

BETTER HOME CARE BROCHURE

www.betterhomecare.co.uk





SERVICES WE PROVIDE

HOME CARE / DOMICILIARY CARE: A personalised care service provided in the comfort of your home by a professional carer. Home care visits range from 30-minute calls to all day or night calls, as many times during the day or night as required

- All aspects of personal care: washing/bathing, dressing, applying creams
- Medication, hospital & GP visits
- Meal preparation & feeding
- Light cleaning, bed making

Other Activities:

- Help with shopping
- Respite home care
- Days out
- Help with hospital or GP visits

LIVE IN CARE: services for full time care needs in the comfort of your own home. With live in care, you will have a professional carer living with you 24 hours a day

- All aspects of personal care
- Meal preparation & feeding
- Light cleaning
- Medication, hospital & GP visits
- Companionship

PEOPLE FOR WHOM THE SERVICES ARE PROVIDED

- Older people
- People with physical disabilities
- People with dementia
- Over the age of 18 years

HOW WE DELIVER CARE

INITIAL REFERRAL

When you realised that you needed care, you may have approached Better Home Care directly; alternatively, the social services department from which you initially sought help and which has accepted at least some financial responsibility may have referred you to us. In either case, information about you, which is passed to us, will be dealt with sensitively and in confidence.

Before providing any services we will need to talk with you as the person who is going to be receiving the service, perhaps with your carer if there is one, and with the social services department which contacted us. At the very outset we need to be sure that the services we provide are going to be suitable for you.



ASSESSING THE NEED

If someone comes to us from a social services department, the local authority care manager will have carried out an assessment of what you need before deciding that domiciliary care, that is a care service delivered to your own home, is going to meet your needs.

A summary of this information, usually called a needs assessment, will have been passed to us. If you have approached us direct, we need to make an assessment ourselves.

To do this we will need to ask you quite a lot of questions, and probably to seek information from your carer, your

doctor, and any other specialists who know about your health and needs.

The assessment will be carried out by specially trained staff. We hope that you do not find the process by which we get to know your needs too intrusive. We want to build up a full picture and we will do this as quickly and tactfully as possible.

Remember, all the information will be treated confidentially. Our aim is always to make sure that we understand what you need and what your preferences are about services, so that we can respond in ways which really suit you.

HOW WE DELIVER CARE (CONTINUED)

ASSESSING THE RISKS

If you have decided to have care provided in your own home, you will know of course that this carries some risk. The care worker is unlikely to be with you all the time so there will not be the same level of support as you would receive in, for example, a residential home. On the other hand you retain your independence and many people find that, on balance, a measure of risk is worthwhile. Nevertheless, we want

to be sure that everybody concerned understands the risks and has thought about them responsibly and that the risks to be taken are not unreasonable or unnecessary. So, with you, we carry out a risk assessment, weighing up the risks to be taken with the advantages, and if it seems appropriate we might make suggestions as to how unnecessary risks can be minimised.



SERVICE USER PLAN

Having assessed your needs and the risks in the situation, we then — again with help from you and your carer — prepare a plan for the care we expect to deliver.

This is called the Service User Plan because you as the service user really are central to it.

It will specify the services we will provide, with details like timings of care worker visits and the special tasks to be performed, and will state what we all hope to be the objectives of providing the service and how we plan to achieve those objectives.



REASSESSING THE NEED AND REVIEWING THE CARE

Of course, over time your needs may change. You may need more or less care, the type or pattern of service may have to be varied, new risks may become apparent. So, again with your

help, we will keep your needs under review and take decisions about the care accordingly. If at any time there are aspects about the care which you would like to change, let us know.

COMPLAINTS AND COMPLIMENTS

Better Home Care welcomes feedback on its services, especially from service users and their carers, whether these are compliments, complaints or suggestions for doing things better.

Service users should feel free to let the care workers working with them have any comments they wish to make. If they prefer to take up the matter with someone else in the organisation or if they feel that a point that they have made is not taken seriously or acted

on, they can ask to be put in touch with a manager.

If a service user wishes their dissatisfaction to be dealt with more formally they should write or telephone the Registered Manager directly. If anyone feels that Better Home Care has not dealt with a complaint to their satisfaction, they have the right to complain or report the matter to the Care Quality Commission, which regulates our service.

SAFEGUARDING

The agency continues to give the safeguarding of its service users the utmost priority. It seeks to comply with all legal requirements in its safeguarding practices.

It therefore works closely with the local safeguarding adults board over any issues relating to the safety of its service users from any kind of harm, and with the Care Quality Commission where involved.

QUALITY ASSURANCE

We are always keen to provide the best possible service and to do this we continually check on what we are doing, talk with our staff and with outsiders who have opportunities to see and judge our work, and above all listen to our customers.

This process is called quality assurance. It involves:

a. An annual visit to all service users by a supervisor or a manager to hear your views at first hand

b. Regular supervision meetings between each care worker and their line manager

c. An annual survey, normally in June, of service users and where appropriate their relatives or representatives, to obtain views and opinions

d. Careful checks on all service user files, timesheets and other records

In addition to these opportunities, please feel free to let us have your views at any time. We need to know how we are doing, and you are best placed to tell us.

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