

## Statement of purpose

Health and Social Care Act 2008

### Cornford 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> | 002 | <b>Date of review</b> | 7 <sup>th</sup> October 2011 |
|----------------|-----|-----------------------|------------------------------|

### Service provider

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

|                       |  |
|-----------------------|--|
| <b>Name</b>           | Cornford House Limited   |
| <b>Address line 1</b> | Cornford Lane  |
| <b>Address line 2</b> | Pembury  |
| <b>Town/city</b>      | Tunbridge Wells  |
| <b>County</b>         | Kent   |
| <b>Post code</b>      | TN2 4QS  |
| <b>Email</b>          | <a href="mailto:manager@cornfordhouse.co.uk">manager@cornfordhouse.co.uk</a> |
| <b>Main telephone</b> | 01892 820100   |

### 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>   | 1-101694250 |
| <b>Registered manager ID</b> | 1-258951994 |

**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. Cornford House aims 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.
2. It is our objective that those residents who live at Cornford House 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.
3. The care is not be institutionalized by the requirements of the staff. All human and basic rights are to be accorded to all residents in our care without discrimination.
4. 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.
5. 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.
6. Staff are to respect personal rights and privacy, and are to 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.
7. The staff are to be sensitive to the residents' ever-changing needs which may be medical / therapeutic (for physical and mental welfare), psychological, spiritual, emotional or social.
8. 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.

9. Within Cornford House, we have adopted "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

**Individual**

**Partnership**

**List the names of all partners**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Limited liability partnership registered as an organisation**

**Incorporated organisation**

|  |   |
|--|---|
| <b>Company number</b>                  | 04301694  |
| <b>Are you a charity?</b>              | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br>Charity number:   |
| <b>Group structure (if applicable)</b> | <p>Cornford House Limited is a 100% owned subsidiary of Graham Care Limited, which also owns five other homes</p> <ol style="list-style-type: none"> <li>1. Rodwell Farm Nursing Home, Row Town, Addlestone, Surrey, KT15 1HH</li> <li>2. The Priory Residential Home, Romford Road, Pembury, Tunbridge Wells, Kent, TN2 4AY</li> <li>3. Hailsham House, New Road, Hellingly, Hailsham, East Sussex, BN27 4EW</li> <li>4. Kettlewell House, Chobham Road, Woking, Surrey, GU21 4HX</li> <li>5. Hawkinge House, Hurricane Way, Hawkinge, Folkestone, Kent, CT18 7SS</li> </ol> |

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

|   |  |
|---|--|
| <b>Regulated activity 1</b><br><i>As shown on your certificate of registration</i>  | Personal Care  |
| <b>Services</b><br><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> | We provide personal care, as required as a part of our domiciliary care service, exclusively to the tenants of our care suites who chose to buy their personal care from us. The tenant 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><b>Regulated activity 2</b><br/><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><br/><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>Cornford House can provide accommodation together with personal and nursing care for a maximum of 70 people with physical frailty and/or dementia.</p> <p>Our assessment process recognizes the importance of prospective residents being socially compatible with others and that we can effectively meet their assessed needs.</p> <p>In line with the Mental Capacity Act deprivation of liberty safeguards, we seek to ensure that all our nursing home residents and advocates are confident that:</p> <ul style="list-style-type: none"> <li>• Our staff are aware of our duties and responsibilities under the deprivation of liberty safeguards.</li> <li>• The residents' human rights are respected and their liberty is only deprived when: <ul style="list-style-type: none"> <li>○ It is in their best interests, and</li> <li>○ There are no other less restrictive ways of keeping them safe and well and giving them the care and/or treatment they need.</li> </ul> </li> </ul> <p>In pursuit of the best possible care outcomes, we:</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</li> </ul> |

|  |  |
|--|--|
|  | <p>their relatives at the time of death.</p> |
|--|--|

|   |  |
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| <p><b>Regulated activity 3</b><br/><i>As shown on your certificate of registration</i></p>  | <p>Diagnostic and screening procedures</p>   |
| <p><b>Services</b><br/><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>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> |

|   |  |
|---|--|
| <p><b>Regulated activity 4</b><br/><i>As shown on your certificate of registration</i></p>  | <p>Treatment of disease, disorder or injury</p>  |
| <p><b>Services</b><br/><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 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 do not provide psychiatric treatment or therapies.</p> <p>The service is primarily for ongoing treatment of 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> |
|--|--|

|   |   |
|---|---|
| <b>Regulated activity 5</b><br><i>As shown on your certificate of registration</i>  | Nursing Care  |
| <b>Services</b><br><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 provide registered nursing care, as required, as a part of our domiciliary nursing care service to tenants of our care suites in Cornford 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>   | Cornford House   |
| <b>Address line 1</b>   | Cornford Lane  |
| <b>Address line 2</b>   | Pembury  |
| <b>Address line 3</b>   | Tunbridge Wells  |
| <b>Address line 4</b>   | Kent   |
| <b>Address line 5</b>   | TN2 4QS  |
| <b>Brief description of location<sup>2</sup></b>  | <p>Cornford House is a purpose built development in a rural setting on the edge of Pembury.</p> <p>It is easily accessed from the main A21.</p> <p>The home has both care suites and nursing home bedrooms, which 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>   | 70   |

|  |   |
|--|---|
| <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:</b> Mrs Ann Howe  |
|  | <b>Proportion of working time spent at each location (for job share posts only):</b><br>Full time at Cornford   |
|  | <b>Contact details:</b><br>Business address: Cornford House, Cornford Lane, Pembury, Tunbridge Wells, Kent, TN2 4QS<br>Telephone: 01892 820591<br>Email: <a href="mailto:ann@cornfordhouse.co.uk">ann@cornfordhouse.co.uk</a> |
|  | <b>Location: Cornford 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><br>Business address:<br><br>Telephone:<br><br>Email:   |   |

|  |   |                                     |
|--|---|-------------------------------------|
|  | <b>Locations:</b>                                   |                                     |
|  | <b>Regulated activities:</b>                        |                                     |
|  | 1.  |                                     |
|  | 2.  |                                     |
| <b>Service user band(s) at this location<sup>5</sup></b><br><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 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 type="checkbox"/>            |
|  | Physical disability                                 | <input checked="" type="checkbox"/> |
|  | Sensory impairment                                  | <input checked="" 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<br>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.