MooreHaven Centre

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HIQA Outcome No. 004

ADMISSIONS AND CONTRACT FOR PROVISION OF SERVICES

ADMISSION DISCHARGE AND TRANSFER POLICY

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ADMISSION DISCHARGE AND TRANSFER POLICY[1]

1. STATEMENT

The MooreHaven Centre provides a Day Service for Adults in the mild to moderate range of Intellectual Disability. The residential support option is provided through four MooreHaven Homes located in Tipperary Town.

2. PURPOSE

The purpose of this Policy / Protocol is to provide parameters for the Admission, Discharge and Transfer (ADT) team in relation to admissions to, discharges from and transfers between the Residential Service in MooreHaven.

3. DEFINITIONS

Admission Discharge Transfer (*A.D.T.) Team*- a body that considers all applications for residential services.

Care Plan- The model of care plan provided for within the residential service is based on the capacity of each individual to provide for their self care needs. The Centre does not provide nursing care or overnight waking cover as a rule. In the event of changing needs, consultation will be held with the resident, family and the HSE to source an alternative higher support service to provide for their changing needs. (Waking cover is being provided in Tudor Court since 27th December 2014 in the house to an emergency which is continuing to date September 2017).

Disability- in relation to a person, means a substantial restriction in the capacity of a person to participate in economic, social or cultural life on account of an enduring physical, sensory, learning, mental health or emotional impairment, that is permanent and that the person has been assessed by the appropriate professionals as having an intellectual disability.

[1] A Policy is generally developed for situations where room for error or deviation is not acceptable.

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Discharge – The termination of residential service in a MooreHaven home whereby the resident is transferred to an alternative service provider/ nursing home, or the families in consultation with the resident withdraw their family member from the service or the resident wishes to live independently themselves and consultation with the appropriate bodies is held to facilitate the transition to independent living arrangements.

Emergency/ Crisis- When the Service User's home situation is categorised as a priority 1 case falling within the following parameters:

- *The sudden death, illness or absence of the primary carer / changing needs of the applicant that cannot be met within the home environment.*
- *Those who have been assessed as being in need of urgent residential placement due to the risk to their own personal safety or well-being.*
- *In the event of the sudden absence of the primary carer and where support from other members of the immediate family is not available, an emergency meeting will be held of the admissions and discharge team to consider providing a respite bed for the individual on a interim basis pending further clarification on the situation, case.*

Referrals- any external body wishing to make an application for admission to MooreHaven residential homes.

Sleeping Cover – This means a house parent, social care worker sleeps overnight in the house. Their role is to be there on call in case of an emergency, providing supervisory cover through a wake up call during the night. The normal shift pattern is from 4.30pm to 10.00am the following morning. They are paid a minimum wage rate for the overnight period of the roster. From 2013 social care workers have an eight hour sleepover and nine hours sleepover on Friday and Saturday nights.

Respite Care –Short term residential accommodation to provide respite for the service user and their family.

Transfer – means

a. a move from one MooreHaven residence to another one
b. a move to hospital in the event of an emergency
c. a move to a nursing home for a short time.

Waking Cover – This means a staff member provides cover all night, waking cover as distinct from sleeping cover. The staff member is there to provide the required cover for the needs of high support clients- their personal and medical care needs, etc.

5 Day –Accommodation is provided for 5 days and 4 nights i.e. Monday to Thursday night inclusive

7 Day admission –Accommodation is provided for 7 days and 7 nights

4. RESPONSIBILITY AND PRINCIPLES

4.1 ADT Team (ADT) will decide on admissions to, discharges from, and transfers between, MooreHaven's residential homes.

The overriding principles in determining the make-up of ADT is that each decision by ADT should be:

- Made by management, guided by policy;
- Objectively reached based on policy; and
- Guided by the input of relevant experts.

4.2 Management set the policy and guidelines and they decide on the make up of the ADT team in terms of roles and expertise, as approved by the Board.

4.3 The General Manager and Deputy GM convene the ADT team, and report to the Board as often as required on ADT's work and recommend necessary changes to the ADT Policy.

4.4 The Board's policies and guidelines in relation to admission, discharge and transfer are included in this policy document. Policy will be reviewed annually or as appropriate.

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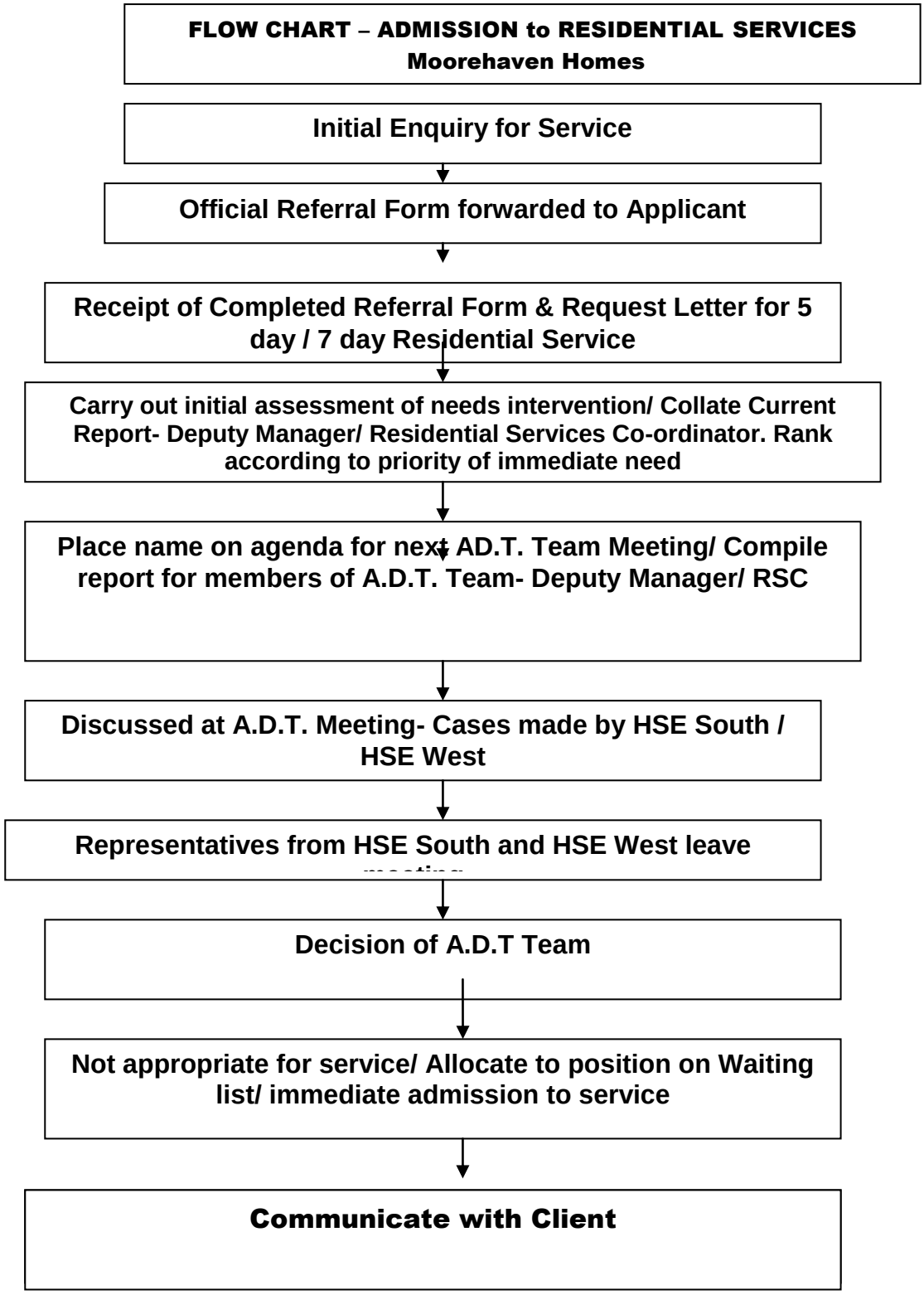

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5. ADMISSIONS, DISCHARGE & TRANSFER TEAM

5.1 The team will be a representative group comprising up to 6 members to include:

1. GM (Chair) or Deputy GM (Chairing in absence of GM)
2. Residential Services Coordinator / Person In Charge
3. Expert #1
4. Expert #2

5.2 Other personnel may be invited to attend.

5.3 Terms of reference

. Ad hoc meetings will be held where the need arises.

. A Quorum consists of 4 members to include at least 2 of General Manager, Deputy General Manager and the Residential Services Coordinator / Person In Charge.

. The team meeting will be chaired by the General Manager or in his absence Deputy General Manager

. The minutes will be recorded by the Residential Services Coordinator / Person In Charge.

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5.4 Purpose of the ADT Team

- Review and discuss completed referral reports.
- Prioritise new referrals on to appropriate waiting list.
- Review any request for discharge.
- Review current waiting lists for any changes.
- Make decisions regarding admissions, discharges, transfers.
- Complete the admissions procedures checklist.

5.5 Admission Criteria

Only clients attending the Day Service are eligible for consideration, normally. However, due to the current financial situation in the public sector, the HSE reserves the right to select a person for a vacancy within the MooreHaven Centre residential service, from outside the list of service users attending the Day Service. Should this need arise, it will be done in consultation with the management team in MooreHaven and the Area Co-ordinator for Disabilities with regard to suitability of the person joining the existing residents. The person will be accommodated on a respite basis and in the event of an emergency / crisis situation arising for a service user already attending the Day Service in MooreHaven, every effort will be made by the HSE to relocate the person to another service provider to free up the residential place for the MooreHaven Service User. The Care Plan provided through the residential service is as outlined in the definition, it does not include nursing care or waking cover overnight except in an emergency.

6. REFERRAL PROCEDURE

6.1 All enquiries relating to admissions and discharges should be referred to the General Manager or his/ her nominee, Residential Services Co-ordinator / Person In Charge.

6.2 On receipt of a verbal request for residential care, the official referral form is forwarded to the applicant.

6.3 A completed referral form is received by the Centre and a letter requesting a place in MooreHaven Residential Services.

6.4 On receipt of a completed referral form to the service, the General Manager will acknowledge the request within 5 working days and place the application on the agenda for the next A.D.T. Team meeting.

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6.5 An initial assessment of needs intervention is conducted and all current reports are collated.

7. ADMISSION PROCEDURE:

7.1 Applicant's name is placed on agenda for next A.D.T. meeting. A report is compiled for members of the A.D.T. Team

7.2 Case is discussed at A.D.T Team meeting

7.2.1 Decision of A.D.T. Team is made.

7.2.2 The applicant is not appropriate for the service

7.2.3 Allocate to position on waiting list

7.2.4 Immediate admission to the residential service.

7.2.5 Communicate with applicant on the decision made.

MooreHaven is adopting the HSE's prioritisation criteria for residential placements/ disability services as follows:

Priority 1 – Emergency

Priority 2 – High

Priority 3 – Not urgent- needs placement

Priority 1:

- The sudden death, illness or absence of the primary carer / changing needs of the applicant that cannot be met within the home environment.
- Those who have been assessed as being in need of urgent residential placement due to the risk to their own personal safety or well-being.

Priority 2:

- Those whose current circumstances are known to be at risk of breakdown.

Priority 3:

- Those clients who have been assessed as currently being inappropriately placed

~ Those clients who are on the residential waiting list.

8. DISCHARGE

MooreHaven intends to provide a home for life for each resident; however, MooreHaven as a non-medical model may reach a point where its resources and or expertise are not adequate and or sufficient to meet the continuing support needs of the resident, as the resident's needs increase beyond the scope of the organisation. Examples of such changing needs include physical/ medical/ psychological e.g. needing nursing or specialised medical care; behavioural e.g. needing a more structure environment; needing other specialised type services that require overnight waking cover and continual one on one support.

MooreHaven reserves the right to discharge any person from the service if:

8.1 The person's behaviour is such as to make him/ her incapable of benefiting from the Service.

8.2 Services can no longer meet the needs of the person.

8.3 Families or guardians withdraw a person from the Service at any time.

8.4 The individual expressed a wish not to continue attending the Service and another service is going to be providing an alternative residential service or the person is capable of independent living with some support.

8.5 Other residents within the Home are being adversely affected to the point their quality of life is being severely impacted on.

8.6 DISCHARGE PROCEDURE

8.6.1 A meeting of the A.D.T. Team is called by the General Manager or Residential Services Coordinator

8.6.2 The A.D.T. Team review all relevant reports prior to making a final decision re discharge

8.6.3 A written discharge is sent to the individual / family by the GM or his delegated authority, where appropriate.

8.6.4 A discharge plan is put in place for the resident which is acted on once the alternative service/ service provider is identified in consultation with the HSE. The discharge plan will provide the necessary information on the person's care needs.

8.6.5 The Admissions, Discharge and Transfer Team must approve the discharge and they must be satisfied that reasonable efforts have been made over a reasonable time frame to support the resident's new needs- this could include 'buying in' the required expertise, putting in additional resources or training for staff. In this event, MooreHaven will work with the resident, the family and the HSE to find a solution to the increasing needs of the resident.

8.6.6MooreHaven management team reserves the right to make a referral to the relevant HSE Area Co-ordinator for Disabilities directly, on the grounds that the service is breaking down. *see flow chart.

Reference is drawn to Resident Transfer, Discharge and Overnight leave audit tool.

8.7 Leaving the Community

Residents are free to choose to leave the community at any time. If a resident wishes to leave the Community they will be assisted to find a placement in another service, or, if they wish to live independently to learn the skills needed to do so.

As a community where residents and staff who support them share life together it is important that residents have an opportunity to experience the community lifestyle before making the decision to choose it for life. It is also important for the community to see if the resident fits in and enjoys the community aspect of life. Thus the MooreHaven Centre has a probation period of 6 months that can extend to one year for its residential service. Within this probation period the MooreHaven Centre reserves the right to ask a resident to leave if the placement is not suitable. The MooreHaven Centre will work with

the resident, the family and the HSE to find a more suitable placement for the resident in this event.

Leaving / Transferring to an Alternative Service Provider or Nursing Home

(Flow Chart*)

A review of the Resident's needs is conducted by the Residential Services Co-ordinator / PIC with the Management team of the Centre. The resident and their families are invited to a meeting to discuss the changing needs. The needs of the resident and the capacity of the Centre to provide for these changing needs are the basis for discussion. The ADT is consulted on the resident's situation.

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Based on agreement of all parties, the HSE are informed of the changing, increasing needs of the resident, if the resident is no longer able to provide for their own self care needs and or there is a level of incompatibility with the other residents in the home.

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The Centre staff will meet and co-operate fully with the assessment of the individual by the HSE, and or alternative service provider and will make all relevant documentations available for the assessment by the alternative service provider / nursing home.

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The Centre will work with the new service to ensure a smooth transition between the new service provider/ nursing home for the resident, from their MooreHaven residential home.

9.1 TRANSFER between Homes

Service Users may be required to transfer from one house to another which may be more suited to meet their changing needs. It is acknowledged that residents' needs may change over time which may necessitate a change of residence i.e. to ground floor accommodation in case of physical needs. Whilst the service user and their family will be consulted, overall responsibility for transfers rests with the Residential Services Co-ordinator / PIC and the Centre's management team. Consultation will be held with the current residents in the home to which the person is transferring.

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9.2 Transfer to hospital in an emergency, nursing home is according to the advice provided by the GP / Caredoc or hospital consultant.

10 RESPITE

. The MooreHaven Centre has two dedicated Respite beds.

. The MooreHaven Centre reserves the right to take a client into Respite on a trial

. basis and to make a decision on continuing Respite requests, in consultation with the relevant Area Co-ordinator for Disabilities.

. The on-going provision of Respite to a client requiring waking cover will be subject to the availability of accommodation, the availability of staff to provide waking cover and the approval of funding for the additional waking cover through the HSE, should waking cover be required.

- The provision of a respite service is on an ad-hoc basis, i.e that bed will be used in an emergency when one arises, another service users using the respite bed will no longer be able to continue with respite. This is communicated to all respite users who avail of respite on a weekly basis, or others vary that may be considered a pattern.

11 Dispute

In the event of a dispute, the individual/ family may appeal the decision using the complaints policy/ procedure. Following the exhaustion of this, should a difference of opinion re the placement exist, an independent arbitrator will be appointed.

Reviewed: 25th September 2017 Approved: Derry McMahon

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Resident Transfer, Discharge and Overnight Leave Audit Tool

Item	Criteria	Yes	No	Comments
1	MooreHaven Centre has a comprehensive policy – Resident Transfer, Discharge and Overnight Leave?			
2	Is there evidence that staff have been trained in the policy?			
3	Was Resident GP contacted prior to transfer?			
4	Transfer Information sent with resident who is transferred in an emergency?			
5	Copy of transfer information kept in resident's record?			
6	Was the transfer discussed with resident/relative?			
7	Where possible, residents provide consent to transfer in an emergency			
8	If the resident refuses transfer, is there evidence to show this decision documented in notes?			
9	Where residents are discharged, information regarding their care is transferred to individuals and groups who will be providing care and services to the resident – has this been documented in notes?			

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10	Where residents are on leave, they are provided with information regarding their medication prior to leaving?			
11	Has resident Discharge / Leave Medication form been completed?			

Date of Audit: _____

Audit carried out by:_____