



# **Statement of purpose**

Health and Social Care Act 2008

Quantum Care Ltd

**Trefoil House  
Birdsfoot Lane  
Luton  
LU3 2DN**

# Statement of purpose

Health and Social Care Act 2008

<b>Version</b>	1	<b>Date of next review</b>	16 February 2011
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## Service provider

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

<b>Name</b>	Mr Sunil Cheekoory
<b>Address line 1</b>	Quantum Care Limited
<b>Address line 2</b>	4 Silver Court
<b>Town/city</b>	Welwyn Garden City
<b>County</b>	Herts
<b>Post code</b>	AL7 1TS
<b>Email</b>	S_cheekoory@quantumcare.co.uk
<b>Main telephone</b>	01707 393293

## 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>	FR4696_1
<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. We deliver the highest quality care
2. Residents are at the heart of all we do
3. We will value and develop our staff to ensure they deliver a high quality service
4. We will ensure our home is at the heart of the community

5. We will respect and involve the people who use our services in their care and daily life within the home
6. We will ensure that people who use our services are protected from all forms of abuse
7. We will ensure all nutritional needs are met
8. We will ensure the safety and suitability of the premises
9. We will continually monitor and assess the quality of the service
10. We will seek the views of the people who use our services and their relatives

<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>	
<b>Partnership</b>	<input type="checkbox"/>
<b>List the names of all partners</b>	1. 2. 3. 4. 5. 6.
<b>Limited liability partnership registered as an organisation</b>	<input type="checkbox"/>
<b>Incorporated organisation</b>	<input checked="" type="checkbox"/>
<b>Company number</b>	IP2760R
<b>Are you a charity?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes Charity number:
<b>Group structure (if applicable)</b>	

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

<b>Regulated activity 1</b> <i>As shown on your certificate of registration</i>	CHN TDDI
<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>	Dementia care Nursing care and intervention Residential care Care Home Service with 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>	Trefoil House
<b>Address line 1</b>	Birdsfoot Lane
<b>Address line 2</b>	Warden Hill
<b>Address line 3</b>	Luton
<b>Address line 4</b>	
<b>Address line 5</b>	LU3 2DN

<p><b>Brief description of location<sup>2</sup></b></p>	<p>Trefoil House is a brand new purpose built 70 bed care home. The home is divided into 4 units with two units of 20 and two of 15. All rooms are for individual occupancy and all have en suite facilities.</p> <p>Each unit has a lounge and dining area and are well furnished with comfortable furniture.</p> <p>A 'Best Friends Café', a shop, a Bistro and a hairdressing salon are available for use by our residents, this is to create a homely atmosphere for all.</p> <p>We have a 'state of the art' kitchen facility where all food will be home produced using fresh meat and vegetables. We will be able to meet the nutritional and religious cultural and individual needs of people who live in our home.</p> <p>We have provided a 'Multi Faith Room' for use by all faiths and religions for privacy and dignity.</p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	<p>70</p>
<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>	<p><b>Registered manager 1</b></p> <p><b>Full name: Julie Oakley - Reid</b></p> <p><b>Proportion of working time spent at each location (for job share posts only):</b></p> <p><b>Contact details: Trefoil House</b></p> <p>Business address:</p> <p>Birdsfoot Lane</p> <p>Warden Hill</p> <p>Luton</p> <p>Beds</p> <p>LU3 2DN</p>

	Telephone: 01582 494158
	Email: J_Oakley-Reid@quantumcare.co.uk
	<b>Locations:</b> Trefoil House
	<b>Regulated activities:</b>
	Care Home with Nursing
	<b>Registered manager 2:</b>
	<b>Full name:</b>
	<b>Proportion of time spent at each location:</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
2.	

	3.	
	4.	
<b>Service user band(s) at this location<sup>5</sup></b> <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
	Older people	√
	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	√
	Sensory impairment	√
	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 Please give details:	<input type="checkbox"/>	