



Section 2

Service Agreement/Future Goals

Section	
2.1	<u>Introductory Information</u>
2.2	<u>Service Agreement</u>
2.3	<u>Future Goals</u>
2.4	<u>Reviews</u>
2.5	<u>Support Plan Changes/Updates Log</u>

Guidance, Legislation and Policies

Section 2

Health and Social Care Standards	Human Rights Act (1998)
Regulation of Care (Scotland) Act 2001	GIRFEC
Charter for Involvement	Mental Welfare Commission
Keys to Life	GAP
Adults with Incapacity (Scotland) Act 2000	
Adult support and Protection (Scotland) Act 2007	
General Data Protection Regulation 2018	
Scottish Strategy for Autism	

Primecare Health Ltd Policies

Intimate Care
Participation and Involvement
Physical Intervention
Well Being
Protection of Vulnerable Adults
Administration of Medication
Accident/Incident
Confidentiality
Transitions
General Data Protection Regulation 2018
Quality
Corporate Risk Management Strategy
Records Management

Welcome

This pack lets you know what you can expect from the service and how to make the most of the support provided to you.

The practitioners and managers in your team are very approachable and friendly. If you have any questions, please feel free to ask them.

Accessing our services

Service users' access Primecare Health Ltd in different ways. Many of our service users access services through Social Work. Others contact us directly, having heard about the organisation from other agencies or professionals.

There is a charge for our services. Funding can be accessed through your Social Work Department, Self-Directed Support, Direct Payments, Independent Living Fund, Student Awards Agency for Scotland or you can pay from your own funds.

Individual's Name:	Dylan Reid
-------------------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------------------	----------------------

Service User charter

Primecare Health Ltd exists to provide the best possible support and education for people of all ages with autism throughout Scotland.

We believe people with autism have the right to:

- Live independently
- Representation and involvement as far as possible in decisions affecting their future
- Accessible and appropriate education, house, assistance and support service and to a sufficient income.
- Freedom from fear, threat and from abusive treatment (from the European Parliament Written Declaration on the Rights of People with Autism)

Glossary of terms

Autism – Is a neurological developmental condition that impacts on an individual's social communication, social interaction and social imagination and flexible thinking. Individuals on the spectrum are also likely to have sensory and information processing difficulties that can range from subtle to complex. Every individual's experience of autism is diverse and unique, and our support plans reflect this through our personalised approach.

The autism spectrum encompasses individuals across the cognitive ability range. In other words, a person may be on the autism spectrum and have a learning disability or may be of average to sometimes, high intelligence.

Individual's
Name:

Dylan Reid

Staff Sign
& Date:

S. McKain 07/08/2020

Autism Practitioner - This refers to a person who works for Primecare Health Ltd and who will provide support to you. Autism Practitioners are key workers.

Carer – A carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help.

Key Worker – This is the person who will take the lead in providing support for you.

While you may work with other members of staff your Key Worker is responsible for co-ordinating, evaluating and reviewing the support that is provided.

Service User – This term refers to you. We use this term to refer to a person who receives a service from Primecare Health Ltd.

Guardianship – A guardianship order is a court appointment which authorises a person to take action or make decisions on behalf of an adult with incapacity. A guardianship order can be in relation to property and financial matters, personal welfare, or a combination of these. Guardianship is likely to be more suitable where the adult has long-term needs in relation to these matters. The standard term for a guardianship appointment is 3 years, although the Sheriff has the discretion to make the appointment for a longer or shorter period. Further information is available at

www.publicguardian-scotland.gov.uk

Care Inspectorate – The Care Inspectorate “regulates, inspect and support improvement of care, social work and child protection services for the benefit of people who use them”. As a support provider we report to the Care Inspectorate and are inspected regularly. Our inspection reports can be seen on the Care Inspectorate website www.careinspectorate.com

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

Codes of Practice

Social service workers and employers must work to Codes of Practice.

The Codes of Practice set out our responsibilities as social service employers and workers. These include:

- Protecting the rights and promoting the interests of service users and carers
- Establishing and maintaining the trust and confidence of service users and carers
- Promoting independence of service users while protecting them as far as possible from danger or harm
- Respecting the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or others

Being accountable for the quality of our work and taking responsibility for maintaining and improving our knowledge and skills

Your Support Plan

A Support Plan will be created with you. This will contain lots of information about you and will help to make sure that staff can support you effectively. Your Support Plan will contain information about your right to choice, dignity, diversity, potential, privacy, respect and safety.

It will address specific needs and routines that have been identified by you.

This includes:

- What name you wish to be called
- The methods you use to communicate
- Your interests / hobbies

Individual's Name:	Dylan Reid
---------------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-------------------------------	----------------------

- Your goals and targets
- Risk assessments to keep you safe
- Guidance on how best to support you

It is the responsibility of your Key Worker to review and update your Support Plan.

You should be consulted regularly about information that is contained in your Support Plan. This helps to make sure that it reflects your needs and is relevant to you.

You can look through your Support Plan at any time by asking a member of staff to see it. Your support plan is confidential and is stored securely within your home or our office.

The service for you

Primecare Health Ltd staff aim to provide a service that:

- Ensures that you are fully involved in all aspects of your support and consulted at all times
- Is in a safe, positive and supportive environment
- Recognises and addresses the impact of autism on you and your family
- Promotes your ability to communicate and make your own choices about the way you want to live
- Ensures that staff are well trained and knowledgeable
- Helps you to gain satisfaction and enjoyment from life
- Supports you in all areas of your life

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

Your service may include

- Occupational activities (such as employment, voluntary work and academic support)
- Leisure and recreation activities (such as health and fitness, community activities, hobbies)
- Life skills (such as accessing public transport, managing money)
- Domestic skills (such as support to live independently)
- Emotional support around your health and wellbeing (this can include support for anxiety, depression, loneliness)
- We recognise there may be times when individuals need specific support from other professionals. At these times we work in partnership with these professionals and support agencies to ensure you receive the best form of support.

What you can expect from us

- We will arrive on time
- We will greet you and start your support in a positive manner
- We will support you in accordance with your support plan
- Staff will treat you with dignity and respect at all times
- We will explain changes to service, offering alternatives
- We will always try to ensure it is someone familiar who provides your support
- We will take into consideration any health and safety issues whilst supporting you
- Staff will adhere to the Service Users Charter and follow the aims and objectives of Primecare Health Ltd.

Individual's
Name:

Dylan Reid

Staff Sign
& Date:

S. McKain 07/08/2020

Service User responsibilities

For you to get the most out of the service, your practitioners will expect you to acknowledge some responsibilities as a Service User.

You are responsible for:

- Participating in the planning and drawing up of your support plan. We are here to support you with this, but we need you to let us know what you would like to do.
- Following the support plan for as long as it is relevant to you. It is important that you give activities a try and that you are motivated to develop new skills.
- Keeping yourself and others safe at all times. We will complete risk assessments that will be kept in your support plan. We need you to follow the guidelines that are agreed to keep everyone safe.
- Using the appropriate means to make your wishes known. It is very important to us that you tell us how you are feeling.
- Treating others with respect. Physical or verbal aggression towards staff or other service users is unacceptable and any incidents will be dealt with in line with your support plan.
- Maintaining confidentiality of others. We will not pass on information about you to other service users and we expect you to respect other people's right to privacy.
- Respecting and not damaging or misusing the property of others.
- Using any opportunities to provide feedback on your service.
- If you need to cancel or change your service, we expect 4 weeks' notice of the change

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

Providing feedback to support staff and managers

While accessing the service we hope that you will benefit from the support that the service provides. However, there may be some things about the service that you want to change or do differently. It is important that you tell staff what you like and do not like about the service so that we can adapt the support provided to you. It may be difficult for practitioners to know what you like and do not like about the service because they do not always know what you are thinking.

You can tell us by:

- Telling a practitioner using the communication style that is best for you (Verbally, using facial expression, signs and symbols, or gesture, etc)
- Asking someone else to feedback for you (parent, carer, or advocate)
- Raising concerns at a review meeting
- Telling the manager at the service audit
- Completing the 6 monthly service questionnaire.

Making a complaint

If you are unhappy about an aspect of your Service, we want to know as soon as possible so we can try and put things right. All complaints will be investigated fully and fairly. The complaints procedure enables Primecare Health Ltd to respond clearly and properly to complaints and to know when and why people are not satisfied with its service.

There are steps you need to follow when making a complaint:

Stage 1 (Informal)

The first thing you need to do is speak with your Keyworker, Member of your support team, Advocate or someone you trust. They will try and help you sort out the problem. If you are still unhappy then you can make an official complaint.

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

Stage 2 (Formally registering a complaint)

If you are not satisfied with the response you have received at stage one (informal) you should then use stage two of this procedure and write to the Service Manager,

11 Castle Road, Winchburgh, West Lothian, E52 6RQ

Your complaint will be acknowledged by letter within 7 working days from the date it is received.

You will receive a full response to your complaint within 21 working days from the start of the investigation in writing from the person appointed to investigate the complaint

Stage 3 (Appeal)

If you are not satisfied with the response to your complaint, then outline the reasons for your dissatisfaction by letter or email within seven working days of receiving it to the CEO.

The chair of the Appeals Panel will write to you within 28 working days of receiving your appeal, to confirm:

- the final decision about the complaint
- the reason for the decision
- any action that may be taken in light of the complaint

Stage 4 (Review of the process)

If once you have been through stages 1 to 3 and not satisfied that Primecare Health Ltd has followed the process properly, then you can outline the reasons for your dissatisfaction by drafting a letter within 21 days of receiving the Appeals Panel decision to the CEO.

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

The procedure for making a complaint should be accessible to Service users and families without the need to speak with staff if the complainant does not wish to do so.

You may contact the Care Inspectorate at any time.

If you would like to end your agreement with us

You may want to move on from our service or end your agreement for support.

Please let us know as soon as you have made this decision.

You can receive support from your staff, family, care manager, health professionals when making this decision. We will organise a review meeting to discuss ending your service and will agree any action that needs to be taken. We will need a notice period of 4 weeks from you when you decide to end your service. You will be involved at all times in any discussion or new agreements that are made.

If we need to end the agreement

If we have concerns regarding your service, we will arrange a meeting to discuss these. If there is no solution to the problem, we will give you 4 weeks' notice to end the service. In exceptional circumstances your service may end immediately, however, we will support you through this process.

If Social Work decide to end the agreement

Social Work may decide to end the agreement with Primecare Health Ltd. We will work closely with you and Social Work through this process

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

2.2: Service Agreement

Provider Details

Provider: Primcare Health Ltd

Team providing support:

Contact Person: Ashley Gray – Service Manager

Telephone Number: 01506 890970

Area Office: Winchburgh, west Lothian

On Call: 01506 870970

Email:

Area Office Contact:

Service User details

Name: Dylan Reid

Address: 79 Wyndford Avenue, Uphall, West Lothian

Telephone Number:

Emergency Contact: Pamela Downie

Relationship: Mother

Address: 58 Southouse Broadway, Edinburgh

Telephone Number: 07905 902529

Email:

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

Guardianship Checklist

Name of person with incapacity:	DOB:	Date guardianship order granted:	Duration of Guardianship:
Dylan Reid	07.04.2001		
Name and address of guardian(s):	Relationship:	Granted powers:	Contact Numbers:
Pamela Downie	Mother	Welfare: <input checked="" type="checkbox"/> Financial: <input type="checkbox"/>	07905902529
		Welfare: <input type="checkbox"/> Financial: <input type="checkbox"/>	
Powers of Guardian/Attorneys	Guardian has this power, Yes or No?	Has power been delegated to staff team?	Notes:
Decide where the adult should reside.		<input type="checkbox"/>	If no, the adult may be free to leave. Is there policy to manage the situation?
Provide social, cultural, educational activities and holidays.		<input type="checkbox"/>	
Access to be given to medical, social work or care staff when required.		<input type="checkbox"/>	
Financial powers of any kind (usually as financial guardian).		<input type="checkbox"/>	If No, add details below of who is managing finances.
Consent to medical treatments, research or supervise medication.		<input type="checkbox"/>	A section 47 Treatment Certificate (see footnote 1) to authorise treatment may be necessary. See GP or Psychiatrist.
Take legal action of any kind on behalf of the adult.		<input type="checkbox"/>	
Access to any confidential records or data held on the adult.		<input type="checkbox"/>	If Yes, Guardian has the same access to care home's records as adult.
Dress, diet, personal appearance or hygiene.		<input type="checkbox"/>	
With whom the adult may consort, or restrict and control access to certain people.		<input type="checkbox"/>	If Yes, add details below of any person who has restrictions put on their access to the adult.
Accompany the adult, or monitor or supervise the adult at all times.		<input type="checkbox"/>	If No, is the adult's right to freedom and privacy being respected/ promoted?
Other? Please specify:		<input type="checkbox"/>	If there are more powers please detail here

Individual's
Name:

Dylan Reid

Staff Sign
& Date:

S. McKain 07/08/2020

	Name and Address:	Telephone Number:
Supervisor (for private guardians only).		
Person managing financial affairs – i.e. appointee.	Local Authority: Keith McCulloch	
Person(s) for who access to adult is restricted. (see footnote 2)		
Any areas of conflict or other information?		
Safe guarder Appointed? <input type="checkbox"/>	Appointee ship Appointed? <input type="checkbox"/>	Copy of Guardianship Order Attached? <input type="checkbox"/>

Footnote 1:

The act requires a treatment certificate to be completed even where there is a guardian/attorney with this power.

Footnote 2:

Attach details of any arrangements and any other authorised restrictions to this sheet.

Individual's Name:	Dylan Reid
--------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
--------------------	----------------------

Sensitive Agreement

Name:

Address:

Date of Birth:

Place of Worship:

Wishes regarding Burial/Cremation/Will/any other special agreement:

Any Further Details:

I would agree/not agree to readdress this sensitive issue in the future.

If you do wish to readdress this issue please state a time span to be reviewed: _____

Signature:

Date:

Visited By:

Date:

Individual's
Name:

Dylan Reid

Staff Sign
& Date:

S. McKain 07/08/2020

Service Details (copy for support plan)

My name is: Dylan Reid

My service will be provided on the days and times outlined below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
24/7	24/7	24/7	24/7	24/7	24/7	24/7

Type of Service: Full Support

Staffing Ratio for Service Provision: 2:1

Number of Hours to be provided: 336 per week.

There are a team of Autism Practitioners who may be involved in providing support for me however my Key Worker will take the lead in co-ordinating the service.

Stevie McKain is the Senior Autism Practitioner for the Service.

Ashley Gray is the Service Manager. I can contact them if I have any questions or issues regarding the service.

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

Primary Intervention strategies will be found within the Personalised Support Plan and include strategies to promote stress reduction.

CALM (Crisis, Aggression, Limitation Management) is the behaviour support approach used by Primecare Health Ltd. Your support plan will detail any CALM support strategies that may be required.

CALM strategies agreed Yes: ☐ No: ☒

If you wish to change or are unsatisfied with the service, please discuss with your support staff or/and complete the attached form. Should you wish to end your service from Primecare Health Ltd, 4 weeks notice is required.

Family Contact Agreement – please detail:

Signatories to Agreement:

User/Representative:

Primecare Health Representative:

Date of Agreement:

Individual's
Name:

Dylan Reid

Staff Sign
& Date:

S. McKain 07/08/2020

Service Details (copy 2 to be kept by Service User)

My name is: Dylan Reid

My service will be provided on the days and times outlined below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
24hrs	24hrs	24hrs	24hrs	24hrs	24hrs	24hrs

Type of Service: Housing Support

Staffing Ratio for Service Provision: 2:1

Number of Hours to be provided: 336 per week

There are a team of Autism Practitioners who may be involved in providing support for me however my Key Worker will take the lead in co-ordinating the service.

Steven McKain is the Senior Practitioner for the Service.

Ashley Gray is the Service Manager. I can contact them if I have any questions or issues regarding the service.

My Key Worker and I agree to our responsibilities and will work together to make the most of the service.

Primary Intervention strategies will be found within the Personalised Support Plan and include strategies to promote stress reduction.

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

CALM (Crisis, Aggression, Limitation Management) is the behaviour support approach used by Scottish Autism. Your support plan will detail any CALM support strategies that may be required.

CALM strategies agreed Yes: ☐ No: ☐

If you wish to change or are unsatisfied with the service, please discuss with your support staff or/and complete the attached form. Should you wish to end your service from Primecare Health Ltd, 4 weeks notice is required.

Family Contact Agreement – please detail:

Funding source

Who will be paying for the support?

- Social Work ☐
- Direct Payment ☐
- Self Directed Support ☐
- ILF ☐
- Self Funding ☐

If Social Work, please complete the following -

Local Authority:

Contact Person:

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

Address:

Telephone Number:

Email:

Invoicing Detail:

Staff – Activity/Transport/Meal costs – please detail agreement for funding staff costs

Activities/Transport/Meals etc:

Any other costs agreed:

Mobility Car Agreement:

Primecare Health Ltd staff will drive mobility vehicles on your behalf, however all liability and motor expenses are your responsibility. This includes accidental damage and insurance excess.

Payment arrangements

- The service described has been agreed and will be funded at the agreed rate.
- The agreed rate includes the full cost of running and staffing the service on an established basis.
- Payment will be made in full including when the individual is unable to attend either through illness, holiday or absence, unless agreed by all parties in advance. This is to ensure continuity of employment for staff employed to deliver the service.
- Invoices will be issued as per your individual agreement.

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

- If payment is not received on time this may result in suspension/termination of service.
- Where a significant sum (exceeding 2 months service costs) is outstanding, Primecare Health Ltd will refer the matter to Social Work.
- A period of 4 weeks notice must be given by either party to either vary or terminate the specification or conditions of this contract. Primecare Health Ltd reserves the right to terminate the service where it is no longer meeting the individual's needs.

Signatories to Agreement:

User/Representative:

Primecare Health Ltd Representative:

Date of Agreement:

Contact us

Address:

Telephone No:

Fax:

Website:

Email Address:

Individual's Name:	Dylan Reid
-----------------------	------------

Staff Sign & Date:	S. McKain 07/08/2020
-----------------------	----------------------

Future Goals/Aspirations

Short Term	Long Term
Progress since last review	Goals for next review
See attached review and action plan	Goal progression

Individual's
Name:

Dylan Reid

Staff Sign
& Date:

S. McKain 07/08/2020

Support Plan Changes/Updates Log

Date	Meeting Date	Minutes completed	Updates / actions required	Actions completed	Key Worker signature	Senior AP signature

Individual's
Name:

Dylan Reid

Staff Sign
& Date:

S. McKain 07/08/2020