

Statement of Purpose for Individual Home Care



Regulation 3. Conditions of registration: general of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018, requires providers to submit a Statement of Purpose. Please submit this form as part of your registration application or upon request by the Care Commission. You must inform the Care Commission of any changes to your Statement of Purpose within 28 days.

Your information			
Name			
Address			
Email address			
Telephone number			
Categories of Care Provided			
Old age	<input type="checkbox"/>	Substance misuse (drugs and/or alcohol)	<input type="checkbox"/>
Dementia care	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Children (under 18)	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>		
Age range:			
Types of Care	Nursing care	<input type="checkbox"/>	<i>Refer to definitions in Regulation of Care (Jersey) Law 2014</i>
	Personal care	<input type="checkbox"/>	
	Personal support	<input type="checkbox"/>	
Qualifications and training			
Experience			
Service			
The number of hours of care delivered	The average number of care hours delivered per week is:		
	<input type="text"/>		
	The number of hours per week you would like to work is:		
<input type="text"/>			
Please note: The maximum number of care hours you can provide is usually 48.			

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<p>The number of people currently receiving a service</p>	
<p>Aims and objectives of the service</p>	
<ul style="list-style-type: none"> • <i>To help individuals to improve function and live with greater independence;</i> • <i>To promote the care receiver's optimal level of well-being; and</i> • <i>To assist the them to remain at home, avoiding hospitalization or admission to long-term care institutions.</i> 	
<p>Care and support</p>	
<p><i>Describe the range of health or care needs you provide support for or have provided support for, including any specialist services.</i> <i>How are/have people's care needs met?</i> <i>How are/were people involved in decisions about their care?</i> <i>How has/does your care protect, promote and maintain people's independence, safety and welfare?</i> <i>If providing a specialist service, what makes it a specialist service?</i></p>	
<p>Communication and involvement</p>	
<p><i>How have you/do you meet people's communication needs?</i> <i>What provisions have you made/do you make to ensure information is accessible?</i> <i>How are people involved in their care decisions?</i></p>	
<p>Rights and responsibilities</p>	
<p><i>What rights/responsibilities do people have? How will rights be protected?</i></p>	
<p>Date of this SOP:</p>	