



## **HAWKSYARD PRIORY NURSING HOME**

### **STATEMENT OF PURPOSE**

#### **Re-registration in 2010**

The building works completed in 2009 increased the number of registered beds from 76 to 106. We created a new entrance area with a confidential meeting room for residents and relatives to meet our staff or third parties. The kitchen and laundry facilities were upgraded and in addition we increased the number of car parking places. We continued our general refurbishment programme with the introduction of a new computer controlled gas fired central heating system throughout the Home replacing the old oil fired one.

Our facilities comply with the requirements of the Care Quality Commission and our application as a registered provider under the Health and Social Care Act (2008) was accepted with effect from 1 October 2010. We are registered to provide the following services :

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

#### **Residents' Rights**

We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights by providing services to our residents in an environment appropriate to their needs. The Human Rights Act (1998), the Care Standards Act (2000), the Mental Capacity Act (2005), the Mental Health Act (2007) and the Health and Social Care Act (2008) guide our delivery of care. We encourage our residents to exercise their rights to the full.

#### **Privacy**

We appreciate that life in a communal setting and the need to accept help with personal tasks are inherently invasive of a resident's ability to enjoy the pleasure of being alone and undisturbed. We, therefore, seek to retain as much privacy as possible for our service users in the following ways.

- Giving help in intimate situations as discreetly as possible.
- Helping residents to furnish and equip their rooms in their own style and to use them as much as they wish for leisure, meals and entertaining.
- Offering a range of locations around the Home for residents to be alone or with selected others.
- Providing locks on residents' storage space, bedrooms and other rooms in which residents need at times to be uninterrupted.
- Guaranteeing residents' privacy when using the telephone, opening and reading post and communicating with friends, relatives or advisors.
- Ensuring the confidentiality of information the Home holds about residents.

## **Dignity**

Disabilities quickly undermine dignity, so we try to preserve respect for our service users' intrinsic values in the following ways.

- Treating each resident as a special and valued individual.
- Helping residents to present themselves to others as they would wish through their personal appearance, their behaviour in public and the use of their own clothing.
- Offering a range of activities which allow residents to express themselves as unique individuals.
- Tackling the stigma from which our residents may suffer through age, disability or status.
- Compensating for the effects of disabilities which residents may experience by their communication, physical functioning, mobility or appearance.

## **Independence**

We are aware that our service users have given up a good deal of their independence in entering a group living situation. We regard it as all the more important to foster our service users' remaining opportunities to think and act without reference to another person in the following ways.

- Providing as tactfully as possible human or technical assistance when it is needed.
- Maximising the abilities our residents retain for self-care, for independent interaction with others and for carrying out the tasks of daily living unaided.
- Helping residents take reasonable and fully thought-out risks.
- Promoting opportunities for residents to establish and retain contacts beyond the Home.
- Using any form of restraint on residents only in situations of urgency when it is essential for their own safety or the safety of others.
- Encouraging residents to have access to and contribute to the records of their own care.

## **Security**

We aim to provide an environment and structure of support which responds to the need for security in the following ways.

- Offering assistance with tasks and in situations that would otherwise be perilous for residents.
- Protecting residents from all forms of abuse and from all possible abusers.
- Providing readily accessible channels for dealing with complaints by residents.
- Creating an atmosphere in the Home which residents experience as open, positive and inclusive.

## **Civil rights**

Having disabilities and residing in a Home can together act to deprive our service users of their rights as citizens. We work to maintain our residents' place in society as fully participating citizens in the following ways.

- Ensuring that residents have the opportunity to vote in elections and to brief themselves fully on their democratic options.
- Providing residents with full and equal access to all elements of the National Health Service.
- Helping residents to claim all appropriate welfare benefits and social services.
- Assisting residents' access to public services such as libraries, further education and lifelong learning.
- Assisting residents in contributing to society through volunteering, helping each other and taking on roles involving responsibility within and beyond the Home.

## **Choice**

We aim to help service users exercise the opportunity to select from a range of options in all aspects of their lives in the following ways.

- Providing meals which enable residents as far as possible to personally decide where, when, and with whom they consume food and drink of their choice.
- Offering residents a wide range of leisure activities from which to choose.
- Enabling residents to manage their own time and not be dictated to by set communal timetables.
- Avoiding wherever possible treating residents as a homogeneous group.
- Respecting individual, unusual or eccentric behaviour in residents.
- Retaining maximum flexibility in the routines of the daily life of the Home.

## **Fulfillment**

We want to help our service users to realise personal aspirations and abilities in all aspects of their lives. We seek to assist this in the following ways.

- Informing ourselves as fully as each resident wishes about their individual histories and characteristics.
- Providing a range of leisure and recreational activities to suit the tastes and abilities of all residents and to stimulate participation in them.
- Responding appropriately to the personal, intellectual, artistic and spiritual values and practices of every resident.
- Respecting our residents' religious, ethnic and cultural diversity.
- Helping our residents to maintain existing contacts and to make new liaisons, friendships and personal or sexual relationships if they so wish.
- Attempting always to listen and attend promptly to any resident's desire to communicate at whatever level.

## **Quality care**

We wish to provide the highest quality of care, and to do this we give priority to a number of areas relating to the operation of the Home and the services we provide.

## **Choice of Home**

We recognise that every prospective resident should have the opportunity to choose a Home which suits their needs and abilities. To facilitate that choice and to ensure that our residents know precisely what services we offer, we will do the following.

- Provide detailed information on the Home by publishing a statement of purpose and a detailed service user guide.
- Give each resident a contract or a statement of terms and conditions specifying the details of the relationship.
- Ensure that every prospective resident has their needs expertly assessed before a decision on admission is taken.
- Demonstrate to every person about to be admitted to the Home that we are confident that we can meet their needs as assessed.
- Offer introductory visits to prospective residents and avoid unplanned admissions except in cases of emergency.

## **Personal and health care**

We draw on expert professional guidelines for the services the Home provides. In pursuit of the best possible care we will do the following.

- Produce with each resident, and thereafter implement, a care plan which is regularly updated and is based on an initial and then continuing assessment.
- Seek to meet or arrange for appropriate professionals to meet the health care needs of each resident.
- Establish and carry out careful procedures for the administration of residents' medicines.
- Take steps to safeguard residents' privacy and dignity in all aspects of the delivery of health and personal care.
- Treat with special care residents who are dying, and sensitively assist them and their relatives at the time of death.

## **Lifestyle**

It is clear that service users may need care and help in a range of aspects of their lives. To respond to the variety of needs and wishes of service users, we will do the following.

- Aim to provide a lifestyle for residents which satisfies their social, cultural, religious and recreational interests and needs.
- Help residents to exercise choice and control over their lives.
- Provide meals which constitute a wholesome, appealing and balanced diet in pleasing surroundings and at times convenient to residents.

## **Concerns, complaints and protection**

Despite everything that we do to provide a secure environment, we know that residents may become dissatisfied from time to time and may even suffer abuse inside or outside the Home. To tackle such problems we will do the following.

- Provide and, where necessary, operate a simple, clear and accessible complaints procedure.
- Take all necessary action to protect residents' legal rights.
- Make all possible efforts to protect residents from every sort of abuse and from the various possible abusers.

## **The environment**

The physical environment of the Home is designed for residents' convenience and comfort. In particular, we will do the following.

- Maintain the buildings and grounds in a safe condition.
- Make detailed arrangements for the communal areas of the Home to be safe and comfortable.
- Supply toilet, washing and bathing facilities suitable for each and every resident.
- Arrange for specialist equipment to be available to maximise residents' independence.
- Provide individual accommodation which at the very least meets National Minimum Standards.
- Ensure that residents have safe and comfortable bedrooms, with their own possessions around them.
- See that the premises are kept clean, hygienic and free from unpleasant odours, with systems in place to control the spread of infection.

In addition there are some areas of the Home which are marked for staff use only as follows: laundry, main kitchen, subsidiary kitchens, training room, staff room, 3 sluice rooms, 2 offices, 3 nurse stations and the staff accommodation provided on the 3<sup>rd</sup> floor.

## **Staffing**

We are aware that the Home's staff will always play a very important role in the residents' welfare. To maximise this contribution, we will do the following.

- Employ staff in sufficient numbers and with the relevant mix of skills to meet residents' needs.
- Provide at all times an appropriate number of staff with qualifications in health and social care.
- Employ recruitment policies and practices which both respect equal opportunities and protect residents' safety and welfare.
- Offer our staff a range of training which is relevant to their induction, foundation, experience and further development.

In general terms, the Home will staff as below but may change according to dependency levels;

- AM shift : 1 care staff to each 5 service users + 3 Registered Nurses
- PM shift : 1 care staff to each 7 service users + 3 Registered Nurses
- Night shift : 1 care staff to each 10 service users + 3 Registered Nurses
- Registered Manager 4 office days

## **The Home's staff**

The Home's total staff establishment will vary between 125 and 130 of whom over 80 will have duties involving direct care for service users. All care staff have or are working towards Level 2 and 3 NVQ in Care. All other training is ongoing and in particular, as and when new legislation is introduced, the appropriate courses are arranged. Administration and support staff, in terms of both time and numbers, are considered appropriate to the needs of the Home.

## **Management and administration**

The leadership of the Home is critical to all its operations. We will ensure the following.

- The registered manager is a person who is experienced, competent and qualified to perform the task.
- The management approach creates an open, positive and inclusive atmosphere.
- Install and operate an effective quality assurance and quality monitoring system.
- Work to accounting and financial procedures that safeguard residents' interests.
- Offer residents appropriate assistance in the management of their personal finances.
- Supervise all staff and voluntary workers regularly and carefully.
- Keep up-to-date and accurate records on all aspects of the Home and its residents.
- Ensure that the health, safety and welfare of residents and staff are promoted and protected.

## **The underpinning elements**

We want everything we do in the Home to be driven by the needs, abilities and aspirations of our residents, not by what staff, management or any other group would desire. We recognise how easily this focus can slip and we will remain vigilant to ensure that the facilities, resources, policies, activities and services of the Home remain resident-led.

## **Fitness for purpose**

We are committed to achieving our stated aims and objectives and we welcome scrutiny by our service users and their representatives. Our priority is to have happy, contented and well cared for residents and to provide family and friends with peace of mind as to the quality of care we deliver in a consistent manner.

## **Comprehensiveness**

We aim to provide a total range of care, in collaboration with all appropriate agencies, to meet the overall personal and health care needs and preferences of our residents.

## **Meeting assessed needs**

The care we provide is based on the thorough assessment of needs and the systematic and continuous planning of care for each resident.

## **Quality services**

We are aiming for a progressive improvement in the standards of training at all levels of our staff and management.

## **The Home's management**

The persons officially registered as carrying on the business of the Home are Geoffrey Morphitis and the registered manager Susan Harrison, who is the person in day to day control of the Home's operations. The management's qualifications and experience are;

**Geoffrey Morphitis** : Geoffrey qualified as a Chartered Accountant in 1976 with Turquands Barton Mayhew (now Ernst & Young) having previously graduated from the University of Sheffield with a Bachelor of Arts Degree in Economics and Accountancy.

He left to join Cape & Dalglish and became a partner in 1979 spending the next 15 years in professional practice as a chartered accountant. In July 1994, following the merger with Cape & Dalglish, he became a partner in Grant Thornton. Geoffrey's main areas of expertise were in corporate recovery and corporate finance gaining particular expertise in the management buy-out sector, concentrating in the areas of healthcare and financial services.

In 1999 Geoffrey retired as a full time equity partner at Grant Thornton and took up a number of non-executive directorships. In particular, he arranged the funding and corporate structure which resulted in the acquisition of Hawksyard Priory Nursing Home in October 2001 and is responsible for the introduction of the financial controls which ensure the ongoing financial viability of the Home.

**Susan Harrison** : Susan is an experienced Registered General Nurse, with a sincere empathy for the elderly. Susan studied nursing from the age of sixteen, initially attending a Pre-Nursing course at Cannock College and thereafter as a Cadet Nurse at Stafford General Infirmary. She became a Student Nurse and attained her State Registration in 1977. By the time she was twenty three years old, she was a Ward Sister with Mid Staffordshire Health Authority.

After the birth of her first child, Susan left the National Health Service and began working in the private and community health care sector, thus affording her more flexible working hours.

In November 1989, Susan joined Hawksyard Priory Nursing Home and was appointed Deputy Matron. She later became Matron and introduced improved standards of care by way of a range of innovative ideas. She gained her Registered Managers Qualification in 2004 and continues to study to improve herself and to keep up to date with all relevant legislation.

Susan holds NVQ teaching qualifications and continually strives to educate and mentor her staff. She is an active participant in the Care Home Service Improvement Programme for Palliative Care (Gold Standard Framework)

### **The organisational structure of the Home (see page 13 for management structure chart)**

The Home is operated by a senior management team with lines of staff accountability

### **Service users accommodation and the range of needs met**

All the rooms at the Home meet the requirements of each of the physical and environmental standards set by the Care Quality Commission (CQC).

**Ground Floor:** - has 34 registered beds, 15 of which are dual registered for either nursing or residential care. The accommodation consists of 16 single and 9 twin bedded rooms. Of these, 13 single and all the twin bedded rooms are en suite. Although all rooms are well furnished, service users are encouraged to bring in personal effects to make their rooms more homely. Each room has a television point, two call bells and a number of the rooms have a telephone point as well. This floor has 7 baths, (2 with chair lifts), 1 level entry shower / 1 wet room and 2 hoists. There is a large dining room, 4 sitting areas (1 is a smoking lounge) and various separate storage areas for medicines, cleaning materials and linen.

**First Floor:** - has 36 registered beds for elderly nursing patients. The accommodation consists of 24 single and 6 twin bedded rooms. 14 of the single rooms are en suite. Although all rooms are well furnished, service users are encouraged to bring in personal effects to make their rooms more homely. Each room has a television point, two call bells and some rooms have a telephone point as well. This floor has an assisted bath, 1 level entry shower / 2 wet rooms and 2 hoists. There are 3 lounges (1 is a quiet room), a centrally located dining room and various separate storage areas for medicines, cleaning materials and linen.

**Second Floor:** - has 36 registered beds for Elderly Mental Infirm (EMI) residents. The accommodation consists of 20 single and 8 twin bedded rooms. 12 of the single rooms are en suite. Although all rooms are well furnished, service users are encouraged to bring in personal effects to make their rooms more homely. Each room has a television point, two call bells and a number of the rooms have a telephone point. This floor has an assisted bath, 1 level entry shower / 2 wet rooms and 2 hoists. There are 6 lounges (1 is a quiet room), a centrally located dining room and various separate storage areas for medicines, cleaning materials and linen.

### **Residents requiring nursing care**

The Home employs appropriate staff to be able to provide nursing for all residents who need nursing care.

### **Admissions**

Under government regulations, potential residents will have their needs thoroughly assessed before entering a Home. This assessment is intended to provide each service user with the best possible information upon which to make an informed choice as to their future care provider.

- The initial assessment for potential residents, who are already in touch with a social service or social work department, will be undertaken as part of the care management process. However, we need to assure ourselves, as does the service user, that our particular Home is suitable for them.
- For potential residents who approach the Home direct, appropriately trained staff will make a full assessment of needs, and, with the service user's permission, call upon specialist advice and reports if needed. The assessment process helps the staff to satisfy themselves that a potential resident's requirements can be met and to make an initial plan of the care we will provide.
- We will provide prospective residents with as much information as possible about the Home to help them make a decision about whether or not they want to live here. We offer the opportunity for a prospective resident to visit the Home, join current residents for a meal and even to move in on a trial basis.
- We are happy for a prospective resident to involve their family, friends or other representatives in visiting the Home to see the level of care and facilities we can provide before making the final decision about admission.
- If an emergency admission has to be made, we will inform the new resident within 48 hours on the key aspects, rules and routines of the Home. We will carry out the full information and assessment process within five days.

## **Limitations**

The Home is unable to cope with clients who are subject to Section 3 of the Mental Health Act or have severe or challenging behavioural problems. This information is expressed positively and honestly so that potential residents are not misled into expectations that the Home cannot fulfil. Should we feel the Home is not suitable for a particular person, we will try to give advice on how to look for help elsewhere.

## **Social activities, hobbies and leisure interests**

We try to make it possible for our residents to live their lives as fully as possible. In particular, we do the following.

- As part of the assessment process, we encourage potential residents to share with us as much information as possible about their social, cultural and leisure interests, as a basis for helping them during the period of residence in the Home. We also ask relatives and friends to provide us with short biographies to assist in the process.
- We try to help residents to enjoy as wide a range as possible of individual and group activities both inside and outside the Home. We encourage residents to carry on with existing hobbies, pursuits and relationships as well as exploring new avenues and experiences.
- All residents are entitled to use the dining rooms, the communal lounges and the grounds of the Home. Residents are encouraged to personalise their own rooms with items of furniture and other possessions and are free to remain in their own rooms whenever they like.
- We have regular social activities such as coffee mornings, keep-fit groups, parties, outings, entertainers and events involving other volunteer organisations.
- We hope that friendships among residents will develop and that residents will enjoy being part of a community, but there is no compulsion on a resident to join in with any of the communal social activities.
- The Home's facilities include a church, numerous lounges and outdoor sitting areas including a safe fenced off garden with wheelchair accessible routes.
- To assist the Home's social programme, we have four diversional therapists and information is given out on admission on other facilities such as the availability of daily newspapers and a visiting public library service.
- We recognise that food and drink play an important part in the social life of the Home. We try to provide a welcoming environment in the dining room and to ensure that meals are pleasant, unhurried occasions providing opportunities for social interaction as well as nourishment.
- As far as possible we encourage residents to choose where they sit in the dining room and meals can be served in the residents' own rooms if desired.
- Three full meals are provided each day, with a regularly changing menu for both lunch and evening meal. Residents are always offered a choice of meals and we cater for special and therapeutic diets as agreed in each resident's care plan.
- Care staff provide discreet, sensitive and individual help with eating and drinking for those needing it. Snacks and hot and cold drinks are available at all times.
- All the food and drink provided is attractive, appealing and appetising. We also celebrate special occasions and festivals.
- We try to ensure that the Home is a part of the local community. We encourage visitors to the Home such as MPs, local councillors, representatives of voluntary organisations, students, school children and others. Naturally, within this policy, we respect the views of service users as to who they want to see or otherwise.

- We accept that risk-taking is a vital and often enjoyable part of life and of social activity but some residents wish to take certain risks despite, or even because of, their disability. We do not aim to provide a totally risk-free environment although we take care to ensure that residents are not subject to unnecessary hazards.
- When a service user wishes to take part in any activity which could involve risk, we will carry out a thorough risk assessment with that individual, involving, if they so desire, a relative, friend or representative. We will agree and record action which appropriately balances the factors involved. Such risk assessments will be regularly reviewed, with the participation of all parties, in the light of experience.
- For the benefit of all residents and staff, communal areas of the Home are designated as smoke free. Residents, who wish to smoke, may only do so, in the specially designated smoking lounge which can be found on the ground floor.
- There may be a charge associated with some social activities and services. Where this applies, the details will be made clear to the service user in advance.

### **Consulting service users about the way the Home operates.**

We aim to give service users opportunities to participate in all aspects of life in the Home. In particular, we undertake the following.

- Residents are regularly consulted about the way the Home is run.
- Opportunities are available for residents to join staff meetings, policy groups and other forums, involving staff selection, menu planning and policy reviews.
- Our objective is always to make the process of managing and running the Home as transparent as possible, and to ensure that the Home has an open, positive and inclusive atmosphere by working in partnership with service users.
- We obtain feedback on the level of services provided by way of anonymous user satisfaction questionnaires, individual and group discussions and evidence from records and life plans. Opportunities exist for service user involvement in the formulation and revision of policies, procedures and other written documents.

### **Fire precautions, associated emergency procedures and safe working practices**

All residents are made aware of the action to be taken in the event of a fire or other emergency, and copies of the Home's fire safety policy and procedures are available on request. The Home conforms to all relevant government guidance on promoting and protecting the health, safety and welfare of service users and staff.

### **Arrangements for religious observances**

Services users who wish to practise their religion will be given every possible help and facility. In particular we will do the following.

- We arrange transport for service users to any local place of worship as required.
- We will make contact with any local place of worship on a service user's behalf and can usually arrange for a minister or a member of the relevant congregation to visit a service user if required.
- We celebrate the major annual Christian festivals in the public areas of the Home. Service users have the opportunity to participate or not, as they so wish.
- Particular care will be taken to meet the needs of service users from minority faiths. These should be discussed with the Matron before admission.

## **Relatives, friends and representatives**

The Home considers the maintenance of existing relationships to be of paramount importance and we will undertake the following actions to assist this.

- Residents are given every possible assistance to maintain the links they wish to retain with their families and friends outside the Home, and are free to choose when, where and whom they want to see.
- If a resident so wishes, their friends and relatives are welcome to visit the Home at any time convenient to the resident and to become involved in daily routines and activities.
- If a resident wishes to be represented in any dealings with the Home by a nominated friend, relative, professional person or advocate, we will respect their wishes and offer all necessary facilities.

## **Concerns and complaints**

The management and staff of the Home aim to listen to and act on the views and concerns of service users.

- We encourage discussion and action on issues raised before they develop into problems and formal complaints.
- We welcome comments and suggestions from service users, their relatives, friends and representatives. Positive comments help us to build on our successes, but we can also learn from comments which are by way of criticism.
- We undertake to look into all comments or complaints as quickly as possible and to provide a satisfactory response.
- Anyone who feels dissatisfied with any aspect of the Home should, if possible, raise the matter in the first instance with a member of staff. It may be that the staff member can take immediate action to respond or if appropriate, apologise.
- If the complainant feels uncomfortable about raising the behaviour of a particular member of staff with the individual directly, they should approach someone more senior. Any staff member receiving a complaint about themselves or a colleague will report the matter to their superior and try to sort it out as quickly as possible.
- If anyone who is dissatisfied with any aspect of the Home and feels that when the matter was raised informally, it was not dealt with to their satisfaction or is not comfortable with the idea of dealing with the matter on an informal basis, then they should inform the manager of the Home that they wish to make a formal complaint.
- The manager will then make arrangements to handle the complaint personally or will nominate a senior person for this task.
- The person who is handling the complaint will interview the complainant and will either set down the details in writing or provide the complainant with a form for completion. The written record of a complaint must be signed by the complainant, who will be provided with a copy, together with a written acknowledgement that the complaint is being processed and the timescale for the Home to respond.
- The complainant will be informed of their right at any stage to pursue the matter with CQC and will be given details of how CQC can be contacted.
- The person handling the complaint will then investigate the matter, interviewing the staff as appropriate. If it is necessary to interview service users or other third parties, the complainant's permission will be sought.
- Complaints will be dealt with confidentially and only those who have a need to know will be informed about the complaint and the investigation. The investigation will be completed within 28 days, unless there are exceptional circumstances, which will be explained to the complainant.

- The person investigating the complaint will report back to the complainant, as soon as possible explaining what they have found and providing them with a written copy of their report.
- The person who investigates a complaint will initiate any action which needs to be taken in response to their findings, will inform the complainant about any such action and will apologise or arrange for an apology if that is appropriate.
- We hope that the results of the investigation will satisfy the complainant and put an end the matter. If the complainant is satisfied, then they will be asked to sign a copy of the report of the investigation and the action taken.
- If a complainant is not satisfied with the investigation or the action taken, they will be informed of their right to pursue the matter with CQC.

### **Service user plan of care**

At the time of a new resident's admission to the Home, we work with the service user, and their friend, relative or representative if appropriate, to draw up a written plan of the care we will aim to provide.

- The plan sets out objectives for the care, how we hope to achieve these objectives and incorporates all the necessary risk assessments.
- Once a month, we review each service user's plan together, setting out whatever changes have occurred and need to occur in future. From time to time further assessments of elements of the service user's needs are required to ensure that the care we are providing is relevant to helping the resident achieve their full potential.
- Every service user has access to their plan and is encouraged to participate as fully as possible in the care planning process.

### **Therapeutic techniques**

The Home can offer therapeutic techniques on request. A member of our permanent staff is trained in therapeutic techniques and holds the necessary qualification to practise aromatherapy, massage and alternative medicine.

### **Review of this document**

We keep this document under regular review and would welcome comments from service users and others.

Signed:

Susan Harrison - Matron

Date : October 2011

Next Review Date : June 2012

# HAWKSYARD PRIORY NURSING HOME LIMITED

## MANAGEMENT STRUCTURE

### DIRECTORS

**Susan Harrison**

**Geoffrey Morphitis**

### HEAD OF GENERAL NURSING

### HEAD OF EMI

### FINANCIAL ADMINISTRATOR

Susan Harrison

Joy Sage

Patricia Simms

NURSING STAFF  
DIVERSIONAL THERAPISTS

NURSING STAFF

ADMINISTRATION STAFF

**SENIOR  
HOUSEKEEPER**

**FIRST  
CHEF**

**MAINTENANCE  
MANAGER**

Veronica Flint

Andrew Haskett

Keith Yates

HOUSEKEEPING

CATERING STAFF

MAINTENANCE TEAM