

# **WATERFORD INTELLECTUAL DISABILITY ASSOCIATION**

## **Procedures Manual**

### **Title: Admissions and Discharges**

**SD-01**

#### **1.0 Scope.**

1.1 This procedure covers the admission and discharge process to all W.I.D.A. services

#### **2.0 Aims and Values**

2.1 To ensure all service users receive an effective service that is based on an assessment of their need.

2.2 To ensure a transparent and fair process is followed for all applications.

2.2 To facilitate effective emergency admissions.

2.3 To facilitate effective discharges (temporary and permanent).

#### **3.0 Contents**

6.0 Enquiries for placement

7.0 Admission process Respite Service

8.0 Admission process Residential Service

9.0 Admission process Day Service

10.0 Suitability of the Service

11.0 Emergency admissions.

12.0 Temporary Absence/Discharge of Service Users.

13.0 Exclusion Criteria

14.0 Protection from Abuse by Peers

#### **4.0 Referenced Documents**

W-050 Prescription and Administration Kardex Record.

W-065 Consent Form

W-062 Service User Manual Handling Assessment

W-073 W.I.D.A Services referral form.

W-075 Nursing Assessment/Care Plan

W-095 Service Provision Agreement.

W-102 Physical Examination Record.

W-103 Confidentiality/Use of Names Letter.

W-104 GP Medication Letter.

W-151 Directory of Residents Form

W-075 A/C Person Centred Plan

W-DORF Directory of Residents File.

W-SUF Service user File.

QP-45 Statement of Purpose.

W-SCB Staff Communication Book.

MA-19 Use of the Telephone Procedure.

PC-08 Management of Challenging Behaviour.

W-144 Risk Assessment Management Review

W-136 Care Plan Evaluation

SD-13 Risk Management

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#### **5.0 Responsibilities**

- 5.1 The Person in Charge and all staff.

This is the procedure to be followed

#### **6.0 Enquiries for placement**

- 6.1 Any person making an enquiry for a W.I.D.A. service will be invited to forward a written enquiry to the relevant Person in Charge.
- 6.2 The Person in Charge will ensure the written application is acknowledged.
- 6.3 If there are no vacancies in the desired service, this will be explained in the acknowledgement sent. It will also be explained that the letter will be held on file until a vacancy may arise.
- 6.4 A W.I.D.A. Services referral form W-073 should be sent to the applicant, for completion by a relevant professional

#### **7.0 Admission to Respite Service**

- 7.1 In the case of an expressed interest in Respite Service a referral form is sent to be completed by a relevant professional involved in the care of the person the respite is requested for.
- 7.2 On receipt of a completed referral form W-073, completed by a relevant professional and which includes any MDT reports, the Person in Charge will meet a W.I.D.A. Social Worker to discuss the referral.
- 7.3 If the requirements are met, the following documents are sent to the applicant:
- W-050 Prescription and Medication Kardex.
  - W-065 Service User Annual Consent Form.
  - W-102 Physical Examination Record.
  - W-103 Confidentiality Use of Names Letter.
  - W-104 GP Medication Letter.
  - W-075A Person Centred Plan
- 7.4 Once all documentation is completed and returned, an admissions meeting will be scheduled with the applicant and their family with the PIC, W.I.D.A. Social Worker or Head of Clinical Services as required. At this meeting, the applicant will be given W-095 Service Provision Agreement. It will be explained to the applicant that when the signed W-095 Service Provision Agreement is returned, they will then be included in the groups for the following calendar year. It will also be explained that there may be cancellations during the year that might then be offered to the applicant.

#### **8.0 Admission to Residential Service**

- 8.1 In the case of interest expressed for a residential service, the person will be invited to submit a written application stating that they are interested in accessing a residential placement or supported living with W.I.D.A. and a brief outline of their support requirements.
- 8.2 A W.I.D.A. Social Worker will arrange to meet the applicant to assess their requirements and answer any questions they may have. The Person in Charge of

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- residential services may also attend this meeting to assess what level of support may be required.
- 8.3 After this meeting the application will be held on file until such a time as a service becomes available.
- 8.4 If a service is available all applications will be assessed at a formal meeting of the following professionals:
- Social Worker
  - Person in Charge of Residential Services
  - Director of Services and/or
  - Assistant Director of Nursing
  - Representative from HSE
- 8.5 At this meeting a decision will be made, based on the information about the service, as outlined in Statement of Purpose and the information gathered in the individual service user's assessments, on who should be offered the vacant place.
- 8.6 The Person in Charge of residential services will ensure this meeting is documented accurately to reflect a process that is fair to all applicants.
- 8.7 Following a decision by the admissions committee, a recommendation to the Board of Directors (Admissions sub-committee) for approval. If approved by the Board of Directors, the residential placement will be offered to the applicant.
- 8.8 The Person in Charge will arrange for an initial visit to the service.
- 8.9 Following this a planned introduction to the service will be agreed and W-095 Service Provision Agreement will be issued, along with all documents listed in it. A three month transition period, as outlined in W-095 Service Provision Agreement will commence on the first day of admission to the service.
- 8.10 Details of what service/support W.I.D.A. will provide and what the individual is responsible for paying will be documented in this agreement.
- 8.11 All assessments and documentation as outlined in SD-03 Assessment and Person Centred Planning for Service Users will be completed within the time frame stated.

### **9.0 Admission to Day Service**

- 9.1 A person requiring Day Service placement may make a verbal or written enquiry to the Person in Charge. The request may also come from a social worker.
- 9.2 The Person in Charge will provide appropriate information about the service, as outlined in the Statement of Purpose, and organise a visit to the service.
- 9.3 The Person in Charge will designate a suitable person to conduct the visit and answer any queries about the service, activities available, finances, transport etc.
- 9.4 Where a vacancy exists, and the service is deemed to potentially meet the service user's needs, an initial two week placement may be offered.
- 9.5 If the placement is thought to be suitable for the service user, an admissions meeting will be organised.
- 9.6 The following people must be present at the meeting:
- The Person in Charge of the Day Service
  - A person nominated by the HSE
  - W.I.D.A. Social Worker

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- 9.7 Following a decision by the admissions committee, a recommendation to the Board of Directors (Admissions sub-committee) for approval. If approved by the Board of Directors, the Day Service placement will be offered to the applicant
- 9.8 If a decision is reached to offer the service user a Day Service, a letter of offer along with W-095 Service Provision Agreement will be issued, along with all documents listed in it.
- 9.9 A three month transition, as outlined in W-095 Service Provision Agreement will commence on the first day of admission to the service. Details of what service/support W.I.D.A. will provide and what the individual is responsible for paying will be documented in this agreement.

#### **Assessment Prior to Admission.**

- 9.9 The manager is responsible for ensuring that the Daily Living and Needs Form, W-017 is up to date. Where information is incorrect or the service user's needs have changed substantially, an entry should be made in the Daily Report Record, W-077A the Staff Communications Book, W-SCB and if necessary an emergency Individual Person Centred Plan review carried out, W-075C.
- 9.10 Prior to admission, the manager should be in receipt of the Referrer's Assessment Care Plan which should be clearly labelled 'Referrer's Assessment Care Plan, DS-003'. This should normally apply only to those service users whose care is funded in part or whole by the Local Authority.
- 9.11 Any relevant information which appears in the Referrer's Assessment Care Plan, DS-003, should be transferred into the Daily Living and Needs Assessment Form, W-017.

#### **Assessment following Commencement of Service**

- 9.13 On the day the service commences, the manager is responsible for ensuring that where required Risk Assessment Manual Handling of Service Users Form, W-062 is completed.
- 9.14 The manager should ensure that all pre-admission documentation is incorporated and held within the Individual Person Centred Plan, W-075C.
- 9.15 On the day of admission, each member of staff should refer to the assessment documents which are held within the Individual Person Centred Plan, W-075C. These documents should provide Day Service staff with the information necessary to meet the needs of service users.
- 9.16 Staff should make appropriate entries in the Daily Report Record, W-077A, which relate to observations, service users needs, physical condition, actions carried out or actions required.
- 9.17 Staff should follow the guidance and requirements of the Daily Report Record Procedure, SD-04, to ensure that changes are recorded and tracked in the appropriate way.
- 9.18 Information received from or relayed to any third party including carers should be entered into the Daily Report Record, W-077A.
- 9.19 Where there is any conflict or difference of opinion in relation to the choices exercised by the service user and the Individual Person Centred Plan the matter

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should be discussed with the service user and, details should be entered into the Daily Report Record, W-077A, including a record of the actions taken. If necessary, the manager should notify relatives of the conflict and make a record in the Staff Communications Book, W-SCB.

- 9.20 During the period between the services commencement and the first formal review, information should be entered into the Individual Person Centred Plan, W-075C. This information should then form part of the first formal review.
- 9.21 The first formal review of the Individual Person Centred Plan, W-075C should take place at the end of the 3 month probation period.

### Individual Person Centred Planning

- 9.22 At the formal review, the service user's needs and desired outcomes should be identified from the information contained within all the assessment documents, which form part of the Individual Person Centred Plan W-075C. This will include the Daily Report Record, W-077A.
- 9.23 The Individual Person Centred Plan, W-075C should be compiled with input from a wide variety of sources. This should include:
- The service user.
  - The key worker.
  - Referrer.
  - Members of family if appropriate.
  - Members of staff employed in the Service.
  - The service user's medical advisers (GP, District Nurse, hospital).
- Any other person invited by the service user.
- 9.24 The Individual Person Centred Plan, W-075C, should be regarded as a flexible document which should be 'operational' at all times. Changes in the Individual Person Centred Plan, W-075C, should be communicated to those staff affected by the changes as soon as possible using the Staff Communication Book, W-SCB, and Daily Report Record, W-077A. All changes should be considered to be 'with immediate effect' unless the manager indicates that a change will be 'effective from' and specify a date.
- 9.25 The continuing suitability and effectiveness of the Individual Person Centred Plan, W-075C, should be reviewed by support staff in the Day Service at least once per month. This might be more, or less, frequent if the condition or needs of an individual Service user change during this period.
- 9.26 At each formal review of the Individual Person Centred Plan, W-075C, the service user should be encouraged to invite the following:
- The manager.
  - The key worker.
  - Referrer.
  - Members of family if appropriate.
  - Members of staff employed in the Service.
  - The service user's medical advisers (GP, District Nurse, hospital).
  - Any other person invited by the service user.
- 9.27 At the time of the review, the manager should remove from the Individual Person Centred Plan, W-075C, all out-of-date documentation, old care plans and reviews.

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This information should be retained within the Day Service in a safe and secure archive.

- 9.28 Up-to-date person centred plans, including service users' Daily Report Records, W-077A, should be kept in a place designated by the manager and should be readily accessible by all staff at all times.
- 9.29 Following each formal review, the manager should ensure that all staff are informed that the review has taken place and any changes that need to be actioned.

### **Records to be kept**

- 9.30 All service users should have a Service User's File, W- SUF.
- 9.31 All assessment and care planning records should be dated in accordance with the requirements of the document.
- 9.32 The manager should ensure that all care planning documents are filed in their correct place. The person centred plan should be maintained so that all documents are easily accessible.
- 9.33 All staff should be aware of the Individual Person Centred Plan, W- 075C, which should be checked and reviewed on a regular basis to ensure that the requirements of the plan are being met.

### **Transition Plans**

**Where a transition from another service to the Day Service occurs, the following procedure will apply:**

- 9.35 The manager will liaise and develop a transition plan that will be agreed with the potential service user. Refer to DSP-04 Moving On From the Day Service.
- 9.36 The transition plan will include the desired outcomes of the service user.
- 9.37 The service will ensure that any admission arrangements comply with any transition plans.

### **When a referral from a Social Worker is received:**

- 9.38 The manager will arrange with the social worker for the service user to participate in activities at the Day Service.
- 9.39 Following the initial visit, the manager will feedback to the referring social worker on the service user's time at the Day Service.
- 9.40 Where the service user decides to join the Day Service, a social worker will make a formal request.
- 9.45 Where a formal admittance request is received and a place is available, an admittance meeting with the Day Service's Board of Management will be held.
- 9.46 Where the admission of the service user is agreed, a letter offering a placement will be sent to the service user and social worker. The letter will include an invitation for the service user and parents/carers to visit the Day Service to discuss the transition arrangements.

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9.47 Where the service user is not offered a placement, a letter will be sent to the service User and their parents/carers informing them of the decision.

#### **Introduction to the Day Service**

- 9.48 Prior to the service user commencing the Day Service the manager will ensure that all staff are aware that a new service user is commencing the service trial period.
- 9.49 The manager will specify a keyworker who will be responsible for seeing that the service user becomes aware of what the Day Service can offer and how they can participate.
- 9.50 The keyworker, along with the staff, will organise the initial programme to be followed, and transport arrangements.
- 9.51 The keyworker will see that service user is offered refreshments and any support that may be required.
- 9.52 During the introduction to the Day Service the manager or the keyworker will:
- Introduce the service user to their keyworker who will explain what their role and function is.
  - Introduce the service user to other service users and staff.
  - Show the service user the facilities for hanging outdoor clothing and storing any personal items. Ensure that the service user is made aware that the Day Service cannot accept liability for personal monies or valuables and the action to be taken if these have to be brought to the service for any reason.
  - Conduct a tour of the building outlining security and health and safety arrangements.
  - Discuss dining arrangements.
  - Outline the purpose of the pre-admission visit/introduction period and the proposed programme to be followed until the Individual Person Centred Plan, W-075C is implemented.
  - Discuss the Day Service's assessment process and the review following the pre-admission visit.
  - Discuss the responsibilities of the service user towards themselves, service users, staff and other people.
  - Explain the open door policy for raising issues with the manager/ senior member of staff including complaints, suggestions and concerns.
  - Discuss what to do in case of an accident or feeling unwell.
  - Meet with the service user throughout the introduction period to ensure that their needs are being met.

#### **10.0 Three Month Transition Period**

- 10.1 A three month transition period operates for service users being admitted to all W.I.D.A. services to ensure the service is suitable for the service user.
- 10.2 In the unlikely event of a service user not settling into their new service or the service not meeting their needs, the Person in Charge will ensure that the service user (and/or the Circle of Support) is made aware of difficulties being experienced at the earliest opportunity.

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- 10.3 All efforts should be made to support the person in settling into their new environment.
- 10.4 The Person in Charge will attempt to solve any difficulties in a timely manner and will seek the input of appropriate professionals.
- 10.5 Regular contact will be maintained between the service user (and / or the Circle of Support) and the Person in Charge to ensure there is open communication.
- 10.6 Following the three month transition period, the Person in Charge will write to the service user to inform them that the transition period is over and the service user is formally admitted to the service.
- 10.7 In exceptional circumstances the transition period may be extended for a further three months.
- 10.8 This time must be utilised to support the service user and/or source additional supports that will ensure the service meets the service user's needs.
- 10.9 Where all appropriate and available supports have been utilised and the placement is deemed to not support the person effectively, or the supports required are beyond what W.I.D.A. can facilitate, this must be communicated to the service user and/or their Circle of Support.
- 10.10 The Person in Charge is responsible for communicating with the service user and / or the Circle of Support to ensure there is a clear understanding of the process.
- 10.11 If at the end of the transition period it is agreed that the placement is not suitable, W.I.D.A. will assist the individual to explore other available services.
- 10.12 The Person in Charge will ensure that the service user and/or the Circle of Support have been given contact details for the Independent Advocate who will assist them in ensuring their rights are respected.

### **11.0 Emergency Admissions**

- 11.1 All emergency admissions will be approved by a manager on duty/on call.
- 11.2 Any referrals should be discussed with W.I.D.A Social Worker.
- 11.3 Each request for an emergency admission will be dealt with on a case by case basis taking into account the individual circumstances and the available resources to support the service user.
- 11.4 Respite services have one bed available for emergency referrals. This bed should not be filled for any other purposes.
- 11.5 When a manager agrees to accept an emergency admission, they must agree an admission time/date and ensure that the referring/requesting person is informed of a definite discharge date.

### **12.0 Temporary absence/discharge of Service Users**

- 12.1 The Person in Charge shall ensure that all relevant information is given to a receiving centre where the service user is going to.
- 12.2 When the service user returns the Person in Charge will ensure that all relevant information is received from the place where the service user has been.
- 12.3 The Person in Charge will ensure the service user is supported appropriately during the transition.



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- 12.4 All temporary discharges should, where possible, be planned and in accordance with the service user's needs.
- 12.5 All temporary discharges should be discussed with the service user and with relevant people from their Circle of Support.
- 12.6 Each service user's temporary discharge should be determined on the basis transparent criteria in accordance with the Statement of Purpose.
- 12.7 Where a service user is being discharged, relevant training and an appropriate induction to their new home must be provided to support them successfully in the transition.
- 12.8 All temporary and permanent discharges must be recorded on W-151 Directory of Residents Form
- 12.9 Other service users should be supported by staff to maintain contact with the service user who has been discharged.
- 12.10 Using the documented list of valuables and personal belongings, staff should ensure that the service user has all of their personal belongings when they are permanently discharged.
- 12.11 Staff should ensure that service users feel welcome to visit the designated centre after they have been discharged.

### **13.0 Exclusion Criteria**

- 13.1 W.I.D.A understands that a service user's needs may change, due to a medical illness or a mental health issue.
- 13.2 W.I.D.A will only exclude a service user from a service when it is unsafe for that service user, or other service users.
- 13.3 W.I.D.A will always support a service user to source another suitable placement, and/or assist them to access an Independent Advocate and support through the HSE.
- 13.4 Exclusion will always be a last option, and priority will be given to providing appropriate resources within the service to ensure a service user does not have to move.
- 13.5 The Statement of Purpose will clearly define the suitability of a service to each individual.

### **14.0 Protection of abuse by peers**

- 14.1 All service users have a right to be protected from all types of abuse including aggression by their peers.
- 14.2 In line with SD-15 Risk Management, where a service user has an increased risk of being aggressive to another service user, controls must identified on W-144 Risk Assessment Management Plan which will detail how to manage and reduce the risk and a W-136 Care Plan should be completed.
- 14.3 All incidents of challenging behaviour should be dealt with in line with PC-08 Management of Challenging Behaviour
- 14.4 Any available multi-disciplinary supports, and the Circle of Support should be consulted to discuss the behaviour of the service user and agree a management plan to deal with it.

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- 14.5 Where an incident of abuse occurs between peer on peer, the Designated Liaison Person should be informed.
- 14.6 Consideration must be given prior to all admissions of the risk posed to other service users if a service user is known to be aggressive. In particular the mobility of other service users, the staffing levels required to maintain a safe environment and the multi-disciplinary guidelines that are in place to manage any aggressive behaviour.
- 14.7 Where the Person in Charge assesses the risk to others as being unacceptable, a decision may be made to temporarily exclude the service user from the service. This decision should be communicated both to the service user and to the Parent/Guardian.
- 14.8 Where there remains an unacceptable risk to other service users of aggression from a peer, actions should be taken to provide an alternative service for this person. If W.I.D.A. does not have a suitable alternative service available, the Person in Charge and W.I.D.A. Social Worker will support the service user to source an alternative service.
- 14.9 Where a temporary or permanent exclusion is imposed, the Person in Charge should ensure that the person is given details of the Independent Advocate.
- 14.10 W.I.D.A. staff will be cognisant at all times that all service users have a right to be protected from abuse and a right to feel safe.