower House, its facilities, services, timings, and routines. *(This pack is issued on or just after admission and should then be located in each room for resident referral)*
- **5 ~ Contractual Agreement Packs (to both Resident and Financial Appointee)**

This contains copies of the contractual documents required for signature and return. Together with specific information regarding the *General Terms and Conditions of Residency* and the consequent responsibilities and potential liabilities of the Resident, their nominated Financial Appointee and Nower Care. *(This pack is distributed when a resident completes their trial period and becomes a 'permanent' resident)*

You must ensure that you have requested and received all of the *Information Packs* listed above in *'italics'* as and the details contained therein, will form a part of the understanding and subsequent contract that may be made between Nower Care, the Resident and their nominated *Financial Appointee* (Guarantor).

It is therefore essential that the prospective resident requests and receives packs 1 to 4, and that their nominated *Financial Appointee* requests and receives pack 5.

It is the responsibility of the resident or their representatives to ensure that they both request and receive the *Information Packs* detailed above.

Nower Care is the registered business name of Dorking Residential Care Homes Limited
Registered as a charity under the Industrial and Provident Societies Act. 1965 - Register No: 13238 R.Surrey
Registered Office: Nower House, Coldharbour Lane, Dorking, Surrey. RH4 3BL

Nower Care.../ Marketing / 2 NH Assess.wpd			5
Devised: 23 Jun 2003	By: Chris Horwood	<i>Copy date: Wednesday - 11 February 2015</i>	12:57
Revised: 19 Jan 2015	By: Chris Horwood	Issue No: 4	

Residency Application ~ Form 2
Financial Commitment Appraisal

Applicant's Name:

PRIVATELY FUNDED

Does the Residency Applicant intend to pay their fees from personal resources:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Has the Residency Applicant owned a property during the last ten years:

If Yes complete the following section

Home Add L1:		Bungalow:	<input type="checkbox"/>	House:	<input type="checkbox"/>
Home Add L2:		Flat:	<input type="checkbox"/>	Maisonette:	<input type="checkbox"/>
Town:	County:		<i>Detached Semi-Det. Terraced</i>		
Post Code:	Freehold:	<input type="checkbox"/>	Leasehold:	<input type="checkbox"/>	<input type="checkbox"/>
The property was sold in:	Year	Sold for:	£	Was it Sheltered Housing:	<input type="checkbox"/>

Is the property on the market: Yes No

Which Estate Agents:

What is the proposed asking price: £

What is the anticipated sale price: £

For how long has the applicant been a resident of Mole Valley or Dorking: Yrs

Please list all assets and income below and then assess the length of time [in years] private funding will support the applicant until a Capital level of £24,000 is reached when Social Services may take over responsibility for funding.

Property value: £

Capital & Assets value: £

State Pension Income: £ :per week

Private Pension Income: £ :per week

Benefit Income: £ :per week

Investment Income: £ :per week

Total Income: £ :per week

At the current appropriate weekly fee I estimate that the applicants Capital and Income will last for: Yrs

Annuity funding

Have you or the applicant purchased an annuity to cover the on-going cost of fees:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

What weekly fee does it currently provide for: £ :per week

Which Company is providing the Annuity cover:

SOCIAL SERVICES FUNDED

Has the applicant been accepted for Social Services funding in respect of on-going fees:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Which Borough Council's Social Services Department is involved:

The Case Manager's name is:

Telephone:

Their current level of funding is: £ per week

The applicant is able to Top Up by: £ per week

For how long has the applicant been a resident of Mole Valley or Dorking: Yrs

THE INFORMATION ON THIS FORM WILL BE TREATED AS HIGHLY CONFIDENTIAL

Consideration for residency can only be given if the relevant sections above are fully completed.

Completed By:	Signed:	Relationship to applicant:	Dated:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residency Application ~ Form 3

Relation's appraisal of applicant's dependency needs

Please tick the appropriate boxes below and add any comments where relevant

Applicant's Name:

Please use a continuation sheet if required referencing by box number.

Health Issues	Good	Average	Poor
General Health:			
Forgetfulness:			
Appetite:			
Sleeping:			
Foot care:			
Oral healthcare:			
Communication:			
Speech:			
Vision:			
Hearing:			

Comments or Problems where applicable	
	1
	2
	3
Uses Night Sedation:	4
Regular Chiropody:	5
Dentures: Lower	6
Upper	
	7
	8
	9
	10

Uses Night Sedation:

Regular Chiropody:

Dentures: Lower Upper

: Non Verbal

: Mute

: Blind

: Deaf

General Abilities	Good	Average	Poor	Needs Supervising	Needs Helping	Fully Dependant on others
Planning their day:						
Walking ability:						
Dressing ability:						
Washing ability:						
Bathing ability:						
Toileting ability:						
Eating ability:						
Drinking ability:						

Comments or Problems where applicable	
	11
	12
	13
	14
	15
	16
	17
	18

At home Activities	Good	Average	Poor	Needs Supervising	Needs Helping	Fully Dependant on others
Getting up alone:						
House Cleaning:						
Clothes Laundry:						
Meal Preparation:						
Socialising:						
Shopping:						
Sense of place/time:						
Starting Conversation:						

	19
	20
	21
	22
	23
	24
	25
	26

General demeanour and mood: 27

Own perception of mental health: 28

Communication of pain or illness: 29

Any Known Allergies: 30

Any History of Falls: 31

Any History of Wandering: 32

Applicant Preferences & History

Specific Religious/Cultural needs:	33
Dietary Preferences:	34
Dietary Dislikes:	35
Beverage Preference:	36
Afternoon nap: <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="text" value=""/> hrs	37
Sleeping: Usual bedtime: <input type="text"/> Usual waking time: <input type="text"/> No.of pillows pref: <input type="text"/>	
Daily paper / Journal preference:	38
Past Hobbies:	39
Past Interests:	40
Place of birth: <input type="text"/> 41 School days: <input type="text"/>	42
Working years: <input type="text"/> 43 Spouses Occupation: <input type="text"/>	44
War time years: <input type="text"/> 45 Distressing recollections: <input type="checkbox"/> <input checked="" type="checkbox"/>	
Marital History:	46
Special Pets:	47
Places where applicant has lived:	48
Significant People/Places/Events:	49

Relatives and Social Contacts

Please use a continuation sheet if required referencing by line number.

Family members	No. Originally	No. Surviving	Relationships <i>Good Bad None Etc :</i>	Surviving first names	
Brother/s:					50
Sister/s:					51
Son/s:					52
Daughter/s:					53
Grandchildren:					54
Great Grandchildren:					55
Current Social Contacts/Friends:					56

Any further relevant information

Completed By:	Signed:	Relationship to applicant:	Dated:

Revised 16-Jul-14

Residency Application ~ Form 4
GP Applicant Suitability Assessment

Nower Care

Dr	Initial:	Surname:
Surgery:		
Add L1:		
Add L2:		
Town:		County:
Post Code:		Tele No:

Nower House
Coldharbour Lane
DORKING • Surrey
RH4 3BL
Tel: 01306 882 844
Fax: 01306 875 513

Dear Doctor

Applicants Name:

Address:

The above named is a patient of your practice and has made an application for residency at Nower House. Nower Care would value your professional opinion as to the potential suitability of this applicant for permanent residency. If you are unaware of our Home we submit the following details to help you reach an informed judgement.

Level of Care:

The regime at Nower House is specifically designed as a 1st stage Care Home for relatively low dependency service users, although the average age of the residents of Nower House is presently 85 years.

Many private residential homes are perceived to have blurred the distinction between dementia, nursing and EMI units, and as such their new residents can be placed with a majority of either mentally or physically infirm individuals, with whom they may have little in common.

As a *Not for Profit* organisation Nower Care is ideally placed to meet the need to create a residential home that offers a clear differentiation. Our mission is therefore to offer service users a homely yet stimulating environment with like minded, independent individuals and to operate with the minimum of constraints. Whenever possible it is our intention to be a "home for life" for the majority of our service users. However, if during their stay it should be assessed that we can no longer fully meet their dependency needs, then regrettably, it will be necessary for that individual to be found a more suitable environment. Thereby in doing so, protecting the unique character of Nower House for the remaining residents.

Staffing:

Nower Care is registered with the CQC as a Care Home offering "personal care only" to some 50 residents in total. The Home is operated as two sections of 25 residents, under the overall control of a Duty Manager with 3 Day Care Staff in each section, making a total of 6 Day Care Staff on duty each shift. In addition there is a Home Manager and Activities Supervisor on duty Monday to Friday, and there are numerous ancillary staff to cover catering, cleaning, laundry and maintenance etc. The night staffing currently consists of 2 *Awake* Senior Night Carer and 1 Junior Night Carer for both sections. Both Duty Managers and Duty Senior staff are trained in the Venalink medicine administration system. If you have any queries please contact Wendy Sharples [Home Manager] on the above number.

With regard to the above information and your specific medical knowledge of the applicant, do you consider them to be suitable for residency at Nower House:

Yes

No

Completed By:	Signed:	Dated:

Nower Care would be very appreciative if you could complete details overleaf of any relevant medical history and list any medication that has been prescribed for the applicant.

Applicant's Name:

Relevant Medical History - IN BLOCK CAPITALS PLEASE

Any Known Allergies:

	Medication	Dosage	Frequency	Reason for prescription
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

It is a condition of any acceptance of residency at Nower House that an applicant's General Practitioner completes this form. Any charge the GP may make for its completion will be the responsibility of the applicant themselves or their relatives who are making the application on their behalf.

PLEASE ENSURE THAT THE GP CONCERNED HAS DETAILS OF WHOM TO INVOICE.

Revised 16-Jul-14

Residency Application ~ Form 5
Resident's Contact Addresses

Applicant's Name:

The Financial Appointee will be responsible for any shortfall and/or all unpaid fees, either private or Social Service funded, until such time as the applicant's room has been completely vacated and emptied of all possessions.

Financial Appointee

Title:	1st Name:	Surname:	Relationship:	
Home Add L1:			Financial Guarantor: <input type="checkbox"/> Yes <input type="checkbox"/>	
Home Add L2:				
Town:		County:	Signed: <input type="checkbox"/>	
Post Code:		Home Tel:		
email:				

No application can proceed until a Financial Appointee has been selected and signed as Financial Guarantor. It is a condition of any offer of residency that this named Financial Guarantor also signs the residency contract issued.

Nominated Next of Kin

Title:	1st Name:	Surname:	Relationship:	
Home Add L1:			Power of Attorney: <input type="checkbox"/> <input checked="" type="checkbox"/>	
Home Add L2:				
Town:		County:	Work Tel:	
Post Code:		Home Tel:	Mob Tel:	
email:				

The person listed as Next of Kin will be the sole point of contact used to impart any information about the resident. The Appointed Next of Kin need not be a close relative and can be the same individual as the Financial Appointee

Alternative Contact 1 or Advocate

Title:	1st Name:	Surname:	Relationship:	
Home Add L1:			Power of Attorney: <input type="checkbox"/> <input checked="" type="checkbox"/>	
Home Add L2:				
Town:		County:	Work Tel:	
Post Code:		Home Tel:	Mob Tel:	
email:				

Alternative Contact 2

Please complete additional sheets if required

Title:	1st Name:	Surname:	Relationship:	
Home Add L1:			Power of Attorney: <input type="checkbox"/> <input checked="" type="checkbox"/>	
Home Add L2:				
Town:		County:	Work Tel:	
Post Code:		Home Tel:	Mob Tel:	
email:				

Solicitor

Nower Care is unable to store any Last Will & Testament

Title:	Initial:	Surname:	Will lodged with:	<input type="checkbox"/> <input checked="" type="checkbox"/>
Company:			Tele No:	

Clergy

Title:	Initial:	Surname:	To be informed for LR:	<input type="checkbox"/> <input checked="" type="checkbox"/>
Organisation:			Tele No:	

Nominated Funeral Directors

Title:	Initial:	Surname:	To be used if required:	<input type="checkbox"/> <input checked="" type="checkbox"/>
Company:			Tele No:	
Specific Instruction: Burial: <input type="checkbox"/> Cremation: <input type="checkbox"/> Other: <input type="checkbox"/>				

Revised 16-Jul-14

Residency Application ~ Form 6
Non-Resuscitation Agreement



Potential Resident's Name:

The below Agreement and Understanding must be signed by the Nominated Next of Kin (for the purposes of this document they are also the Relevant Persons Representative) and by any potential resident of Nower House before they can be admitted whether they are Short Stay, Permanent or Day Care. For obvious reasons there can be no exceptions.

We attach a hopefully, self-explanatory copy of our Residents Guidance Notes with regard to our mandatory Non-Resuscitation Policy. A copy of the full Policy and Procedure (2.54~Non-Resuscitation) is available to review from the Compliance Filing which is stored behind the reception desk, please ask Tracy Campbell our Compliance Manager for assistance, If you require any further information or wish to discuss in more detail, please contact Wendy Sharples (Registered Home Manager) on 01306 882 844.

<i>The Nominated NoK is also the person to whom confidential or serious, personal information regarding a Resident is disclosed.</i>				
Nominated Next of Kin				
Title:	1st Name:	Surname:	Court of Protection:	<input checked="" type="checkbox"/>
Home Add L1:			LPA Health:	<input checked="" type="checkbox"/>
Home Add L2:			LPA Finance:	<input checked="" type="checkbox"/>
Town:		County:	Work Tel:	
Post Code:		Home Tel:	Mob Tel:	
email:				

We would also like this opportunity to confirm our responsibilities with regard to communication and contact.

In the event of the serious illness of a Resident, their hospitalisation or death (only where it occurs within Nower House), Nower Care undertakes to inform the nominated Next of Kin as soon as is practicably possible thereafter.

In the past Nower Care has experienced difficulties with regard to various members of a Resident's family having differing views as to their relation's care, possessions, property or who should and who should not, be informed first of information pertaining to that individual. Therefore, in order to clarify the situation it should be noted that other than exceptional situations only the nominated NoK will be contacted in the event of a serious illness, incident or death and then it will be their sole responsibility to disseminate any information provided to any other family and friends as they see fit.

The nominated NoK need not be a close relation and is simply the main point of contact the Resident wishes us to use with regard to their health issues and other serious personal information.

In the event of a planned unavailability (holiday etc.) of the Nominated NoK, an alternative point of contact can be appointed.

We the undersigned, have read the attached Residents Guidance Notes - Non-Resuscitation Policy, and confirm that we understand them, are fully aware of the ramifications of the policy and are in total agreement to the mandatory implementation of the policy with regard to all residents admitted to Nower House. We are signing this agreement as the above mentioned resident about to be admitted to Nower House and as the nominated Next of Kin in the role of the Relevant Persons Representative. We hereby further confirm, that we are in complete agreement with the this course of action as taken by Nower Care and do not consider these a breach of the above mentioned resident's rights under the Mental Capacity Act.

Resident's Name:
signed:

Next of Kin's (RRP) Name:
signed:

Dated:

Dated:

These matters will be further confirmed upon the issue of our contractual Client Agreement Pack which will be issued when the residency becomes 'permanent', which is usually within two months of admission.

Revised 16-Jul-13

Non-Resuscitation Policy

Having discussed this sensitive matter at length, with many of our residents and their relatives, and despite having a resuscitation trained First Aider on every duty as required, it has been decided to rigidly adopt a non-resuscitation policy. A further factor in our decision, was that with deference to the age and condition of our residents, physical resuscitation, even when conducted by Paramedics, often results in massive bruising and broken bones, etc. All of these injuries could leave the staff that administered the resuscitation and Nower Care, open to allegations of abuse or the covering up of abuse.

Furthermore, there have been cases (in other Homes) where the family of resident's who have been kept alive following a trauma, but then have a greatly reduced quality of life, have complained or even sued, because they claim their relatives actually wanted to die with dignity.

Whatever way you look at this moral dilemma, it seems to be a 'no win' situation for the Home involved, and therefore Nower Care has decided on the policy below and appropriate procedure as the only viable option. It should be clearly noted that there will be no variations from this policy for any individual resident, whatever remonstrations are made.

The Ambulance Service have confirmed to Nower Care that in assuming that the resident who has very recently undergone a major health incident (e.g. heart attack, aneurism, stroke, embolism etc.), is unable to clearly and coherently pass on their own wishes with regard to resuscitation to the attending Paramedics, they will specifically ignore any of the following in their decision making process:

- Any suggestions from the Homes staff as to what the resident may have previously thought or requested about resuscitation.
- Any suggestions from the Homes staff as to what the resident's Next of Kin or relations may have previously thought or requested about resuscitation.
- Any suggestions directly from the resident's Next of Kin or relations (if they are present) as to what they or the resident may have previously thought or requested about resuscitation!
- Any formal or informal document (living will etc.), even if apparently signed by the resident and the Next of Kin, if that document is dated more than 5 days before the actual event!

The above Ambulance Policy is understandable in light of current risk assessment procedures where the service cannot leave itself open to suggestion from another part of a family that the evidence that may have been genuinely offered is in some way bogus or false.

From the above it can be seen that there is absolutely no point in providing any written request (living will or otherwise) with regard to resuscitation or being allowed to die with dignity. The end result of this policy is obviously, if you are unhappy with either our policy of Non-Resuscitation and our stated policy of offering absolutely no advice on resuscitation to any visiting Paramedic or emergency service, then regretfully, you should seek alternative accommodation for your relative as there can be no individual exceptions to this policy.

Nower Care Non-Resuscitation Policy

It is the stated policy of Nower Care to ensure that service users are both protected and supported by a staff that has an ample number of fully trained First Aiders. However, after much deliberation, it has been agreed that Nower Care will operate a rigid policy of Non-Resuscitation for all of its residents and owing to the Policies and Procedures of the Ambulance Service will leave any decision as to whether the Paramedics resuscitate or not, entirely to the discretion of the attending Ambulance Service personnel.

Please refer to the full:

Nower Care Policies & Procedures ~ 2.54 Non-Resuscitation Policy

Revised 16-Jul-14

Nower Care./Guidance Notes/RGN Non-Resuscitation Policy.wpd
Devised: 9 Mar 2006
Revised: 16 Jul 2014

By: Chris Horwood
By: Chris Horwood

Copy date: As below
Issue No: 2

1 (Excel Copy)

Residency Application ~ Form 7
Resident Allergies

Resident's Name:

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Under the EU Food Information Regulations (FIR), it is a legal requirement that Nower Care advises all residents of the potential for allergic reactions to 14 common food additives that may be present in the food served at Nower House. In order for us to be able to do this efficiently, we need to have accurate information as to what, if any, of the specified 14 allergens they are allergic to and the potential severity of the reaction.

Specified Allergens		No Known Reaction	Potential Severity		
			Mild	Moderate	Severe
#	Allergen				
Cereals					
1	Barley (Gluten)				
1a	Oats (Gluten)				
1b	Rye (Gluten)				
1c	Wheat (Gluten)				
Dairy					
2	Milk				
3	Eggs				
Fish					
4	Fish				
5	Crustacea (Sea food, prawns, crab, etc.)				
6	Molluscs (Shell fish etc.)				
Seeds					
7	Lupin				
8	Mustard				
8	Sesame seeds				
10	Soybean				
Nuts					
11	Peanuts (Groundnuts)				
12	Tree Nuts				
<i>(Almond; Brazil; Cashew; Hazlenut; Macadamia; Pecan; Pistachio; Walnuts)</i>					
Other					
13	Celery or Celeriac				
14	Sulphur Dioxide & Sulphites				

You must complete (tick ✓) either the No Known Reaction or where an allergic reaction is known of, the Potential Severity for each of the listed 17 allergens. This form must be completed in full before admission.

Resident's Name:
signed:
Dated:
Revised 19-Jan-15

Next of Kin's (RRP) Name:
signed:
Dated: