



GrayAreas Ltd.

Care Homes

2 Great Headland Road, Paignton, Devon TQ3 2DY

TERMS AND CONDITIONS OF ADMISSION

Agreement between (NAME) 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: (DATE)

Room (#) or such alternative accommodation as may at any time be mutually agreed.

Fee per week for residential (non-nursing) care: (£)

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 GrayAreas Ltd. Care Homes 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.

2. 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 local area.
- b) We shall undertake to supervise the dispensing of all prescribed medicines and the application of all treatments not requiring a Registered Nurse 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.

3. PAYMENT OF FEES AND NOTICE REQUIRED

- a) 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 personal care, food, utilities and laundry as are appropriate to meet your needs
- b) We reserve the right to review our fees from time to time.
- c) If at any time we feel that your needs would be best served elsewhere we shall give you four weeks' notice in writing to vacate your accommodation 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.

- d) 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.
- e) 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.
- f) 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. Fees are chargeable for a minimum of 3 days after death to allow for room clearance and associated costs up to 10 days. If the room is not cleared in this time, you will be charged £50 room clearance charge and £20 per week storage costs for any personal items left in the room.
- g) 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. Details of additional services can be found in our Key Information document.
- h) 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.
- i) We reserve the right to move the patient to a sharing room if the fee charged is the current Social Services lower limit.

4. ABSENCE FROM THE HOME

- j) 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.
- k) In all other absences the full weekly rate will be payable.

5. PERSONAL EFFECTS.

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

6. INSURANCE

- a) 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.
- b) 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.
- c) 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.
- d) No responsibility can be accepted for personal possessions, which are not clearly and permanently marked.

7. VISITING

- a) 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.

8. GENERAL

- a) The Home is registered with the Care Quality Commission as a Residential Home.
- b) 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.
- c) You confirm that you have adequate funds to cover the fees for a minimum of one year from your admission date.
- d) You confirm that you have read the Key Information and Important Additional Information on our website or requested a printed copy.

I HAVE READ THE ABOVE TERMS AND CONDITIONS AND ACCEPT THEM

Signature of client or representative _____

Date _____ Name (printed) _____

Signature on behalf of GrayAreas Ltd. Care Homes _____

Date _____ Name _____

Position _____