

Adult Purchase Service Request



Personal Details

Basic Person Details

Title	Mr		
Name	Paul Spring		
Address	44 Lindsey Way Louth LN11 8RP		
Telephone Number(s)	Home 01507 607192		
Email Address			
Date of Birth	09/08/1960	Gender	Male
Ethnicity	White	Sub-Ethnicity	British
Religion	Christian	Language	English
NHS Number	4486629353		
Primary Support Reason	A - Physical Support		
Primary Support Reason Sub-Category	Personal care support		

Purchasing Team	Louth - PD - East - Purchasing
Budget Code	50313 - L13233 - 6150829 50286 - L13233 - 6160700

If multiple budget codes are required please ensure that you state which service each budget code is for.

Commissioned Services - Homecare

This section will only display information if brokered personal care services have been recorded as part of the Support Plan.

Brokerage Request

Type of service request	Permanent Change
Current location of customer	Community
Is this an out of hours, hospital weekend or EDT request?	No

Personal Care at Home

Rural or Urban?	Urban
Units per week	8.17
Unit Cost	15.63
<input type="checkbox"/> Tick if any of these costs will be funded by health	
Weekly Cost (£)	127.7
Does the number of units provided per week include a 'Sitting Service' element?	No

Permanent Change

Planned Start Date	04/01/2021
New total weekly hours	8.17
Is this an increase or decrease?	Decrease

Element	Mon	Tue	Wed	Thur	Fri	Sat	Sun	No. Carers	Preferred Time	Duration (mins)	Time Critical
Personal Care	✓	✓	✓	✓	✓	✓	✓	One	07.35	30	Within 15 Minutes
Social Care		✓		✓		✓	✓	One	13.05	15	Within 15 Minutes
Social Care	✓	✓	✓	✓	✓	✓	✓	One	20.50	10	Within 15 Minutes

Tasks to be carried out

Direct Provision

AM - support with personal care and dressing, support with emptying bins, washing up, make sure Paul has taken medication and support with preparation of light evening meal.

Lunch - x4 days a week at 15 mins, as Paul receives meals from Priory 3 days a week

Evening - 10 mins for safe and well check

Comments

Person to be contacted

Name

Address

Telephone Number(s)

Relationship

Commissioned Services - Non-Homecare

This section will only display information if non-direct payment services have been recorded as part of the Support Plan.

Non-Residential Services

This section will only display information if other services or one-off costs have been recorded as part of the Support Plan.

Direct Payment Services

If no part of the person's Care Package is to be delivered by a Direct Payment, there is no need to complete this section.

Personal Assistant - Direct Payment

Type of Service Request	New service
Units per week	1
Unit Cost	99

☐ Tick if any of these costs will be funded by health

Additional Costs

Extra Payment Type	Annual Cost (£)	Start Date	Payment Recipient	Frequency	Cost per Frequency (£)

If any additional cost details differ from the main payment, e.g. different frequency or recipient, then edit the relevant rows in the table.

Total Annual Additional Cost (£)	0
Weekly Cost (including any additional costs) (£)	99
Service to be delivered via Direct Payment?	Yes
Direct Payment Frequency	4 weekly
How is the Direct Payment to be paid?	To Penderels
Start / Change Date	04/01/2021

Calculated Costs - Regular Weekly Costs

Direct Payment (per year)	5164.75	Direct Payment (per week)	99.05
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Calculated Costs - Temporary Admission Costs

Direct Payment (per year)

0

Direct Payment (per week)

0

Calculated Costs - Combined Regular & Temporary Admission Costs

Direct Payment (per year)

5164.75

Direct Payment (per week)

99.05

Calculated Costs - One-off Costs

Direct Payment £

0

Direct Payment Basic Information

Is the person new to Direct Payments?

No

Will the person be receiving part of their care by Direct Provision?

Yes

Assessing Authority

Lincolnshire County Council

Who will be responsible for managing the Direct Payment?

Customer with authorised person

Customer only: When the customer has capacity and is going to sign the agreement themselves and therefore take on legal responsibility for any contracts with PA's or agencies (they can still have a third party supported account with Penderels).

Customer with nominee: When the customer has capacity but they do not want the responsibility of taking on legal responsibility for any employment contracts they can nominate another person to take this on for them. In this case they would both sign the DP Agreement but the nominee is taking on the legal responsibility (they can still have a third party supported account with Penderels).

Customer with authorised person: When the customer lacks capacity and someone else is going to be taking on the legal responsibility for any employment contracts, only the authorised person needs to sign anything (they can still have a third party supported account with Penderels as they can manage the money).

Date of first Care and Support Plan Review

Additional comments

x6 hours probably to be separated into 3 hourly slots - to be supported with financial and correspondence management, accessing the community, maybe some meal prep and help to arrange support to maintain the home, help with telephone communication, appointments and communicating with wellbeing to make sure on right benefits.

Please give a short description of the person and include any relevant information for the Direct Payment Team. Please include details of any sensory impairment.

Where there is to be a referral for a Third Party Supported Account (TPSA), it is still the person who is responsible for managing the Direct Payment who must be chosen.

Is a TPSA (Fully Supported Account) required?

Yes

If 'Yes', please explain why

Paul needs support of PA to help with finances and correspondence and therefore needs support to manage direct payment

Pre-Paid Card or Bank Account

'Know Your Customer (KYC)' verification must be completed for all customers or representatives receiving a Direct Payment, unless it has previously been completed. Failure to complete this will mean the Direct Payment cannot be processed.

- ☒ In order to satisfy the 'Know Your Customer (KYC)' requirements, I have read and understood the KYC Policy and confirm, to the best of my knowledge, that I am able to verify the identity of the named recipient and/or representative

Method of verification

Practitioner verification

Method of payment

Bank account

Please outline the reasons why a bank account will be used

Penderels Trust managing account

Has a suitable bank account been established for the Direct Payment to be paid into?

Yes

Bank Account Authorisation

Authorising manager's name

n/a

Date

24/12/2020

Penderels Details

Is an Independent Living Support

No

(Penderels) referral
required?

Initial Setup Costs

Recruitment / advertising	<input type="text"/>
First years Employers Liability Insurance	<input type="text"/>
Number of DBS checks required	<input type="text"/>
'Non Standard' Costs	<input type="text"/>

Direct Payment Suspension and Termination Checklist

Is a Direct Payment being ended?	<input type="text" value="No"/>
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This section will only display information if a Direct Payment is being ended.

Services No Longer Required

Please provide details in the table below of services previously supplied that are no longer required.

Type of Service	End Date of Service	Additional Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial Assessment Notification

Type of Assessment

- ☒ Non-Residential
- ☐ Temporary Admission - Residential or Nursing
- ☐ Permanent Residency - Residential or Nursing
- ☐ Carer's Purchase - N/A

Has a Financial Assessment form or online access details been issued to the customer or their representative?

☐ Yes ☒ No

Reason for Notification

change to care package and introduction of direct payment

Charge Exemption (Non Residential Only)**Exempt from charging?**☐ Yes☒ No**Declaration (Non Residential Only)**

Does the customer have above £23,250 in capital?

No

Has the customer declined a financial assessment and chosen to pay the full cost of their care?

No

Management of Customer Finances**Does the customer have mental capacity to manage their own finances?**☐ Yes☒ No**Does the customer have mental capacity to nominate a voluntary representative?**☒ Yes☐ No**Who is the form to be sent to?**☒ Customer☐ Representative**Completion Details**

Name and Designation

Rachel Bott
Social Worker

Team

Adult Care East Review

Date Completed

24/12/2020