

Hampton House

Hampton Bishop, Hereford, HR1 4JZ

Website:

EAC ID: 121017

Owner:

Person in charge:

Job title:

Telephone:

e-mail:

YOUR DESCRIPTION

(This area is currently blank for the user to provide a description.)

ACCOMMODATION

<p>Private rooms</p> <p>Single <input type="text" value="34"/></p> <p>Double <input type="text" value="0"/></p> <p>Total ensuite <input type="text" value="5"/></p> <p>Total reg. beds <input type="text" value="34"/></p> <p>Communal rooms</p> <p>Number of lounges or seating areas <input type="text"/></p> <p><input type="checkbox"/> Hobby room</p>	<p>Residents may bring</p> <p><input checked="" type="checkbox"/> Own furniture</p> <p><input type="checkbox"/> Own decoration</p> <p>Building type</p> <p><input type="checkbox"/> Purpose built</p> <p><input type="checkbox"/> Conversion</p> <p>Storeys <input type="text"/></p> <p>Wheelchair access</p> <p><input checked="" type="checkbox"/> To all floors</p> <p><input type="checkbox"/> Ground floor only</p> <p><input type="checkbox"/> No access</p>	<p>Rooms have</p> <p><input type="checkbox"/> Phone point</p> <p><input checked="" type="checkbox"/> TV point</p> <p>Lifts</p> <p><input checked="" type="checkbox"/> Full lift</p> <p><input type="checkbox"/> Stair lift</p> <p><input type="checkbox"/> No lift</p> <p>Outdoors</p> <p><input checked="" type="checkbox"/> Garden</p> <p>Seating areas <input type="text"/></p>	<p>Details of any associated housing</p> <p><input type="text"/></p> <p>WEEKLY COST</p> <p>Personal care From: <input type="text"/></p> <p>Nursing care From: <input type="text"/></p> <p><input type="checkbox"/> Accept local authority rates</p> <p><input type="checkbox"/> Accept Continuing Care funding</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

LIFESTYLE

Pets

- Pets accepted
 Home has a pet

Decision making

- Residents' committee
 Relatives' committee

Smoking

- Smokers not accepted

Daily routines are

- Fully flexible
 Flexible to a degree
 Not known

Meals

- Meal times are flexible
 Meals can be taken in own room
 There is a choice of menu
 Residents assist in planning meals
 Meals are prepared in the home
 Snacks are available at any time
 Vegetarians are catered for
 Special diets are accommodated

Family and friends

- Overnight facilities available
 Can usually accommodate visitors

REGISTRATION and SPECIALISMS

- Care only Beds:
 Nursing Beds:
Year registered:
Year built:

Registration categories

Older people generally

Care specialisms

Care for people who need:

- Minimal help
 Moderate help
 A high level of help

Can usually accept people with:

- Visual impairment
 Deafness
 Urinary incontinence
 Faecal incontinence
 Moderate memory problems
 Severe memory problems
 Disruptive behaviour
 Challenging behaviour

and/or people who:

- Walk with a frame
 Use a wheelchair
 Are bedfast
 Wander indoors
 Wander outside

Duration of care:

- Short / respite Day care
 Longer stay Home care
 Trial visits can be arranged
 Dedicated beds for respite care
 Dedicated beds for convalescence

CULTURE and RELIGION

If the home is particularly suited to particular groups of people, please describe:

Specific requirements addressed?

- Religious Dietary Language

Languages spoken:

ACTIVITIES

- Entertainment in the home
 Outings
 Regular activities programme
 Facilities for hobbies
 Involvement in gardening
 Own minibus

How often are activities organised?

LOCATION

Location type: Shops walkable

Distances **yards** **miles** **Distances** **yards** **miles**

Local shop: Bus:

GP: Town centre:

For a free profile on EAC's websites www.housingcare.org and www.firststopadvice.org.uk, and inclusion in FirstStop's printed reports for care seekers, simply post or fax this form to:

EAC, 3rd floor, 89 Albert Embankment, London SE1 7TP Fax 020 7820 3970