

# **Statement of purpose**

Health and Social Care Act 2008

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>	1	<b>Date of next review</b>	October 2011
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### Service provider

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

<b>Name</b>	Wordsworth House Care Home
<b>Address line 1</b>	Belle Vue Road
<b>Address line 2</b>	
<b>Town/city</b>	Swanage
<b>County</b>	Dorset
<b>Post code</b>	BH19 2HR
<b>Email</b>	<a href="mailto:info@wordsworth-house.co.uk">info@wordsworth-house.co.uk</a>
<b>Main telephone</b>	01929 423614

### 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>	TBC

### 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:*

1. Wordsworth House aims to provide excellent Care for both residential and Nursing clients, offering a comfortable 'homely' environment with assistance available for residents at whatever level their needs dictate.

2. Through our individualised care planning system we aim to offer residents the highest possible standard of care and enable them to make choices which affect their daily lives. Amongst other things this includes the time they want to get up/go to bed. Where and what they want to eat. How and when they want to bath, shower, wash and dress. Residents are encouraged to make their own choices and maintain their independence. We ensure that privacy, dignity and confidentiality is respected at all times.
3. Wordsworth House prides itself on the care delivered to the residents who stay with us, by having robust recruitment procedures we are able to recruit the most suitable staff for the demographic of resident we have and by offering suitable ongoing training to maintain and develop this professional development.
4. We have 2 activities Co-ordinators producing and delivering a structured and balanced activities programme for our residents, providing both additional mental stimulus and complimenting the nursing care delivered to provide an increased quality of life for our residents during their stay with us.
5. We aim to deliver a nutritional and balanced diet for our residents, which is both appetising and tailored to their individual needs and expectations, we do this by employing 2 professional chefs who produce all our meals in house, their food safety training is updated regularly in accordance with Environmental Health Guidance and we have close links with the Primary Care trust dietetics department in order to keep abreast of developments in best practice for nutrition in health care.
- 6.
- 7.

**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>	1. 2. 3. 4. 5. 6.

Limited liability partnership registered as an organisation	<input checked="" type="checkbox"/> Managing director – Jan Weekes
Incorporated organisation	<input type="checkbox"/>
Company number	4906307
Are you a charity?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:
Group structure (if applicable)	

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>	Care Home (CRH)
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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>Care Home with Nursing.</p>
<p><b>Locations</b></p> <p><i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p>	
<p><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>Wordsworth House Care Home</p>
<p><b>Address line 1</b></p>	<p>Belle Vue Road</p>
<p><b>Address line 2</b></p>	<p>Swanage</p>
<p><b>Address line 3</b></p>	<p>Dorset</p>
<p><b>Address line 4</b></p>	<p>BH19 2HR</p>
<p><b>Address line 5</b></p>	

<p><b>Brief description of location<sup>2</sup></b></p>	<p>All of our rooms have ensuite facilities and are single occupancy. We do have a three larger rooms which can accommodate those persons who wish to share.</p> <p>We encourage residents to bring personal items with them to make their rooms more homely.</p> <p>Each of the residents' individual rooms has a toilet and sink facilities. All rooms have windows, many with views of the hills or the sea. There are two bathrooms on the first floor, one bathroom and shower room on the second floor and one bathroom on the ground floor.</p> <p>The ground floor has toilet facilities.</p> <p>The home has a large drawing room on the ground floor, with access to the gardens, for residents and their relatives and friends to use for parties or functions.</p> <p>The ground floor also has a large dining room and attached garden room, with access to the garden. There is a television in the garden room should residents wish to use it. This room is sufficiently large enough for residents to sit and read or have group activities.</p> <p>We have a large well maintained garden, is accessible by wheelchair, and has several patio areas and a large gazebo, which is also accessible by wheelchair.</p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	<p>51</p>
<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b> <i>Full name, business address,</i></p>	<p><b>Registered manager 1</b></p> <p><b>Full name: Ms. Kellie Weekes</b> <b>(acting reg mgr)</b></p>

<p><i>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>	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p> <p>100%</p>
	<p><b>Contact details: Wordsworth House Care Home</b></p>
	<p>Business address:</p> <p>Belle Vue Road, Swanage Dorset BH19 2HR</p>
	<p>Telephone: 01929 423614 ext 209</p>
	<p>Email: <a href="mailto:regmgr@wordsworth-house.co.uk">regmgr@wordsworth-house.co.uk</a></p>
	<p><b>Locations:</b></p> <p>Wordsworth House Care Home</p>
	<p><b>Regulated activities:</b></p>
	<p>1. Care Home with Nursing (N)</p>
	<p>2.</p>
	<p>3.</p>
	<p>4.</p>
	<p><b>Registered manager 2:</b></p>
	<p><b>Full name: N/A</b></p>
	<p><b>Proportion of time spent at each location:</b></p>
	<p><b>Contact details:</b></p>
<p>Business address:</p>	
<p>Telephone:</p>	

	Email:	
	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
	4.	
<b>Service user band(s) at this location<sup>5</sup></b> <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
	Older people	<input checked="" type="checkbox"/>
	Younger adults	<input 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 type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input 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"/>
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***Should you have any questions or concerns please do not hesitate to speak to the registered manager of a member of the management team. However if you feel they are unable to assist you, Dorset County Council's Complaints Manager may be contacted on the following address;***

Dorset County Council Complaints Manager.  
 Adult and Community Services  
 Dorset County Council  
 County Hall  
 Colliton Park  
 Dorchester  
 Dorset  
 DT1 1XJ

**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.