

## BHCC Accessible contract

(For use between people/ those acting on their behalf and service providers)

### Disclaimer:

This is a draft template drawn up in consultation with the Brighton & Hove City Council Adult Social Care Contracts Unit. This agreement may be used between a third party and a provider. You may adapt this agreement to more accurately describe your individual arrangements. It will be the service providers's responsibility to check it with their own legal department.



This is an agreement between

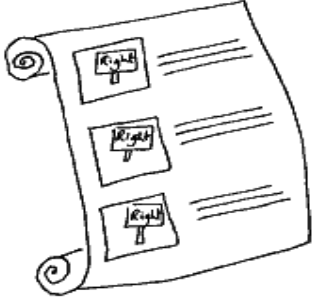
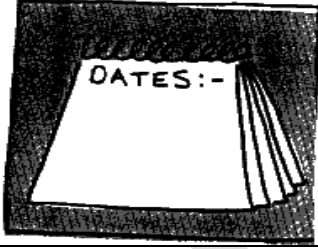
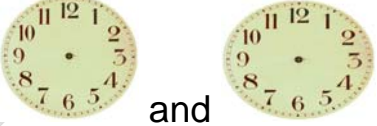

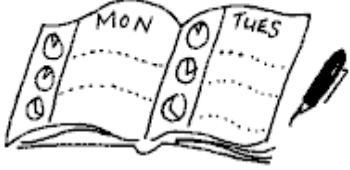


(Insert the person's name or the Individual acting on their behalf)

Insert a picture of the person where applicable

and

(Insert the provider's name)

Inset the providers logo or picture where applicable

<p><b>1. Our Agreement</b></p> <p>This agreement explains how much your support will cost, how (insert providers name) will be paid and how the service will be provided.</p>	
<p>The service will start on (insert date) and will be reviewed on (insert date) or before if your needs change.</p>	
<p><b>2. The Service</b></p> <p>(Inset providers name) will provide a worker to support you for (XX) hours each week between (Insert times support will start and end).</p>	
<p>Your worker will be called (insert name) and will carry a card with their picture and their name on to show you and other people that they work for (insert providers name).</p>	
<p>On (insert the days of the week).</p>	
<p>We will also provide a worker to support you in the evenings/ at night (delete as appropriate) between (Insert times support will start and end).</p>	
<p>This person will sleep at your house.</p>	

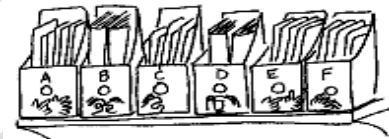
This will cost £ (Insert hourly rate) per hour.  
  
(If your rates vary on evenings or weekends please add in the details).



These support hours will be used to help you achieve the outcomes in your Person-centred Care Plan.  
  
Any changes to this support will be agreed with you.



We will agree with you what records we need to keep.

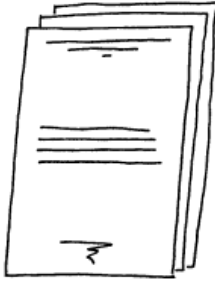

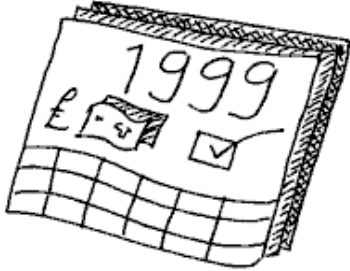





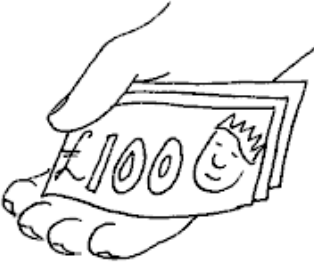




These records will be kept in a locked drawer or cupboard.  
  
We can look at this information at your reviews to make sure it is correct. If we need to we can make changes together.  
  
You have the right to see any information held by (insert the provider) at any time. If you wish to see anything please ask.

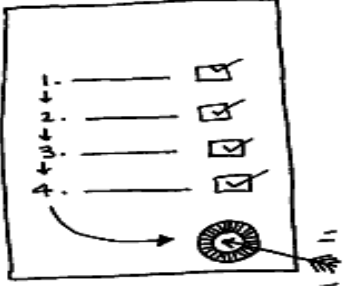
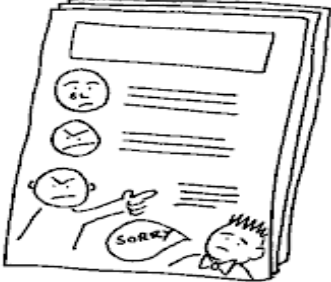




We may also keep some information on a computer.



<p><b>3. Paying for Your Support</b></p> <p>We will send you a bill every 4 weeks.</p> <p>This will say how many hours of support you have and how much it costs.</p>	
<p>We would like you to pay the money to us (by setting up a Standing order/ Direct Debit/ Cheque or making a transfer- insert what has been agreed) within a week/month of receiving our invoice.</p> <p>If you have any problems with this you must let us know.</p>	
<p>Every year in March we will let you know if the price will increase from 1<sup>st</sup> April. (You will need to check if people have factored in inflationary increases into their budget)</p>	
<p>If we are paid late we may add an extra 10% to the bill.</p>	
<p>If you have to go into hospital or receive medical treatment and you have to cancel our service we will/ will not charge you.</p> <p>You or someone you know must let us know as soon as possible so we can make changes/ cancel your service.</p>	

<p>If we are not paid for (x) months we will have to stop providing you with support.</p>	
<p><b>4. Your Money</b> You or someone who is acting on your behalf will manage your money.</p>	
<p>You will apply for any benefits that you can get.  We will help you with this (If this is applicable to the service).</p>	
<p><b>5. The Standards of the Service</b>  We will register with the Commission for Social Care Inspection. A copy of their current inspection report will be given to you on request. (If applicable to your service)</p>	
<p>We are registered with Supporting People. A copy of their current inspection report will be given to you on request. (If applicable to your service)</p>	
<p>We are a council approved provider. This means the council has checked we can work to their standards.</p>	
<p>(If you are NOT a CSCI or SP inspected service).  We will sign up to the charter based on the General Social Care Council's 'Codes of</p>	

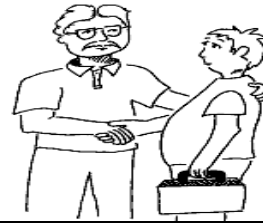
<p>Practise’.</p> <p>This says how you ‘the employer’ and us ‘the provider’ will work together to provide a good service.</p>	
<p>We also have our own standards, which we will make sure that we meet.</p> <p>If you do not think the worker or (insert providers name) are providing a good service you can make a complaint to: (Insert office details)</p>	
<p>We will tell you how to make a complaint if you are not happy with the service.</p> <p>Or you can contact the Duty Care Manager at Denmark Villas on 01273 295550.</p>	
<p>We will insure and protect the staff that support you in case they have an accident when they are with you.</p>	
<p>We work to the Sussex Multi-Agency Policy and Procedures for Safeguarding Vulnerable Adults (The Orange Book).</p> <p>Or we have a Safeguarding Adult policy which says what we will do if there are allegations of harm or abuse.</p>	

## 6. Monitoring and Review

We will work with you and anyone that you have chosen to support you, to check that you are achieving what you want.



We will try and work out any difficulties between us. If we can't we will agree who might be able to help us.



If you don't want us to continue to provide a service for you, you will need to tell us (x) months beforehand.

If we are unable to support you anymore we will tell you (x) months beforehand.



If either of us does not stick to this agreement we will be able to say 4 weeks in advance that we do not want to continue to work together.



Signed ( The Provider)

Name

Date



Signed (The person or someone acting in their behalf)

Name

Date



If you would like us to get in touch with a friend, family member, advocate, care manager or broker to talk about how we will support you please provide us with their name, address and telephone number



DRAFT