

Gainford Care Homes Ltd
Gainford House
Picktree Lane
Chester-le-Street
Co. Durham
DH3 3SR
Tel:+44 (0)191 389 5810
Email:admin@gainfordcarehomes.com

Application Pack

GAINFORD CARE HOMES LIMITED

JOB TITLE: DEPUTY MANAGER

ACCOUNTABLE TO: HOME MANAGER

RESPONSIBLE TO: HOME MANAGER

JOB PURPOSE

To supervise the day to day running of the home for the elderly, providing for the care and welfare of the residents to the highest standards, under the general supervision of the Home Manager.

RESPONSIBILITIES

To provide the highest practicable standards of care of residents.

To provide for the physical and psychological needs and the continual spiritual, family and social life of the residents both within and outside the home.

To liaise with medical practitioners, care managers and other agencies in connection with the admission, discharge, transfer or death of the residents.

To promote and maintain good relationships with relatives of the residents and to offer advice, guidance and counselling to relatives as and when appropriate.

To assess the progress of residents and to directly maximise their independence levels, thereby enabling them to achieve their full potential.

To direct, organise, supervise and control staff and develop awareness and skills through staff meetings and individual supervision.

To participate in developing training for all staff.

To maintain a high standard of hygiene and cleanliness throughout the establishment.

Maintain proper records (including care plans) and ensure good communication within the home.

To ensure that adequate supplies and provisions are requisitioned.

To ensure that the proper control and recording of issued drugs and medicines as prescribed by medical practitioners is in accordance with the home policy.

To prepare residents to any changes to routine and lifestyle within the home.

To monitor nursing care procedures in accordance with company policy and recognised professional standards. To investigate initial complaints and take action in accordance with the company policy. To be involved in the recruitment of staff. To be actively involved in staff meetings. To be responsible for staff duty rota's. To ensure that Fire Regulations are complied with and to advise the company managers if there are of any risk. To be on call on a rotational basis with the manager. In the absence of the Home Manager To ensure that effective induction, supervision and assessment of staff is carried out. To manage all employees in the unit. To have the overall responsibility of patients welfare, finances and company resources. To be aware of all necessary documentation with regards to the Health Authority Registration & Inspection Unit and to be competent during their visits. This job description is not exhaustive and other duties may be required of you.

Employee Signature Date Date

Application For Employment

Gainford House, Picktree Lane Chester-le-Street, Co. Durham, DH3 3SR www.gainfordcarehomes.com admin@gainfordcarehomes.com

Tel: 0191 389 5810 Fax: 0191 389 5811



Personal Information		
Name:		
Home Address:		
Town, County, Postcode:		
Telephone Home and/or Work:		
	Position Applying For	
Job Title:		
PIN No. (if applicable)	Expiry Date:	
	Education	
Secondary education:		
Qualification/Dates obtained:		
Further higher or professional	Course and dates attended Ouglifications obtained and name of	
Further, higher or professional Education:	Course and dates attended; Qualifications obtained and name of awarding body:	

Particulars of any other training relevant to the post			
	EMPLOYMEN	IT HISTORY	
Present Employer:			
Position Held:			
Dates Employed:			
Notice Required:			
Brief Summary of Duties:			
,			
Previous employment - in date	order:		
95 2423.		D	D (1 :
Employer	Position	Date from/to	Reason for leaving
		+	
Any gaps in employment must	be recorded.		

PERSONAL STATEMENT
Please give reasons why you want this post together with any other information you wish to add to support your application:

Please give below two referees, one of which must be your present employer if you are in employment. The second referee should also be able to comment on your suitability for this post.

REF	ERENCES
Name:	Name:
Job Title:	Job Title:
Address:	Address:
Telephone:	Telephone:
Can your present employer be contacted for a re	eference? Yes/No
REHABILITATIO	N OF OFFENDERS ACT
of the Rehabilitation of Offenders Act 1974, by vir Orders, 1975. Applicants are therefore not entitled purposes are "spent" under the provisions of the a convictions could result in dismissal or disciplinar and will be considered only in relation to an appli Have you ever convicted of a criminal offence? Ye	28- 2
you should sign and attach to the application for	m.
I believe that the statements made in this form ar	re true and accurate to the best of my knowledge and belief.
I have completed and signed this application mys	self I have completed this application on behalf of the applicant
Signed	The state of the s
Date:	
This form should be returned to:	The successful candidates with be asked to apply for disclosure via the Criminal Records Bureau. The level of disclosure for this position is Enhanced. Further information about the Disclosure Service can be found at www.disclosure.gov.uk or by contacting the Criminal Records Bureau line of 0870 9090811

Equal Opportunities Questionnaire

Gainford Care Homes Limited aim to be an equal opportunities employer, and we select staff solely on merit, irrespective of race, sex, disability or age. In order to monitor the effectiveness of this policy, we request all applicants to provide the information indicated by ticking the appropriate selection.

A)	Post applied for:			
В)	Gender: Ma	ale / Female		
C)	Ethnic origin:	 UK/Eu Caribb Asian Other 	pean	
D)	Are you registered	disabled?	Yes / No	
E)	Age Range:	17-30 51-60	31-40 60 +	41-50
F)	Source of Informat	ion – how did y	ou hear about this vacar	ncy?
	Internal advert Job Centre Press (which newspother source (please			_
	Date:			

All information will be held in the STRICTEST OF CONFIDENCE

Declaration of Health

Home Location		
To be completed by the employee:		
Name:	D.O.B.	
Address:		
Have you ever suffered from any of the following?		
Depression/Anxiety State, Nervous Illness or Breakdown		Yes / No
Epilepsy or Disease of the Nervous System		Yes / No
Aliment of Lungs or Chest		Yes / No
Spinal Problems		Yes / No
Arthritis, Rheumatism or Gout		Yes / No
Any Heart or Circulatory, including Blood Problems		Yes / No
Illness of the Digestive System		Yes / No
Illness of the Kidneys		Yes / No
Diabetes		Yes / No
Major Accident, Operation or Physical Defect		Yes / No
Skin Disorder		Yes / No
Are you presently taking or undergoing any treatment?		Yes / No
What is your average daily consumption of:	Alcohol	
	Tobacco	
Are you pregnant? (where aplicable)		Yes / No

Gainford Care Homes Ltd

If you have answered yes to any of the following que	stions, please give details including dates:
This Section to be completed by the Employee:	
Signed:	Date:
To be completed by the Manager:	
Signed:	Date: