

# **Statement of purpose**

Health and Social Care Act 2008

Pendennis Care Home

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<b>Version</b>	2	<b>Date of next review</b>	2022
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## Service provider

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

<b>Name</b>	Pendennis Ltd
<b>Address line 1</b>	63 Langbury Lane
<b>Address line 2</b>	Ferring
<b>Town/city</b>	
<b>County</b>	West Sussex
<b>Post code</b>	BN12 6QA
<b>Email</b>	richard@langbury.com
<b>Main telephone</b>	01803 551351

## 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>	1-117897549
<b>Registered manager ID</b>	

## 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 provide high quality personalised care for our service users ensuring a safe, comfortable, positive and supportive environment.
2. To encourage active participation with our service users to meet their needs and preferences recognising that each individual is unique.
3. To keep our service users safe from avoidable harm whilst at the same time working in partnership to encourage and support them to take calculated risks

and make their own decisions.
4. To promote choice and independence to each of our service users and enabling them to achieve their goals and aspirations and lead a fulfilling life. We promote the privacy and dignity of each and every one of our service users at all times.
5 To utilise value recruitment strategies to ensure our staff hold the attitudes and behaviours that align with those of Pendennis Residential Care Home.
6. To invest in and encourage the continuous professional development of our staff as we recognise this is fundamental to high quality care.
7. To continually reflect on how we can improve our service to maximise positive outcomes by actively seeking the feedback and input of our stakeholders and using this to inform change.

<b>Legal status</b>	
<i>Tick the relevant box and provide the information requested for the type of provider you are:</i>	
Use <input checked="" type="checkbox"/>	
<b>Individual</b>	<input type="checkbox"/>
<b>Partnership</b>	<input type="checkbox"/>
<b>List the names of all partners</b>	
<b>Limited liability partnership registered as an organisation</b>	<input checked="" type="checkbox"/>
<b>Incorporated organisation</b>	<input type="checkbox"/>
<b>Company number</b>	05249881
<b>Are you a charity?</b>	No

<b>Regulated activity 1</b>	Caring for adults over 65 years
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<i>As shown on your certificate of registration</i>	Dementia Physical disabilities
<b>Services</b> <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.
<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>	Pendennis Residential Care Home
<b>Address line 1</b>	64 Dartmouth Road
<b>Address line 2</b>	Paignton
<b>Address line 3</b>	Devon
<b>Address line 4</b>	TQ4 5AW
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Care Home accommodation located in Paignton, Devon.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	22
<b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b> <i>Full name, business address, telephone number and email address of each registered manager.</i> <i>For each registered manager,</i>	<b>Registered Manager 1</b>
	<b>Full name: Samantha Ebden</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b> 100%

<p><i>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>Contact details: Pendennis Residential Care Home</b></p> <p><b>64 Dartmouth Road</b></p> <p><b>Paignton</b></p> <p><b>Devon TQ4 5AW</b></p> <p><a href="mailto:Pendennis64@gmail.com">Pendennis64@gmail.com</a></p> <p><b>01803 551351</b></p>	
	<p>Telephone: 01803 551351</p>	
	<p>Email: pendennis64@gmail.com</p>	
	<p><b>Regulated Activities</b></p>	
	<p>1. Personal Care to</p>	
	<p>2. Adults and people over 65</p>	
	<p>3. Dementia Care</p>	
	<p>4. End of Life and Palliative Care</p>	
	<p>5 Day Care</p>	
<p><b>Service user band(s) at this location<sup>5</sup></b></p> <p>Use <input checked="" type="checkbox"/></p>	<p>Learning disabilities or autistic spectrum disorder</p>	<input type="checkbox"/>
	<p>Older people</p>	<input checked="" type="checkbox"/>
	<p>Younger adults</p>	<input type="checkbox"/>
	<p>Children 0-3 years</p>	<input type="checkbox"/>
	<p>Children 4-12 years</p>	<input type="checkbox"/>
	<p>Children 13-18 years</p>	<input type="checkbox"/>

	Mental health	
	Physical disability	✓
	Sensory impairment	<input type="checkbox"/>
	Dementia	✓
	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	<input type="checkbox"/>
Please give details: End of Life Care and Palliative Care	✓	

## 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.