<table>
<thead>
<tr>
<th>Version 1: November 2013</th>
<th>First draft published</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 2: October 2014</td>
<td>References to Regulations updated in line with legislation change.</td>
</tr>
</tbody>
</table>
Table of Contents

1. What is a Statement of Purpose? ................................................................. 4
2. Availability of Statement of Purpose .......................................................... 4
3. Making changes to the Statement of Purpose - for all designated centres ....... 5
4. Making changes to the Statement of Purpose – for designated centres for older people specifically ......................................................................................... 5
5. Note on the Template .................................................................................... 5
6. References ........................................................................................................ 6
Statement of Purpose ......................................................................................... 7

Subject | Statement of Purpose
---|---
Audience | Service Providers

| Standards and Regulations relevant to this guidance include |
|---|---|---|
| Standard | No. | Regulation |
| National Quality Standards for Residential Care Settings for Older People in Ireland | 28 | Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 |
| National Standards for Residential Services for Children and Adults with Disabilities | 5.3 | Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 |

This guidance contains explanations of concepts, illustrative examples and templates that may assist in meeting regulations and implementing standards. There may be other requirements relevant to particular services that are not addressed in this guidance. It is for service providers to identify the regulations, standards and best available evidence relevant to their service. This guidance is current at the time of printing. Please check www.hiqa.ie for the latest version of this guidance.
1. What is a Statement of Purpose?

The Statement of Purpose is a document that describes the purpose and function of a designated centre. It helps to ensure that people who use the service, families and all stakeholders have a common understanding of the nature of the service, and anyone reading it should be easily able to understand and identify the service provided.

The Statement of Purpose sets out the scope and limits of operation of a designated centre and the provider must at all times operate the centre strictly in accordance with the statement.

The Statement of Purpose should be a short, succinct document that provides all information required by regulations but does not contain extraneous detail. The elements required in the statement are described in the template at the end of this guidance.

The regulations set under the Health Act 2007 (as amended) that require providers to compile a written Statement of Purpose for designated centres are as follows:

- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended)
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Some requirements in relation to the statement purpose for designated centres for older people and those for designated centres for persons (children and adults) with disabilities differ, for instance in the need for older person’s services to notify the Chief Inspector of changes in the statement, as described below.

2. Availability of Statement of Purpose

A copy of the Statement of Purpose for each centre is to be provided to the Chief Inspector of the Authority and to residents on request. A summary of the Statement of Purpose should be included in the residents’ guide.

Service providers should also make their Statement of Purpose publicly available and widely accessible. Where service providers have identified that it would be useful to residents, potential future residents or their families, they may also make the Statement of Purpose available through different media, for example, on their website or in leaflets in different languages and accessible formats.
It is good practice for service providers to take into account the communication needs of people using their services, including residents, prospective residents, their families and/or representatives, when choosing what formats to make their Statement of Purpose available in.

3. Making changes to the Statement of Purpose - for all designated centres

Governance arrangements in place in all designated centres for older people, and for children and adults with disabilities, should ensure that service providers periodically review the services they provide and take any necessary action to ensure they continue to deliver services in accordance with the statement of purpose.

4. Making changes to the Statement of Purpose – for designated centres for older people specifically

The registered provider of a residential care service for older people shall notify the Chief Inspector in writing before changes can be made to the Statement of Purpose which affect the purpose and function of the designated centre. If the Chief Inspector, having considered the suggested changes, forms the view that the proposed changes are acceptable, the Chief Inspector will advise the registered provider of this. If the Chief Inspector believes that the proposed changes would adversely affect the service user, then the Chief Inspector will so advise the registered provider. Where there are significant risks identified to the health and welfare of residents, this may include action up to and including cancellation of the registration of the designated centre for residential care for older people, pursuant to the Health Act 2007 (as amended).

5. Note on the template

A Statement of Purpose template is given below. Service providers do not have to use the Authority’s template, but if they use another format, they should ensure that it complies with all relevant regulations and standards.

Service providers are free to add to, expand or adapt this template to suit their service but they should ensure all information required by the regulations and standards is included in their succinct Statement of Purpose.
Items are numbered in the template according to the schedule given in the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Items marked * in the template are required by regulations for designated centres for older people.

Items marked ¥ in the template are required by regulations for designated centres for children and adults with disabilities.

Items marked † in the template are features of a service compliant with national standards.

6. References


Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). Dublin: The Stationery Office; 2009.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Dublin: The Stationery Office; 2009.

Health Information and Quality Authority. National Quality Standards for Residential Care Settings for older People in Ireland. Dublin: Health Information and Quality Authority; 2009.

Health Information and Quality Authority. National Standards for Residential Services for Children and Adults with Disabilities. Dublin: Health Information and Quality Authority; 2013.
Statement of Purpose

Name of centre: *

Address of centre: *

Telephone number of centre: *

Fax number of centre:

e-mail address of centre:

website of centre:

Revision number:
Aim*: Aims are the overall outcome that the centre wants to achieve and are usually expressed in general terms. Example: “To provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and wellbeing of service users.”

Objectives*: Objectives are the specific outcomes a resident can expect. Example: “To provide a high standard of care in accordance with evidence based best practice; to provide a living environment that as far as possible replicates residents’ previous life-style; to ensure that residents live in a comfortable, clean and safe environment.”

Ethos*: Ethos is the distinguishing character, moral nature, or guiding beliefs of a person, group, or institution. For example, if a centre was founded by a religious group and is committed to the moral principles of that group, then these principles are stated briefly here. Practices that are directly determined by the residential care setting’s ethos are also stated here, for instance observance of the Sabbath.
The facilities which are to be provided by the registered provider to meet care and support needs. ✓

A description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function. ✓

The number and size of bedrooms in the designated centre.*

The layout of the centre is described, preferably using a floor plan. Where there are several separate buildings used by residents, they are all included, together with a description/map of their locations. Distinguish between areas of the building/campus that are part of the designated centre and areas that are excluded from it.

Any specialised facilities are described here, for instance, support for specific conditions.

The number and size of bedrooms may be presented in the form of a table. Include the number of residents each room is to accommodate.

This section also describes what units or care areas facilities are available in. For example, “St Bridget’s provides long-stay high support residential care for 20 female residents only.”

The services which are to be provided or facilitated by the registered provider to meet care and support needs. ✓

This includes services provided on site, and services provided off-site, with details of how those off-site services are accessed.

Services include, for instance, long-stay, rehabilitation, respite and day services.

Specify when services are provided, e.g. “24-hour 7 day” or “8am-4pm weekdays.”

Specific therapies are included under a separate heading, below.
Registered Provider

Name:*¥

Principal Address:*¥

Principal Telephone number:*¥

Current professional registration, relevant qualifications and experience*:

Alternative Telephone Number:

Fax number:

E-mail address:

The registered provider is the person ‘carrying on the business’ of the centre. For the meaning of Section 46 of the Health Act 2007, the ‘person’ is not necessarily an individual, but rather a legal entity. It may be an individual (a ‘natural person’), a partnership, a company, an unincorporated body or a body established under the Health Acts 1947-2008 or the Health (Corporate Bodies) Act 1961.

The provider’s address refers to, if it is a sole trader, his/her address for business correspondence, or, in the case of a company, the registered address of the company.
The Person in Charge
Name:*¥

Address for correspondence (if different from the centre’s address):

If the person in charge is responsible for more than one designated centre, this is stated here and the address for correspondence for the person in charge is given. In such cases the arrangements and experienced person responsible for the day-to-day management of the centre, when the person in charge is not present in the centre, is clearly outlined.

Principal Telephone number:*¥

Current professional registration, relevant qualifications and experience:*

Where the person in charge is required to maintain professional registration, their division of the register is included, if the profession has specialisation, for example for a nurse, RGN, RPN (RN is not sufficient).

Alternative Telephone Number:
Fax number:
E-mail address:

Arrangements when the person in charge is off site:
Management Team.*

1:

2:

3:

This includes the name and position of anyone participating in the management of the centre. List those managers who may be responsible for the running of the whole centre or a large part of the centre. Not all supervisory staff need to be included.

Registration Details*

Registration number:* Registration details will be provided by the Health Information and Quality Authority following successful applications for registration.

Date of registration:*

Expiry date of registration:* It is usual for a centre to have general conditions attached to its registration. In particular circumstances, specific conditions will be attached to individual centres.

Conditions attached by the chief inspector to the designated centre’s registration.*

Capacity of the centre:* The capacity of the centre is the maximum number of residents who can be accommodated in the designated centre, as specified when registration is granted.

If a centre is not yet registered, give the capacity for which you are applying to be registered.
**Statement of Purpose**

The total staffing complement, in whole time equivalents, for the designated centre with the management and staffing complements given by grade, as required in the regulations.*

<table>
<thead>
<tr>
<th>Position</th>
<th>Number employed</th>
<th>Whole time equivalent</th>
<th>Explanation (omit this column in your statement of purpose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centre manager</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Deputy manager</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Finance manager</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Medical staff*</td>
<td>1</td>
<td>0.2</td>
<td>A doctor works a total of 1 day in a working week so 1/5=0.2</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNM1</td>
<td>3</td>
<td>3</td>
<td>The CNMs (clinical nurse managers) all work full time.</td>
</tr>
<tr>
<td>CNM2</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SN</td>
<td>10</td>
<td>7</td>
<td>There are 4 full time SNs (staff nurses) and 6 staff nurses who work half time so the whole time equivalent at this grade is 4 + (6 x 0.5) = 7</td>
</tr>
<tr>
<td>Support Assistants</td>
<td>39</td>
<td>34</td>
<td>There are 29 full time support assistants, 5 working half-time and 10 working quarter time so the whole time equivalent is 29 + (5 x 0.5) + (10 x 0.25)=34</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>4</td>
<td>2</td>
<td>Four housekeeping staff all work half time so the whole time equivalent is 4 x 0.5 = 2</td>
</tr>
<tr>
<td>Catering</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Note: not all posts listed here will apply in all services, and some services will have other posts.
The organisational structure of the designated centre.*

This may be in narrative or diagrammatic form. It includes the line management structure, from the provider downwards.

---

The number, age-range and sex of the residents for whom it is intended that accommodation should be provided.*

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Sex</th>
<th>Number</th>
<th>Facilities Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add a row for each distinct group of residents.

---

The specific care and support needs that the designated centre is intended to meet.*

The health and social care needs of the residents, and the level of assessed need, e.g. low/medium/high and maximum dependencies. If there are any limits or restrictions on the care needs the centre is intended to meet, they are also described here.
The type of nursing care to be provided*

Designated centres which do not require nursing care under the relevant regulations and do not have nursing care may omit this section.

Criteria used for admission to the designated centre, including the designated centre’s policy and procedures (if any) for emergency admissions.*

This includes:
• the arrangements for pre-admission assessment and for the involvement of the child or adult in the decision to live there
• any exclusion criteria, for example, those requiring tracheotomy care or mobile residents with dementia
• the referral process, including timescales where applicable
• the manner in which emergency admissions are facilitated (if any).

The arrangements for residents to engage in social activities, hobbies and leisure interests.*

The range of activities provided both within the centre and accessible to residents within the local community.
The arrangements for residents to access education, training and employment.

Note that this is not required by regulations for designated centres for older people.
Under the Act, any ‘institution primarily used for the provision of educational, cultural, recreational, leisure, social or physical activities’ is excluded from the definition of a designated centre.

The arrangements made for consultation with, and participation of, residents in the operation of the designated centre.*

How residents views are sought, and how their views inform the operation of the centre. For instance, residents’ forums, satisfaction surveys, advocacy arrangements, consultative meetings, suggestion boxes etc.

Regulations for designated centres for people with disabilities require information to be provided about “arrangements for consultation with, and participation of, residents the operation of the designated centre.”
Regulations for designated centres for older people require information to be provided about “arrangements for consultation with residents the operation of the designated centre.”

The fire precautions and associated emergency procedures in the designated centre.**

The provision and maintenance of fire equipment and fire exits, staff training, fire drills, fire alarm checks, and evacuation procedures.
The arrangements made for residents to attend religious services of their choice.**

These arrangements are inclusive. They stipulate how different faith practices are provided for, and any alternative arrangements for those who do not wish to practice.

The arrangements made for contact between residents and their relatives, friends, carers, representatives and the local community.** For designated centres for children with disabilities, these arrangements also include contact between a child in care and his/her HSE Child and Family Social Worker.¥

This includes the facilities in place to promote and support ongoing contact between residents and their relatives/ friends:

- rooms and facilities provided for residents to meet with visitors in private and any restrictions on visiting times
- access to telephone, Wi-Fi and Skype
- scheduled activities and special events that involve family members
- arrangements for visits outside the centre.

The arrangements made for dealing with complaints.**¥

A synopsis of the centre’s complaints policy – what residents can do if they are dissatisfied with any aspect of the care or service they receive, and the named complaints officer and appeals process. Where applicable in publicly funded services, this includes references to the Ombudsman. Note that the Authority is not part of the appeals process.
The arrangements made for dealing with reviews and development of the resident’s individualised personal plan referred to in regulations.*

The arrangements for each resident’s individual care plan developed and agreed with the resident, including:

- consultation with the resident/representative to develop and review the care plan
- keeping the resident’s care plan under formal review as directed by the relevant regulations or more frequently if required by the resident’s changing needs
- arrangements to make the resident’s care plan available to the resident or representative.

Details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.*

Therapies provided by both external therapists (appropriately qualified and vetted) and therapies provided by in-house staff e.g. physiotherapy department.
The arrangements made for respecting the privacy and dignity of residents.*¥

For example, the arrangements in place in relation to:
- shared bedrooms
- access to bedrooms
- personal care-giving/treatment
- access to telephone/mail/visitors
- personal records
- independence and autonomy
- control over personal belongings
- consultation and participation
- respectful communication.

Any separate facilities for day care.*¥

Day care arrangements should be specified if applicable. If day services are provided which share services and/or staff with the designated centre this must be stated and the arrangements clearly detailed.
A list of key policies that inform practice in the residential centre.

Written policies and procedures that are required by regulations are listed in the table below. This is not an exhaustive list of key policies: add any other key policies below.

<table>
<thead>
<tr>
<th>Policies required in regulations</th>
<th>Please Tick all existing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse to statutory agencies.</td>
<td></td>
</tr>
<tr>
<td>Admissions, including transfers, discharge and the temporary absence of residents.</td>
<td></td>
</tr>
<tr>
<td>Incidents where a resident goes missing</td>
<td></td>
</tr>
<tr>
<td>Provision of personal intimate care (in designated centres for people with disabilities)</td>
<td></td>
</tr>
<tr>
<td>Provision of behavioural support/behaviour management</td>
<td></td>
</tr>
<tr>
<td>The use of restrictive procedures and physical, chemical and environmental restraint (in designated centres for people with disabilities)</td>
<td></td>
</tr>
<tr>
<td>Residents' personal property, personal finances and possessions</td>
<td></td>
</tr>
<tr>
<td>Communication with residents</td>
<td></td>
</tr>
<tr>
<td>Visitors (in designated centres for people with disabilities)</td>
<td></td>
</tr>
<tr>
<td>Recruitment, selection and Garda vetting of staff</td>
<td></td>
</tr>
<tr>
<td>Staff training and development (in designated centres for people with disabilities)</td>
<td></td>
</tr>
<tr>
<td>Monitoring and documentation of nutritional intake</td>
<td></td>
</tr>
<tr>
<td>Provision of information to residents</td>
<td></td>
</tr>
<tr>
<td>The creation of, access to, retention of, maintenance of and destruction of records</td>
<td></td>
</tr>
<tr>
<td>Temporary absence and discharge of residents</td>
<td></td>
</tr>
<tr>
<td>Health and safety, including food safety, of residents, staff and visitors</td>
<td></td>
</tr>
<tr>
<td>Risk management and emergency planning</td>
<td></td>
</tr>
<tr>
<td>Medication management, to include: the ordering, prescribing, storing and administration of medicines to residents; the handling and disposal of unused or out of date medicines.</td>
<td></td>
</tr>
<tr>
<td>The handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre</td>
<td></td>
</tr>
<tr>
<td>Education policy which complies with relevant legislation in respect of the education needs of children with disabilities (in centres where children reside)</td>
<td></td>
</tr>
<tr>
<td>Access to education, training and development (in designated centres for people with disabilities)</td>
<td></td>
</tr>
<tr>
<td>CCTV (in centres where CCTV systems are in use)</td>
<td></td>
</tr>
<tr>
<td>End of Life Care (in centres for Older People)</td>
<td></td>
</tr>
</tbody>
</table>
Other key policies

1

2

3

... add as required
Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George’s Court
George’s Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400
URL: www.hiqa.ie

© Health Information and Quality Authority 2014