

A10 Admission into Residential Services

Policy

This policy sets out the process for admissions to older adult's residential care homes, to ensure that this supports safe admissions.

Procedure

Admissions are based on the individual circumstances of the care home, the person and families'. All admissions need the agreement of the registered manager/ deputy or designated supervisor.

Any assessment of a person who uses the service needs and subsequent decisions made must consider individual circumstances and ethical implications, ensuring that the individual is treated with respect so that their human rights, personal choices, safety and dignity are upheld as detailed in the Ethical Framework for Adult Social Care.

Background

The Council or other placing organisations cannot compel care homes to take or prohibit admissions, as the responsibility and liability for the home sits with the CQC registered manager.

Referrals will be made to the home, by any of the following referral pathways.

Discharge to Assess (D2A) Admissions. Referrals will be received from the hospital discharge/brokerage teams. Once someone no longer meets the clinical criteria to require inpatient care in an acute hospital, they will be discharged as soon as possible, and any further assessment required will be done in a community setting. Discharge to assess will be the default for all	Planned Admissions from, community/ other care service/ and/ or out of county. Referrals will be received from the Adult Social Care brokerage team or direct from a Social Worker through the Cumberland Admission email box.	Interim care beds. Referrals can be received from both Health and Adult Social Care brokerage teams. All referrals should be made direct to the home Manager.	Readmission Request will be received from the hospital discharge teams. The hospital must forward discharge information including details of a negative Covid test taken within 48 hours of discharge.	Planned STC and Emergency Respite. Referrals can be received from all sources. No admission should take place without the home receiving D2A/ transfer of care paperwork or a social work assessment.
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people who require assessment of their care needs. Care act assessment to be completed within 4 weeks).				
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All referrals must be sent to CCresidentialadmissions@cumbria.gov.uk
(except for interim bed referrals)

Consideration will need to be given as to the appropriateness of the service to meet someone's assessed needs safely. Additionally, staffing levels, facilities within the building and whether the person 'matches' the requirements of the home will also need to be considered.

Referral requests will be responded to within 24 hours where possible, from CCresidentialadmissions@cumbria.gov.uk

The manager/deputy supervisor review/ assessment.

- The manager/deputy or supervisor must review the D2A / transfer of care (See below) and/ or the Adult Social Care assessment before agreeing to any placement, they will check the appropriateness of the individuals needs taking into consideration risks.
- The assessment document, mental capacity assessment, best interest decisions (if required) and DOLS will be reviewed to establish if the admission can be considered. Covid 19 status will need to be checked. Including vaccination status of the person where possible.
- Where a person may lack the relevant mental capacity to make the decisions about their ongoing care and treatment, a capacity assessment and best interest decision should be recorded before a decision about their discharge from hospital and or admission from the community is made.
- The manager/deputy or supervisor will carry out an individual assessment prior to admission and complete the person-centred care plan IAS, risk assessments and PEEPS.
- All assessments should be completed face to face (unless specific reason why e.g outbreak on ward) prior to the assessment, documentation Should be available and reviewed on the IAS record. If further details are required to ensure the persons needs can be met, the manager/deputy or supervisor will contact the

person/ family/ ward/ case manager or social worker for any additional information required before a decision can be made to accept the person.

- A check should be made to establish if the person is receiving any other services and contact these as required.
- The IAS system must be checked for further information that may compliment the social worker/ broker assessment/ D2A transfer of care document. (Not all referrals will have an IAS record).
- Face to face assessments may be required in exceptional circumstances following a risk assessment.

The manager/deputy or supervisor will advise the referrer of the decision to accept the placement or not.

If the person is being admitted the Manager/ Supervisor must arrange an agreed admission date and this should be communicated clearly to all concerned via the CCresidentialadmissions@cumbria.gov.uk. Agreeing to a date and time, for admission into the home, is the responsibility of the manager/deputy supervisor and must be confirmed with the brokerage team/ social worker/ hospital discharge coordinator. Covid tests requirements and any required isolation period must also be established following government guidance.

The social worker or hospital discharge team will complete the admission oversight paperwork and forward as required. The home will require a copy of this to save on to the persons electronic care plan.

The admission does not need the agreement of the admission oversight team.

On admission to the service.

The manager/deputy or supervisor must complete appendix 1 and 2 for all new admissions.

Hospital Discharges.

Individuals being discharged from hospital into a care home should be tested with a COVID-19 LFD test within 48 hours before planned discharge. This test should be provided and done by the hospital.

Evidence of the LFD test result should be communicated by hospitals to care homes in writing within the usual communications provided at the time of discharging a patient to a care home.

Individuals who test positive for COVID-19 can be admitted to the care home if the home is satisfied they can be cared for safely. Individuals who are admitted with a positive test result should be kept away from other residents on arrival and should follow the guidance on [care home residents who test positive for COVID-19](#).

The period individuals should stay away from others is from the day after the positive test and does not restart when the individual is admitted into the care home. If the individual has already tested positive before the planned discharge, they do not need to test again if they continue to have symptoms of a respiratory infection and feel unwell or have a high temperature.

The manager/deputy or supervisor must complete appendix 1 and 2 for all new admissions.

D2A Admissions Process

The person using the service is identified as requiring a D2A placement in residential care.

The Case Manager discusses the case with the social worker and agrees that this is the correct pathway from hospital. The case manager sends to the relevant broker email. This will allow the brokers within Cumberland to add the patient to IAS and create a service provision to ensure the home is paid and the funding is recouped from the discharge support fund. These forms need to be sent to

NorthHospitalBrokerage@cumbria.gov.uk

WestBrokerage@cumbria.gov.uk

The Brokerage Team or Hospital Discharge Team forward the D2A/ transfer of care document to CCresidentialadmissions@cumbria.gov.uk for all Cumberland Care Services, Older Adults Homes admissions, identifying which home(s) the referral is for.

The case manager / ward discusses the person who is using the service clinically with the home as appropriate and the home decide if they can meet the person's needs.

The home accepts the person if they can safely meet their needs, and a discharge date is discussed and agreed with the registered manager/ deputy or designated supervisor.

The admission oversight group paperwork is forwarded to: AdmissionOversightGroup@cumbria.gov.uk and the registered manager/ home email address this should include evidence of a Covid 19 negative test, within the 48 hours prior to admission.

The case manager ensures that an assessment and discharge notification is sent to adult social care for formal allocation of a social worker.

The service user is added to the D2A service user tracker. The discharge team send the home a letter explaining that the person using the service will be supported through their assessment by the social worker, and that the funding of the placement is via the local authority.

Please see links to the Government guidance required:

[COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care)

Appendix 1 – Admission checklist.

Appendix 2 – Personal possessions checklist.