



NAZARETH CARE CHARITABLE TRUST

Statement of Purpose

Full Postal Address	Larmenier House, 162 East End Road, Finchley, London N2 0RU
Contact Numbers and E-mail Address	Telephone: 020 8444 4427 Head office email: uk.adminstration@nazarethcare.com
Provider ID Number	
Charity Number (England)	1113666
Charity Number (Scotland)	SCO42374
Companies House Number	5518564
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Reviewed By	Mike Anderson: Deputy CEO

1. Introduction

No amendment can be made to the Statement of Purpose without prior consultation and approval of Senior Management Team. The Statement of Purpose will be kept under review by the Senior Management Team.

2. The Registered Provider, The Person in Charge and Persons participating in Management

Registered Provider	Nazareth Care Charitable Trust
Nominated Person on behalf of the Registered Provider	Rita Asamoah, Director of Operations, Nazareth Care Charitable Trust E- Mail: rita.asamoah@nazarethcare.com
Person in Charge	Douglas Webb, CEO
Persons participating in management	Douglas Webb-CEO Rita Asamoah – Director of Operations Fiona Russell -Finance Director Mike Anderson – Head of Risk Alexandra Ispas – Head of Corporate Services Mike Clemens – Property Manager Mike Jones – Regional Manager (North) Claire Anderson – Regional Manager (South) Josh Stallard – Employee Engagement Manager

Services and Facilities in Nazareth Care Charitable Trust

3. Aims

The aim of Nazareth Care Charitable Trust is to provide residential settings where residents are cared for, supported and valued within care environments that promotes the health and wellbeing of our residents. At Nazareth Care Charitable Trust, we acknowledge that the need to move from home into residential care can bring feelings of sadness, loss and fear. With that in mind, we aim to provide all our residents with a safe placed they can call home.

We strive to promote an environment where residents feel secure, comfortable and valued. Our aim is to provide care that meets the needs of each person as an individual and our care is always informed by the best available evidenced based research. What this means to us is that all parties involved in a person’s care are consulted were possible or applicable.

4. Key Objectives

The objectives of Nazareth Care Charitable Trust are:

- to provide a high standard of compassionate, dignified person-centred care adhering to evidence based best practice.
- to provide a living environment that as far as possible replicates the resident’s previous lifestyle; and
- to ensure that residents live in a comfortable clean and safe environment

The delivery of care and services to our residents is guided by the following principles:

- To provide a person-centred approach to care that recognises the unique value of each resident.
- To provide care and services in a manner that is informed by evidence based best practice and complies with all relevant legislation and care standards.
- To safeguard and protect each resident.
- To maximise the quality of life and care for each resident, physically, psychologically, socially and spiritually.
- To promote a culture of continuous learning so that we can improve the care and services we deliver to each resident and learn from the past.
- To enable individual residents to live their lives to their maximum potential by promoting and enabling them to maintain their independence.
- To improve the quality of care by involving the residents, relatives and key stakeholders in the design and evaluation of care systems.

5. Ethos and Underpinning Values

The ethos of Nazareth Care Charitable Trust is distinguished by the Core Values of the organisation: *Justice, Patience, Hospitality, Compassion, Love and Respect*. This philosophy of care involves every member of the caring team with a common aim to improve the quality of life of each resident.

6. Mission Statement

We, the Sisters of Nazareth, aim to share the love of God through our ministries of care and education and our openness to respond to the needs of the times.

“Whatsoever you do to the least of my people, you do to me”.

Words of Jesus Christ (Matt. 25 v.40)

7. The specific care needs that Nazareth Care Charitable Trust is intended to meet

The range of needs provided by Nazareth Care Charitable Trust are the social and health care needs for dependent adults with the level of need i.e. low/medium/high and maximum dependencies. Dementia care, respite, convalescent, post-operative and palliative – end of life care.

8. Facilities which are to be provided

The number, size and use of rooms in the designated houses are as follows:

Locations	Number of Beds
Finchley	84
Manchester	66
Lancaster	43
Cheltenham	68
Plymouth	46
Northampton	50
Crosby	66
Birkenhead	57
Hammersmith	95
Cardiff	54
Bonnyrigg	37
Glasgow	70

9. Services which are to be provided

Nazareth Care Charitable Trust is the management company responsible for the operation and regulation of all Nazareth Houses within the United Kingdom. We work closely with the Sisters of Nazareth to ensure the highest quality care for all our residents. We are a registered charity and all our Houses are registered and compliant with the various regulators across England, Scotland and Wales. Each House is run by a General Manager, and they are contactable by email, telephone or you can visit the Houses directly.

Admissions to Nazareth Care Charitable Trust

10. Number of registered beds

The maximum number who can be accommodated in Nazareth Care Charitable Trust is 731 residents.

11. Age range of residents that can be cared for in the Nazareth Care Charitable Trust

Nazareth Care Charitable Trust provides accommodation for people who require; caring for adults over 65, and in certain circumstances with Regulatory approval, under 65 yrs; Treatment of disease, disorder or injury; Dementia and require nursing or personal care.

12. The gender of residents that can be cared for in the Nazareth Care Charitable Trust

Nazareth Care Charitable Trust provides care for all people and welcomes the statutory requirements as laid down in the Equalities Act 2010.

13. Criteria used for admission to Nazareth Care Charitable Trust

Admissions to Nazareth Care Charitable Trusts is normally planned however there may be occasions when we admit people on an emergency basis but a robust assessment will be carried out prior to care being delivered. The houses have a written Admission Policy and Procedures in place.

Each General Manager will ensure that the prospective residents and/or their family or representative is invited to visit the residential care setting before they make a decision to stay in long term care. Emergency admissions are avoided where possible. The opportunity to meet with other residents during a visit is facilitated.

The prospective resident is given the opportunity to have an appointed member of staff meet them in their own home or current accommodation, to further discuss and plan for the transition into long term care.

The designated houses ensures that information is available to the prospective resident and/or their family or representative in a format and language that suits their communication requirements.

The designated houses produce a Guide for Residents which is clearly written and is made available in an accessible format to each prospective resident.

The prospective resident and/or their family or representative are informed of all fees payable including charges for activities and services that may have additional costs. The prospective resident will be given a Terms & Conditions of Residence which outlines fees and normal conditions of residence.

Each prospective resident will have their needs assessed prior to moving into the residential care setting, a full assessment upon admission, and subsequently as required to reflect changes in need and circumstances during their period in residence.

The designated houses retain the right not to accept admission of a prospective resident following assessment.

Pre-admission

All necessary information relating to the residents' health, personal and social care needs is obtained prior to admission.

The resident is admitted to the designated houses following a comprehensive assessment of their health, personal and social care needs, undertaken by appropriate professionals trained to do so. This includes any prospective resident making private arrangements for admission to the residential care setting. The resident participates in and contributes to the assessment, with the support of a family member or representative in accordance with their wishes.

On and subsequent to admission

A general risk assessment is carried out and recorded upon admission to the designated houses and as indicated by the resident's changing needs or circumstances and no less frequently as at four-monthly intervals.

A comprehensive assessment of the residents' health, personal and social care needs, using a care planning documentation, is completed within seven days of their admission or sooner if the risk assessment indicates. This assessment is reviewed as indicated by the resident's changing needs or circumstances and no less frequently than at three-monthly intervals.

Assessment findings are communicated to the resident or representative and to his/her family in accordance with his/her wishes.

Persons under the age of 18 years are not to be accommodated into Nazareth Care Charitable Trust unless appropriate authority has been sought from the regulator.

Emergency admissions

Emergency admissions are avoided where possible. An emergency admission is an admission that is unplanned, unprepared or not consented to in advance.

In the case of emergency admissions, all necessary information relating to the resident's health, personal and social care needs is obtained as soon as possible after admission and no later than 48 hours. Protocols are in place to ensure appropriate continuity of care. These ensure that information concerning the resident's circumstances, medication, treatment and/or ongoing support by medical and other professionals is provided to the person-in charge. The resident participates in and contributes to the assessment, with the support of a family member or representative in accordance with their wishes.

Management and Staffing

14. Total staffing complement (in whole time equivalent)

The total staffing complement for each house will be assessed as per the needs of the residents using the service.

15. Staff training and development

Staff training and the development of staff is fundamentally important in the delivery of compassionate, safe and effective person-centred care. All new staff members will be carefully selected and monitored during their probation period. They will receive a full induction and their training and development needs will be monitored through the course of their employment.

Resident Wellbeing and Safety

16. Review and development of residents' care plans

The persons in charge (General Managers) ensures each resident's needs are set out in an individual care plan developed and agreed with each resident or representative.

The General Managers will:

- (a) Make the resident's care plan available to the resident or their representative.
- (b) Keep the resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at four-monthly intervals.
- (c) Revise the resident's care plan, after consultation with them or their representative and(d) Notify the resident of any review.

17. Respecting the resident's privacy, dignity and their rights

Arrangements are in place to ensure that the resident's privacy, dignity and modesty are always respected, and with particular regard to:

- maintaining social contacts to the extent to which the resident wishes to do so
- allowing the resident spend time alone, in accordance with their wishes
- expressions of intimacy and sexuality
- wearing their own clothing
- dressing and undressing
- being assisted to eat and drink
- consultations with advocates, social care and other professionals
- examinations by health care professionals
- personal care-giving
- circumstances where confidential and/or sensitive information is being discussed (including details of medical condition or treatment)
- entering bedrooms, toilets and bathrooms
- care received prior to and at the time of death

The houses ensure that the resident receives enhanced support at times of acute distress in a manner that takes account of their particular needs and preferences.

Staff demonstrate their respect for the dignity, modesty and privacy of the resident:

- through their general demeanour
- through the way they address and communicate with the resident
- through their appearance and dress
- by avoiding ageist, racist, sexist or other inappropriate comments or jokes
- through discretion when discussing the resident's medical condition or
- treatment needs

It is understood that lapses are unacceptable, even when staff are working under pressure.

The resident has access to a telephone for use in private. Any circumstances in which restrictions on the use of the telephone are imposed are agreed with the resident and recorded.

The resident receives their mail promptly. The resident's privacy is respected in relation to their mail.

Where the resident shares a room, the screening ensures that their privacy is not compromised when personal care is being given.

The resident's permission is sought before any person enters their room.

The resident's individual choices relating to their preferred term of address are respected.

Key rights for residents are as follows:

The privacy and dignity of all residents will be uppermost in the organisation and operation of the home. The following measures though not exhaustive will be put in place:

Privacy

- Staff will knock and wait before entering a resident's room
- Staff are to uphold the need to maintain confidentiality
- Personal care will be delivered in private

Dignity

- All communication with residents will be respectful
- Residents will be addressed by their preferred name
- Visiting is flexible and arrangements for privacy in place
- Private access to telephone available
- A variety of activities and entertainment will be offered
- Resident will be encouraged to choose their own clothing
- Residents wishes are respected where possible in relation to preferred gender of care staff for personal care delivery

Rights

- The right to have an opinion and for that opinion to be heard
- The right to involvement in care planning and delivery
- The right to take reasonable risks
- To raise a complaint without fear of repercussion
- To give informed consent to treatment and refuse care / treatment
- To personalise your personal space

Choice

- Residents can choose the time they get up and go to bed and the time they wish to receive personal care and where and when they eat
- Residents have a choice of meals and are consulted on menu planning
- Residents can choose their own GP

Decision making regards treatment

- Residents have an ethical and legal right to be involved in discussions and decision making that relates to them. We aim to ensure that the residents' rights and choices are central to decision making.
- We would therefore value any information that you feel able to share with us which relates to wishes regarding treatment, wishes during your stay with us and also your final wishes.
- Each competent adult has the Human Right to choice. To assist us to respect choices we recommend that Residents consider implementing an Advanced Directive or Living Will which can provide details for us which includes your wishes on: -
 - Lifesaving treatment
 - Medical Treatment
 - Hospitalisation
 - Time leading up to death
 - Wishes after death

An advanced directive can contain as much personal information as each person wishes and can be reviewed if wishes change. We appreciate that this can be a very sensitive subject however we also feel that it is best practice to have such information in order that all practitioners can provide holistic care in line with these wishes.

Residents wishes will be recorded in the care records and communicated to all staff with view to ensuring that wishes are respected appropriately in line with the Human Rights Act (1998)

Fulfilment

- Residents are encouraged to realise personal aims
- Residents are encouraged to realise their full potential
- Residents are supported to be happy and content with the quality of their life

Rights of the home and its occupants

- Residents are asked to respect the property and belongings of others
- Residents are asked to respect the privacy of others
- Residents are asked to respect the rights of others and allow them to continue to have their own beliefs and make their own choices
- Residents are asked to respect other residents and staffs ethnic background, sexual orientation, religious persuasion, race, ability and disability and culture.
- Residents are asked to consider others and not cause disruption, pollution or disturbance

18. Social activities, hobbies and leisure interests

To enhance the care provided and enable residents to fulfil their personal, social and psychological needs the following services and activities are provided by the designated houses.

Music groups are encouraged to visit Nazareth Care Charitable Trust and provide entertainment for the residents. Children with their teachers from the local schools visit at Christmas time and put on a nativity play or sing carols.

Birthdays are celebrated by agreement with the residents. Residents are encouraged to go out for day trips arranged by the houses or on weekends with family or friends or to the pub for a drink if their condition permits.

The above is subject to current organisational and government guidelines, General managers will need to follow the most current visitors policy.

19. Consultation with and participation of residents in the operation of the Home

The arrangements made for consultation with residents about the operation of the designated houses are: The person-in-charge facilitates an in-houses residents' representative group for feedback, consultation and improvement on all matters affecting the residents. The group meet at least every six weeks. At least one nominated person acts as an advocate for people with dementia/cognitive impairment. Issues raised by the residents' representative group are acknowledged, responded to and recorded, including the actions taken in response to issues raised. Feedback is actively sought from the resident on an on-going basis on the services provided. The minutes of these meetings are circulated and displayed on the notice board. Residents and Relatives will have the opportunity to participate in Service User Satisfaction surveys where they are invited to make comments.

Our residents are encouraged to participate in the running of our home and influencing any proposed changes to the home. Our General Managers have an open door policy and actively encourages suggestions and recommendations from residents and visitors to the home. The following are arrangements made to give residents and relatives representing residents, the opportunity to share their opinions and make comments and suggestions.

We will consult with our residents and relatives on all issues that may affect the running of the home, and seek their feedback and agreement where this is practicable to do so.

20. Residents and Relatives Meetings

Resident and Relative meetings are held every three months and will be advertised on the home's notice board(s). Minutes will be recorded of the meetings and the minutes will be displayed on the notice board. We will also make a copy of the minutes available for the inspector from the regulatory authority or health professionals who visit the home.

If there are any actions that are mutually agreed within the meetings, these actions will be identified within the minutes of the meetings. During meetings we will not allow individuals to discuss the care of an individual resident, as this questions the principles of confidentiality and privacy that we uphold for our residents.

21. Resident and Relative Satisfaction surveys

These surveys are anonymous and are issued on an annual basis to relatives and residents residing at the care home at that time. These are sent from and returned to The Responsible Person where the results are analysed with action plans implemented where improvements / changes are required. The survey results will be made available at the care home for inspection. The findings of satisfaction surveys will be detailed in our internal reports on the quality of service that is provide in the home.

22. Personalised care planning and on-going reviews of care provided

Residents, or their representative with the resident's permission, are encouraged to become actively involved in the care planning process. The care plan will be agreed with the resident when this is possible. Following the implementation of the care plan we will seek the residents' views on the care provided and in certain situations these views will be formally recorded.

23. One to One relative/Family meetings

All residents and family members can request a private one to one meeting with the Manager. A request can be made in any format to the Manager and a record will be maintained of the meeting if agreed by all parties involved.

24. Access to religious services of residents' choice

Each resident is facilitated to exercise their religious right in accordance with their wishes. The houses have a policy that acknowledges the rights of the resident. The policy sets out the way the resident is informed of and facilitated in the exercise of their rights. The resident is facilitated to observe or abstain from religious practice in accordance with his/her wishes.

All resident's religious beliefs and values are respected and accommodated within the routines of daily living in the houses.

A chapel in which religious activities can take place is always available to all residents.

Mass is available in the houses.

Arrangements for other denominations will be accommodated on request.

25. Contact between residents and their relatives, friends and carers

Private areas are provided by the houses for residents to meet with visitors in private. All visits will need to be in line with our current visiting policy.

Residents are encouraged to have visitors as frequently as possible. Where possible the houses will be flexible about these arrangements if a resident is unwell. All visitors are expected to sign in and out of the home and to utilise the alcohol hand sanitizers that are located at each exit doors.

Residents have access to a phone as well as Wi-Fi in most parts of the houses. Full access to postal facilities is available, social inclusion e.g. voting is encouraged and provided when required. Relatives are encouraged to attend resident's special events such as birthday parties, the monthly music evenings and any other special event the houses organise from time to time.

Nazareth Care Charitable Trust reserves the right to impose restrictions on visiting arrangements where the visit or time of visit is deemed to pose a risk or where the resident requests restrictions.

The above is subject to current organisational and government guidelines, General managers will need to follow the most current visitor's policy.

26. Dealing with Complaints

We promote a policy that enables any Service User, Service User's representative or visitor to our Home to express compliments, concerns and complaints about any aspect of our service. We aim to continually improve the service that we deliver by addressing complaints in a thorough, professional and timely manner and we view complaints as a way of improving our service and learning lessons from the past.

We aim to focus on local resolution for any complaints primarily and we encourage anyone who has any dissatisfaction with any service received to bring these forward as soon as possible. Should anyone wish to raise a concern or make a complaint, either verbally or in writing, we ask that the complainant approaches the Home Manager or senior person on duty who will acknowledge the complaint immediately and try to resolve the complaint where this is possible.

If your complaint can not be rectified immediately, or if the Home Manager is absent from the Home for more than 28 days or if the complaint is concerning the Home Manager, the complaint will then be passed onto the Regional Managers at the earliest opportunity who will direct the responding action.

27. Fire precautions and emergency procedures

Each House Manager will ensure that adequate precautions have been taken against the risk of fire, including effective means of escape and evacuation, arrangements for detecting, containing and extinguishing fires and maintenance of firefighting equipment.

NCCT has a Fire Safety policy and procedure which is communicated to all staff on commencement of employment and at least annually thereafter.

There are up-to-date fire management plans (including management of fire safety equipment and conducting fire drills) that are revised and actioned when necessary and whenever the fire risk changes. This includes the maintenance and checking of physical fire precautions in accordance with relevant legislation and manufacturers and installers guidance. The areas covered under maintenance includes annual fire equipment maintenance, weekly fire alarm

checks, annual emergency lighting checks, fire exit checks, staff training, fire drills and evacuation procedures.

Each staff on commencing employment, and at least once a year thereafter, undertakes training in fire safety and evacuation. A record of fire safety and evacuation training is maintained.

Arrangements are in place to ensure that all staff and as far as possible, all residents know the procedure to be followed in the case of fire. Fire drills take place at least twice a year.

NCCT ensures that emergency lighting is provided.

NCCT ensures that there is written confirmation that all statutory requirements relating to fire safety and these standards are complied with.

The number of staff on duty at night time considers fire safety requirements to ensure the safety of residents in the event of fire.

The building complies with the requirements of fire safety legislation and relevant building regulations.

In the absence of the person in charge, a nominated person will take control of the situation should a fire start. The person-in-charge ensures that all significant events including accidents, injuries, dangerous occurrences and incidents of fire are recorded.

Appendix 1 - Conditions of Registration

1. Each designated house Nazareth Care Charitable Trust shall be operated at all times in compliance with all other legislation, regulation and standards which are applicable to it.
2. No person under the age of 18 years of age shall be accommodated at the designated houses Nazareth Care Charitable Trust at any time.
3. The maximum number of persons who may be accommodated at the houses Nazareth Care Charitable Trust is 728.

Local/Informal resolution

We encourage you to tell us your concerns so we can monitor and improve the quality of service we provide and can then respond quickly, effectively and honestly.

If possible, we encourage complaints or dissatisfaction with the service provided to be addressed and resolved as quickly as possible.

If the complaint is resolved at the time of complaint a record will be kept and learning from the complaint will be cascaded to all members of the team.

Formal complaint

All comments, compliments, suggestions or complaints should be made to the Person-in Charge or Registered Manager of the houses in the first instance. **This is Stage One of our procedure. A record will be maintained of your complaint.**

What should you include in your complaint:

1. Briefly state what your complaint is about detailing relevant dates and times if applicable.
2. List your concerns with the most important concern first.
3. State how you wish to be communicated with.
4. State in your letter if you are acting on behalf of someone else.
5. Tell us what you are hoping to achieve; and
6. Provide all your contact details and e-mail address if applicable.

If the complaint cannot be resolved satisfactorily at local level within the home, please refer your complaint to our Senior Management Team. **This is Stage Two of our Procedure** and contact details are as follows: **Senior Management Team (Complaints), Regional Office, Larmenier Houses, 162 East End Road, Finchley, London N2 0RU.**

A complaint may be made by telephone, in person, in writing or by email.

Where a complaint is made by telephone a written record will be made, and you will be provided with a copy of the complaint's procedure within three working days. All complaints will be acknowledged within three working days and the letter will confirm who will investigate the matter.

Complaints will only be accepted from a representative of the service user where consent has been given, where the service user lacks capacity or where the representative can be shown to be acting in the service user's best interests.

We will make sure that your dealings with us in the future do not suffer just because you have made a complaint.

Investigating your complaint

We will tell you who we have asked to investigate your complaint. Depending on the complaint we will determine who is best placed to complete the investigation.

You will be kept fully informed about the investigation. We expect to have completed the investigation and responded within 28 working days, unless the matter is subject to a Safeguarding investigation where the timescale is subject to Police, local authority or regulator (CQC, CIW, CIS) investigations. Complaints must be made within 12 months after the date the event occurred or if later the date the event came to the notice of the complainant.

The person investigating your complaint will usually need to see the files we hold relevant to your complaint. If you don't want this to happen, it is important that you tell us.

If your complaint is more complex, we will:

- Let you know within the 28 days why we think it may take longer to investigate.
- Tell you how long we expect the investigation to last; and
- Provide you with regular updates within 20 working days after the initial 28-day period has lapsed.

The time limit will not apply if Nazareth Care Charitable Trust is satisfied the complainant can give a good reason for not making the complaint within that time limit and despite the delay it is still possible to investigate the complaint effectively and fully.

The person who is investigating your concerns will aim first to establish the facts. The extent of this investigation will depend on how complex and how serious the issues you have raised are. In complex cases, we will draw up an investigation plan.

In some instances, we may ask to meet you to discuss your complaint. Occasionally, we might suggest mediation or another method to try to resolve disputes.

When investigating your complaint, we will look at relevant evidence. This could include files, notes of conversations, letters, emails or whatever may be relevant to your complaint. If necessary, we will talk to the staff or others involved and look at our policies and any guidance.

Issues raised in anonymous complaints will always be investigated insofar as reasonably practicable.

Responding to your complaint and findings of the investigation

If we formally investigate your complaint, we will let you know what we have found in keeping with your preferred form of communication. This could be by letter or email, for example. If necessary, we will produce a longer report. We will explain how and why we came to our conclusions.

Following the investigation of your complaint if the complainant requests a meeting, this may be arranged with the complainant and the findings of the investigation will be fed back at this meeting. If there is no resolution to the complaint, then a record will be maintained of this fact.

If the complaint has been resolved and we have got it wrong, we will apologise and inform the complainant how we have learned from this complaint and improved our service provision.

What we expect from you

In times of trouble or distress, some people may act out of character. There may have been upsetting or distressing circumstances leading up to a complaint. We do not view behaviour as unacceptable just because someone is forceful or determined.

We believe that all complainants have the right to be heard, understood and respected. However, we also consider that our staff have the same rights. We, therefore, expect you to be polite and courteous in your dealings with us. We will not tolerate aggressive or abusive behaviour, unreasonable demands or unreasonable persistence.

We have a zero-tolerance policy on abuse of our staff. This policy will be made available to you if it is required within the house.

Other organisations you can complain to

You have the right to complain to the Local Health Service or organisation funding your care in the home at any stage; please ask the home Manager if you don't have the details for the appropriate Health Professional to contact.

From 24 August 2015 the Ombudsman's remit was extended to enable the office to deal with complaints relating to the administrative actions of private care homes.

The Ombudsman has published guidelines for private care homes to support them in the provision of their services.

The Ombudsman has also published a factsheet that explains what you can do if you have a complaint about a private nursing home.

If we fail in resolving your complaint, you may complain to the Ombudsman. The Ombudsman is independent and can investigate your complaint if you believe that you personally, or the person on whose behalf you are complaining:

- have been treated unfairly or received a bad service through some failure on our part
- have been disadvantaged personally by a service failure.

The Ombudsman expects you to bring your complaint to our attention first and to give us a chance to put things right. You can contact the Ombudsman by:

Learning lessons

We take your complaints seriously and try to learn from any mistakes we have made. Our senior management team considers a summary of all complaints quarterly as well as details of any serious complaints.

Where there is a need for change, we will develop an action plan setting out what we will do, who will do it and when we plan to do it by. We will let you know when changes we have promised have been made.

What if you need help

Our staff will aim to help you make your complaint known to us. If you need extra assistance, we will try to put you in touch with someone who can help. You may wish to contact the following organisations who may be able to assist you:

Where the Complaint is about a Vulnerable Adult or Child

Staff must follow our Adult Protection/Safeguarding/Protection of Vulnerable Adults and Children policies and procedures on receipt of a complaint regarding a vulnerable adult or child at risk. You can also ring the local safeguarding authority for advice.