

	Lathbury, Newport Pag	nell, Milton Keynes,	MK16 8JX	
	Website:			
				EAC ID: 1207
Owner:	Mr & Mrs E N Broadway			
Person in charge:	Mrs G E Broadway			
ob title:	Manager			
elephone:	01908 615245			
-mail:	broadwaylathbury@btcon			
YOUR DESCRIPTION	ON			
YOUR DESCRIPTION	ON			
ACCOMMODATION Private rooms		Rooms have	Details of any associate	ed housing
ACCOMMODATION	Residents may bring	Rooms have ✓ Phone point	Details of any associate	ed housing
ACCOMMODATION Private rooms Single 19 Double 2	Residents may bring Own furniture		Details of any associate	ed housing
ACCOMMODATION Private rooms Single	Residents may bring Own furniture Own decoration Building type	✓ Phone point	Details of any associate	ed housing

One +

☐ Stair lift

No lift

Outdoors

✓ Garden

Seating areas

WEEKLY COST

Accept local authority rates

Accept Continuing Care funding

Personal care

From:

Nursing care

From:

✓ Conversion

✓ To all floors

■ No access

Wheelchair access

☐ Ground floor only

Storeys

Number of lounges

or seating areas 4

☐ Hobby room

LIFESTYLE						REGISTRAT	ION a	ind SF	PECIA	LISMS	
Pets	Meals					✓ Care onl	v B	Beds:	23	l	
☐ Pets accepted	✓ Meal tir	nes are	e flexible			☐ Nursing	•	Beds:	0		
✓ Home has a pet	✓ Meals of	an be	taken in o	wn room		Year registe	red:	1990]		
Decision making	✓ There is	s a cho	ice of me	nu		Year b	_]		
Residents' committee	Reside	nts ass	ist in plan	ning meals							
☐ Relatives' committee						Registration (catego	ries			
✓ Snacks are available at any time				any time		Older people generally					
Smoking	✓ Vegetarians are catered for					Learning difficulties					
☐ Smokers not accepted	✓ Special diets are accommodated					Physical disabilities					
Daily routines are	Family and	d frien	ds			Dementia					
Fully flexible	Overni	jht faci	ilities avai	able							
☐ Flexible to a degree ☐ Not known	✓ Can us	ually a	ccommod	ate visitors							
TVOCKHOWIT						Care special	isms				
CULTURE and RELIGION											
If the home is particularly s	uited to par	ticular	groups o	f people,							
please describe:	•										
						Care for peop	le who	o need	:		
						Minimal he	•				
Specific requirements addressed?					✓ Moderate help✓ A high level of help						
Religious Dietary		guage				✓ A nign ieve	i or nei	ıp			
Languages spoken:					Can usually accept people with:						
Languages spoken.						✓ Visual impa	airmen	t			
						✓ Deafness					
ACTIVITIES						Urinary inc					
✓ Entertainment in the home						☐ Faecal incontinence☑ Moderate memory problems					
✓ Outings						✓ Moderate III ✓ Severe me	-	-			
✓ Regular activities programı	me					Disruptive I	, ,		.0		
✓ Facilities for hobbies						☐ Challenging	g beha	viour			
✓ Involvement in gardening						and/or people	who:				
Own minibus						✓ Walk with a					
How often are activities organ	sicod?					✓ Use a whe					
	iiseu:					☐ Are bedfas [.]	t				
Daily						✓ Wander inc	doors				
						☐ Wander ou	tside				
LOCATION						Duration of ca	are:				
Location type: Rural			Sho	os walkable		✓ Short / resp	oite		Day ca	re	
			50			✓ Longer stay	/		Home	care	
Distances yards miles	Distar	ces	yards	miles		✓ Trial visits	can be	arrang	jed		
Local shop: 1	Bus:			1.25		Dedicated I	oeds fo	or respi	te care)	
GP:	Town	oontro		1		Dedicated I	oeds fo	or conv	alesce	nce	