



# Mount Olivet Nursing Home

2 Great Headland Road  
Preston  
Paignton, Devon TQ3 2DY  
Tel.: 01803-522 148

## TERMS AND CONDITIONS OF ADMISSION TO MOUNT OLIVET NURSING HOME

Agreement between (client) Mr John Example  
and Mount Olivet Nursing Home, a division of GrayAreas Limited, registered in England No.  
04427026 at 2 Great Headland Road, Paignton, Devon, TQ3 2DY

Date of admission 15<sup>th</sup> December, 2010.

Room 01 or such alternative accommodation as may at any time be mutually agreed.

Fee per week excluding Registered Nursing Care Contribution      **!Undefined Bookmark,  
CURRENTXXX.XX**

Plus Registered Nursing Care Contribution at Standard Band (minimum)    £106.30

or Band 3 / Continuing Care as assessed    £146.30

or such other fee as may be later agreed for alternative accommodation.

The acceptance of a person to stay in our home involves a special relationship of intimate care. You are assured that we do our utmost to care for and nurse any client in all circumstances. Listed below are our basic conditions of admission for our mutual benefit. Please read them carefully before signing this form, as failure to do so does not excuse you from compliance with them.

### **1. INTERPRETATION**

- a) All references to the Home shall mean Mount Olivet Nursing Home and the grounds thereof.
- b) The words “we” and “our” shall, where the context implies, include the Proprietors, Management or other duly authorised member of staff.
- c) The words “you” and “your” shall, where the context implies, include or refer to the client or his/her next of kin or other representative.
- d) “Accommodation” shall mean the single/twin room allocated to you.

### **1. MEDICAL REPRESENTATION AND TREATMENT**

- a) You may remain registered with your own doctor if he/she agrees or you may register with any GP in the Paignton Area.
- b) We shall undertake to supervise the dispensing of all prescribed medicines and the application of all treatments subsequent to your taking up residence and we request that you do not take any further drugs or medication subsequent to your taking up residence without our prior knowledge and approval of your doctor.

### **2. PAYMENT OF FEES AND NOTICE REQUIRED**

- c) Our fees are charged per calendar month calculated as 52/12 of the weekly fee rate. Part months are calculated at 1/7 of the weekly fee rate per day. Fees are payable in advance in

return for which we undertake to provide such nursing care, food, utilities and laundry as are appropriate to meet your needs. Registered Nursing Care Contribution or Continuing Care is assessed by the paying authority and until such assessment will be charged to you at the Standard rate. Should you be assessed less than the Standard Rate you will be required to pay the difference between such assessed payment and the then current Standard Rate. Any backdated payments received from the paying authority and due to you will be refunded to you at the appropriate rate.

- d) We reserve the right to increase our fees from time to time at one month's notice and any increase will be with reference to the cost and value of our services. While the Retail Price index is below 5% this will be no more frequently than once in any calendar year. Should you change room at your request the fees will be adjusted at the date of move to the then current fee for that room as published in the schedule available for inspection in the office.
- e) If at any time we feel that your needs would be best served elsewhere we shall give you two weeks notice in writing to vacate your accommodation.
- f) Should you wish to vacate your accommodation at any time we will require four weeks notice in writing except for an initial trial period of four weeks during which period notice may be given at any time to expire at the end of that period. Minimum stay is four weeks unless otherwise agreed and confirmed in writing.
- g) We may give you two weeks notice in writing requiring you to leave the home should any of the following circumstances arise:
  - Our fees remain unpaid for any period exceeding three weeks.
  - If in our opinion we are unable to provide the degree of care and attention required by you.
  - Any behaviour or act committed by you, which we feel maybe detrimental to the well-being of other residents, or to the welfare of the home.
- h) In the event of death in residence any outstanding fees due shall be chargeable to your estate or recoverable from your next of kin or other representative. No fees are refundable.
- i) We shall make a charge for any additional or extra services carried out for you or supplied to you but no such charge will be made for, nor will the extra services include, any essential facility.
- j) Should fees not be paid by the proper date we reserve the right to charge interest at 4% over base rate on the balance due.

### **3. ABSENCE FROM THE HOME**

- k) Should you require temporary hospitalisation no notice will be required and your accommodation will be reserved for you for four weeks at the full weekly rate and thereafter at a charge of 90% of the full weekly rate unless you or we shall give four weeks notice to vacate the accommodation.
- l) In all other absences the full weekly rate will be payable.

### **4. PERSONAL EFFECTS.**

- m) You may provide from your resources for your personal use items of a luxury or personal nature.
- n) Any items to be brought into the home must be inspected by us to ensure that they are safe for use.

### **5. INSURANCE**

- o) Our existing insurance policies cover personal effects up to a maximum of £500 per person. If property of greater value is retained it must be covered by your own insurance.
- p) A detailed list of all your possessions should be handed in to us and this list should be brought up to date at regular intervals.
- q) Valuables may be locked away for safe keeping when not in use but we cannot accept responsibility for large amounts of cash or valuables retained in your accommodation.

- r) No responsibility can be accepted for personal possessions, which are not clearly and permanently marked.

## **6. VISITING**

- s) Visiting is allowed at all reasonable times but we do reserve the right to restrict visiting when necessary, and we would request that meal times and early mornings are avoided.

## **7. GENERAL**

- t) The Home is registered with the Care Quality Commission as a Nursing Home.  
u) All information on this form relating to you shall be kept by us in absolute confidence and shall not be disclosed to any other person or organisation without your authority.  
v) You confirm that you have adequate funds to cover the fees for a minimum of one year from your admission date.

### **I HAVE READ THE ABOVE TERMS AND CONDITIONS AND ACCEPT THEM**

Signature of client or representative \_\_\_\_\_

Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature on behalf of Mount Olivet Nursing Home \_\_\_\_\_

Name \_\_\_\_\_.

Position \_\_\_\_\_.

**REQUEST FOR NURSING ASSESSMENT/DETERMINATION**


Your Name : Mrs Irene Homans

Date of Birth: 21 September, 1920

Nursing Home Address : **Mount Olivet Nursing Home, 2 Great Headland Road, Paignton TQ3 2DY**

I do not wish to be considered for NHS funded nursing care (please sign page 2 and return the form).

If you wish to be considered for NHS funded nursing care the following table should assist you to complete this form. Please read and complete as appropriate:

<i>My Fees are met from:</i>	<i>Please tick if "yes"</i>	<i>Action Required</i>
<b>Partly by a local authority Social Services Department</b> (please give details below) i.e. Torbay Council, Devon County Council. ..... ..... .....		Please give the name of your care manager or a contract name in Social Services below, complete page 2 and return this form.
<b>The National Health Service</b> (Health Authority or Primary Care Trust) Name .....		Please complete page 2 and return this form.
<b>My own resources</b> , including a contribution from my family, a charity or other organisation ( <i>but not including a local authority social services department</i> ).		Please complete page 2 and return this form.
Other. Please give details. ..... ..... .....		Please complete page 2 and return this form.

Date admitted: 6 July, 2009 To further notice

Type of Stay: Long / ~~Short~~ / ~~Respite~~ (delete as appropriate)

(PLEASE USE BLOCK CAPITALS)

Name & Address of any representative who acts on your behalf

.....  
.....  
.....

Post Code: 0                      Telephone Number (         )         \_\_\_\_\_

Please tick if you wish this person to be invited to be in attendance during your Nursing

Assessment/Determination

Yes

Name and Surgery of Doctor: Dr. Roberts .....

.....

I confirm that:

1) I wish to be considered for NHS funded nursing care and agree to a nursing assessment being undertaken

YES

2) Torbay PCT can contact the Local Authority that has arranged my care.

~~YES / NO /~~ NOT APPLICABLE (delete as appropriate)

3) I give my consent to the information on this form being released to Torbay Council Finance Department, who will be processing any payments on behalf of the NHS. I understand that this information will only be used so that NHS Funded Nursing Care payments can be made to my Nursing Home.

Signed by Resident: ..... Date:

**Or:**

Signed by Representative on behalf of Resident if applicable:

.....

Please print name and state relationship to resident:

Name    Date:.  
(Printed)

Relationship: .....  
(to client, i.e. Power of Attorney, Next of Kin),

Please enclose a Copy of Power of Attorney or Appointeeship as appropriate.

*Please return in the envelope provided within seven days please.*