

STATEMENT OF PURPOSE

QUEENS CARE HOME
Queen Street
Glyncorrwg
Port Talbot
SA13 3BL

Tel:01639 850512

Part of:-

Rushcliffe Care Limited

Introduction

This Statement, along with other information materials (Residents guide) sets out our aims and objectives, the range of facilities and services we offer to Residents and the terms and condition as to how this is managed.

In this way prospective, Residents can make a fully informed choice about whether or not this home is suitable and able to meet the individual's particular needs.

Copies of the most recent inspection reports will also be available on request.

Review

This statement of purpose will be kept under review, where appropriate, revised, and the Commissioning services, Regulators and Residents will be notified of any such revision within 28 days.

See also:

Residents Charter of Rights (appendix A)

Last Residents satisfaction survey summary (appendix B)

Philosophy of Care (appendix C)

Complaints procedure (appendix D)

Procedure to be followed in the event of fire (appendix E)

Number and size of rooms in the Care Home (appendix F)

REGISTRATION DETAILS

The name and address of the registered provider:

Queens Residential Home
Queens Street,
Glyncorrwg.
Port Talbot
SA13 3BL

Tel: 01639 850512

The Parent company is:-

Rushcliffe Care Holdings
33 Butt Dyke Row
Nottingham
NG1 6EE

Tel:

This Care Home is formally registered with the Care Inspectorate Wales for the following activities:

1. Accommodation for persons who require referral and rehabilitation in a lease restrictive setting.
2. Diagnostic and screening procedures.
3. Treatment for disease, disorder or injury.
4. Accommodation for people who require treatment for mental health issues and substance misuse

Providing care for people in the following categories:

MD – Substance misuse; with a primary diagnosis of a mental disorder, including learning disability
The unit provides care for persons of males from age of 18 and above

THE RANGE OF NEEDS THAT QUEENS IS INTENDED TO MEET:

The aim is to provide in a self-contained 4 bedded home a highly specialised service for Residents who present with behaviours that challenge as a result of a diagnosed mental disorder.

In order to maintain privacy and dignity while maintaining a homely environment the house is subdivided into 2 floors, with 4 en-suite bedrooms on the second floor.

The service is for up to 4 Residents who require a recovery pathway with low level rehabilitation, and where necessary continuing care: presenting with complex mental health needs or who require service access to a multi-disciplinary team in a safe and supportive environment.

Residents may have the following conditions

- a) Mental Health conditions
 - Hearing voices, psychosis, schizophrenia, paranoia, self-harm, phobias, PTSD, Bipolar Disorder (this list is not exhaustive under Mental Health)
- b) Acquired brain injuries (ABI) with associated mental health diagnosis
 - Depression, anxiety and panic attacks, stress, suicidal feelings (this list is not exhaustive with associated issues after suffering an ABI)
- c) Substance misuse

- Recreational drug use, prescription drug misuse, alcohol, and legal high use

Other limited physical disabilities or long-term chronic conditions including enduring mental health illness maybe included as a secondary diagnosis.

The home will provide permanent care, based around each Residents social, physical, cognitive and behavioural needs within a spacious safer environment.

Progress and health changes will be reviewed and recorded monthly by the offsite multi- disciplinary team and with all relevant statutory agencies. Residents will remain in the home whilst continuing to require low level rehabilitation, or continuing care for their mental health condition or physical conditions. Otherwise all efforts will be made to promote independence and re-integrate the Resident back into their known community, or other appropriate placement for longer term care. We expect to care for our Residents throughout the progression of their life/illness and will actively engage with the individual to ensure that they can remain individually active and sustain a good quality of life.

The Home can provide a dual diagnosis aspect of care that will include the management of individuals with substance misuse difficulties. This may include relapse prevention, harm minimisation for individuals that will use substances in an attempt to manage their mental illness.

The service will address any physical asymptomatic symptoms with the support of the GP services; and the psychiatrist and psychologist as part of the outreach service to support concordance and compliance and work with relapse prevention; on an individual basis in accordance to the resident and their choice of substance.

The expected substances will be recreational drug, prescribed drugs, illegal highs and/or alcohol misuse, however this will not include a detox programme or maintenance programme, as this would have all been completed previous to the admission to the home.

Our priority will be to ensure Residents are provided with a comprehensive rehabilitation programme; taking into account their individual physical, psychological and social needs.

Residents will be involved in all stages of their assessment, care planning and evaluation and will be invited to participate in their multi-disciplinary reviews where appropriate.

We will ensure that the well-being of those in our care is managed effectively: both individually and collectively. If it becomes apparent that the needs of an individual cannot be fully met by staff within the home then this will be discussed with the Resident, their family, the multi-disciplinary team and the statutory agencies involved, and plans formulated to ensure smooth transition to another or further location community or hospital based placement.

The care interventions provided aim to encourage Residents to participate as fully as possible for as long as possible, in providing for their own needs including having appropriate access and supervision to access local amenities and participate in community or IT learning opportunities and generally live as independently as possible, whilst utilising the support of appropriate staff.

In recognition of the diversity of Residents, access to appropriate social and recreational facilities in the community will be sought, whilst specific activities will also be provided within the home to enable those Residents who are feeling tired, ill or generally not currently able to access the wider community to engage others.

ADMISSION

Prior to any admission one or two of the following people (manager/ qualified nurse) will carry out pre-admission assessment to check suitability of placement.

We recognise that it is not always possible for prospective Resident to visit the home due to the complexity of their needs. However, we encourage family members to visit on their behalf and will provide them with written information about the home.

It is our policy to avoid unplanned admissions, however there may be occasions when an emergency arises and subject to availability we wish to be as flexible as possible.

Emergency admissions will only be accepted if sufficient information is given to the Registered Manager so that they can determine that the prospective Resident needs can be met within the home.

The Registered Manager will inform the Resident, about key aspects of the home, and have completed an interim assessment of need within 5 working days.

Dependent on the complexity of physical and psychological need, a comprehensive assessment by the Registered Manager may take up to 1 week.

Reviews

The Multi-Disciplinary Team consists of:

- 1) Psychiatrist (if determined by placement)
- 2) Registered Manager
- 3) Representative of Statutory Agency – Health/Social Services
- 4) Occupational Therapist – (Dependent upon involvement with case)
- 5) Speech & Language Therapist – (Dependent upon involvement with case)
- 6) Psychologist (if determined by placement)
- 7) Community General practitioner (GP)

RESIDENT CARE

AIMS

We aim to create a friendly, responsive, safe and flexible homely environment in which Residents can enjoy a high quality of life and meaningful engagement in spite of their physical, emotional or mental health difficulties. If challenging behaviours are present, there will be further support made with Behavioural Support Plans to identify needs and manage the Resident.

OBJECTIVES

- To carry out assessments of ongoing care requirements; that will be used to develop individual plans and goals, with the objective of meeting the aims for each Resident.
- Provision of moderate to long term 24-hour holistic care to adults (18+) with severe enduring mental health problems
- Provision of care to Residents with dual diagnosis where the primary diagnosis is a mental health illness

- Provision of person centred care, designed with the Resident (where possible), to recognise individuality & support the Resident in a way that is meaningful to them, & promotes dignity, respect, diversity, choice & helps them feel in control of their life & able to express their opinions
- To provide support & advice regarding Resident's treatment & care to promote informed consent
- To support maintenance & promotion of social skills to increase independence
- To offer therapies to promote holistic well-being in conjunction with a qualified occupational therapist (as determined at assessment)
- To work with other professionals & liaise with any person/s that the Resident chooses to promote holistic well-being
- To ensure that the Resident is protected against any form of abuse, & that safeguarding reflects in all actions & behaviours of others
- To provide equipment and appropriately trained staff to enable the plans and goals to become a reality for each Resident
- To deliver ongoing continuing care sensitively and flexibly which reflects Residents individual needs and choices
- To respect and retain privacy, dignity and actively promote independence, irrespective of the Resident's physical or cognitive ability, in line with rehabilitative care focus of the home
- To consult as fully as possible, with Residents, relatives and key stakeholders in order to ensure that the stated aims and objectives are maintained. This is monitored and evaluated at regular reviews in conjunction with the Community Mental Health Team, social services, Clinical Commissioning Groups, Resident and family members.
- To map life experiences and integrate them into a rehabilitation and rehabilitation care programme appropriate to the individual. All family members are asked to actively contribute to this process by assisting staff in collecting the individual's life history and memorabilia which is pertinent to them.
- We will endeavour to gauge Residents, relatives & other professionals opinions/feedback of the service we provide and use this information to improve the service we offer

Specialist Health Care Needs are met for Residents who's physical and/or mental health needs are changing in consultation with the GP's and other relevant health care professionals. Staff training will be provided to enable all care to be maintained at the highest possible level unless it is recognised that the Residents needs can be best met in another environment

PHILOSOPHY OF THE UNIT

Queens has adopted a Residents' charter of rights and has a philosophy of care that reflects our wish to engage with our Residents in partnership and to ensure that all individuals are treated in accordance with their beliefs and expectations.

We do adopt some routines in order to ensure that we can balance the needs of all Residents but these routines will not institutionalise the care provided and will remain flexible within reasonable limits at all times

Specialist needs will be met in cooperation with external relevant health care professionals and will be supported by relevant training to prevent the necessity for Residents to move on when their health deteriorates, unless it is identified by the team that the home is no longer the most appropriate placement to meet the person's needs safely.

If individualised aspects are identified then the Commissioning Agents will be directly invoiced accordingly.

ARRANGEMENTS FOR RESIDENTS TO ENGAGE IN SOCIAL ACTIVITIES, HOBBIES AND LEISURE INTERESTS

Residents (where able) will be encouraged to continue with their individual interests outside the home. Residents interests are recorded and opportunities be given for stimulation through leisure and recreational activities, both inside and outside the home. Fundraising will be conducted by the home staff on behalf of the Residents amenities funds. There is a bus time table that allows exit and entrance to the village.

The home has access to a vehicle at all times, this will be based at the home and available for use 24 hours a day.

ARRANGEMENTS MADE FOR RESIDENTS TO ATTEND SERVICES OF THEIR CHOICE

It is the right of every Resident to continue to attend a place or worship of his particular faith and staff will ensure that assistance is given to where needed.

For those unable to attend services outside the home ministers of religion will be invited to the home.

ARRANGEMENTS MADE FOR CONTACT BETWEEN RESIDENTS AND THEIR RELATIVES, FRIENDS AND REPRESENTATIVES.

Our Policy is that visitors are always welcome at the home. Residents will be consulted about their wishes on family visiting and have the right to refuse at any time.

Please be aware that some therapy activities take place in the week and weekends and this may individually restrict a visit, however the Resident will fully direct the staff on this aspect.

As part of our fire policy the person in charge needs to be aware of all visitors in the unit at all times.

All visitors, without exception are therefore respectfully requested to sign in and out in the visitor's record book sited at the main entrance of the home.

Children must be closely supervised by a responsible adult at all times.

SPECIFIC THERAPEUTIC TECHNIQUES USED IN THE UNIT AND ARRANGEMENTS MADE FOR THEIR SUPERVISION

A variety of specific therapeutic techniques may be in use within the home and these are individually tailored to meet the needs of the Resident; access to psychology and psychiatry may be available if identified at assessment (or if further identified at review point).

CONSULTATION – The arrangements made for consultation with Residents about the operation of the unit.

The opinions of Residents, relatives, friends' and staff are of great importance to us.

Through consultation we can ensure that our aims and objectives are upheld, and that the home is meeting all realistic expectations.

Regular monthly Residents meetings will be held to discuss matters relating to the running of the unit, including entertainment programmes, menus, activities etc. and Residents recommendations wherever possible, are acted upon.

Minutes of these are recorded and stored.

Regular relatives meetings will be facilitated to provide relevant information about the running of the home to enable feedback, and when necessary act as a mutual support group

We will undertake a Quality Assurance audit during the course of the year (September), and annually thereafter, which will include the issuing of Questionnaires to Resident's, Relatives and Stakeholders e.g. GP's requesting their views and comments on the operation of the home.

The results of this survey will be published, and circulated.

Once an inspection has been completed a copy will be made available at the home or on the Care Inspectorate Wales website.

ARRANGEMENTS MADE FOR DEALING WITH REVIEWS OF THE RESIDENTS

Resident's care plans are reviewed monthly (or more frequently if needed) with their involvement and updated to reflect changing needs or goals as per Regulation 16 of Care Inspectorate Wales.

The care plan is drawn up with the involvement of the Resident and / or their relatives (as appropriate) and we will then ask the Resident (or their relative) to agree to the plan and sign the relevant document.

COMPLAINTS – Arrangements made for dealing with complaints.

In order to maintain a happy and United home environment, it is imperative that Residents, or their relatives, inform us of any problems or grievances that they may have at the time of the problem arising. We also welcome constructive suggestions and positive comments.

Our Complaints procedure is attached (See Appendix)

FIRE SAFETY - The fire precautions and associated emergency procedure in the home.

The home has carried out a Fire Risk Assessment, and maintains the appropriate recording system.

Our procedure to be followed in the event of fire is attached (See Appendix)

FACILITIES PROVIDED AT THE HOME:

Details of the number and size of rooms available is attached. (See Appendix)

The Building & Gardens

- The Home is constructed on 2 floors with access by a staircase only.
- The Home provides 4 large single bedrooms with en-suite WC and shower facilities on upper floor
- There is 1 main lounge & separate dining and activity room
- The home operates a non-smoking policy; an outside area is provided for Residents who smoke
- The Home is equipped with fire exits, an electronic fire alarm system with integrated smoke and heat detectors, break glass points, a fire panel and extinguishing equipment at key points
- The Home is wheelchair accessible throughout the ground floor only (there is no lift at the home)
- There is 1 domestic bathroom on 1st floor.
- The main kitchen is located on the ground floor and all meals are cooked there by staff and Residents together
- A laundry is located on the ground floor (in the utility room). All clothing must be clearly marked and be suitable for tumble drying and machine washing.
- Residents will be expected to participate in performing their own laundry and cleaning
- The gardens are limited in extent but include a semi secure outside area that is readily accessible to Residents

- The staff office is located on the ground floor
- The staff rest room is located on the ground floor

Equipment

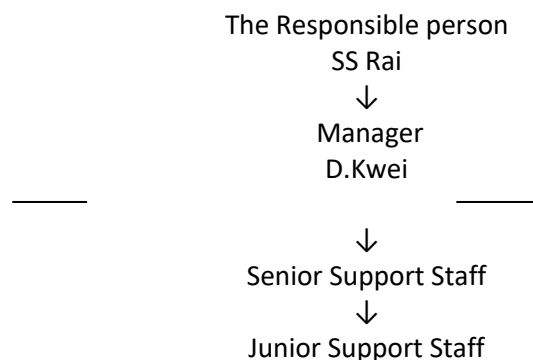
- The home has access to weighing scales
- Pressure relieving equipment is available for use (as prescribed by Community Services)
- Specialist therapeutic equipment will be sourced from the relevant provider in accordance with assessed need
- Sensory equipment is available for use on an individual, or group basis as identified in the individual care plan

Services

- Psychiatry, Psychology, Physiotherapy or Occupational Therapy will be accessed in accordance with the identified needs of the individual through funded care plan
- Mental Health specialist social worker who oversees recovery focused practice and identifies and addresses social exclusion
- Access to the local GP practice
- Hairdressing services are available within the community for those Residents who wish to access them at charge
- A chiropodist, dentist and optician will be sourced within the local community as part of integration and chargeable.

STAFFING

The organisational structure of the care home



* NB: This management structure may be amended/updated from time to time

Management

S S Rai	Chief Executive Officer, FFMSc Epinal Way Care Centre Epinal Way Loughborough
Karen Noon	Group Operations Director MCGI RGN, RMN, Grad Dip Nursing Management Dip RSA, Grad Dip AHS (Management) Cert NDN, cert PWT, D32, 33, 34 (A1, V1) Pet LS L2O Mentor Award

The Staff

- ❖ Therapists are Registered with the Health Profession Council
- ❖ All support staff complete Rushcliffe Care Limited Induction programme before working at the home to provide knowledge of the care industry
- ❖ All newly appointed staff gain the care certificate during their probationary period
- ❖ Our aim is to have 60% of staff to have achieved or be working towards NVQ Level 2 or Level 3
- ❖ All staff involved in food preparation and moving and handling have been (or will be) trained on an accredited course and are regularly updated.
- ❖ There will be a trained first aider on duty at the Home each day.
- ❖ All support staff will be registered with CIW
- ❖ Other training courses that some staff may have attended include:-
 - Palliative Care
 - QCF 2/3/4
 - Infection Control
 - De-escalation Techniques
 - Therapeutic Interventions
 - Understanding how the brain affects behaviour
 - Deprivation of liberty safeguards
 - PBM
 - Safeguarding adults
 - EDI-Equality Diversity and Inclusion

Staff Levels

There will be a minimum of two support workers on each shift with support from the Manager. At weekends and at night there will be an 'on call' service to provide advice & guidance to the care team.

The level of support workers will be determined by the manager in conjunction with occupancy and identified needs of Individual Residents.

This will give the flexibility at key times to achieve group or individual programmes (in or outside of the home)

Staff will be supervised during the induction and probation period and have a formal appraisal yearly. Staff will receive regular individual/ group supervision as part of their personal and professional development plan.

ALL STAFF WILL BE REGISTERED INLINE WITH THE SOCIAL CARE WALES INDUCTION FRAMEWORK BY OCTOBER 2022.

This includes the staff having an understanding that training is required.

The statement of purpose document includes all areas that are legally required within the Regulation and Inspection of Social Care (Wales) Act 2016.

RUSHCLIFFE CARE LIMITED

RESIDENTS CHARTER

Right of Fulfilment

To assist Residents to achieve their full potential capacity, however small, in respect of their physical, intellectual and social needs.

The Right of Dignity

To preserve the self respect of Residents by

- a) Maintaining Status
- b) Affording privacy in space, belief and opinions
- c) Recognition and use, where appropriate, of talents
- d) The practice of courtesy and respect toward Residents at all times.

The Right to Autonomy

To maintain a Residents right to self-determination and freedom of choice, subject to the limitations of group living

The provision of choice, with assistance where necessary, to express wishes and preferences, including external help, for example Doctor, Solicitor.

The Right to Individuality

To respond to the individual needs of Residents. To enable them to maintain their particular identity in respect to beliefs and opinions

The Right to Esteem

To recognise the qualities, experiences, talents and former status of Residents. To get to know relatives and visitors. To then use this information to help maintain the morale of individual Residents.

The Right to a High Quality of Life

To expect a wide range of normal activities to be available. To enable a Resident to exercise freedom of choice, and to provide opportunities to go out shopping and visiting etc.

To provide facilities for Residents to follow their own particular religious or political pursuits and to recognise the necessity for privacy, at all times, to carry them out.

The Right to Freedom of Emotional Expressions

To maintain the Residents rights to have normal opportunities to develop personal relationships within the outside the Home.

The Right to take Risks

To allow Residents to undertake activities which contain an element of risk. The criteria being their Residents competence to judge, and the risk to others.

The Right of Access to all Personal Records

Residents have the right to access all of their personal records kept at the home. A Resident may nominate someone else (such as the next of kin or person holding power of attorney) to access the records on their behalf.

(Appendix A)

RUSHCLIFFE CARE LIMITED

POLICIES AND PROCEDURES

PHILOSOPHY OF CARE (RESIDENTS)

“THIS HOME IS FOR LIVING IN”

AIM:

To acknowledge the Residential care setting as his own home.

OBJECTIVES:

- The Resident will be able to identify with their chosen Home by:
 - Accessing local facilities and services available to them as individuals within the community. (i.e. community dietician)
 - Furnishing their own room with personal affects and / or furniture items if so indicated.
 - Registering with their chosen General Practitioner, acknowledging the care home as their personal address whenever possible.
 - Accessing the homes’ facilities and activities as an individual with recognised standing within the community.
 - Having all affairs dealt with in the strictest confidence by staff in a dignified and confidential manner
 - Having direct access to a formal complaints procedure at all times.
 - Having their individuality and associated risks involved acknowledged by the home without the necessary restrictions being applied.
 - Having their physical, cultural, political, religious, ethical and sexual beliefs accepted without restriction by any home staff member.

(Appendix C)

RUSHCLIFFE CARE LIMITED

COMPLAINTS PROCEDURE

Help us to improve our service! Raise your concerns!

To: Our Residents, Relatives, Friends, Commissioners and Advocates,

We understand that we won't get everything right all the time. Sometimes we need your help to let us know when we might have let you down.

Raising a concern or making a complaint is easy. Don't worry about doing it, we won't hold it against you if you do – in fact we'd welcome it.

We'll take your concerns and complaints seriously. Learning from them is often the best way for us to improve things for you now, and for you and others in the future.

Thank you for your help!

A concern or a complaint can be raised by you, your relative, a friend, or care co-ordinator, who can speak to us on your behalf about what is troubling you.

A concern or complaint can be raised with any member of staff. Some concerns can be easily settled, but others might need a little bit more looking into, which we would consider as complaints. Complaints can be made by:

- Speaking to any member of staff
- Telephoning us on 01639 850512
- Writing a letter to:

David Kwei, Queens Care Home, 1 Queen Street, Glyncorrwg, Port Talbot, SA13 3BL or emailing david.kwei@rushcliffehospitals.co.uk

If you make a complaint you will receive a letter, acknowledging that you have done so, not more than 3 days after we have received it. The letter we send to you will explain how we will go about

dealing with your complaint, and how long this might take – we will keep you informed if things are taking longer than expected.

We sincerely hope that we would be able to look into your concern or complaint and put things right, where they need to be, to your satisfaction. However, if you are still unhappy after we have looked into your complaint, or with how we dealt with it, you have the right to approach any of the following organisations for advice. You can, of course, also raise your concern or complaint directly in the first place with them if you would prefer to.

Rushcliffe Care Ltd Epinal Way Care Centre Hospital way Loughborough LE11 3GD Tel: 01509 219605 Fax: 01509 262710	<u>The Care Inspectorate Wales</u> Welsh Government Office Rhydycar Business Park Merthyr Tydfil CF48 1UZ Tel: 0300 7900 126	Public Services Ombudsman For Wales 1 Ffordd Yr Hen Gae Pencoed CF35 5LJ Tel: 0300 7900203
Email: reception@rushcliffecare.co.uk	Website: https://careinspectorate.wales/contact-us/complaints-about-us	Email: ask@ombudsman-wales.org.uk

RUSHCLIFFE CARE LIMITED

FIRE PROCEDURE – ACTION TO BE TAKEN IN THE EVENT OF A FIRE

1.1 If the Fire Alarm sounds, the allocated FIRE WARDEN must follow this procedure

- a) Summon the fire brigade (Ring 999)
- b) All staff must go to the control panel (located in the ground floor). The person in charge must identify which alarm is sounding
- c) The person in charge must send a member of staff to the area identified by panel and establish if a fire has occurred, or whether it is a faulty alarm.
- d) If it is a faulty alarm, turn off the alarm, reset the system and arrange for the alarm to be cleaned and repaired
- e) If a fire is in progress, all staff & residents must go immediately to the evaluation point
- f) If a fire is in progress, evacuate horizontally only the zone where the fire is occurring and above or below this zone also. Other zones will be safe until the fire brigade arrive.
- g) If a fire is in progress, staff & residents must proceed quietly to the evacuation point, which is located at the car park.
- h) The person in charge of the Home must take the register of Residents, and the visitor's sign in book to the evacuation point, and await the arrival of the fire brigade.

1.2 If a fire is discovered, and alarm has not yet sounded:

- a) Raise the alarm by breaking the nearest fire alarm glass
- b) Close the door to the room where the fire has started and follow the above procedure 1-1 'if the alarm sounds'.
- c) Inform the person in charge, who must summon the fire brigade
- d) **Only** if the fire is small, must it be tackled
- e) Evacuate horizontally only the zone where the fire is occurring and above or below this zone also. Other zones will be safe until the fire brigade arrive
- f) Staff & residents must proceed to the evacuation point. This is in the car park.
- g) The person in charge must take the register of Residents, and visitor's sign in book to the evacuation point.
- h) If a return to the home is not possible, refuge can be found:

Rushcliffe Independent Hospital, Scarlet Avenue, Port Talbot. SA12 7PH

By Contacting: Senior person in charge

By telephone: 01639 895229

1.3 Evacuation Procedure

The Home is constructed in 'Fire Zones'. This means that fires will be contained within the zone where they begin for at least an hour. The likelihood is that the fire brigade will have arrived at the scene before a fire could move from one zone to another.

- a) The staff will evacuate Residents horizontally **ONLY** from the zone where the fire is currently burning and immediately above or below.
- b) Residents should be evacuated to an adjacent zone to await the arrival of the Fire brigade, who will decide whether a complete evacuation is necessary.
- c) Residents should be escorted from the zone where the fire has occurred. Those Residents who are not mobile should be escorted using wheelchairs if possible. Remember that each bedroom is protected by an hour fire door. Staff must not run, as this will create an atmosphere of panic amongst the Resident.
- d) If evacuation is necessary, **staff will ONLY evacuate Residents**. Personal possessions must be left where they are. Once a room has been evacuated the door must be closed and the room not re-entered until the fire brigade has given the all clear.

(Appendix E)

RUSHCLIFFE CARE LIMITED – THE QUEENS

ROOM	DIMENSIONS
GROUND FLOOR	
LOUNGE	21' 9" X 14' 4"
DINING ROOM	12' 10" X 10' 5"
KITCHEN	21' 2" X 8' 6"
OT/REHAB/LEISURE ROOM	21' 10" X 17' 0"
+ ADJACENT ROOM	10' 8" X 7' 9"
OFFICE	16' 7" x 9"
FIRST FLOOR	
BEDROOM 1	14' 3" X 13' 1"
+ ENSUITE	11' 1" X 9' 3"
BEDROOM 2	11' 2" X 10' 7"
BEDROOM 3	14' 6" X 10' 0"
BEDROOM 4	14' 4" x 8' 5"
+ ENSUITE	6' 5" x 8' 5"
BATHROOM	10' 11" X 6' 8"

- Terraced gardens laid mainly to pathways and lawns.
- Parking area and drive for 2 cars accommodation
- Storage shed
- Smoking shelter