

PREFACE

This revision of the handbook deals with many aspects of our life together, and we hope it will be useful to you in providing information about membership of our Community. It cannot cover every eventuality, however, as circumstances and the legislation governing Almshouses change with sometimes disconcerting speed. From time to time new policy and procedures are needed. Whenever these are decided at meetings of the residents or Trustees, additions or amendments to the handbook will be published in subsequent revisions. The loose-leaf format will help us to do this more easily.

David Bartlett
Chair of The Trustees

The Very Revd Paul Mellor
Master

Last Update: October 2020

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ST NICHOLAS' HOSPITAL – A BRIEF HISTORY

The Hospital of St Nicholas in Salisbury is one of the ancient Almshouses of England. The word 'hospital' derives from our origin as a place of hospitality and shelter. It is likely that we were founded as a hostelry at a ford on the Avon for pilgrims and wayfarers *en route* to Old Sarum, but of this first establishment we have no record. However, from a deed of 1215 assigning land to us, and from the accounts of some of our earliest patrons, the Lady Ela, Bishop Poore and Bishop Bingham, we know for sure that by the early 13th century The Hospital was functioning not only as a lodging for travellers but as an infirmary, too. Parts of our present buildings date from this time.

Over succeeding centuries, however, the site has been extensively modified to reflect changing demands. At times this reconstruction was substantial, as in the late 15th century. In 1487, for example, an ordinance of Bishop Beauchamp indicates that there was no longer specific provision here to care for the sick. Instead, the brothers and sisters are referred to as *pensioners*, and the service to be offered by The Master and assistant chaplains is that of divine worship. Thus, the pattern and purpose of our present institution was beginning to be laid down and in principle still obtains, though we have come far from the establishment even of the mid-19th century, when Anthony Trollope chose St Nicholas as his model for Hiram's Hospital in *The Warden*.

Today we comprise 24 ground and first-floor flats in four blocks, providing supported housing in a Christian community. Each flat offers good-sized self-contained accommodation for single people, with some properties suitable for couples. Each flat has a kitchen, sitting room, bedroom and bathroom and is equipped with television and telephone points, smoke alarms and a 24-hour emergency call system. Floor-coverings are provided in each flat, but curtains or blinds are not. Background heating, hot water and central lighting are provided, together with communal lighting and cleaning.

Our website is at www.stnicholashospital.co.uk



GOVERNANCE AND MANAGEMENT

St Nicholas Hospital is an endowed Christian foundation with the status of an almshouse. It is registered as a charity with the Charity Commission (Registered Charity No. 214916) and is governed by a board of up to 7 *voluntary* Trustees, who are responsible for the oversight of the Hospital's assets and their deployment in fulfilling its charitable purposes, which are.

- a) the relief of poverty by the provision of accommodation for persons of good character who are in need of assistance;**
- (b) such charitable purposes for the benefit of residents and former residents as the Trustees decide, including the provision of financial assistance to residents and former residents who are in need.**

The implementation of these objectives are at the discretion of the Trustees.

To this end, the trustees generally meet four times a year in January, April, June and October and at other times as necessary, to manage the Hospital and to ensure that it is meeting its charitable purposes and fulfilling its statutory obligations.

The trust deed requires that there are five Trustees. Two additional co-optative Trustees may be elected by a majority vote of the board.

The Trustees are presently –

Trustee	Office	Appointed by	Term
The Master	Ex officio		
Mr D A Bartlett	Nominative	Bishop of Salisbury	5 years
Mrs R A P Stiven	Nominative	The Master	5 years
Mrs C E Romano	Co-optative	Board of Trustees	5 years
Mrs S J Beswick	Co-optative	Board of Trustees	5 years
Canon D K Callard	Co-optative	Board of Trustees	5 years
Mr R D Trahair	Co-optative	Board of Trustees	5 years

Daily management of the fabric of the Hospital, the wellbeing of the Community and its worshipping life are in the hands of The Master, who is by statute a priest of the Church of England and a Trustee. The Master and Trustees are supported in legal, financial and property matters by the Clerk to the Trustees (Mr Clive Gutteridge), who has an office on site and acts as part-time general administrator. The Clerk deputises for The Master in his absence.

In addition, the Trustees can call on the help of a number of advisers in matters of law, property and finance.

JOINING THE COMMUNITY

The Hospital's governing instruments require that residents are "persons of good character who are in need of assistance".

The Hospital is neither a nursing, convalescent, nor an old people's home but a supported housing scheme and retirement community. The admission criteria, which can be varied at the discretion of the trustees, are:

- Over the age of 60 (for the primary applicant in the case of joint applicants)
- Christian and confirmed communicants of the Church of England, or willing to live and worship within the rites of the Church of England;
- Of limited means defined as:
 - (a) in the case of a single applicant:
 - having capital not exceeding £150,000, and
 - having total annual income not exceeding £30,000
 - (b) in the case of joint applicants:
 - having capital not exceeding £225,000, and
 - having total annual income not exceeding £45,000

The income figures in both cases to exclude non-means tested benefits;

- In sound health not requiring regular domiciliary or nursing care;
- Able to live independently, managing daily life skills - personal hygiene, care for flat, preparation of meals;
- Prepared to attend St Nicholas' Chapel daily;
- Willing and able to join in Community life;
- Able to provide two character references;
- Be prepared to grant Enduring Powers of Attorney, both in respect of health and welfare and financial affairs, to a friend or relative prior to admission and to inform the Clerk of the names of these individuals.
- Be prepared to inform the Master of the name of their Doctor or Medical Practice.

Unless, exceptionally, the Trustees determine otherwise, the assessment of an applicant's eligibility to join the Community is by reference and interview *by three Trustees*. The needs of the Community as well of the applicant are both weighed in allocating properties.

The Master is pleased to hear of people we may be able to help. There is no geographical restriction on applicants, and recommendations are appreciated.

revised 2.5.19

LEAVING THE COMMUNITY (1)

Once admitted to membership of The Community, the Trustees hope that residents will stay as long as they wish. However, if –

- a resident is guilty of insobriety, insubordination towards the Master or Clerk, or immoral or improper conduct incompatible with membership of the community;
- *a resident consistently fails to pay the monthly contribution without good reason;*
- a resident no longer has the required qualifications for residency as set out in the previous section; *for example, the resident inherits a substantial capital sum which puts them well above the prescribed capital limits;*
- a resident has been admitted a member without having those required qualifications;
- a resident is suffering from a mental disease or physical infirmity rendering himself or herself unfit or incapable of remaining a member of the community.

The Trustees must consider that the Hospital is no longer an appropriate environment and look to alternative provision.

The Trustees emphasize that they would only require a member of the Community to leave the Hospital as a last resort after all other options of arranging increased care have been exhausted. They will adopt a two-stage approach to such members whom they identify as having difficulty continuing to live independently.

LEAVING THE COMMUNITY (2)

(1) Residents having a substantial or significant risk to independence. If a resident has a physical, sensory or cognitive disability or impairment, or mental health difficulties such that, over a period of six months, he or she demonstrates one or more of the following:

- An inability to protect him or herself from injury, or avoid preventable risks, in carrying out daily activities or meeting basic care needs (e.g. from repeated falls);
- Only partial choice and control over his or her immediate environment (e.g. such limited mobility that he or she is regularly chair- or bed-bound);
- An inability to carry out the majority of personal care or domestic routines without substantial help;

- Only very limited engagement with the life of the Community whether socially or devotionally.

In such cases the Trustees would expect the Master and Clerk to discuss with the resident and his or her relatives (if any) about the steps that need to be taken to improve the resident's situation by additional care, with the objective of maintaining the resident's occupation of his or her flat if at all possible.

(2) Residents having a critical or severe risk to independence. If a resident has a physical, sensory or cognitive disability or impairment, or mental health difficulties such that, over a period of six months, he or she demonstrates one or more of the following:

- An inability to protect him or herself from serious accident or harm, or avoid preventable serious risks, in carrying out daily activities or meeting basic care needs (e.g. from repeated falls);
- Significant health problems that are likely to be permanent or worsen;
- Little or no choice and control over his or her immediate environment (e.g. such limited mobility that he or she is mostly chair- or bed-bound);
- An inability to carry out the majority of personal care or domestic routines without substantial help;
- An inability to engage with the life of the Community whether socially or devotionally.

In such cases the Trustees would expect that the contact that the Master and Clerk had already made with the resident and his or her relatives (if any) would lead them all to conclude that it was in the resident's best interests to leave his or her flat and seek accommodation better suited to the resident's needs. In so doing the Trustees are confident that the Master and Clerk would deal with the issue sensitively and with due consideration for the wishes and means of the resident and relatives.

In the event that agreement cannot be reached between the Master and Clerk and the resident and relatives about the future of the resident, the matter would be referred to the Trustees, if necessary, at a special meeting convened for this purpose, for a resolution of the issue. The decision of the Trustees will be final.

If a resident chooses to leave the Hospital, 4 weeks' written notice to the Clerk should be given.

Residents or their executors are responsible for maintenance contributions until the flat is cleared of effects, and the St Nicholas medallion and keys are returned to the Master.

FINANCE

Residents of an almshouse charity are beneficiaries of the charity, not tenants. They have no legal interest in the accommodation allocated but occupy it by license with the permission of the Trustees. In lieu of rent, they pay a contribution towards the upkeep of the Hospital. This is charged monthly at a rate determined annually by the Trustees in January. Payment is by standing order.

Every assistance is given to access financial support for those who need it. Housing benefit may be available to help with the monthly contribution.

In addition to this monthly contribution, residents are responsible for their everyday living expenses, council tax, TV licence, telephone bill, and supplementary heating and lighting. They are free to choose their own energy supplier. Our flats are individually metered in respect of additional heating and lighting. Concessional TV licensing is also available.

The Hospital insures the buildings and its own contents. It has the option of including the contents of your home on the policy on an "as new" (please check) basis. For details, please contact the Clerk.

The Clerk should be informed immediately of changes to a resident's banking arrangements or telephone number.

Council Tax and Council Tax Benefit

You are responsible for paying your own council tax and will receive the annual Council Tax Notice from the local authority in March each year. People living alone are entitled to council tax relief of 25%. (PLEASE CHECK)

If your income consists of the basic retirement pension and you have only modest savings, you may be entitled to Council Tax Benefit. Depending upon your precise circumstances, this could pay your council tax in whole or in part. Please speak to the Clerk if you are unsure of your entitlement or need help in completing the claim form.

Housing Benefit/Local Housing Allowance/Universal Credit

If your income consists of the basic retirement pension and you have little or no capital, you will almost certainly be entitled to Housing Benefit or Local Housing Allowance to help with your housing costs. Even if you do have income in addition to your basic retirement pension, you may still be entitled to some help with housing costs. To claim Housing Benefit / Local Housing Allowance you should ask for an application form at your local Benefits Office (DWP) or Housing Department. It is important that you inform your local benefits office if there are changes in your

financial circumstances as they have the power to demand reimbursement in the event of an over-payment.

Eligibility for state benefits changes from time to time. If you need advice on state benefits, please ask the Clerk in the first instance as he/she will have some experience of entitlements and benefits. Other sources of information are the Citizens Advice Bureau and Age UK.

ABSENCE

In order to preserve the sense of community, the expectation is that members will be resident at the Hospital overnight – holidays, illness or other emergencies excepted – and present for the daily service in chapel.

For reasons of security, if residents intend to be absent overnight, they should sign out in the common room diary. A contact telephone number or address is appreciated in case they need to be reached urgently.

Though the majority of residents are retired, a few continue in part-time employment, while others are involved in voluntary activity. Because it is important that such interests, however commendable in themselves, do not conflict with the ethos of community life, the Master should be consulted before regular, significant outside commitments are taken on.

CHAPEL

Worship is "our duty and our joy". It is central to The Community's life and over many centuries has been our defining characteristic.

Attendance at chapel is a condition of residence at St Nicholas, and a requirement we take seriously. The Charity Commission's Scheme of 1961 governing the Hospital states that residents shall "attend services in the Chapel in accordance with regulations to be made by the Trustees". The Trustees' expectation is that members of the Community will attend chapel services daily unless on holiday or prevented by emergency, temporary illness or other temporary incapacity.

Routine and non-urgent appointments with doctors, dentists, hairdressers, tradesmen and others should be arranged after chapel. No longer-term commitments should be made, voluntary or paid, which would conflict with chapel attendance without the approval of the Master.

If residents expect to be absent from chapel, they should sign out in the common room diary.

Morning Prayer is said each day at 9.30 a.m., with Holy Communion on Wednesdays and weekday festivals. On Sunday mornings we have a sung Eucharist. We use the Church of England's contemporary rites, and our tradition is central to liberal catholic. We affirm the ministry of women priests and welcome lay assistance in services and in preparing the chapel for worship (including dusting and vacuuming, helping the Sacristan, reading the lesson, administration of the chalice, and flower arranging).

The Master will explain the distinctive aspects of our worship to residents on admission.

COMMUNITY LIFE

Faith communities typically order themselves not so much through precept as through practice. Informal means of shaping conduct develop over time, which establish a set of norms and expectations. These ways of doing things together give direction and significance to The Community's common life. We learn much from each other.

We work as far as possible, therefore, by consensus. The Master's principle is that there should be the minimum of direction consonant with the maintenance of harmony, safety, and good order. We are a Christian community and take seriously our obligations to our neighbour. As the support and encouragement, consideration, and respect that this implies are entailed in every aspect of our common life at St Nicholas, there should be little need for a long list of rules.

A number of events are organised during the year to promote the spirit of community. These are almost all voluntary, but we hope that residents will wish to participate in them. For example –

- On Sundays we have sherry together in the common room after the morning service.
- We hold a Lent soup lunch to which we invite members of the public.
- Harvest Thanksgiving is marked by a harvest lunch or supper, and other notable occasions such as Bonfire Night and Epiphany are regularly and appropriately celebrated.
- Christmas lunch is organised for those spending Christmas Day at The Hospital.
- The Community meets on Monday morning after chapel *in the Common Room* to discuss matters of common interest. *These meetings are chaired by the Master or, in his absence, the Clerk. The Chair of Trustees attends on occasions.*
- Informal groups meet for Bible study, contemplative prayer, carol singing at Christmas, to study a book together, watch a video, or to listen to music.
- Several organisations meet at The Hospital, within which residents are represented, among them The Lydians and the Retired Clergy.
- We send cards on each other's birthday, which are acknowledged by the recipient with a note in the common room. Residents on holiday send greetings to The Community and return with a modest (edible) souvenir for others to share.

A Community directory is published and reissued from time to time. *Please inform the Master or the Clerk if you do NOT wish your details to be published in this way.*

A number of residents' volunteer for tasks to assist a neighbour or serve the common good, and this is appreciated. The Master is always glad to receive offers of help towards the smooth running of The Hospital.

ST NICHOLAS' DAY

Our patronal festival is celebrated on St Nicholas' Day, 6 December. It is expected that all will attend.

THE COMMUNITY PRAYER

Almighty God,
graciously behold us your servants,
whom you have gathered in this place.
Grant that we may live together in love and harmony,
bearing one another's burdens,
seeking one another's welfare,
and rejoicing in one another's joys.
This we ask through Jesus Christ our Lord,
who lives and reigns with you and the Holy Spirit,
ever one God world without end.
Amen



" . . . Not ducks on the wall, but geese flying over St Nicholas' Hospital.

"Geese are gregarious creatures. A lone goose is a sad goose, and an endangered one. Zoologists tell us that this distinctive wedge which geese adopt conserves up to 70% of the energy the birds would use in flying solo. The arrow formation puts the head of the goose following at the trailing tip of the wings of the goose in front, so that the second benefits from the uplift generated by the wing-movements of the first. Moreover, geese in a skein change places frequently to save the leading bird from

exhaustion; and should one sustain an injury or fall sick, another will drop back to stay with it until the invalid is fit to resume the journey. "

From a sermon by the Master in chapel on community life.

HEATING

The Trustees provide hot water and background heating for each flat and in the common areas. Residents supplement this provision with their own heaters as required. These are separately metered for each flat.

Paraffin and calor gas heaters are not permitted on safety grounds.

Each block has independent boilers for heating and hot water, with timers and thermostats. These are the Master's responsibility and should not be changed without his knowledge and approval.

REPAIRS, DECORATION AND MAINTENANCE

The Hospital is a Grade 1/II listed site, which means we are subject to a number of planning restrictions.

The Trustees believe that a well maintained and managed estate is key to everyone's well-being. To this end, they have a 5-year rolling programme of refurbishment, under which *one of the four blocks are inspected each year and the Common parts on the fifth year.* are inspected each year. In addition, over a 5-year period the external fabric of each block is reviewed by our surveyor.

At other times, The Trustees reserve the right with reasonable notice to enter and inspect the internal fabric of any flat.

Main services, general repairs and exterior decoration are the responsibility of The Trustees. Generally, internal decoration is a matter for individual residents. Walls and internal doors may be painted in mute colours or neutral tones at their own expense.

- Items that require attention should be logged and passed to the Clerk, or to the Master in his absence.
- In emergency, contact the Master or Clerk immediately and directly.
- Other maintenance matters are dealt with according to the severity of the problem.
- All requests for repair or maintenance must be authorised before work takes place.
- Workmen on site should not be approached by residents and asked to do additional jobs, however small.
- Under no circumstances should residents undertake electrical or plumbing repairs themselves. Contact the Master or Clerk in his absence for appropriate action to be taken.

Residents should not make any structural alterations to their flat, though fixtures and fittings may be installed, moved or altered by agreement with the Master. Sky satellite or other communications equipment may not be erected.

The services of a handyman/gardener and decorator are available without charge for light assistance in tasks that are likely to take no more than 30 minutes. Such requests should always be made through the Master or Clerk in his absence. Any request not made through the Master or Clerk is deemed to be a private arrangement and charged on that basis.

STORAGE, RECYCLING AND WASTE

STORAGE

The Hospital cannot provide long-term additional storage for residents' furniture and goods, other than garden tools.

RECYCLING AND WASTE

We recycle as much as we can. There are compost bins in the garden for food waste and other receptacles for glass, paper, card, tins and plastics. The system will be explained to residents on admission.

- Wash and drain all plastics, bottles and cans before putting them in the bins.
- Wrap foodstuffs in newspaper or put in sealed plastic bags.
- *Waxed cartons are not recyclable and should be put in the black household waste bin. OMIT*
- Batteries, printer cartridges and water filters can be put into the box outside the common room for recycling.
- Larger items, and all electrical items, should go to the Council waste recycling centre on the Churchfields industrial estate. The Master can arrange this if access is difficult for you, but there may be a charge for very large items.
- Clinical waste such as contaminated dressings should not be discarded in the general waste (black bins) but placed in a designated receptacle or removed from the site by visiting nurses.

A skip is provided from time to time to help dispose of clutter.

PARKING

Parking is at the discretion of the Master and allocated by him.

Allocated parking is for the sole use of residents.

Visitors' cars should display a parking permit and, as far as possible, be parked in the visitors' area. They are parked at the owners' risk and the trustees accept no responsibility for any damage howsoever caused.

Space is at a premium, and cars should be parked considerately.

Access must be maintained at all times for emergency vehicles.

The Master should be informed if residents are expecting contractors on site.

FACILITIES AND SERVICES

The Hospital offers a community room, *known as the Common Room*, drying room, workshop space and a gym. *The Common Room is used by some outside organisations, and residents can organise private parties with the agreement of the Master.*

The Wiltshire mobile library service visits once a month.

The community bus calls, and a number of local surgeries deliver prescriptions.

Groceries, milk and newspapers *can be* delivered.

Fruit and vegetables from the garden are available free in the kitchen, together with low-cost recycled greeting cards sold in aid of the Church in the Sudan.

A guest flat and guest room are available in the Garden House and Old Block.

A photocopier, shredder and laminator are available during the Clerk's office hours (generally Mondays, and Thursdays). A charge may be made to cover materials.

VISITORS AND GUESTS

Properties are allocated on the strict understanding that Community members are the sole residents in them. *No other person is allowed to live in the property unless they have formally applied to the Hospital and been granted beneficiary status in their own right.* Under no circumstances may guests stay overnight in resident's flats, *except for post-operative assistance limited to one week*, nor may guests be offered accommodation in them while residents are absent.

While at St Nicholas visitors and guests are the responsibility of their host.

We are fortunate to have a well-equipped and comfortable guest flat in the Old and a smaller room in the Garden House for short-stay guests, which is booked by means of the calendar in the kitchen. In fairness to all, the guest flat and guest room may not be booked by the same resident simultaneously, and neither can be booked for more than a week at a time.

The guest flat and room are an extension of your home and when you have made use of them please leave everything as you would wish to find it.

Take away any bedding you have supplied and leave the beds and the pillows tidy. There is spare bedding in the chest outside the flat if you need it and it should be laundered and returned there. Clear away soap and shower gel and any towels you may have supplied. There is a clear notice by the shower which should be followed and obviously the toilet and washbasin should be left in a clean state.

There are plenty of cleaning materials under the sink and in the bathroom and, as at the moment, there isn't anyone coming in from outside to clean the flat, it needs to be done thoroughly, especially if there is a period when it is not in use for a few weeks.

If your guests have used the kitchen area, then empty the fridge and wipe it out, turn it off (and leave the door open), and empty the kettle so that lime-scale doesn't build up. Put away any cutlery and crockery used and leave the work surfaces clear and give them a wipe with the antibacterial cleaner. Leave the cloths out to dry. Remove any food stuff and take away the tea towel and hand towel and launder them and empty the waste bin.

Give the floors a vacuum and the kitchen and bathroom floors a mop if your guests have used that area.

All this applies to a lesser extent with the guest room.

There is a suggested donation for using the flat of £7.50 per night and the guest room £5 per night. This covers the upkeep and to pay any outside cleaners who might be used on an ad hoc basis. The donation should be paid to Janie in cash.

CLEANING

Residents are responsible for keeping their flat clean, including the inside of the windows.

External windows, stairs, landings, and porches are cleaned by contractors, but we are always grateful for offers of assistance, especially with cleaning the chapel and managing the wheelie bins.

PETS

With regret, we cannot allow cats and dogs.

Do not feed the ducks or otherwise encourage them to approach the buildings. It is not good for the ducks, who are well provided for in their natural habitat, and it is a disservice to the Community in that the birds' droppings are unpleasant to remove and can constitute a health hazard by attracting vermin.

For the same reason, please ensure that seed is not spilled from a bird feeder on the grass.

MOVING WITHIN THE HOSPITAL

Save in exceptional circumstances, the Trustees' presumption is against internal moves on grounds of expense and the management of expectations within the Community. However, where a case can be made on medical grounds, appropriately supported, and a suitable vacancy occurs, the Trustees will sympathetically consider a request to exchange a first floor for a ground-floor flat.

HEALTH

The Hospital has a resident Master to oversee the life of the Community, who bears pastoral responsibility for residents' general welfare, but there is no Warden or Matron. We are not permitted by law to provide nursing or domiciliary care, and residents are expected to be able to live independently, with the assistance of outside support if necessary.

If a resident is ill or in difficulties, the Master will make every effort to get in touch with relatives, friends, the doctor, ambulance or social services. To make it possible to act quickly in emergency, the Master keeps a note of the names and addresses of residents' next-of-kin, doctor and significant personal circumstances. All personal information is maintained in accordance with the Data Protection legislation. The Master should be informed immediately of any change to ensure that records are up-to-date.

All flats are equipped with a 24-hour call system to summon the emergency services or the Master, who acts as first responder when in residence. We are within easy reach of the district hospital and local ambulance station. Salisbury is well supplied with doctors, dentists, and pharmacies.

Regrettably, *only parts of the* Hospital site and buildings are wheelchair friendly. We have no lifts and little space internally for ramps. Two of our flats are specifically adapted for wheelchair users, however, and there is level access to a number of ground floor rooms, *including the Chapel and Common Room.*

'Message in a Bottle' is a free system that encourages people to keep their basic personal information and details of their current medication in a common place where it can be found in an emergency. The small plastic container is kept in the fridge where emergency services will find it. They will know residents use this system by two discreet labels. One is fixed to the front entrance of the resident's accommodation, the other is displayed on the fridge where the information is kept. The system is usually a community-based project in partnership with other local social, health or emergency services.

COMPLAINTS

Residents who wish to complain about maladministration, their treatment here or a nuisance of any kind should first approach the Master.

If the grievance concerns the Master, or if a resident considers the Master's response to be unsatisfactory, the complaint should be made in writing to the Chair of The Trustees, c/o The Clerk. *The complaint will normally be considered by the Chair at the next Trustees meeting, although a special meeting may be convened if the matter is in the Chair's opinion urgent. At any such meeting the resident may be present and be accompanied by a representative or "Mackenzie Friend" if they so wish, their presence being limited to the hearing of the complaint. The Trustees' decision will be communicated to the resident in writing.*

If the matter is still not satisfactorily resolved, the complaint can be addressed to the Bishop who is the Hospital's Visitor.

SAFETY AND SECURITY

The Trustees take their responsibilities for health and safety with the utmost seriousness. *They, through their employees the Master and Clerk, are responsible for the health and safety of residents and visitors to public areas of the Hospital premises; and each resident is responsible for their own and their visitors' health and safety in their accommodation.*

As a residential community, we must be constantly aware of our neighbour's need of privacy, safety and security, even while we recognise that, as a site of historic and tourist interest, we must be hospitable to the interest of visitors and accommodating to those who have business among us. This is not an easy balance to maintain.

Though there is CCTV surveillance of parts of the Hospital's grounds, St Nicholas is an open site, and residents must take responsibility for the security of their own flat and property and observe common-sense precautions.

It is helpful if strangers are challenged. A polite and confident 'May I help you?' will usually provide reassurance that a visitor's intentions are above suspicion.

KEYS

Flat keys open all the public area doors and garden gates. They should not be labelled with an address, nor should spare keys be left where unauthorised people can find them, remembering that thieves make their living by knowing where keys are likely to be hidden. Keys are security protected and must not be copied or replaced without written authority from the Master or Clerk. Residents are responsible for the cost of replacement if their key is lost.

The Master, the Clerk *and the Chair of Trustees all* hold a master key, but it will only be used in an emergency or with residents' permission. Locks and chains must not be fitted without the Master or Clerk's consent, as these may delay assistance in an emergency.

EMERGENCY CALL SYSTEM

There is an emergency alarm system linked to an off-site call centre, which The Master will explain to new residents.

Use the call system at any time to get help for a sudden illness or accident.

**PRESS THE RED BUTTON OR PULL THE RED CORD
WAIT FOR THE CALL CENTRE TO REPLY
EXPLAIN THE PROBLEM
THE CALL CENTRE WILL GET HELP FOR YOU**

The Master is first responder when on site. In his absence the Clerk or one of the Trustees or the emergency services will respond.

When on site, the Master can also be contacted on his house number –

336874

or, **AT NIGHT**, and during the day **IN EMERGENCY ONLY**, on his mobile –

07720 506863

FIRE SAFETY

Procedures and Arrangements:

Pelly House, MacInnes House & Garden House residents should operate a '**STAY PUT**' policy. Residents should stay within their property unless it is their property on fire or their property is in immediate danger from fire or smoke; or they are asked to evacuate the building by the Fire Brigade.

The Old Hospital residents should operate a 'Single Stage' (simultaneous) "**EVACUATE**" policy. All residents are advised to immediately leave the building on hearing the fire alarm actuate. Residents should assemble outside Garden House (under the covered walkway) and await further instructions from the Master or Clerk.

Information and Training:

The Master & Clerk should be capable of giving specific advice on fire prevention and fire safety in the home to all tenants. This should be provided at the start of each new tenancy and reviewed periodically.

Weekly Testing:

The Clerk is responsible for:

- Briefing new residents on "Actions On"
- Annual reminders to Residents on:
 - Avoidance of false alarms
 - How and when to call the Fire Service
 - How to report defects
 - The importance of maintaining clear escape routes, free of storage
 - Smoking and cooking safety
 - Safe storage and disposal of refuse
- Weekly fire panel and alarms testing
- 6 monthly Fire Panel Servicing
- Annual fire extinguisher and emergency lighting inspection

Fire Detection System Reset:

Both the master and Clerk are trained to reset fire detection systems

Residents should::

Know When they should or should NOT evacuate their flat

What to Take with them; shoes, warm coat, glove and hat

Where they should assemble if they have to leave their flat

THE GROUNDS

Be aware that paths may be uneven, and, in wet or frosty weather, slippery.

Residents are welcome to visit St John's Island by arrangement with the Master but note that the ground is rough and a trip-hazard. The Island and the Master's Garden are otherwise private and maintained as much as possible as a sanctuary for the wildlife. Residents and their visitors and guests are asked to respect this.

If children are visiting, they must not be allowed to play unaccompanied near the river and must be careful about the welfare of the wildlife, whose home The Hospital also is.

GARDENING

The Hospital grounds are substantial and laid out for the benefit and enjoyment of all. The Hospital provides a gardener but residents who enjoy gardening are welcome to take responsibility for a border, flower and/or vegetable patch. These are allocated by the Master in consultation with the gardener.

If cutting flowers or harvesting vegetables, do please ensure that permission has been obtained if the plot is a private one.