

**Little Brook House**

101 Brook Lane, Warsash, Southampton, Hampshire, SO31 6FE

Website:

EAC ID: 122569

**Owner:**

**Person in charge:**

**Job title:**

**Telephone:**

**e-mail:**

**YOUR DESCRIPTION**

**ACCOMMODATION**

<p><b>Private rooms</b></p> <p>Single <input type="checkbox"/></p> <p>Double <input type="checkbox"/></p> <p>Total ensuite <input type="checkbox"/></p> <p>Total reg. beds <input type="text" value="20"/></p> <p><b>Communal rooms</b></p> <p>Number of lounges or seating areas <input type="text"/></p> <p><input type="checkbox"/> Hobby room</p>	<p><b>Residents may bring</b></p> <p><input type="checkbox"/> Own furniture</p> <p><input type="checkbox"/> Own decoration</p> <p><b>Building type</b></p> <p><input type="checkbox"/> Purpose built</p> <p><input type="checkbox"/> Conversion</p> <p>Storeys <input type="text"/></p> <p><b>Wheelchair access</b></p> <p><input type="checkbox"/> To all floors</p> <p><input type="checkbox"/> Ground floor only</p> <p><input checked="" type="checkbox"/> No access</p>	<p><b>Rooms have</b></p> <p><input type="checkbox"/> Phone point</p> <p><input type="checkbox"/> TV point</p> <p><b>Lifts</b></p> <p><input type="checkbox"/> Full lift</p> <p><input type="checkbox"/> Stair lift</p> <p><input type="checkbox"/> No lift</p> <p><b>Outdoors</b></p> <p><input type="checkbox"/> Garden</p> <p>Seating areas <input type="text"/></p>	<p><b>Details of any associated housing</b></p> <p><input type="text"/></p> <p><b>WEEKLY COST</b></p> <p><b>Personal care</b> From: <input type="text"/></p> <p><b>Nursing care</b> From: <input type="text"/></p> <p><input type="checkbox"/> Accept local authority rates</p> <p><input type="checkbox"/> Accept Continuing Care funding</p>
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## 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  
Mental disability  
Dementia

### 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:	<input type="text"/>	<input type="text"/>	Bus:	<input type="text"/>	<input type="text"/>
GP:	<input type="text"/>	<input type="text"/>	Town centre	<input type="text"/>	<input type="text"/>

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

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