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**Statement of Purpose**

*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 for each service within an organisation. Please submit this form as part of your registration application or upon request by the Care Commission (if registration has transferred). You must inform the Care Commission of any changes to your Statement of Purpose within 28 days.*

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| 1. **Provider information**
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| **Name** | *This should be the name of the Registered Provider* |
| **Address of Provider** | *This should be the address for service of notices and other documents.* |
| **Legal status of service** | *Limited company, Public limited company, States of Jersey, Charity etc.* |

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| 1. **Service information**
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| **Service type** | Care Home (adults)  |[ ]   |
|  | Care Home (children/young people)  |[ ]   |
|  | Day Care  |[ ]   |
|  | Home Care |[ ]   |
| **Name of Service** |  |
| **Address of Service** |  |
| **Manager of the service** | *This should be the person who will manage the service on a day to day basis and will need to meet the requirements of a registered manager.* |
| **Location of the service** | *This should include where the service is located and a description of the area, community facilities and services available.**Home care services should list the areas they will provide the services e.g. island wide/eastern parishes etc.*  |

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| 1. **Categories of Care Provided**
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| Adult 60+  |[ ]  Substance misuse (drugs and/or alcohol) |[ ]
| Dementia care  |[ ]  Homelessness |[ ]
| Domestic Violence  |[ ]  Physical disability and/or sensory impairment |[ ]
| Learning disability |[ ]  Children and young people (0 to 18) |[ ]
| Autism |[ ]  Young adults (19 to 25) |[ ]
| Mental Health |[ ]  Other (please specify) |[ ]
| **Age ranges:** |  |
| **Types of Care** | Nursing care Personal care Personal support | [ ] [ ] [ ]  | *Refer to definitions in Regulation of Care (Jersey) Law 2014* |

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| **4a. Accommodation Services** |
| **Total number of beds** |  |
| **Total number of bedrooms** |  |
| **Number of nursing care beds** |  |
| **Number of personal care/support beds** |  |

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| **4b. Home care services** |
| **Size of home care service** | Small (less than 112 care hours per week)  |[ ]
|  | Medium (112-600 care hours per week)  |[ ]
|  | Medium plus (600-2250 care hours per week)  |[ ]
|  | Large (2250 + hours per week) |[ ]
| **Number of hours of care delivered** | Detail the average number of care hours delivered per week:Detail the maximum number of care hours the service can provide: |

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| **4c. Day Care Services** |
| **Maximum number of people using the service at one time** |  |

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| **5. Aims and objectives of the service** |
| *The philosophy or ethos of the service (where this is based upon a theoretical or therapeutic model, a description of that model).* |

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| **6. Range of Care Needs Supported** |
| *Describe the range of health or care needs the service will provide support for, including any specialist services.**Who is cared for?**What is the admission/commencement of care criteria?**What are the limits of care provision?* |

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| **7. How the service is provided** |
| **Commencing care/admissions, assessment, planning and review***Arrangements for managing planned/urgent/respite care**Arrangements for initial and ongoing assessment of care and support needs**How personal plans are developed and reviewed with the involvement of people and or their representative.* |
| **Care and support***How are people’s care needs met?**How are people involved in decisions about their care?**How does care provided protect, promote and maintain people’s independence, safety and welfare?**If providing a specialist service, what makes it a specialist service?**How are people supported to access education / learning / development?**How are people supported to participate in employment?**How are people supported to develop/maintain life skills?**How are people supported to maintain family and personal relationships?* |
| **Communication and involvement***How do you meet people’s communication needs?**What provisions do you make to ensure information is accessible?**How are people involved in their care decisions?* |
| **Rights and responsibilities***What rights/responsibilities do people have? How will rights be protected?**What rights/responsibilities do staff have? How will rights be protected?* |

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| **8. Staffing arrangements** |
| *This needs to detail how the staffing arrangements will meet people’s care needs and specialist services detailed above.* |
| **Numbers and qualifications of staff** | *Manager’s name and qualifications**Other senior staff and qualifications**Registered nurses/midwives/health visitors and any recordable qualifications**Staff with RQF/QCF L2/3 etc.**Other types of staff and their qualifications**Where specialist care is provided e.g. dementia, learning disabilities etc. you must demonstrate that staff have the appropriate qualifications, training and skills to provide it.**For home care providers, it may be useful to provide the total number of staff working average week / average weekly staff hours and the qualifications.*  |
| **Staff levels** | *Include staffing numbers that will be in place, day time, night time, weekends etc.**Identify number of registered nurses where appropriate and arrangements for skill mix.* |
| **Specialist staff** | *Number and details* |
| **Staff deployment** | *In accommodation services, detail how staff will be deployed across the environment i.e. on different floors/buildings* *Explain how dependency levels are factored into staffing arrangements.* |
| **Delegated tasks** | *Detail the governance arrangements to ensure any specialist/clinical tasks are delegated appropriately.* |
| **Other staff** | *Detail numbers of other staff i.e. activities coordinator, domestic staff, catering etc.* |
| **Staff training** | *Detail induction, statutory and mandatory training and any specialist training required to meet people’s care needs as detailed above.* |

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| **9. Services and facilities** |
| **Provision of food / drinks / snacks** | *Day care – detail whether food/drinks/snacks provided and range, food hygiene etc.**Home care – detail if there is meal preparation, food hygiene, etc.**Care homes – detail people’s access involvement/choices in meal prep/shopping meal services etc.* |
| **Activities** | *Range of activities, visits, transport, community involvement etc.* |
| **Specialist equipment** | *Detail equipment available* |
| **Communal areas***(Care homes/Day Care)* | *Number and type of communal spaces* |
| **Dining areas***(Care homes/Day Care)* | *Number* |
| **Access to outside space***(Care homes/Day Care)* | *Day Care, Care homes* |
| **Specialist bathing facilities***(Care homes/Day Care)* |  |
| **Number single occupancy bedrooms***(Care homes)* |  |
| **Number of shared rooms** *(Care homes)* | *Provide reason for offering shared accommodation i.e. only on short term basis for homelessness, parents with children or as part of a therapeutic/recovery programme.* |
| **Number of rooms with en suite facilities** |  |
| **Security arrangements***(Care homes/Day Care)* | *Detail use of CCTV, security arrangements*  |
| **Office/meeting rooms***(Home Care, Care homes/Day Care)* | *Safe records storage**Meeting with people using the service**Meetings with staff, interviews, training*  |

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| **10. Quality Assurance and Governance** |
| **Complaints and concerns** | *How people can raise complaints/concerns**Help for raising complaints**How complaints will be handled and reviewed* |
| **Organisational structure** | *Managerial structure, lines of accountability, delegation, responsibility* |
| **Service oversight** | *How the service will be monitored and reviewed – visits/reports – quality, safety, effectiveness etc.* |
| **Involvement** | *How people will be involved in reviewing the service and the way the service runs* |

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| **Date effective from:** |  |