



**Introduction  
Pack**



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## ***Introduction Pack***

### **Introduction**

- Who is it for?**
- What is it?**
- About The Service**
- Who provides the service?**
- Who am I?**
- Confidentiality**

### **Terms And Conditions**

- Notice of cancellation**
- Holidays.**
- Bank/Public holidays.**
- Sickness**
- Hospital**
- Expenses.**
- Conduct**
- Injury**

### **Care Plan**

## ● *Who is it for?*

The service is for anyone who needs help with personal/domestic or social needs. Our clients may be living in their own home, on their own or with a carer.

## ● *What is it?*

We offer a flexible and reliable Personal Service tailor made according to your needs and wishes. Our experienced Proprietor will arrange a free initial home visit to discuss your individual needs. And a care plan organised to suit you.

## ● *About The Service*

The services will be available when you need it: it may be for as little as two hours per week or provide a full service of daily care.

## ● *Who provides the service?*

We aim to ensure that all clients using our services are given the best care possible. If however for any reason you are unhappy with the service provided or can offer suggestions for our improvement, We operate a complaints, comments and suggestions policy. All new clients are provided with a copy.

## ● *Who am I?*

I have been experienced for 25 years in all levels of care from children (NNEB), to the disabled, and elderly. Also qualified as an emergency medical technician within my own independent ambulance service.

## ● *Confidentiality*

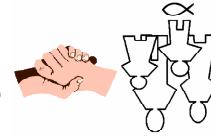
Huxstep Care Services offers confidentiality to everyone who uses my services. Nothing learned by me or those using my service, including the fact of their contact with me will be passed on to anyone outside the organisation without their express permission.

**Huxstep Care Services** will always help you to maintain;

- Your Rights - Your Choices
- Your Independence
- Your Dignity - You're Needs
- Your beliefs
- Help when needed to lead a Fulfilling Life

Please remember your needs and well being and are just as important to us, as they are to you.

Huxstep Care Services  
**TERMS AND CONDITIONS**



Any clients that are undertaken by Huxstep care Services will be subject to the terms and conditions as laid out in this documentation.

Any verbal agreements will be backed up by a signed statement as in the form of this agreement.

**Working with social services**

It is not normally Huxstep Care Services policy to intervene where social services are involved unless under written permission from social services or by their request.

**Notice of cancellation**

One week's notice must be given within the first three months of service. One month's notice must be given after the three-month probationary period. Huxstep Care Services shall abide by the same rules.

**Holidays.**

All holidays are subject to half rate unless otherwise agreed or contract breached.

All clients shall give at least one weeks notice for any holiday less than two days. Otherwise full payment will be charged.

All clients shall give at least two weeks notice for any holiday greater than three days. Otherwise full payment will be charged.

Huxstep Care Services shall give the same amount of notice.

**Bank/Public holidays.**

Wherever possible these may be avoided but should Huxstep Care Service be required then double rates will apply.

**Sickness**

Should a client become too ill so as not to warrant Huxstep Care Services, we must be informed as soon as possible. Should a client become ill then Huxstep Care Services shall give its utmost priority to attend to the clients needs, this is part of Huxstep Care Services provisions.

Should Huxstep Care Services be unable to attend due to sickness then suitable cover will be arranged as soon as possible.

**Hospital**

Should a client be admitted to hospital it will be the responsibility of the next of kin/family/friend to inform Huxstep Care Services day or night, or as soon as possible. Should this become long term then arrangements can be made.

**Expenses.**

Any extra expense occurred by clients must be re-reimbursed as soon as possible.

**Medical and dental appointments etc.**

Huxstep Care Services are in a position to transport or arrange for clients to be transported to and from these premises; we can also offer ambulance/ paramedic attention.

**Conduct**

Should any client or relative of client become aggressive or abusive in any way Huxstep Care Services have the right to terminate its services immediately. In the event of a client being involved in misconduct of a serious nature, a full investigation of the circumstances will be carried out by legal personnel.

**Injury**

Huxstep Care Services are insured for any incident that may occur. We are trained in the use of First Aid as emergency medical technicians. Should an injury occur to any member of Huxstep Care Services and it is due to the client's negligence then any costs or loss of earnings will be liable from the client, and or legal action will be taken.

I (print) \_\_\_\_\_

Abide by the terms and conditions laid down in this document.

Signed

\_\_\_\_\_

Date

\_\_\_\_\_

# Care Plan

Name	.....
Address	.....
	.....
	Post Code .....
Tele:	.....

	Date Of Birth .....
Doctor	.....
Surgery	.....
	.....
Tel:	.....
Community Nurse	.....
Surgery if different from above	.....
	.....
Social worker	.....
Tel:	.....

Continued on next sheet

## Care Plan (cont'd)

I need help with.

How many hours I need a week and times.

**My aims are:**

## Care Plan (cont'd)

Do you need help with bathing?  Y  N

Do you need assistance with washing?  Y  N

Do you have the necessary equipment to help you achieve your aims of independence?  Y  N

Do you need help with any personal hygiene matters  
i.e. drainage bags etc ?  Y  N

Do you need help with walking?  Y  N

Do you use a wheel chair?  Y  N

Sometimes  Y Always  N

Are you able to cook your own meals?  Y  N

Do you need help with the housework?  Y  N

Do you need help with shopping?  Y  N

**Continued on next sheet**

## Care Plan (cont'd)

Do you have a Bleep pendant system

Y     N

If NO would you like this facility to be installed **Huxstep Care Services** can arrange this for you. The system can be either purchased or rented according to your needs.

Are you presently taking any medication

Y     N

If YES do you self medicate

Y     N

Name of Drug	Qty AM	Qty Breakfast	Qty Lunch	Qty Tea Time	Qty Bedtime

Do you have medication boxed up by your Pharmacist  
This can be arranged.

Y     N

Do you have Diabetic needs

Y     N

If YES are you taking Insulin by way of injection?

Y     N

Do you self inject

Y     N

**Continued on next sheet**



## Care Plan (cont'd)

### Next Of Kin

Name .....

Address .....

.....

.....

Post Code .....

Telephone No Daytime ..... Evening .....

Emergency .....

### Second Next Of Kin

Name .....

Address .....

.....

.....

Post Code .....

Telephone No Daytime ..... Evening .....

Emergency .....

This questionnaire gives me an overall picture of your needs, these will be discussed during my home visit, and set-up a care plan suited to your needs.

Thank you for your time.

Mrs T. Huxstep-Evans  
**Huxstep Care Services**