



GUIDANCE FOR DEVELOPING A STATEMENT OF PURPOSE

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Background

On 1 April 2005 The Nursing Homes Regulations (Northern Ireland) 2005 and The Residential Care Homes Regulations (Northern Ireland) 2005 came into effect with a legislative requirement for all nursing and residential care homes to produce a written statement of purpose.

What is meant by a statement of purpose

A statement of purpose is a legislative document which should be produced in a succinct format reflecting the arrangements in place for the operation of the facility or organisation. It should be kept under regular review and will be used as a benchmark to ascertain the services provided.

Guidance

The guidance should be read in conjunction with the legislation relevant for your facility or organisation, and the DHSS&PS Minimum Standards for Nursing and Residential Care Homes.

It is the registered person's responsibility to ensure that the information included complies with legislative requirements for a statement of purpose as referenced in Regulation 3 and Schedule 1 of both The Nursing Homes Regulations (Northern Ireland) 2005 and The Residential Care Homes Regulations (Northern Ireland) 2005.

This guidance is an aid which may be used by both nursing and residential care homes when compiling a statement of purpose.

Explanatory notes and a sample format to assist you are attached.

NAME AND ADDRESS OF HOME

STATEMENT OF PURPOSE

Telephone:

Fax:

Email:

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INTRODUCTION

A short summary statement paragraph giving information about the facility/organisation and the service it provides.

1.0 Registered provider

This is the name of the person who is registered as a person carrying on an establishment or agency.

The Registered Provider is:

Name:

Business Address:

Relevant Qualifications and Experience:

2.0 Registered manager

This is the name of the manager registered with the Regulation and Quality Improvement Authority (or in the event of manager being proposed for registration).

The Registered Manager of facility/organisation is:

Name:

Address of Establishment or Agency:

3.0 Number and relevant qualifications and experience of staff

By numbers and qualifications of staff we mean the numbers, relevant qualifications and experience of each grade of staff.

You are not required to provide the names and addresses of staff.

4.0 Philosophy of care

A short summary statement relevant to the individual home which outlines the ethos and values that underpin the delivery of care in your facility or organisation.

Aims of the facility

The aim is the purpose and intention of what your facility or organisation is planning to achieve.

Objectives of the facility

The objectives are the essential steps to be taken by the facility or organisation to achieve their aim.

5.0 Status and constitution of homes

The following are examples of definitions or status and constitution of homes:

Statutory

This is a nursing or residential care home operated by a Health and Social Care Trust (Name of Trust) and registered under Article 8 (1) of the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

Or

Voluntary

This is a nursing or residential care home owned by a voluntary organisation (name of organisation) and registered under Article 8 (1) of the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

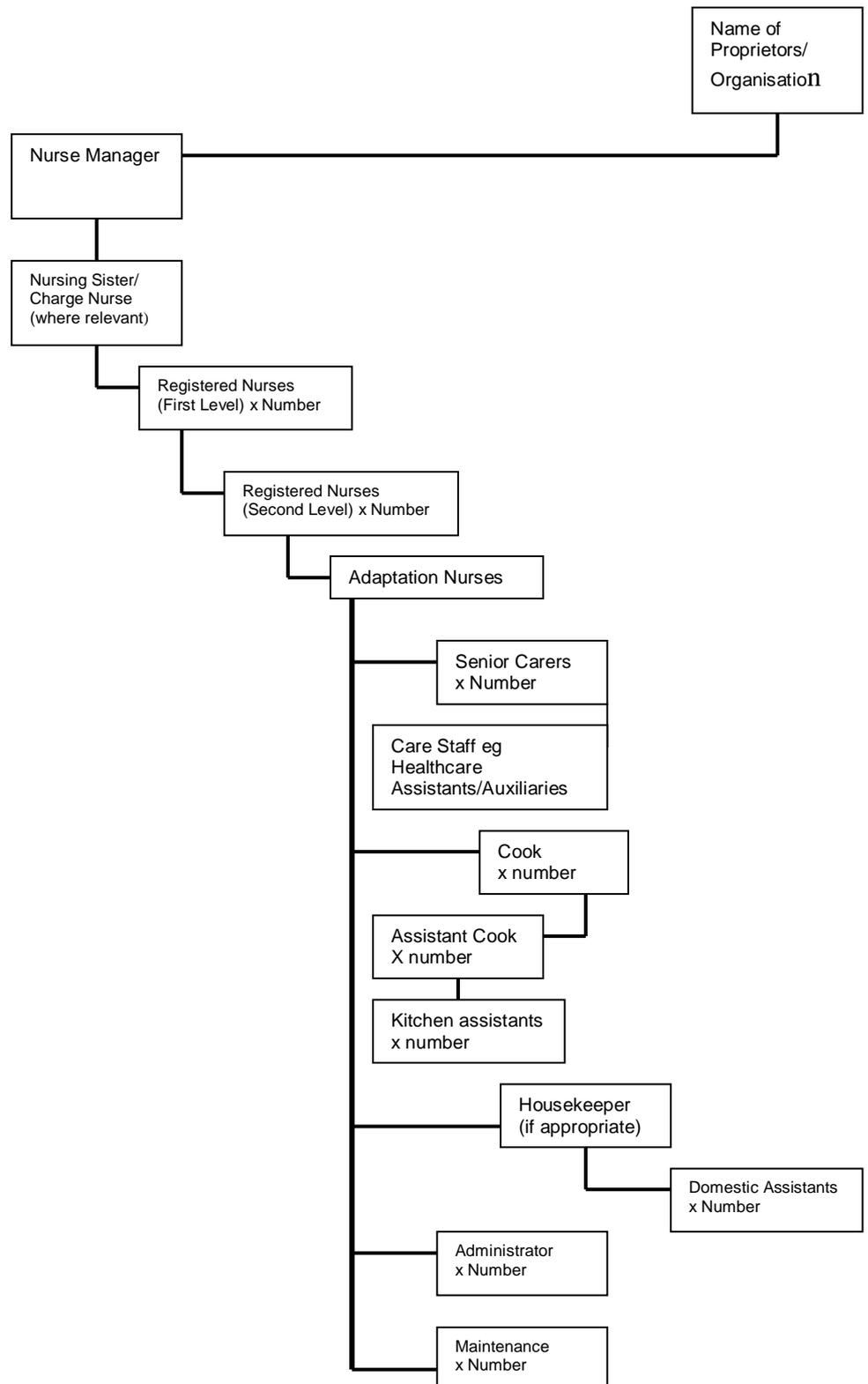
or

Private

This is a nursing or residential care home owned privately (name of owners) and may be where appropriate managed by (name of organisation) and registered under Article 8 (1) of the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

6.0 Organisational structure of the facility

In this statement the information provided should include details of management and staffing structures, including the line management arrangements within individual facilities and organisations. You may wish to use a flow chart when documenting this information. For example in a nursing home this should include:



7.0 Number of patients/residents to be accommodated or provided with services

This is the total number of places registered by the Regulation and Quality Improvement Authority (RQIA).

NB: In the event of a new facility it would be the number for whom they are proposing to provide services.

8.0 The range of needs (categories of care) that the facility or organisation is intended to meet and the number in each category

This should detail the categories of care the facility or organisation is currently registered for or in the event of a facility requesting registration proposing to provide.

The numbers for each category require to specified.

Any additional services proposed or being provided should be included within this information.

Limitations for admission to the facility or organisation should also be included.

Further information regarding registration categories can be obtained from the Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005.

9.0 Admission criteria including the home's policies and procedures (if any) for emergency admissions

Planned admissions

- This is a statement which outlines how the facility or organisation manages planned admissions to their premises. Any restrictions being imposed should also be included.

Emergency admissions

- This is a statement which outlines how the facility manages emergency admissions to their premises.

For both types of admissions you should include the following information:

- How referral is managed and processed
- The referral information provided to the facility prior to or on admission
- The timescale whereby receipt of any information pertaining to the needs of the patient or resident is obtained (emergency admission only)

- A timescale whereby the relevant Health and Social Care Trust or placing agency reviews the patient or resident's placement following admission. (For example, no later than two working days of admission).

10.0 Arrangements for patients/residents to engage in social activities, hobbies and leisure interests

The Nursing Homes and Residential Care Homes Regulations require the registered person to provide information to patients and residents 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 patients/residents are enabled and empowered to maintain community links and interests which they followed prior to moving to a home.

The arrangements for contact with family and friends should be detailed.

11.0 Arrangements in place for consultation with patients/residents about the operation of the home

The regulations require that patients/residents should be offered opportunities to be involved in the running of the home or facility in which they live.

This section should detail the arrangements in place to assist patients/residents to voice their views, and include arrangements for empowering patients/residents.

Examples may include:

- Discussion with named nurse/key worker
- Formal and informal discussions with manager
- Patients'/residents' meetings/committees
- Patients'/residents' questionnaires/satisfaction surveys
- Inviting patients'/residents' to make comments or suggestions
- Advocacy arrangements
- Care management review meetings

12.0 Fire precautions and associated emergency procedures

This statement should detail the arrangements for fire safety, fire risk assessment and review as detailed in Regulations 27 (4)(a), (b), (c), (d), (e), (f) of the Nursing Homes and Residential Care Homes Regulations.

13.0 Arrangements in place for meeting patients'/residents' spiritual needs/attendance at religious services of their choice

The regulations require that the registered person provides information for patients/residents living in a home or facility on the opportunities available to have their spiritual needs met.

This section should include how religious beliefs are to be respected and detail the arrangements to assist patients/residents to maintain their religious beliefs, including what arrangements are available to facilitate patients or residents who wish to take part in services or meetings at their local place of worship and in the home.

14.0 Arrangements in place for social contact with relatives/friends/representatives/local community where practicable

The regulations require the registered person to provide information to patients/residents living in a home or facility on opportunities to have/maintain contact or communicate with their families or friends.

This section should detail the arrangements in place to ensure patients/residents have access to relatives, friends and other visitors they may wish to see and include information on any restrictions which may be imposed.

15.0 The arrangements for dealing with complaints

The regulations require a procedure to be in place for dealing with complaints.

In this section you should detail the complaints procedure and provide information on how this will be made available in a suitable format to patients, residents, their representatives and any other relevant bodies. Include how this information will be accessible to patients/residents with learning disabilities, sensory impairment, ethnic minorities etc.

16.0 The arrangements made for dealing with reviews of the patient's/resident's care plan

The regulations require opportunities to be created for each patient or resident to be involved in, where practicable, and that the patient or resident 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 your facility or organisation has in place to consult with individual patients/residents 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 issued by the Department of Health, Social Services and Public Safety pertaining to consent to care and treatment.

17.0 The number and size of rooms in the home

A list which states the number and size of rooms should be included.

This information should be obtained from the current schedule of accommodation.

18.0 Details of any specific techniques used in the home and arrangements made for their supervision

The legislation requires each facility or organisation providing therapeutic techniques to record information on what therapeutic technique is used and when and how it is used, including the arrangements for supervision.

This statement should include information on therapeutic techniques provided, for example the use of a multi-sensory room.

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

19.0 The arrangements made for respecting privacy and dignity of patients/residents

Registered facilities should ensure each patient or resident is provided with privacy and treated with dignity and respect.

This statement should include how the facility or organisation will adhere to the core care values - for example integrating privacy and dignity.

An example of privacy may include:

Staff will knock and wait before entering the patient's or resident's room.

An example of dignity may include:

A patient's/resident's preference to be addressed by their preferred name.

20.0 Date approved and implemented

The date the statement of purpose became operational and was implemented by the facility or organisation should be recorded. The date the statement was ratified by the organisation or registered person should be included.

21.0 Dates of review and record of changes made

The date the statement of purpose is reviewed should be documented and copies of any changes made submitted to the Regulation and Quality and Quality Improvement Authority