

REFERRAL AND ADMISSIONS POLICY

1.0 INTRODUCTION

- 1.1 The purpose of this policy is to ensure that DRH effectively allocates available placements to service users whose needs match the eligibility criteria, which is documented for each DRH facility within their "Role Purpose and Function" statement.
- 1.2 This policy is also intended to clarify referral/admission arrangements for the benefit of referring agencies, potential service users and DRH staff.

2.0 REFERRALS

- 2.1 All referrals for permanent accommodation shall be made in writing to the Chief Executive or Deputy Chief Executive. All written referrals should include:
 - Personal details/profile
 - Health status
 - Mobility
 - Communication skills
 - Behavioural difficulties
 - Any specific risk factors
- 2.2 This information will enable us to make an initial decision about the appropriateness of the referral and the most relevant placement.
- 2.3 All **new** referrals for short-term care shall be made to the Joint Agency Panel, which consists of representatives of DRH, Dorset Social Services and Dorset Primary Care Trust. All short-term care referrals should be accompanied by a comprehensive Community Care Assessment. Full details of eligibility criteria and referral process are contained in the Joint Agency Short-Term Break Operational Policy (2004)
- 2.4 All referrals for Elsadene will be routed through the Consultant Psychiatrist (Rehabilitation). All beds at Elsadene are funded by Dorset NHS PCT.
Twelve beds (of 16) at Fairfield House are funded through block contract with Dorset NHS PCT, referrals for these beds will be

made via the nominated Consultant Psychiatrist (Old Age Psychiatry)

- 2.5 Managers will respond to informal enquiries from potential referrers, service users or carers by providing general information about the Home and explaining the formal route for referrals to DRH. Brochures can be given to any interested person on request and details of weekly fees can be obtained from the Chief Executive, Deputy Chief Executive or Company Accountant.
- 2.6 DRH welcomes informal visits from referrers, potential service users and their carers.
- 2.7 The Chief Executive or Deputy Chief Executive will be responsible for making an initial decision on the appropriateness of each referral.

3.0 ASSESSMENT

- 3.1 Following initial confirmation of the appropriateness of the referral, the Manager of the facility will carry out a comprehensive assessment of the service users needs. An assessment will **fully** involve the prospective service user, their current carers and family.
- 3.2 Assessments will normally involve the manager visiting the prospective service users home and day care facility.
- 3.3 Prospective service users will be encouraged to visit the placement and meet with other service users and staff.
- 3.4 Assessments will include the following:
 - Personal Profile (App.A)
 - Medication Profile (App.B)
 - Risk Assessment Checklist (App.C)
 - Service Users Key Information Sheet "Part A" (App D)

Additional assessments will be carried out according to identified need.

- 3.5 On the basis of assessment a decision whether to offer a place will be made as soon as practicable and communicated to the service user/referring agency. Reasons for not offering a place will be given and the service user/referring agency will have the opportunity to appeal against any such decision to the Chief Executive. Appeals should be made, initially in writing, within 28 days of having been notified of the assessment outcome.

4.0 ADMISSION PROCEDURE

- 4.1 The DRH Admission Procedure has three principle objectives:
- a) To enable the service user to adjust to their new home as quickly as possible with a minimum of stress.
 - b) To minimise the impact of a new service user on the existing members of the Homes' resident community.
 - c) To develop a Support Plan which will enable the service user to meet their identified human needs
- 4.2 Once a decision has been reached on the appropriateness of a referral any placement offer will be subject to written agreement on funding.
- 4.3 Arrangements to meet any day care needs will normally be agreed before the offer of a place is confirmed.
- 4.4 Once agreement on funding has been secured the Manager will agree an admission date and a programme for a phased introduction to the facility.
- 4.5 An introductory programme will usually include an afternoon visit and an overnight stay.
- 4.6 The service user and/or their representative will be issued with an Agreement detailing the main terms and conditions. This will include a list of the standard equipment that DRH can be expected to provide. This Agreement shall specify any contribution to be made by the service user.
- 4.7 Once admission date is confirmed, details of the funding arrangements, together with a copy of the service users key information sheet, should go to the Finance Department. Where Part C of the service user key information sheet has been completed and is received by the Finance Department a letter will be sent to the service user or appointee outlining the agreed payment method and relevant amounts.
- 4.8 For all service users admitted to Care Homes/Independent Mental Health Hospitals the following details will be collated and recorded prior to or on the day of admission:
- Personal Handling/Skin Assessment
 - Significant risks
 - Manual Handling Profile

- Details of service users property
- Emergency contact details
- Weight
- Blood Pressure

4.9 Additional assessments for service users admitted to mental health facilities will be detailed in local policies.

4.10 All new supported housing tenants will have a:

- Risk Assessment
- Support Plan

4.11 The following will be collated and documented during the first 2 weeks following admission to a Care Home:

- DRH Health Checklist
- Personal Profile (initial summary)
- Communication Passport (initial summary)
- Health, Safety and Well-being Plan (initial summary)
- Interim 24hour/weekly support plan

SG/GN OCTOBER 2004

Revised May 2008

Next review due: May 2011

PERSONAL PROFILE

- The personal profile is most useful when it was written as a “story” about the individual
- The personal profile should enable the reader to establish some kind of emotional connection to that individual rather than simply recording “facts”
- How the profile is written – that is, whether the profile is written in the first person (i.e. “I”) or third person (i.e. “he” or “she”) will be dependent on that individual, their level of participation and how well the staff know how the individual feels about their life.
- We should try avoid language that seems entirely inconsistent with the language used by that service user.
- The personal profile, as far as possible, should reflect how life is experienced by the individual
- The personal profile should directly influence all support plans and activities
- The personal profile should be used to influence the Home Development Plan including identifying staff training needs (external barriers)
- The checklist, overleaf, should be used as a guide to developing the profile:

PERSONAL PROFILE CHECKLIST

Does the Personal Profile adequately address answer the following questions?

	<p>SAFETY & SECURITY (Stable & safe home life)</p> <ul style="list-style-type: none"> • Does this person generally feel safe and secure? • How do we know? • What appears to threaten this person's peace of mind (situations; places; people)? • What does this person find comforting when anxious or fearful? • What seems to make this person sad? • How does this person try to avoid situations people that seem threatening? • How do we know if this person is anxious? • How do we know when this person feels relaxed? • How do they "communicate" anxiety or security to us?
	<p>INTIMACY & FRIENDSHIP</p> <ul style="list-style-type: none"> • Who are the most important people in this person's life? • How do we know that? • How does this person communicate friendship and intimacy to others? • How does this person prefer to receive indications of friendship and warmth from others? • How does this person relate to physical touch? • What kind of physical contact is preferred? • Does this person appear to have sexual needs? • How are these met?
	<p>CONNECTION TO OTHERS & PRIVACY</p> <ul style="list-style-type: none"> • How does this person communicate with others? • Has this person developed a form(s) of communication that is effective to communicate with others? • Overall, does this person show a preference for the company of others or a preference for their own company? • How does this person indicate a wish for greater privacy? • How does this person indicate a wish for greater social interaction? • What factors appear to influence this person's choices for company or privacy? • Does this person choose to confide in certain people rather than others? • How wide is this person's "circle of friends"? • Does this person have a preference for particular social settings?
	<p>COMPETENCE</p> <ul style="list-style-type: none"> • What skills does this person have? • How frequently are these skills practised? • In what circumstances are these skills practised? • Is this person currently learning new skills? • Does this person ever show frustration because of poor skills? • What was the last new skill acquired by this person? • What opportunities does this person have for making genuine choices and decisions? • Does this person value the opportunity to make decisions (however small)?
	<p>SELF-ESTEEM</p> <ul style="list-style-type: none"> • What are the indicators that tell us whether this person is feeling good/bad about themselves? • What factors seem to help this person to feel more positive about themselves? • What factors appear to cause this person to feel bad about themselves?

	<ul style="list-style-type: none"> • Is this person frequently subjected to negative attention (e.g. criticism/correction)
	<p>ATTENTION</p> <ul style="list-style-type: none"> • How does this person indicate a need for attention? • How does this person initiate attention from others? • How attention is normally offered? • What opportunities exist for this person to receive positive attention (i.e. unrelated to a personal care or similar task) • Does this person communicate frustration when attention fro others is not currently available? • Does this person communicate frustration when they feel that they are subject to too much attention (negative/positive)? •
	<p>PURPOSE & MEANING</p> <ul style="list-style-type: none"> • What relationships; activities; experiences etc seem to be particularly important to this person? • What factors tend to make this person feel that life is generally worthwhile? • Does this person have particular daily routines that they value? • Does this person have any personal beliefs that they value? • Does this person have the opportunity to enjoy the anticipation of particular events e.g. holidays? • Does this person enjoy the memory of past events? • What makes this person laugh? • What hopes and goals does this person have for the future

April 2008

MEDICATION PROFILE

NAME:

D O B:

HOME:

STATUS:

	Frequency	Review of Therapeutic Levels
Medication (Regular) Dosage:		
Medication (Emergency PRN) ie: for severe behavioural episodes, status epilepticus:		
Medication (Occasional) ie: for re-occurring infections, etc:		

Continuation Sheet/....

	Frequency	Review of Therapeutic Levels

RISK ASSESSMENT CHECKLIST

APP. C

Service Users Name:

TYPE OF RISK	RISK PRESENT Y/N	LIKELIHOOD H-3 M-2 L-1	SEVERITY H-3 M-2 L-1	TOTAL SCORE	WHO IS AT RISK RES/ST/VIS/OTH	HOW DO WE REDUCE/ELIMINATE RISK	SIGNATURE
A) CLINICAL							
Skin integrity (Norton Score)							
Weight gain/loss							
Vulnerability to infection							
Choking							
Adverse/allergic reaction eg. penicillin							
Diabetes							
Epilepsy							

TYPE OF RISK	RISK PRESENT Y/N	LIKLIHOOD H-3 M-2 L-1	SEVERITY H-3 M-2 L-1	TOTAL SCORE	WHO IS AT RISK RES/ST/VIS/OTH	HOW DO WE REDUCE/ELIMINATE RISK	SIGNATURE
Prone to fractures & dislocations							
Balance /falling							
B) PERSONAL VULNERABILITY Vulnerability to stress, anxiety, panic and what <i>Triggers these attacks</i>							
Sexual vulnerability							
Physical vulnerability							
Financial exploitation							
Social isolation							
C) BEHAVIOURAL Aggression/violence							

TYPE OF RISK	RISK PRESENT Y/N	LIKELIHOOD H-3 M-2 L-1	SEVERITY H-3 M-2 L-1	TOTAL SCORE	WHO IS AT RISK RES/ST/VIS/OTH	HOW DO WE REDUCE/ELIMINATE RISK	SIGNATURE
Provocative behaviour							
Sexually abusive behaviour							
Self injurious behaviour, including inap-proprate behaviour							
D) AWARENESS OF RISK							
Road Safety							
Smoking							
Bathing							
Scalding/burning							
Poisoning							
Inappropriate response to danger							

SERVICE USERS KEY INFORMATION SHEET

Please ensure that both sides are completed.

FULL NAME:			
KNOWN AS:		DATE OF BIRTH:	
PLACE OF BIRTH:		CERTIFICATE AVAILABLE:	YES / NO
NATIONAL INSURANCE No:		MEDICAL CARD:	YES / NO
RELIGION		PASSPORT	YES / NO

PART A:

MARITAL STATUS:		MAIDEN NAME:	
FULL NAME OF SPOUSE:		OCCUPATION OF SPOUSE:	

MOVED INTO:		ON:	
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PREVIOUS ADDRESS:	
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GP NAME, ADDRESS & TELEPHONE	SOCIAL WORKER
	TELEPHONE No:
	LIAISON OFFICER
TELEPHONE No:	TELEPHONE No:

NEXT OF KIN ADDRESS and TELEPHONE NUMBER
TELEPHONE No:
RELATIONSHIP:

PART B:

NAME and ADDRESS OF APPOINTEE: (If service user manages own financial affairs write 'none' and complete Part C)			
WILL DRH BECOME APPOINTEE?: If no , please complete Part C	YES / NO	COURT OF PROTECTION:	YES / NO

DWP BENEFITS CURRENTLY BEING PAID:		AMOUNT
Severe Disablement Allowance	YES / NO	£
Incapacity Benefit	YES / NO	£
Income Support	YES / NO	£
Pension Credit	YES / NO	£
Retirement Pension	YES / NO	£
Other Pension	YES / NO	£
Ref N ^o :		
DLA: Care / Attendance Allowance	YES / NO	£
Mobility	YES / NO	£
Other (Please specify)		£

MOTABILITY CAR	YES / NO
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DETAILS OF ANY BANK OR SAVINGS ACCOUNTS	AMOUNT	Date last updated
.....	£
.....	£
.....	£
.....	£

DETAILS OF ANY TRUST FUNDS:

FORM COMPLETED ON	UPDATED ON

Copies to:	
Home:	
LO:	
Finance:	

Please ensure PART C is completed if applicable

PART C

Please complete when DRH are not to be appointee

DOES THE SERVICE USER MANAGE THEIR OWN FINANCIAL AFFAIRS ?	YES / NO
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If YES, please select how they will pay any fees/rent due to DRH (see ❶ below)

- | | | |
|---|--------------------------|---------------------------------|
| - by standing order into DRH bank account | <input type="checkbox"/> | <i>Please tick ONE box only</i> |
| - by regular cheque payment (sent to Connaught House) ... | <input type="checkbox"/> | |
| - by regular cash payment | <input type="checkbox"/> | |

DOES THE SERVICE USER HAVE AN APPOINTEE OTHER THAN DRH?	YES / NO
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If YES, please answer both the following questions by ticking ONE box for each:

1. How will they pay any fees/rent due to DRH? (see ❶ below)

- | | |
|---|--------------------------|
| - by standing order into DRH bank account | <input type="checkbox"/> |
| - by regular cheque payment (sent to Connaught House) ... | <input type="checkbox"/> |
| - by invoice on a 4 weekly or 5 weekly basis | <input type="checkbox"/> |
| - together with personal allowance payment through DRH .. | <input type="checkbox"/> |

2. How will they pay the personal allowance due to the service user? (see ❶ below)

- | | |
|--|--|
| - by standing order into the service user's DRH bank account (see ❷ below)
..... | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| - by regular cheque payment made payable to the service user but sent to Connaught House (see ❷ below) | |
| - direct to the service user (not applicable if fee or rent payment included)
..... | |

❶ All payments are due on the Monday of the relevant week, but if applicable the frequency of the payments can be timed to fit in with when Social Security Benefits are received.

❷ Where an action is selected to pay the personal allowance through DRH (either by cheque or standing order) a bank account will be set up in the service users name and the equivalent weekly amount will be transferred to the relevant home.

Please note: in the event that the service user is in receipt of DLA mobility or has savings, and there is a need for additional spending money for holidays, clothing, etc, a request will be made to the appointee by the home for the relevant amount. In this instance, we ask that any payment be sent to Connaught House so that the receipt can be recorded.

Signed:

.....
Service User or Appointee

REFERRAL/ ADMISSION CHECKLIST

Name:	Date:	Referred From:
Reason for referral:		

<i>INITIAL REFERRAL INFORMATION</i>	Date received: Received From:	Actions Required:
Personal details/profile		
Health status		
Mobility		
Communication skills		
Behavioural difficulties		
Any specific risk factors		

<i>ASSESSMENT INFORMATION</i>	Date Completed: Completed By:	Actions Required
Medication Profile		
Service Users Key Information Sheet		
Personal Profile		
Risk Assessment Checklist		

<i>ASSESSMENT PROCESS UNDERTAKEN:</i>	Details:
Initial Informal visit by referrer	
Visit by Home to proposed service users home/day service	
Informal visit(s) by service user/relatives	

FEEDBACK FROM SERVICE USER REGARDING PROPOSED PLACEMENT: To include comments relating to personal preference/choice regarding proposed placement.

FEEDBACK FROM RELATIVES/ADVOCATES REGARDING PROPOSED PLACEMENT

FEEDBACK FROM EXTERNAL PROFESIONALS REGARDING PROPOSED PLACEMENT

<i>DAY OF ADMISSION INFORMATION</i>	Notes	Completed by: Signature
Personal Handling/Skin Assessment		
Manual Handling Profile		
Details of service users property		
Weight		
Significant Risks		
Emergency Contact Details		

<i>FIRST TWO WEEKS OF ADMISSION INFORMATION</i>	Notes	Completed by: Signature
DRH Health Checklist		
Personal Profile (initial summary)		
Communication Passport (initial summary)		

Personal preferences		
Health Safety and Well-being Plan		
Interim 24hour/weekly support plan		
Other Additional Information/ assessments		