

Statement of purpose

Health and Social Care Act 2008

WYNGATE RESIDENTIAL HOME

ALFORD ROAD
MABLETHORPE
LINCOLNSHIRE
LN12 1PX

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

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Version	1.00	Date of next review	JUNE 2012
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Service provider

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

Name	HABILIS OPERATIONS LTD.
Address line 1	WYNGATE RESIDENTIAL HOME
Address line 2	ALFORD ROAD
Town/city	MABLETHORPE
County	LINCOLNSHIRE
Post code	LN12 1PX
Email	louise@habiliscare.co.uk
Main telephone	01507 477531

ID numbers

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

Service provider ID	1-221420959
Registered manager ID	1-96928574

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. To ensure that all services are delivered flexibly, attentively and in a non-discriminatory fashion, whilst respecting each service user's right to independence, privacy, dignity and choice.

<p>2. To ensure that each service user's values and needs are respected in matters of religion, culture, race or ethnic origin, marital status, parenthood, disabilities and impairments, age, gender, and sexual orientation.</p>
<p>3. To ensure that each service user's values and needs are respected in matters of religion, culture, race or ethnic origin, marital status, parenthood, disabilities and impairments, age, gender, and sexual orientation.</p>
<p>4. To manage and implement a formal programme of staff recruitment, training, personal development and allocation, thus enabling service user's needs and wishes to be met effectively.</p>
<p>5. . To manage the support service efficiently and effectively by making the best use of resources, and to maximise good value for both the purchaser and the service user.</p>
<p>6. . To match each support worker as closely as possible to the service user's personality, needs and preference.</p>
<p>7. . To ensure that each service user is assessed at the time he/she is referred to us, and that a comprehensive support plan is devised, agreed and set in place before any services are delivered.</p>
<p>8. To undertake a Risk Assessment of the Environment and Health and Safety hazards within the service user's home to ensure that any hazards are reported to the service user and the purchaser. This will help ensure any hazards are rectified and managed effectively.</p>
<p>9. To ensure that all service users are provided with written information on the organisation's procedure for handling complaints, comments and compliments, and how to use it. This is done in the form of a service user guide and is offered in various format</p>

Legal status <i>Tick the relevant box and provide the information requested for the type of provider you are:</i> Use <input checked="" type="checkbox"/>	
Individual	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
List the names of all partners	1. 2. 3. 4. 5. 6.
Limited liability partnership registered as an organisation	<input type="checkbox"/>
Incorporated organisation	<input checked="" type="checkbox"/>
Company number	07685214
Are you a charity?	<input type="checkbox"/> No <input type="checkbox"/> Yes Charity number:
Group structure (if applicable)	

Please repeat the following table for each of your regulated activities¹

Regulated activities <i>As shown on your certificate of registration</i>	1. Accommodation for persons who require nursing or personal care 2. Treatment of disease, disorder or injury
Services <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>	Care home without nursing
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1:	
Name of location	WYNGATE RESIDENTIAL HOME
Address line 1	ALFORD ROAD
Address line 2	MABLETHORPE
Address line 3	LINCOLNSHIRE
Address line 4	LN12 1PX
Address line 5	
Brief description of location²	Wyngate is a purpose built, single storey, ground floor accommodation providing personal care, both long/short term, respite and day care services for up to 26 residents.
No of approved places/beds (not NHS)³	26

<p>Name and contact details of registered manager(s) (if applicable)⁴</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>	Registered manager 1
	Full name: EMILY ANNE GRANT
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Business address: WYNGATE RESIDENTIAL HOME ALFORD ROAD MABLETHORPE LINCOLNSHIRE LN12 1PX
	Telephone: 01507 477531
	Email: louise@habiliscare.co.uk
	Locations:
	Regulated activities:
	1.
	2.
	3.
	4.
	Registered manager 2:
Full name:	
Proportion of time spent at each location:	
Contact details:	

	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
Service user band(s) at this location⁵ <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 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.