

Name of Agency

# Statement of Purpose

Health and Social Care Act 2008

## Part 1

**The provider's name, legal status, address and other  
contact details**

*Including address for service of notices and other  
documents*

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### Statement of Purpose, Part 1 Health and Social Care Act 2008, Regulation 12, schedule 3

**The provider's business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008**

#### 1. Provider's name and legal status

|                        |            |                          |             |                          |              |                          |
|------------------------|------------|--------------------------|-------------|--------------------------|--------------|--------------------------|
| Full name (See Note 1) |            |                          |             |                          |              |                          |
| CQC provider ID        |            |                          |             |                          |              |                          |
| Legal status           | Individual | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Organisation | <input type="checkbox"/> |

#### 2. Provider's address, including for service of notices and other documents

|                                      |  |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|--|
| Business address (See Note 2)        |  |  |  |  |  |  |
| Town/city                            |  |  |  |  |  |  |
| County                               |  |  |  |  |  |  |
| Post code                            |  |  |  |  |  |  |
| Business telephone                   |  |  |  |  |  |  |
| Electronic mail (email) (See Note 3) |  |  |  |  |  |  |

By submitting this statement of purpose you are confirming your willingness for CQC to use the email address supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

|   |                          |
|---|--------------------------|
| I/we do NOT wish to receive notices and other documents from CQC by email | <input type="checkbox"/> |
|---|--------------------------|

#### Notes:

1. Where the provider is a partnership please fill in the partnership's name at 'Full name' in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below
2. Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.
3. Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

Please note: CQC can deem notices sent to the email or postal address for service you supply in your statement of purpose as having been served as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents.

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### 3. *The full names of all the partners in a partnership (see Note 1 above)*

Names:

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# **Statement of purpose**

**Health and Social Care Act 2008**

## **Part 2**

**Aims and objectives**

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Please read the guidance document **Statement of Purpose: Guidance for providers.**

### Aims and objectives

**What are your aims and objectives in providing the regulated activities and locations shown in part 3 of this statement of purpose?**

The Internet is a useful source of published Statements of Purpose which Providers have, for their own reasons, made available via a Google, for example, search using the keywords -

#### *Statement of Purpose Domiciliary Care Agency*

Here are some of the samples:

[http://www.bellcare.co.uk/uploads/library/Statement\\_of\\_Purpose\\_Policy.pdf](http://www.bellcare.co.uk/uploads/library/Statement_of_Purpose_Policy.pdf)

<http://www.tlchomecareservices.co.uk/statement.html>

[http://www.careinhand.co.uk/files/7914/3705/4503/Statement\\_of\\_Purpose\\_2015.pdf](http://www.careinhand.co.uk/files/7914/3705/4503/Statement_of_Purpose_2015.pdf)

<http://www.communicarehcs.co.uk/Com-068-STATEMENT-OF-PURPOSE.pdf>

<http://www.pettswoodhomecare.co.uk/statement-of-purpose/>

<http://www.aclasscare.co.uk/statement-of-purpose/>

<http://www.inspirecareltd.co.uk/content/pages/documents/1361392255.pdf>

<http://www.aqthomecare.co.uk/downloads/statementofpurpose.doc>

We hope that reviewing some of these samples will inspire and help you write your own version for the Care Quality Commission. You can write your Statement of Purpose on line, using the CQC website and their on-line template, if you do not want to use this Microsoft Word version of the CQC template.

#### *A note of caution -*

*We would suggest that it would be unwise to make too many statements about how wonderful you are going to be - such statements might turn out to be a rod for your own back. In other words, make sure that you believe that your aims and objectives are realistic and achievable within the confines of the service you are proposing to register.*

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## Part 3

Location(s), and

- the people who use the service there
- their service type(s)
- their regulated activity(ies)

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**Fill in a separate part 3 for each location**

|   |  |                |  |           |
|---|--|----------------|--|-----------|
| <b>The information below is for location no.:</b> |  | of a total of: |  | locations |
|---|--|----------------|--|-----------|

|                  |  |
|------------------|--|
| Name of location |  |
| Address          |  |
| Postcode         |  |
| Telephone        |  |
| Email            |  |

|  |  |
|--|--|
| <b>Description of the location</b><br>(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc) |  |
|  |  |
| No of approved places / overnight beds (not NHS)   |  |

|   |                          |   |                          |                     |
|---|--------------------------|---|--------------------------|---------------------|
| <b>CQC service user bands</b>   |                          |   |                          |                     |
| The people that will use this location ('The whole population' means everyone). |                          |   |                          |                     |
| Adults aged 18-65   | <input type="checkbox"/> | Adults aged 65+                             | <input type="checkbox"/> |                     |
| Mental health   | <input type="checkbox"/> | Sensory impairment                          | <input type="checkbox"/> |                     |
| Physical disability   | <input type="checkbox"/> | People detained under the Mental Health Act | <input type="checkbox"/> |                     |
| Dementia  | <input type="checkbox"/> | People who misuse drugs or alcohol          | <input type="checkbox"/> |                     |
| People with an eating disorder  | <input type="checkbox"/> | Learning difficulties or autistic disorder  | <input type="checkbox"/> |                     |
| Children aged 0 – 3 years   | <input type="checkbox"/> | Children aged 4-12                          | <input type="checkbox"/> | Children aged 13-18 |
| The whole population  | <input type="checkbox"/> | Other (please specify below)                | <input type="checkbox"/> |                     |
|   |                          |   |                          |                     |

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| <b>The CQC service type(s) provided at this location</b>   |                          |
|--|--------------------------|
| Acute services (ACS)   | <input type="checkbox"/> |
| Prison healthcare services (PHS)   | <input type="checkbox"/> |
| Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS) | <input type="checkbox"/> |
| Hospice services (HPS)   | <input type="checkbox"/> |
| Rehabilitation services (RHS)  | <input type="checkbox"/> |
| Long-term conditions services (LTC)  | <input type="checkbox"/> |
| Residential substance misuse treatment and/or rehabilitation service (RSM)   | <input type="checkbox"/> |
| Hyperbaric chamber (HBC)   | <input type="checkbox"/> |
| Community healthcare service (CHC)   | <input type="checkbox"/> |
| Community-based services for people with mental health needs (MHC)   | <input type="checkbox"/> |
| Community-based services for people with a learning disability (LDC)   | <input type="checkbox"/> |
| Community-based services for people who misuse substances (SMC)  | <input type="checkbox"/> |
| Urgent care services (UCS)   | <input type="checkbox"/> |
| Doctors consultation service (DCS)   | <input type="checkbox"/> |
| Doctors treatment service (DTS)  | <input type="checkbox"/> |
| Mobile doctor service (MBS)  | <input type="checkbox"/> |
| Dental service (DEN)   | <input type="checkbox"/> |
| Diagnostic and or screening service (DSS)  | <input type="checkbox"/> |
| Care home service without nursing (CHS)  | <input type="checkbox"/> |
| Care home service with nursing (CHN)   | <input type="checkbox"/> |
| Specialist college service (SPC)   | <input type="checkbox"/> |
| Domiciliary care service (DCC)   | <input type="checkbox"/> |
| Supported living service (SLS)   | <input type="checkbox"/> |
| Shared Lives (SHL)   | <input type="checkbox"/> |
| Extra Care housing services (EXC)  | <input type="checkbox"/> |
| Ambulance service (AMB)  | <input type="checkbox"/> |
| Remote clinical advice service (RCA)   | <input type="checkbox"/> |
| Blood and Transplant service (BTS)   | <input type="checkbox"/> |



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| Regulated activity(ies) carried on at this location                              |                          |  |
|--|--------------------------|--|
| Personal care  | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Accommodation for persons who require nursing or personal care                   | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Accommodation for persons who require treatment for substance abuse              | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Accommodation and nursing or personal care in the further education sector       | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Treatment of disease, disorder or injury   | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Assessment or medical treatment for persons detained under the Mental Health Act | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Surgical procedures  | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Diagnostic and screening procedures  | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Management of supply of blood and blood derived products etc                     | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Transport services, triage and medical advice provided remotely                  | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Maternity and midwifery services   | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Termination of pregnancies   | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Services in slimming clinics   | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Nursing care   | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |
| Family planning service  | <input type="checkbox"/> |  |
| Registered Manager(s) for this regulated activity:                               |                          |  |

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## Part 4

Registered Manager details

*Including address for service of notices and other  
documents*

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Please first read the guidance document **Statement of purpose: Guidance for providers**. **CQC require a separate Part 4 for each Registered Manager in the service.**

|  |  |                |  |   |
|--|--|----------------|--|---|
| The information below is for manager number: |  | of a total of: |  | Managers working for the provider shown in part 1 |
|--|--|----------------|--|---|

|                               |  |
|-------------------------------|--|
| <b>1. Manager's full name</b> |  |
|-------------------------------|--|

| <b>2. Manager's contact details</b>         |  |
|---|--|
| Business address                            |  |
| Town/city                                   |  |
| County                                      |  |
| Post code                                   |  |
| Business telephone                          |  |
| Manager's email address ( See Note 1 below) |  |
|   |  |

1. Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

Please note: CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

| <b>3. Locations managed by the registered manager at 1 above<br/>(Please see part 3 of this statement of purpose for full details of the location(s))</b> |   |
|---|---|
| Name(s) of location(s) (list)   | Percentage of time spent at this location |
|   |   |

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| 4. Regulated activity(ies) managed by this manager                               |                          |  |
|--|--------------------------|--|
| Personal care  | <input type="checkbox"/> |  |
| Accommodation for persons who require nursing or personal care                   | <input type="checkbox"/> |  |
| Accommodation for persons who require treatment for substance abuse              | <input type="checkbox"/> |  |
| Accommodation and nursing or personal care in the further education sector       | <input type="checkbox"/> |  |
| Treatment of disease, disorder or injury   | <input type="checkbox"/> |  |
| Assessment or medical treatment for persons detained under the Mental Health Act | <input type="checkbox"/> |  |
| Surgical procedures  | <input type="checkbox"/> |  |
| Diagnostic and screening procedures  | <input type="checkbox"/> |  |
| Management of supply of blood and blood derived products etc                     | <input type="checkbox"/> |  |
| Transport services, triage and medical advice provided remotely                  | <input type="checkbox"/> |  |
| Maternity and midwifery services   | <input type="checkbox"/> |  |
| Termination of pregnancies   | <input type="checkbox"/> |  |
| Services in slimming clinics   | <input type="checkbox"/> |  |
| Nursing care   | <input type="checkbox"/> |  |
| Family planning service  | <input type="checkbox"/> |  |

| 5. Locations, regulated activities and job shares   |
|---|
| <p><b>Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below. Please also describe below any job share arrangements that include or affect this manager.</b></p> |
|   |

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### **CQC Advice on the use of their own Templates for a Statement of Purpose**

**You do not have to use CQC's statement of purpose templates, but using them will help you to make sure that your statement includes all of the information the law requires.**

### **CQC Advice on Changes to the Statement of Purpose**

#### **5. Do I ever need to amend my statement of purpose?**

Statements of purpose must be amended when there are changes to any of the bullet pointed items shown in question 1, 'What is a statement of purpose?' above. These items are listed in detail in schedule 3 of the Care Quality Commission (Registration) Regulations 2009. It is important that you read schedule 3 and ensure that your statement of purpose includes all of the required information.

The law says that you have to notify CQC whenever you change your statement of purpose, and must tell us about the detail of the changes you have made. You have to do this within 28 days of making any changes.

If you have a Provider Portal account, you can do this online. If you do not have a Provider Portal account, you can use the CQC templates to amend or add the relevant part(s) of your statement and then send them by email to [HSCA\\_notifications@cqc.org.uk](mailto:HSCA_notifications@cqc.org.uk). You must also include a filled in change of statement of purpose notification form. You can find all these forms on the [statement of purpose page on our website](#).

If you cannot send notifications by email, the notification form gives the address where printed copies should be posted to.

If you are changing your statement of purpose as part of an application to vary your registration (for example to add or remove a location; to add or remove a regulated activity; or to register a manager) you will have to send us an amended version of your statement of purpose. If you have a Provider Portal account, this can be done online. If you do not have a Provider Portal account then new or amended parts of your statement of purpose should be emailed to us along with the relevant application form(s).

#### **6. What if I need to change my 'address for service'?**

Providers can tell us about a change of their address for service by amending Part 1 of their statement of purpose. CQC can only serve formal documents by email where a provider has agreed to this; the Part 1 form enables them to do this. CQC always sends Notices of Decision to providers in writing.

Registered managers can tell us about a change of their address for service by amending the Part 4 form that includes their details.

The amended Parts of the statement, together with any agreement to service by email forms filled in by registered managers, should be submitted together with a change of statement of purpose notification form. You can find all of these forms on the notifications page of our website.

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While changes of address for service and purely business addresses can be notified to us by submitting revised statements of purpose, changes of 'location' addresses, where regulated activity is actually provided, or where it is provided from, must be applied for using the appropriate application form. You can read more about registration applications [at this link](#).