

# ‘Choice’

(Care and Home Options Independent ChoiceE)

Home Name	<b>BOURNE HOUSE RESIDENTIAL HOME</b>
Address	12 Taunton Road
Town	<b>ASHTON-UNDER-LYNE</b>
Postcode	OL7 9DR
Telephone Number	0161 330 7911
Fax Number	0161 330 7011
Website / Email Address	<a href="mailto:bournehouse2@aol.com">bournehouse2@aol.com</a>

<b>CONTACT NAME:</b>	<b>PATRICIA QUINN</b>
<b>Times available for the public to contact Care Home for Visiting or Further Information</b>	ANYTIME

**On Bus Routes numbers: Near Ashton Town Centre**

<b>The Care Quality Commission (CQC) – Type of Home</b>	<b>[ ✓ ]</b>	<b>CARE HOMES are residential/nursing care services for younger adults and older people. There are different types of care home:</b>
Care Home (residential home)	<b>[ ✓ ]</b>	These homes are residential, which means people live in them either short term or long term. They provide: <ul style="list-style-type: none"> <li>• accommodation</li> <li>• meals</li> <li>• personal care i.e. help with washing and eating / more complex health needs</li> </ul>
Care Home with Nursing (nursing homes)	<b>[ ]</b>	These homes are the same as those without nursing care but they also have registered nurses who can provide care for more complex health needs
<b>CQC STAR RATING</b>		<b>** Good (as of 22.07.09)</b>

<b>TOTAL CAPACITY</b>	<b>33</b>
Single rooms no en-suite	15
Single rooms <b><u>with en-suite</u></b>	18
Shared rooms no en-suite	n/a
Shared rooms <b><u>with en-suite</u></b>	n/a
Number of Rooms <b><u>over 12 square metres</u></b>	25

**INSPECTION REPORTS**

Available for study **FREE** at:  
**ChoiceE**, Ashton Under Lyne,  
**OR**  
contact the  
**Care Quality Commission (CQC)**  
on **0870 240 7535** / [www.cqc.org.uk](http://www.cqc.org.uk)  
to obtain up to **10** free copies

**PAYING FOR YOUR CARE HOME (part one)**

If you are being **fully** funded by Tameside Metropolitan Borough Council Adult Services, from 1<sup>st</sup> April 2010, they will pay a **BASE RATE** plus any and all **ENVIRONMENTAL ENHANCEMENTS** and or a **QUALITY PREMIUM RATE**.

You should bear in mind that should you not be **fully funded**, but only **partly funded**, you will be required to make up the difference between T.M.B.C. Adult Services contribution and the full cost of the Care Home. This can be from a variety of sources, e.g. Benefits, Pensions, Capital. **Most importantly**, if you are entitled to Pension Credit, you must claim it by contacting the Department for Work and Pensions (D.W.P.) **IMMEDIATELY**.

**ENVIRONMENTAL ENHANCEMENTS**: Are applicable for **ALL ROOMS** of **SINGLE OCCUPANCY**. These are applicable regardless of whether other Quality Premium criteria are met. For more information please refer to the **SEPARATE INFORMATION SHEET** regarding **Environmental Enhancements**.

**QUALITY PREMIUM RATE INFORMATION**: If this Home has qualified for a **Quality Premium**, the total sum including the Q.P.R. (**Quality Premium Rate**) is payable. For more information on please refer to the **SEPARATE INFORMATION SHEET** regarding **Quality Premium Rate** criteria.

<b>QUALITY PREMIUM RATE (Q.P.R.)</b>	
<b>APPLIED FOR Q.P.R.</b> (please circle)	<b>YES</b>
<b>PREMIUM AWARDED</b> (please circle which level awarded)	<b>LEVEL 3 @ £ 45</b>

Room Type	Full cost per week: ADULT SERVICES funded: <b><u>BASE RATE</u></b>	ADULT SERVICES <u>Environmental Enhancement</u> SINGLE ROOMS only		Full cost per week inc. ADULT SERVICES <u>QUALITY PREMIUM RATE</u> @ + £ 18 / £ 29.25 / £ 45
		En-suite Rooms @ + £ 27.50	12sq Metres @ + £ 8	
	RESIDENTIAL	RESIDENTIAL	RESIDENTIAL	RESIDENTIAL
Single	£ 364.91	n/a	£ 369.94	£ 414.94
Single en-suite	£ 364.91	£ 392.41	£ 400.41	£ 445.41
Shared	£ 306.37	n/a	n/a	n/a
Shared en-suite	£ 306.37	n/a	n/a	n/a

Room Type	Full cost per week: Privately Funded
	RESIDENTIAL
Single	£ 414.94
Single en-suite	£ 445.41
Shared	£ n/a
Shared en-suite	£ n/a

Additional Service Charge(s) e.g. Hairdressing / Chiropody / Toiletries etc.
Yes, also trips out



**BOURNE HOUSE**

**CARE PROVISION DETAILS**

The following information refers to the **TYPE** of CARE HOME and the **CARE** that is PROVIDED

Care <b>PROVISION</b> Details (please tick) / <b>PALLIATIVE CARE</b>	<input checked="" type="checkbox"/>	Care Homes can provide more than one <b>TYPE</b> of <b>CARE</b> : therefore these <b>CARE PROVISION</b> categories allow Care Homes to better describe the types of Care available at their Care Home. These terms are NOT REQUESTED OR REQUIRED for registration with the <b>Care Quality Commission (CQC)</b> .
<b>Residential</b> (Residential Care)	<input checked="" type="checkbox"/>	
<b>Dual</b> (Residential <b>and</b> Standard Nursing Care)	<input type="checkbox"/>	
<b>Nursing</b> ( <b>Standard</b> Nursing Care)	<input type="checkbox"/>	
<b>Elderly Mentally Infirm (EMI) Residential</b> Care	<input checked="" type="checkbox"/>	
<b>Elderly Mentally Infirm (EMI) Nursing</b> Care	<input type="checkbox"/>	
<b>Young Physical Disabled (YPD)</b> Care	<input type="checkbox"/>	

<b>TYPES OF CARE AVAILABLE IN CARE HOMES</b>			
<b>TYPE OF CARE</b> (registered with the Care Quality Commission)	<b>Number of Registered Places</b>		
	<b>Under 65</b> (please tick)	<b>Over 65</b> (please tick)	<b>Male(M) or Female(F) or Both(B)</b>
People with Dementia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>B</b>
People with a mental disorder, not including a learning disability or dementia	<input type="checkbox"/>	<input type="checkbox"/>	
People with a learning disability	<input type="checkbox"/>	<input type="checkbox"/>	
People with a physical disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>B</b>
People with a past or present drug problem	<input type="checkbox"/>	<input type="checkbox"/>	
People with hearing or eyesight difficulties (sensory impairment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>B</b>
Older people (over 65 years old) who are not covered by any of the categories above	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>B</b>
Other/No category	<input type="checkbox"/>	<input type="checkbox"/>	

Care Homes without Nursing and Care Homes with Nursing can provide the types of care stated above. They can change the above registered care categories with the **Care Quality Commission**. Please check with the Care Home that the above registered care category and the registered number of places is still effective.

For information regarding **Inspections / Inspection Reports** carried out by the **Care Quality Commission**, and information on **Quality Ratings for Care Services** please refer to the **HANDOUT** provided by Choice (ask the Information Officer for this information).

This information is also available on the **Care Quality Commission's** website:

[www.cqc.org.uk](http://www.cqc.org.uk)

**BOURNE HOUSE**

**RESPITE POLICY**

(Please complete the following information as comprehensively as possible)

**N.B.** Respite can be interpreted as:-  
Short-Stay / Temporary Stay / Convalescence / Carers Break

1. Does your Care Home provide Respite Care? **Yes – Only if Vacancy**
  
2. Does your Care Home have any Registered Respite Beds **No**
  
3. Does your Care Home provide Rotational Respite? **No**
  
4. Does your Care Home provide Respite All Year Round? **No**
  
5. Does your Care Home allow Respite to be booked in advance? **No**

**BOURNE HOUSE**

<b>ADMINISTRATION</b> Do you have the following in place? (please indicate)		How is this information conveyed? (please tick)	What is the procedure?
Admissions Policy	Y	• Verbal	✓
		• Manual at the Home	✓
		• Booklet to take away	✓
Access to Records Policy	Y	• Verbal	✓
		• Manual at the Home	✓
		• Booklet to take away	✓
Confidentiality Policy	Y	• Verbal	✓
		• Manual at the Home	✓
		• Booklet to take away	✓
Complaints Procedure	Y	• Verbal	✓
		• Manual at the Home	✓
		• Booklet to take away	✓
Fee Increase Policy	Y	• Verbal	✓
		• Manual at the Home	✓
		• Booklet to take away	✓
Discharge Policy	Y	• Verbal	✓
		• Manual at the Home	✓
		• Booklet to take away	✓
Health and Safety Policy	Y	• Verbal	✓
		• Manual at the Home	✓
		• Booklet to take away	✓

**BOURNE HOUSE**

**The ticked boxes indicate services Homes have informed us that they provide. If there is no tick in the box, it means that the service is not provided. If you would like information about any service not listed, please ask the home.**

<b><u>HEALTH</u></b>	<b>Available through HOME or NHS</b> (please indicate)	<b>How Often</b>	<b>Cost included in Home's Fee</b> (please tick)	<b>Additional Cost</b> (per session/visit, etc)
Hearing Tests	NHS		✓	£ ..... per
Batteries for Hearing Aids	NHS		✓	£ ..... per
Sight Tests	NHS		✓	£ ..... per
Chiropody	HOME			£ 10.00
Incontinence Pads	NHS		✓	£ ..... per
Dental Services	NHS		✓	£ ..... per
Physiotherapy	NHS		✓	£ ..... per
Speech Therapy	NHS		✓	£ ..... per
Dietician / Nutrition	NHS		✓	£ ..... per
Wheelchairs	NHS		✓	£ ..... per
Walking Frames	NHS		✓	£ ..... per
Hoists	HOME			£ ..... per
Pressure Relief Facilities	NHS		✓	£ ..... per
<b>Aids for Hearing Impaired</b> (please list below)				
1.	NHS		✓	£ ..... per
2.				£ ..... per
3.				£ ..... per
4.				£ ..... per
<b>Aids for Visually Impaired</b> (please list below)				
1.	NHS		✓	£ ..... per
2.				£ ..... per
3.				£ ..... per
4.				£ ..... per

<b><u>MISCELLANEOUS</u></b>	<b>Home will Provide</b> (please indicate)
Assistance with Form Filling	YES
Arranging for Will Making	YES

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<u>PERSONAL</u>	Obtainable through HOME Yes / No (please indicate)	Cost Included in Home's Fee (please tick)	Additional Cost (per item, service, meal, etc)
<b>TOILETRIES</b>			
Soap	YES	✓	£ ..... per
Shampoo			£ ..... per
Bubble Bath			£ ..... per
Toothpaste			£ ..... per
Steradent			£ ..... per
Hairdressing/Barber	YES		£ VARIABLE
<b>VALUABLES</b>			
Provision of safety deposit	YES	✓	£ ..... per
Insurance cover	YES	✓	Max. cover £ .....
<b>FOOD - special diets</b>			
Diabetic	YES	✓	£ ..... per
Gluten Free	YES	✓	£ ..... per
Low Cholesterol	YES	✓	£ ..... per
Vegetarian	YES	✓	£ ..... per
Other i.e. Asian/Kosher/Halal	YES	✓	£ ..... per
<b>CLOTHING</b>			
Laundry	YES	✓	£ ..... per
Dry Cleaning	YES		£ ..... per
Accompanied shopping trips	YES	✓	£ ..... per

**ROOMS – Provision for the following in the Resident's own Room**

ITEM	Provided by the Home	Included in Home's Fee	Additional Cost	Resident can Provide? (please tick)
Kettle				✓
Toaster				✓
Teasmaid				✓
Telephone				✓
Television				✓
Satellite Television				✓
Own furniture				✓
Own furnishings (e.g. curtains, bedding, rugs, pictures, knick-knacks, shelving etc.)				✓
Does Home own a pet? (please state)	<b>NO</b>			
Pet Restrictions?	<b>NO</b>			



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<b><u>RESIDENTS AND FAMILIES</u></b>	<b>Available YES / NO</b>	<b>Availability/Times/Policy</b>	<b>Included in Home's Fee (please tick)</b>	<b>Additional Cost (if appropriate)</b>
Visiting Times	YES	ANYTIME		
Communal Rooms (i.e. lounge) - available for relatives/guests	YES			
Entertaining: Relatives/Guests - refreshments	YES		✓	£
Entertaining: Relatives/Guests - meals	YES		✓	£
Late Night Visitors	YES			
Overnight Stays: for Relatives/Guests	YES		✓	£
Taking Residents Out	YES			
Making Phone Calls	YES		✓	£
Receiving Phone Calls	YES		✓	£
Privacy/Time spent in Own Room	YES			
Summoning Assistance	YES			
Residents Meetings/ Committee	YES		✓	£
Mail	YES		✓	£
Newspapers	YES		✓	£
Drinking of Alcohol	YES		✓	£

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<b><u>LEISURE ACTIVITIES</u></b>	<b>How Often Provided</b>	<b>Included in Home's Fees (please tick)</b>	<b>Additional Cost</b>
Daily Leisure Activities		✓	n/a
Trips Out	3 Per Month		£ cost per trip
Entertainment in Home	3 Per Month	✓	n/a

<b><u>LEISURE OUTINGS</u></b>	<b>How Often Provided</b>	<b>Included in Home's Fees (please tick)</b>	<b>Additional Cost</b>
Yes – depending on where Residents are going: there is a cost for trips out	3 Per Month		Yes

<b>RELIGIOUS SERVICES</b>	<b>How Often Provided</b>	<b>Included in Home's Fees (please tick)</b>	<b>Additional Cost</b>
In the Home	✓		
Church Outings	✓	✓	£ ..... per
Please indicate which religions:	<b>New Life / Church of England / Catholic</b>		

<b>HOME'S SMOKE FREE POLICY (From 1<sup>st</sup> July 2007)</b>	
<b>No smoking ANYWHERE</b>	<b>OUTSIDE ONLY</b>
<b>DESIGNATED</b> room(s) <b>PROVIDED</b> :- meets requirements of Regulation 2 of the Smoke-free (Premises and Enforcement) Regulations 2006	NO
<b>HOW MANY DESIGNATED</b> rooms? (please provide details)	N/A
Are there <b>DESIGNATED</b> rooms on <b>ALL FLOORS</b> ? (please provide details)	N/A
Smoking in Resident's <b>BEDROOMS</b>	NO

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<b>PERSONAL CARE</b>	<b>PROVIDED (please tick)</b>
<b>ASSISTANCE PROVIDED WITH</b>	
Getting up	✓
Washing	✓
Dressing	✓
Bathing	✓
Showering	✓
Washing hair	✓
Toileting i.e. incontinence etc	✓
Walking up / down stairs	✓
All Palliative Care	✓

<b>HEALTH CARE</b>	<b>PROVIDED (please tick)</b>
<b>ASSISTANCE PROVIDED WITH</b>	
Assisted Feeding i.e. prompting	✓
Peg Feeding	
Applying prescription creams / lotions	✓
Changing colostomy bags	✓
Changing catheter bags	✓
Prompting medication	✓
Maintaining dressings	✓
Oncology care	
Massage i.e. feet	✓
Palliative care	✓
Any other (please state)	

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<b><u>CARE STAFF TRAINING (Undertaken in the past 12 Months)</u></b>			
<b>Course Subject</b>	<b>Level</b>	<b>Completed (please tick/indicate number of staff)</b>	<b>Number of Staff in progress of Training</b>
NVQ in Care	2	28	
NVQ in Care	3	13	
NVQ in Care - Management	4	2	
Basic Food Hygiene		✓	
First Aid		✓	
Moving and Handling		✓	
Basic Sign Language			
Hearing Impairment		✓	
Visual Impairment		✓	
Dementia and / or Alzheimers		✓	
Fire Training		✓	
<b>ANY OTHER TRAINING: Please state below:-</b>			
Palliative Care		✓	
<b>TOTAL NUMBER OF CARE STAFF EMPLOYED IN THE HOME</b>			<b>28</b>

<b><u>BI-LINGUAL STAFF</u></b>	<b>Provided YES / NO</b>	<b>Included in Home's Fees YES / NO</b>	<b>Additional Cost</b>
Bangla			£ ..... per
Gujurati			£ ..... per
Urdu			£ ..... per
Other (please state):			£ ..... per
Access to interpreter services	✓		£ ..... per