

MICHAEL YOAKLEY'S CHARITY

STRATEGIC PLAN 2023-2026

Caring with Excellence

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INTRODUCTION

Michael Yoakley's Charity was established in 1709 from the bequest of businessman Michael Yoakley, who was born and raised in Margate. Its Quaker origins continue to strongly define its Christian ethos. Values of equality and justice; peace; truth and integrity; and simplicity and sustainability run through this plan as they do through Quaker beliefs. The prayerful declaration of Michael Yoakley engraved in the wall of the oldest property remains foundational.

*"In much weakness ye God of might did bless with increase of store,
Not to maintain pride nor idleness, but to relieve ye poor"*

The Charity primarily serves the Thanet area, based at Drapers Homes, a collection of almshouses, and Yoakley House, a purpose-built care facility for the elderly.

Following its Quaker ethos the Charity is run on Christian principles with residents being encouraged to participate in Christian worship but with respect to the equality and diversity of all residents and staff. The stipulation of the founder was that those of Quaker persuasion would take priority of place provided that they meet the other criteria, and also that those accepted as residents would behave in a respectful manner not causing upset or offence to others in the Drapers community.

The trusteeship of the Charity is held in two limited companies, Yoakley Care Trustee Ltd and Yoakley Care Share Ltd, with individual Board members being registered as directors of both companies. This allows the Charity to continue to be overseen by its dedicated Board members whilst minimising personal financial risk. New additions to the Board are appointed as company directors.

The Charity is established and approved by the Charity Commissioners as set out in documents dated 9th March 1956 and 20th November 1995. This Strategic Plan takes into account the legal obligations that fall upon the Board to ensure that its affairs are conducted within the organisation's charitable and limited company status. The annual accounts are produced and audited within formats required by the Charity Commission, Companies House and HMRC.

As we have planned, so we have looked at the national and local drivers that have an impact upon our work. A synopsis of those drivers is contained in Appendix 1.

The Charity has 7 primary aims and in recent years the following 3 have been dominant business themes for the Charity's Board and Management:

1. Standards of Care. The maintenance of high standards of care is fundamental to our ethos and reputation. It is demanded by the ever-changing regulatory framework within the sector as well as the changing needs of those requiring its services.
2. Response to National Trends. The recognition of both the changing needs of older people and the corresponding responses to those needs is key. Individuals are living longer and present with complex social and health needs. The expectation placed upon the Charity as care provider by stakeholders is high.
3. Financial Sustainability. This must be at the forefront of all activities sanctioned by the Board since there is not only a need to make ends meet, but also to create sufficient surpluses to ensure the Charity's longevity.

Whilst recognising that the Charity has to be run in a business-like fashion, the Board and Management are always mindful of the underpinning values that were enshrined at the

outset by Michael Yoakley's vision. The Drapers Homes site is a community in which people are entitled to dignity, love and care. Its services are offered for the benefit of all including those who have limited ability to pay the full cost. The environment in which that community exists is aesthetically pleasing and tranquil, an asset which must be preserved.

This plan is meaningless unless it promotes and is structured to show:

- Section 1 - Our vision, mission and aims.
- Section 2 - How we plan and manage in order to deliver the strategy
- Section 3 - Our expectations of what will routinely be done to meet our aims.
- Section 4 – Our strategic priorities for the duration of the plan and how those priorities relate to our aims.
- Section 5 – Our approach to risk.
- Section 6 – Our approach to policies that ensure the delivery of the plan.

SECTION 1 VISION, MISSION, AIMS

VISION

To create and maintain a community for older people in which they can flourish and be valued as individuals.

MISSION

To be a Charity that:

- Builds on the Christian ideals of its founder, Michael Yoakley.
- Is seen as a leading provider of high quality care for the elderly.
- Develops in partnership with social and health care providers.

AIMS

1. To maintain the highest standards of **care** for the older person, ensuring their physical, psychological, mental, emotional, spiritual, cultural, ethnic and social wellbeing.
2. To create a comfortable, safe, stimulating **community** that incorporates a range of provision for older people.
3. To honour individuals' **personal choice**, particularly respecting their rights regarding equality and diversity.
4. To ensure informed understanding and promotion of **good practice** in the delivery of health & social care.
5. To recognize and effectively **respond to changes in national trends** and requirements in the care provision for the older person.
6. To ensure that **staff** are dedicated, motivated and well trained.
7. To demonstrate good **financial management** leading to sustainability.

SECTION 2 PLANNING PROCESS, MANAGEMENT PROCESSES AND STRATEGIC APPROACH

2.1 Directorship

As outlined in the introduction, the trusteeship of the Charity is held in two limited companies, with Board members being registered as directors of both companies. “The Board” means those appointed as company directors with charity trustee responsibilities.

New directors are appointed on the recommendation of an existing member and with significant professional references. The Board prides itself on having a wide range of expertise, and vacancies are filled with this in mind. On appointment, each member should undergo a DBS check and must declare fitness to serve both as a charity trustee and company director.

2.2 Strategic Approach

Our approach is summarised as follows:

- To ensure sustainability of the Charity by adopting good business practices and being prepared to act commercially.
- To adhere to The Charity Governance Code.
- To ensure all actions are aligned to the Charity’s aims.
- To delegate actions to ensure delivery of this plan.
- To review (at least annually) performance in achieving the aims of this plan using quantitative and qualitative measures.
- To identify and address risk.
- To review aspects of the plan which are dependent upon the policies and actions of outside bodies and ensure that we are well informed, being prepared to influence political and public opinion where necessary.
- To actively seek and develop partnerships and consortium working opportunities.

2.3 Planning Process

Formalised business planning is implemented to ensure the long term financial sustainability of the Charity. Planning continues to be an ongoing process and although this document may not be referred to at every meeting, it outlines the direction and basis of the Charity’s operations. In the past 20 years it has become apparent that:

- Continual legislative changes have demanded increasing amounts of management time and effort, which is costly.
- Changes in policy and support from Social Services have restricted our ability to seamlessly ensure the movement of people from almshouses to the care home.
- The profile of our client group has changed. Residents coming in to both the almshouses and the care home are older, often with more complex health and social needs.
- We have changed our service provision to meet national and local trends, and now offer respite care as well as the sheltered housing and residential care.
- We have created a training facility to meet our own staff needs and to generate income.
- Our investments are providing insufficient funds to meet all of our financial needs and thus we have looked at other mechanisms to increase our income including fundraising and maximising opportunities to access state funds.

2.4 Planning Framework for 2023-26

Time	Events	Outcomes
2019		
In June 2023	New strategic plan adopted by the Board.	Publication June 2023
June – December 2023	<ol style="list-style-type: none"> 1. Monitor closely budgeted income and expenditure to ensure day to day financial sustainability, particularly during a time of national financial crisis. 2. Ensure the ongoing delivery of excellent care which exceeds national standards. This includes revitalising the community feel between the care home and almshouses which has been significantly disrupted by the Covid 19 pandemic. 3. Continue Value for Money reviews of procurement, including possible consortium purchasing. 4. Address the Green Agenda by working towards reducing the Charity's carbon footprint and making long term savings in energy costs. 5. Investigate the development of the Charity's services to meet local demand for the elderly population and to generate income which will improve financial stability moving forward. 6. Ensure all development takes place in a way which protects and enhances the community atmosphere and culture of the homes. 	
November 2023	Review and update current plan	
2024		
January – December 2024	Continue as for 2023.	
November 2025	Review and update current plan	
2025		
January – December 2025	Continue as for 2023.	
November 2026	Formal strategic review	Redraft Strategic Plan

2.5 Performance Management

The following controls help to monitor the Charity's performance:

1. Financial measures are monitored by discussion at Board meetings based on monthly budget figures provided by management, together with regular advice on investment returns from the financial adviser.
2. The Executive Manager and Care Manager produce monthly reports to keep the Board up to date with both care and business issues. These also provide the basis of the Annual Report for the Charity Commission.
3. Inspection reports and self-assessment requirements from the Care Quality Commission (CQC) are a source of quality control. CQC inspections currently focus on 5 key areas:
Is the service safe? Is it effective? Is it caring? Is it responsive? Is it well led?
4. The Care Manager must prepare an annual Quality Assurance Audit report for CQC. Quality Assurance questionnaires are completed by residents, relatives and regular professional visitors to the home, such as the chiropodist, inviting comment on all aspects of care.
5. Residents' meetings are held every 2 months for feedback on their opinion of the care they receive. Board representatives attend some residents' meetings to hear concerns and discuss grievances.
6. The Charity operates a full "Open Door" policy where concerns can be raised with management or the Board at any time.
7. Books of complaint and compliment are available in the foyer for comment by residents and visitors.
8. Incidents/accidents are fully documented and the reports retained for review by management and the Board, as well as copies being sent to CQC when required.
9. Voids are reported on the monthly Executive Manager's report. The Charity has a substantial waiting list for both the almshouses and care home so voids are minimal.
10. Members of the Board visit from time to time and give reports. This is often linked with the individual's professional expertise.
11. Performance management for staff in the care home is carried out through staff supervisions and appraisals where open one-to-one interaction is encouraged between the Care Manager, Executive Manager or Deputy and the individual.
12. The Care Manager and Executive Manager keep the Board aware of external drivers affecting the running of the Charity such as legislation changes.

SECTION 3 EXPECTATIONS OF WHAT WILL ROUTINELY BE DONE TO MEET OUR AIMS.

These operational actions relate to our stated aims and continue to be important. Our approach is based upon good practice and considerable development and hard work by our staff. Outcomes of the model of care are routinely reported to the Board. Ensuring the quality of our work is of strategic importance.

3.1 CARE: To maintain the highest standards of care for the older person, ensuring their physical, psychological, mental, emotional, spiritual, cultural, ethnic and social wellbeing.

To be achieved with:

Physical care including enabling each care home resident to:

- a) Maintain good nutritional health through a balanced diet served in a suitable environment with a good choice of menu.
- b) Maintain as much mobility as possible promoting independence.
- c) Maintain high standards of personal hygiene including care of hair, nails, mouth and skin, and with appropriate access to the use of toilet facilities.
- d) Be moved using principles of safe moving and handling, ensuring staff understand and can use mobility equipment competently.
- e) Be in the best possible physical comfort, every effort being made to minimise discomfort and pain, particularly focusing on vulnerable areas e.g. preventing pressure sores.

Psychological, mental and emotional care in the home including:

- a) Assisting with the development of good and appropriate communication skills including listening, understanding the importance of these skills to psychological, mental and emotional wellbeing.
- b) Providing mental stimulation appropriate to individual needs.
- c) Providing an environment suitable to individual needs and requirements giving space, freedom from noise and unwanted disturbances.
- d) Recognising the individual's need for privacy, and respecting their personal wishes and preferences.
- e) Making provision and space for the individual to express their emotional needs.
- f) Appropriate courtesy such as addressing the resident by the name they prefer.

Spiritual, ethnic and cultural care including:

- a) Recognising the individual's spiritual and cultural needs, providing time, space and facilities for these to be expressed, and inviting religious leaders to pay pastoral visits to residents as requested.
- b) Ensuring staff are aware of and respect religious observance, and the ethnic and cultural needs of each resident.

Social care including:

- a) Encouraging residents to remain as independent as possible, maximising their social activity.
- b) Providing a varied programme of social activity
- c) Identifying individual preferences for social activity and encouraging involvement.
- d) Ensuring staff are aware of the lifestyle and background of newly admitted residents and their social expectations.

3.2 COMMUNITY: To create a comfortable, safe, stimulating community that incorporates a range of provision for older people (currently in the form of sheltered accommodation, and permanent & short term residential care).

To be achieved by:

- a) Matching the needs of the individual applicant to the type of accommodation and/or care provision to which they are allocated, with delivery of care to almshouse residents being limited to emergencies only.
- b) Creating a care pathway along which an individual might move as their changing needs dictate, and helping to facilitate any such move.
- c) Maintaining property and equipment to a high standard, meeting health & safety requirements.
- d) Maintaining the gardens and grounds to a high standard to create an accessible and enjoyable environment.

3.3 PERSONAL CHOICE: To honour individuals' personal choice, particularly respecting their rights regarding equality and diversity.

Individual's will:

- a) Be actively encouraged to express their needs and wishes
- b) Have their wishes respected and honoured, unless it directly conflicts with their best interest
- c) Have open access to senior staff and management to discuss any concerns they may have
- d) Be assured that they or their responsible relatives are involved as much as possible in every decision made about their care.
- e) Be given opportunity to express their wishes in the keyworker system, resident meetings and open door policy.

3.4 GOOD PRACTICE: To ensure informed understanding and promotion of good practice in the delivery of health & social care.

Management and the Board will:

- a) Keep up to date with directives and requirements of the Care Quality Commission.
- b) Keep abreast of good practice in health & social care by networking with organisations such as the Kent Integrated Care Alliance and National Association of Almshouses.
- c) Maintain good working relations with other local health and social care bodies such as the Clinical Commissioning Group and local GP surgeries.
- d) Arrange for at least 1 Board member to annually review evidence of good practice in delivery of care with the Care Manager.
- e) Maintain their own personal development and undertake training updates where necessary.

3.5 RESPONSIVE TO NATIONAL TRENDS: To recognise and effectively respond to changes in national requirements and trends in the care provision for the older person.

Management and the Board will:

- a) Keep up to date with national care directives and initiatives via national news and agencies such as the Care Quality Commission
- b) Keep abreast of good practice in health & social care by networking with organisations such as the Kent Integrated Care Alliance
- c) Use identified issues to inform and develop the Charity's Strategic Plan

3.6 STAFF: To ensure that staff are dedicated, motivated and well trained.

These actions are in place to support dedicated staff and help staff retention.

Staff will:

- a) Be recruited in a fair manner.
- b) Receive all the mandatory training required for the proper performance of their role.
- c) Be offered further training to enhance their skills where appropriate.
- d) Be offered the chance to achieve professional qualifications relevant to their role
- e) Be rewarded with a fair wage for their role, above any average for the locality
- f) Be offered ongoing welfare support both within the Charity and by signposting to providers of professional support.
- g) Be encouraged to participate in supervisions and appraisals to monitor and advance their own personal development.

3.7 FINANCIAL MANAGEMENT: To demonstrate good financial management leading to sustainability.

Finances will be managed by:

- a) Management and administration staff exercising good day to day control of the Charity's finances.
- b) Monthly reporting of the financial state of the Charity to the Board by management.
- c) Regular reports to the Board from the investment broker, with at least one face to face meeting per year.
- d) Being open and transparent with the annual external audit.
- e) A nominated Board member reviewing the Internal Financial Controls for Charities annually with the Executive Manager.
- f) Developing strategy for the financial sustainability and growth of the Charity to be detailed in the regularly reviewed Strategic Plan.

3.8 GOOD GOVERNANCE

The Charity will undertake a review of its governance processes by using the Charity Commission's 2020 Charity Governance Code.

SECTION 4 OUR STRATEGIC PRIORITIES 2023 - 2026

1. To maintain the highest standards of care.
2. To continue to improve and modernise our facilities.
3. To gear our financing towards the production of an annual surplus of income over expenditure.
4. To address the Green Agenda by reducing the Charity's carbon footprint, the reliance on the planet's limited natural resources, and reducing spending on energy to improve financial sustainability into the future.
5. To ensure that we have people who are skilled and motivated to care for residents and deliver the Charity's business.
6. To collaborate and communicate

STRATEGIC PRIORITY 1 - MAINTAINING HIGH STANDARDS OF CARE IN A COMMUNITY SETTING

a. Care Management

Yoakley House prides itself on providing a high standard of personal care and environment, unrivalled in this locality. Day to day management of the Charity's is delegated by the Board to its senior managers who are also very much involved in the strategic direction of the Charity and the monitoring of its processes. They are supported by the Deputy Charity Manager, Deputy Care Manager, Senior Carers and Payroll. Care is currently delivered in the form of almshouses (sheltered housing), permanent residential care, and short term residential care.

The Charity is registered with and inspected by the Care Quality Commission (CQC).

The senior managers will ensure that the standards expected by the CQC are adhered to and innovative approaches to the care of residents are safely explored where appropriate. The Board will monitor the care of residents by way of regular reporting and examination, and by nominating at least 1 Board member to annually review good practice in care delivery with the Care Manager.

b. The Almshouses

Our Charity was established to give independence to those who would otherwise not have been able to afford it. The concern of the Charity's founder in the 17th century was to provide a home and essentials for living (heating, clothing, means to produce food) for persons who had worked diligently all their lives and yet did not have the financial capacity to support themselves in old age. This was well before the introduction of any national welfare system or state pension provision. The desire to provide such services for those whose ability to pay for them is limited remains a key principle of the Charity.

Almshouse residents are assessed by application form and interview to ensure that they meet the criteria for residence, primarily that they are capable of living independently and are of limited financial means. The interview panel includes at least one Board member.

With the current Social Welfare provision, it is increasingly difficult to determine who is "in need". For the purposes of admission to the almshouses, a person's level of regular income and the value of any capital assets including savings will continue to be reviewed. A decision

on acceptance onto the waiting list is made on an individual basis on the primary guideline of “Could the person afford a similar quality of accommodation to that provided at Drapers Homes elsewhere?” In the main, successful applicants are not owners of property, do not have significant savings, and do not have income significantly above the basic state pension.

The almshouses are sheltered housing, essentially independent living, but residents’ welfare is monitored by the daily visit of a warden and an emergency system which rings through to Yoakley House where there is 24 hour support. It is noted that the almshouses are intended to be occupied as independent living. Responsibility by the Charity for their care is generally limited to emergencies only. Any routine care support required would need to be arranged by the resident with family members or outside agencies. Management may, at their discretion and subject to room availability, offer a short term stay in Yoakley House to an almshouse resident for rest and recuperation. A fair fee will be charged for this service.

Almshouse residents are not tenants but have a licence to occupy the premises. Rules exist to govern that occupancy and it is the responsibility of the directors to keep such rules and their compliance under review.

Almshouse residents are invited to attend many activities organised at Yoakley House, mostly free of charge, including quizzes, exercise classes and practical activities, as well as entertainment. They can also access other support services such as hairdressing, hot meals, chiropody, and a sick bay facility through Yoakley House. The inclusion of the almshouse residents in these activities encourages social interaction and means that even though living alone, no one should be lonely. It also eases the eventual transition from independent living to residential care. Almshouse residents are also encouraged to support one another in their community living, with outings and events being specifically promoted for them.

This community feel between the almshouses and the care home was significantly disrupted by the Covid 19 pandemic which meant that almshouse residents were prevented from visiting Yoakley House whenever they wished for over 2 years. Management are working on restoring this. The Charity continues to do what it can to encourage active lifestyles and an ongoing learning experience for its residents.

Senior managers and the Board will continue to prioritise the need for a strong community ethos.

c. The Care Home

The services of Yoakley House are open to those who can afford to pay fees privately and also to those who are dependent on Social Services funding; at present, top-up fees are only charged for short term KCC funded care placements where government funding is significantly below cost. Permanent KCC funded residents are generally accepted at the KCC Social Services ceiling price, which represents a significant loss on cost. The number of places for funded residents is now being limited according to the subsidy the Charity can afford. KCC funded residents are effectively treated as beneficiaries of the Charity. ***We will continue to press the local authority to meet actual costs.***

Every potential resident is assessed prior to being accepted for a place. For care home residents, this is by visit and interview with the Care Manager to ensure that the home has the appropriate CQC registration and is equipped and suited to the needs of the applicant. On the rare occasion that residence is refused, it tends to be because the applicant has needs outside of our remit e.g. complex medical needs or mental health issues such as severe dementia. The Charity treats all residence with equal care and favour. At Yoakley

House, no differentiation is made between those who are financial beneficiaries and those who pay full price for their care.

Yoakley House is a popular residential care home with a significant waiting list for permanent places. It was originally built (in 1980) for the benefit of almshouse residents who were no longer able to live independently allowing them to continue to live in the same community but with the personal care they needed. A change in national policy has meant that older people are being encouraged to access support to stay in their own homes so delaying the move into residential care until absolutely necessary; this has made the move from almshouse to care home more complex. As a consequence, Yoakley House now takes more residents directly from the locality (those that have reached the point of being unable to manage independently) than from its own almshouses, although almshouse residents for whom the transition is deemed necessary take priority of place.

Yoakley House prides itself in providing attentive, compassionate care tailored to individual need, with the intention of maintaining maximum resident independence for as long as possible. Prior to entry to the care home, a full care assessment is carried out on the individual which forms the basis of a comprehensive Care Plan. This computerised Care Plan is the reference document for care staff in ensuring the needs of the individual are fully met. Care Plans are reviewed and updated at least once a month, more frequently for those with higher dependency. Care staff keep daily notes three times a day to record the health and well-being of individual residents. Each care shift is overseen by a Senior Carer and a key worker system operates whereby each resident is encouraged to relate more closely to an appointed care staff member to improve understanding and communication of their needs.

As a priority managers will ensure that care continues to meet the needs of residents and the Board will monitor and review the delivery of care.

d. Short Term/ Respite Care

5 newly built rooms designated for short term care were opened in October 2009. This was as a direct result of the national policy change mentioned above which had resulted in more older people needing care for a short period to help them over a crisis such as an illness or a fall, or while their regular community care support (professional or family) took a break.

The service was initially extremely popular and the rooms busy however demand waned in recent years and during the Covid 19 pandemic (2020- 2022) the decision was made not to take short term residents in order to protect permanent residents from the potential introduction of the virus into the home. Some of the rooms have been used to accommodate permanent residents and requests for respite care have begun to build again since mid 2022. The pressures on staff to deal with short term and respite care during the Covid pandemic was very difficult. The expansion of short-term care facilities is on hold for the time being.

We will continue to assess whether short term and respite care is viable both practically and economically.

e. Almshouse Housekeeping Service

In 2009 the Charity created its own domiciliary care service to meet the need identified amongst almshouse residents for assistance with personal care and household chores, especially when their hope of a move into residential care had been delayed by changes in

Social Services policy. In 2018, the cost of providing a personal care service, especially in staffing and in registration with CQC, became prohibitive with take-up by almshouse residents being negligible. The service was stopped however the Charity continues to provide a housekeeping service for its almshouse residents which does not require CQC registration and inspection.

f. Additional Provision

The Charity already has experience of providing the following services:

- Palliative care for which it particularly receives excellent reviews
- Step up beds – hospital avoidance (taking patients referred by GPs who would otherwise go into hospital unnecessarily)
- Step down beds (taking patients from hospital for recovery after operations or illness)
- Reablement – post hospital provision with specialist therapies to enable the person (such as those recovering from a fall) to be able to return home

Our good relationships with NHS colleagues assists in our work in these areas.

STRATEGIC PRIORITY 2 - TO CONTINUE TO IMPROVE AND MODERNISE OUR FACILITIES

The Charity prides itself on its iconic historic buildings and its superb secluded well-maintained gardens. Our Head Gardener who came into post in 2015 has transformed the grounds to a level of excellence which resulted in recognition by the National Gardens Scheme.

38 of our almshouses are grade 2 listed buildings, requiring specialist attention to ensure they are maintained in keeping with their original design and appearance. We additionally own bungalows in an adjacent close which are licensed as almshouses. Routine Quinquennial reports on the condition of the structure of the buildings are carried out independently. Recommended works are prioritised and completed either by the in-house maintenance team or, if outside of their skill remit, by reputable contractors. Other maintenance issues which arise are reported by residents or staff and prioritised before being dealt with by the maintenance staff or outside contractors. The Charity has a good working relationship with local professionals who are trusted to work with respect to the site and its residents. For major building works tenders are invited.

Routine Fire Safety inspection of the premises are carried out by independent assessors.

Almshouse inspections are carried out by arrangement with tenants at least annually. The warden will also notice and report repair and maintenance matters. Interior decoration is the responsibility of the tenants.

Any future development of the site and expansion of services will be done in such a way as to preserve if not enhance the tranquil and picturesque surroundings currently enjoyed by residents.

The Charity aims to ensure all equipment used by staff and residents is fit for purpose and up to date, applying for charitable funding to do so where appropriate. The League of Friends continues to be a key support in fundraising for the purchase and upgrading of essential equipment.

The Charity also continues to develop its technology systems now used in care planning, payroll, banking and general administration through to online staff training and professional support.

Given the age of our listed almshouses and the condition of the fabric of the buildings, it will be a priority to examine how they can be kept in good condition as part of regular works and within the progress of our green strategy. This will likely involve investment.

STRATEGIC PRIORITY 3 - TO GEAR OUR FINANCING TOWARDS THE PRODUCTION OF AN ANNUAL SURPLUS OF INCOME OVER EXPENDITURE

3.1 Current Resources

The following table indicates the financial costs of running the Charity, and its capital:

<p style="text-align: center;"><u>Revenue – Key Facts 2022</u></p> <ul style="list-style-type: none">• Total income in 2022 - £1.64 million• Approximately 76% of income comes from the contributions of the Charity’s provision of care and accommodation for the elderly.• Approximately 8% of income comes from investments. The markets in recent years have produced significantly lower returns than in the past decades.• A modest income is generated from our training annexe and from charitable donations.• In recent years there has been no surplus of income to be carried forward for reinvestment or larger projects.<ul style="list-style-type: none">• 68% of income is spent on staff salaries.• Total resources expended in 2022 in running the Charity - £1.38 million
<p style="text-align: center;"><u>Capital – Key Facts</u></p> <ul style="list-style-type: none">• The Charity had £2m invested in the stock market in 2022.• Another £350K was invested as an Emergency Repair Fund• The 2022 balance sheet shows assets of over £6.2 million however much of this is in property and there is little surplus of cash income over expenditure• Declining levels of capital assets forces the Charity to look carefully at all income streams to sustain the quality of its services to residents.• The Charity continues to add to its portfolio of almshouse properties and protect its boundaries by purchasing bungalows on Drapers Close when they become available at an affordable price.• The Charity owns commercial property and land which generates income.

3.2 Day to Day Management

The day to day financial management of the Charity is delegated to the Executive Manager who reports monthly income and expenditure to the Board. The Executive Manager sets the annual budget and explains any deviation from this at the Board meetings. Large items of expenditure, especially of a capital nature, must be agreed by the Board. Figures are

comprehensively audited by Azets who format the annual accounts to meet all regulatory requirements.

The investment broker Charles Stanley has been managing the Charity's stock market investment for 15 years and has a good track record of keeping abreast of market fluctuations so producing the best results from the portfolios. Their portfolio managers have a hands-on approach and are well known to the board, producing reports for every meeting and visiting the Board meeting with a full review at least once a year.

3.3 Forward Focus

The Board will:

- ***Ensure, at the very minimum, that annual income covers expenditure with a goal that the reliance on investment income is reduced.***
- ***Develop financial and investment strategies to demonstrate how to gear our financing towards producing an annual 4% surplus of income over expenditure.***
- ***Proactively seek and obtain charitable funding to cover day to day need as well as major project funding.***
- ***Include options for capital investment and the development of income generating services.***
- ***Identify and investigate opportunities for the potential development of our holdings of land both in Margate and Aylesford.***
- ***In 2019 the Charity purchased land at the rear of Yoakley House with the intention of extending the existing building and its services. For a variety of reasons, this did not materialise and the pandemic changed the focus of the Charity. The Board intends to investigate the possible uses of this land and the development of its provision.***

STRATEGIC PRIORITY 4 - TO ADDRESS THE GREEN AGENDA

In recent years it has become increasingly apparent that climate change and the use of non-renewable energy sources is having a hugely detrimental impact on our world. ***The Charity plans to review its energy usage across the whole site in order to reduce its carbon footprint and find ways to utilise renewable energy, thereby reducing future costs.*** The Charity is being advised in this area by the local Sustainable Energy Projects Lead for Thanet District Council. As well as planning a course of action across the whole site, she is able to direct the Charity towards potential sources of funding. The types of action being considered include the installation of solar panels, better insulation of the almshouses using double glazing (which will require the permission of the local council Conservation Department) and the move away from gas central heating.

STRATEGIC PRIORITY 5 - TO ENSURE THAT WE HAVE PEOPLE WHO ARE SKILLED AND MOTIVATED TO CARE FOR RESIDENTS AND DELIVER THE CHARITY'S BUSINESS.

5.1 Present Approaches

The Charity employs an Executive Manager, Care Manager with deputies for both and around 50 other staff who are mostly part-time.

The day-to day management of care in Yoakley House is organised by one of 4 Senior Carers. All care staff are trained to a minimum of NVQ level 2 or working towards it. Mandatory training is ongoing with the majority of courses being held in Yoakley House or being provided by Distance Learning. The Care Manager is herself trained to deliver the mandatory courses as required. This enables training to be focussed on the specific procedures of the home and has been proved to be better economically. The fully equipped Training Annexe enhances the Charity's training provision. Staff are actively encouraged at staff meetings and staff supervisions to identify courses they would like to attend for their own personal development.

Staff salaries are reviewed annually by the Board and tend to be set at a level above the national average with enhancement for recognised qualifications, training achievements and long service. Almost all staff have joined the Charity's staff pension scheme administered by The Pensions Trust under auto-enrolment legislation.

The Charity is proud of its record in retaining good staff and several have worked for the Charity for over 10 years, which means that many of our staff have the benefits of maturity and experience. The pandemic did have an impact on staff turnover. The additional responsibilities placed on care staff dealing with high specification infection control with all the anxiety that brought coupled with low wages means that this is something that continues to have an impact on the care profession nationally.

The Charity will continue to provide welfare support to staff as needed both internally with management open door policy and by signposting them to other professional support such as counselling. This may include funding such support on a short-term agreement basis if required. The Charity also offers emergency financial support to staff by way of a loan with fair interest rates, with payment being deducted from the staff member's wages at an affordable rate over an agreed period of time.

The Charity generally recruits new staff by advertising mainly online. It prides itself on a good team atmosphere and the comprehensive induction course, with the benefit of experienced carers helping new staff to settle easily into their roles, even those with no previous care experience.

5.2 Key staffing issues

Staff turnover since the onset of the Covid 19 pandemic has been higher than in previous years. The tight restrictions imposed on care homes, the additional expectations and tasks required of care workers, and the added anxieties around issues such as childcare when schools were closed all contributed to this. ***The motivation, morale and retention of good staff is a key focus of management at this time.***

Management continue to encourage the personal development of all staff and the creation of teams that work well together. Succession planning within the senior roles is key.

The Charity bench marks pay to exceed the National Minimum Wage and be above average for the locality. Enhancement to pay rates can be earned by achieving relevant qualifications and for long service.

The development of the respite service, which aims to improve residents' independence so that they can return home, has meant a change in the way the care staff work. They have been retrained in areas such as motivating residents and encouraging independence.

Staffing levels are very much governed by the legal requirements calculated according needs of residents which are increasing. Staff cuts and redundancies are therefore most unlikely provided that room voids are minimal and income is sufficient to guarantee salaries.

5.3 The Board

Members of the Board come from diverse professional backgrounds and there is always a Quaker in the team. ***Succession planning both for the Board and for senior management will become a priority during the duration of this plan.***

STRATEGIC PRIORITY 6 – COLLABORATE AND COMMUNICATE

The Charity is proud to be regarded as an unrivalled provider of care for the elderly in this locality, and is beginning to achieve a reputation for its uniqueness. This is at a time when care of the elderly generally is receiving a bad press. We want to share our expertise with others so that we have an effect on the quality of care delivered nationally and at the same time communicate internally and externally with a wide range of stakeholders.

There are a range of approaches that need to be addressed:

1. Collaborate with other key providers so we can learn from them.
2. Work with our League of Friends.
3. Encourage visits from key figures e.g. MPs, Councillors, invited influential guests.
4. Market and promote what we do locally and nationally.
5. Investigate what we can do to expand and improve our service provision.
6. Speak to community groups.
7. Participate in national consultations and projects requiring feedback.
8. Liaise with other local homes on key issues.
9. Invite volunteer and visiting staff to come and see what we do.
10. Work with NHS partners.
11. Use local news reporting opportunities to our advantage.
12. Update and improve the website and promotional material.

NATIONAL AND LOCAL DRIVERS

Some Facts

Care of the older person is a “hot topic” in the UK appearing in the national news arena on a regular basis. Major research and review documents have been produced at regular intervals over the past 20 years however successive governments seem unable to tackle the necessary redevelopment of Health and Social Care in relation to older people or to find a way to fund it.

In addition to the Covid 19 pandemic brought huge challenges to care providers second only to the challenges faced by the NHS.

The most recent reports from which information is drawn include:

- Health & Care of Older People 2019 (Age UK)
- People at the Heart of Care: Adult Social Care Reform 2021/22 (Dept Health Social Care)
- Key Facts and Figures about Adult Social Care 2021 (The Kings Fund)
- 2021 Census (Office for National Statistics)

Demographic and Health Trends

- People are living longer and so the proportion of the population that is of pensionable age is increasing. The population of people aged 65 and over in England is projected to increase by 49 per cent from 2017 to 2040: 10.0 million to 14.9 million. *Age UK*
- The proportion of older people is above the national average in Kent and extremely high in the Charity’s immediate coastal locality of Thanet.
- Just over half of people aged 65-74 live with at least one long term health condition, increasing to nearly two thirds of those aged 85 and over. Meanwhile frailty affects 6.5 per cent of people aged 60 to 69, rising to 65 per cent of those aged over 90. *Age UK*
- Older people account for around two thirds of recipients of care provided, or arranged by, a local authority, and around half of total public spending on adult social care.
- Funding for local authorities to provide this care has not kept pace with demand meaning that the system is severely underfunded and many older people in need are falling through the gaps.
- 1 in 20 people over 65 will develop dementia.
- There is an increasing diversity of service users with differing requirements.
- Whilst many older people are financially well off in equity terms (they have property), they have little disposable income. At the same time there are many older people who are neither rich in equity or disposable income terms. It is not as simple as it once was to distinguish those who are genuinely in need of charitable assistance.
- Funding of care is costly and will increase.
- There are increased expectations of social and health care.
- Between 2011 and 2021 in Thanet, there has been an increase of 17.2% in people aged 65 years and over, an increase of 2.4% in people aged 15 to 64 years, and a decrease of 1.3% in children aged under 15 years.
- By 2041, 26% of the population will be 65 and over.

The 2009 Green Paper summarised the expectations of the older generation stating that older people have the right to:

- Stay independent and well for as long as possible
- The same assessment of need and contribution to proportion of care costs regardless of where they live in the UK
- Services working together (health and social care) so that only 1 assessment of need is necessary
- Ease of access to information about care support available
- A person-centred service with greater choice for the individual
- Money being wisely spent in relation to the provision of their care and support

Delivery of these *rights*, acknowledging that most older people will not have the means to fully meet the cost themselves, is expensive and it is a cost which will continue to rise as the predicted demographic changes. Successive governments have struggled to put together a funding plan which is fair to all, especially in the levels of personal contribution people will be expected to make. Furthermore, recent government austerity measures have meant severe cutbacks in real terms funding of both health and social care.

Response to the many reports, including those above, culminated in production of the Care Act of 2014 but its full implementation, particularly with regard to changes in the way care is funded due in March 2016, was postponed and to date seems to have been abandoned.

Our Response

It is evident that the Charity is trying to deliver an essential service in a very difficult political environment. It has had to change its way of working by, for example, limiting the number of Social Services funded residents as poor funding represents a weekly loss of over £250 on the cost of an individual's care. These placements are now treated as beneficiaries of the Charity, along with almshouse residents. A tight rein on spending has also been necessary whilst continuing to ensure that the quality of care and the standards of the environment remain high.

RISK MANAGEMENT

The risk management status of the Charity is reviewed annually and the latest report is shown below.

Health and Safety (H & S)

The Executive Manager takes overall responsibility for H & S with the support of the Care Manager and department heads. Risk Assessments on all areas of Yoakley House have been completed. Risk Assessments on all equipment and machinery are also maintained. Visual H&S surveys of the interior of the cottages are carried out at least annually by staff.

Risk Management Process

The Charity’s Strategic Plan determines that risk management should be reviewed at least annually. An approach used within the Home Office, the Security Industry Authority and Canterbury Christ Church University has been applied to the Charity’s business risks.

Any risk will have a likelihood of occurring and a potential impact. The likelihood and impact of each identified risk have been scored using a “risk rating” as set out in table 1.

Table 1. Risk Ratings					
<u>Score</u>	<u>Likelihood</u>	<u>Guide</u>	<u>Score</u>	<u>Impact</u>	<u>Guide</u>
1	Very low	Very unlikely to occur (1x in a few years).	1	Insignificant	Financial impact of less than £5k. Internal impact on reputation only.
2	Low	Isolated occurrences: less than 1x per year.	2	Minor damage	Financial impact of £5k - £10k. Minor outside impact on reputation.
3	Medium	Few occurrences: 1x per year.	3	Significant harm	Financial impact of £10k - £20k. Local impact on reputation.
4	High	Many occurrences expected: more than 1x per year	4	Major damage	Financial impact of £20k - £50k. Local impact on reputation.

5	Very high	Several times per year. Near certainty.	5	Catastrophic	Financial impact over £50k. National impact on reputation.
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Each risk is then scored for both likelihood and impact and the two figures are multiplied which will create a green, amber, red or black risk as indicated in table 2. It will be seen that the scoring mechanism gives added weight to “impact.”

Table 2.						
Risk Management Scoring Matrix						
I M P A C T		LIKELIHOOD				
		1	2	3	4	5
	5	RED (5)	RED (10)	BLACK (15)	BLACK (20)	BLACK (25)
	4	AMBER (4)	RED (8)	RED (12)	BLACK (16)	BLACK (20)
	3	AMBER (3)	AMBER (6)	RED (9)	RED (12)	RED (20)
	2	GREEN (2)	GREEN (4)	AMBER (6)	AMBER (8)	RED (10)
1	GREEN (1)	GREEN (2)	GREEN (3)	AMBER (4)	AMBER (5)	

Depending upon the colour risk, the Trustees can determine their level of risk tolerance as set out in table 3. If risks are regularly reviewed, they can either be excluded or re-graded.

Table 3	
Risk Tolerance	
Black – very severe.	Major financial or reputational consequences. Disastrous. Comprehensive action is required immediately. Trustee involvement is essential.
Red - severe	The Trust is concerned about carrying this risk. The consequences would be severe. Some immediate action plus a comprehensive action plan is needed. Trustees need to be aware and involved.
Amber – material	The Trust is uneasy about carrying this risk. Whilst the consequences are severe, they can be managed through contingency plans and management team actions. Needs regular monitoring by the Trustees.
Green - manageable	The Trust is happy to carry the risk. The consequences are relatively unimportant to the business. The risk should be reviewed at Trustees’ meetings.

<p>CS 3 The Charity fails to find the funding for training.</p> <p>GREEN</p>	1	4	<p>Funding has been acquired to cover NVQ training costs as much as possible with the balance being covered within the Charity's budget. The Care Manager delivers the bulk of in house mandatory training which saves the Charity money.</p> <p>Income from the training annexe feeds into the general budget</p>	<p>Future funding streams being monitored by the Executive Manager. Monitor the use of the training annexe to ensure its potential is maximised. Financial impact to be built into the budget.</p>		
<p>CS 4 The Charity loses in-house training provision.</p> <p>GREEN</p>	1	2	<p>The Charity has trained its own Care Manager to deliver mandatory training so training continues to be delivered on site.</p>	<p>Identify a second self-employed provider of training for mandatory courses or train up one of our staff to deliver.</p>		
<p>CS 5 Increased numbers of high dependency residents will challenge the Charity's ability to maintain high standards of care.</p> <p>AMBER</p>	2	3	<p>Residents in Yoakley House are seen to be getting older and having greater care needs, both physical and psychological. The proportion of care time needed for each resident, the numbers of staff required per shift, and the level of staff competence has increased and is likely to continue to do so. The Care Manager monitors this on a monthly basis to ensure the home meets its legal requirements for staffing and that quality of care is maintained.</p>	<p>The Care Manager has day to day management of this in hand. This continues to be a consideration by the Board.</p>		

Risk associated with providing the best residential environment (RESIDENTIAL ENVIRONMENT [RE])

<p>RE1 The government's policy to encourage people to remain in their own homes results in the need to adapt cottages to meet the particular needs of residents.</p> <p>GREEN</p>	2	2	<p>The renovation of existing cottage bathrooms to include purpose built walk in showers instead of baths has helped almshouse residents to maintain their independence.</p> <p>The Board took a decision to purchase bungalows on the access road to the site (Drapers Close) as they become available, to be available for use by more disabled residents. The Charity now owns 6 out of 12. These are now rented with the tenants paying their own utility bills.</p>	<p>Other bathrooms not renovated (at resident's request) being done as and when the properties become vacant.</p> <p>Purchase more bungalows as appropriate if they are at an affordable price.</p>		
<p>RE 2 Inadequate attention is given to the décor, fixtures and fittings of Yoakley House.</p> <p>GREEN</p>	2	2	<p>The corridors, communal areas and offices of Yoakley House are decorated during the winter months. Residents' rooms are redecorated and carpeted between occupancies.</p>	<p>Continued monitoring of the interior state of the home and works completed as necessary.</p>		

Risks associated with financial stability (F)

CS3, CS5 RE1 and RE2 also have financial implications

<p>F1 Income is insufficient to meet the Charity's commitments.</p> <p>RED</p>	<p>2</p>	<p>4</p>	<p>Stock market fluctuations have adversely affected the Trust's ability to produce surpluses of income. This has resulted in increased emphasis being placed upon financial planning. The current situation is:</p> <ul style="list-style-type: none"> • Charles Stanley Stockbrokers manage the Charity's investment portfolio excellently and have been given strategic direction by the Board. • A phased approach to increasing income from residents is in progress. • Cottage residents are encouraged to apply for benefits to which they are entitled. 	<p>1. Continuation of this approach.</p> <p>2. Finances to be regularly considered by the Board in their strategic planning.</p> <p>3. Approaches to increase charitable donations are being considered.</p> <p>4. Other income generating services to be developed so there is less reliance on investment income</p>		
<p>F2 Financial controls inadequately enable the Board to exercise their duties of governance.</p> <p>GREEN</p>	<p>1</p>	<p>2</p>	<p>Income and expenditure particulars and patterns are reported to the Board. All accounts are fully audited to comply with legislative requirements.</p> <p>The Charity's Stockbrokers have a clear financial strategy to follow</p>	<p>1. Continuation of this approach.</p> <p>2. Finances to be regularly considered by the Board in their strategic planning.</p>		

			<p>and report upon achievements and market trends regularly in writing and in person.</p> <p>The performance of the Charity's investments in land and property are regularly reported by the Executive Manager to the Board.</p> <p>A long term approach to residents' fees has been put in place to ensure that as much as possible fees cover cost of care. KCC funding falls way below this target so the numbers of funded residents is been limited. Vacancies are actively managed and voids are few.</p> <p>The Board are actively looking at the area of Fundraising. The League of Friends group was created in 2008 to facilitate this and has been successful in raising over £50k to date.</p>	<p>3. Control the number of KCC funded placements and challenge underfunding by them where possible.</p> <p>4. Focus on fundraising and the support of the League of Friends</p>		
<p>F3 Social Services fail to take on the financing of "self-funding" residents in Yoakley House in the event that their income fails to meet charges.</p> <p>GREEN</p>	2	1	<p>A consequence of the Charity's response to F1 has been greater willingness to accept self funding residents. Social Services will only finance such people in the event of their savings being used if they meet Social Services care criteria.</p>	<p>1. Analysis of the needs of self-funding residents to be made before admission.</p> <p>2. Liaison with Social Services to ensure that any changes in their standards are monitored.</p>		

Risks associated with staffing provision (SP)

CS2, CS3 and CS4 all have staffing issues contained within them.

<p>SP 1 High staff turnover decreases the Charity's ability to ensure continuity of care of residents at Yoakley House and monitoring of the wellbeing of cottage residents.</p> <p>AMBER</p>	<p>3</p>	<p>2</p>	<p>The staff structure works well. Historically the Charity has retained a loyal and satisfied work force. 2018 saw an abnormally high turnover of staff and recruitment of suitable staff has been more difficult. The employment of younger staff has raised new challenges e.g. team dynamics, maternity cover. Younger staff are being encouraged to take more supervisory responsibilities within the home. A rewards strategy for staff is in place and conscious monitoring of salary levels compared to other local organisations takes place annually.</p>	<p>1. Staff structure to be monitored to ensure the long term care needs of residents are met.</p> <p>2. Staffing levels and age mix to be monitored</p> <p>3. Continued review and use of staff rewards strategy</p>		
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Other Risks (O)

<p>O1 Inadequate attention is given to health and safety provisions.</p> <p>GREEN</p>	<p>1</p>	<p>1</p>	<p>The Executive Manager takes overall responsibility for H & S and annual training is given to all staff. 1 member of staff from each department assumes responsibility for carrying out risk assessments within their department. The Executive Manager reports annually to the Board on general H & S issues (especially in case of emergencies).</p>	<p>Continuation of present arrangements.</p>		
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Other Risks (O) continued

<p>02 Changes to the Board affects the stability and efficient management of the Charity</p>	<p>3</p>	<p>2</p>	<p>The failure of the Board to consider succession and fill vacancies on the Board with those with appropriate skills and dedication to the Charity destabilises the Charity and its ongoing plans.</p>	<p>1. The day to day management of the Charity is handled admirably by the Executive Manager and the Care Manager. 2. In recent years the Board has consciously focussed on identifying new members and has successfully appointed to fill vacancies 3. Potential Board members continue to be identified for future roles and succession is a regular topic at meetings.</p>		
<p>AMBER</p>						

Other Risks (O) continued

<p>02 Changes to the key managers affects the stability and efficient management of the Charity</p>	<p>2</p>	<p>3</p>	<p>The loss of key managers affects the efficient running of the Charity.</p>	<p>1. Both managers have a 3 month notice period which should provide adequate handover if they chose to leave, 2.The day to day care of residents is delegated to Senior care staff and continues with or without management present. The Care Manager has a Deputy who could step up if necessary. 3. The Executive Manager delegates much of her work to the admin staff and a review of her role and support network is being undertaken by the Board.</p>		
<p>AMBER</p>						

POLICIES

Policies are regularly reviewed and updated. The following is a list of current policies.

INDEX OF POLICIES
Accident Policy
Adult Protection (Safeguarding) Policy
Adult Protection Reporting Forms
Advocates Policy
Aims & Objectives of Yoakley House
Alcohol Consumption Policy
Antibribery & Corruption Policy
Bathing Residents with Dressings
Care of the Dying
Challenging Behaviour Policy
Cleaning Policy (Domestic Staff)
Clinical Procedures Policy
Complaints Policy
Confidentiality Policy
Confidentiality: Breaching
Confidentiality: Maintaining
Consultation Arrangements
Continence Policy
Covid19 Visitors Policy
Control of Hazardous Substances
Challenging behaviour
Critical Incident Policy
Data Protection & GDPR
Diabetes Blood Glucose Monitoring
Diabetes Management
Disaster Recovery Plan
Discharge Policy
Emergencies Almshouses
Emergency & Crisis Policy
Emergency Admissions/ Referrals
Fire Instructions For Residents
Fire Instructions For Staff
Fire Management Plan
First Aid Policy
Guardianship under the Mental Health Act
Head Injuries Policy/ Bangs & Bumps to the Head

Health & Safety Issues
Health & Safety Policy
Homely Remedy Policy
Hospital Admissions - Medication Policy
Hydration Policy
Infection Control Policy
Involvement of Relatives
Kitchen and Dining Room Infection Control
Leadership & Supervision of Care
Legionella Policy
Locked Bedroom Doors
Lone Worker Policy
Medication Handling/ Reporting Medication Errors
Medication Policy - Almshouses
Medication Policy - Yoakley House
Mental Capacity/ Deprivation of Liberty (DoLS)
Missing Persons Policy and Procedure
Nights: Procedure in the Event of Emergencies or Problems
No Lifting Policies (Yoakley House & Drapers Homes)
Nutrition and Food Safety Policy
Our Staff
Philosophy of Care
Pressure Areas Policy
Privacy & Dignity Policy
Procedure in the Event of a Resident Falling
Procedure in the Event of Death
Quality Assurance Policy
Racial Harassment Policy
Residents' Rights
Restraint including Bed Rails
Risk Taking
Self Medication Policy for Residents
Sexual Harassment Policy
Sexuality and Relationships Policy
Smoking & Substance Abuse Policy
Staff: Absence Policy
Staff: Communication / Open Door Policy
Staff: Conduct during Discipline/Grievances Procedures
Staff: DBS Disclosure Information
Staff: Disciplinary Policy and Procedure
Staff: Display Screen Equipment Policy
Staff: Equality & Diversity Policy

Staff: Equal Opportunity Declaration
Staff: Financial Control Policy
Staff: Financial Welfare Policy
Staff: Flexible Working Hours Policy
Staff: Grievance Policy
Staff: Internet, Email and Social Media Policy
Staff: Manual Handling Guidelines & Policy
Staff: Modern Slavery & Human Trafficking Statement
Staff: Pay & Reward Policy
Staff: Prevention of Violence Towards Staff
Staff: Probity Policy/Gifts
Staff: Recruitment Policy inc Ex Offenders Statement
Staff: Redundancy Policy
Staff: Sickness Policy
Staff: Supervision Policy
Staff: Training Policy
Staff: Uniform Policy
Staff: Whistleblowing Policy
Staff: Working Time Regulations Statement
Statement of Purpose
Transmittable Diseases Policy
Unannounced Visitors Procedure
Unwanted Visitors Policy
Valuables Policy - Almshouses
Valuables Policy - Yoakley House
Waiting List Policy
Working with Volunteers Policy