

OA Reablement service	OA Day Care	OA Residential Care	DMH Day Services	DMH Supported Living	DMH Residential Services	EIA'd
x	x	x	✓	x	x	✓

A10

ADMISSION PROCEDURE Appendix 1

Planning service delivery for someone with complex health and social care needs

Ideally a six-month planning opportunity would provide the best grounds to establish all the information required to allow purchaser and provider to make an informed decision with regard to the service's capability in supporting a service user with complex health and social care needs.

Prior to any service agreements the purchaser must identify with the proposed provider all professional and support services currently involved in the planning, organising or delivery of care/support to the individual being referred to the service. MDT meetings should be arranged (ASC and proposed provider to coordinate) for the purpose of gathering up to date information with regard to roles and responsibilities towards the individual's care and support both now and in the future. Attendance at the meeting along with submission of a written report including any protocols, strategies or plans they have been responsible for developing specific to their area of expertise/support is expected. In the absence of attendance reports and protocols would be required.

Protocols /Strategy's that may be in place	Who might be contacted if involved that has relevant information to share
Behavioural Management	CLDT, Psychiatrist, Psychologist, other providers e.g. school, college, domiciliary care providers, ASC
Medical protocols to meet a specific health need e.g. PEG feeding	District Nurse Team, Specialist Nurses E.g. Diabetic Nurse, Epilepsy Nurse, PEG Nurse, Stoma Nurse, Continence Nurse, Learning Disability Nurse, Specific consultants or other specific medical practitioners involved in delivery of care and support
Risk Assessment	All involved with the individual should have carried out some form of structured Risk Assessment
Eating & Drinking s	Dietician, Speech Therapist, PEG Nurse
Pressure Care	Specialist Nurses, District Nurses, Physiotherapist, Occupational Therapists
Specific Individual routines	Family, individual, other service providers e.g. School, Collage, Other current Support Service providers
Medication	GP, CLDT, Specialist Nurses, Psychiatrist
Communication	Family, individual, other service providers e.g. School, College, Other current Support Service providers, Speech Therapist, Assistive Technology Providers
Moving & Handling	Family, individual, other service providers e.g. School, College, Other current Support Service providers, Physiotherapist, Occupational Therapist
Physiotherapy	Physiotherapist, OT, wheelchair services
Emergency Action	Specific medical personnel e.g. Consultant, Specialist nurse
DoL / DoLS	MDT involvement should be identified

Date	18/02/11	17/11/14	21/12/17					Issue date
Amendment	1	2	3					18/05/06 P&P

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A10 ADMISSION TO THE SERVICE

Advanced Care Statements	MDT involvement should be identified
Protocols /Strategy's that may be in place	Who might be contacted if involved that has relevant information to share
Capacity Statements	MDT involvement should be identified
Best Interests Decisions	MDT involvement should be identified

An essential requirement during the period of planning is detailed information about any specialist equipment that would be required to support the person in the proposed service provision.

Specific information required around specialist equipment might include
What equipment is required
Who is providing equipment
Who is servicing repairing and managing maintenance of equipment (copy of most recent service report required)
Are there any specialist storage requirements
Are there specific health and safety hazards linked to the equipment?
What training is required to enable safe use of equipment and by whom

An environmental assessment based on the identified support needs of the individual must be carried out by the proposed provider service to establish if the building can meet the specific needs of the individual or if adaption is required and is it at a reasonable and practicable cost.

Collation of all the above data will assist the proposed service provider in identifying staffing ratios required and the training needs of its workforce prior to deployment of services.

Agreement on who is to coordinate training and who will meet the costs of delivering training should be reached between purchaser and provider(s). A training plan should then be drawn up, confirmed and implemented prior to service provision wherever possible.

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ADMISSION TO THE SERVICE

A 6-week phased trial period plan will be drawn up and agreed by all parties involved including the purchaser/ provider(s). It will have a clearly identified start and finish date and include a meeting date set at the end of the trial period to review outcomes. During the 6-week trial completion of DIAG Risk Assessments, Service Specific Medication Protocols, Emergency Action Protocols, Service/Service User Specific Protocols will be completed and/ or implemented with ongoing review activity carried out by the supervisor.

On completion of the 6-week trial at the scheduled meeting the provider, individual service user and their representatives must discuss outcomes that establish if service provision can take place, in what capacity and identify any costs of service provision.

The provider service should be made aware of how the service is to be funded e.g. by the individual themselves, ASC or CHC.

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