



## **Cinnamon Care Collection**

## **OPERATIONAL PLAN 2024**

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**1. BACKGROUND**

- 1.1 Cinnamon Care Collection (CCC) have been providing high quality care within a high quality built environment since 2014. Their aim is to provide increasing availability of high quality care provision to meet an increasing demand for bed spaces in the care sector.

This Management Plan is submitted as a supporting document to the s73 planning application.

## **2. PROPOSAL**

### **2.1 The development will seek:**

To provide residents accommodation for older people in need of general frail residential or specialist dementia care, or potentially suffering disability or other health problems and in need of care and support, but for whom the choices available in the area are limited.

To create a purpose-built facility, designed to complement the local style of architecture, where residents can access first-rate care and a range of support services together with the use of communal facilities and activities designed to promote individual health, wellbeing, and a better quality of life.

To ensure residents retain some degree of independence and to allow them to make their own choices.

### **2.2 The client group will comprise of elderly and frail people requiring care and support as outlined 2.1 above. The development proposals incorporate a mix of different units, over 3 floor levels, providing maximum flexibility with regards to general frail residential and specialist dementia care numbers.**

### **2.3 All care services will be registered and regulated by the Care Quality Commission (CQC), the independent regulator of Health and Social Care.**

Provision of elderly care is regulated by the Care Standards Act 2000 and further by the Care Act 2014, which sets out minimum standards that a care provider/operator must comply with. Cinnamon Care Collection (CCC) exceed these minimum standards both in terms of the built environment and the level of care service provided.

On completion of the building works CQC arrange an inspection of the premises with a view to formal registration of the facility, including approving and registering the facility's Senior Manager.

CCC's high standards of care are continually monitored to ensure that they always receive a positive outcome to CQC's announced and unannounced inspections. The CQC report issued following each inspection is a matter of public record.

### **3. ACCOMMODATION**

There will be two principle types of accommodation, care beds and care suites combined with general facilities.

The care services provided within both the care beds and care suites are essentially the same. The key difference between the two types of accommodation is that the care suite is larger and provides a separate lounge space with a small kitchenette, offering more independence.

The care bedrooms and care suites will both be registered with the Care Quality Commission and will provide 24/7 care and support.

The units will provide dedicated services including a nurse call alarm system, small power outlets, TV/media and optional telephone facility. The call system links directly to the care staff via a dect handset and when activated direct staff to the correct location within the facility.

The units will also be fitted out and furnished by Cinnamon. Residents may also provide some of their own furniture.

#### **3.3 General Facilities**

- 3.3.1 Reception: the single shared primary point of access is located at the main entrance with staff welcoming visitors and directing them to their destination. Bookings for transport, meals or activities can be taken and general information about for example, forthcoming activities will be displayed.
- 3.3.2 Café Bar: available for morning coffee, brunch, afternoon tea or snacks, etc. an area for all to use.
- 3.3.3 Hairdressing and Beauty Salon: open daily offering a range of services.
- 3.3.4 Lounges: spread throughout the facility allowing residents to meet with family and friends. Social events and activities may also take place.
- 3.3.5 Facility Manager's Office: CCC adopt "the door is always open" policy. The manager is responsible for ensuring the facility runs smoothly and makes sure all the residents' needs are catered for and standards maintained.
- 3.3.6 Laundry: A commercial laundry is located within the facility. This enables all laundry requirements to be undertaken on site. Residents personal laundry is catered for.
- 3.3.7 Kitchen: A commercial kitchen is located within the facility, delivering freshly prepared meals and snacks for all residents by highly qualified staff. The kitchen is inspected by the Local Authority's Environmental Health Officers.
- 3.3.8 Housekeeping Stores: cleaners stores are located throughout the facility.
- 3.3.9 Specialist Equipment Stores: to meet the resident needs storage areas are provided throughout accommodating specialist hoist, mattresses etc.

- 3.3.10 Dining Room: residents' meals are provided and served to all dining areas on a daily basis. In addition, within the main dining room there is the opportunity for the residents and their family or friends to enjoy a meal together.  
CCC recognize that a nutritious diet is essential for health and well-being and all chefs are trained to prepare and deliver meals which may be required for specific medical conditions.
- 3.3.11 Private Dining Room: this dining area can be booked for small parties or family meals.
- 3.3.12 Nurses' Office: Nurses' offices are provided at the core of the facility. Staff meet here to update residents' care notes, review policies, procedures and risk assessments and when required conduct confidential discussions with a resident and/or family member.
- 3.3.13 Assisted Bathrooms: bathrooms are located throughout the facility. The bathroom has a specialist bath fitted with integral hoist to assist with handling of the resident when bathing.
- 3.3.14 Passenger Lifts: 8 and 13 person passenger lifts are provided.
- 3.3.15 CCTV: security of the resident group is a primary concern to CCC. Consequently, a CCTV camera system is fitted throughout the facility, monitored both at reception and the nurses' station.
- 3.3.16 Access Control: common and private areas are secured by locking systems and/or entry phone or similar measure. All visitors to the facility are required to report in at reception and sign the visitors register. 'Out of Hours' access is managed by the care staff.

#### **4. OCCUPANCY**

4.1 Occupancy of the facility will be restricted to those who meet the following criteria.

The principle resident shall be minimum 65 years of age and;

- a. in need of care and support or,
- b. registered disabled person or,
- c. in the case of couples, a spouse or partner of the principle resident,

4.2 Admission Criteria:

Each principle resident who would like to move into the facility must meet the above occupancy criteria. All potential residents are assessed prior to moving into the facility. This ensures that the accommodation is suitable for their needs, that they require care and/or support and that their needs can be met by the care and support services available.

4.3 All prospective principle residents will be subject to a Pre-Admission Assessment.

Prior to moving into the facility and periodically thereafter, all prospective residents have a health assessment. This ensures that CCC can meet their needs and formulate an appropriate plan specific to these needs. The initial health assessment, and any further ongoing health assessment, will be undertaken by an appropriately experienced and qualified person to establish the principle residents care needs and to determine the level and type of care and support services provided are appropriate to those needs

A copy of the Pre-Admission Health Assessment is attached as Appendix 1.

**5. SERVICES**

- 5.1 All residents of the care beds and care suites will have full access to the communal facilities including café and private dining facilities, resident's day rooms, reception area, hair and beauty salon, communal gardens and terraces etc.
- 5.2 All care bed and care suite residents will pay a weekly fee which includes all accommodation, care, meals, laundry, cleaning and maintenance costs.



## **6. STAFFING**

- 6.1 The facility employs a range of staff to cover each of the service areas. The facility will employ approximately 76 (full time equivalent) full and part time staff, to enable the facility to be staffed 24 hours a day. The care staff work a two shift pattern daily, with ancillary staff working one or two shifts daily dependent upon requirements. At all times care staff numbers will meet the minimum requirements of CQC.
- 6.2 All staff working within the facility must have a Disclosure and Barring Service (DBS) check, and be checked against the register for the Protection of Vulnerable Adults (POVA) prior to commencing work within the village.
- 6.3 Each staff member will have an appraisal annually and be expected to attend mandatory training sessions, which CCC provide. A full induction and training programme is in place for all staff groups. Each facility will have its staff records and training programme inspected by the Management Team and CQC.

## Appendix 1 - Pre-Admission Assessment

<p>THE <i>Cinnamon</i> CARE COLLECTION</p>	
<b>PRE-ADMISSION ASSESSMENT</b>	
NAME OF PERSON:	TITLE:
LIKES TO BE CALLED:	
NAME OF PERSON COMPLETING THE ASSESSMENT:	
DATE OF ASSESSMENT:	TIME OF ASSESSMENT:
PLACE OF ASSESSMENT:	
PEOPLE PRESENT:	
NHS NUMBER:	NI NUMBER:
DATE OF BIRTH:	MARITAL STATUS:
RELIGION:	
HOME ADDRESS:	
PLACE FROM WHERE ADMISSION WILL TAKE PLACE:	
NEXT OF KIN (1) – <b>EMERGENCY CONTACT:</b>	RELATIONSHIP:
ADDRESS:	POSTCODE:
EMAIL:	TELEPHONE NUMBER:
MOBILE TELEPHONE NUMBER:	
NEXT OF KIN (2):	RELATIONSHIP:
ADDRESS:	POSTCODE:
EMAIL:	TELEPHONE NUMBER:
MOBILE TELEPHONE NUMBER:	

<b>NEXT OF KIN (3):</b>	<b>RELATIONSHIP:</b>
<b>ADDRESS:</b>	<b>POSTCODE:</b>
<b>EMAIL:</b>	<b>TELEPHONE NUMBER:</b>
<b>MOBILE TELEPHONE NUMBER:</b>	
<b>NEXT OF KIN (4):</b>	<b>RELATIONSHIP:</b>
<b>ADDRESS:</b>	<b>POSTCODE:</b>
<b>EMAIL:</b>	<b>TELEPHONE NUMBER:</b>
<b>MOBILE TELEPHONE NUMBER:</b>	
<b>GRANDCHILDREN &amp; GREAT GRANDCHILDREN</b>	
<b>GRANDCHILDREN</b>	<b>GREAT GRANDCHILDREN</b>
<b>REASON FOR ADMISSION TO A CARE HOME:</b>	
<b>MEDICAL HISTORY INCLUDING SURGERY, INFECTIONS, MRSA, C-DIFF, SCABIES, OTHER:</b>	
<b>MEDICAL, HEALTH/SPECIALIST DIAGNOSIS WHICH WILL REQUIRE A HEALTH PROMOTION PLAN:</b>	
<b>MEDICAL ALLERGIES:</b>	

<b>MENTAL HEALTH HISTORY, COGNITIVE DIFFICULTIES &amp; DIAGNOSIS:</b>	
<b>GENERAL PRACTITIONER</b>	
NAME OF GP:	SURGERY
ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
WILL THE PERSON RETAIN THIS GP?	IF NOT, WHO WILL THEY BE REGISTERED WITH:
DOES THE PERSON HAVE A DNAR?	
<b>ADVOCACY ARRANGEMENTS</b>	
<b>ABILITY TO STATE ONES PREFERENCES – (TICK)</b>	<b>ABILITY TO RETAIN INFORMED DECISIONS – (TICK)</b>
VERBAL COMMUNICATION	GOOD MEMORY
WRITTEN COMMUNICATION	SHORT TERM MEMORY IMPAIRED
NON-VERBAL COMMUNICATION	LONG TERM MEMORY IMPAIRED
COHERENT	VARIABLE
<b>DESCRIPTION:</b>	
<b>IS THIS PERSON GIVING PERMISSION FOR INFORMATION COLLATED DURING THIS ASSESSMENT TO BE SHARED WITH OTHERS: YES/NO</b>	
<b>WHO CAN THIS INFORMATION BE SHARED WITH:</b>	
<b>WHAT SUPPORT DOES THE PERSON REQUIRE TO MAKE THEIR OWN DECISIONS AROUND THERE MEDICAL/HEALTHCARE NEEDS</b>	<b>ARE ANY OF THE FOLLOWING IN PLACE TO GUIDE DECISION MAKING</b>
   	LASTING POWER OF ATTORNEY:
	<b>FINANCE</b>
	<b>HEALTH &amp; WELFARE</b>
	ENDURING POWER OF ATTORNEY:
	COURT OF PROTECTION APPOINTED DEPUTY:

<p>ENTIRELY INCAPABLE MAKING A DECISION BECAUSE OF IMPAIRMENT OR DISTURBANCE OF MIND OR BRAIN FUNCTION:</p>	<p>LIVING WILL:</p> <p>ADVANCE CARE PLAN:</p>
<p>ANY CURRENT CARE PRACTICES RESTRICTING THIS PERSON'S FREEDOM:</p>	<p>IS A DOLS AUTHORISATION REQUIRED:</p>
<p>GIVE DATE OF ANY EXISTING DOLS IN PLACE:</p>	<p>ARE THERE ANY CONDITIONS ATTACHED TO CURRENT DOLS:</p>
<p>IS THIS PERSON CONSENTING TO BE ASSESSED FOR CARE?</p> <p>YES</p> <p>NO</p>	<p>IS A BEST INTEREST DECISION MEETING REQUIRED PRIOR TO ADMISSION?</p> <p>YES</p> <p>NO</p>
<p><b>FUNCTION:</b> SPEECH – FIRST LANGUAGE/DYSPHASIA. HEARING. SIGHT – DISEASE/DEGENERATION. WAYS OF COMMUNICATING</p>	
<p><b>HEARING AIDS:</b></p>	<p><b>SPECTACLES:</b></p>
<p><b>DATE OF LAST HEARING TEST:</b></p> <p><b>AUDIOLOGIST:</b></p>	<p><b>DATE OF LAST EYE TEST:</b></p> <p><b>OPTICIAN:</b></p>
<p><b>BREATHING:</b> RESPIRATORY PROBLEMS. SPECIAL REQUIREMENTS: O2/NEBULISERS</p>	

<p><b>EATING, DRINKING &amp; NUTRITION:</b>  ORAL HEALTH/FREQUENCY OF DENTAL VISITS. APETITE/FLUID INTAKE. SENSE OF SMELL. DIETARY PREFERENCES/REQUIREMENTS.  NUTRITIONAL NEEDS/SUPPORT. ADAPTED UTENSILS. ALLERGIES. SWALLOWING ISSUES. SALT ASSESSMENT. WEIGHT LOSS</p>	
<p><b>ALLERGIES:</b></p>	
<p><b>ORAL HEALTH:</b></p> <p><b>DATE OF LAST DENTAL CHECK:</b></p> <p><b>DENTIST:</b></p>	<p><b>DENTURES:</b></p> <p>UPPER  LOWER</p>
<p><b>HEIGHT IF KNOWN:</b></p>	<p><b>DATE OF LAST RECORDED WEIGHT:</b></p>
<p><b>MUST SCORE:</b></p>	
<p><b>ELIMINATION:</b>  CONTINENCE NEEDS &amp; PRODUCTS. PAIN. NIGHT ROUTINE FOR ELIMINATION. HISTORY – UTI's, CONSTIPATION. EQUIPMENT. SKIN  CONDITION. MEDICATIONS. CATHETER.ACCESS TO WC &amp; FREQUENCY</p>	
<p><b>PERSONAL HYGIENE:</b>  PREFERENCE FEMALE/MALE CARER. BATH. SHOWER. HAIR WASHING. DRESSING. FOOT CARE. FINGER NAILS. ORAL HYGIENE.  ASSISTANCE OR SUPERVISION. AIDS USED. PROSTHESIS.</p>	
<p><b>MOBILISING:</b>  PAST INJURIES. CONTRACTURES/DEFORMITIES. FALLS HISTORY &amp; RISK. STANDING – AIDS USED. TRANSFERRING – AIDS USED.  WALKING AIDS. USE OF WHEELCHAIR. STEPS &amp; STAIRS. BALANCE. FOOTWEAR. SEATING</p>	

<p><b>MAINTAINING A SAFE ENVIRONMENT:</b>          CONTROLLING BODY TEMPERATURE. HISTORY OF FALLS. WANDERING. ABSCONDING. PERSONAL SAFETY &amp; RISKS. EQUIPMENT, AIDS &amp; ALTERATIONS</p>
<p><b>SKIN INTEGRITY:</b>          CONDITION OF SKIN – INTACT OR BROKEN AREAS. DRY OR PAPER THIN, DISEASED, TEARS, RASJES, BLISTERS. PRESSURE SORES – GRADE &amp; CARE INSTRUCTIONS INC DRESSINGS USED. BRUISES &amp; SWELLING. TVN INVOLVEMENT, TYPE OF MATTRESS. POSITIONAL CHANGES.</p>
<p><b>WATERLOW SCORE – IF KNOWN:</b></p>
<p><b>MENTAL HEALTH:</b>          PSYCHIATRIC HISTORY – DEPRESSION, SUICIDAL, COGNITION, CONFUSION, ORIENTATION, PHYSICAL/VERBAL AGRESSION. MOTIVATION. SUNDOWNING. MEMORY/CONFUSION. BEHAVIOUR/S. DELUSIONS. HALLUCINATIONS. CLINICAL ANXIETY. ANTISOCIAL BEHAVIOURS/MOOD. HAS THE PERSON BEEN UNDER THE CARE OF THE MENTAL HEALTH ACT. HAS THE PERSON EVER BEEN REFUSED ADMISSION TO A SERVICE OR A NOTICE SERVED</p>
<p><b>WORKING &amp; LEISURE:</b>          SOCIAL CARE. SOCIAL OR INTROVERT. PAST &amp; PRESENT EMPLOYMENT. COMMUNITY INVOLVEMENT. DAY CENTERES. HOBBIES. FAMILY. SPIRITUAL NEEDS. RELIGIOUS BELIEFS. CULTURAL NEEDS. RELIGIOUS AND/OR SPIRITUAL NEEDS. PREFERENCES. FAMILY INVOLVEMENT IN PERSONS CARE</p>
<p><b>SLEEPING:</b>          POSITIONAL CHANGE. NIGHT TIME ROUTINE. MEDICATION. PREFERENCES. NOCTURAL RISING. EQUIPMENT/ADAPTATIONS          NIGHT TIME CHECKS</p>

**SEXUALITY & SEXUAL ORIENTATION**  
SEXUAL ORIENTATION. INTEREST IN APPEARANCE. DRESSING. MAKE UP. PERSONAL RELATIONSHIPS. WHAT MAKES THE PERSON FEEL LOVED?

**FOOTCARE:**  
ARE THERE ANY HIGHLIGHTED PROBLEMS WITH FEET?  
DIABETIC. PERIPHERAL CIRCULATION. INDEPENDENT  
CHIROPODY TREATMENT

**ONGOING SCREENING OR HEALTH CHECKS/HEALTH PROMOTION:**  
BLOOD PRESSURE, BLOOD TESTS. PACEMAKER. GLAUCOMA. VISION. HEARING. THYROID. RENAL. DIABETES. CVA. DEPRESSION. DEMENTIA. PAIN. MOBILITY. PROGRESSIVE ILLNESS. OUTSTANDING APPOINTMENTS. OTHER

**EMERGENCY REQUIREMENTS:**  
ILL HEALTH. MINOR INJURY. MAJOR INJURY/ILLNESS – PREFERENCES: HOSPITALISATION - A&E. WHO WILL ATTEND/ESCORT. KEY PEOPLE & CONTACT. ESCORT TO SCHEDULED APPOINTMENTS. SPECIALIST ASSISTANCE & SUPPORT NEEDED.

**CURRENT MEDICATION**

NAME OF MEDICATION	STRENGTH	AMOUNT TO BE TAKEN	FREQUENCY




**MEDICATION COMMENTS:**

**MEDICATION ADMINISTRATION**  
 IS THE PERSON INDEPENDENT WITH MEDICATION ADMINISTRATION.

**ADMINISTRATION METHOD:**  
 SELF. ASSISTED. COVERT

**IN THE EVENT OF DEATH ARE THERE ANY SPECIFIC ARRANGEMENTS IN PLACE:**

