

## Statement of purpose

Health and Social Care Act 2008

### Hawkinge House

- Nursing Home
- Domiciliary Care Agency
- Nurses' Agency

Please read the guidance document *Statement of purpose: Guidance for providers* and also the notes at end of this template before completing it.

## Statement of purpose

Health and Social Care Act 2008

<b>Version</b>	001	<b>Date of review</b>	July 2011
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### Service provider

*Full name, business address, telephone number and email address of the registered provider:*

<b>Name</b>	Hawkinge House Limited
<b>Address line 1</b>	Hawkinge House
<b>Address line 2</b>	Hurricane Way
<b>Town/city</b>	Hawkinge
<b>County</b>	Kent
<b>Post code</b>	CT18 7SS
<b>Email</b>	<a href="mailto:manager@hawkingehouse.co.uk">manager@hawkingehouse.co.uk</a>
<b>Main telephone</b>	01303 890100

### ID numbers

*Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:*

<b>Service provider ID</b>	
<b>Registered manager ID</b>	

**Aims and objectives**

*What do you wish to achieve by providing regulated activities?*

*How will your service help the people who use your services?*

*Please use the numbered bullet points:*

Hawkinge House will aim to provide whole person care by addressing its residents' physical, emotional and spiritual needs and by promoting the importance of healthy relationships between God, themselves and others.

We place the rights of residents at the forefront of our philosophy of care.

We aim to provide a happy, secure environment and congenial surroundings for every resident.

We aim to ensure that each person is recognised as an individual and care and attention is provided to meet each specific physical and emotional need.

1. It is our objective that those residents who live at Hawkinge should do so with dignity, have the respect of those who support them and be entitled to live a full and active life, given the fundamental right to self-determination and individuality and to achieve their full potential. This is best achieved by sensitive recognition and nurturing of that potential in each individual and understanding that this may change with time. In order to ensure that this happens; each resident's care will be planned individually.

2. The care will not be institutionalized by the requirements of the staff. All human and basic rights are accorded to all residents in our care without discrimination.

3. Residents are encouraged to bring their own individuality to share with others and to pursue their own interests and relationships. Hobbies and leisure interests are encouraged and facilitated. Programmes of activities will be provided to encourage mental alertness, self-esteem, and social interaction with other residents.

4. In terms of risk assessment, those residents who are judged competent to judge risks themselves are free to make their own decisions as long as they do not threaten the safety of themselves or others.

5. Staff will respect personal rights and privacy, and will be responsive to individual needs. In support of our whole person care ethos, emotional and spiritual support is considered vital to the general well being of each resident.

6. The staff will be sensitive to the residents' ever-changing needs which may be medical / therapeutic (for physical and mental welfare), psychological, spiritual, emotional or social.

7. The service has been established with a quality-orientated approach to the business and a high degree of quality awareness is developed through all levels of staff training and management. The aim of these measures is to continually improve the quality of the service offered to our clients.

8. Within Hawkinge, we will adopt "Relationship Centred Care" as our principal approach to care provision. We seek to integrate this into all aspects of our operations, with the aim of building stronger relationships between people who will

use our services, staff, relatives, friends, etc. The objective being to ensure that the needs and how these are to be met will be clearly defined and the views and experiences are listened to and influence the way the service operates.

The concept of Relationship Centred Care takes the well established concept of Person Centred Care one step further with the recognition that to enable people who will use our services to be happy and fulfilled, we need to understand their past and present relationships with others. It is not just their relationships with staff that are important but also their relationships with family members and other care professionals.

In short, Relationship Centred Care reflects the importance of interactions among people and recognises that these provide the foundation of any therapeutic care activity.

**Legal status**

*Tick the relevant box and provide the information requested for the type of provider you are:*

Use

<b>Individual</b>	<input type="checkbox"/>
<b>Partnership</b>	<input type="checkbox"/>
<b>List the names of all partners</b>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol>
<b>Limited liability partnership registered as an organisation</b>	<input checked="" type="checkbox"/>
<b>Incorporated organisation</b>	<input type="checkbox"/>
<b>Company number</b>	07164419

<b>Are you a charity?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:
<b>Group structure (if applicable)</b>	Hawkinge House Limited is a 100% owned subsidiary of Graham Care Limited, which also owns five other homes <ol style="list-style-type: none"> <li>1. Hailsham House, Hailsham, East Sussex, BN27 4EW</li> <li>2. The Priory Residential Home, Pembury, Kent, TN2 4AY</li> <li>3. Cornford House, Pembury, Kent, TN2 4QS</li> <li>4. Rodwell Farm Nursing Home, Addlestone, Surrey, KT15 1HH</li> <li>5. Kettlewell House, Woking, Surrey, GU21 4HX</li> </ol>

**Please repeat the following table for each of your regulated activities<sup>1</sup>**

<b>Regulated activity 1</b> <i>As shown on your certificate of registration</i>	2. Personal Care
<b>Services</b> <i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i>	<p>We will provide personal care, as required as a part of our domiciliary care service, exclusively to residents of our care suites. The person may be visited at various times of the day or night or in some cases could be provided over a full 24 hour period.</p> <p>The suites offer residents their own homes on the ground floor and first floors of Hawkinge House. Each suite has its own front door with a letterbox and residents exercise complete control on who may enter their property. There is a choice of studio, one or two bedroom suites all with en-suite shower rooms. They all benefit from the secure entrance to the building.</p> <p>The suites are for people with a range of physical and mental health issues. Residents of the suites are encouraged to take part in the internal activities programme and to integrate into the Hawkinge House community as much as they wish. They have complete choice over which activities they wish to join. Also, they can</p>

	<p>have their meals served in their suites or they can enjoy the company of the other residents in their communal dining room.</p> <p>Residents can rent or buy their care suites. For those who decide to buy, there is a "buy back" agreement when they leave. A service charge takes care of bills such as gas electricity and property maintenance. All food is included as is personal laundry and cleaning of the suite.</p>
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<p><b>Regulated activity 2</b> <i>As shown on your certificate of registration</i></p>	<p>Accommodation for persons who require nursing or personal care</p>
<p><b>Services</b> <i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i></p>	<p>The accommodation on the second floor of the building will be used to provide high quality specialist nursing care for up to 30 people of working age with enduring mental health issues or early-onset dementias such as Lewy Body, Pick's or Korsakoff's disease.</p> <p>The unit is comfortable and modern and specialist staff will offer a caring and secure environment conducive to meeting residents' mental and physical needs. It is our intention to appoint RMNs or RGNS with mental health experience and a good proportion of care staff with NVQ levels 2/3. We will provide ongoing specialist training and development. We will also retain the services of a consultant psychiatrist to provide support to residents and staff.</p> <p>The focus of nursing in this activity being on the planning or delivery of treatment or care. Personal care is provided in line with the CQC guidance.</p> <p>Our assessment process will recognize the importance of ensuring prospective residents are compatible with others and that we can effectively meet their assessed needs.</p> <p>We draw on expert professional guidelines for the services the home provides. In pursuit of the</p>

	<p>best possible care we will do the following:</p> <ul style="list-style-type: none"> <li>• Produce with each resident and their representative, regularly update, and thoroughly implement a resident plan of care, based on as initial and then continuing assessment.</li> <li>• Seek to meet or arrange for appropriate professionals to meet the health care needs of each resident.</li> <li>• Establish and carry out careful procedures for the administration of residents' medicines.</li> <li>• Take steps to safeguard residents' privacy and dignity in all aspects of the delivery of health and personal care.</li> <li>• Treat with special care residents who are dying, and sensitively assist them and their relatives at the time of death.</li> </ul>
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<p><b>Regulated activity 3</b> <i>As shown on your certificate of registration</i></p>	3. Diagnostic and screening procedures
<p><b>Services</b> <i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i></p>	Our Qualified Nurses will take samples such as blood from the individual for the purpose of diagnosing disease, disorder or injury or monitoring its cause or extent.

<p><b>Regulated activity 4</b> <i>As shown on your certificate of registration</i></p>	4. Treatment of disease, disorder or injury
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<p><b>Services</b></p> <p><i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i></p>	<p>We will offer a treatment service related to disease, disorder or injury that is provided by our team of qualified nurses in conjunction with a multi-disciplinary team, i.e. GPs, Consultants and Specialist Nurses. We will not provide psychiatric treatment or therapies.</p> <p>The service will primarily for ongoing treatment for long-term conditions and those in need of palliative or end of life care.</p> <p>Where appropriate, care staff who are trained and considered competent can carry out certain minor treatments under our nursing team.</p> <p>The treatments we provide includes:</p> <ul style="list-style-type: none"> <li>• A diagnostic or screening procedure carried out for medical purposes.</li> <li>• The ongoing assessment of a service user's mental or physical state.</li> <li>• Nursing, personal and palliative care.</li> <li>• The giving of vaccinations and immunizations.</li> </ul>
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<p><b>Regulated activity 5</b></p> <p><i>As shown on your certificate of registration</i></p>	<p>5. Nursing Care</p>
<p><b>Services</b></p> <p><i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i></p>	<p>We will provide registered nursing care, as required, as a part of our domiciliary nursing care service to residents of our care suites on the ground and first floors of Hawkinge House. The person may be visited at various times of the day or night or in some cases could be provided over a full 24 hour period.</p> <p>Please see details under personal care.</p>

<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
<b>Location 1:</b>	
<b>Name of location</b>	Hawkinge House
<b>Address line 1</b>	Hurricane Way
<b>Address line 2</b>	Hawkinge
<b>Address line 3</b>	Folkstone
<b>Address line 4</b>	Kent
<b>Address line 5</b>	CT18 7SS
<b>Brief description of location<sup>2</sup></b>	<p>Hawkinge House is a brand new purpose built development set in the village of Hawkinge and close to the normal range of shops and services.</p> <p>It is easily accessed from the A20 in Kent.</p> <p>The development has a mix of care suites and nursing home accommodation. It is planned that there will be 60 care suites on the ground and first floors and 30 nursing beds on the second floor.</p> <p>The suites offer residents their own homes on the ground floor and first floors of Hawkinge House. Each suite has its own front door with a letterbox and residents exercise complete control on who may enter their property. There is a choice of studio, one or two bedroom suites all with en-suite shower rooms. They all benefit from the secure entrance to the building.</p> <p>All of the accommodation has en-suite facilities and state of the art bathing and facilities.</p>
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	<p>The first phase of the development will provide accommodation for 60 residents with significant care needs in studio, one and two bedroom suites which can be rented or bought outright. There will also be accommodation with nursing and personal care for 30 residents.</p>

<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b></p> <p><i>Full name, business address, telephone number and email address of each registered manager.</i></p> <p><i>For each registered manager, state which regulated activities and locations(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<b>Registered manager 1</b>
	<b>Full name: Alison Ruddock</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b> Full time at Hawkinge
	<b>Contact details:</b>
	Business address: Hawkinge House, Hurricane Way, Hawkinge, Folkestone, Kent CT18 7SS
	Telephone: 01303 890100 Email: <a href="mailto:alison@hawkingehouse.co.uk">alison@hawkingehouse.co.uk</a>
	<b>Locations: Hawkinge House</b>
	<b>Regulated activities:</b>
	1. Personal Care
	2. Accommodation for persons who require nursing or personal care.
	3. Diagnostic and screening procedures
	4. Treatment of disease, disorder or injury
	5. Nursing Care
	<b>Registered manager 2:</b>
	<b>Full name:</b>
<b>Proportion of time spent at each location:</b>	
<b>Contact details:</b>	
Business address:	
Telephone:	
Email:	

	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
4.		
<b>Service user band(s) at this location<sup>5</sup></b> Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
	Older people	<input checked="" type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input checked="" type="checkbox"/>
	Physical disability	<input checked="" type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input checked="" type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population	<input type="checkbox"/>
None of the above Please give details:	<input type="checkbox"/>	

## Notes:

**1. Regulated activity** – If you use a combined statement of purpose, repeat the information for each of the regulated activities for which you are registered. You can do this by copying and pasting the whole regulated activity table.

**2. Locations** – For each location registered for a particular regulated activity (including your headquarters), please provide a brief description, including whether the services at that location are specifically adapted or suitable for people with particular needs or where you can meet requirements for special facilities or staffing. You can do this by copying and pasting the relevant lines for each location. You may also give details around 'listed buildings', shared occupancy, and special facilities (for example hydrotherapy pools).

**3. Overnight beds** – If the location provides overnight beds, please state the number.

**4. Registered manager(s)** – Where the regulated activity is managed by a registered manager(s), please enter his or her full name, contact address (if different from the location address), telephone number and email address. Please state how much time is spent managing the regulated activities where more than one manager is in post for each location. This may be in days or hours. Where the regulated activity has no separate manager but is managed directly by the provider, leave the box empty.

**5. Service user band(s)** – Tick all the boxes that describe the service user needs or groups of people who use your service.