

Service Provision Agreement

C4-095

1 AGREEMENT

This agreement is made between Waterford Intellectual Disability Association (W.I.D.A.) and..... (*name of service user*).

The agreement refers to the provision of a (*Day or Residential or Respite*)Service.

Your service will include the following:

_____ (*Service Manager to specify exactly what service will be provide and frequency of same*).

_____ is the Service Manager. If this changes we will notify you in writing.

If the person the agreement relates to is under 18 years of age, or does not have capacity to provide consent, please state the name of the person who is signing the document, and their relationship to the service user:

Name:.....

Relationship:.....

2 INTRODUCTION

The aim of management and staff at W.I.D.A. is to provide a comfortable service suited to your individual requirements.

We undertake to consult you in all matters to do with your well-being.

W.I.D.A. is committed to providing you with a service that is:

- Rights based, where you are actively involved in all decisions affecting you, and staff will support you to know and exercise your rights as a full and equal citizen in your community.
- Person Centred and relationship oriented, and inclusive (at your wish) of your natural support network.
- Capacity building and will support you in learning opportunities and active participation in you local community.

W.I.D.A. is accountable to service users and as such will strive for continuous improvement, and will actively engage in external reviews of service quality.

Service Provision Agreement

C4-095

3 TRIAL PERIOD

The decision to become a service user is an important one, and for this reason the first three months of your service should be considered a trial period.

Two weeks before the end of the trial period, you will be contacted by your service manager. If you both agree then your service will continue.

If you or the service manager have any concerns, you should arrange to meet and discuss how any difficulties in the service provision may be resolved. W.I.D.A. may choose to extend the trial period for a further three months, or to review the service it can provide.

Where problems/concerns do arise, the service manager will endeavour to resolve these in a prompt manner.

Within the three month trial period, there is no requirement on either side to give notice of termination of the agreement.

4 FEES

You are responsible for the following costs for your service:

1. _____
2. _____
3. _____
4. _____
5. _____

W.I.D.A. will support you in understanding any charges you have to pay.

W.I.D.A. expects all adult service users will have their own bank account, and will be involved at an appropriate level in managing their own finances. All residential service users must have their own bank account which they can access.

To ensure transparency in financial matters, standing orders will be set up by service users from their personal bank account to W.I.D.A.'s account, to cover regular monthly charges.

W.I.D.A. has a procedure on Service Users Finances which is available on request.

Service Provision Agreement

C4-095

6 PERSONAL EFFECTS

W.I.D.A. will provide you with a safe place to store your possessions. W.I.D.A. is not responsible however for service user property. You should not bring valuable property to respite or day service unless you can be responsible for it.

You must tell us about any electrical items that you bring with you and make sure that they are safe to use. If there is any doubt as to whether an item is safe, you should not use it until an electrician has tested it.

Residential Services Only

People who are supported by W.I.D.A. staff in residential services, should be aware that they are responsible for providing their own personal belongings and for providing adequate insurance of these.

7 CARE and Support Plans

Our aim is to plan your care based upon an assessment of your needs. The service has procedures to review your situation regularly with the staff in the service and other relevant professionals involved in your care. You will be involved in all reviews.

8 MEDICATION

Only prescribed medication will be administered by staff. All medication should be supplied in blister packs with a prescription label on the pack and written by the GP on a W.I.D.A. Prescription and Medication Kardex Record.

Medication is the service user's private property. In cases where the service user is unable to supervise their own medicine, the manager will make arrangements for the supervision and administration of such medication. The service has a policy for the control of medication.

9 TERMINATION OF THIS AGREEMENT

28 days notice will be given by either party to terminate this agreement.

Every assistance will be given by W.I.D.A. in finding an appropriate alternative service.

10 DEATH

In the event of the death of a client, the next of kin and / or the legal representative will be informed.

11 COMPLAINTS

Service users or their representatives should in the first instance discuss any complaints with the manager or senior care staff on duty / on call if they are not satisfied.

Service Provision Agreement

C4-095

However, if the complaint is not satisfactorily resolved, it should be dealt with under the complaints procedure.

12 SUGGESTIONS

The service regularly reviews its procedures to improve its services. Your views will be sought and if you have any suggestions with regard to the running of the service these will be welcomed.

13 CONFIDENTIALITY

All personal records relating to you which are kept by the service will be kept strictly private and confidential. You are entitled to see such records should you wish to do so, and you should follow the administrative access or freedom of Information route whichever is appropriate.

15 ADVOCACY

WIDA will support all service users in accessing an Independent Advocate. Contact details for Advocacy Services are available in all WIDA services.

14 DOCUMENTS

The manager will give you copies of:

- Statement of Purpose
- Service Users Guide
- Easy read version of Complaints Procedure
- Protection and Prevention of Abuse Procedure **OR**
- Child Protection Procedure
- Easy read version of National Standards for Residential Services for Children and Adults with Disabilities (full document available on request)

Signature of Adult Service User: _____

Date: _____

OR

Name of Service User: _____

Signature of Parent/Legal Guardian: _____