

CARE SERVICE CONTRACT

AGREEMENT between MOONSTONE CAREUK (hereinafter called "The Organisation"), and (hereinafter called "The Client"), relating to the provision of Home / Domiciliary Care Services at the Client's home. The Organisation will provide a Care Worker who is not a qualified nurse.

1. In all cases the word "visit" will relate to the undertaking of care duties at the Client's home, as agreed and specified in the appropriate Client Care Plan.

2. The Organisation agrees to undertake Client visits at the following times during a 7-day weekly period:

Days	Times of visits During the 24 Hour	
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

2.2 The Organisation agrees with client to accept other shifts or variation of above times provided there are suitable carers available for the dates and times requested by client

3. The fee rate for services provided has been agreed at a flat rate of £12.00 per hour including bank holiday.

4. Terms & Conditions for Payment of Fees:

4.1 Payment of fees for services provided will be the responsibility of the Client or authorized representative.

4.2 Fees will be invoiced directly to the Client on four weekly basis, at the end of four weeks in which care services have been provided. Payment is required in full within 7 days of the date of the invoice.

4.3 Overdue payments in excess of 7 days will attract an interest charge as per our attached “homecare terms and conditions”

4.4 Fees will be charged for the shifts cancelled without a minimum of 24 hours’ notice.

5. The Organisation undertakes to provide sufficient staff resources to ensure that the Client’s needs are met. In this respect the following are relevant:

5.1 The Organisation will do all it can to ensure compatibility between Care Worker and Client, an arrangement which is satisfactory to both parties. Where unforeseen circumstances such as staff sickness or other absences require a replacement Care Worker to undertake the care duties, the Organisation will ensure continuity of compatibility as far as possible.

5.2 The Organization’s Care Staff will at all times carry with them proper means of identification. This will include Identity Cards.

6. Cancellation of Visits by the Client:

The Client or his authorized representative is required to give a minimum of 24 hours’ notice to cancel a visit. Cancellations made in less than 24 hours will attract the usual service charge for the visit.

7. Cancellation of Care Service Contract:

This Care Service Contract may be cancelled by either party by giving appropriate notice in writing. A minimum of 2 weeks’ notice of cancellation is required.

. Terms and conditions

ON BEHALF OF THE ORGANISATION:

THIS POLICY WAS REVIEWED AND UPDATED ON: [MAY 2017](#)
[Next Update – MAY 2018](#)

Signature: _____ Position:

Date: _____

ON BEHALF OF THE CLIENT:

Signature: _____ Name (PRINT):

Date: _____