Business Update

'Unity In Care Ltd'

A winter message from Bev Garrett

Merry Christmas

Winter is now upon us, and the cold dark nights—making the warm fire and nights in all the more attractive after a 'long, hard day at work'. As we celebrate Christmas let's spare a thought for those who are on their own.

New Business:

As usual we have a few new clients, time keeping is really important. If you are running late it is vital that you phone in ***no less than 15 minutes before the call time***—stating how late you are going to be and the reason. This will help us alleviate the stress to the clients, and of course will assist you with the client ***when you do arrive***. Team work is a vital part of our job, some of us forget what this means. We need to try treating our colleagues and clients the way we would like to be treated ourselves.

Team Goals/Results:

Each of you should now have your black trousers—I expect to see staff in 'full uniform'. If female staff want to wear black skirts—please do so. For last quarter's goals/results see page 2.

The ***3 goals for the next quarter*** :

1. Teamwork—no staff issues
2. Equipment in clients home and wearing of 'your uniforms'
3. Time keeping / no late or missed calls

Appraisals:

This years appraisals will soon be underway, but at the moment are yet to be set. We are having enough difficulties trying to get you to supervisions and training sessions.

Supervisions:

Supervision and Training diaries have been handed out to you, but most of you seem to have taken no responsibility in ensuring you are at these supervisions or the training sessions. Nor do you take responsibility for contacting the office to let us know when your unable to attend. We are all adults and need to ensure that we function in ***'all parts of our work'***.

Staff Culture Questionnaire

Just a reminder the Staff Culture Questionnaire will be going out to you all in (Jan/Feb 2014) - so please do spend a few minutes filling this in and getting it back to the office. We generally received 50% of these questionnaires back—it would be great to aim for 70% this year. It really does help the business see what we are doing well and areas of where we could improve.

Training update:

The training diary has been finalised up to January 2014. For those of you that have attended the 'basic modules of training'- you will be required to attend 'refresher modules' and these are highlighted in yellow.

Christmas Party:

Christmas Party has been arranged for **Friday 13th December 2013**—at 8.00pm**.** You should all have received invites. It will be good to see as many of you there as possible. It gives us the opportunity to 'relax', and it is always nice to sample all the varieties of food from the diverse cultures within our company.

Client 'Staff Nominations'

As you know we send out to our clients a 'staff nomination' form and should they wish to - it is their opportunity to show the staff what they mean to them. We shall be announcing the results at the Christmas party.

Finally, I would like to wish you all a 'blessed Christmas' and health and strength for 2014.

Beverley Garrett
Managing Director

Volume 6, Issue 2

Dec 2013

Staff Notices

We welcome

Dorna Johnson

Fiona Dunbar

Rodney Ndebele

Stacey Lambert

and hope they will enjoy working with us, and become an integral part of the company

COMING SOON:

- *Next Issue March 2014*
- *Improvement Programme*
- *Staff profiles*
- *Volunteer articles*

Appraisals

All new staff will be sent details of when they will have an appraisal. Please make a note of these, as when staff 'forget to show' this causes rework, frustration and 'cost to the company' in having to re-schedule.

If unable to attend on the given date—contact the office.

In addition, you will be sent a pre-self assessment form-this needs to be completed and returned to the office **4 days** prior to appraisal date (or at very least bring it with you on the day).

Two documents that are sent out are: *'A guide to objective settings'*, and *'why do we have appraisals'*. These are aimed in preparing for appraisal, and to give ideas around your own self development.

Training Update

Coming up between 'Dec-Feb 2014

December 2013

Parkinson Disease
Challenging Needs
Health & Safety
Food Hygiene
First Aid
Infection Control

January 2014

First Aid
End of Life

Staff will be invited, but if you would like to confirm that you are going to be included contact :

Bev Garrett 01252 544423

INSIDE THIS ISSUE:

Yellow Team
Red Team

CONTINUOUS IMPROVEMENT PROGRAMME
Team Work Goals/Results

Green Team
Grey (Office)

As part of our 'Continuous Improvement Programme', and as discussed in the last Staff Newsletter' (June), the team goals for this quarter were:

1. Writing up contact sheets/reports
2. Keeping within professional boundaries
3. Treating each other with respect

There were a total of **13 feedbacks within the following 2 categories:** **'comms issues'** and **'staff conduct/or issues'** (see graph on the right). Basically this means feedback which reflects staff communications—(including any reports of 'lack of written communications or reporting of events/issues') that could have been handled different or more effectively, and staff conduct/issues which would include non-conformances around professional boundaries or if respect has been compromised or 'under question' (whether it be with a client or a colleague).

For the 'goals' within this graph **'more points does not mean winners'**. All teams should be aiming for the ***lowest possible score*** of feedback in this 3 month period.

WELL DONE 'YELLOW TEAM' !

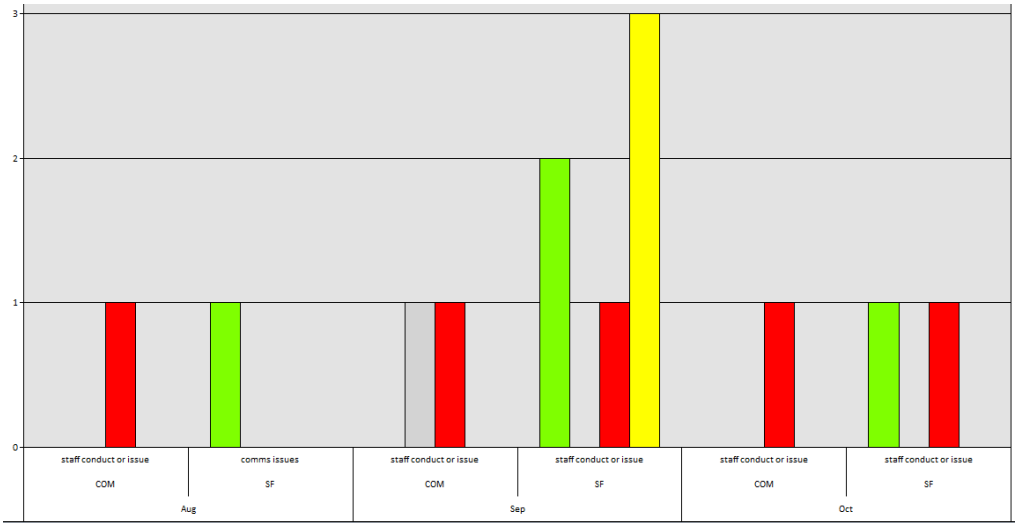
1st place: Yellow = 3
2nd place: Green = 4
3rd place: Red = 5
***Office* = 1**

We must remember when looking at the graph below that COM's is feedback gained 'directly from the client' and any SF's are feedback gained from 'staff'. We continue to address this internally to improve the way we carry out our roles, and of course to improve the way that we work and communicate, and how we deal with issues and problems more effectively. When looking at the feedback below we can see that only 4 pieces of feedback came direct from the client/s and the other 9 were 'raised internally'. On closer analysis the majority of these 'feedbacks' where around keeping and remembering 'our professional boundaries' and to communicate and respect all those that we support and those people that we work with.

So, the graph demonstrates that the yellow team have not only generated the 'lowest score' but that they were all 'internal' (SFs), the red team 3 were direct from clients and 3 internal (SFs), and the green team all 4 were 'internal' (SFs).

Although, over the 3 month period, 13 can be considered low, it should still be remembered that the categories it covers are serious and critical to our business'.

Bev Garrett
Managing Director



JULIANA BRIMICOMBE ANSWERS YOUR QUESTIONS—

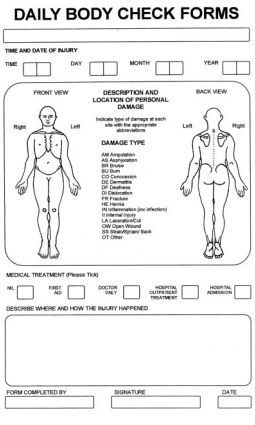
Question 1:

I don't know how to use the body chart.

See sample of body chart form (below), ask the office for copies.

JB/Care Co-ordinator reply:

The '**body chart**' is used to map any areas of bruising; abrasions; sores; or injury that you may notice. There should be copies of this form in the clients home folder.


DAILY BODY CHECK FORMS

TIME AND DATE OF INJURY

TIME DAY MONTH YEAR

FRONT VIEW — DESCRIPTION AND LOCATION OF PERSONAL DAMAGE — BACK VIEW

Indicate type of damage at each site with the appropriate abbreviations

DAMAGE TYPE

AM Amputation
AS Asphyxiation
BR Bruise
BU Burn
CO Concussion
DE Dermatitis
DF Deafness
DI Dislocation
FR Fracture
HL Haematoma
II Internal Injury
LA Laceration/Cut
OW Open Wound
SS Strain/Sprain/ Sack
OT Other

MEDICAL TREATMENT (Please Tick)

NIL FIRST AID DOCTOR ONLY HOSPITAL OUTPATIENT TREATMENT HOSPITAL ADMISSION

DESCRIBE WHERE AND HOW THE INJURY HAPPENED

FORM COMPLETED BY SIGNATURE DATE

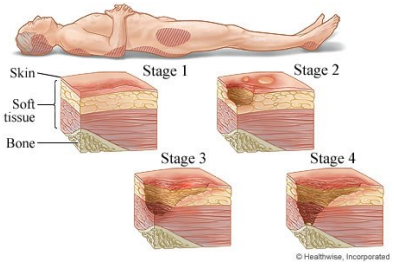
Highlight the area which corresponds with the body using a circle, then write bruise, cut, sore or abrasion; date it and sign. Complete the chart fully—including the client name and the date of observation.

Question 2:

Why is it important to check client/s pressure areas, especially those who have no sensation from the waist down?

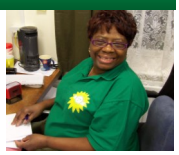
JB/Care Co-ordinator reply:

Clients who have loss off sensation below the waist are at risk of breakdown in skin integrity due to pressure. They are not able to detect this and then develop pressure ulcers which can become infected.



Question 3:

Why must I wear my uniform and wear/carry my ID badge ?



JB/Care Co-ordinator reply:

Full uniform is now being provided by the company and it is expected that you wear it. In addition, this is the only way our client/s and the public can identify what company you are working for. It also forms part of the Health, Safety and Security in the workplace, and forms part of your contract.

NOTE:

SPOT CHECKS ARE NOW GOING TO BE UNDERTAKEN TO ENSURE THAT WE ARE ALL IN UNIFORM

NEWSLETTER & WEBSITE FEEDBACK

We are confident that you would like to contribute to future issues, or a topic that you would like to see included. Maybe an idea to our company website. Please call into the office; telephone (01252 544423) or email **jwilliams@unityincareltd.co.uk**

OPPORTUNITIES & TENDERS

As you all know we have ***gained the Hampshire tender.*** We continue to look and apply for 'potential tender opportunities'. We shall update staff with any new developments on the 'tender front'.

2013/14 BUSINESS PLAN/Policies & Processes

Our business plan is to improve our work environment, ensure that all policies and procedures are updated and new ones put in place if/when they should be necessary. The policies are all available to view, so call into the office.

JUSTINE CLARK—JOINED APRIL 2013

My name is Justine Clark, and I am 23 years old. Whilst growing up my mother fostered 'special needs' children and young adults. I believe this is where I grew a strong interest in caring and supporting—to help others, and be able to make a difference to their lives.

I went on to college and completed an NVQ level 3 in Health and Social Care. There were many transferrable skills and knowledge gained, that would be of use 'whether in a health and social care setting' - or simply utilised through my normal 'day to day' life.

When I left college, I went on to work at a 'Special Needs School' - where I worked with children and young adults with complex learning and behavioural difficulties. Everyday within this role I was 'adding further skills and my confidence was growing'. One of the key skills that I learned was communication and behaviour management. I made many friends and created a good working relationship with the children and young adults.

However, after 4 years I decided that I wanted to 'spread my wings' and gain more experience with a more 'diverse clientele group'. I started work for Unity in Care in April this year. I have met some amazing staff and brilliant clients. I really do get a sense of fulfilment from helping others gain their 'full potential', and from caring for the clients.

I have already attended 2 modules of ***'free'*** training on the Unity in Care training programme, and working on completing my Common Induction Standard workbook. I continuously look for ways to improve myself and enhance the skills that I have already attained, and ready to add new ones. I hope in the near future to enrol on an NVQ4 in Health and Social Care.

It's also great that I have a manager and a care co-ordinator who are actively involved in the business 'out in the field' - they are still very much in touch with the problems that 'we' as care/support workers can and do face.

Outside of my work I am an Adult Instructor for the Army Cadets—where I manage a detachment in Cranleigh with 40 cadets.

I teach the young people important life skills to help them become effective members of their community, teaching them things like self-confidence and discipline—but more importantly to ***'have fun'*** in an educational, safe and disciplined manner.

Justine Clark
Care/Support Worker

What makes 'the difference' between a 'Care Worker and a 'Great Care Worker' ?

I believe this is primarily down to an individual's work ethics, approach to their own role within an organisation, and what ones ***'driving force'*** is behind the career path that they have chosen.

I never think of myself as a 'great care worker' – just simply someone that does my job to the best I can. To ensure that the client's needs are met, and to meet all the expectations of the clients care or support plan. To be honest I get embarrassed and never quite know what to say when someone thanks me for a task that I have completed. To me it simply is a basic requirement of the role to be attentive, hardworking, caring, compassionate, a good communicator and to be reliable and honest.

I like to think that I provide a high degree of care both physically and emotionally to my clients. To build and maintain a solid and trusting relationship; to have an appreciation of client confidentiality and know the processes in place - should I need to disclose or take action to report/inform management of any concerns, troubles or issues. To know and understand the management that I work for - and the policies and processes that are in operation. This certainly helps to keep not only my client safer, but myself and ultimately the company.

I like to continue to develop myself, so I attend as much training as I can get hold of, as I can never know it all (or too much). This enables me the confidence to 'take responsibility, and at times the lead', forward planning – thinking for myself, seeing something that needs doing and just get down and get on with it.

Teamwork and trust amongst colleagues is crucial, to know how to approach each other, to take any colleague 'differences' away from the client environment, to be able to approach the colleague that you have an issue with straight away, rather than let things build up. In addition, to know the process if a solution or favourable outcome is not achieved. To fully understand that failure to do this will certainly result in the client detecting a 'negative undercurrent' in care/support when working with a double up/partner. So teamwork relationships are as important as building up a relationship with the client/s.

In addition, to build a relationship not simply just with the client, but their family, friends or circle of support. They can be very constructive in taking my ideas or suggestions for the client to another level (a level that as a care worker I may not be able to complete) for example: family get together, dinner at a friends, coffee morning, arranging a home hairdressing visit. When I get to know family and friends of my client/s – this can certainly benefit the client.

There are other attributes I feel that a person in this role needs, and certainly does take me to another level – ***and possibly is 'the difference' that 'makes the difference':*** certainly humour, optimistic outlook, to be able to demonstrate empathy, to ensure that the client 'is made special' and even on your busiest days 'to make that client – feel that they are the only ones', and not simply to 'rush in and rush out' leaving the client with a deflated feeling that they are being 'put aside' for a workers busy schedule/timetable. This is possibly one of the hardest things to put into practice – but needs to be approached and worked on until the care worker has it down to a 'fine art'. My client/s at times do say that there is nothing he/she needs doing. I think they may not need 'anything doing', they may simply need or want to be on their own – at these times I respect their wishes. However, I will never 'rush out of the door – shouting a hurried cheerio! - but I will always offer to make 'a cuppa' and sit and have a little chat (after all the service is still being paid for), and then will be on my way. Sometimes it realising that they may not need anything 'physically' done, but to share a cuppa and a cake or biscuit – can and does so much for them on an emotional level.

I want and need to make a difference to the client's lives, to find something that I have in common with my client, or to put myself in their shoes and think what I can suggest that they may like to try. I always try to remember some clients do have dull or tedious lives, some are elderly and lonely, some may be restricted because of physical problems or challenging needs – they may not be able to access the community as freely as we all take for granted. Little things like a walk around the shops, a walk in the park or simply going out and meeting friends for a coffee and a chat. I tend to think about what little things I take for granted, and put these thoughts into practice when I am out with my clients.

Some of my clients don't get many visits in a day, and they really do look forward to bit of company and this is another reason that even when I am 'pushed for time' – I will always think of ways that the client does not feel that I'm rushing off to another client.

I like to think of ways and ideas that I can brighten up not just the time I'm with them - but if possible how they can access the community, what is on in the location of where they live, maybe share recipe's or recommend a good film or book.

To me it is not simply a point of reading the care/support plan *(although I know that this is crucial)* but to think a little more about the type of person that I am caring/supporting. Is there any 'little thing' that could really make a difference to them as an individual? To make the client see and feel that they are important to me, and that I am there to help them - but still ensuring that they can / are being as independent as they can be.

My rewards to providing 'great care' is the little things that mean so much to me for example: to have a client laugh over a dinner that I have made up to look like a cat; or a drawing from a child that has been drawn especially for me; a smile or a laughter from a client when I have acted 'the fool/clown' with. That really is all I need, to know that my work is not simply ***'earning a few quid'*** – IT REALLY IS SO MUCH MORE THAN THAT. I believe that it is 'the little things' that make 'a huge difference'.

Care/Support Worker

END OF LIFE CARE—WHAT IS IT ?

When end of life care begins depends on the individual's needs.

The General Medical Council considers that individuals are approaching the end of life when they are likely to die within the next 12 months. This includes individuals who are expected to die within the next few hours or days, and those with advanced incurable conditions.

It can also include individuals who have:-

* General frailty and co-existing conditions that mean they are likely to die within 12 months
* Existing conditions, if they are at risk of dying from a sudden crisis in their condition
* Life-threatening acute conditions caused by sudden catastrophic events, such as an accident or a stroke or sub-arachnoid haemorrhage

End of life care may last a few days, for months or years. End of life care begins when the individual needs it, and will continue for as long as they need it.

Palliative care (PC)

Palliative care is medical treatment designed to make people with terminal illness feel as comfortable as possible – both physically and emotionally. It can be used to *relieve symptoms but not cure a condition.*

Liverpool Care Pathway (LCP)

The LCP was introduced at the Royal Liverpool University Hospital, in conjunction with the Marie Curie Palliative Care Institute during the 1990s. There was an increasing consensus in the UK medical community that standards of end-of-life care were patchy. Some hospices provided excellent treatment, but some hospitals did not meet the same standards. In particular, concerns were expressed about issues:

* patients being subjected to invasive test ing and treatment that offered no chance of preventing death
* causing unnecessary pain and suffering *by 'needlessly prolonging life'*

It was intended to provide the '*best quality of care'* possible for dying patients in the last hours and days of life, whether they were in hospital, at home, in a care home or in a hospice. It was widely seen as a way of transferring the ***'model of excellence'*** in the care provided in hospices—to 'other healthcare settings' such as 'hospitals and care homes'.

Goal of LCP

The goal of the LCP is to ensure a death is as dignified and as peaceful as possible. It may involve, for example, reviews of:-

* Medications and tests (such as taking the individual's temperature or blood pressure)
* Keeping the patient as comfortable as possible, by ensuring that the patient is being cared for on soft bedding/sheep skin or an alternating mattress followed by careful and frequent changes of position as appropriate
* Frequent oral hygiene to maintain cleanliness as there may be copious amounts of saliva/mucous
* Nutritional intake should be closely monitored to detect if the individual swallowing 'gag' reflexes are active
* The individual's cultural, spiritual or religious needs should be recognised

The LCP is recommended as a model of best practice by the Department of Health and has been adopted in many UK hospitals and other healthcare settings. Deborah Murphy, a national nurse lead for the LCP, calls it "a process that inspires, motivates and truly empowers the generic workforce in caring for the patient and their family in the last hours or days of life".

The LCP recommendations make it very clear that:

* While legal consent is not required to place a patient on the LCP, the fact that the plan is being considered should always be discussed with a relative or carer and, if possible, the patient themselves.

End of Life Care—view by: Juliana Brimicombe

Working in the community as a Care Co-ordinator enables me to come face to face with individuals who are diagnosed as being at their 'End of Life'. I believe that the definition of 'End of Life' is neither clearly defined nor understood. Some individuals who are at their 'End of Life' and who have 'come home to die' can live on for months. Some in a reasonable state of health, and some in a poor state of health with a poor prognosis and receiving no appropriate symptom control medication.

Additionally they are constantly being re-admitted to hospital with 'chest infections' (caused by inhalation of food particles and the in ability to 'cough'). After intravenous (IV) Antibiotics and IV fluids they are discharged, only to be re-admitted again at a later date.

The trend these days are for people to 'die at home'. Unfortunately, some people who make these requests live alone. Delivering 'End of Life' care to a person who lives alone can be very sad for care workers and frightening for the individual especially those who have not yet come to terms with their diagnosis, and the deterioration in their health.

Those who live with a relative who are their 'Main Carer', and who have their own medical issues are left carrying a burden of caring for their 'dying loved one', who can sometimes be demanding during the day and night. Fortunately a 'care package consisting of 4 times a day visits' relieves/supports the 'main carer' during the day 'to have a break' - but during the night the 'main carer' can be up all night attending/supporting their loved ones. The 'main carer' can experience exhaustion, fatigue and sleeplessness. Care workers keep the family, office and district and palliative care nurses informed of changes in the individual health status. They manage the medication which is administered via the 'Syringe Driver', to promote comfort and pain relief for the individual'.

Main carers and relatives do not always understand the process of delivering care to the individual who is dying, and can become concerned when 'syringe drivers' are used to administer medication, because of this, effective administration of appropriate medication are sometimes withheld until breathing becomes an issue—'death rattle' which can cause much distress to the individual and the 'main carer' and other relatives. It is important for the changing needs of the individual to be addressed quickly to retain dignity, compassion, respect and privacy. The life which is 'ebbing away' should be of the best quality to prevent distress and promote a good memory of their loved ones final days.

How can an individual have a say about their end of life care?

Those with a terminal illness or approaching the End of Life may wish to think in advance about plans for the future of their care. This is sometimes called 'advance care planning' and involves thinking and talking about your wishes and about how you are cared for in your final months.

What end of life care involves:

End of Life care is support for people who are approaching death. It helps them to die with dignity, live as well as possible until they die, and to die with

END OF LIFE CARE-WHAT IS IT? Cont from page 4.

dignity. It also includes support for their family or carers.

End of life care includes palliative care. If you have an incurable illness, palliative care will help to make you as comfortable as possible by relieving pain and other distressing symptoms, while providing psychological, social and spiritual support for you and your family or carers. This is called a holistic approach to care, as it deals with the 'whole' person rather than just one aspect of their care.

You may receive palliative care early in the course of your illness together with other therapies to treat your condition, such as chemotherapy or radiotherapy, before you are considered to be nearing the end of your life.

In this end of life care guide, 'end of life care' also covers legal issues, such as creating a lasting power of attorney, so that the person or people of your choice can make decisions about your care if you are no longer able to do so.

Who provides End of Life Care?

Many healthcare professionals can be involved in providing end of life care, depending on your needs. Hospital doctors and nurses, your GP, community nurses, hospice staff and counsellors might all be involved, as well as social services, religious ministers, physiotherapists or complementary therapists.

Most hospitals have special palliative care teams who co-ordinate all these services. As an individual, you have the right to choose where you want to receive care and where you want to die. A palliative care team can provide end of life care to patients and their families in hospitals, care homes, hospices and at home.

You can write down your wishes in what is called an 'advance decision', sometimes known as an '**A**dvance **D**ecision to **R**efuse **T**reatment' (ADRT) or a living will. This is a decision you can make now to refuse a specific type of treatment at some time in the future. It lets your family, carers and health professionals know whether you want to refuse specific treatments in the future. This is so that they will know your wishes if you are unable to make or communicate those decisions yourself.

If you have a relative who is terminally ill you should – where feasible – be consulted and kept informed about the plan of care, including use of the Liverpool Care Pathway. Health staff should also check with families that they understand the LCP.

Juliana Brimicombe
Care Co-ordinator

WHAT WOULD YOU DO AND SAY in these scenarios ?

Scenario 1:

A client wants to make themselves a cup of tea, do you ?

a. Tell them you'll bring them one

b. Discuss the risk of scalding, support them to make the tea without being intrusive

c. Let them in the kitchen to do as they please

Scenario 2:

Client generally does not speak up, and just goes along with things, do you ?

a. Thank your lucky stars you have 'an easy client'

b. Encourage him/her to join in the conversation or activity

c. Create the time to build his/her trust and open up with you about their feelings

Scenario 3:

If you caught the client's foot on the wheelchair. What would you do ?

a. Do nothing as it was only slightly bruised

b. Comfort the client, attend to injury, record on the domiciliary care contact sheet, inform office, write incident report

c. Stick a plaster on it, that'll do !

REMEMBER—'LONELINESS' IS NOT JUST AT CHRISTMAS TIME

The festive season is upon us, and it is generally a time for 'family and friends to get together', full of parties and celebrations'. But **not everyone** will be ***'lucky enough'*** to have **'somebody'**.

THINK! Is anyone around you going to be lonely this Christmas ? Can you spare a little time to visit and make sure that they are okay? A simple gesture like a cup of tea and a chat—the 'very small things' can sometimes make a 'huge difference'.

Is this an opportunity for any of us to invite someone to 'our homes' on Christmas day ?

Merry Christmas

'Unity in Care'

CHRISTMAS PARTY

Friday 13th December 2013

Conference Room

8.00pm—midnight

Come and celebrate this festive Christmas period with each other

'Bring a bottle, and come along and chill out'

'Loneliness and the elderly'

New research reveals that a quarter of a million older people will spend Christmas Day alone this year as Britain struggles to cope with the consequences of an ageing population.

Bereavement, poor health, loss of confidence, family members living away from one another in different parts of the country. Many elderly people are saying that loneliness is their greatest problem. A third of over-75s living alone spend 12 hours a day by themselves.

Loneliness is a ***"hidden killer",*** increasing the risks of death in elderly people by 10 per cent, according to research into the physical impact of isolation in old age. The study found that the risks of heart disease and blood clots increased as those who are lonely adopt a more sedentary lifestyle, exercise less and drink more.

A second study found that those who live alone suffer far more from a range of debilitating diseases, including arthritis, osteoporosis and glaucoma; 50.7 per cent have arthritis and rheumatism compared with 38 per cent of those who live with others.

The impact of loneliness on mental health is well known but details of the impact on physical health is relatively new. The findings have prompted Jeremy Hunt, the Health Secretary, to become involved in measuring the scale of loneliness in order to better target services to alleviate it. He has even backed *'The Times'* as it seeks to highlight the problem during this year's charity appeal and beyond. The newspaper is championing the work of the charity WRVS, which has dedicated its work to helping isolated elderly people. *For more information visit -*

http://www.royalvoluntaryservice.org.uk/about-us/our-new-name

bits, bobs 'n' bumpf

Princes Hall Theatre · Aldershot

Adults	£17.50
Child/Sen Citizens	£16.50
Family (4)	£65.00

Friday 6th —Monday 30th December 2013

Audiences can stop growing up and start believing in fairies as they journey with Peter Pan, Tinkerbell, Wendy and her brothers to Neverland where this swash-buckling adventure really begins! Meet the lost boys, an Indian tribe, mermaids and fairies as well as the villainous Captain Hook, his bumbling sidekick Smee and remember to listen out for the monotonous tic-toc of the deadly crocodile! Fabulous sets, stunning costumes, fantas-tic dancers, a great script and wonderful cast come together to make this a truly magical production. While excellent songs, music and dance numbers, and an unforgettable friendly atmosphere all go into making the Princes Hall pantomime a great family Christmas tradition.

Don't miss out... the croc is ticking!

Book on line or call the box office on 01252 329155

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- ◊ GUARANTEED QUALITY SERVICE
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G9 Ferneberga House
Alexandra Road
Farnborough
GU14 6DQ
Telephone: 01252 757241
E:info@onlineukchemists.co.uk
www.onlineukchemists.co.uk

Conference Room Hire

'Unity In Care Ltd'

Looking for a 'function room'?

- Conferences
- Demonstrations
- Exhibitions
- Meetings
- Seminars
- Training
- Workshops

We have a very spacious and airy conference facility which is appropriate for various activities. Accommodating up to 40 delegates, and is situated on the first floor. Partitioning is available if required.

Situated within easy access from the M3, 331 and the A325.

If you would like further information contact:

01252 544423
or
e-mail info@unityincareltd.co.uk

SATURDAY SCHOOL

Term-time:
10.00am-12.30pm

Looking for some extra support for your child?

The Saturday school is expertly run by qualified, driven teachers Angela Coleman and Nichole Lattimore. It helps to bring together different cultures in a very friendly and pleasant environment.

The success of the school can only be attributed to the dedication of Angela's and Nichole's deft organisational skills where they ensure all sessions are immaculately prepared to each year group's specific educational needs.

The focus is on the core subjects, Maths and English so any mathematical or literacy problems encountered in mainstream school can be addressed in the Saturday sessions. This extra 'tuition' is invaluable, and ensures our children keep up with the school curriculum.

For more information please contact:

Angela Lightbody-Coleman ☎ 0793 9881854

Are you looking to hire a function room/ hall for that special birthday, christening, wedding event?

West Indies Association Hall

Queens Road, North Camp, Aldershot.

For further information:

Contact Bev Garrett on 07850 092991

Volunteers wanted:
We are looking for volunteers to help with Elegantly Aged, our Saturday Community Club for the over 50's. If you would like to participate or contribute to this venture, please give us a call on ***01252 544423*** between 11.00am-5.00pm (Monday-Friday)

Disclaimer:
Statements and opinions expressed in articles, reviews and material within this newsletter, are not necessarily the views of the Management of 'Unity in Care Ltd'.

'MINCE PIES' the

Ainsley Harriott way:

Preparation time: 30 mins to 1 hour

Cooking time: 10 to 30 mins - **Makes 18**

Ingredients:

140g/5oz cold butter, diced
225g/8oz plain flour
50g/2oz ground almonds
50g/2oz golden caster sugar
1 orange, zest only
pinch of salt
1 egg yolk
1-2 tsp cold water
280g/10oz good quality mincemeat
1 egg, beaten
icing sugar for dusting

Preparation method:

- ♦ Preheat oven to 200C/400F/Gas 6.
- ♦ Rub the butter into the flour and add the almonds, caster sugar, orange rind and salt until the mixture is a bit crumbly.
- ♦ Combine mixture with the egg yolk and 1-2 teaspoons of water until it forms soft dough, then put it into a plastic bag and chill for 20 - 30 minutes.
- ♦ Roll out the pastry to a thickness of 2-3mm (0.1in) and cut out about 18 rounds measuring 7.5cm (3in) with a pastry cutter.
- ♦ Place in lightly greased patty tins and spoon the mincemeat evenly into the pies.
- ♦ Re-roll the leftover pastry and cut out round lids, stars or other festive shapes to fit on top of the mincemeat.
- ♦ Lightly brush the pastry tops with the beaten egg and bake in the oven for 12 - 15 minutes until golden.
- ♦ Remove from oven and leave for a few minutes before removing from tins and cooling on a wire rack.
- ♦ Dust with icing sugar ……
  and ENJOY!!

CHRISTMAS FAIR

Tongham Scout Hut, Poyle Road, Tongham, Farnham
Sunday 8th December 2013
11.30am—3.00pm

The Tongham Scouts are holding a Christmas Fair with stalls selling a variety of Christmas gifts, handicrafts and local produce

For more information: 01252 323812 or email events@tonghamscouts.co.uk

Many thanks to the following contributors:
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Justine Clark
Beverley Garrett
Julie Williams

Editor: Julie Williams