

**Contract of
Service Provision
for Adults who
may be Vulnerable**

**A Guidance Document
January 2019**

Preface

The right to have your voice heard and to participate in making decisions which affect you is a fundamental principle in a democratic society. It is a principle simply stated as: Nothing about you / without you

Many people face challenges to their independence due to physical or mental illness, intellectual, physical or sensory disability, lack of family and/or community supports or an inability to access public services that meet their needs. Some people communicate differently and with difficulty. Some people slowly lose their ability to make and communicate decisions as a condition, such as dementia, develops over time. Some are abused and exploited because of their vulnerability. Others feel disregarded or let down by healthcare services while some are harmed through adverse events or medical negligence.

In circumstances where people may be vulnerable, or have to depend on others, there is a need to ensure that their rights, freedoms and dignity are promoted and protected. Through support and advocacy the will and preference of a person can be heard and acted upon; independently of family, service provider or systems interests.

Sage Advocacy is a support and advocacy service for vulnerable adults, older people and healthcare patients. We have developed this guidance document for use by residential service providers, residents themselves, supported living services, health and social care staff, family members of a person in receipt of service by a disability service or older persons service and legal professionals. This document aims to promote fairness and consistency in the development of contracts of service provision for adults who may be vulnerable.

Presumption of Capacity:

This guidance document adopts the common law assumption, now contained within the Assisted Decision Making (Capacity) Act 2015 (ADM Act), that all persons are presumed to have capacity, until the contrary is proven following all efforts being made to facilitate the vulnerable adult's understanding of the presenting issue.

Reduced Capacity:

Where a person may have reduced capacity to understand their Contract of Service Provision, and where there is no other legally appointed individual to act on their behalf, this guidance document aims to ensure that the human and legal rights of the person are guaranteed.

Disclaimer and waiver of liability:

This guidance document is not intended as a sole source of guidance and information in the drafting and implementation of Contracts of Service Provision for Adults who may be Vulnerable. This guidance document is not a legally binding standard for the implementation of contracts of service provision. Whilst every effort has been made to ensure the accuracy of the information and material contained in this guidance document, Sage does not accept any liability arising from any errors or omissions. Sage resource material is for information use only and should not be taken as a substitute for legal advice

Reference:

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Glossary

Advance Care Planning

Advanced Care Planning refers to a process of discussion and reflection about goals, values and preferences for future care in the context of an anticipated deterioration in a person's condition when they lack capacity to make decisions and communicate these to others.¹

Advance Healthcare Directive

An Advance Healthcare Directive (AHD) is a written document which allows a person to plan ahead by indicating:

- the healthcare treatments they would want or not want at a time when they are unable to make that particular decision for themselves
- and/or naming a person who is authorised to make those decisions for them at that time.

The purpose of an AHD is to ensure that the person is treated at all times according to their will, preferences, beliefs and values. An AHD provides healthcare professionals with important information about the person and their choices in relation to treatment. An AHD can be made by any person over the age of 18 years who has the ability to do so at any time, (not just where a person is unwell or has a diagnosis of dementia) to come into effect when they lack capacity.

Decision Making Capacity

Every adult is presumed to have capacity to make decisions about their own health and welfare. Decision making capacity is the ability of a person to understand at the time a decision is to be made, the nature and consequences of the decision in the context of the available choices. This means that decision making is time and issue specific.

Power of Attorney

A Power of Attorney is a legal document in which a person "(the Donor) can give another person (the Attorney) the authority to act on their behalf. In Irish law there are two different Powers of Attorney;

- Power of Attorney which automatically ceases if the Donor lacks the ability to make decisions
- Enduring Power of Attorney (EPA) which takes over in the event that the Donor lacks the ability to make decisions

You can create an EPA to nominate a person(s) who will make decisions on your behalf in the future about you and your affairs when you lack the capacity to make those decisions for yourself. An EPA is a legal document.

¹ Adapted from: <http://hospicefoundation.ie/wp-content/uploads/2016/07/Final-Guidance-Document-2-ACP-AHD.pdf>

Family Member

Family members are identified as people who are close in affection, knowledge and care to the person and may not be biologically related or related by marriage. 'Next of kin' is not a legal term. It is used in medical or healthcare settings to indicate a person who is to be contacted in the event that something has happened to the patient, such as an accident, illness or decline in their condition. This is often a relative or friend. The 'Next of kin' does not have any legal authority or responsibility to make decisions or give consent on behalf of a person, unless they have been legally appointed to do so under a registered Enduring Power of Attorney or in an ADH..

The Contract

The Contract is a legal agreement made between two parties; the service provider and the person receiving support and care. It should state the terms and conditions of the service to be provided to the person as well as the service providers' commitment to providing a service that is human rights based.

Background and Context

In 2017, Sage Advocacy undertook a review of Nursing Home Contracts within the public and private sector and in September 2017 it published Contracts of Care for Nursing Home Residents – Issues for Policy and Practice.²

The key findings from this report highlighted the following;

1. No capacity assessment was carried out prior to the signing of contract by someone other than the resident
2. Contracts were signed by relatives rather than by the individual concerned where a person had Decision-Making capacity
3. Language in contracts legal and technical and difficult to comprehend – there is a clear need for Plain English versions as well as audio versions
4. Different practices and lack of clarity where the person may lack capacity and there is no person with authority to make decisions on their behalf
5. Inadequate time to consider a contract in detail and to get appropriate legal advice because of pressure to take up the nursing home place on offer and/or lack of access to independent legal advice

6. Additional charges not specified in contracts being implemented without any consultation with residents and without regard for their ability to pay

7. Residents sometimes not provided with details of incidental/out of the ordinary expenses in cases where the Nursing Home held and managed a resident's money

In 2018, Sage Advocacy commissioned a review of Contracts of Care within Disability Service Providers. The findings of this review highlighted strong similarities to the findings outlined within the Nursing Home Contracts discussion paper.

In order to address these findings and to ensure the promotion and protection of the rights, freedoms and dignity for those bound by the Contracts of Care within Disability Services, Sage undertook the development of this Guidance Document on the Contract of Service Provision for Adults who may be Vulnerable.

2 <http://sageadvocacy.ie/wp-content/uploads/2017/10/Sage-Nursing-Home-Contracts-Discussion-Documents-Sept-2017.pdf>

Introduction

Introduction

This document aims to promote excellence and accountability in the development of Contracts of Service Provision for Adults who may be Vulnerable. In order to ensure a truly person-centred approach to service provision, all staff need to develop competences and confidence in understanding and in ensuring that the rights of people in receipt of a service, as outlined in their Contract of Service Provision, are respected.

Who is the guidance document for?

This document is designed for use by residential service providers, residents themselves, supported living services, health and social care staff, along with family members of a person in receipt of service by a disability or older persons service and legal professionals.

How to use the guidance document

It is envisaged that this guidance document will be used as a framework to promote excellence and accountability in the drafting of Contracts of Service Provision. This guidance document can also be used as a benchmark for Contracts currently in existence to ensure the development, promotion and protection of the human rights, freedoms and dignity for those bound by those existing Contracts.

Outline of this guidance document

This guidance document lists seventeen key considerations which inform good practice in the design and implementation of Contracts of Service Provision for Adults who may be Vulnerable and provides guidance and recommendations on each of the seventeen key considerations outlined within the document.

Structure of the guidance document

The document contains seventeen key considerations.

1. Pre-Contract
2. Introduction to the Contract of Service Provision
3. Service Provided
 - Statement of Purpose
 - Security of Home and Residence
 - 3.a Referral
 - 3.b Admission
 - 3.c Transfer
 - 3.d Discharge / Termination of Contract
4. Financial / Charges
 - 4.a Statutory Basis of Provision of Care and Support
 - 4.b Food and Nutritional Charges
 - 4.c Personal Finances
 - 4.d Additional Charges
 - 4.e Reduction or waiver of charges
5. Absence from Service
6. Food and Nutrition
7. Personal Effects
8. Visitors and Social Engagement
9. Transport
10. Staff and Volunteers
11. Feedback, Comments, Complaints
12. Insurance
13. Rights and Responsibilities
14. Confidentiality
15. Medication and Medical Support
16. Documents, Policies and Procedure
17. Right to Reside

1. Pre-Contract

Prior to a person joining a service, the service provider should provide an accessible transition programme and accessible information pack.

This can include for the person but is not limited to;

- a number of visits to the service both accompanied and unaccompanied by members of the person's circle of support
- opportunities to meet with other people who use and avail of the service
- opportunities to meet with staff who work within the service
- opportunities to share a meal with other people who use and avail of the service
- opportunities to experience social and recreational activities with other people who use the service
- photographs and information on services provided e.g. rooms within the service, social / leisure activities
- opportunities for the person to develop and direct their own service, needs.

Clarity regarding what will and will not be provided by the service should be discussed prior to a person joining a service.

This can include but is not limited to;

- the type of service provided e.g. day service and/or residential service, social / leisure activities, therapies
- the type of accommodation provided e.g. own room, ensuite, access to a garden and other communal spaces, etc.

2. Introduction to the contract of service provision

The Contract is a legal agreement made between two parties; the service provider and the person receiving care and support. It must state the terms and conditions of the service to be provided to the person as well as the service providers' commitment to providing a service that is human rights based.

The Contract must highlight that the service provider complies with the Health Care Act of 2007, the National Quality Standards for Residential Care Settings in Ireland 2013 (HIQA) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) along with highlighting that the service provider will adhere to all the provisions of the Assisted Decision Making (Capacity) Act 2015 and in particular, the requirement to enable supported decision-making where the latter is required.

The Contract should ensure that the service provider agrees;

- to support the person in a person centred manner
- to ensure the person is treated with dignity and respect
- to support the person's personal autonomy
- to support the person to maximise their opportunities to reach their full potential
- to ensure the person's quality of life will be protected and enhanced through the provision of supports in accordance with their own individual will and preferences. This can include but not be limited to; providing opportunities for positive relationships, fostering social connections, community networking, and meaningful activities.

The Contract should also refer to the duties and responsibilities of the person under the Contract.

3. Service provided

Statement of Purpose

This should outline the vision and ethos of the service provider / organisation.

Security of Service Provision

This should highlight the existence of the referral, admission, discharge and termination of contract policies and procedures as well as the transfer policy. Each of these are further elaborated below;

3a Referral

The fact that a needs assessment has been carried out should be clearly stated. This is to confirm that the service provider has assessed the proposed person's needs and can support them, and that the intended resident has actively participated in choosing their service provider. This section should also provide for a trial period and outline the procedure for either party to terminate the Contract after / or during the trial period.

3b Admission

The Contract should highlight;

- the development of a personal plan based on needs / wishes / goals and funding, including who it is intended to be involved in the development of the plan and that it will be reviewed and audited
- provision for at least an annual review with all supporting members of the care and support programme team along with any chosen members of the persons own circle of support.

3c Transfer

The contact should confirm that a person's right to transfer to an alternative service provider will be supported and recognised, and that the service provider will first support the person to explore their reason for the wish to transfer.

3. Service provided - continued.

3d Discharge / Termination of Contract

The right of a person to be permanently cared for and supported by the service provider should be assured within the Contract.

The Contract should;

- confirm that a person should not be requested to leave on a temporary or permanent basis in order to accommodate other service users or residents, or at the request of the service provider, unless the service can no longer meet the person's needs or where there is concern for the quality of life, health, wellbeing or safety of the person or others
- if a need for the person to leave the service is identified by either party, the service will support the person in finding an alternative provider, and that the person will be afforded the opportunity to actively participate in the planning of the transfer between service providers
- specify that a minimum notice period of four weeks, or a week for every year of residence (whichever is the longer), be given to the relevant party.

4. Financial / Charges

This should cover, but not be limited to, the statutory basis upon which the service provider is providing care and support, along with accommodation, food and nutrition, personal finances and additional charges.

The Contract should highlight, that the service provider is compliant with HIQAs Guidelines for Designated Centres – Residents Finances (2014) and that there are clear policies and procedures on the management and protection of personal property and finances, which can be made available to the individual in receipt of care and support.

4a Statutory Basis of Provision of Care and Support

The cost of residential services should be charged and collected as set out in the Health Regulations for the HSE, under the Health Act, 1970 (Amended 2017). The Contract should specify which category of charges apply to the person and state the amount charged, and that a personal financial assessment will be completed annually in respect of each individual person and in conjunction with them.⁴

4 Information from HSE website correct as of January 2019.

Long stay contributions refer to people in receipt of in-patient services on premises where nursing care is provided on a 24 hour basis and sets affordable maximum contribution rates in non-nursing settings where accommodation is provided or where upkeep costs (for example, food and utility bills) are funded by or on behalf of the HSE.

An individual in receipt of care and support does not have to make a long-stay contribution for a day when they do not stay in the accommodation.

Accommodation Charges:

All individuals in receipt of residential care and support should have a Tenancy Agreement which outlines the terms and conditions of their rental agreement.

Payment Categories as outlined by the HSE:

Category A accommodation (24 hour medical or nursing care).

Category B accommodation (weekly medical or nursing care on a less than 24 hour basis).

Category C accommodation (all other accommodation such as independent living settings).

€177 – if you are in Category A accommodation (24 hour medical or nursing care) and your weekly income is €218 or more;

€132 – if you are in Category B accommodation (weekly medical or nursing care on a less than 24 hour basis) and your weekly income is €200 or more;

€72 – if you are in Category C accommodation (all other accommodation such as independent living) and your income is €198 or more.

If only in receipt of a Disability Allowance of €198.

€157 (in Category A accommodation), €122 (Category B) or €72.00 (Category C)

<https://www.hse.ie/eng/services/news/newsfeatures/longstaycontributions/>

4. Financial / Charges - continued.

4b Food and Nutritional Charges

No contract should oblige a person who requires particular food under a prescribed cultural or ethical diet to incur additional costs. In addition the Contract should clarify that when a person chooses to eat away from their home or have a take away meal the charges may be either;

a) Paid for in full by the person or

b) Charged for the additional cost calculated as the difference between the costs of the service providing the meal. e.g. Main meal allowance €6.00, take away meal €15.00 – individual pays €9.00.

4c Personal Finances

The Contract should deal with the management of the person's personal finances and specify that the optimum arrangement is that the person will be supported to manage their own finances. It should also confirm how, in the event that the person is, or becomes, unable to manage their own finances, the service provider will then manage their finances. This should be either through a HSE Patients Private Property Account or the service providers own "client account" system which mirrors the Patient's Private Property Account system. The Contract should never allow for staff to be signatory's on a financial account held by a person or be in possession of pass cards, pin and puk numbers or online bank details unless the service provider has a very robust supervision and independent audit system in place. The Contract should clearly state that the service provider will never pool any individual person's funds with the service providers own money, and that the service provider will never pool any individual person's funds with others except within the service provider's own "client account" system which mirrors the HSE Patients Private Property Account system.⁵

The Contract should provide for an annual financial audit of the person's funds and provide a financial statement to the person after completion of the audit.

5 Patients' Private Property Accounts

Statutory Healthcare Providers should operate and offer the individual in receipt of care and support a Patients' Private Property Accounts. The management of Patients' Private Property Accounts should be managed in line with the HSE Guidelines, and a synopsis of this should be provided to the individual in receipt of care and support.

4. Financial / Charges - continued.

4d Additional Charges

The Contract must include a detailed charter of additional charges along with a statement about how the person may opt out of these payments. The Contract should not oblige anyone to have to contribute to any communal or business fund without their informed consent, including parties or events. The Contract should provide details of additional services which are not covered under section 4a and 4b, examples of these are; medical services that do not come under the General Medical Scheme, health insurance, equipment, clothes and personal effects, furnishings other than those supplied by the service provider, holidays, additional therapies such as reflexology, personal trips, education and training programmes .

4e Reduction or waiver of charges

The Contract should provide for a cost review for a person who is or has become unable to make their financial contributions, and should allow for senior management of the service provider to request evidence of such hardship.

5. Absence from Service

The Contract should provide that if a person is temporarily absent or stays away from the service, either voluntarily or involuntarily (e.g. hospital appointment, holiday, family visit) their rights under their contract will not be affected for a period agreed with the service manager.

If the service provider does not offer services over specific time periods (e.g. Christmas and summer holidays) the contract should outline the reasons why and when, and detail the substitute service of support to be offered to the person as well as any financial impact for the individual.

6. Food and Nutrition

The Contract should state that the person is entitled to be consulted about their choice of food and nutrition based on their needs.

The Contract should also highlight that the person has the right to;

- participate in the purchasing of food
- to participate in the preparation and cooking of meals
- to receive appropriate assistance with eating and drinking.

If the service provider has assessed that a protected meal time for a person is necessary, the reason for this should be stated in the assessment of needs and therefore be a part of the contract.

7. Personal effects

The Contract should outline;

- what is to be provided by the service provider, for example basic furniture, communal television in shared living spaces, bed clothes and laundry facilities, etc. It should also specify that a person is encouraged to bring or supplement their home and personal space with their own personal effects and that a record of these will be kept and made available to them in line with policy and procedure
- arrangements for the care of pets and possible house pets.

8. Visitors and Social Engagement

The Contract should;

- endorse the ongoing chosen relationships of the person with their friends, family members and wider circles of support
- require the service provider to support the person to develop their own autonomy and ensure opportunities for positive relationships
- not place restrictions on visitors except in exceptional circumstance which should be clearly explained to everyone (e.g. protected meal times, illness) and specify the policy regarding overnight visitations or non-residents.

9. Transport

The Contract should provide for the following;

- that each person should be given access to transport facilities
- that non personal journey's such as medical trips or shopping trips should be charged to the service provider
- that personal trips outlined within a person's care plan may result in a cost to them
- should the service provider's transport facilities be unavailable and the person wishes to avail of personal trips that they have the right to use a private service such as a taxi, and that this may incur a cost which is payable by the individual
- that the person will be supported to use a free travel pass where applicable
- that if a person needs to make a non-personal journey, such as to attend a hospital appointment, and the service provider's transport facilities are unavailable, the cost of any private service engaged will be charged to the service provider.

10. Staff and Volunteers

The Contract should highlight the role of staff and volunteers in the everyday life of the person.

The Contract should highlight that;

- staff and volunteers are expected to respect the autonomy, dignity and privacy of all individuals
- staff and volunteers work in partnership and in consultation with the person
- staff and volunteers are provided with training, policies, procedures and guidelines in all aspects of the person's care and support and regularly partake in continuous professional development and are Garda vetted
- a code of conduct for all staff and volunteers is in existence and available in an accessible format.

11. Feedback, Comments, Complaints

The Contract should highlight;

- that the service provider will maintain an environment that is conducive to supporting ongoing dialogue and communication between each person, staff member, management and wider circles of support
- that each person has the right to express their feelings, concerns, worries and joys without fear
- the formal and informal pathways for feedback, comments and complaints.

12. Insurance

The Contract should confirm that insurance policies are in place and that they cover, but are not limited to the following:

- the person and their personal property (the extent of the level of cover for the person's personal property should be specified)
- the person when availing of the service's transport facilities
- the person when they are using private transport where the cost of that service is charged to the service provider.

13. Rights and Responsibilities

The Contract should make reference to the human and legal rights of the person and to their responsibilities, along with the fact that the service provider is agreeing to honour those rights and responsibilities.

These include, but are not limited to the right to;

- be treated with dignity and respect
- not be deprived of one's liberty
- be given information in a manner that the person can understand
- be fully supported to make their own decisions
- engage in responsible risk-taking
- have personal information kept private except in accordance with legislation
- exercise their citizenship rights, for example the right to vote
- make their own schedule and choices in respect of daily living
- participate in social activities and have opportunities for personal growth and development designed to meet their individual needs
- be free from discrimination
- be free from all abuse and neglect
- freedom of movement and free from all kinds of restraint – physical, chemical or psychological
- have their voice heard and understood
- make a complaint and be offered appropriate redress
- feel safe
- know who is coming in and out of their own home
- have appropriate, medical and nursing care when needed
- be fully informed about their health – medical condition, drugs, supplements and in a language that is understandable by the person

13. Rights and Responsibilities - continued.

- be involved in their choice of doctor
- participate in decision making regarding all aspects of their life
- have access to all personal records, reports and data
- have access to legal advice
- have access to independent advocacy
- create an Advance Healthcare Directive
- have an end-of-life care plan
- make a will
- complete an Enduring Power of Attorney
- appoint decision supporters in accordance with the law
- nominate representatives to be notified in the case of;
 - » an accident or incident
 - » significant deterioration to physical, mental, or psychosocial status
 - » a life-threatening condition
 - » medical complications
 - » significant changes in care and / support plan
 - » decisions about transfers and discharges
- specify certain people who are not to be notified or given information about them
- monitor and access their own finances
- have and be part of the development of a personalised care and support programme
- access all social welfare services
- live in an environment which supports positive risk taking which gives the opportunity to learn from the outcomes
- access recreational and educational services
- have a private bedroom and decorate it according to the person's wishes
- have access to comfortable and inviting communal areas and to have an input into how it is decorated and maintained
- have access to a kitchen that is suitable to the needs of the person
- live in an environment that has suitable heating, lighting, ventilation and with appropriate sound levels according to the person's needs
- have access to bathroom, shower, toilet and hygiene facilities that are of a safe, comfortable, inviting standard
- have access to suitable and inviting outdoor space
- have their own hall door key and a key for their own personal space.

The responsibilities of the person include:

- to treat all other residents, visitors and staff with dignity and respect
- to respect the rights of others
- to take personal responsibility for their own safety, security and comfort along with supporting others in doing so for themselves
- to engage with the service provider in ensuring that their own quality of life is met in accordance with their will and preference
- to respect the personal privacy of other residents and staff

14. Confidentiality

The Contract must specify that;

- it is compliant with General Data Protection Regulations
- a person has the right to access their records at any stage
- access to records will not be given to anyone without their consent unless deemed necessary under law.

15. Medication and Medical Support

The Contract should highlight that the service provider will support the person to administer their own medication and have an individual medication management plan. In the event that the person is unable to administer their own medication the contract should refer to a medication management policy available to the person in an accessible format.

The Contract should also confirm;

- that the person has the right to choose their own GP and to have access to them
- how excess charges not covered by the service provider or under the medical card scheme will be passed on to the person (e.g. prescription charges, or a decision to pay for private medical treatment)
- who is to be responsible for making medical or health appointments
- the right of the person to be supported in planning ahead.

16. Documents, Policies and Procedure

All documents, policies and procedures should be available in accessible format which may include an easy to read version, audio and video versions.

Such documents, policies and procedures may include;

- Service users guide
- Equal opportunity Policy
- Service user Charter of Rights
- Comments and Complaints Policy
- Confidentiality Policy
- Termination Policy
- Smoking Policy
- Pets' Policy
- End of Life Policy
- Finance Policy
- Tenancy Agreement
- Dignity at Work Policy
- Patients Private Property Accounts Guidelines
- Privacy and Dignity Policy
- Staff and Volunteers Code of Conduct
- Governance Policy
- Record Keeping Policy
- Medication Management Policy
- Service regulations on Risk and Managing Risk

17. Right to Reside

The nature of the occupation of a property should be specified in the Contract.

Some people will be supported to live independently in a property which they exclusively occupy. They should have a Tenancy Agreement which is in compliance with the requirements of the Residential Tenancies Board and the premises should be registered with the Residential Tenancies Board.

Some people will occupy a property which they share with others. If they do not have a separate Tenancy Agreement, which is in compliance with the requirements of the Residential Tenancies Board, the Contract should specify this and give the following details:

- the name of the immediate Landlord and/or the name of the business or organisation the immediate Landlord may have leased it from
- confirmation that the property is registered with the Residential Tenancies Board and that the lease is in compliance with the requirements of the Residential Tenancies Board
- confirmation that a pre-tenancy course was attended by the proposed tenant
- confirmation that a Transition Plan has been developed with the proposed tenant which gives a background to their former living situation and demonstrates the tenant's direct involvement in the choice of where and with whom they wish to live
- confirmation that a benefit analysis has been drawn up by the supporting service provider to demonstrate the possible outcomes for the proposed tenant in moving from their former residence to their proposed new home.

Contract of service provision – Review template

	Date Introduced	Actions to be addressed	Reviewed by and Role	Next Review Date
Pre-Contract				
Introduction to the Contract for Service Provision				
Service Provided Statement of Purpose Security of Home and Residence Referral Admission Transfer Discharge / Termination of Contract				
Financial / Charges Statutory Basis of Provision of Care and Support Food and Nutritional Charges Personal Finances Additional Charges Reduction or waiver of charges				
Absence from Service				
Food and Nutrition				
Personal Effects				
Visitors and Social Engagement				
Transport				
Staff and Volunteers				
Feedback, Comments, Complaints				
Insurance				
Rights and Responsibilities				
Confidentiality				
Medication and Medical Support				
Documents, Policies and Procedure				
Right to Reside				

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Information & Support Rapid Response Service

1850 71 94 00

8am – 10pm daily

Leave your name, a contact number and a very brief description of the issue. Our aim is to respond to you within an hour. When urgent support is required an experienced Sage Representative can be available nationwide within 24 hours.

Sage is a member of Safeguarding Ireland

Safeguarding
I R E L A N D 

Promoting the rights of vulnerable adults

safeguardingireland.org