



Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

GUIDANCE FOR PREPARING A STATEMENT OF PURPOSE

Guidance

This guidance should be read in conjunction with the Act, the Regulation of Care Regulations and Minimum Care Standards. It is the registered provider/manager's responsibility to ensure that the information within it complies with legislative requirements for a statement of purpose in Schedule 3 Part II (6) of Regulation of Care (Registration) Regulations.

This guidance may be used by all regulated adults and children's care services when compiling a statement of purpose and by inspectors when undertaking inspections.

(Please note paragraphs 6 (a), (b), (f), (g), (h) and (q) to (t) do not apply to registered childminders).

A statement of purpose

A statement of purpose is a legislative document which should be produced in a format reflecting the arrangements for the operation of the care service. It should be kept under regular review and used as a benchmark to ascertain the services provided. It should contain a short summary statement relevant to the individual care service which outlines the ethos and values that underpin the delivery of care, aims, purpose and intention of what the care service is planning to achieve. Each service's statement of purpose will differ in size depending on its complexity.

Below are the sections in bold type of Schedule 3 Part II (6) of the registration regulations that must be included in a statement of purpose. Attached to each is guidance on what should be included within the document.

Schedule 3 Part II

6 (a) the organisational structure of the care service: In this statement the information provided should include details of management and staffing structures, including the line management arrangements within individual facilities and organisations. For example in a home providing nursing this should include name of provider, nurse manager, nursing sister/charge nurse, etc. A flow chart can be used when documenting this information. Description of the structure should be clear about lines of accountability and reporting arrangements. The registered provider's name and business address telephone, fax, email, address of care service should be included.

6 (b) whether the service requires a manager to be registered: This is a requirement under section 14 of the Act: a person "**manages**" a care service if the person is directly or indirectly responsible for the day-to-day operation of the social care or non-NHS health care services provided at the care service.



Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan

6 (c) the relevant qualifications and experience of the registered provider and any registered manager: Details of relevant qualifications and experience of provider and manager.

6 (d) the number, relevant qualifications and experience of the staff working at the care service. The numbers, relevant qualifications and experience of each grade of staff (including child minder assistants) should be clearly explained. It is not necessary to provide the names and addresses of staff.

6 (e) the age range of service recipients that the care services intend to meet: Care services should be realistic about their capacity to meet various age ranges.

6 (f) the range of needs that the care service intends to meet: This should detail the type of service recipients that are able to be cared for with assurances about the numbers and competence of staff to meet their needs. Any additional services proposed or being provided should be included within this section. Limitations for admission to the care service should also be included.

6 (g) whether nursing is to be provided: Care homes that provide nursing must have the required numbers of 1st level nurses on duty, according to their previous staffing notice and include details of the nursing service provided.

6 (h) any criteria used for admission to the care service: including a statement which confirms how the care service manages planned and emergency admissions and that policies and procedures are in place for admission.

(6) (i) for residential care services, the numbers and sizes of the rooms in the home: A list which states the number and size of rooms should be included.

(6) (j) for residential care services, the arrangements made for service recipients to engage in social activities, hobbies or interests:

Provider/managers should provide information to service recipients regarding opportunities for their involvement in activities and leisure pursuits suitable to individual preference. Detail the arrangements and opportunities for the provision and co-ordination of activities to suit individual needs and wishes of patients and residents. Communal activities which are available should also be included. Details should include how service recipients are enabled and empowered to maintain community links and interests which they followed prior to moving to a care home. Arrangements for contact with family and friends should be detailed.

(6) (k) the arrangements made for consultation with service recipients and/or their representative about the quality of the care service: Each care service needs to introduce a system where service recipients are consulted in a meaningful way and their views taken account of about the quality of care provided



Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan

such as advocacy arrangements audits, satisfaction questionnaires and surveys, involvement in how the service is delivered, named nurse/key worker, etc.

(6) (l) the fire precautions and the associated emergency procedures at the care service: Each service must have clear written emergency procedures and precautions in the event of fire and ensure service recipients know what to do in the event of an emergency. This statement should detail the arrangements for training, fire safety, fire risk assessment and review.

(6) (m) the arrangements made for dealing with complaints about the service, including those made by staff members about quality of care and service recipient welfare issues: a procedure needs to be in place for dealing with complaints. The complaints procedure needs to be described. There should be arrangements for providing information on how this will be made available in a suitable format to service recipients, their representatives and any other relevant bodies, including access to those with learning disabilities, sensory impairment, ethnic minorities etc.

(6) (n) the procedures for the protection and safeguarding of children and vulnerable adults as appropriate: Each care service must have its own policy and procedures for the safeguarding of children and protection of vulnerable adults from abuse which should clearly explain actions to be taken by all staff in reporting concerns. It is recommended that each service have a "whistleblowers" policy and arrangements whereby staff members are encouraged to express concerns.

(6) (o) details of the arrangements for the storage and administration of medicines at the care service: policies and procedures need to be in place and routinely reviewed for the management and safe storage of medication.

(6) (p) details of the arrangements for meeting the service recipients' health needs: arrangements for access to a range of health care personnel including GPs, district nurses, dentists, local and hospital based health care services.

(6) (q) the arrangements for setting out a service recipient's plan of care and how that plan is reviewed: The regulations require service recipients to be consulted about care planning (where practicable), that they agree their own plan for care and treatment, and on a regular basis be involved in the review of their care. This statement should include the arrangements to consult with individuals regarding their care and treatment. It should also include arrangements for review of this care and treatment. When defining these arrangements consideration should be given to relevant guidance and a service recipient's ability to become fully involved.

(6) (r) details of any specific therapeutic techniques used at the care service and arrangements made for their supervision: Care providers/managers should record information on what therapeutic techniques are used, when and how, including the arrangements for supervision. This statement should include information on therapeutic techniques provided, for example the use of a multi-sensory room, specific



Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan

clinical interventions, lasers, etc. Ethical consideration and consent arrangements should be given when providing techniques or procedures, for example, Indian head massage/reflexology

(6) (s) the arrangements made for service recipients to engage in their chosen faith: This section is most likely to apply to care homes but should include how religious beliefs are to be respected and detail the arrangements to assist service recipients to maintain their religious beliefs, including what arrangements are available to facilitate service recipients who wish to take part in services or meetings at their local place of worship or within the service.

(6) (t) details of how the care service intends to respect privacy, dignity and promote independence and choice and, if these values are restricted either through judicial process or the service user's best interests, the arrangements in place to monitor and review such restrictions: Care services should ensure each service recipient is provided with privacy and treated with dignity and respect. This statement should include how the care service will adhere to the core care values - for example integrating privacy and dignity.

An example of privacy may include staff members knocking and waiting before entering a service recipient's room or bathroom. An example of dignity may include establishing a service recipient's preference to be addressed by their preferred name.

Date approved and arrangements for review

The date the statement of purpose became operational and is to be reviewed should be documented.