

‘Choice’

(Care and Home Options Independent ChoiceE)

Home Name	CHARLOTTE HOUSE
Address	Albert Road
Town	HYDE
Postcode	SK14 1DH
Telephone Number	0161 367 8748
Fax Number	
Website / Email Address	charlotte_house@hotmail.co.uk

CONTACT NAME:	Mr Z Hussain
Times available for the public to contact Care Home for Visiting or Further Information	9 a.m. – 6 p.m.

On Bus Routes numbers: Near Hyde Centre

The Care Quality Commission (CQC) – Type of Home	[✓]	CARE HOMES are residential/nursing care services for younger adults and older people. There are different types of care home:
Care Home (residential home)	[✓]	These homes are residential, which means people live in them either short term or long term. They provide: <ul style="list-style-type: none"> • accommodation • meals • personal care i.e. help with washing and eating
Care Home with Nursing (nursing homes)	[]	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
CQC STAR RATING		* Poor

NUMBER OF ROOMS	
Single rooms no en-suite	12
Single rooms <u>with en-suite</u>	
Shared rooms no en-suite	1
Shared rooms <u>with en-suite</u>	
Number of Rooms <u>over 12 square metres</u>	2

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
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 1st 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.

QUALITY PREMIUM RATE (Q.P.R.)	
APPLIED FOR Q.P.R. (please circle)	N/A

Room Type	Full cost per week: ADULT SERVICES funded: <u>BASE RATE</u>	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	£ 372.91	£ N/A
Single en-suite	£ 364.91	n/a	n/a	n/a
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	INFO NOT PROVIDED
Single en-suite	
Shared	
Shared en-suite	

Additional Service Charge(s) e.g. Hairdressing / Chiropody / Toiletries etc.
£ 13.00 Chiropody
£ 10.00 Hairdresser

PAYING FOR YOUR CARE HOME (part two)

THIRD PARTY AGREEMENTS:

If you want additional facilities and / or the Care Home requests a ‘TOP-UP’ fee, you will be expected to fund the extra cost. The ‘Top-Up’ fee is a charge that the Care Home makes ‘on top of’ the full cost of the Adult Services rate. This is covered by a third party contract and it’s a commercial contract signed by family (**NOT** the resident) and the Care Home. Make **sure your family fully discuss and understand the cost arrangements with the Home before signing any agreement or documents. If in doubt, ask.**

RESIDENTS’ MONEY – PERSONAL EXPENSES ALLOWANCE:

The personal allowance is a sum of money, which is legally required to be left available for you each week to cover the cost of personal items. This is currently at a basic rate of **minimum £ 22.30 to maximum £ 28.05** per week.

- **How is the residents’ money looked after?**

*Separate individual account? YES / NO (please delete)
*Other (please state) **FAMILY**

- **How do residents access their personal allowance?**
.....

- **Homes will allow personal allowance to accumulate up to a certain level (£ 25.00) then transfer it to the resident or a person appointed by the resident?** YES / NO (please delete)
If no, please state
.....

- **Does the Home act as a Department for Work and Pensions Nominee for the collection of residents’ benefits?** NO

- **Are there any charges for administration of Personal Allowance?** YES / NO (please delete)
(if yes, please state) **INFORMATION NOT PROVIDED**

MISCELLANEOUS:

- **How much notice is required to vacate the Home?** **1 WEEK**
- **Will Homes provide information on Power of Attorney?** **INFO NOT PROVIDED**

CHARLOTTE HOUSE

CARE PROVISION DETAILS

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

Care PROVISION Details (please tick)	<input checked="" type="checkbox"/>	Care Homes can provide more than one TYPE of CARE : therefore these CARE PROVISION 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 Care Quality Commission (CQC) .
Residential (Residential Care)	<input checked="" type="checkbox"/>	
Dual (Residential and Standard Nursing Care)	<input type="checkbox"/>	
Nursing (Standard Nursing Care)	<input type="checkbox"/>	
Elderly Mentally Infirm (EMI) Residential Care	<input type="checkbox"/>	
Elderly Mentally Infirm (EMI) Nursing Care	<input type="checkbox"/>	
Young Physical Disabled (YPD) Care	<input type="checkbox"/>	

TYPES OF CARE AVAILABLE IN CARE HOMES			
TYPE OF CARE (registered with the Care Quality Commission)	Number of Registered Places		
	Under 65 (please tick)	Over 65 (please tick)	Male(M) or Female(F) or Both(B)
People with Dementia		5	1 M / 4 F
People with a mental disorder, not including a learning disability or dementia			
People with a learning disability			
People with a physical disability		1	F
People with a past or present drug problem			
People with hearing or eyesight difficulties (sensory impairment)		1	M
Older people (over 65 years old) who are not covered by any of the categories above			
Other/No category			

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

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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

2. Does your Care Home have any Registered Respite Beds Yes

If Yes, how many? 12

Please indicate how many are:- Residential 12

3. Does your Care Home provide Rotational Respite? INFO NOT PROVIDED

If Yes, please provide details of Rotation(s) available. i.e.

Every 2 weeks Every 4 weeks Every 6 weeks Every 3 months

Any Other Rotation: _____

4. Does your Care Home provide Respite All Year Round? Yes

5. Does your Care Home allow Respite to be booked in advance? Yes

If Yes, please indicate how far in advance:-

2 weeks

or, provide details: - 1 WEEK IN ADVANCED

CHARLOTTE HOUSE

ADMINISTRATION 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	

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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.

<u>HEALTH</u>	Available through HOME or NHS (please indicate)	How Often	Cost included in Home's Fee (please tick)	Additional Cost (per session/visit, etc)
Hearing Tests	✓			£ per
Batteries for Hearing Aids	✓			£ per
Sight Tests	✓			£ per
Chiropody	✓	9 weeks		£ 13 per 9 weeks
Incontinence Pads	✓	3 months		£ per
Dental Services	As required			£ per
Physiotherapy				£ per
Speech Therapy				£ per
Dietician / Nutrition	If required			£ per
Wheelchairs	If required			£ per
Walking Frames	✓	If required		£ per
Hoists	✓			£ per
Pressure Relief Facilities	✓			£ per
Aids for Hearing Impaired (please list below)				
1.				£ per
2.				£ per
3.				£ per
4.				£ per
Aids for Visually Impaired (please list below)				
1.				£ per
2.				£ per
3.				£ per
4.				£ per

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

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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)
TOILETRIES			
Soap			£ per
Shampoo			£ per
Bubble Bath			£ per
Toothpaste			£ per
Steradent			£ per
Hairdressing/Barber		✓	£ per
VALUABLES			
Provision of safety deposit			£ per
Insurance cover			Max. cover £
FOOD - special diets			
Diabetic	✓		£ per
Gluten Free			£ per
Low Cholesterol			£ per
Vegetarian			£ per
Other i.e. Asian/Kosher/Halal	✓		£ per
CLOTHING			
Laundry	✓		£ per
Dry Cleaning			£ per
Accompanied shopping trips	✓		£ 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)	CAT			
Pet Restrictions?	NO			

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<u>RESIDENTS AND FAMILIES</u>	Available YES / NO	Availability/Times/Policy	Included in Home's Fee (please tick)	Additional Cost (if appropriate)
Visiting Times	YES	8-8		
Communal Rooms (i.e. lounge) - available for relatives/guests	YES	4		
Entertaining: Relatives/Guests - refreshments	YES			£
Entertaining: Relatives/Guests - meals	NO			£
Late Night Visitors	YES			
Overnight Stays: for Relatives/Guests	YES			£
Taking Residents Out	NO			
Making Phone Calls	YES			£
Receiving Phone Calls	YES			£
Privacy/Time spent in Own Room	YES			
Summoning Assistance				
Residents Meetings/ Committee	YES			£
Mail	YES			£
Newspapers	YES	If required		£
Drinking of Alcohol	YES	If required		£

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<u>LEISURE ACTIVITIES</u>	How Often Provided	Included in Home's Fees (please tick)	Additional Cost
Entertainers	Fortnight	NO	£ per
			£ per
			£ per
			£ per
			£ per
			£ per

<u>LEISURE OUTINGS</u>	How Often Provided	Included in Home's Fees (please tick)	Additional Cost
			£ per
			£ per
			£ per
			£ per
			£ per
			£ per

<u>RELIGIOUS SERVICES</u>	How Often Provided	Included in Home's Fees (please tick)	Additional Cost
In the Home	Fortnight		
Church Outings	If required		£ per
Please indicate which religions:	Church of England / Jehovah Witness		

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

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PERSONAL CARE	PROVIDED (please tick)
ASSISTANCE PROVIDED WITH	
Getting up	✓
Washing	✓
Dressing	✓
Bathing	✓
Showering	✓
Washing hair	✓
Toileting i.e. incontinence etc	✓
Walking up / down stairs	
Any other (please state)	Lift to both floors

HEALTH CARE	PROVIDED (please tick)
ASSISTANCE PROVIDED WITH	
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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<u>CARE STAFF TRAINING (Undertaken in the past 12 Months)</u>			
Course Subject	Level	Completed (please tick/indicate number of staff)	Number of Staff in progress of Training
NVQ in Care	2		
NVQ in Care	3	3	
NVQ in Care - Management	4		
Basic Food Hygiene			
First Aid		3	
Moving and Handling		4	
Basic Sign Language			
Hearing Impairment		3	
Visual Impairment		3	
Dementia and / or Alzheimers		3	
Fire Training		5	
ANY OTHER TRAINING: Please state below:-			
TOTAL NUMBER OF CARE STAFF EMPLOYED IN THE HOME			

<u>BI-LINGUAL STAFF</u>	Provided YES / NO	Included in Home's Fees YES / NO	Additional Cost
Bangla			£ per
Gujurati			£ per
Urdu	2		£ per
Other (please state):			£ per
Access to interpreter services			£ per