

SCIL Continuing Care

**Southampton Centre
For
Independent Living
Continuing Care**

Community Interest Company

Service User Guide



SCIL Continuing Care

SCILCC an Overview

Southampton Centre for Independent Living Continuing Care (SCILCC) is a part of Southampton Centre for Independent Living (SCIL) and is fully committed to its values and philosophy.

We are an organisation of Disabled People firmly rooted in the British and international disability movement, born of the civil rights campaigns that shook the western world during the sixties, the guiding principle being that disability issues are human rights issues. We work to the Social Model of Disability which defines disability in terms of negative attitudes and discrimination caused by a society which fails to meet the needs of people with impairments.

SCIL and SCILCC are both Community Interest Companies; which are not for profit companies working in the interests of their local communities

We are committed to the principle of equality of opportunity for all people, recognising that people are oppressed and can experience discrimination on the grounds of class, race, gender, ethnicity, sexual identity, as well as impairment.

SCIL and SCILCC are run by and for Disabled People to promote the meaningful inclusion of Disabled People into the community. By 'Disabled People' we refer to people with a physical, sensory, intellectual, psychological, psychiatric, emotional, or any other hidden impairment. We therefore include people with learning difficulties, system survivors, cancer survivors and those with HIV/AIDS.

We believe that many services traditionally provided for Disabled People have resulted in segregation, creating systems which actually increase passivity and dependence. We aim to work towards creating real opportunities for Disabled People to live independently and participate in the community. Our services are directed at empowering or enabling Disabled People.

Our philosophy is that all individuals can live independently in the community as long as they can communicate their needs. People who need support for everyday living can be independent if they have control over the way support is delivered. We assist Disabled People by encouraging them to overcome the barriers preventing their independence. The most important thing we help people to realise is that

SCIL Continuing Care

independence is not a matter of doing everything for yourself but of having choice and control over your life and a say in what happens to you.

Choice and Control the philosophy of Independent Living:

Many people believe that independence is about doing everything for yourself, and therefore as Disabled People often need assistance in their everyday life, they cannot be independent.

Disabled people challenge this assumption. We say that independence is not about doing everything for yourself, no-one lives in isolation from the rest of the world, we all depend on each other, this is why we all live as a society.

It is this fundamental understanding that gave birth to the Independent Living movement. Choice and control are two of the most important factors denied to many Disabled People. Disabled people refuse to accept that non-Disabled People have the right to deny them choice and control over their own lives.

Having the finance, and support to enable Disabled People to employ their own assistants to assist them with their everyday lives is a good way of facilitating independence. By employing their own staff, Disabled People can control how the assistance they need is provided, allowing them to lead the lifestyle of their choice.

The ethos of In Control and Individual Budgets/Self Directed Support/Personalised Budgets builds on the philosophy of Independent Living and is now nationally accepted as the benchmark of service provision; with a central government target of all Local Authorities to be offering Individual Budgets by 2010. The foundation of self directed support is involving the service user in identifying their needs, planning the support and the choice and control over the delivery of the support.

SCILCC Aims & Objectives

Principles:

- Adheres to the principle of the Social Model of Disability
- Promotes Service User Choice and Control
- Inclusive commissioning process
- Person Centered Support/Care Plan
- Outcomes based
- Service User Involvement in Support Package design
- Service User Involvement in recruitment and selection of Personal Assistants and Carers
- Flexible and responsive to Service User's needs
- Promotes Service User Health, and Wellbeing
- Promotes Service User Independence
- Accountable to Service User
- Accountable to PCT
- Effective Clinical Governance
- Accessible communication

Aims and Objectives

1. Service users are supported to produce a Personal Support Plan which reflects both short and long term aspirations and important aspects of their lives.
2. The plan should demonstrate to how the service user will stay safe and well and how the support will meet their needs and aspirations, while promoting their health and well being (Appendix 3 'Support Plan')
3. We will employ and provide Support Workers and or Medical Professionals with appropriate skills qualifications, and provide ongoing training in accordance with the service users particular needs.
4. User focused to flexibly vary the care provided to meet changing needs on a day to day basis. E.g. For personal care assistance to help get out of bed, washed, dressed and have breakfast our Personal Assistant (carer) will respond flexibly if you want lie in bed.

SCIL Continuing Care

5. To provide continuity of service that is reliable, and responsive to your needs. we aim to recruit and retain dependable workers who are dedicated to one individual or family.
6. The process of Staff recruitment, selection, training and retention will actively seek to involve and engage Service Users, who can choose the extent of their involvement.
7. To provide responsive Personal Care in a way which promotes independence and dignity, our service is Person Centred and outcomes based. It is our belief that many Service Users are the best judges of their needs and have unrivalled knowledge and experience of their conditions which can often be overlooked.
8. Our service will increase quality of life and service user confidence, and increase Service users' independence and aspirations to achieve greater inclusion and more potential to be active in their community

SCIL Continuing Care

Our Services:

- **Personal Care: User focused, flexible and responsive**
 - Getting out of bed
 - Washing, Showering, bathing,
 - Shaving and Hair care,
 - Oral care: E.g. Cleaning teeth, dentures, mouth care
 - Assistance with toileting; continence management and catheter care
 - Skin Care: Applying creams, lotions, ointments, dressings, pressure sore prevention management and treatment.
 - Assistance with medication: Prompting and administration. E.g. tablets, medicines, creams, lotions, ointments, eye drops, oxygen therapy, injections, PR.
 - Nutrition: Food preparation Special dietary requirements e.g. diet controlled diabetes; assistance with feeding, PEG feeding, food supplements.
 - Mobility Assistance:
 - Exercise and fitness: Passive and active

- **Social Support**
 - Support to access the community, friends, family and relatives
 - Support to attend Hospital, Doctor's, Dentist appointments
 - Support to participate in religious activity
 - Support to go Swimming, gym, or physical activity, e.g. Walking a dog
 - Support for Holidays, home and where possible abroad
 - Support for education, e.g. evening classes, distance learning, college/university attendance
 - Support with hobbies and interests

N.B. We endeavor to provide Personal Assistants and Carers with a Full British Driving License (with no endorsements). Some may have their own cars and be able to provide transport, subject to their Car Insurance provider requirements and SCILCC Risk Assessments.

SCIL Continuing Care

Where a service user has their own vehicle, private owned, or Motability; adapted or standard, their insurance will need to provide adequate cover for the Personal Assistant/Carer. We will need proof of Insurance.

- **Domestic Support**

- Support with Cleaning: Dusting, tidying, vacuuming, floor washing, laundry, ironing, dishwashing
- Meal preparation, and cooking
- Dietary management
- Grocery Shopping
- Food hygiene e.g. Sell by dates, food handling
- Support with correspondence e.g. reading, filing, bill payments, diary and appointments
- Bed making
- Waste Disposal
- Pet care: E.g. Feeding, Dog walking, grooming

- **Sitting Service**

- **Nursing Care**

- Medication
- Wound Management
- Stoma Care
- Catheter Care
- Skin integrity
- Sterile Dressings
- Bowel Care
- PEG feeding
- Naso-gastric feeding
- Tracheotomy Care

- **Personal Support Planning**

Holistic Support plan identifying life aims and priorities; what's important; likes, dislikes, what help is needed, how and when it is to be provided; personal preferences; personal safety, interests and hobbies; religious

SCIL Continuing Care

and cultural needs; family and social; education, work, communication, decision making and mental health

- **Disability information and advice**

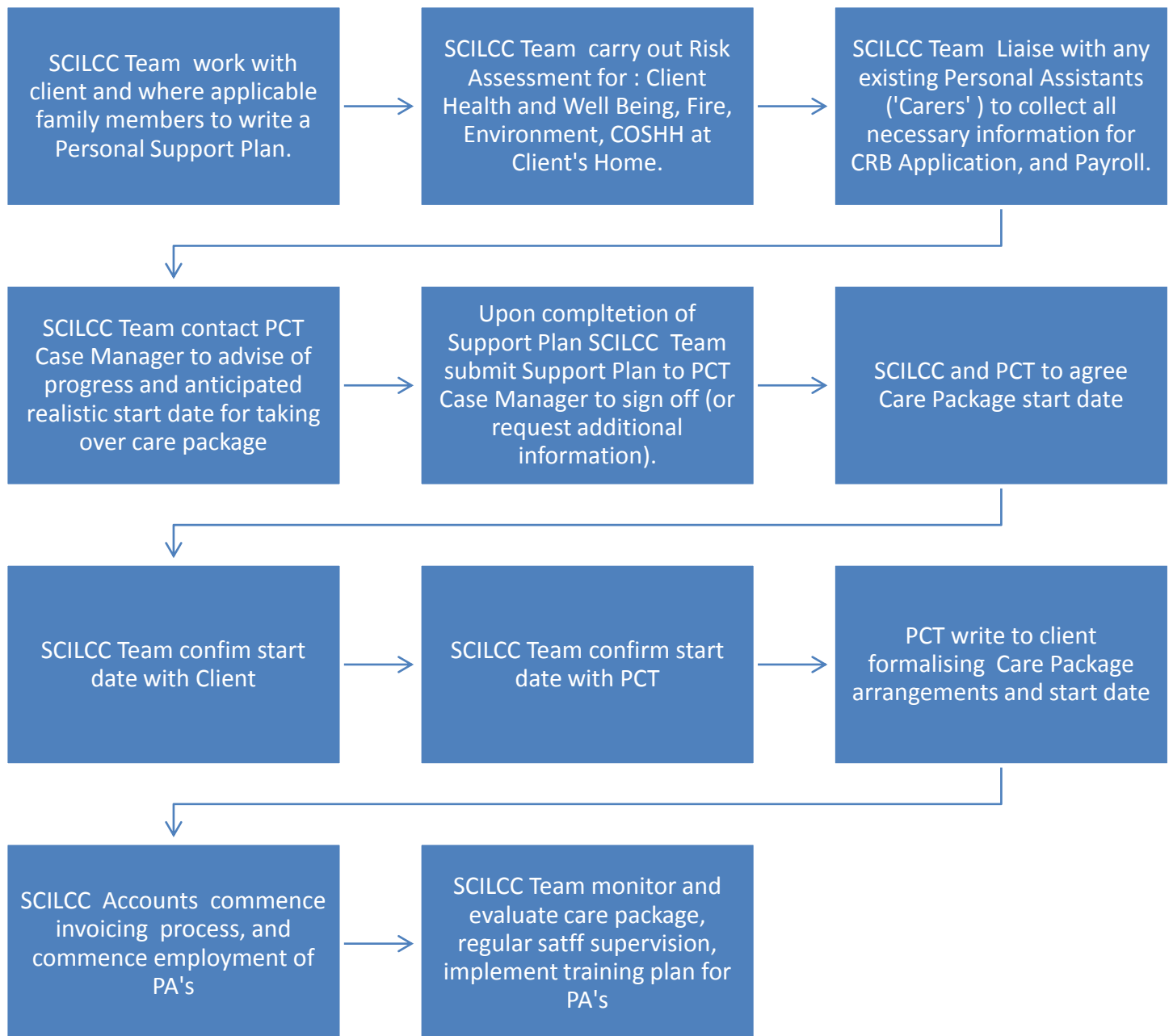
Advice and information on a wide range of Disability related issues, from Disability Discrimination legislation to Direct Payments, Personal Budgets, Disability Equality, Social and Health Care system and access, equipment, aids and adaptations, Access to Work, Independent Living Fund.

A copy of our Service Standards is available on request;

We can provide all documents in an accessible format upon request:

**Large Print, Braille, Audio CD or Cassette,
Electronically, Easy Reading**

SCIL Continuing Care



INDEX OF OUR POLICIES AND PROCEDURES

SCILCC Policy and Procedures Index

- [Community Services Management of Medicines](#)
- [Complaints procedure](#)
- [Application Form SCILCC PA](#)
- [Case Recording Framework](#)
- [Disciplinary Procedure](#)
- [Continuing Care Referral Form Template](#)
- [Emergency Procedures for Personal Assistants](#)
- [Equal Ops. Policy](#)
- [Expenses Policy SCILCC](#)
- [Example Risk Assessment](#)
- [Full List of Mandatory Requirements for Staff](#)
- [Grievance Procedure SCILCC](#)
- [Infection Control SCILCC](#)
- [Lone Working Policy SCILCC](#)
- [Management of Medicines Policy SCILCC](#)
- [Maternity Risk Guidance SCILCC](#)
- [Mobile Phone Guidance SCILCC](#)
- [Mobility Assistance Checklist SCILCC](#)
- [Mobility Assistance Policy SCILCC](#)
- [Out of Hours Log Sheet](#)
- [Out of Hours Policy & Procedure SCILCC](#)
- [Parental Leave Guidance](#)
- [Procedures for Maintaining the Security and Integrity of Service Users Homes SCILCC](#)

SCIL Continuing Care

- [Policy and Procedure for Death of a Service User SCILCC](#)
- [Recruitment Policy](#)
- [Risk Assessment](#)
- [Risk Assessment Framework Guidance](#)
- [Risk Assessment Hazard Checklist A3](#)
- [Risk Assessment Hazard ListA4 SCILCC](#)
- [Safe Bathing in adult care settings](#)
- [SCIL New style supervision proforma](#)
- [SCIL Child Protection Policy](#)
- [Safeguarding Reporting Policy & Procedure](#)
- [Safeguarding adults together – responsibilities of individuals](#)
- [SCILCC Health & Safety Guidance Service User Home](#)
- [SCILCC Induction Pack 2009](#)
- [SCILCC name list policy](#)
- [SCILCC Personal Assistants Handbook](#)
- [SCILCC Service User's Guide](#)
- [SCILCC Service Set-Up Process](#)
- [SCILCC Referral Process](#)
- [SCILCC Quality Assurance](#)
- [SCILCC Statement of Purpose](#)
- [Service Standards SCILCC](#)
- [Service User Record Letter SCILCC](#)
- [The Mental Capacity Act Guidance SCILCC](#)
- [The Mental Capacity Act2005 What you need to do to ensure compliance](#)

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Complaints Procedure

Objectives of the Procedure

1. To ensure that there is a recognised procedure by which complaints are dealt with.
2. To ensure that complaints are dealt with as quickly and fairly as possible.
3. To resolve complaints as near as possible to their point of origin.

Why should I make a complaint?

We need to know if you are unhappy with the way that you have been treated, or the service you have received. It is only by receiving your complaint that we can take action to improve what we do. Making a complaint will in no way jeopardise the way you are treated by us in the future.

Stage One

- 1.1 Where you feel you have a complaint or compliment to make about an individual or service we provide, put this in writing (or other appropriate format) to the service manager, giving the relevant details.

The aim should be to resolve complaints at the first stage in the procedure. Often the complaint can be resolved on the spot.

- 1.2 Once a complaint has been received, a written acknowledgement of the complaint must be given within 5 working days.
- 1.3 A time frame should be agreed between the complainant and the Service Manager, of no more than 28 days so that a comprehensive and satisfactory answer may be given.

Stage Two

SCIL Continuing Care

- 2.1 If you are dissatisfied with the decision or if a reply is not received within 5 working days, you should put your complaint in writing (or other appropriate format), to the Chief Executive of SCIL Continuing Care.
- 2.2 The Chief Executive of SCIL CC should, within 5 working days, acknowledge the complaint and within 28 days make a written reply to you, outlining your complaint, action to be taken, and the reasons why this decision was made. This may involve the Chief executive meeting or talking to you as necessary.

Stage Three (appeal)

- 3.1 If you are still dissatisfied you should put your complaint in writing (or other appropriate format) to the Board of SCILCC, stating the reasons why you are dissatisfied with stages one and two of the complaints procedure.
- 3.2 The Board will consider your complaint the next time they meet. You will receive their written decision within 28 days. The Management Committee may appoint an independent investigator if this is required or felt necessary, to assist them in making their final decision.
- 3.3 Either the Board or yourself can request a face to face meeting to discuss your complaint. You can elect to be accompanied by a person of your choice if you wish. This meeting will be set at a mutually convenient time and place. Any decisions made at such a meeting will be confirmed in writing.

Stage Four

- 4.1 If still dissatisfied with the reply given, refer the complaint on to the regional office of the Care Quality Commission.
- 5.1 At all stages of this procedure, both parties must keep careful records of the dates of all communications and meetings.
- 5.2 All written communications must be dated, and copies retained by the originator.

SCIL Continuing Care

5.3 Timescales referred to in this procedure can be extended with the agreement of both parties.

1. Registered Address and Contact Details and Our Insurance Certificate

SCILCC

Unity 12,

9-19 Rose Road,

Southampton.

SO14 6TE

Tel: 023 80330982

Fax: 023 80202648

Minicom: 023 80202638

Email: SCILCC@Southamptoncil.co.uk

Website: www.Southamptoncil.co.uk

Manager Direct Dial Tel: 023 80202642

Care Quality Commission

Address:

Tel:

Fax:

Email:

Website: www.cqc.org.uk

SCIL Continuing Care

Southampton City Council

Address:

Tel:

Fax:

Email:

Website: www.southampton.gov.uk

Southampton City Primary Care Trust

Address:

Tel:

Fax:

Email:

Website: www.scpct.nhs.uk