# Admissions to the Service

# Westmorland and Furness Care Services

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# Older Adults – Residential

## Policy

This policy sets out the process for admissions to older adult’s residential care homes, to ensure that this supports safe admissions and reduces the risk of COVID-19 entering the homes.

## Procedure

1. Admissions are based on the individual circumstances of the care home, the person and their families’. All admissions need the agreement of the registered manager/ deputy or designated supervisor.
2. Any assessment of a service user’s needs, and subsequent decisions made must consider individual circumstances and ethical implications, ensuring that the service user is treated with respect so that their human rights, personal choices, safety and dignity are upheld as detailed in the Ethical Framework for Adult Social Care.

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>

### Background

The Council or other placing organisations cannot compel care homes to take or prohibit admissions, as the responsibility and liability for the home sits with the CQC registered manager.

Referrals will be made to the home, by any of the following referral pathways:

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| Discharge to Assess (D2A) Admissions.Referrals will be received from the hospital discharge/brokerage teams.Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged as soon as possible, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all people who require assessment of their care needs. Care act assessment to be completed within 4 weeks). | Planned Admissions from, community/ other care service/ and/ or out of county. Referrals will be received from the Adult Social Care brokerage team or direct from a Social Worker.  | Interim care beds**.**Referrals can be received from both Health and Adult Social Care brokerage teams.All referrals should be made direct to the home Manager.  | Readmissions.Request will be received from the hospital discharge teams. The hospital must forward discharge information including details of a negative Covid test taken within 48 hours of discharge.  | Planned STC and Emergency Respite.Referrals can be received from all sources. No admission should take place without the home receiving D2A/ transfer of care paperwork or a social work assessment.   |

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| All referrals must be sent to CCresidentialadmissions@cumbria.gov.uk(except for interim bed referrals)Consideration will need to be given as to the appropriateness of the service to meet someone’s assessed needs safely. Additionally, staffing levels, facilities within the building and whether the person ‘matches’ the requirements of the home will also need to be considered. |

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| Referral requests will be responded to within 24 hours where possible, from CCresidentialadmissions@cumbria.gov.uk |

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| The manager/deputy supervisor review/ assessment.* The manager/deputy or supervisor must review the D2A / transfer of care (See [Residential Appendix 2 – D2A process.](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45230135314.docx)) and/ or the Adult Social Care assessment before agreeing to any placement.
* The assessment document, mental capacity assessment, best interest decisions (if required) and DOLS will be reviewed to establish if the admission can be considered. Covid 19 status will be checked\* (further details below). Including vaccination status of the person where possible.
* Where a person may lack the relevant mental capacity to make the decisions about their ongoing care and treatment, a capacity assessment and best interest decision should be recorded before a decision about their discharge from hospital and or admission from the community is made.
* The manager/deputy or supervisor will carry out an individual assessment prior to admission and complete the person-centred care plan, risk assessments and PEEPS.
* All assessments continue to be completed virtually by reviewing the documentation available and the IAS record. If further details are required to ensure the persons needs can be met, the manager/deputy or supervisor will contact the person/ family/ ward/ case manager or social worker for any additional information required before a decision can be made to accept the person.
* A check should be made to establish if the person is receiving any other services and contact these as required.
* The IAS system must be checked for further information that may compliment the social worker/ broker assessment/ D2A transfer of care document. (Not all referrals will have an IAS record).
* Face to face assessments may be required in exceptional circumstances following a risk assessment.
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| The manager/deputy or supervisor will advise the referrer of the decision to accept the placement or not.If the person is being admitted the Manager/ Supervisor mustarrange an agreed admission date and this should be communicated clearly to all concerned via the CCresidentialadmissions@cumbria.gov.uk. Agreeing to a date and time, for admission into the home, is the responsibility of the manager/deputy supervisor and must be confirmed with the brokerage team/ social worker/ hospital discharge coordinator. Covid tests requirements and any required isolation period must also be established. (See [Residential Appendix 1 – Self isolation and testing requirements.](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4523013517.docx)) |

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| The social worker or hospital discharge team will arrange a COVID 19 test.A negative result is required prior to admission and documentary evidence should be provided to the home. A copy of the admission oversight form is acceptable.Test results (for hospital discharges) should also be recorded in discharge documentation.Negative Covid test are required within **48** hours of admission to the home from hospital.Negative Covid Test are required withing **72** hours for all community/ care home to care home, admissions to the home. |

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| The social worker or hospital discharge team will complete the admission oversight paperwork and forward as required. The home will require a copy of this to save on to the persons electronic care plan.The admission does not need the agreement of the admission oversight team. |

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| On admission to the service.The manager/deputy or supervisor must complete [Residential Appendix 3 – Admission checklist.](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45230135458.docx) and [Residential Appendix 4 – Personal possessions checklist.](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45230135627.docx) for all new admissions. |

# Older Adults – Day Services

## Policy

To ensure all systems are in place for a smooth admission to the service for all new service users.

## Procedure

### Prior to Admission

1. Where a social worker requests a service, the supervisor will agree the days available for attendance and request information about the service user. An O3B / contact 1 sheet will be required before the service users can commence in day services.
2. The supervisor will arrange a home visit or quality visit to the centre with the service user / family. Where necessary the visit may need to be conducted with other professional or the link worker. This visit will be used to assess the needs of the service user a how to meet them.
3. The prospective service user and or carer will be given a brochure/ service user guide and information relating to the day centre they are due to attend. This will include a copy of the Cumbria County Council complaints procedure. The service user will be asked to sign the appropriate consent forms.
4. A date for the initial attendance will be arranged with the service user, carer, social worker and day centre.
5. Transport will be arranged by the social worker.
6. The supervisor will explain that this is an initial introductory period of four to six weeks.
7. The supervisor will ensure that:
* Information gathered is recorded on the pre admission paperwork which will be used to form the person-centred care plan.
* A signed O3B / Contact 1 form is in place from the social worker.
* Risk assessments for managing the service user safely are considered and completed where appropriate.
* The person-centred care plan is started.
* A signed copy of the back sheet of the service user guide and complaints brochure is in place.
* Medication risk assessment or MM1/MM2 are completed.

### Arrival at the Day Centre

1. The service user will be made welcome by a nominated member of staff and shown around the building including the location of fire exits, toilet facilities, designated smoking area (if appropriate), medication storage facilities and call bell system.
2. The staff member will introduce the service user to other service users, staff and volunteers.

### During the First Day

1. The nominated staff member will ensure that the service user is made comfortable and aware of the routine of the day centre, i.e., meal times, activities available.
2. A Manual Handling Risk Assessment will be completed for the service user.
3. Staff to explain that relatives can contact the centre to arrange visits.
4. The service user should be made aware of whom to contact if they have a problem or are unhappy with the day care centre.
5. New service users will require more time and reassurance to settle in throughout the day.

### Review

1. The supervisor will organise a review with the relevant people after the introductory period of four weeks to six weeks.
2. In the event of the placement not being offered, the supervisor will explain the reasons to the service user and social worker.

# Supported Living

## Policy

To ensure the service has received the appropriate documentation and confirmation of care hours required prior to commencement of service.

## Procedure

1. All referrals to fill any vacancy must be made via an assessing social worker. No referrals will be considered otherwise.
2. The manager of the service must receive a full assessment of the prospective tenant and complete the “getting to know you” document Appendix 6 from the Personal Support Plan.
3. If the manager feels that they can meet the needs of the prospective tenant, they will be invited to visit the property and complete the following:
* Introduction to the tenants and support staff
* Be invited for a meal with the other tenants.
* An overnight stay
* A stay for a long weekend
1. If the manager feels the service cannot support the needs of the prospective tenant, the manager must inform the social worker, giving the reasons for this.
2. The service must not accept any new service user until they have received the authorised Adult Social Care agreement confirming the care hours that are to be provided, along with any agreed risk assessments, protocols or strategies.
3. If a permanent tenancy is agreed, the housing provider will inform the social worker, tenant and care provider.
4. The tenancy agreement will be issued by the housing provider and discussed with the new tenant. The date for admission will be agreed by the social worker.

NB NO EMERGENCY ADMISSIONS WILL BE ACCEPTED IN SUPPORTED LIVING SERVICES

# Disability and Mental Health – Day Services

## Policy

To ensure the service only accepts appropriate referrals, can meet prospective service user needs and that all systems are in place for a smooth admission to the service.

## Procedure

### Introduction

Day opportunities for people with severe learning disabilities aim to promote independence through increasing community participation, presence and involvement. Day opportunities create new and interesting life experiences including supported employment and the opportunity to participate in leisure and social activities. They also provide therapeutic activities such as sensory experiences and relaxation sessions.

Services are located within the districts of Carlisle, Allerdale and Copeland, Eden, South Lakes and Furness.

## Admission Process – Operational Guidance

### Pre-admission

Official referrals can only be accepted through Adult Social Care (ASC) services. Potential service users and/or their representative(s) can request a visit to services but must be made aware that provision will only be once an assessment is completed and funding arrangements agreed by ASC.

The manager and/or supervisor will arrange to meet with the potential service user and their representative(s). They should be provided with a copy of Getting to Know Me (the pre-admission information document) and it must be made clear that this will not guarantee a placement within that service. Information about the service should also be provided in a format suitable for their needs.

### The role of the social worker

1. The social worker will carry out an assessment of needs and identify appropriate services that will meet the person-centred needs and outcomes identified.
2. A copy of this assessment must be provided to enable the service to assess whether they can meet the person’s needs.
3. It is the social worker’s responsibility to arrange transport if required.
4. It should be clarified if the person has been assessed for Continuing Health Care funding (CHC). If the person is in receipt of CHC funding, a health professional will be the case manager. Discussions must be held to identify all needs and ensure that these can be met in terms of resources, staffing and training.
5. For people with more complex needs – there needs to be sufficient planning time agreed with the social worker and carers in order to establish all the information required to successfully support a service user with complex health and social care needs including all professional support services. See [DMH Day Services Appendix 1 – Admission Procedure](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45230135816.docx) - Planning service delivery for someone with complex health and social care needs.

### Role of Cumbria Care

1. Any referral refused must be agreed with the operations manager. The manager and/or supervisor will provide feedback to the social worker.
2. Once the referral has been accepted, sufficient time prior to admission must be facilitated to ensure any resources including specialist training or equipment be procured.
3. An introductory period will be agreed between the manager, supervisor, service user, their representative(s) and the social worker. A timescale must be agreed prior to commencement and adhered to. If there are any concerns about the suitability of the placement a review must be arranged immediately to address these concerns and the operations manager informed.
4. The introductory period will include a fuller assessment of needs, an initial personal support plan, and will be supported by the allocation of a link worker. Plans should include supporting the person to integrate successfully in to the service (see service user introduction below).
5. The manager and / or supervisor will ensure that arrangements are made to deliver the programme of care, development and support to meet the identified needs and outcomes for the person.
6. On completion of the introductory period, the manager and / or supervisor must agree with relevant parties to approve / not approve the admission and agree continuation of the service if applicable. A six-month review date should be agreed.

### Recording

1. The manager and/or the supervisor will check the details of the ASC service provision order (SPO). If it is correct, they must sign both copies and send one copy to ASC administration.
2. The supervisor will ensure a personal support plan and service user file is established for the service user. This will include the information from the ASC SPO and the Getting to Know Me document.

### Service user introduction

1. The link worker or an appropriate named person will arrange to meet the service user on the day of admission and follow the induction process, which will inform him or her about the key aspects and routines of the service.
2. The link worker will introduce the service user to the programme of activities care, and support and any other relevant opportunities.
3. The link worker must check with the service user at the end of the day to monitor how they are. The link worker should feedback to parents / carers (if agreed) so that any adjustments to the programme can be made.

### Review

1. The manager and/or the supervisor and the link worker will organise a review of the initial programme of care and support following the introductory period. This should be in accordance with the agreed dates prior to admission.

### Emergency admission of people not known to the service

1. All emergency referrals must be approved by the operations manager. If it is clear that the service is unable to meet the needs of the person, the referral must not be accepted.
2. The manager and/or the supervisor should ensure that the service provision order (SPO) is received within 48 hours of admission and the Getting to Know Me document completed as soon as possible.
3. Service users placed in an emergency should be relocated if the care available is not appropriate to their needs.
4. Where the manager or supervisor is concerned about the safety or suitability of the emergency admission, they must inform the social worker to immediately reconsider the placement and arrange a move to more appropriate services. The operations manager should be informed.

# Disability and Mental Health – Residential

## Policy

To ensure all systems are in place for a smooth admission to the service for all new service users.

## Procedure

### Pre-admission Visit and Introductory Period

1. The manager / supervisor will arrange meetings with the potential service user and their carers / advocates following referral from Adult Services to assess the suitability.
2. Prospective service users will be given information about the service in a format suitable for their needs. They must be informed that the service cannot start until financial assessment has been processed and an individual service order has been received from Adult Social Care.
3. In the event of a placement not being offered, the manager and supervisor will explain the reasons to the service user, carers, advocates and Social Worker.
4. A minimum half day (preferably overnight if possible) introductory visit to the home should be offered to the prospective service user, including:
* An opportunity to meet service users and staff.
* View the room in which they would live and any common areas.
* Have a meal.
* Discuss how the home can meet their needs.
1. Staff will consult with existing service users from the same residence on an individual basis about the prospective new service user. This consultation will be recorded on their person-centred care plan.
2. At the meeting, a settling in period of at least three months will be agreed between manager, a service user, carer and supervisor with a six weekly review planned to ensure the service is meeting the need of the individual.
3. The settling in period will include an ongoing assessment of need, an initial care / support plan and will be supported by the allocation of a link worker.
4. The manager will ensure that arrangements are made to deliver the programme of care. The persons consent must be obtained.

###  Recording

1. The manager / supervisor will check the details of the single care management assessment form and check the individual service order. If it is correct, they must sign both copies and send one copy to Adult Services Administration.
2. The manager / supervisor will confirm the resources allocated to the services user with the manager and the finance section.
3. The supervisor will ensure a person-centred plan file is established for the service user. This will include the information from the single care management assessment and the pre-admission assessment.

### Service user introduction

1. The link worker must meet the service user on the admission day and follow the induction process, which will inform him or her about key aspects, rules and routines of the service.
2. The link worker will introduce the service user to the programme of care / development / support.

### Review

1. The manager and the link worker will organise a review of the initial programme of care / development / support following the introductory period.

### Emergency admissions

1. In the case of emergency admissions, these procedures should be adapted accordingly.
2. The manager will inform the service user within 48 hours of admission of the key aspects, rules and routines of the service.
3. The manager should ensure that the individual service order is received within 48 hours.
4. Service users placed in an emergency should be relocated if the care available is not appropriate to their needs.
5. Where the Manager or Supervisor is concerned about the safety or suitability of the Emergency Admission, they should seek additional advice and guidance through the Cumbria Care Line Management structure. (Including the CC DMH and Non-Registered Operations Manager or the Cumbria Care Out of Hours on Call Manager).

# List of Appendices

[Residential Appendix 1 – Self isolation and testing requirements.](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4523013517.docx)

[Residential Appendix 2 – D2A process.](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45230135314.docx)

[Residential Appendix 3 – Admission checklist.](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45230135458.docx)

[Residential Appendix 4 – Personal possessions checklist.](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45230135627.docx)

[DMH Day Services Appendix 1 – Admission Procedure](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45230135816.docx)