

Governance and Care at Ward Green Lodge

1. Fostering a common culture for governance process.

- a. Putting the needs and care of the residents first and to make all those who provide care for residents as their first priority.
- b. Proactive organisational policies and training.
- c. Enabling concerns to be raised and disclosed freely without fear of recrimination.
- d. Transparency and candour throughout the home and open to criticism and constructive comments.
- e. Zero tolerance for defensive practice, poor standards and breach of fundamental standards of care and training.
- f. Empowerment of staff with responsibility and freedom to act in an open manner with an expectation of accountability.
- g. Proactive and constructive intervention to raise awareness and training needs when ‘things go wrong’ and ‘matters of concern’.
- h. Strong and stable leadership based on warmth, communion and trustworthiness yet firm commitment to competence and assertiveness reflected by role model of senior staff.
- i. Lack of secrecy to sustain a financially robust organisation whilst making the best use of resources.
- j. Allowing true information about performance, clinical outcomes, surveys and financial statements to be shared with staff, residents, relatives and statutory organisations.

2. Principles of care

- a. To develop standards professionally endorsed from evidence-based practice, easily understood and accepted by a wide body of service users, public and healthcare staff.
- b. To improve and sustain residents' overall quality of life by formulating an individual and flexible written plan of care – person-centred care plan.
- c. Agreed objectives and relevant risk assessment to be incorporated in care plans.
- d. Care plans to be formulated by active involvement, encouragement and participation of residents and their relatives, reviewed monthly.
- e. To ensure that residents have the right to the full to exercise and enjoy privacy, dignity, personal choice and rights to make informed choices in respect of religion, culture, race, ethnicity, sexuality, sexual orientation, political affiliation, marital status, parenthood and disabilities of impairment.
- f. To provide the 'Residents Charter' within which to include the Right for Residents and Service Users.
- g. To conduct regular service-user meetings, including formation of a relatives' group.
- h. To ensure that all residents have access to physical and mental health services, including GP, Psychiatrists, Pharmacist and other health professional that is considered necessary.
- i. To ensure that advocacy services are accessed.

3. Psychosocial interventions at the heart of service provision

- a. To adopt activities at the home to provide residents with a valued sense of inclusion and ‘meaningful contribution’, express emotion and show feelings towards one another.
- b. To include a wide range of approaches to care characterised as behaviour-, emotion-, stimulation- or cognition-oriented.
- c. Psychosocial interventions to include person-centred care, person care planning, emotion oriented, cognitive stimulation, reality orientation, reminiscence life stories, life history, physical activity and exercise, behaviour therapy, art therapy, music therapy and self-maintenance therapy.
- d. Adoption of behavioural management techniques, cognitive stimulation and physical exercise to improve outcomes such as agitation and depression.
- e. Creation of memory note books and ‘remembering boxes’ and provide concrete memory aids that would assist the residents to share memories and life stories with those around them.

4. Respecting Human Resources with no fear to act

- a. Consolidate and motivate a comprehensive, cohesive, multidisciplinary team with a shared vision and capacity and capability to meet the needs of the residents.
- b. Enhance the education, training, support and supervision of all staff irrespective of rank or position including ancillary and non ancillary staff.
- c. Ensure and integrate the essential shared values of the ‘common culture’ into everything that they do.
- d. Develop and share ever improving means of measuring and understanding the performance of individual professional teams.
- e. Training and support for work force to provide effective alternatives in managing disruptive behaviour in people with dementia.
- f. Develop training models based on research of working in teams.
- g. Senior management to act in a swift, decisive and fearless manner, if there is prime-facie evidence of misconduct, abuse or examples of poor care.