



Link
Support

6 Forest Court
Oaklands Park
Wokingham
Berkshire
RG41 2FD

Statement of purpose

Health and Social Care Act 2008

Link Support

☎ 01344 488 155

✉ email@linknursing.com

🌐 www.linknursing.com

A subsidiary of The Link Nursing & Care Agency Ltd. Registered in England No 3739804

Registered with the Care Quality Commission



Statement of purpose

Health and Social Care Act 2008

Version	5	Date of next review	29 April 2017
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Service provider

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

Name	The Link Nursing and Care Agency Limited
Address line 1	6 Forest Court
Address line 2	Oaklands Park
Town/city	Wokingham
County	Berkshire
Post code	RG41 2FD
Email	email@linknursing.com
Main telephone	01344 488 155

ID numbers

Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:

Service provider ID	1-101681277
Registered manager ID	1-108415976



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:

To respect the rights and choices of the people we support

To empower the people we support to live active, fulfilling lives

To keep those we support safe while respecting their right to take risks

To provide personalised support which identifies their wishes, needs and aspirations

To enable those we support to develop and be as independent as possible

To support the Duty of Candour and develop systems which allow us to learn from mistakes

To promote team work which encourages development of our services and staff

Legal status

Tick the relevant box and provide the information requested for the type of provider you are:

Use

Individual

Partnership

List the names of all partners

N/A

Limited liability partnership registered as an organisation

Incorporated organisation

Company number

3739804

Are you a charity?

No

Yes

Charity number:



Group structure (if applicable)	Registered Manager Operations Manager 2 Service Managers Office Administrator Senior Support Workers Support Workers
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Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	Personal Care
Services <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>	Supported Living Schemes Domiciliary Care



Locations	
<i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1:	
Name of location	Link Support
Address line 1	6 Forest Court
Address line 2	Oaklands Park
Address line 3	Wokingham
Address line 4	Berkshire
Address line 5	RG41 2FD
Brief description of location²	Office where approved regulated activity is registered.
No of approved places/beds (not NHS)³	N/A



<p>Name and contact details of registered manager(s) (if applicable)⁴</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>	Registered manager 1
	Full name: Sohila Mostofi
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Business address: The Link Nursing and Care Agency Limited 6 Forest Court, Oaklands Park Wokingham, Berkshire, RG41 2FD
	Telephone: 01344 488155
	Email: email@linknursing.com
	Locations: Link Support, 6 Forest Court, Oaklands Park Wokingham, Berkshire, RG41 2FD
	Regulated activities:
	1. Personal Care



Service user band(s) at this location⁵ <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input checked="" type="checkbox"/>
	Younger adults	<input checked="" 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 checked="" type="checkbox"/>
	Physical disability	<input checked="" type="checkbox"/>
	Sensory impairment	<input checked="" type="checkbox"/>
	Dementia	<input type="checkbox"/>
	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"/>	