

Admission and Discharge Policy

Policy Number	Policy Developed by	Date Developed
02 – Schedule 5	Aine Forde, Breda Hogan	15.11.2015
Version	Amendments	
5	Review of Appendices and Pathways Amendments due to change of Social Worker Role	
Reviewed by		Review completed
Admission & Discharge Committee		16.12.2022
CEO signature		Next Review Date
		16.12.2024

Mission Statement

Utilising our resources and skills to provide intentional supports for the people we support; enabling them to live full and inclusive lives by contributing to and enriching the fabric of their local communities.

SPC partners with external agencies and community services to facilitate '*ordinary lives in ordinary places*'

Vision Statement

People supported will live a good life, in their own home, with supports and opportunities to become active, valued and inclusive members of their local communities.

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Section 1 Admissions Policy

1.0 Purpose of Policy

- 1.1. This document details the policy and procedures to be followed when St. Patrick's Centre (Kilkenny) (SPC) receive an admission application from HSE Disability Services.

2.0 Introduction

- 2.1. SPC specialises in providing support to people who have severe or profound intellectual disabilities and underlying complex associated health needs.
- 2.2. People seeking admission to SPC will be considered equally and on the basis of their assessed need and according to the Statement of Purpose of the Designated Centre.

3.0 Aims

- 3.1. This document outlines clear guidelines for the admission and discharge of Individuals who access SPC services; their Families and Supporters, SPC employees and external stakeholders.

4.0 Scope of this document

- 4.1. This document applies to:
 - All People Supported availing of services provided by SPC.
 - All People Supported who wish to avail of services provided by SPC.

5.0 Admissions Criteria

- 5.1. The SPC Admission and Discharge Team (AD Team) shall ensure that each application for admission to SPC Services is determined on the basis of the following criteria: -
 - The Person is over the age of 18
 - The Person has a severe/profound intellectual disability.
- 5.2. SPC in partnership with the HSE and will provide supports to a Person who has been suitably assessed and the required revenue and capital funding is confirmed and received from the HSE
- 5.3. If SPC have a suitable funded vacancy, confirmation of the continued funding for this placement will be secured before allocation of the vacancy takes place. Any uplift of funding will be approved and secured prior to service provision commencing.

- 5.4. All new potential residential admissions will be assessed for community hours and considered as part of the business case.
- 5.5. SPC will endeavor to provide services and supports to a person in their local community.
- 5.6. Referrals for admission are made in writing via SPC referral form (Appendix 3).

6.0 Catchment Area

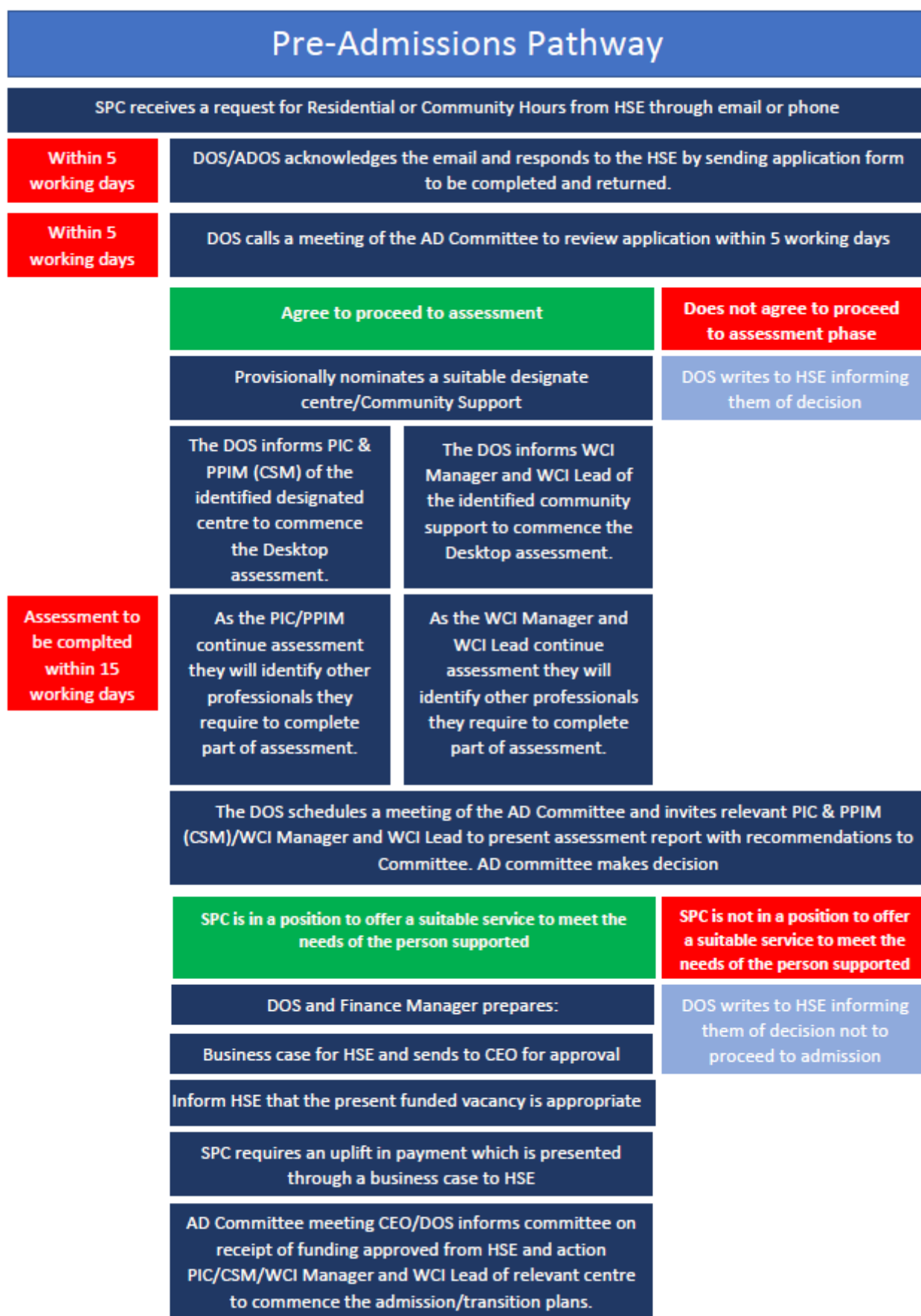
- 6.1. The catchment area of SPC traditionally comprises of:
 - Community Healthcare Organisation, South East Area 5 (CHO5)
 - In exceptional circumstances Persons with an intellectual disability from outside the catchment area may be admitted to the Residential Community Services, where requested by the HSE Disability Manager and with the approval of the SPC Board of Directors.

7.0 Admission and Discharge Team

- 7.1. The decision to offer a placement at SPC is reviewed and agreed by the AD team:
 - CEO
 - Director of Wellness, Culture & Development
 - Director of Services
 - Housing & Facilities Manager
 - Assistant Director of Services
 - Behaviour Support Specialist
 - CSM Representative
- 7.2. The AD Team will consult with the Person in Charge (PIC) and Person Participating in Management (PPIM) of the proposed Designated Centre as part of the assessment process for a residential placement.
- 7.3. The ADT Team will consult with the Community Inclusion Lead in regards to community hours.

Section 2 Admissions Procedures

8.0 Pre-Admission Pathway



9.0 Admission/Transitioning Pathway

Admission/Transitioning Pathway

PIC, PPIM (CSM), and Community Inclusion Lead commences the admission process based on the completed assessment



A transition plan is developed, with an accessible format available for person support



CEO drafts a Provision of Service for person supported on admissions



PIC and Community inclusion lead develops Personal Plan within 28 days



After a three-month trial period, PIC & PPIM will present a report on new admission to ADT Committee, reflecting the service person supported has received and further recommendation

10.0 Upon Approval of Application

- When a residential place/community supports is available and deemed appropriate by the AD Team in consultation with the PIC, PPIM and Community Inclusion Lead of the proposed Designated Centre/Community Support; and when the appropriate facilities are in place and the necessary employees and finances are available to meet the assessed needs of the person;
- The Director of Services will inform the person as well as their family member or representative and the HSE Disability Manager in writing that their admissions application has been successful.

11.0 Transition planning

11.1 Each person being admitted to a SPC Designated Centre will have a period of transition to the service and a bespoke transition plan will be developed to ensure a smooth and safe transition.

These arrangements include:

- Visiting the residential setting;
- Meeting the supported people who live in the house
- Meeting the relevant PIC;
- Participating in the Transition Period;
- Agreeing rent and other charges;
- Preparation or sharing of an individual's profile or care plan.

11.2. The PIC for the available Designated Centre will ensure that each prospective person we support and his / her family or representative are provided with the opportunity to visit the residential home, as far as is reasonably practicable, before admission to view the location.

11.3. When it is proposed that a new person is moving into a SPC Residential Community Home, the relevant PIC shall ensure that the people supported who reside in that home are informed of the potential admission to the Designated Centre/Community Support.

11.4. When it is proposed that a new person is moving into a SPC Residential Community Home the relevant PIC shall ensure that any identified risks are assessed and supports made available to ensure the person's safety and welfare and to ensure the safety and welfare of the existing people we support in the residential centre.

11.5. The relevant PIC shall, no later than 28 days after the person we support is admitted

to the residential centre, prepare a personal plan for the Person Supported outlining the supports required. This plan is to be developed using a person-centred approach with the maximum participation of the Person Supported and where appropriate their family member or representative, in accordance with the person we support wishes, age and the nature of his/her disability.

11.6. Relevant PIC will make this plan available (in an accessible format) to the Person Supported, their family member or representative.

11.7. In line with the Assisted Decision-Making Capacity Act, the CEO or his/her designate will, on admission, agree in writing with each person we support, the terms on which the person we support will reside in the residential home, this will be the form of a Provision of Service document which will include:

- The terms and conditions of the individual's placement.
- The nature and extent of the service being provided to meet their assessed needs.
- Rent and other charges.

11.8. The PIC shall ensure that, as far as is reasonably practicable, the people we support can bring their own furniture and furnishings into the rooms they occupy. This will not impact on SPC obligations on providing essentials for the person's home.

11.9. In some admission cases considerable adjustment and adaptation is necessary and this may need time and consequently admissions may be planned or phased in over an appropriate period of time to accommodate same.

11.10. SPC Transition Documentation to be used to facilitate all people supported involved in admissions, transitions & discharges (Appendix 1 to 5).

12.0 Emergency Respite Procedure

12.1. Admissions for emergency respite or crisis care will be assessed individually, agreed in writing with the Disability Manager (CHO5) and approval for emergency respite or crisis care will be at the sole discretion of the C.E.O. considering that a suitable place, employee levels and resources are available.

12.2. Where an individual has been admitted in an emergency, he/she is given time, information and, if necessary, access to an advocate, in order to decide whether or not to stay.

13.0 Emergency Admissions Procedure

13.1. Requests for emergency admissions will be assessed individually and approval for an emergency admission will be at the sole discretion of the C.E.O. considering that a suitable place, employee levels and resources are available.

- 13.2. Temporary emergency respite may be used to enable a full assessment to be carried out and/or for the admissions procedures (8.0, 9.0, 10.0) to be followed.
- 13.3. Where an individual has been admitted in an emergency, he/she is given time, information and, if necessary, access to an advocate, in order to decide whether or not to stay.
- 13.4. Emergency admissions can be difficult times for all involved. For the Person Supported, their families or representatives, other Persons Supported. SPC is committed to ensuring, in as far as practicable, that resources and strategies are developed to mitigate the impact of transitioning into a new residential environment.

14.0 General Provision

- 14.1. SPC Policy and Procedures for admission/transition/discharge will be formally reviewed at least once every two years and adapted where necessary, to ensure that the organisation meets the needs of the persons supported and their families within the SPC catchment area.

15.0 Transitions

- 15.1. There are two types of transition within SPC:

- Internal Transition – from one Designated Centre to another
- External Transition – from SPC to another Service or to a person's home.

While an individual can transfer within the SPC residential service from one Designated Centre to another Designated Centre, each transfer, in line with HIQA guidelines, is considered a discharge from the originating Designated Centre and a new admission to the chosen Designated Centre.

Therefore, both types of transitions follow the Admission/Transition Pathway.

- 15.2. Emergency Transfers:

Whereupon the SPC Business/Winter Continuity Plans are evoked SPC may need to consider alternative arrangements in response to the emergency up to and including the grouping of people together if required and /or use of Hotels/Air B&B etc. Any emergency transfers will be fully overseen by Management and all stakeholders will be informed. An emergency transfer will be the least restrictive alternative and for the minimum period of time possible

16.0 Discharge Process

- 1.1. Requests for discharge shall be received from Director of Services, Senior Manager

within the Service Enhancement Team.

- 1.2. The discharge process will be formally activated when the AT Team receive an application for discharge with supporting documentation from the relevant senior manager.
- 1.3. Each person's discharge will be person-centred and managed in a planned and safe manner based on their assessed needs.
- 1.4. Discharges are discussed and planned with key stakeholders involved in supporting the person.

17.0 Criteria for Discharge

- 2.1. If the Person Supported has not attended the Service for a prolonged period of time.
- 2.2. If the person supported or representatives indicate they no longer wish to avail of the service in the designated centre and/or Community Hub.
- 2.3. If other People Supported are put at risk due to repeated safeguarding concerns. In this case, documentary evidence of the range of interventions, supports and programs which have been considered and implemented must be presented to the AD team.

18.0 References

- Health Information and Quality Authority (2013) National Standards for Residential Services for Children and Adults with Disabilities, Ireland.
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

19.0 Appendices

1. Pre Admission Pathway V3 15.12.2022
2. Admission/Transitioning Pathway 23.09.2022
3. AD Pre Admission Report Template V3 15.12.2022
4. Desktop Assessment V2 15.12.2022
5. Discharge pathway V4 27.09.2021
6. Referral for Admission to SPC Residential Community Services V4 15.12.2022
7. Letter internal transition V2 15.12.2022
8. Assessment of Need Template - Personal Plan V3 1.09.2021
9. Action Plan AD meetings Template V6 15.12.2022
10. AD Checklist PIC CSM V5 15.12.2022
11. My moving story template
12. Person supported moving in or out of my house - template September 2020
13. SPC Transition Plan
14. ADT Post-admission 3 Month Report Template V2 15.12.2022

Pre-Admissions Pathway

SPC receives a request for Residential or Community Hours from HSE through email or phone

Within 5
working days

DOS/ADOS acknowledges the email and responds to the HSE by sending application form to be completed and returned.

Within 5
working days

DOS calls a meeting of the AD Committee to review application within 5 working days

Agree to proceed to assessment

**Does not agree to proceed
to assessment phase**

Provisionally nominates a suitable designate
centre/Community Support

DOS writes to HSE informing
them of decision

The DOS informs PIC &
PPIM (CSM) of the
identified designated
centre to commence
the Desktop
assessment.

The DOS informs WCI
Manager and WCI Lead of
the identified community
support to commence the
Desktop assessment.

Assessment to
be completed
within 15
working days

As the PIC/PPIM
continue assessment
they will identify other
professionals they
require to complete
part of assessment.

As the WCI Manager and
WCI Lead continue
assessment they will
identify other professionals
they require to complete
part of assessment.

The DOS schedules a meeting of the AD Committee and invites relevant PIC & PPIM (CSM)/WCI Manager and WCI Lead to present assessment report with recommendations to Committee. AD committee makes decision

**SPC is in a position to offer a suitable service to meet the
needs of the person supported**

**SPC is not in a position to offer
a suitable service to meet the
needs of the person supported**

DOS and Finance Manager prepares:

DOS writes to HSE informing
them of decision not to
proceed to admission

Business case for HSE and sends to CEO for approval

Inform HSE that the present funded vacancy is appropriate

SPC requires an uplift in payment which is presented
through a business case to HSE

AD Committee meeting CEO/DOS informs committee on
receipt of funding approved from HSE and action
PIC/CSM/WCI Manager and WCI Lead of relevant centre
to commence the admission/transition plans.

Admission/Transitioning Pathway

PIC, PPIM (CSM), and Community Inclusion Lead commences the admission process based on the completed assessment



A transition plan is developed, with an accessible format available for person support



CEO drafts a Provision of Service for person supported on admissions



PIC and Community inclusion lead develops Personal Plan within 28 days



After a three-month trial period, PIC & PPIM will present a report on new admission to ADT Committee, reflecting the service person supported has received and further recommendation

SPC Admission & Discharge Pre-admission Report		
Name:		D.O.B
Home Address:		Proposed Community House/Community Hours:
Family Contact:		PIC:
Referred by:		Pre-admission Assessment Commenced:
Proposed Funding:	Funding Source:	Community Hours & Funding:
Funding uplift required/proposed/agreed?		
<u>Introduction</u> To include family composition, current living arrangements, previous supports/school, age, culture etc		
<u>What's Important TO me</u> To include a descriptor of the Person and what is important to them including relationships, interests, hobbies, skills & talents, communication preferences, likes/dislikes, preferences, routines		
<u>What's important FOR me</u> To include all relevant Health & Wellbeing information		
<u>Assessment completed by:</u> To include reports & observations - reference same and attached as appendices		
<u>Conclusion & Recommendations</u> To include Assessors recommendation and narrative on what grounds is SPC an appropriate provider Assessor: Date:		

ATD Oversight Committee Recommendations:

To include approval for admission, conditions of admission, proposed next steps

Names:

Date:

DRAFT



DESKTOP ASSESSMENT (part 1 assessment process)		
Name:		D.O.B
Home Address:		Proposed Community House/Community Hours:
Family Contact:		PIC/Community Inclusion Lead:
Referred by:		Pre-admission Assessment Commenced:
Proposed Funding:	Funding Source:	Community Hours & Funding:
Funding uplift required/proposed/agreed?		
Safeguarding: Are there any safeguarding concerns? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, request safeguarding reports		
Reports	Date completed	Received Y/N
School Leavers Report		
Psychological Report		
Speech & Language Report		
Occupational Therapy Report		
Social Workers Report		

Signed: _____ Date: _____

****When the above reports have been received and reviewed, please proceed to part 2 of assessment**

Application for Discharge

Documented evidence and rationale that a person needs to move;
acknowledged by DOS

Brief Synopsis of a person, so DOS can make a decision if the application is suitable to be
discussed and progressed by ADT Team

ADT team to agree the application is suitable, identify and agree a designated centre /service
and refer to relevant PPIM and PIC for further progression

Discharge from SPC to other service

PPIM and PIC of discharging
designated centre to engage with
new service. Use checklist to ensure
all relevant documentation is handed
over and engage in transition
planning.

**Lead of transition planning by
external service.**

Discharge and admission within SPC

All relevant PPIMs and PICs in SPC work
collaboratively together on Action Planning
for discharge/admission, involving all SET
members as needed for the discharge and
admission and necessary actions to be taken.

PPIM and PIC of admitting designated centre
lead out on a **comprehensive needs
assessment** of person supported. Involving
all necessary SET members.

**Discharge process starts and evokes
admissions process**

Action
planning
and
guidance
through
checklist
(draft 2)

During
discharge/
admission

Post
discharge/
admission

Full development of **Personal plan** within 28
days of admission

Review of admission to new designated
centre after 3 months (involving person
supported, family, team) to report back to
ADT team *(if internal discharge and admission)*

Transition
process

Referral for Admission to SPC Residential Community Services



Name Of Person Being Referred			
Date Of Birth			
Name and title of person completing referral			
Date Of Referral			
Type Of Admission	Residential		Day Service
Reason for Referral			
Brief Description of the person being referred			
<p>Please forward the completed form to: The Director of Services, SPC (St Patricks Centre, Kilkenny), Unit 11/12 Danville Business Park, Kilkenny or send the completed form via email to mirjam.lettner@stpatrickskilkenny.ie</p>			

Saint Patrick's Centre (Kilkenny) Registered Number 6349663B

A: Unit 11-12, Danville Business Park, Kilkenny, Ireland R95 KD32 **T:** 056 772 2170 **E:** info@stpatrickskilkenny.ie

Date

To: SPC Admission & Discharge Committee

Ref: Request for internal transition

Dear AD Committee,

I am (Person Supported Name), currently residing in (SPC designated centre Name).

I am supported by my staff team to request an internal transition to another community home within St. Patrick's Centre Kilkenny.

Please liaise with my support team/circle of support to request further detail and information regarding my request.

Kind Regards

Signed by Person supported or
PIC on behalf of Person Supported

Assessment of Need Template

Part 1



Type of Assessment	Admission		Discharge		Transition	
Date of Assessment						
Name of person supported						
Admission/Discharge/Transition Date						
Referral Date						
Source of Referral						
Current Address						
Date of Birth						
Gender						
PPS Number						
HIQA Number						
Family Contact Name						
Family Contact Number						

In line with **Regulation 5** and **Regulation 24**, this Assessment is to be completed by the PIC post admission of person supported within 1 month of admission and will be used as the foundation of the person's Personal Plan.

This Assessment can be used pre admission and/or discharge and or transition of a person supported to gather information and inform the transition process.

Assessments

[illegible]

	Objectives	Actions
1.	Identify the problem or opportunity.	Conduct a SWOT analysis.
2.	Analyze the situation.	Gather relevant data and information.
3.	Develop a plan.	Set clear goals and objectives.
4.	Implement the plan.	Assign responsibilities and resources.
5.	Evaluate progress.	Monitor key performance indicators.
6.	Adjust as needed.	Revise the plan based on feedback.

Health and Wellbeing

A brief synopsis of how the person has been doing for the past year. Hospital Admissions and appointments etc

Discussion	Yes	No
Has this person completed a full course of currently recommended vaccinations?		
Does this person take part in the annual flu vaccination?		
Has this person been vaccinated against Covid-19?		
Is this person continent?		
Double incontinent?		
Urinary incontinent?		
Faecal incontinent?		
Does this person suffer from constipation?		
Does this person suffer from Chronic pain?		
Does this person have Osteoporosis Bone health issues?		
Does this person have endocrine issues (diabetes, hypothyroidism etc)		
Does this person have gastroesophageal issues?		
Does this person have respiratory issues?		
Does this person have cardiovascular issues		

Details

Actions

Mental Health		
Item identified	Yes	No
Does this person have input from a mental health professional/behaviour therapist or psychologist?		
Details		
Actions		

Food and Nutrition/Dietitian		
Item identified	Yes	No
Details		
Actions		

Communication/Swallow Care /Speech and Language

Item identified	Yes	No
Is this person or has this person....?		
Limited Verbal?		
Use of augmented system?		
Non Verbal?		
Can this person communicate needs with no support?		
Can this person eat and drink independently?		
Does this person need limited help		
Does this person need to be fully supported?		
Does this person have a normal diet and fluids?		
Does this person require modified diet and or/fluids? <i>If yes add grade to details section</i>		
Does this person require enteral feeding?		
Does this person require input from SLT/Dietician?		

Details

Actions

--

Physiotherapy/Bone Health/Exercise Plan

Item identified	Yes	No
Is this person fully ambulant?		
Is this person ambulant requiring support or aids?		
Does this person require a wheelchair full time?		
Does this person use a wheelchair transfer and for community access?		
Does this person require hoisting? <i>If yes add information to details</i>		
Does this person have reduced function or absence of limb?		

Details

--

Actions

Epilepsy/Neurology		
Item identified	Yes	No
Does this person have epilepsy?		
What type of epilepsy does this person have?		
How regular do they have seizures?		
When was their last seizure?		
Details		
Actions		

Oral Health/ Dental		
Item identified	Yes	No
Does this person have dental issues?		
Does this person have normal healthy teeth?		
Does this person have minor dental problems?		
Does this person have major dental problems?		
Details		
Actions		

Eye Health/Optician		
Item identified	Yes	No
Does this person have vision difficulties?		
Does this person have normal vision?		
Does this person have minor vision problems?		
Does this person have major vision problems?		
Does this person have cataracts?		
Details		
Actions		

Ear Care/Audiology		
Item identified	Yes	No
Does this person have hearing difficulties?		
Does this person have a hearing aid?		
Does this person suffer recurring ear infections?		
Does this person suffer from wax build up?		
Details		
Actions		

Equipment/Occupational Therapy/Sensory Programme		
Item identified	Yes	No
Can this person perform personal hygiene?		
Can this person dress independently?		
Does this person have a sensory impairment?		
Details		
Actions		

Behaviour Support Plan/Recordings Review

Item identified	Yes	No
Does this person display behavioural issues?		
Does this person engage in Self Injurious behaviour?		
Does this person engage in emotional outbursts?		
Does this person engage in aggression?		
Does this person engage in over activity?		
Does this person engage in sleep disturbance?		
Does this person engage in inappropriate sexual behaviour?		
Does this person engage in destruction of the physical environment?		
Does this person engage in absconding/wandering?		

Details

Actions	

GP	
Item identified	Details
Annual Review	
Bloods	
Cholesterol	
Dexa	
Health Screening	
Referrals	
Details	

Actions

Medication
Item identified
List of Current Medications
List of PRN Medication and how often they are required

Medication Reviews

Annual Financial Plan
Item identified
Details
Actions

Incidents/Accidents Analysis	
Item identified	
Details	
Actions	

Risk Management and Positive Risk Taking	
Item identified	
Details	
Actions	

Fire Evacuation/PEEP/CEEP
Item identified
Details
Actions

Safeguarding plan/Protection of the person
Item identified
Details
Actions

Advocacy/Human Rights
Item identified
Details
Actions

Visioning Meeting

Part 2



Person Supported	
Attendees	

In line with **Regulation 5** the PIC has to develop a Personal Plan with the person supported within 28 days post admission.

The guidance of the visioning meeting will help the PIC and staff team to develop the Personal Plan as part of a transition or admission

Annual Review and Visioning Meeting Minutes Template

Date	
Host	
Attendees	
Apologies	

These minutes are to be read in conjunction with person's other relevant Personal Plan Documentation, such as e.g. Biography, My Profile, Medical Data Sheet, OK Health Check, Personal Plan Monthly Reviews etc.



Part 1 - Annual review

Please discuss and document achievements of roles and goals from previous year, identified actions from assessment and review of documentation and other relevant topics discussed.

Item	Update	Actions
1. Assessment	<i>Biography, My Profile, OK Health Check, Medical Data Sheet</i>	•
2. Review Roles and Goals	<i>A brief synopsis of how the person has been doing for the past year. Hospital Admissions and appointments etc</i>	•
3. Health and Wellbeing		•
3.1 GP		•

Item	Update	Actions
3.2 Behaviour support and Mental Health		•
3.3 Food		
3.4 Swallow		•
3.5 Physio		•
3.6 Neurology/epilepsy		•
3.7 OT		•

Item	Update	Actions
3.8 Oral/Eye/Ear		•
3.9 Medication review		•
4. Annual Financial Plan	<i>Update and review of spend of last year</i>	•
5. Safeguarding/Incidents/Accidents Analysis	<i>Number of and trends identified</i>	

Item	Update	Actions
6. Risk Management	<i>Risk Assessment Review, relevant to persons life</i>	

Part 2 – Visioning Meeting

PERSON SUPPORTED AND THEIR CIRCLE OF SUPPORT TO EXPLORE AND AGREE MEANINGFUL ROLES

Communication

How does this person communicate choice, will, preference and decision making?

What are the persons interests?

For example, hobbies, things the person enjoys doing

What are the persons talents?	<i>For example, personality, skills, qualities, attributes</i>

Health and Wellbeing	
What are they key actions from your health assessment?	

What does wellbeing mean to the person and what supports do we need to put in place?

Meaningful Life

What does a meaningful life look like on a daily basis for this person?

1. What opportunities does this person have?

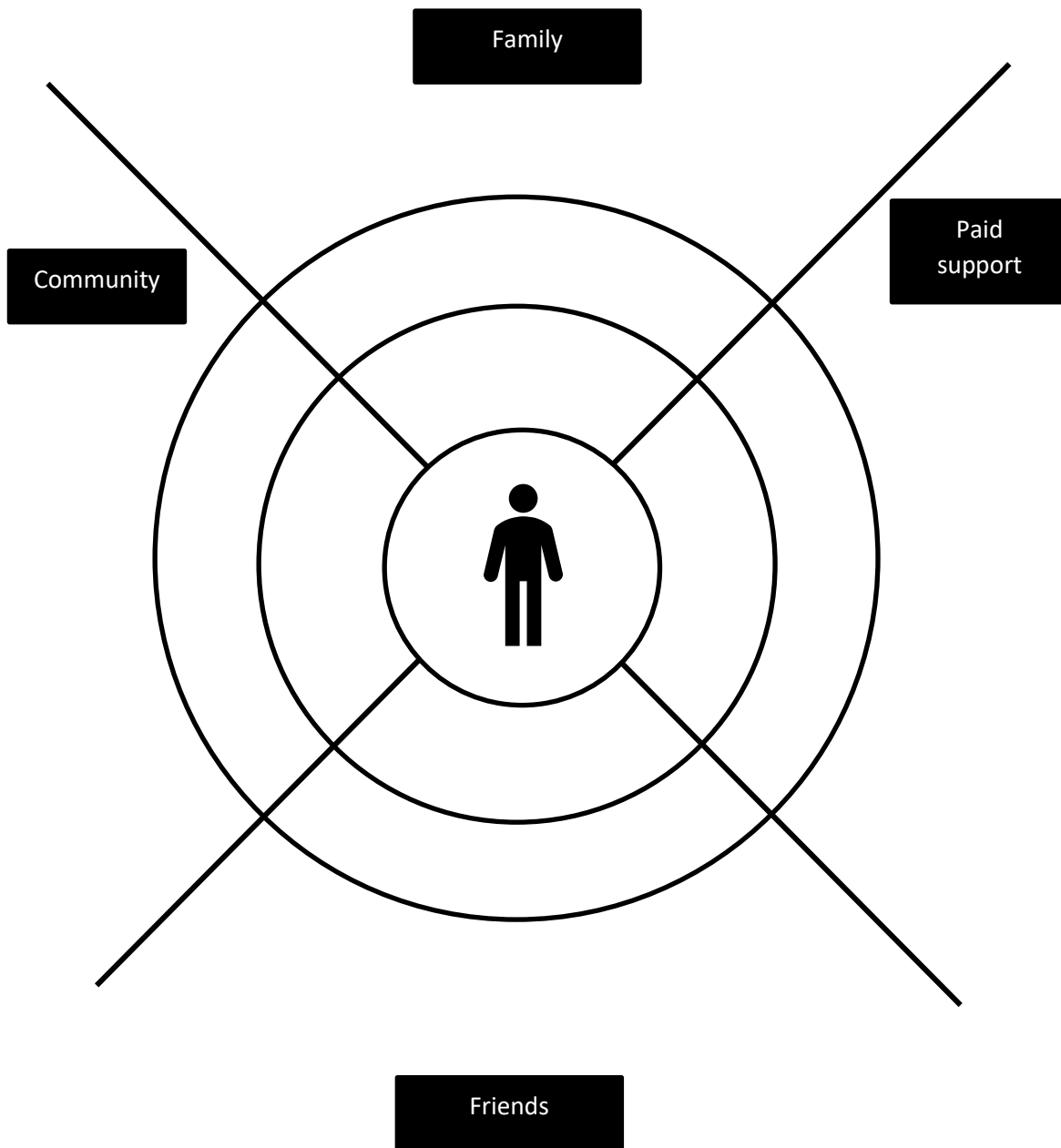
2. What choices does this person have?

3. How is this person connected with community?

4. How can we support this person to have a more meaningful day?

What does this person's home look like now?

How can we support this person to make their house a home?



What relationships are important to the person at present?

What does the person need to make their day/life/activity/role successful?	Conditions for success: <i>what has to be in place to support the person to have a successful day</i>

Roles and Goals identified with the person

[illegible]

Keyworker/Staff Member		Date	
Team Leader/PIC		Date	

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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Present:

Apologies:

Key:

Next meeting date:

The **Checklist for Admission & Discharges** informs this action plan template. The PIC and PPIM can use the checklist to ensure oversight. The action plan template will provide the detail for each relevant area.

Further documents to be used as part of an admission or discharge and necessary actions documented within action planning meeting minutes:

- Assessment of Needs Template
- Transition plan for person supported
- My moving story for all people supported involved
- Action Plan Meeting minutes

All incomplete actions are identified as **Red** until they have been completed. See example image on the right.

This will help with a visual aid to finding items that need actioning.

Minute Taker: Please highlight cell that needs to be coloured and select the fill option from the Paragraph group on the Home Tab.

Example Image of identifying outstanding actions.

Designated centre for move identified	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Environmental assessment completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Briefing document in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any identified recommendations & changes implemented in the designated centre	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Designated centre risk assessed (including fire evacuation) in relation to person supported	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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Environment							
Item identified	Completed				Action identified	Person Responsible	Completion Date
Designated centre for move identified	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Environmental assessment completed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Briefing document in place	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Any identified recommendations & changes implemented in the designated centre	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Designated centre risk assessed (including fire evacuation) in relation to person supported	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Referrals to MDT or other relevant functions completed in relation to identified changes of needs in relation to environment	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Environmental changes, painting etc. completed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
House key for person supported in place	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Vehicle requirements discussed and agreed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Change of status on the DMS	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Discussion and Areas Identified							

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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Housing							
Item identified	Completed				Action identified	Person Responsible	Completion Date
Housing Association Application completed and submitted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Local Authority Housing Application completed and submitted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Previous accommodation history available for person supported	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Eligibility for Social Housing confirmed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
HAP application (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Tenancy agreement in place and communicated with person supported	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Discussion and Areas Identified							

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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Transition Planning

Item identified	Completed				Action identified	Person Responsible	Completion Date
Transition Plan template	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Moving story	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Information of all people supported involved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Information of all relatives involved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Visits to the new home	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Have the following departments been informed of the AT&D							
Finance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
IT	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
H&S	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
PICs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Night Managers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Discussion and Areas Identified							

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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Personal Plan								
Item identified		Completed				Action identified	Person Responsible	Completion Date
Personal Plan to be completed within 28 days after admission		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Pre-admission assessment completed		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Handover of all relevant documentation from other service (if applicable) and saved on One drive for person supported		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Audit of person plan folder (if applicable) to be completed prior to move		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
General Information form completed for person supported		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Admission Assessment completed for person supported		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
SPC Assessment completed	Biography	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	My Profile	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	OK Health Check	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Medical Data Sheet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Dis Dat	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Relevant MDT Reports on file		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Restrictive Practices	Assessment completed for person supported	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Any changes for peers in designated centre in relation to restrictions as part of the AD team?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Health and Wellbeing	Registration with GP (handover of any relevant information between GPs)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Overview of medical needs through medical data sheet, OK Health Check, etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Behaviour Support (Plans, Significant Behaviours, risk management)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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	All relevant information and documentation in relation to person's Food/Nutrition/Dietitian (swallow care plan, etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Communication and SLT recommendations and support needs in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Identified OT, Sensory Supports and any equipment relevant to the person (included on person's Asset list)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Relevant information in relation to person's mental health available in personal plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Physiotherapy notes and recommendations in relation to mobility, bone health, etc on file	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Neurology support, Epilepsy care plan in place, Buccal and Oxygen (if applicable) in place and relevant SOPs and risk assessments completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Oral/Dental/Eyes/Ears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Medication and Pharmacy	Pre-medication assessment as part of transition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Registration with local community Pharmacy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Kardex and prescriptions in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Planned move of medication for transition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Planning and discussion of medication changes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	Medication audit completed (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Service Provision	Provision of Service documentation in place, discussed with person supported, signed and documented	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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	Family members informed about the documentation being in place	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Conditions for Success identified and communicated		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Discussion and Areas Identified								

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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Risk Management, Safeguarding & Incidents									
Item identified		Completed				Action identified	Person Responsible	Completion Date	
Safeguarding	Safeguarding plans in place and implementation/actions discussed with staff team	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
	Review of incidents with staff team	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
	Review of safeguarding plans scheduled with Social Worker	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
Risk Management	Individual risk assessments in place and added to risk register	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
	Positive risk taking explored with person supported	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
	Person supported to engage in fire evacuation (learning discussed as appropriate)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
	PEEP in place/updated for person supported	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
	CEEP for designated centre updated/in place	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
	Fire drill completed within 24 hours after admission	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
Incident Management	Incident and Accident report/analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
	Identified actions, training etc.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>				
Discussion and Areas Identified									

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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Financial Plan						
Item identified	Information	Action identified	Person Responsible	Completion Date		
Social Welfare income (including HAP if relevant)	Type					
	Amount					
	How is it collected? (Lodged to bank or collected in post office?)					
	Agent for social welfare					
Savings	Where are persons savings held					
	Amount					
Bank Account (if applicable)	Name of Bank					
	Name of account					
	How is the account accessed?					
	Who has access to the account?					
Current Rent	Amount					
	Payable to					
	Any HAP received					
	LSCC					
	Other Contributions					
Financial Capacity assessment Completed		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Finance folder and relevant documentation in place as per policy		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Necessary resource forms completed, signed and submitted to Finance Department		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Identified transport needs		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Discussion and Areas Identified						

Action Plan for Admissions and Discharges

Name of Designated centre:

Date:

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Staffing and Service relevant detail							
Item identified	Information				Action identified	Person Responsible	Completion Date
Roster in place to suit the person supported needs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Roster consultations completed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Adequate skill mix of staff team	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Identified training needs discussed and staff booked in for training	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Necessary recruitment identified and discussed to take actions	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Change of status completed	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
HR training records on file	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Transfer of working knowledge	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Induction to employees	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
SPC email account set up for person supported	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
DMS user created for new admission	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Business case to HSE needed for addition staff or funding	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
Discussion and Areas Identified							

Action Plan for Admissions and Discharges

Name of Designated centre:

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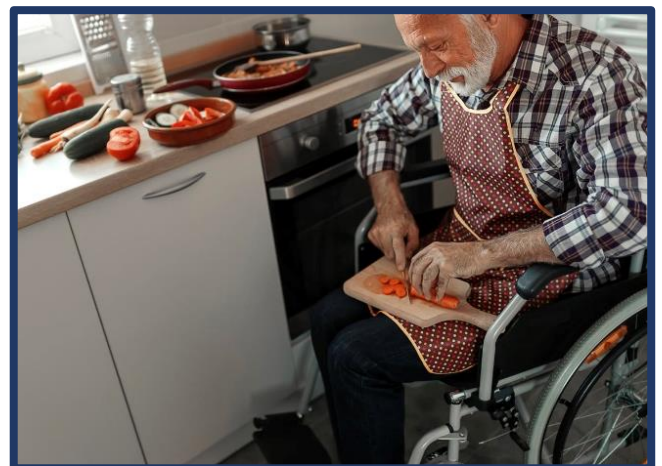
House relevant information

Item identified		Information				Action identified	Person Responsible	Completion Date
House folder system updated	Change of directory of residents	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
	Change of Statement of Purpose	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			

Discussion and Areas Identified

Additional discussions

Checklist for Admissions and Discharges and planning of transitions



Person Supported

Commencement date

Oversight				
Item identified	Completed			
Documented evidence for admission/discharge in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Brief synopsis of person supported and current situation received	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Action plan meetings commenced	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
PPIM and PIC for lead of transition identified	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Timeframe for transition/Admission or discharge date agreed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Environment				
Relevant function in relation to Environment: Housing and H&S Department, MDT				
Item identified	Completed			
Designated centre for move identified	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Environmental assessment completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Briefing document in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any identified recommendations & changes implemented in the designated centre	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Designated centre risk assessed (including fire evacuation) in relation to person supported	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Referrals to MDT or other relevant functions completed in relation to identified changes of needs in relation to environment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Environmental changes, painting etc. completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
House key for person supported in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Vehicle requirements discussed and agreed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Change of status on the DMS	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Housing				
Relevant function in relation to Environment: Housing & Facilities Manager				
Item identified	Completed			
Housing Association Application completed and submitted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Local Authority Housing Application completed and submitted	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Previous accommodation history available for person supported	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eligibility for Social Housing confirmed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
HAP application (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Tenancy agreement in place and communicated with person supported	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Transition Planning				
Item identified	Completed			
Transition Plan template	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Moving story	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Information of all people supported involved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Information of all relatives involved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Visits to the new home	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have the following departments been informed of the AT&D				
Finance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
IT	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
H&S	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
PICs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Night Managers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Personal Plan					
Relevant function in relation to Personal Plan: Service Enhancement Team, MDT, H & S, Finance, or as identified through person centred planning.					
Item identified			Completed		
Personal Plan to be completed within 28 days after admission			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Pre-admission assessment completed			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Handover of all relevant documentation from other service (if applicable) and saved on One drive for person supported			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Audit of person plan folder (if applicable) to be completed prior to move			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
General Information form completed for person supported			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Admission Assessment completed for person supported			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
SPC Assessments completed	Biography		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	My Profile		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	OK Health Check		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Medical Data Sheet		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Dis Dat		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Relevant MDT reports on file			Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Restrictive Practices	Assessment completed for person supported		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Any changes for peers in designated centre in relation to restrictions as part of the ADT?		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Health & Wellbeing	Registration with GP (handover of any relevant information between GPs)		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Overview of medical needs through medical data sheet, OK Health Check, etc.		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Behaviour Support (Plans, Significant Behaviours, risk management)		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	All relevant information and documentation in relation to person's Food/Nutrition/Dietitian (swallow care plan, etc.)		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Communication and SLT recommendations and support needs in place		Yes	<input type="checkbox"/>	No <input type="checkbox"/>

	Identified OT, Sensory Supports and any equipment relevant to the person (included on person's Asset list)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Relevant information in relation to person's mental health available in personal plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Neurology support, Epilepsy care plan in place, Buccal and Oxygen (if applicable) in place and relevant SOPs and risk assessments completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Oral/Dental/Eyes/Ears	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Medication and Pharmacy	Pre-medication assessment as part of transition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Registration with local community Pharmacy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Kardex and prescriptions in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Planned move of medication for transition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Planning and discussion of medication changes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Medication audit completed (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Service Provision	Provision of Service documentation in place, discussed with person supported, signed and documented	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Family members informed about the documentation being in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Conditions for Success identified and communicated		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Risk Management, Safeguarding & Incidents

**Relevant function in relation to Risk management, Safeguarding and Incidents:
H & S, Safeguarding, Quality**

Item identified		Completed			
Safeguarding	Safeguarding plans in place and implementation/actions discussed with staff team	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Review of incidents with staff team	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Review of safeguarding plans scheduled with Social Worker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Risk Management	Individual risk assessments in place and added to risk register	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Positive risk taking explored with person supported	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Person supported to engage in fire evacuation (learning discussed as appropriate)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	PEEP in place/updated for person supported	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	CEEP for designated centre updated/in place	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Fire drill completed within 24 hours after admission	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incident Management	Incident and Accident report/analysis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Identified actions, training etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Financial Plan					
Relevant function in relation to Finances: Finance Department					
Item identified		Completed			
Social Welfare income (including any HAP if relevant)	Type				
	Amount				
	How is it collected (lodged to bank or collected in post office)?				
	Agent for social welfare				
Savings	Where are person's savings held				
	Amount				
Bank account (if applicable)	Name of bank				
	Name of account				
	How is the account accessed?				
	Who has access to the account?				
Current Rent	Amount				
	Payable to				
	Any HAP received				
	LSCC				
	Other Contributions				
Financial capacity assessment completed		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Finance folder and relevant documentation in place as per policy		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Necessary resource forms completed, signed and submitted to Finance Department		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Identified transport needs		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Staffing and Service relevant detail				
Relevant function in relation to staff team: HR, CSMs, Finance				
Item identified		Completed		
Roster in place to suit the person supported needs		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Roster consultations completed		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Adequate skill mix of staff team		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Identified training needs discussed and staff booked in for training		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Necessary recruitment identified and discussed to take actions		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Change of status completed		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
HR training records on file		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Transfer of working knowledge		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Induction to employees		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
SPC email account set up for person supported		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
DMS user created for new admission		Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Business case to HSE needed for addition staff or funding		Yes	<input type="checkbox"/>	No <input type="checkbox"/>

House relevant information				
Relevant function in relation to staff team: Quality				
Item identified		Completed		
House folder system updated	Change of Directory of Residents	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	Change of SOP	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Additional Information	
Details	

Insert photograph
of me here

This booklet belongs to: _____

**Please read this booklet with me to
help me get ready for, and think about
moving to my new house.**

**Let me look at the pictures on each
page for as long or as short as I like.**

Contents

Where I live now

1. I am moving house. This is where I live now.
2. These are some of the people I live with now.
3. These are some of the people who support me now.
4. This is my bedroom now.
5. This is my favourite place in my house now.

My New home

6. I will be moving to a new house on (calendar/visual support)
7. This is the outside of my new home.
8. This is the inside of my new home.
9. These are some of the people I will live with in with my new home. I know these people already.
10. These are some new people I will live in my new home.
11. These are some of the people who support me in my new house.
12. This is a map of my new home.
13. This is my new address and phone number.
14. My new home is beside.....
15. I can walk/get a bus to these places with staff.
16. My family can visit me at my new home.
17. This is my bedroom in my new home. I can put my things in my bedroom.
18. These are my favourite things about my new house.

Getting ready to move

19. I planned my move with support. I had meetings/visits.

20. I visited my new home on _____

21. This is me shopping for things for my new home.

22. This is me packing my bags for the move.


23. I helped with moving.

24. Things I will miss about St. Patrick's centre.

25. I can visit St Patrick's centre after I move.

26. I will still go to Deans Gate after I move.

27. I can talk to staff about the move. I can ask questions
whenever I want. I can look at this booklet whenever I want.



Insert picture(s) of where
I live now

I am moving house.

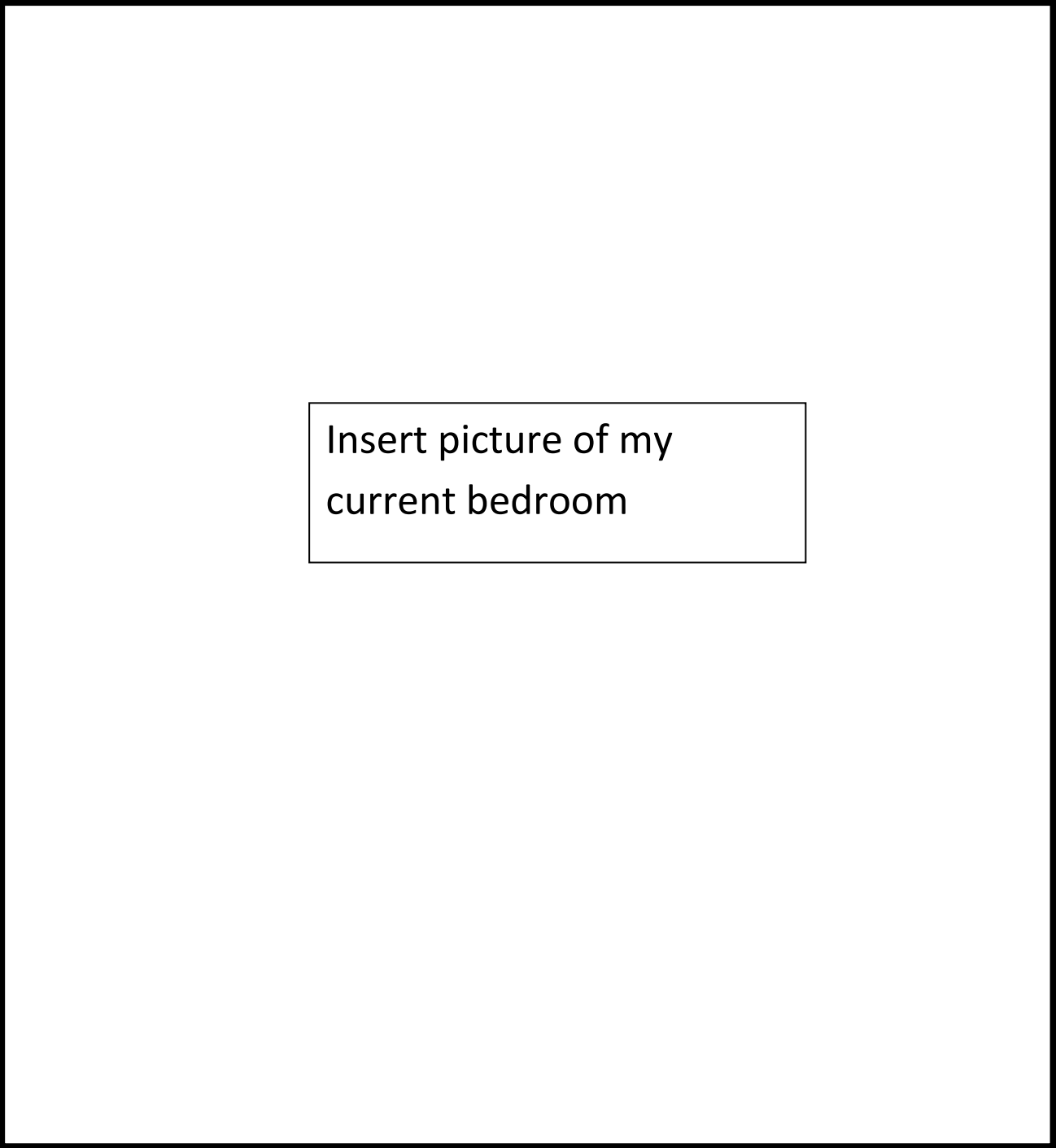
This is where I live now.

Insert picture(s) of the
people I live with now

These are some of the people I live with now.

Insert pictures of the people
who support me now

These are some of the people who support
me now.



Insert picture of my
current bedroom

This is my bedroom now.

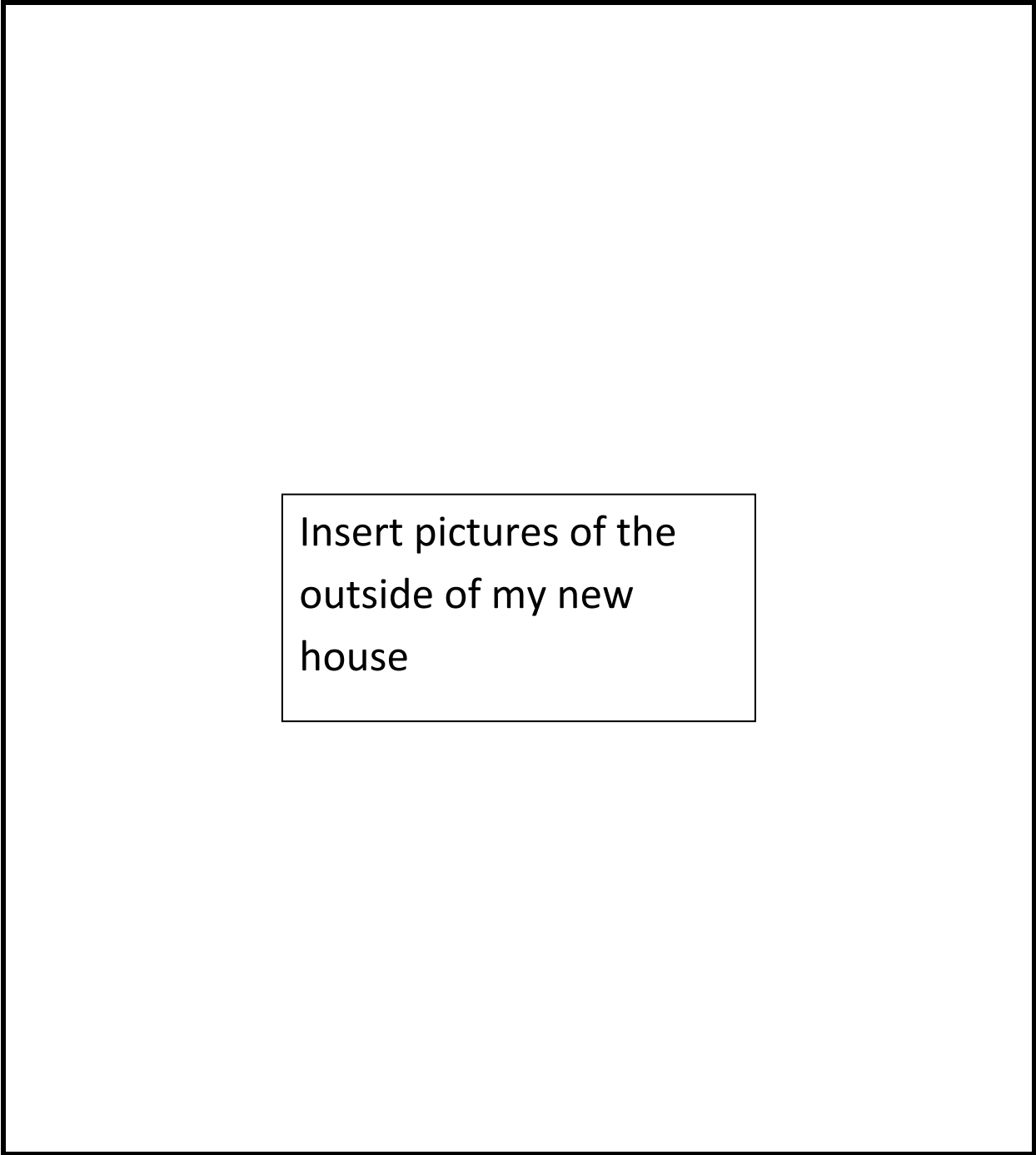
Insert picture(s) of my
favourite place in my current
house

This is my favourite place in my house now.

Insert calendar/ visual
supports

I will be moving to a new house on

_____.



Insert pictures of the
outside of my new
house

This is the outside of my new house.

Insert pictures of the inside
of my new house

This is the inside of my new house.

Insert photographs of the
people I will live with in my
new house

These are some of the people I will live with
in my new house. I know these people
already.

Insert photographs of the
new people I will live with in
my new house

These are some new people I will live with in
my new house. I don't know them.

Insert photographs of the staff
who will support me in my
new house

These are some of the people who will
support me in my new house.

Insert map of my new
house

This is a map of my new house.

My new address: _____

My new house phone number: _____

This is the address and phone number of my new house.

Insert photographs of
things/places near my new
house e.g. cinema/shop/cafe/
park etc

My new house is beside _____

Insert photographs of my
family visiting my new
house

My family can visit me at my new house

Insert photograph of my
new bedroom and some of
my things I can put in my
new bedroom

This is my bedroom in my new house. I can
put my things in my bedroom.

Insert photographs of my
favourite things about my
new house

These are my favourite things about my new house.

Insert picture(s) of me/others attending meetings about my new house

I planned my move to my new house with support. I had meetings.

Insert picture(s) of me visiting
other houses/my new house

I visited a few different houses. I visited my
new house before I moved in. I visited my
new house on _____

Insert pictures of me buying
things for my new house

This is me shopping for _____
and _____ for my new house.

Insert pictures of me packing
my bag for my move to my
new house

This is me packing my bags for the move to
my new house.

Insert pictures of me moving
things into my new house

I helped with moving. I moved _____
to my new house.

Insert photographs of my
favourite things about my new
house

These are my favourite things about my
new house.

Insert photographs of the
things/people I will miss from
Saint Patrick's Centre

Things I will miss about Saint Patrick's
Centre: _____

Insert photographs of places in
Saint Patrick's

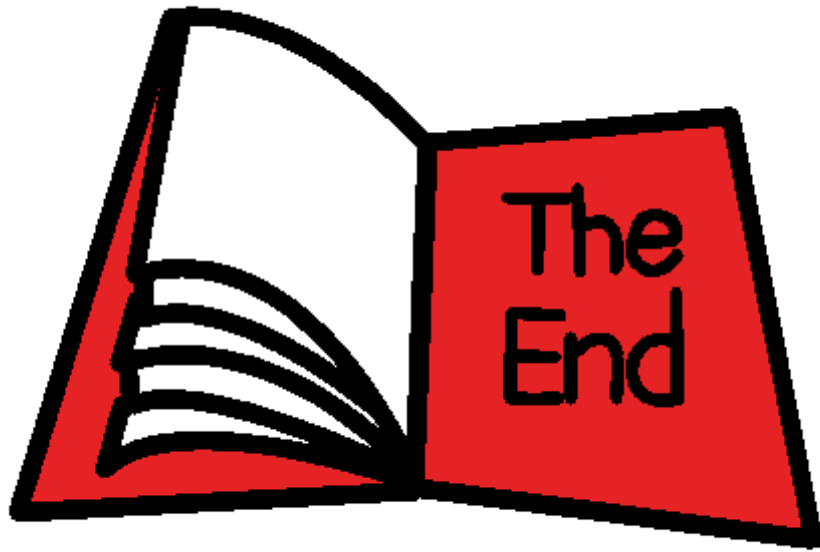
I can visit Saint Patrick's Centre after I move
to my new house.

Insert pictures of places and
people in Deans Gate important to
me

I will still go to Deans Gate on _____ when
I move house. These are some pictures of
places and people in Deans Gate important to
me.

Insert photographs of me
looking at this booklet

I can look at this booklet whenever I want.



The end

This booklet belongs to: _____

Please read this booklet with me to support me for when the people I live with move out of my home or if a new person moves into my home.

Let me look at the pictures on each page for as long or as short as I like

Supporting people whose housemates and/or friends are moving to a new home and if a new person moves into their home

Support needed before the move occurs:

- Support people to prepare for their friends and/or housemates leaving by talking openly about the move in a calm and positive way once a definite move date has been established. Provide reassurance that people will be able to connect with their friends and housemates as they choose.
- You may choose to use a visual calendar to identify move and other move related dates for people (visiting the new house, shopping for the new house etc).
- Use photographs of the house the person is moving to as a way of explaining where the person is moving to their friends in a calm and positive conversation. Provide 1:1 time and preferred activities after this conversation and monitor peoples' responses to same.
- Plan a party to mark the occasion of someone moving out of their home and into a new home.
- Develop a 'friendship' book of photographs (of people spending time together and doing their favourite things together) and mementos (CDs of favourite songs, souvenirs and items from trips and events that people participated in together) for people who have a close relationship and that you think might be likely to miss each other once a move happens. Ensure there is a copy for the person who is moving and their friends they are moving away from.
- Alternatively, you might develop a DVD of people spending time together and doing their favourite things together for people who have a close relationship and that you think might be likely to miss each other once a move happens

Support needed after the move has occurred

- Support people to buy housewarming cards and presents for each other and support people to attend housewarming parties as appropriate.
- Support people to read through their 'friendship' books or watch their DVDs as they choose.
- Some people may like to get photographs of their friends printed and framed for their house/bedroom.
- Monitor people for signs of distress, discuss any concerns at clinical house meetings and/or contact psychology/psychiatry/play therapy as appropriate

It is important that all staff remember that this booklet is a guide, pages can be added to it or taken out depending on the individual and their needs.

Insert photograph here

**This is _____, he/she is
moving out of your home on the
_____.**

Insert photograph here

**This is _____, he/she is
moving into your home on
_____.**

_____, is moving on the.



_____, new address is:

_____,'

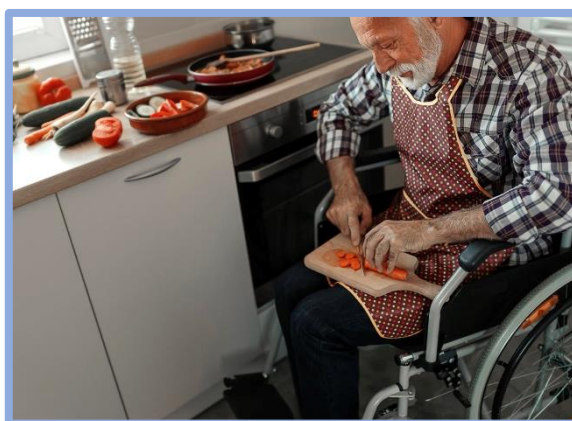
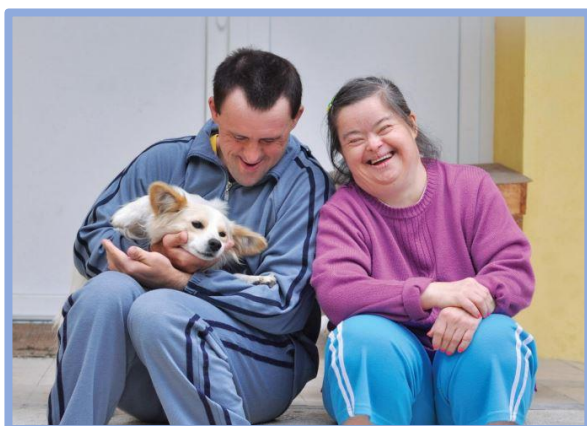
_____,'

_____,'

_____,'

I can visit _____, on _____,
_____, once I ring ahead and
ensure they are free to have visitors.

SPC Transition Plan



Name

Commencement date

About me

Name	
Date of Birth	
PPS number	
Contact Number	
Current home address	
Admission Date	
Discharge Date	

About my future home

Proposed home address			
Proposed date for moving			
Is my future home a	Long Term Living Arrangement?	<input type="checkbox"/>	
	Interim living arrangement?	<input type="checkbox"/>	
	Private rental arrangement?	<input type="checkbox"/>	
	Emergency living arrangement?	<input type="checkbox"/>	

About my Advocate, and my request and referral details

Person making request/referral			
Contact Numbers	Landline		
	Mobile		
Relationship to me			
Request or referral made to			
Role of the above person			
Date of request or referral			
Reason for Request or Referral			
Received	Verbally	<input type="checkbox"/>	
	By phone	<input type="checkbox"/>	
	Letter	<input type="checkbox"/>	
	Email	<input type="checkbox"/>	
	Other:		

My Transition Team currently supporting the community Move					
Name	Role	Transitioning with me?			
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

People who I am currently living with				
Name	Transitioning with me?			
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

My Additional Documents	Yes	No	In progress
Has My Moving Story been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has A person moving in/out of my house been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Action Planning/transition meetings were held on			
Start Date		Review 6 Date	
Review 1 Date		Review 7 Date	
Review 2 Date		Review 8 Date	
Review 3 Date		Review 9 Date	
Review 4 Date		Review 10 Date	
Review 5 Date		Review 11 Date	

I visited my new home and the local area on		
Date	Supported by	Purpose

[illegible]

Additional Resources/equipment my transition				
Details				
Has an inventory list been created and kept live on file?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any outstanding actions				

Resource Forms				
Have resource forms been completed and sent to the finance department for new purchases for my home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How have I been supported to be active in my move (<i>e.g purchasing new house items, curtains, curtain poles, soft furnishings for the house?</i>)				

SPC Admission & Discharge Post-admission Report (3 months)	
Name:	D.O.B
Home Address:	Community House/Community Hours:
Family Contact:	PIC/Community Inclusion Lead:
Admission Date:	Report Date:
Is the Funding adequate: To include rationale	
Funding uplift required/proposed/agreed? To include business case submitted on & by	
Profile:	
<u>What's Important TO me</u> To include a descriptor of the Person and what is important to them including relationships, interests, hobbies, skills & talents, communication preferences, likes/dislikes, preferences, routines	
<u>What's important FOR me</u> To include all relevant Health & Wellbeing information	
<u>Assessment completed by:</u> To include reports & observations - reference same and attached as appendices	
<u>Conclusion & Recommendations</u> To include Assessors recommendation and narrative on what grounds is SPC an appropriate provider Assessor: Date:	
<u>AD Team Oversight Committee Recommendations:</u> To include approval for admission, conditions of admission, proposed next steps Names: Date:	

