



	<b>Crescent Hous</b>	е		
	3 The Crescent, Northa	mpton, NN1 4SB		
	Website:			
	Website.			
				EAC ID: 12526
Owner:	Crescent Home Ltd			
Person in charge:	Mrs Ann Ogbourne			
Job title:	Manager			
Telephone:	01604 710222			
•	01004 / 10222			
e-mail:				
YOUR DESCRIPTION	ON			
i				
ACCOMMODATION				
ACCOMMODATION	Residents may bring	Deema have	D. (. )	t de la contra a
Private rooms		Rooms have	Details of any asse	ociated nousing
Single 4 Double 7		✓ Phone point		
Total ensuite 0		✓ TV point		
Total reg. beds 33	Building type	Lifts		
Communal rooms	☐ Purpose built	✓ Full lift		
Communa rooms	Conversion	☐ Stair lift		
Number of lounges	Storeys:	No lift	WEEKLY COST	1
or seating areas	Wheelchair access	Outdoors	Personal care	Nursing care
☐ Hobby room	✓ To all floors	✓ Garden	From:	From:
	☐ Ground floor only	Seating areas	Accept local aut	hority rates
	☐ No access	Seating areas	Accept Continui	-

LIFESTYLE		REGISTRATION and SPECIALISMS		
Pets	Meals	✓ Care only Beds: 33		
☐ Pets accepted	☐ Meal times are flexible	☐ Nursing Beds: 0		
☐ Home has a pet	☐ Meals can be taken in own room	Year registered: 2000		
Decision making	$\square$ There is a choice of menu	Year built:		
Residents' committee	$\square$ Residents assist in planning meals			
Relatives' committee	☐ Meals are prepared in the home	Registration categories		
Smaking	$\square$ Snacks are available at any time	oraci proprie generally		
Smoking  ☐ Smokers not accepted	☐ Vegetarians are catered for			
	☐ Special diets are accommodated			
Daily routines are	Family and friends			
Fully flexible Flexible to a degree	Overnight facilities available			
✓ Not known	Can usually accommodate visitors			
		Care specialisms		
<b>CULTURE and RELIGION</b>				
	suited to particular groups of people,			
please describe:				
		Care for people who need:		
		☐ Minimal help		
Specific requirements addr	essed?	<ul><li>☐ Moderate help</li><li>☐ A high level of help</li></ul>		
☐ Religious ☐ Dietary				
Languages spoken:		Can usually accept people with:		
0 0 1		☐ Visual impairment		
		☐ Deafness		
ACTIVITIES		Urinary incontinence		
☐ Entertainment in the home	2	<ul><li>☐ Faecal incontinence</li><li>☐ Moderate memory problems</li></ul>		
☐ Outings		☐ Severe memory problems		
✓ Regular activities program	nma	☐ Disruptive behaviour		
☐ Facilities for hobbies		<ul><li> ☐ Challenging behaviour</li></ul>		
☐ Involvement in gardening		and/or people who:		
☐ Own minibus		☐ Walk with a frame		
How often are activities orga	nised?	☐ Use a wheelchair		
The street are delimined enga		☐ Are bedfast		
		☐ Wander indoors		
		☐ Wander outside		
LOCATION		Duration of care:		
Location type: Not known		☑ Short / respite ☐ Day care		
		✓ Longer stay ☐ Home care		
Distances yards mile		☐ Trial visits can be arranged		
Local shop:	Bus:	Dedicated beds for respite care		
GP:	Town centre:	Dedicated beds for convalescence		