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1.0 POLICY:

This Service Level Provision Policy is written with an aim to ensure that the People Supported by Sunbeam House Services (SHS) and/or their families or advocates are made aware of the terms on which the Person supported will receive the supports and care provided and where appropriate the fees to be charged. This policy also sets out the method in which the appropriate services care and supports are provided.

2.0 SCOPE:

This policy applies to any individual wishing to access the services, car and supports provided by SHS.

SHS commits to safe-guarding the rights and dignity of the people we support and staff members in the implementatin of this policy and associated supporting documents.

3.0 ROLES & RESPONSIBILITIES:

All staff working in SHS are responsible for complying with this policy. It is the responsibility of the Senior Management Team (SMT) to ensure compliance with this this policy.

4.0 PROCESS:

An Individual requiring Support is referred to SHS, and the following steps are undertaken:

- Part one of Service Level Provision is forwarded to the individuals home address with accompanying letter (appendix A) The individual is invited to attend SHS for a formal visit and advised that they will be assisted in the completion of the enclosed document during this visit. The Individual is invited to extend the invitation to a family member/ friend or advocate.

- Staff member utilises the information gathered in part one of the Service Level Provision document to prepare the Service Level Provision Plan (Part two). This document is specific to the Individual requiring support and as such will be edited to show the terms applicable to each support, care or service being provided to the individual requiring support from SHS

- On completion of Part two of the Service Level Provision document the Individual requiring support and their family/advocate are invited to return to SHS to meet the proposed Keyworker and sign Part two (provision plan, where appropriate, which will form the basis of the service arrangements until such time as one party requests a change in the provision of services

- The individual to be supported will be provided with a pack containing the following items if relevant to the plan :

  (1) Copy of signed Provision Plan

  (2) Copy of statement of Purpose & Function for specific location

  (3) Copy of Residents guide for Specific location

  (4) Copy of HIQA National Standards Easy Read Version

  (5) Copy of SHS Complaints Policy Easy Read Version

  (6) Tenancy Agreement or Temporary Support Agreement

5.0 REVIEW:

This Service Level Provision is to be reviewed Annually or sooner if a change in circumstances warrants same. After any changes have been made a new copy is to be signed, where appropriate and a copy provided to the Individual Supported.

About Us

Sunbeam House Services (SHS) supports people to lead independent lives within the community and assists people to gain opportunities, confidence and skills to participate down the path of their choice. Please see our brochure for more information [hyperlink]

SHS has received a referral to provide you with support. If you decide to use SHS as your chosen provider you will meet with a **[title]** from SHS and you will be supported to fill out this Service Level Provision. This document helps us both to understand what is expected of each other. It will allow SHS to get to know you better and make sure that we are able to provide all the support that you require. It may take a number of months to establish this. As a service provider SHS will support and facilitate the following :

- information

- choice

- dignity

- independence

- inclusion

- respect

- be an individual

- access our trained workforce

Make sure you understand this document.(Someone can help you if you are not sure.)

What you can expect from Sunbeam

House Services

- ✓ Assistance to develop a Tailored Plan and to set goals relevant to you;
- ✓ Assist you to review your goals on a regular basis and support you to set new goals;
- ✓ Offer advice and guidance on achieving the goals that you have set;
- ✓ To provide support at the times you have requested;
- ✓ To inform you in a timely manner of any changes to your Staff Team;
- ✓ To provide you with the appropriate information to allow you to make informed choices;
- ✓ To include you in all aspects of your support;
- ✓ To treat you with dignity and respect;
- ✓ To respect and acknowledge your cultural and spiritual needs;
- ✓ To treat you with fairness and develop a good relationship;
- ✓ To respect your communication style;
- ✓ To keep all your information confidential;
- ✓ To support you to develop appropriate relationships.

What you are expected to do

- ✓ To meet with your Support staff and Service Manager to develop a Tailored Plan ;
- ✓ Set goals;
- ✓ Sign off on your plan when it is completed to your satisfaction;
- ✓ Agree to review your goals and plan, with support, at the appropriate intervals and update as necessary;
- ✓ Agree to work towards the goals that you have identified;
- ✓ Inform SHS if you do not require your support at any particular time (please give us as much notice as possible);
- ✓ Negotiate your support times with your Keyworker or Service Manager giving reasonable notice of changes;
- ✓ To treat Support Staff with dignity and respect;
- ✓ Meet new people and make more friends and acquaintances with support;
- ✓ Discuss any problems or issues with your Support Staff, or Service Manager;
- ✓ Keep SHS informed of any change in your personal circumstances

Getting Started

Having decided to join SHS, You will be invited to meet with a service manager to complete this form and to show you around SHS. It is important to have your say in this meeting. You might take someone with you, to this meeting to support you.

The service manager will listen to you and to what is important to you. The service manager will put put together a plan to support your life. This will be completed within a reasonable time of starting with Sunbeam House Services.

Together you will decide:

- What is important to you
- What support you would like us to provide
- Who will support you and when
- Your goals
- Your cultural and spiritual needs

Your plan will respect your story, your history and life experiences and is developed so we can all work together to provide good support and achieve your goals.

The plan will be reviewed with you on a regular basis to see how it is working for you. It can be changed if your needs have changed or if you have new goals you would like to work towards.

The services SHS can provide are as follows please tick ✓ the boxes you are interested in availing of and they will be included in your provision of services document.

***Subject to funding**

☐ *Residential	We will assist you in fulfilling your choices in where you want to live. You can live at home with family, with others, supported, or independently in your own home. The choice is yours and we will help you achieve this.	
☐ Supported Employment	SHS can support you to access employment of your choice in your local community	
☐ Fitness	SHS has a full gym and instructors who will assist you in reaching your fitness goals, in the community where appropriate.	
☐ *Day Service	SHS provide activities and supports each day tailored to your needs, interests and abilities, with a focus on developing skills and community involvement.	
☐ *Transport	SHS can provide transport for you to attend any of the services you wish to attend, subject to appropriate funding	
☐ Respite	SHS can provide a safe welcoming and fun short respite break for you. We can also offer respite services in your own home with a plan tailored to your enjoyment.	
☐ Individualised supports & care	The supports as identified will be supports which you require and will be best suited to your needs. Your rights, privacy, dignity, choices and decisions about your life will always be respected. You will be supported to develop community links. Access to information will be provided in a method you can understand. External supports will be sought if they are needed.	

☐ Training Services	SHS will support your development and aim to support your interests.	
☐ Advocacy	SHS will speak up for you or on your behalf should you so wish	
☐ Brokerage of outside services and amenities	If SHS do not provide a service that you are looking for we will support you to find a more suitable service and help you access it.	
☐ Physiotherapy	SHS can support you to access Physiotherapy via your Primary Care Team, if this is not available to you SHS can provide a range of services to you, A full list of these Physiotherapy services can be provided if you wish.	

The services as listed below are the set standards on which you can expect to receive the delivery of the options above.

☑ Leadership, governance and management	Sunbeam House Services ensure that they have effective leadership, Governance and Management arrangements in place and clear lines of accountability. This is to ensure that you are receiving a service in an open, clear and transparent manner.	
☑ Health and Development	Health and Development is promoted with health assessments and appropriate supports to meet your needs. This also includes Medication Management and ensuring that Education, Training and Employment opportunities are made available.	
☑ Personal Goal Setting	SHS will meet with you to discuss what you want to do with your life, what your aims, hopes and dreams are and we will assist you in every aspect.	
☑ Safe Services	Safe Services includes protection from abuse and neglect and ensures that your safety and welfare is promoted. Positive Behaviour and Emotional Wellbeing are also promoted. SHS will ensure that you are not subjected to Restrictive Procedures unless there is a serious risk to your wellbeing and a risk assessment will be carried out for this.	

When change happens

In the case where your circumstances change. (for example, increased medical needs) it may be necessary to review this document to ensure that we are supporting you to the best of our ability. You, your family or independent advocate will be invited to be part of this review

Should you **wish or need to leave** SHS for any reason we will be available to discuss this with you and your family, friend or advocate. We will make sure :

- We write a report that has all your important information in it;
- The information is made available to the new provider if you have one, with your permission
- Provide support during the transition period to your new service
- Financial accounts are agreed and signed off and a copy is made available to you; and
- All personal property is returned

This document will be kept confidential

Your Personal Details

Filling in this Form:

If you need assistance to fill in this form, or someone else is filling this in on your behalf, please indicate the relationship this person has to you by ticking the box below.

- ☐ Legal Guardian
- ☐ Parent or Friend
- ☐ Power of Attorney
- ☐ Other _____ (Please Explain)

Your Name: _____

What is your address? _____

_____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Have you got a close family member you can trust? We need their details.

Name of Family member: _____

Address: _____

_____

_____

Phone Number: _____

Email Address: _____

Advocate Details

(To be completed only if you are acting for the person who requires services).

Please state your relationship to the person seeking services:

_____

Your Personal Details

Your Name: _____

Address: _____

_____

_____

Phone Number: _____

Email Address: _____

What supports do you currently provide in their daily life e.g. finances, shopping, holidays etc? **Please be as specific as possible.**

_____

_____

_____

_____

_____

Do you have any "Legal" rights to assist this person (eg Enduring Power of Attorney?)

☐ YES ☐ NO Please tick one

If you have answered YES to the above please state specifically below what this is i.e. personal or property decisions:

_____

_____

_____

NB: If you have been appointed as a Welfare Guardian or have Power of Attorney or Enduring Power of Attorney please provide us with a verified copy of the documentation.

Person being referred :

Do you wish your advocate to be involved in or receive any of the following:

- Support Plan ☐ YES ☐ NO
- Any correspondence to you from SHS ☐ YES ☐ NO
- Assisting you with your budget ☐ YES ☐ NO
- Major decision making eg. Moving home, who you live with ☐ YES ☐ NO

Emergency Contact

It is important we have someone to contact if there is an emergency.
There could be an emergency because of an accident or a health problem.

In case of emergency I would like you to contact _____

This person is my _____
Address _____
_____
_____

Phone Number: _____ home
_____ work
_____ mobile

Email Address: _____

It is important that we contact this person at the times you want us to.
I want my emergency contact to be notified when. Please tick ☑

- ☐ I need treatment at an Accident and Emergency Department
- ☐ If I have a seizure requiring PRN medication
- ☐ I need immediate hospitalisation
- ☐ Doctor visits
- ☐ Visit to a specialist
- ☐ Therapist visits
- ☐ Treatments carried out in a hospital
- ☐ Other _____

_____
_____

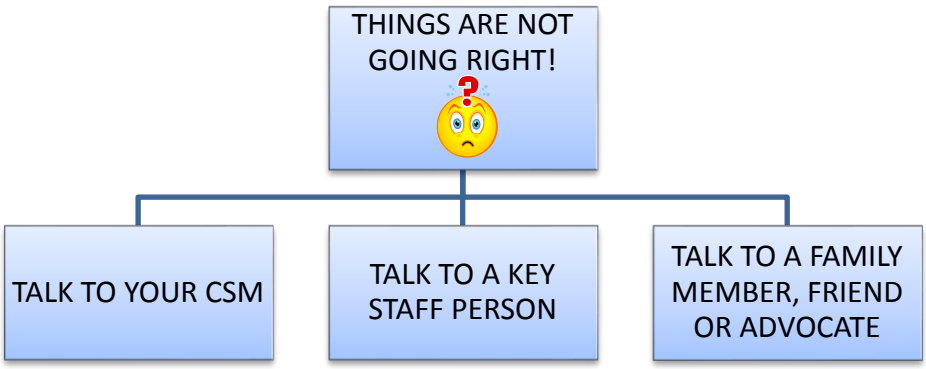
☐ Do you or your family have particular beliefs about what to do in a life-threatening situation (eg blood transfusions)? If the answer is yes, tell us and we can write this down here. _____
_____
_____

Complaints and Concerns

What if things are not working right for me?

You have the right to complain if you feel something is wrong with what we do . Sometimes it can be hard to make a complaint. We hope our policy makes you feel comfortable talking about your problems.

The sooner you voice your concerns, the sooner we can take action.



These people will support you to make a complaint using the SHS complaints process.

SHS will:

- Listen and find out more information
- Be responsive
- Respect your rights
- Be open and honest in our approach to the problem
- Make sure we find a solution
- Report the problem to the right people

If you are not comfortable talking to these people you can at any time make your concerns known to John Hannigan, Managing Director, Sunbeam House Services by letter to SHS Cedar Estate, Killarney Road, Bray, Co Wicklow, email MD@sunbeam.ie or phone call 01 2868451 or mobile 087 2291839.

PLAN FOR ___ENTER NAME HERE_____

Name of Relevant Location of supports and services	
Date Completed	
Completed By **On behalf of SHS**	
Print name	Signature

Insert photo of Individual that this Plan relates to

This plan is to be completed using the information obtained in the Service Level Provision Document

You have met with your Services Manager and agreed the follow services you are to avail of:

*** (edit as appropriate)***

* We are pleased to offer you residential/respite accommodation and supports in _____ for_____ nights per week, commencing on _____. You will have a bedroom of your own for which a key will be available.

We provide a furnished residence. However, if you wish to bring in your own furniture and furnishings, or purchase new items for your room, you are welcome to do so. You will be supported to maintain control over your personal possessions. A record will be kept of your own personal property in accordance with HIQA Standards and will be updated on a regular basis. You can ask to see/check this record at any time.

Your contribution is €…… per week payable by * amend as appropriate * standing order, direct debit, cash payable to CSM. This contribution covers the following : Rent, Food, Utilities, Other (give details) _____.

The fee/contribution rate may be revised from time to time, subject to change or if there are additional charges. You will receive 28 days' notice of this change.

The Statement of Purpose & Function for this house is attached to this plan.

Please note the detail provided in { } below are sample only, Please ensure that the text entered is specific to the individual named in this plan

* Residential

e.g. {XXX will reside at XXX You will be responsible for :

- Your own clothing and personal effects
- Your own toiletries
- Prescription charges
- Additional TV services in your own bedroom
- Leisure activities.

* *Supported Employment

e.g.{ XXX will attend xyz company on XXX and XXX }

* Fitness

e.g.{ XXX will attend SHS Killarney Road or other community gym on XXX and XXX mornings for nutrition and fitness class }

* Day Service

e.g.{ XXX will attend XXX on Monday afternoon and XXX on Wednesday afternoon for art class and computer training }

* Transport

e.g.{ XXX will be picked up from (location) and driven to SHS Killarney Road on Monday and Wednesday mornings for XXX. XXX will use public transport to attend employment on x & x – funding for public transport will be met by XXX; XXX will be transported by their family members; XXX will use public transport; etc. etc.}

* Respite

e.g. { XXX will attend X location [duration and period to be entered]. A meeting will take place on [day and date] to agree the activities to be undertaken during respite (respite procedure doc to be provided at each meeting}

* Health and Development

e.g.{ XXX is in receipt of XXX medication and is fully independent in its use, assistance is required when fulfilling prescriptions }

* Training Services

e.g.{ XXX will undertake computer training with xyz company ltd, this training is funded by XXX }

* Personal Goal Setting

e.g.{ XXX Has completed a personal outcomes session and review will take place on XX }

* Advocacy

e.g.{ XXX has requested XXX to provide advocacy for them }

* Brokerage of outside services and amenities

e.g.{ SHS on behalf of XXX has sourced a swimming instructor and XXX will attend Bray leisure centre on Monday and Wednesday mornings for lessons, these supports to be funded by XXX }

* Physiotherapy

e.g.{ XXX will attend SHS Killarney Road the 1st Friday of each month for physiotherapy and review }

This will be your service arrangement for as long as you wish. If at any time you think you would prefer an alternative arrangement, you will be supported to participate in a planning process to move to a more suitable arrangement. Your family and/or advocates will be fully involved in supporting you in this process if that is in accordance with your wishes. On exceptional occasions changing circumstances may mean your needs can not be safely met by SHS. If this should arise we will enter into a planning process with you to support you to move to a suitable alternative.

Question :

Please read the following carefully and tick the boxes to show you have understood:

Has all of this Plan been made clear to you .

☐ YES ☐ NO

If you have filled out the Service Level Provision document yourself:

Sign: _____ Print Name: _____

Date: _____

If you have filled out the Service Level Provision document on behalf of someone else:

Sign: _____ Print Name: _____

Relationship: _____ Date: _____

Witness

Sign: _____ Print Name: _____

Date: _____

Attachments:

- Copy of Statement of Purpose & Function
- Copy of Residents Guide
- Copy of HIQA National Standards Easy Read Version
- Copy of SHS complaints policy Easy Read Version

Financial Arrangements

You have the right to control your own money

When we talk about your personal service plan you can ask SHS to assist you to manage your money. If you decide to do this, you will be supported to develop a budget for your personal spending. All spending from your personal account will follow SHS's policies on financial management.

SHS will undertake a Money Management Assessment with you and will then provide you with the support required from this assessment.

Use of Resources

Sunbeam House Services have clear plans that take account of the funding and resources available to ensure that your needs are met in a safe and effective manner

Please insert Funding details in this section

Internal Use only

Sources:

Amounts:

Specific requirements for funding: