

Statement of Purpose



**Chesterfield House
411 Newark Road
North Hykeham
Lincoln
LN6 9SP**

INTRODUCTION

Welcome to the Chesterfield House 'Statement of Purpose'.

This statement of purpose is designed give you information This document, will provide you with an overview of the aims, objectives and philosophy of the establishment as well as information about the services available within the establishment.

We hope you find this information useful and we are always willing to explain or provide further information that you may need.

“Our Mission Statement”

To support Individuals to realise their full potential as people and to encourage independence

Provide comprehensive assessment and co-coordinated support for Individuals with Learning disability who require a structured supportive environment in which to live.

We will deliver a focused support package that reflects the aspirations of the individuals, and is directed by the Individual

CHESTERFIELD HOUSE

Chesterfield House is a registered care home providing 24-hour Support for 6 adults ranging between 18- 65 years of age with a primary diagnosis of learning disability with complex needs. The home provides support, encouragement and assistance to enable people to live a full and meaningful life within the local community.

The home is a two-storey establishment situated within walking distance of North Hykeham centre.

Local facilities include shops, including an Asda Super store, Sport's, recreational and religious facilities. Lincoln city centre is 15 minutes away and the market town of Newark 25 minutes. Accessing these community facilities plays an important part in our support programme.

Accommodation

The accommodation is arranged over two floors, linked via stairways providing 3 single bedrooms with en-suite facilities and 3 bedrooms having use of a separate bathroom and shower room.

On the ground floor there is a large lounge and dining room. sitting room and multi-function room.

There is a large kitchen and Laundry room to be used by individuals supported by staff.

Outside there are spacious gardens to 3 sides and a large patio area
Smoke and heat detectors are located throughout the building, as are fire escape signs and procedure notices. Emergency call points are fitted in all rooms.

Bedroom sizes are as follows:-

Ground floor:

Bedroom 1 16.4 sq m with ensuite

First floor:

Bedroom 2 17.6 sq m with ensuite

Bedroom 3 18.6 sq m with ensuite

Bedroom 4 17.9 sq m

Bedroom 5 13.5 sq m

Bedroom 6 14.4 sq m

THE AIMS AND OBJECTIVES OF CHESTERFIELD HOUSE

Our aim is to work in partnership with the public sector and identified stakeholders to provide highly specialised and personalised packages of care based on individual assessments and care programmes to enhance the lives and independence of the Individuals who live there.

Chesterfield House promotes the principles of “an ordinary life”. We encourage community presence and participation, increased independence and empowerment and also create opportunities to develop relationships and friendships, ensuring individual needs are met in a safe and empathetic environment.

Our Person Centred Planning Approach ensures all Individuals are treated as individuals. Our goal is to promote independence and to ensure that privacy and dignity are maintained. We promote an holistic approach to care where physical, social, psychological, spiritual, cultural and educational needs are given equal importance and appropriate care plans and interventions are put into place to meet those needs. We promote a safe and therapeutic environment where the staff understands the need for an Individual to be treated with Dignity and Respect.

Everyone living at Chesterfield House is given the opportunity to develop personally and experience increasing opportunities and capabilities. We support Individuals to exercise choice in making both major life and day-to-day decisions. Meaningful activity is a key element in a fulfilled life; Individuals are encouraged and supported to participate in a variety of activities both in-house and in the wider community.

We provide individual packages of Care and Support for people with learning disability who have complex needs, providing evidence based interventions for the Individuals We will continually review our services and ensure they reflect the National Service Framework for Mental Health in England, the National Minimum Standards, Valuing People-People 1st

Quality is a key component and we are committed to staff development and training to enhance and improve our current service.

We aim to work with the Individuals and their family/carer to formulate and implement an individualised plan of care taking into account their social, physical, psychological, cultural and spiritual needs.

Each Individual will have their own key worker, The key workers role is to work with the individual and the wider team to devise care plans which address all issues contributing to social and cognitive deficits, problem situations and behaviours which together lead to a reduction in their independence.

We strive to unconditionally accept each individual whatever their previous or presenting behaviours. We are working to provide an environment in which individuals feel welcome and secure.

An individualised approach tailored to the person's preferences, circumstances and resources is critical. The philosophy in Chesterfield House advocates that opportunities should be created so Individuals feel involved in planning their own care, and empowered during the support process.

- Opportunities will be provided whenever possible for the Individual to be autonomous in decision-making.
 - Information will be given to the Individual, therefore establishing a feeling of empowerment within the Individual.
 - Decisions will be made 'with' the individual and not 'for' the Individual.
 - The needs and wishes of the Individual will be central to any review meeting.
 - Informed consent will always be obtained where practicable.
 - Care plans will be written with, agreed, and signed by the Individual. The Individual will receive copies of their care plans and these will be reviewed monthly with their Keyworker.
- Information provision is made available in easy read format where this is required or requested.

Staff in the establishment will provide an environment, which is free from discrimination in any form regardless of race, culture, disability, social status, age, sexuality or any other factor which may expose them to disadvantage or discrimination.

COMMITMENT TO RELATIVE/CARERS AND SIGNIFICANT OTHERS

Maintaining contact with family and friends is recognised as an important element in an individual's support and development

The establishment aims to work in partnership with relatives/carers and significant others, listening to and respecting their views and opinions. Relatives/carers and significant others are actively encouraged to participate within the individual's plans or care. Furthermore, relatives/carers and significant others have the opportunity to express their thoughts and opinions on the service the individuals receive through the regular satisfaction surveys

Similarly the views of Individuals will be actively sought and fed back into the Clinical Governance structure, with help from independent Advocacy where needed.

We will support individuals to maintain contact with family and friends.

Generally there are no visiting restrictions to the home, but we do encourage visits take place outside the times set aside for structured activities. However special requests can be arranged via the staff member in charge. Upon arrival, we ask that visitors speak to the Manager or Registered Nurse, visitors will then be asked to complete the visitors book. All visitors will be expected to abide by the home rules, i.e. Smoking is not allowed in the building.

Staff will provide assistance to Individuals who need help to resist unwanted or excessive visiting and also assistance to visitors to manage unreasonable demands for visiting.

Individuals are encouraged and where necessary assisted to maintain contact with relevant others via letter / telephone / email.

Further information regarding visiting can be found within our visitor's policy, which can be obtained from our administration office.

ADMISSIONS AND REFERRALS

We believe that when a person is referred and admitted to Chesterfield House this should happen as a planned process of care and the Individual should be supported and empowered throughout the process, ensuring that an appropriate care package can be provided for the individual.

In view of the complex problems and complex care planning needs, the home does not accept emergency admissions.

The Registered Manager will consider referrals with reference to eligibility criteria described below:

- A comprehensive needs assessment (including diagnosis, living skills, disabilities, Individual history).
- A current care plan or care programme approach summary
- A short social report to include social history, criminal history, medical history and psychological history.
- Identification of the expected outcomes of the admission.

Prospective Individuals and their representatives will be assisted to identify whether the establishment can meet their needs and aspirations by having pertinent information (*Service user guide & statement of purpose*) available to them, in suitable formats, as well as being given the opportunity to visit and "test drive" the establishment.

Procedure

Chesterfield House has an identified “admissions procedure” which clearly identifies the following key points;

- (a) All referrals will be communicated to the Consultant Psychiatrist and the Registered Manager, (in his absence the Registered Nurse) who will record the information on an enquiry form.
- (b) All referrers are invited to view the establishment and the establishment’s brochure, statement of purpose, Individuals guide and CSCI Inspection Reports are made available to them.
- (c) As much information as possible will be sought to enable an appropriate assessment process for the multi-disciplinary team. As a minimum a full psychiatric history, an up to date Risk Assessment and CPA documentation will be required.
- (d) The Home Manager will then arrange for a comprehensive needs assessment to be carried including assessment of:
 - Physical health assessment
 - Mental state examination.
 - Assessment of risk of harm to self or other Individuals.
 - Social and family circumstances
 - Educational needs
 - Substance abuse
- (e) The Home Manager and the appropriate Care Manager will ascertain whether the prospective Individual meets the admissions criteria and whether an appropriate care package can be formulated for the prospective Individual. This process will include the identification of the Individuals needs and strengths. The outcome of the meeting will be to decide whether a suitable placement can be offered.
- (f) If a place cannot be offered then written confirmation will be sent to the initial source of referral.
- (g) If a placement is offered then the prospective Individual will be invited to visit the establishment (with family, friend, advocate, social worker as appropriate).
- (h) The prospective Individual will be given the opportunity to:
 - Meet with fellow Residents
 - Meet with staff
 - View the bedrooms, living spaces and additional facilities
 - Have a meal
 - See the types of records that will be maintained
 - Discuss how the establishment can meet their individual needs

If the Individuals are currently detained under The Mental Health Act then all requirements of the MHA would have to be met. i.e. section 17 (*refer to Mental Health Act Policies*) prior to an overnight stay.

i) Following a satisfactory introductory visit the Registered manager will then liaise with all relevant parties to arrange the admission, this will include Care Programme Approach (CPA) meeting to ensure a safe transfer and exchange of all required documentation and information as well as internal communications such as: arranging for the bedroom to be prepared, informing staff of dietary requests and supplying all relevant information to the appropriate team leader.

Admissions will not be accepted until the Home Manager has received confirmation of funding.

Emergency Admissions

Emergency admissions should be avoided as much as possible. However, where an emergency admission is unavoidable it is important that the procedure relating to the admission of the individual is followed but that the following added criteria is put into place:

a) A full multi-disciplinary review of the admission is completed no longer than 24 hours after admission

b) The individual is placed on higher than normal observations, the level of which will be determined by the manager/nurse in charge of the home following a full team review

c) Emergency care plans and risk assessments are completed, the responsibility for the completion of which is with the manager/nurse in charge of the home

d) There is regular review by a qualified nurse of the individuals mental state

e) The interaction between the individual and other individuals is fully monitored and an entry relating to the same documented in the individuals care plan notes

SERVICE USER CRITERIA FOR CHESTERFIELD HOUSE

It is the policy of Chesterfield House to admit persons who meet the following criteria:

- The individual must be aged between 18 -65 years.
- The individual must have a primary diagnosis of learning disability.
- The individual will have been assessed as someone who can benefit from the Support package on offer at Chesterfield House.

Chesterfield House shall admit residents subject to the above criteria regardless of race, religion, and ethnicity. No individual shall receive less favourable treatment on the grounds of race, colour, nationality, ethical or cultural origin, religion, political beliefs, marital status or sexual orientation.

FEES

Fees will be reviewed on a minimum of an annual basis; appropriate notice will be provided in accordance with the agreed contracts.

Not included in the fees are:

Dry cleaning, toiletries, cigarettes, individual newspapers, hairdressing, installation of private telephones, private health care, individual television licenses and other items of a personal nature.

To terminate the placement one calendar months notice is required in writing, this does not apply within the three-month trial period

THE REGISTERED RESPONSIBLE INDIVIDUAL AND REGISTERED MANAGER

The responsible individual registered with CSCI:

GEORGE BLACKOE

A registered nurse; George has enjoyed a long career in healthcare spanning more than 30 years. He has held numerous senior nursing and management positions in both the NHS and the independent sector and has a good understanding of the needs and constraints of both sectors. His organisational, developmental and clinical experience ensures the structures; systems and partnership arrangements in place provide the highest level of support and direction to enable the consistent delivery of high quality patient care.

The Registered Manager for Chesterfield House is:

GARY BENTLEY

Gary has over 30 years working in the Learning Disability field.

Starting as a cadet nurse in a Long stay Hospital, and then completing his Registered nurse qualification Gary took up a number of Charge Nurse positions within the hospital setting working with a wide range of individuals with learning disabilities and complex needs

As the closure of Long Stay Hospitals commenced Gary moved into the Community as Team Leader for 2 Bungalows for Children with Learning Disabilities for both permanent and respite support.

Moving into the Independent sector Gary then managed a number of Registered homes for people with Learning and Physical disabilities in both small and large scales Residential and Nursing environments

Widening his experience Gary joined an organisation that supported individuals with learning disabilities and complex behaviour's in a number of Supported Living

Environments in Lincoln Nottingham and Spalding, supporting individuals with college placements and full and part time employment. Also taking a lead role in the Training and Development of staff teams

Over the years Gary has gained a wide range of experience working with fellow professionals from Health, Social Services CSCI and Commissioning Bodies, Working with individuals With Learning disabilities and complex/challenging behaviours in a number of support environments

ORGANISATIONAL STRUCTURE OF CHESTERFIELD HOUSE



STAFF SUPERVISION, TRAINING AND DEVELOPMENT

Clinical supervision can be a self-actualising process that assists the nurse and carer in performing to his or her fullest potential by fostering the growth of skill development. Clinical Supervision is not an option but a professional requirement within Chesterfield House. Supervision complements the process of appraisal, professional standard setting and clinical audit. The use of regular and appropriate supervision can contribute to an organisational culture, which encourages innovative practice, provides high levels of motivation and satisfaction, and encourages strong colleague relationships.

All new staff complete a comprehensive induction programme that equips them with the necessary skills needed to work at Chesterfield House and complies with the Skills for Care Standards. Training modules include: -

- Basic Food Hygiene
- Infection Control
- Care Programme Approach
- Mental health awareness
- Recovery Approach Training
- Protection of Vulnerable Adults
- Management of violence & aggression
- Manual Handling of Loads
- Basic First Aid (including (CPR)
- Risk Assessment
- Principles of Valuing People
- Fire Safety

- Health and Safety
- Mental Health Act
- Learning Disability awareness training
- Culture & diversity training
- CSCI Standards

This list is not exhaustive, and each member follows his or her own individualised development plan, which is formulated and agreed within the staff performance review system.

In line with clinical governance, it is essential that Chesterfield house operate a well-defined and robust system of clinical supervision. Team clinical discussions/reflective group learning as well as individual responsibility for Continuing Professional Development (CPD) should support this. Formal clinical supervision will occur as a minimum of once every month using approved formats.

STAFF QUALIFICATIONS AND EXPERIENCE

Registered manager - Gary Bentley

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Registered Nurse for People with Learning Disability (RNLD)
City and Guilds Further Education Teaching Certificate (730)

Institution Of Occupational Safety and Health (ISOH)
 City and Guilds Learning Disability Award Level 2
 Mental Capacity Act Champions Trainer Course
 Business Processess Course
 Medication Train the Trainers Course
 Equal Opportunities and Dignity at work
 Handling Discipline and Grievances
 Recruitment and Selection
 Non Abusive and Psychological Intervention training
 All Mandatory Training
 Training and Development in the Workforce
 The Role of The Reporting Officer (Vulnerable Adults) NCPVA
 Management of Risk and Risk Assessment
 Strategy Planning

The number, relevant qualifications and experience of the staff working at Chesterfield House and supporting the Home Manager includes:

No. of posts	Job title	Qualifications
6	Registered Nurses	RNLD RNMH, RMN
7	Care Assistants	NVQ 2& 3 & in-house training

CARE STAFF ESTABLISHMENT AND ROTA NUMBERS

The following staff numbers identify the **minimum** number of staff on duty throughout the 24 hours period.

- **Registered Nurse (Day Time)**
The day shift will have one Registered Nurse on duty.
- **Support Staff (Day Time)**
The day shift will have 2 Support Staff on Duty
- **Registered Nurse (Night Time)**
The Night shift will have one Registered Nurse on duty.
- **Care Staff (Night Time)**
The night shift will have one support staff on duty.

Staffing levels are determined by Individuals needs but at all times it is ensured that there are at least the minimum number of staff on duty as agreed with the Commission for Social Care Inspection. These numbers will not include senior professionals within the multi-disciplinary team and the Home Manager

COMPLAINTS PROCEDURE

The Staff at Chesterfield House recognise that from time to time suggestions or concerns may arise upon which Individuals; relatives or friends may wish to comment. In this respect it is the policy to encourage free communication between residents, relatives & significant others and the Home management team to ensure

that any identified suggestions/concerns are acted upon and resolved quickly to the satisfaction of all concerned.

Initially a complaint should be discussed with the Registered Nurse. If the complaint cannot be resolved and/or the complainant feels dissatisfied with the outcome of this action or feels that the issue is of a serious nature then the Home Manager should be contacted either verbally or in writing.

Complaints received by the Home Manager will be acknowledged within two working days. It will then be investigated and a response given within 20 working days. Where the investigation is still in progress, a letter explaining the reason for the delay is sent to the complainant and a full response made within five days of a conclusion being reached.

The results of the investigation will be shared with the complainant and documented. Complaints forms are freely available in the Home.

If the complainant requires support or advice in making a complaint they will be assisted to contact a advocacy service or solicitor. Information of local solicitors and advocacy are available from the Home.

If the Individual considers that the complaint has not been satisfactorily resolved by the Home Manager, the Individual shall be advised to contact the Chief Executive and shall be assisted to do so if required. His contact details are: -

George Blackoe
(Operations Director)
(Responsible Individual)
Healthlinc Individual Care Limited
Head Office
76 Ryland Road
Welton
Lincoln LN2 3LZ
Tel: 01673 860959

Concerns or complaints can also be referred to the Commission for Social Care Inspection (regulating body) at any time.

Commission for Social Care Inspection

CPC1
Capital Park
Fulbourn
Cambridge, CB21 5XE
Tel: 01223 771 300
Fax: 01223 771 397

Complaints are audited on a monthly basis by the Home management team and 3 monthly by the Clinical Governance team.

SERVICE USER CONSULTATION

All Individuals are encouraged to play a part in the development of the home and regular house meetings are held in order to gain a collective opinion of progress as well as individual perceptions of the home.

Additionally regular review meetings are conducted between the independent advocacy service, the Home Manager and senior management staff within the organisation.

It is important that all Individuals feel that their views are listened to and acted upon. It is imperative that Individuals' views are given importance regardless of their race, culture or background. Staff must be able to demonstrate that they listen and act upon Individuals views, encourage discussion and act on issues raised. The management approach to the home must create an open, positive and inclusive atmosphere in order that Individuals benefit from the ethos, leadership and management approach of the service.

RELATIVES, CARERS/SIGNIFICANT OTHERS CONSULTATION

We value the opinions of relatives and significant others. Regular meetings are held with relatives and significant others, and relatives questionnaires distributed. As part of the therapeutic support programme we actively encourage relatives and significant others to play a key role in supporting Individuals. Great emphasis is placed upon the links with the individuals family and friends with Individuals wishes being taken into account.

SATISFACTION SURVEYS

Both Individuals and next of kin are encouraged to complete the Satisfaction survey. Service surveys are sent to the Individuals and next of kin at least annually to seek views about the home and the services it offers (these surveys can be completed confidentially). Support will be offered to Individuals to complete the survey. The results of the Surveys are then analysed and a summary of the findings and action plan are available from the home manager.

SERVICE USER PRIVACY AND DIGNITY

Dignity, Privacy and Citizenship are respected at all times. Individuals are supported to have freedom of choice and are actively encouraged to participate in activities and have a quality of life consistent with their individual care plan and interests of other Individuals. The establishment will facilitate:

- Individuals involvement in the care planning process
- Recognition of individuality
- Recognition Individuals rights to choice
- Facilitation of involvement in employment opportunities
- Facilitate relative / carer/ significant other involvement.

Throughout all Individuals stay within the establishment privacy, dignity, religious/spiritual and cultural beliefs will be respected.

PREVENTION OF ABUSE

Chesterfield House has clear policies, which aim to protect vulnerable individuals in line with Lincolnshire Adult Protection Framework, Nursing and Midwifery Council (N.M.C.) guidance. All people who work in Chesterfield House recognise their responsibility to ensure that they safeguard the interests of their Individuals at all times. The misuse of professional power will not be tolerated and will be subject to clear monitoring within the home. Individuals have the right to an environment that is safe, supportive and free from abuse. Positive and effective staff team/Individual relationships will be encouraged.

INDIVIDUAL NEEDS OF PEOPLE FROM ETHNIC AND OTHER MINORITY COMMUNITIES AND DISABILITY

We are committed to addressing the needs of Individuals from ethnic communities who may be excluded from cultural opportunities in the area. By working alongside various advocacy groups we will assist the growth of cultural opportunities by identifying where resources are and accessing them.

RESPECTING THE PRIVACY AND DIGNITY OF INDIVIDUALS

Chesterfield House respects the privacy and dignity of Individuals. To this end Individuals are afforded single bedrooms some with En-suite all of which are lockable. Staff are required to knock prior to entering the Individuals bedrooms.

Female Individuals can choose to have access to female GP's, Consultant Psychiatrist, Psychologist, nursing and care staff.

Individuals are able to access areas of the home for added privacy when discussing information with other professionals (Psychology, Advocacy, Social Work, etc). All information will be treated in a confidential manner as stated in company and organisations policies and procedures unless; by not sharing such information there could be a serious health and safety risk.

All staff within Chesterfield House will act at all times with the highest degree of professionalism. To this end they are encouraged to act in a way that could not be perceived by the Individual as being disrespectful.

RELIGIOUS BELIEFS

Through comprehensive care planning the religious needs of the Individuals are identified. Individuals who are able to use community facilities will be able to attend religious services at local places of worship of their choice. For those Individuals who so wish, links will be made with the relevant local spiritual leader.

Local places of worship are listed below: -

- North Hykeham Methodist Church Chapel Lane North Hykeham
- All Saints Church, Moor Lane North Hykeham
- Lincoln Baptist Church, Croft Street, Lincoln (01522 575745)
- Islamic Association of Lincoln, Orchard Street, Lincoln (01522 543103)
- St Peter and St Paul Roman Catholic Church, Skellingthorpe Road Lincoln (01522 682278)
- Quakers Religious Society of Friends, Park Street, Lincoln (01522 546019)

FINANCES

Managing finances is an essential part of developing independence. Chesterfield House actively encourages Individuals to manage their own finances however support in budgeting is offered if required. Upon admission each Individual is assessed for his/her ability to manage finances. If support is required this will be incorporated into the Individuals programme. All individuals have lockable facilities. If an Individual lacks the capacity to manage their finances staff will assist in the creating of an appointeeship.

INDEPENDENT ADVOCACY

An Individual may feel that they would like the support of someone, other than staff, who can speak on their behalf and express their individual wishes/beliefs. Individuals are encouraged to express choice about who they would prefer to carry out this role, i.e. friend, family health professional or someone who is independent. Staff will be happy to facilitate this

INTERPRETERS

It is the responsibility of staff to ensure that effective communication takes place between themselves and Individuals. Barriers to communication may be caused by a number of reasons; one being that the Individuals first language is not English. Should an Individual require access to an interpreter staff will make every attempt to identify somebody who will match that individual's gender, religion, dialect and age, where possible.

FIRE SAFETY AND HEALTH AND SAFETY

Chesterfield House has a comprehensive fire system, which complies with all regulations. Staff receive fire awareness updates on a six monthly basis. This is supported by regular equipment checks and Fire safety and requirements training, delivered on an ongoing basis

In the event of a fire all main doors on the corridors are fire doors and when closed will give safety from fire and smoke for up to 30 minutes. In the event of the fire alarm sounding, Staff will support Individuals to leave the building via the nearest fire exit, to a place of safety. All exits are clearly signed. The home is a none smoking building. Staff undertake Health and Safety training.

THERAPEUTIC PRACTITIONER SERVICES

There may be times when Individuals require input from other practitioners, for example:

- General Practitioners
- Dentist
- Chiropodist
- Physiotherapist
- Speech and language Therapist
- Opticians
- Specialist Therapy
- Counselling
- Specialist Nurses, ie diabetic nurse

Should any of the above be required to provide input into Individuals care and support an appropriate referral to that practitioner will be made. Community practioners will be sought however if needed there will be input from the North Hykeham Health Centre such as utilising therapy staff in conducting or maintaining treatments.

If there is any information about Chesterfield House that is not included in this statement of purpose that please do not hesitate to contact the Registered Manager. Chesterfield House would also welcome any feedback or suggestions regarding the content of this statement of purpose.

Thank you for taking the time to read this document.

This Statement of Purpose be reviewed on an annual basis or subject to any change in services provided