



# **ST ELIZABETH'S CARE HOME WITH NURSING**

## **ADMISSIONS POLICY**

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# **ST ELIZABETH'S CARE HOME WITH NURSING**

## **ADMISSIONS POLICY**

### **1. AIM OF THE POLICY**

The aim of this policy is to set out the values, principles and criteria by which an application for admission at St. Elizabeth's Care Home with Nursing is considered.

### **2. POLICY STATEMENT**

St Elizabeth's Care Home with Nursing is run by St Elizabeth's Centre. Its core values are those of compassion, respect, trust and justice. The management team works to ensure the core values are known by all and permeate through care delivery. The organisation welcomes individuals of any spiritual/faith background, or none. All policies and procedures are person centred in approach. The admission process is non-discriminatory; all applications are viewed in line with the admission criteria.

In keeping with the mission, ethos and core values of St Elizabeth's Centre, the Admission Policy reflects the principle of meeting individual needs whenever possible. To do this effectively, careful assessment, good planning and communication are essential in order to ensure individuals obtain services identified as appropriate for their needs and that any decisions about moving into the service are based on informed choice. The Home also recognises that care planning must remain flexible to allow for movement through and within the organisation.

The Home has clear procedures for applications and assessment which involve relevant professionals, prospective people who use the service and those who support them. All residential placements are subject to written confirmation of funding and agreed terms of contract.

### **3. LEGISLATION**

#### **3.1 Health and Social care Act 2012**

Robust person centred care planning and risk assessment with full involvement and consent of the person who uses the service, establishing their needs, aspirations, views and wishes. Where a person lacks capacity to agree to admission and live under constant care and supervision, consultation with family, advocates, local authority and any other representatives who may offer views and information about the person's care needs and wishes will be sought. A full mental capacity assessment and Deprivation of Liberty authorisations will be sought to enable person centred, safe and effective care delivery.

### 3.2 GDPR 2018

GDPR came into effect on the 25<sup>th</sup> May 2018.

St. Elizabeth's adheres to the GDPR as follows:

This organisation believes that all records required for the protection of people who use and work for the service and for the effective and efficient running of the organisation should be collected, maintained and kept according to the General Data Protection Regulations. All storage and processing of personal data held in manual records and on computers in the organisation will comply with the GDPR. The 6 main principles regarding data are clearly laid out:

1. Making sure any data is processed in a transparent way
2. Data is only collected for legitimate purposes
3. Ensuring data is adequate and relevant, but limited to what is absolutely necessary for the purpose
4. Data must be kept accurate
5. Ensure we are not keeping information longer than necessary
6. Ensure appropriate security

### 4. APPLICATION & ASSESSMENT PROCEDURE

**SCOPE:** To outline the procedure for the application and assessment of potential service users.

**AIM:** To provide a clear and streamlined application and assessment process, providing accessible and accurate information within agreed time scales.

### 5. GUIDELINES

There are a variety of circumstances under which people may move into residential care, but whatever the reason it is likely to be a major life event. St. Elizabeth's believes that an important step towards ensuring a successful placement is for prospective service users to be invited to make an introductory visit.

On completion of a satisfactory visit, needs assessment and agreement of funding and contract details, there will be a fully planned, person centred transition period prior to admission. There will then be a settling in period for the new service user, during which time they should be offered appropriate support and reassurance.

St. Elizabeth's is mindful that the existing people who use the service should be considered as to the compatibility of the new resident. Just as the Home might be right for the service user, so the service user is right for the Home.

## 6. ENQUIRIES AND APPLICATION

External enquiries are accepted on behalf of the prospective service user from the appropriate professional, relatives or guardians. These are made to the Admissions Officer who will reject clearly unsuitable applications at this stage.

Details are entered on a restricted access database, and a tracking form is begun as part of an internal monitoring process.

The Admissions Officer sends an application/information pack enclosing: Centre folder and brochure and Service brochures.

The applicant plus parent/ guardian and (sometimes) Social worker, Connexions worker or family friend will be invited for a visit either through an open day or through an individual guided tour.

When completed and returned the Admissions Officer will review the application and relevant documentation. At this stage we will ensure that the funding authority has been informed and where possible a preliminary view on the likelihood of funding will be received.

A preliminary selection panel will meet to decide whether to proceed with the application:

- ❖ If the application is assessed as not meeting the criteria, a rejection letter will be sent after the next scheduled panel meeting with explanation of why the application has been rejected.
- ❖ If the application meets the criteria, and the application is for some time in the future (e.g. 2 years hence) an acknowledgement letter will be sent to the referrer, but a decision will not be made until the year of requested admission.
- ❖ If the application is more immediate, the Admissions Officer will send a letter of acknowledgement and invitation to assessment as well as writing to obtain additional information required

Details of the outcome are updated on the tracking document.

The Admissions Officer will send an application form enclosing an "application and assessment" explanation sheet and information pack, including any brochures and information on:

- ❖ Care services
- ❖ Statement of Purpose
- ❖ Service User Guide
- ❖ Most recent Inspection Report

When completed and returned the Admissions Officer will review the application form and any relevant supporting documents.

If the application is assessed as not meeting the criteria, a rejection letter will be sent within 5 working days with explanation of why the

application has been rejected.

- ❖ If the application meets the criteria, and the application is for some time in the future (e.g. 2 years hence) an acknowledgement letter will be sent to the referrer.
- ❖ If the application is more immediate, the P.A. will send a letter of acknowledgement as well as writing to the social worker and/or to the relevant professionals e.g. Community Nurse, GP to obtain additional information

## **7. ASSESSMENT**

When the additional information is received, an initial assessment will be arranged at St Elizabeth's centre and/ or at the clients home, school or college (*this may be day or overnight*). *Those attending the assessment on behalf of St Elizabeth's will vary according to needs and service required.*

*Assessments are conducted on the first Tuesday of every month.*

With the completed assessment, application and other documentation the case is presented to the admissions panel for discussion on whether to proceed.

## **8. THE PANEL**

The panel consists of at least 3 members each time drawn from the Centre Management Team and trustees/ governing body.

The panel meets on the second Wednesday of every month or more frequently if vacancies become available and there are applicants who meet the admission criteria.

## **9. PLACEMENT CRITERIA**

The applicant is assessed against their individual needs and the Service's ability to meet those needs, vacancies available and peer groups, the wishes of the applicant and family and a risk assessment for the individual and the Service.

The applicant's needs and situation are assessed against the following:

- Epilepsy
- Significant medical conditions
- Social circumstances/ present placement
- Application supported by statutory agencies
- Funding in place (in principle or actual)
- Possible appropriate house(s) identified.

Categories of need discussed at the meeting include:

- Individual support needs including health/related health needs
- Mobility
- Risk assessment and management needs
- Personal care/self help skills
- Peer compatibility

## **10. THE ROLE OF THE PANEL**

The panel will receive information from the Admissions Officer about individuals who are seeking admission and meet the criteria. The panel will discuss each applicant against the criteria and in relation to current vacancies available and/or units with most appropriate peer groups.

The panel will approve applicants prior to an admission offer being made.

A standard letter of the outcome will be sent within 5 working days. It will also be recorded on the database and in the applicant's file.

If the placement cannot be offered, the Centre will inform the applicant/family and Social Worker/ Connexions Advisor (as appropriate) in writing. The letter will include an explanation for the decision.

If the applicant is suitable for the service but no appropriate accommodation or peer groups are available at the time the applicant will be informed that they are on a waiting list for the service.

If the applicant is suitable for the service and there is an appropriate vacancy then they will be formally offered a place subject to funding agreement. This offer will be time limited.

## **11. FORMAL PAPERWORK AND FUNDING OF PLACEMENT**

Funding authorities will require information on the costing of the placement in their own format. This will be completed by Contracts and Income Coordinator or Admissions Officer as appropriate.

It is the Centre's policy to put in place contracts for placements wherever possible and this will usually be negotiated by the Contracts and Income Coordinator and the contracts department for the authority.

No placement may proceed without written confirmation from the funder that the fee has been agreed.

## **12. TRANSITION PLANNING**

Transition into residential care can be a very stressful and anxious time for the service user and their family. It is important to recognise that the transition may be

as much for the family as the service user, especially if they have lived at home with parents prior to looking for residential care. Transition considerations must also be given to existing people who use the service and how much preparation is needed prior to introducing a new person to their home.

The successful applicants will be discussed in a meeting with the Home Care Manager(s) of the identified appropriate house(s). They will be given the profiles to read and they will prepare care plans and risk assessments prior to admission.

The prospective service user will be invited to view the accommodation again.

If all parties are in agreement a transition meeting will be organised at the Centre by the Admissions Officer & Home Care Manager. Attendees will be:

- Applicant
- Family/guardian
- Advocate
- Home Care Manager
- Admissions Co-ordinator
- Care Manager from the purchasing authority
- Nursing representative
- Day care representative
- Other relevant professionals
- Minutes will be taken and circulated to all attendees

The purpose of the meeting is to:

- Meet the new service user.
- Meet all relevant personnel at the Centre
- Discuss the needs, wishes and preferences
- Of the person who will use the service
- Plan a provisional date for residential admission
- Discuss how long transition needs to be.
- Discuss how to prepare service user prior to transition visits i.e. family talking about the placement, encourage involvement in choosing décor for bedroom etc
- Discuss how the transition should progress from length of initial visit to over night and weekend stays if required, through to proposed admission day.
- Discuss any foreseeable difficulties and possible solutions.

- Agree a time and date to review the progress of the transition and reassess admission date if necessary.

The Home Care Manager will draw up a transition plan based on information at the meeting and share with all relevant parties for comment.

St. Elizabeth's will formulate a draft care plan and risk assessments. These will be sent to the purchaser. St. Elizabeth's require written approval of these prior to the start of the placement.

The placement will then be reviewed at 6 weeks, 12 weeks, 6 months and 12 months, unless requested to be more frequent.

It is imperative that the Funding Authority attends the 6 week review. It is at this meeting that the placement is confirmed and the fee matrix is reviewed and confirmed.

All subsequent care reviews will take place at 6 month intervals (annual review to be attended by statutory agencies and family. 6 monthly reviews to be attended by internal multi-disciplinary team).

Following admission, the new service user will require a GP appointment at the next available clinic so they can be registered with the GP surgery.

The service user may choose to attend or not to attend their review, but they should be involved in writing the care plan and contributing as much as they wish to/are able to.

### **13. INTERNAL TRANSITION**

The home has 12 different areas of living accommodation with 5 – 10 people who use the service residing in each one.

On occasions internal moves are necessary for example, a request from an individual, agreed within the review process, the dynamics of a group changes and individuals no longer have peer compatibility or the person's reviewed needs are assessed as being better met in another house i.e. due to deterioration of mobility and the need for more space and equipment.

What ever the reasons for the move, all internal moves are carefully managed with transition plans and involve the person using the service, their family and the purchaser.

Following a move, the Home Care Manager will review the move at 6 weeks and if necessary, again at 3 months. The Home Care Manager will send a report to the Care Manager.

### **14. RESPITE CARE**

"Respite" refers to short term, temporary care provided to people with disabilities in order that their families can take a break from the daily routine of care giving but also

a break for the person being cared for by a relative. Respite care can involve overnight care for an extended period of time.

Application for respite care follows the same process as an application for permanent residence.

All respite includes options for day opportunities provision. A day care plan will be drawn up once information has been gathered from the services user/family and previous care plans on preferred and chosen activities (subject to availability).

Once the applicant has been accepted by the panel and funding has been agreed in writing, the respite dates can then be booked in consultation with the family, using the respite diary. This will be done via the Admissions Officer, Respite Manager or and nominated staff on 01279 844280/844412.

Confirmation of booking the requested slots will be sent in writing within 5 working days.

The booking will be entered in the respite calendar/diary and all relevant departments will be informed of the confirmed respite dates.

The Respite tracker will be completed for each client with details of their stay and the Contracts Manager will regularly check this invoicing.

The home requires a minimum of 48 hours notice to cancel a respite booking. If notice is not given, this will incur a charge for the first 24 hours.

## **15. EMERGENCY ADMISSION**

If St. Elizabeth's are approached to provide an emergency placement this will be taken to Home Management meeting and they will assess whether or not St. Elizabeth's can meet the needs of the applicant. If assessment is not possible before the admission is required, the Admissions Officer will request current reports and assessments from as many relevant professionals as possible and will make a multi-disciplinary decision with members of HMT in the short term and present the case to the Centre's Panel at the earliest possible time, in line with the respite procedure above. Admission will not be possible unless all current medication is received along with a current FP10 (repeat prescription)

The admission criterion for respite is the same as for residential care.

## **16. QUALITY ASSURANCE**

St. Elizabeth's Care Home with Nursing works closely with CQC who are responsible for regulating practice.

- The most recent inspection report is sent to all prospective service users.
- The proprietors conduct monthly visits (regulation 26). These reports give assurance to the trustees on the standards of service. The reports are available via the Home Care Managers.

- The recruitment process is conducted in line with legislative guidelines. All staff have both Safeguarding Adult From Abuse (SAFA) and enhanced (DBS) checks prior to starting work.
- The organisation has a planned quality assurance programme following admission. New service users, their families and purchasers are sent questionnaires to complete.
- Respite service has an ipad survey to provide feedback from people who use the service and their families after each stay
- All incidents and actions taken to minimise or eliminate risk are recorded using Datix. This data is presented at reviews on request.
- The organisation promotes an open and honest culture. It has a complaints, comments and compliments policy to ensure it learns from mistakes and shares good practice.

## 17. DISCHARGES

St. Elizabeth's Care Home with Nursing believes that all people who use the service should review their placement at least annually. This is to ensure the service provided still meets the needs and wishes of the individual and significant others.

Any service user who wishes to explore and move onto an alternative lifestyle will be supported to do so in a planned way. Managers may also identify residents who could be supported to move on into supported living and this will be explored with the person, their family and funding authority. The Funding Authority will be responsible for leading on the discharge, liaising with key members of staff, who will continue to provide support.

There is a 28 day notice period for placements coming to an end.

The approach to discharge planning should be to ensure that the person's voice and needs are stated and known to the new provider, and that there is a plan agreed by present provider, purchaser(s), new provider, service user and their family/advocate.

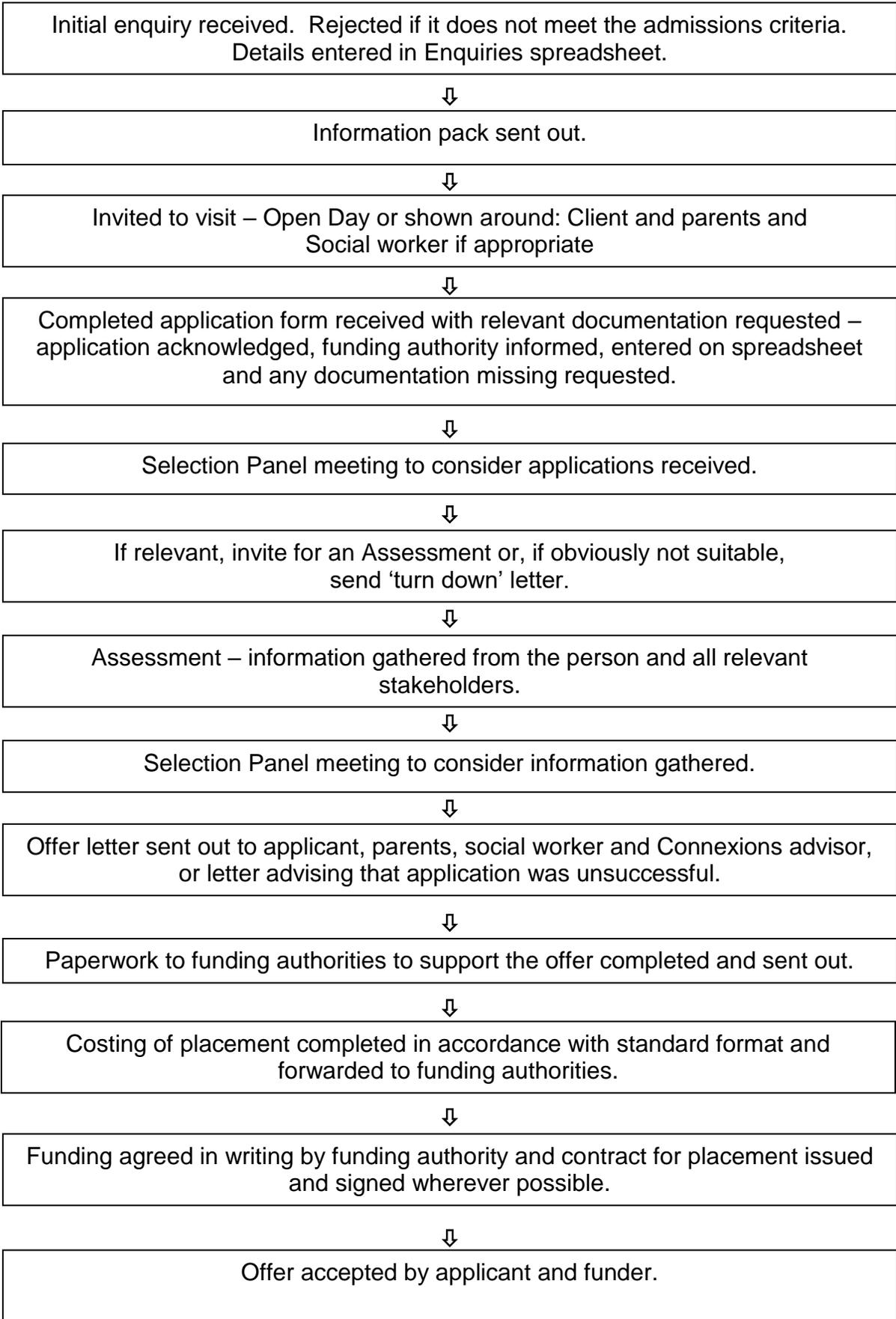
The following actions must be undertaken for discharges:

- A discharge plan agreed by purchaser and new provider, service user and family/advocate;
- An agreed assessment of current needs, health, social care, cultural/spiritual and sexual;
- Risks must be identified and risk assessments agreed;
- Transfer of all benefits
- Audit of finances and transfer of funds;
- Notification of discharge to CQC, GP;
- All personal effects packed carefully.

Endings can be times of sadness. It is important that 'closures' are planned for all and that any service user leaving is involved in how they wish to say goodbye.

On occasions a placement can break down or, due to a change in need, St Elizabeth's can no longer meet an individual's needs. (For example, a serious breakdown in mental health.) In such circumstances an admission to a mental health facility may be necessary, and a more appropriate placement will be explored by the nominated social worker. St Elizabeth's will provide the new provider with whatever information the social worker feels is appropriate. St Elizabeth's may participate in transition planning if requested to do so, but would not lead this process.

**ST ELIZABETH'S CENTRE ADMISSIONS PROCEDURE**



## The Cost of a place at St Elizabeth's

The cost of a place is usually paid by the purchasing authority – the service user's local authority and/ or relevant CCG. Some people may be privately funded

This payment covers:

- Staff costs for support including assessed additional individual support hours
- Accommodation
- Food – three meals per day and snacks
- Laundry services
- Day Opportunities including transport costs
- A range of social activities (publicised monthly)
- Access to nursing and therapy services

The total cost varies from placement to placement according to assessed need. People's needs and wishes will be reviewed regularly and discussed at care reviews.

The service user's local authority will require a contribution from the service user, unless fully funded by the PCT.

If the service user has a Disability Living Allowance Motability car, this must be relinquished upon admission to St Elizabeth's under the rules of the scheme. This is due to be reviewed in November 2016.

St Elizabeth's do not pay for the following:-

- Your chosen holiday, (but do pay a contribution)
- Hairdressing,
- Personal toiletries
- Clothing,
- Visits to friends and family,
- Meals out,
- Additional items of furniture/fittings beyond what is stated.
- Telephone calls.

St. Elizabeth's has a resident's finance officer who will contact family/Social worker/Guardian etc to arrange transfer of benefits and will advise and assist with financial questions.

### **Mobility Contributions**

St Elizabeth's adult service provides a range of transport for:-

- Day services
- Leisure activities
- Health visits

If the service user has a Disability Living Allowance Motability car, this must be relinquished upon admission to St Elizabeth's under the rules of the scheme. This will be reviewed in January 2019.

The Resident or appointee will be invoiced on a regular basis for the journeys completed and will include the cost for any additional support required. The contribution made will be used to provide transport for:

- All day time activities for individual's day programmes.
- All transport leisure trips, activities in evenings and at weekends e.g. cinema, theatre, and social clubs.
- Social outings e.g. shopping, meals out, appointments at hairdressers/barbers etc.
- Day trips during summer months to chosen places of interest.
- Visits to planned appointments e.g. dental, chiropody, ophthalmic, hospital out patients etc.

On admission individuals will be asked to sign up to these arrangements. In the event of an individual not having the capacity to enter into this agreement, agreement will be sought from next of kin or an independent advocate.

### **Apointeeship**

St Elizabeth's Centre will no longer act as an appointee on behalf of a person using the service nor collect contributions on behalf of the Funding Authority

### **Admission Pack**

St. Elizabeth's provide the following:

- A decorated room (colour of your choice)
- A standard bed
- A wardrobe

- A chest of drawers
- A chair
- Bed side table/drawers

On admission you will receive the following:

- One duvet set
- One set of sheets (mattress protector, a fitted sheet and a flat sheet)
- One set of towels (bath towel, hand towel and flannel)

You are responsible for providing all additional linen and towels

The organisation cannot accept responsibility for insuring personal belongings