

## **AIMS AND OBJECTIVES**

The aims and objectives of the Association shall be to relieve the suffering and distress and to promote the welfare of people who live in their own homes, and their carers by.

- 1) Promoting appropriate individual care for older people through a planned programme of stimulation carried out in a day centre, and to provide such people with practical or emotional support on a regular basis.
- 2) Providing practical or emotional support for carers of older people
- 3) Providing a) and b) above
  - 1) Without regard to religion, class, creed or sex
  - 2) In co-operation and partnership with statutory and voluntary agencies already in the areas of benefit.

## **CODE OF GOOD PRACTICE**

### **PROTECTION OF VULNERABLE ADULTS**

- 1) Adopt the Rosebery Centre Policy statement on safeguarding the welfare of vulnerable adults.
- 2) Plan the work of the Rosebery Centre to minimise situations where any form of abuse may occur.
- 3) Apply agreed procedures for protection of vulnerable adults to all paid staff & volunteers.
- 4) Ensure volunteers & paid staff has clear roles.
- 5) Secure two references before appointing volunteers or paid staff.
- 6) Conduct interviews with paid staff & volunteers to ascertain experience of working with vulnerable people.
- 7) Ensure that application is made for paid staff & volunteers to disclosure Scotland.
- 8) Make paid & voluntary appointments conditional on the successful completion of a probationary period.
- 9) Issue guidelines on how to deal with the disclosure of discovery of abuse.

## **COMPLAINTS PROCEDURE.**

### **INTRODUCTION**

The Rosebery Centre will always endeavour to help you and your family. However sometimes things can go wrong. We hope that problems can be solved quickly and satisfactorily.

Should you wish to complain about a the day centre incident, a member of staff or a volunteer, then please put your complaint in writing within three months of the event and address it to :

The Chairperson

Rosebery Management Committee

c/o Harwood Church

Chapleton Tearrace

Polbeth

West Calder

EH55 8SQ

The matter will then be passed to the Day Care Management Committee. You will receive a result of the complaint issue within 28days of the compliant being made.

### **CONCLUSION.**

The management committee will hopefully resolve the matter and return to you with the findings. However, should the complaint be unsatisfactory dealt with, you may ask to meet with the full committee or in a case of a mental health issue. You are within our right to complain to the organisations over the next page.

Mental Health Commission

The Care Inspectorate

Floor K

Compass House

3 Lady Lawson Street

11 Riverside Drive

Edinburgh

Dundee

EH3 9SH

DD1 4NY

Phone number 0131 222 6111

Phone number 01382 207 100

We are always interested in learning how to improve our services generally. Please feel free to contact the office at any time with any comments or suggestions you may have.

If the complaint is upheld, there will be positive changes made in accordance with the results of any investigation.

The complaint and its results will be fully detailed, recorded and monitored.

# Rosebery Centre Confidentiality Policy

## Management Committee

### *Reason for this policy*

Building and maintaining relationships of mutual trust is extremely important to us. The future of our organisation depends on good working relations with our clients, funding providers, community partners, members/supporters, employees and volunteers. Not only do we need to be careful about respecting confidentiality, but we need to be seen to be doing so by the community at large.

In addition, we have a legal obligation to protect the privacy of our clients, carers, volunteers, and other individuals associated with our organisation.

For this reason, committee members are reminded of the importance of preserving confidentiality, particularly in matters related to:

- *Client identity, personal contact details and case histories;*
- *Personal details of staff, volunteers and supporters, clients and carers.*

We ask that all management committee members respect the above and hold in confidence all details of management committee meetings.

### *Policy Statement*

Staff, volunteers and committee members are requested to respect confidentiality of information, meetings and conversations to which they are party during their involvement with the organisation and its services (see Confidentiality Guidelines).

Volunteers who require access to confidential information in order to fulfil their agreed role shall be asked to sign a confidentiality agreement prior to being given access to the information. This includes Committee Members.

The Management Committee shall nominate one or more members of Staff to publicly represent the organisation for specific purposes and/or contexts.

Such spokespersons shall be given formal authority to speak publicly about:

- *Published policies, including standards of care and protocols;*
- *Other matters relating to the quality of care of clients/carers.*

To protect confidentiality, appropriate arrangements shall be put in place for debriefing of all employees, volunteers and committee members in relation to any aspect of operations. These shall include clear processes for resolving grievances and/or initiating organisational change and improvement.

### *Confidentiality Guidelines*

a) All personal information is confidential

It is never acceptable to presume that any personal information about any employee, committee member, volunteer, client or general member is “common knowledge”. This includes such information as marital or relational status (married to, divorced from or dating so and so), sexual orientation, medical information, or any other personal information. Regardless of your experience of any individual’s comfort with the common knowledge of any of their personal information, this should never be repeated to anyone by you without that person’s consent.

b) Confidentiality restrictions apply even after you’ve left the organisation

Our confidentiality policy is maintained even after the termination of a client’s placement with the organisation. Confidentiality extends not only for the duration of time you are volunteering or employed, but also continues indefinitely once the relationship with our organisation ends.

c) Do not discuss confidential information with family/friends

Information about a client, even if not specified by the client, should not be disclosed to family members or friends.

Employees and volunteers should avoid discussing client’s names and/or circumstances in public places.

Any concerns or queries regarding confidentiality issues should be

- i) directed to the Day Centre Manager or
- ii) raised directly with a member of the Management Committee.

d) No discussion of identification of personal telephone numbers

Employee’s and volunteer’s personal telephone numbers should not be disclosed to clients/carers. If calls are necessary – dial 141 before making the call.

*Committee Member Confidentiality Acknowledgement*

As a Committee Member of The Rosebery Centre

I (name) \_\_\_\_\_,

Of (address)

agree that I will comply with the organisation's Confidentiality Policy.

Date \_\_\_\_\_

## **CONFIDENTIALITY & DATA PROTECTION POLICY**

### **PURPOSE**

As an organisation it is vital we handle the issues of confidentiality professionally on behalf of our service users “their carers and representatives”. Our main aim should be for our service users to feel assured that their personal information is handled appropriately and their personal confidences are respected.

In line with the 1988 Data Protection Act, Rosebery Centre Day Care Centre takes the responsibility for obtaining and storing all information and data very seriously. Employees are aware of the need for confidentiality and respect when receiving any information regarding clients or the service they receive.

### **PROCEDURES**

There are several ways in which we ensure that we maintain each individual's confidentiality:

- 1) Handle information about service users or their representatives in accordance with Data Protection Act 1988 and the organisations own polices & procedures and in the best interest of the service users.
- 2) Staff receives adequate training and support to work to the highest standards and practice.
- 3) Employees know when information given to them in confidence must be shared with the line manager and other health & social care agencies.
- 4) The principles of confidentiality are observed in discussion with colleagues and the line manager, particularly when undertaking training or group supervision sessions.
- 5) Suitable provisions is made for the safe & confidential storage of service user records & information including the provisions of lockable filing cabinets and the shielding of computer screens from general view when displaying personal data.
- 6) Personal information will only be shared on a “need to know” basis.
- 7) Information will not be passed to third parties for commercial use.

## **ESSENTIAL ELEMENTS OF RECORD WRITING.**

All records of any kind **MUST** be:

- 1) Written Legibly and Indelibly
- 2) Clear and to the point
- 3) Accurate in each entry as to mine and date.

Other important rules of good practice when writing reports or maintaining records are:

- 1) Ensure that alterations are made by crossing out mistakes with one single line followed by staff members initial and date and time of correction. **Never use "tippex"**
- 2) Ensure any additions to entries are individually dates and signed.
- 3) Do not include abbreviations, meaningless phrases & offensive, subjective statements unrelated to the service user's care.
- 4) When writing major entries to the records they should always be signed in full by the staff member making that entry.
- 5) Do not include entries made in pencil or blue ink as these are at risk of being erased or poorly reproduced if required.
- 6) Employees are reminded that any record, report or entry could be used in a court of law or other hearing.

## **OPEN ACCESS.**

- 1) Requests see or be sent a copy of personal information held by Rosebery Centre should be made in writing to the manager who will arrange for the requests to be met.
- 2) If the individual concerned is unhappy with the information held by Rosebery Day Centre they may ask for the information to be amended or they may add their own comments.
- 3) Confidentiality Information that is passed to Rosebery Day Centre by other organisations- e.g. from a statutory health and social services is exempt from these Open Access requirements.
- 4) Exemption will also be made in matters relating to any possible abuse of children or vulnerable adults, or in relation t matters that may endanger public health or well-being.

## **DATA PROTECTION.**

- 1) Rosebery Day Centre is registered as a Data as a Data Controller under Data Protection Act, which applies to records held on computers and manual data.
- 2) On request, Rosebery Day Centre Manager & Assistant Manager will inform those whom hols information about organisations, why we hold the information and what we intend to do with it.
- 3) Information will only be used for the purpose in which it was obtained.
- 4) Only those staff volunteers or others engaged on work for Rosebery Day Centre with a valid "need to know" purpose will have access to personal information.
- 5) Care will be taken of the information held and every effort will be made not to misuse it.
- 6) When disclosing information Rosebery Day Centre will ensure that this is for a good reason, that the reason is complaint with the purpose for which the information was obtained and that the party being passed the information is authorised to have it.

- 7) It is acceptable to share confidentiality information so long as written consent has been obtained in advance from those to who it relates.
- 8) Personal information must not be disclosed to any public authority that could then be made available under the Freedom of Information Act.

**NOTE:**

Failure to observe the requirements of the Confidentiality and Data Protection Policy by Staff, volunteers and other engaged on the work for Rosebery Day Centre is likely to be treated as a gross misconduct and could result in disciplinary action

This policy will be reviewed annually to ensure that our practice is rigid and consistent. A copy of this document will be made available to anyone on request.



# Rosebery Centre

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## EMERGENCY FIRE ACTION PLAN

### Persons in charge

Anne Marson

Karon Sheridan

This is a procedure for all staff volunteers members and if any visitors to follow in the event of a fire.

- 1) In the event of a fire you will hear a fire alarm; this will be a loud sharp noise that will be continuous.
- 2) If you see a fire you must raise the Alarm this can be done through shouting "**FIRE**" ensuring your personal safety is paramount. Ensure that you are in a safe place and if possible speak with manager who will raise the fire brigade.
- 3) In the event of a fire ensure that all doors are closed, if safe to do so look in rooms that could be utilised (ie toilet's) **DO NOT** put yourself or others at risk. Ensure a main person has called fire brigade. If safe to do so begin evacuation procedure.
- 4) The person/persons in charge should ensure that all people are accounted for (head count) ensure all doors are closed. Call 999 give clear and concise information of where fire is, how many people in building (if possible) and what caused fire (if possible)
- 5) **In case of evacuation** depending on where the fire is situated all staff volunteer's member's visitors should leave at the nearest fire exit. Those who have or may have disability specific arrangements have been made these will be found in file under **EGRESS PLAN** this will give details of procedure on safe exit. All others should take direction from person in charge. Ensure personal safety is adhered to at all times.
- 6) All persons should assemble over at the football car park. Main person will check that all persons have left the building and ensure that grab bag has been taken.



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## FIRE AND EMERGENCY EVACUATION PLAN

- 1) **The action employees should take if they discover a fire-** Immediately operates the nearest call-point. Attack the fire if possible, with appliances available, without taking personal risk
- 2) **How will people be informed-** the electrical fire alarm system will sound on operation of the manually operated alarm call-point
- 3) **How the evacuation of the building will be carried out-** everyone in the building should leave from the nearest exit and report to the fire assembly point at the football car park.
- 4) **Identification of escape routes-** all exit doors can be used as escape routes, head for closest to area in which you are in
- 5) **Fire fighting equipment provided-** fire extinguishers are located in circulation areas and near fire exit doors
- 6) **Duties & Identity of staff who have specific responsibilities in the event of fire- named people Anne Marson & Karon Sheridan-** on hearing the alarm named persons should usher any visitors out of the building and assemble at the fire assembly point.
  - A) Areas are cleared of people.
  - B) Registers are collected on way out (grab bag)
  - C) Fire brigade is called
  - D)
- 7) **Arranging for the safe evacuation of people identified as being especially at risk, such as contractors those who may have disabilities, members of the public and visitors.**
  - A) **Visitors**-Named person must take responsibility of visitors they may have & ensure they leave the building by the nearest exit
  - B) **Contractors**- must be given information about fire procedures and leave the building at nearest exit.
  - C) **People with disabilities**- specific arrangements have been made these will be found in back of fire folder
- 8) **How will fire Brigade and the necessary emergency services be called and who is responsible.**
  - A) on hearing the Alarm **Anne Marson or Karon Sheridan** will dial 999 and ask for Fire Brigade or other emergency service if appropriate
- 9) **The following arrangements & training is given to staff volunteers**



unsung heroes

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- A) All staff: fire drills two times per year
- B) All staff: Fire briefing once per year (may be in conjunction with fire drill).
- C) Named person training annualy
- D) Record of training kept in Fire Management Manual
- E) Training to be reviewed on a yearly basis and planned into buget.



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## **FIRE SAFETY POLICY**

### **The person in control of the building will be responsible for**

- 1) Carrying out fire fighting if trained to do so and if safe to do so.
- 2) Assisting in the evacuation of the premises.

### **Relevant preventative measures are taken by the duty holder to**

- 1) To minimise the outbreak of fire
- 2) Reduce the risk of outbreak of fire
- 3) Reduce the risk of the spread of fire: and
- 4) Provide a safe means of escape

### **Appropriate precautions are taken by the duty holder to**

- 1) Ensure that the means of escape are available at all times
- 2) Maintain fire extinguishers and provide appropriate training where possible
- 3) Maintain emergency lighting and escape routes
- 4) Maintain the relevant fire detection and fire alarm systems
- 5) Maintain the appropriate signage for purposes of escape
- 6) Give appropriate instructions to employees / volunteers concerning risks
- 7) Ensure outside organisations are properly controlled and informed of any fire risk

Name

Position

Date



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**Rosebery Centre**

**Health and Safety Policy Statement**

**Health & Safety at Work etc Act 1974**

*This is the Health & Safety Policy Statement of*

**Rosebery Centre**

Our statement of general policy is:

- To provide adequate control of the Health & Safety risks arising from our work activities
- To consult with our employees on matters affecting their Health & Safety
- To provide and maintain safe plant and equipment
- To ensure safe handling and use of substances
- To provide information, instruction and supervision for employees
- To ensure all employees are competent to do their tasks, and to give them adequate training
- To prevent accidents and cases of work-related ill health
- To maintain safe and healthy working conditions; and
- To review and revise this policy as necessary at regular intervals.

**Signed .....**  
(employer)

**Date .....**

**Review Date .....**

**Chairperson.....**

**Assistant Manager.....**

**Manager.....**

## **Responsibilities**

**1** Overall and final responsibility for Health & Safety is that of

- The Management Committee

**1** Day-to day responsibility for ensuring this policy is put into practice is delegated to

- The Centre Manager

**1** To ensure Health & Safety standards are maintained/improved, the following people have responsibility in the following areas

<b>Name</b>	<b>Responsibility</b>
Chairperson	Annual review
Manager	Risk Assessments
Assistant manager	Kitchen & Activity Rooms
Service Officer	General Office & IT

**2** All employees have to:

- Co-operate with supervisors and managers on Health & Safety matters
- Not interfere with anything provided to safeguard their Health & Safety
- Take reasonable care of their own Health & Safety; and
- Report all Health & Safety concerns to an appropriate person  
(as detailed in this policy statement)

## **Health & Safety risks arising from Our work activities**

- Risk Assessments will be undertaken by
  - The Manager
- The findings of the risk assessments will be reported to
  - The Management Committee
- Action required to remove/control risks will be approved by
  - The Management Committee
- Responsibility for ensuring the action required is implemented
  - The Manager
- Responsible for checking the implemented actions have removed/reduced the risks
  - Service officer

Assessments will be reviewed every year or when the work activity changes, whichever is soonest.

## **Consultation with Employees**

- Employee Representative(s) are
  - Assistant manager
- Consultation with employees is provided by
  - The Manager

## **Safe Plant and Equipment**

- Responsibility for identifying all equipment/plant needing maintenance
  - Service officer
- Responsible for ensuring effective maintenance procedures are drawn up
  - Service officer
- Responsible for ensuring that all identified maintenance is implemented
  - Service officer
- Any problems found with plant/equipment should be reported to
  - Service officer
- Responsible for checking that new plant and equipment meets Health & Safety standards before it is purchased
  - Service officer

## **Safe Handling And use of substances**

- Responsible for identifying all substances which need a Coshh assessment
  - Chairperson
- Responsible for undertaking Coshh assessments
  - The Manager
- Responsible for ensuring that all actions identified in the assessments are implemented
  - The Manager
- Responsible for ensuring that all relevant employees are informed about Coshh assessments
  - The Manager
- Responsible for checking new substances can be used safely before they are purchased
  - Chairperson

Assessments will be reviewed every year or when work activity changes, whichever is soonest.

The Manager

## **Information, Instruction and Supervision**

- Health & Safety advice is available from
- Health & Safety Executive  
Tel No: Website:
- Supervision of young workers/trainees will be undertaken/monitored by  
Assistant manager
- Responsible for ensuring that our employees working at locations under the control of other employers are given relevant Health & Safety information
- The Manager

## **Competency for Tasks and Training**

- Induction Training will be provided for all employees by
- The Manager/Assistant manager
- Job specific training will be provided by  
Assistant manager
- Specific Jobs requiring special training are:
  - Manual Handling
  - Food Hygiene/Infection Control
    - Training records are kept in Staff/Volunteer personal files
    - Training will be identified, arranged and monitored by
    - Manager & Assistant manager

## **Accidents, First Aid and Work related Ill Health**

- Health surveillance is required for employees doing the following jobs
  - Moving Tables/Chairs
  - Assisting Service Users
- Health surveillance will be arranged by
  - Assistant manager
- Health surveillance records will be kept by
  - Assistant manager
- The First Aid box is kept in
  - Kitchen & hall way
- The appointed person(s), First Aider(s) is/are
  - Manager & Assistant Manager
- All incidents and cases of work related ill health are to be recorded in the accident book. The book is kept in The locked filling cabinet in Office
  - General Office
- Responsible for reporting accidents, diseases and dangerous occurrences to the enforcing authority
  - The Manager

## **Monitoring**

To check our working conditions, and ensure our safe working practices are being followed, we will

- Carry out Risk Assessments appropriately
  - Monitor Sickness absences
- Responsible for investigating accidents
- The Manager
- Responsible for investigating work related causes of sickness absences
- The Manager
- Responsible for acting on investigation findings to prevent a reoccurrence
- The Management Committee

### **Emergency procedures – Fire & Evacuation**

Responsible for ensuring that fire risk assessment is undertaken and implemented

- The Manager

Escape routes are checked every day by

- Assistant Manager

Fire extinguishers are maintained and checked 6 monthly by

- Fife Fire

Alarms are tested quarterly by

- Service officer

Emergency Evacuation will be tested every 6 months

## **INFECTION CONTROL**

\*Carers should notify the Rosebery immediately of any infectious illness relating to their family member.

\* Volunteers & staff should immediately notify the Rosebery Centre of any infectious illness affecting them.

\* In the event that there is a possibility of infection within the day Centre, the infected person should be asked to refrain from attending. They must be clear of virus or infection for 48 hours at least before returning to the Rosebery Centre.

\* In extreme circumstances, all service users, carers, staff, volunteers & management committee should be advised of the situation.

\* Advice should be taken from any necessary statutory service e.g. health, social work or environmental health.

\* All day centre attendees should always be encouraged to wash their hands after toileting. Anti - bacterial skin wipes should be used before meals.

\* Disinfectant should be used as directed particularly following any toileting problems.

## **CLEANING DUTIES.**

- Mop pail must not be filled in kitchen area, kettle to be boiled and mop pain filled with water from kettle.
- Mop pail must be emptied in drainage outside in street.
- All toilets to be cleaned with disinfectant before service users attend the premises, the use of red cloths only for tiliets.
- All areas used by service users must be cleaned before or after service user's entre that area.

## **CONTINUITY PLAN IN THE EVENT THAT INFECTION/ILLNESS, EXTREMELY INCLEMENT WEATHER CAUSES THE ROSEBERY TO CLOSE.**

- The manager will contact al carers before 8am.
- The manager will ensure all clients will have heating and a hot meal in their own home.
- If a career has something urgent to attend to e.g. hospital appointment, funeral etc. the manager will endeavour to have a sitter arranged if the carers are unable to do so.
- The manager will contact all volunteers.
- When the Centre has a restart date, the manager will contact carers & volunteers regarding the new situation and time of restart.



## **SERVICE USERS POLICY IN SELF ADMINISTRATION.**

Service users where possible, with the agreement of the service user, their carer and the day centre, should be able to store and administer their own medication. This promotes independence and this would be recorded in the support plan. Service users who do self-administer would take the responsibility for the compliance of the medication. These medicines can be dispensed in either bottles/boxes or in monitored dosage systems.

A self-administered service user does not need to complete the administration sheet but they must understand that their medicines must be safely locked away. Agreement with the service user should be made to ensure that storage is maintained within the day centre.

For service users in the day centre, it is recognised that assistance may be required either in making medication available or required in making the medication available or prompting the service user to take their medication.

### **Codes for Administration: use of refusal codes**

**A Refusal** this is where service user refuses medication

**B Nausea & Vomiting.** If the service user is unwell it may not be appropriate to offer medication

**C Refused & Destroyed** when the medication has been removed from the blister pack, this should be destroyed by two staff members or one staff member and one volunteer.

**D Prompt** can be when a service user medicates but requires a **prompt** at the correct administration time.

## **POLICY FOR ADMINISTERING MEDICATION**

1. At initial assessment the Manager and Head Care Assistant will ascertain whether medication needs to be administered at the Day Care Centre and if so, a medication form, detailing what the medication is and how often it should be administered, must be completed and signed by either the client, their carer or a family member on their behalf.
2. Medication must be delivered with the client in original packaging clearly labelled with the client's name, description of medication, dosage and times to be administered.
3.
  - a) The Manager and/or Head Care Assistant will be responsible for administering medication.
  - b) The Manager and/or Head Care Assistant will administer medication to the clients' unable to administer by themselves.
4. All medication must be kept with the relevant client's file in the locked cupboard in the Dining Room.
5. All medication administered will be recorded in the client's file on the relevant form with the signature of the person administering same.
6. Any concerns regarding medication delivered to the Day Care Centre should be addressed immediately with the next-of-kin or GP. If no satisfactory explanation is received medication will not be administered and this should also be recorded in the client's file.
7. It is recognised that some clients self medicate and this is not the responsibility of the staff but that of the client, their family, carer and GP. However, if staff have concerns these should be reported to the Manager who will liaise with the GP, Carer or Family member responsible. All concerns and outcomes will be recorded in the client's file.

## **POLICY FOR ADMINISTERING MEDICATION.**

- 1) At initial assessment the Manager or Assistant manager will ascertain whether medication needs to be administered at the day care centre and if so, a medication form detailing what medication is and how often it should be administered, must be complete and signed by either the service user, their carer or a family member on their behalf.
- 2) Medication must be delivered with the service user in original package clearly labelled with the service user's name, description of medication. Dosage & times this will be administered.
- 3) The manager & or the assistant manager will be responsible for administering medication.
- 4) All medication must be kept with the relevant service users file in the lock cabinet in the manager's office.
- 5) All medication administered will be recorded in the service users file on relevant form with the signature of the person administering same.
- 6) Any concerns regarding medication delivered to the day care centre should be addressed immediately with next of kin or GP. If no satisfactory explanation is received then mediation SHOULD NOT be administered and should be recorded in the service users file.
- 7) All medication should be deposited into a clean mediation tub, gloves should be worn do not touch medication and if service users cannot take alone then administer with a plastic spoon.
- 8) It is recognised that some service users self-medicate, this would not be the responsibility of the staff but that of the service user, their family, carer and GP. However if staff volunteers have any concerns these should be reported to the Manager who will liaise with their family, carer or GP responsible. All concerns and outcomes will be recorded in the service users file.



## Rosebery Centre

### **Performance Appraisal Policy**

#### **Appraisal Policy**

Rosebery Centre is committed to supporting every employee to reach their potential and achieve their personal goals, which in turn will assist the organisation to achieve its objectives.

The performance appraisal policy supports the performance appraisal scheme. The scheme is a formal process centred on an annual meeting of each employee and their line manager to discuss his/her work. The purpose of the meeting is to review the previous year's achievements and to set objectives for the following year. These should align individual employees' goals and objectives with organisational goals and objectives.

#### **Core Principles of the Appraisal Policy**

1. The appraisal process aims to improve the effectiveness of the organisation by contributing to achieving a well motivated and competent workforce.
2. Appraisal is an ongoing process with an annual formal meeting to review progress.
3. The appraisal discussion is a two way communication exercise to ensure that both the needs of the individual, and of the organisation are being met, and will be met in the next year.
4. The appraisal discussion will review the previous year's achievement, and will set an agreed Personal Development Plan for the coming year for each member of staff.
5. All directly employed employees who have completed their probationary period are required to participate in the appraisal process.
6. The appraisal process will be used to identify the individual's development needs and support the objectives of the Training and Development Policy.
7. All staff will receive appraisal training as an appraisee, and where appropriate as an appraiser.
8. The appraisal process will provide management with valuable data to assist succession planning.

9. The appraisal process will be a fair and equitable process in line with our Equality Policy.

## **Performance Appraisal Implementation**

Performance appraisal discussions will be held over a designated 4 week period on an annual basis. They will be arranged by the appraisee's line manager. Line managers are encouraged to provide the opportunity for an additional 6 month verbal appraisal review, mid-year and other informal reviews as necessary throughout the year.

The discussion will be held in private. Information shared during the appraisal will be shared only with senior management. The exception is training needs, that will be provided to the HR / administration for action. Confidentiality of appraisal will be respected.

The appraiser (usually the employee's line manager) will be expected to have successfully completed appraiser training, and to be familiar with the appraisee's work.

All appraisal documents should be issued to both parties prior to the discussion, in order to allow time for both parties to reflect and prepare. These will provide a framework and focus for the discussion.

A time and venue for the discussion will be advised at least one week before the meeting takes place.

## **The Appraisal Discussion**

The appraisal discussion will allow an opportunity for both the appraisee, and the appraiser to reflect and comment on the previous year's achievements. It will praise achievement and encourage the appraisee in his/her role.

The appraiser is accountable for giving the employee constructive, timely and honest appraisals of their performance, which should take into account both the goals of the organisation and of the individual.

The discussion should be a positive dialogue, and will focus on assisting the appraisee to acquire the relevant knowledge, skills and competencies to perform his/her current role to the best of his/her abilities.

The appropriate forms will be completed and signed by both parties. The appraisee will be given the opportunity to note any comments that he/she does not agree with and complete a self assessment.

The appraisee and line manager should agree on a Personal Development plan for the appraisee for the following year. This will reflect the appraisee's aspirations and the organisation's requirements, and should align personal

and organisational goals. The organisation and the line manager will support the individual to achieve these goals during the forthcoming year.

Any training needs, future training requirements, planned qualifications, development opportunities and career planning should be discussed in the light of the Personal Development Plan.

### **Training and Monitoring**

Senior Management are responsible for the appraisal process, and he/she shall ensure that appraisers and appraisees are adequately equipped and trained to undertake the performance appraisal.

## **PRINCIPLES AND VALUES.**

### **The Rosebery Centre believes that everyone:**

- 1) Have the right & responsibilities and is entitled to dignity & respect.
- 2) Has the right to quality services to meet individual needs.
- 3) Has the right to opportunities, which will promote individual developments
- 4) Has the right to information
- 5) Should be able to contribute to services directly or through a representative, carer or advocate.

### **The Rosebery Centre's values:**

- 1) Respect the unique worth of every person
- 2) Encourage people to fulfil their potential
- 3) Work with hope
- 4) Exercise responsible stewardship

### **The Rosebery Centre's beliefs**

- 1) We believe that every individual has the right to control his/her own life and to share in the opportunities, enjoyment, challenges & responsibilities of everyday life
- 2) We believe that care & concern for each person & respect for their human rights is central to any caring community
- 3) We believe that the needs of people with mental health problems & other disabilities should be raised at local & national level & that attitude towards them by society, as a whole should be improved.

## **RIGHTS OF SERVICE USERS USING THE ROSEBERY CENTRE.**

We believe that all people with Dementia whatever their age, race, sex, religious belief or disability, should have the same rights & opportunities.

### **THE Rosebery Centre is therefore committed to :**

- 1) Providing professional, creative services delivered with dignity & respect that are based upon the needs & wishes of each user of our service
- 2) Ensuring that service users have as much control over their own lives as possible whilst recognising that some people have difficulty in making informed decisions
- 3) Promoting positive images of older people with mental health problems & other disabilities thereby enhancing their self-esteem whilst improving attitudes in society generally
- 4) Ensuring the individual rights, needs & wishes are met sensitively. We encourage the role of friends, carers & advocates in the decision making process
- 5) A regular review of our services
- 6) Enabling our service users & volunteers to enjoy a range of experiences & opportunities by participating in activities geared to the needs of the person with dementia
- 7) Providing a stimulating & supportive environment that respects the contribution of everyone who receives a service with the Rosebery Centre, in particular service users & their carers
- 8) A continued awareness of national care & legislative initiatives that is reflected in our contribution to the development of high quality services.

**{ROSEBERY CENTRE}**

# RISK ASSESSMENT PROCEDURE

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# 1 Introduction

## 1.1 Purpose.

- 1.1.1 Risk Assessment is a fundamental process for ensuring health and safety in the workplace. This procedure gives instructions for carrying out risk assessments.
- 1.1.2 The Management of Health and Safety at Work Regulations 1999 (Amended) includes a duty to carry out an assessment of risk. This risk assessment is a working document, which is updated by review and is based upon the principles outlined in the [{Rosebery Centre} Health and Safety Policy](#).
- 1.1.3 The purpose of the risk assessment is to systematically identify all hazards related to the activities that the company undertakes. On identifying the hazard and who is affected by the activity, the company can then look at ways to remove the hazard or use controls that will reduce the risk of the hazard occurring to 'as low as reasonably practicable'.
- 1.1.4 Controls that are used to reduce hazards will be used in the safe system of work and be briefed as part of operatives training for job specific tasks.

## 1.2 Definitions

- 1.2.1 **Hazard:** The potential for something to cause harm, such as electricity, working on a ladder or with dangerous machinery.
- 1.2.2 **Risk:** The likelihood that harm will occur in the particular circumstances, there are two main components, the likelihood of the failure occurring and the severity of the consequences.
- 1.2.3 **Risk Assessment:** Identify the hazards, evaluate and control the risks.
- 1.2.4 **Control Measure:** Methods used for reducing the risk to 'as low as reasonably practicable'. Example: substitution, isolation, limit exposure, warning systems, PPE.

## 2 Conducting the Risk Assessment

The five steps to conducting a risk assessment are:

1. **Identify the hazards.** Systematically identify all significant hazards that exist from work activities. Assessor should consult with the staff who actually carry out the activity.
2. **Evaluate the risks.** Identify the likelihood of harm actually occurring and the severity of likely injuries/damage that could occur. Identify the people that could be affected.
3. **Implementing control measures.** Remove the hazard or control its possible impact.
4. **Recording the findings.** Record all *significant* findings e.g. it is not necessary to record the possibility that someone may slip on a clean, dry, level floor. Findings of the assessment must be communicated to affected personnel.
5. **Monitoring and reviewing the assessment.** Risk assessments shall be reviewed annually and when there is a change in circumstances, such as new equipment or implementation of control measures.

## 3 Quantifying Risk

- 3.1.1 For the purpose of this process, we are using the following combination of severity and likelihood in order to give an indication of the risk involved for each hazard. (Risk = Severity x Likelihood)

Severity (consequences)	Likelihood
1. No injury	1. Very Unlikely
2. Minor Injury /minor damage to property	2. Unlikely
3. Major Injury/ serious damage to Property	3. Possible
4. Fatality.	4. Very Likely
5. Multiple fatality	5.Certain

- 3.1.2 A score of five or above requires control measures to reduce the risk to one that is reasonably practicable. Nine and above require immediate attention

	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

**Unacceptable**

= Unacceptable Risk requiring immediate action

## **ROSEBERRY DAY CARE CENTRE**

### **TRANSPORT POLICY**

1. It is the Driver's responsibility to make certain that all passengers have boarded, are safely seated and are wearing properly adjusted seatbelts before moving off. The doors of the taxi should be closed but not locked before the Driver moves off. Equally, the Driver must ensure that all passengers have left the taxi and are clear of the dangers of clothes becoming trapped in a door.
2. All wheelchair restraints and wheelchair belts must be fastened before moving off.
3. A seat must be made available for the taxi Attendant (where needed) and the Taxi Attendant must be seated with a seatbelt fastened before the bus moves off and at all times while the bus is in transit.
4. The Driver or Taxi Attendant must stay in the taxi unless two are required to assist a service user.
5. The Driver must adhere to the route provided unless any change has been agreed with the Manager or Assistant Manager.
6. The Driver must stop the taxi with exit door at pavement side to ensure safety of service users. Passengers must not exit the taxi onto a road.
7. The Driver has overall responsibility for passengers, staff and service users at all times.
8. All service users must be escorted from their home to the vehicle and returned to their home from the vehicle. The Driver or Taxi Attendant, when assisting service users from their home, must ensure that the house is locked and left secure and on returning home Driver or Taxi Attendant must ensure that the service user is safely left inside their home.
9. The passenger ramp should be left unattended at any time when in use. The Driver is responsible for ensuring that the passenger ramp is secured before moving off.
10. Each member of staff is responsible for their own safety. Seatbelts must also be worn while the vehicle is in transit.
11. If there is a risk of fire, however small, evacuate the vehicle and move occupants to a safe place.
12. Any incidents or accidents must be reported immediately to the Manager or Assistant Manager.
13. A mobile phone will be provided and should be switched on while bus in en route and should be used by the Taxi Attendant, in accordance with the law a mobile phone must not be used by the Driver whilst driving the vehicle.
14. The Driver must adhere to speed limits when driving the bus.
15. If the Driver or Taxi Attendant have any problems or concerns of any nature these should be discussed with the Manager or the Assistant Manager.

**Updated September 2017      Review date September 2018**

## **WHISTLE BLOWING.**

**Should a member of staff or volunteer be suspected of any form of abuse or financial misconduct a complaint should be made in the first instance to the Rosebery Centre Management Committee.**

**Full details should be given in writing of the nature of the complaint and any evidence given.**

**The management committee shall meet within 14 days of the complaint to discuss the situation. Decisions should be notified to the complainant. The complaint and the results should be recorded and the situation monitored as necessary.**

**Should it be necessary, the Management Committee shall take advise on the next stage of the procedure.**

## **OPEN ACCESS.**

**All carer's service users & volunteers can ask to see any personal records relating to their position within the organisation.**

**Such requirements should be in writing, recorded and signed for on receipt.**

