ADMISSION CRITERIA TO CEDARWOOD NURSING HOME LTD

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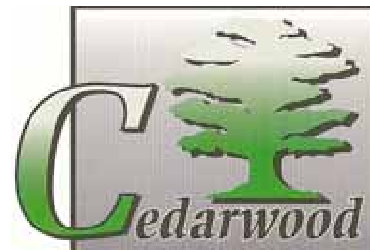

HANDLING ENQUIRIES & WAITING LISTS FOR BED VACANCIES

This Policy summarises the arrangements in place within the home for handling enquiries from prospective service users regarding vacancies for care:

1. Upon receipt of an enquiry about a possible vacancy, the Proprietor, Nursing Manager or shift Leader will complete a **Cedarwood Nursing Home Ltd Enquiry Form.** On completion, the enquiry form must be forwarded to the office (via the 'office box') and **Philip West / Hannah West** informed of the details of the enquiry.

2. The Office will prepare a loose-leaf "Enquiries File" into which copies of the completed Enquiry Forms may be placed. This file is divided into four sections:
   - Section A - *Enquiries Pending*
   - Section B - *Waiting List*
   - Section C - *Service Users Admitted*
   - Section D - *Service Users Not Admitted*

3. The Office will arrange for a copy of the home's brochure to be sent to the enquirer which will outline details of the home and the services and facilities offered. The Bed Enquiry Form is placed in section A of the Enquiries File.

4. Arrangements will be made for the prospective service user and / or family / relatives to visit the home at any time convenient to themselves. This will allow:

   4.1 The prospective service user and / or family / relatives to inspect the home and its facilities first-hand, and to meet the staff.

5. Arrangements will be made to meet the prospective service user in their own home (or current situation if different).
This will allow:

5.1 A Pre-Admission Assessment of Need to be carried out by the Nursing Manager or RGN /Shift Leader to determine the likely needs of the service user (reference Policy No. 201).

6. The outcome of 4.1 and 5.1 above will decide whether or not the prospective service user is likely to be admitted to the home or placed upon the Waiting List, subject to bed availability:

6.1 Admitted - the Bed Enquiry Form is placed in section C of the Enquiries File.

6.2 Not admitted - the Bed Enquiry Form is placed in section D of the Enquiries File.

6.3 Placed on Waiting List - the Bed Enquiry Form is placed in section B of the Enquiries File, and subsequently handled per 7. below.

7. MANAGEMENT OF THE WAITING LIST:

7.1 When a suitable vacancy becomes available in the home, persons on the Waiting List are contacted in date order.

7.2 As each person is contacted the appropriate Bed Enquiry Form is moved from section B of the Enquiries File to either section C or D, depending upon whether or not the person is ultimately admitted to the home.

7.3 The Proprietor will review the Waiting List at monthly intervals. At this point each enquirer on the List is contacted to see whether or not they wish to remain on the list. Subsequently, the Enquiries File is amended per 7.1 or 7.2 above, depending upon outcome.

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REFERRAL AND ADMISSION

Step 1

Referrals should be made in writing by a named key worker, care manager or care plan co-ordinator who should forward written information on behalf of the service user to the home manager. The referral information should include:

- A comprehensive needs assessment (including diagnosis, daily living skills, disabilities, in-patient and day hospital history)
- A current care plan or care programme approach summary
- A short social report to include social history, criminal history, medical history, and psychological history.

Step 2

Referrals will be considered by the Nursing Manager / Proprietor. Cedarwood is intended to provide a home for life for its residents if they wish for this, and will help those who wish for more independent living through support and assistance designed to maximise their skills to live in their chosen setting.

Step 3

If the referral fits with the home's eligibility criteria then a trained nurse from the home will contact the referrer to arrange an introductory visit. All visits to the home are by prior arrangement. During the introductory visit the potential service user should be offered a chance to discuss with senior staff at the home, and with their key workers, carers or relatives, exactly how the home may be able to meet their needs and requirements.

Step 4

All service users who complete a satisfactory introductory visit and needs assessment and who still wish to pursue their application should have their case presented at a weekly referrals meeting chaired by the head of home where a decision on service provision and offer of residency will be made. This should promptly be communicated to the referrer.
Offers of residency should be based upon:

- successful introductory visits
- a full care needs assessment having been completed
- the home being confident that it can meet all of the care objectives identified.

Initial offers of residency should be made on a one month settling in trial basis during which existing service users should be consulted about the compatibility of the new service user. This trial period should be followed by a full case review.

It is the policy of the home that every potential service user or applicant should be viewed as an individual, taking into account cultural and gender issues in all aspects of care provided. In deciding upon a possible offer of residency, discrimination of any kind will not be tolerated.

Step 5

A service user care plan will be prepared in consultation with other health, social care professionals, relatives, carers and the individual residents. Therapeutic aims and objectives will be set and identified within the plan based upon a comprehensive assessment of needs.

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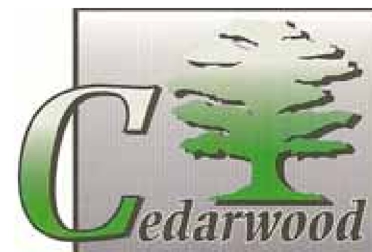

EMERGENCY ADMISSION

This policy is intended to set out the values, principles and policies underpinning this home's approach to emergency placements and admission.

This home accepts emergency placements but such placements:

- do not imply the right for a service user to stay in the home once the emergency is over

- do not commit the service user or home to the placement once the emergency is over.

All service users placed in the home as an emergency measure should be fully assessed once the emergency is over and relocated if the care provided here is not appropriate to their needs, or if the service user is considered inappropriate to the setting, or to existing service users. The home reserves the right to refuse admission or placement to any service user who it feels would be inappropriately placed in the home, or for whom the home does not have the required skills, resources or provision.

In the event of emergency admissions the home will pursue the following policies:

- service users placed in an emergency should be fully assessed and relocated if the care provided is not appropriate to their needs

- when an emergency placement is made, the home undertakes to inform the service user within 48 hours about key aspects, rules and routines of the home, and to meet all other admission criteria within five working days.

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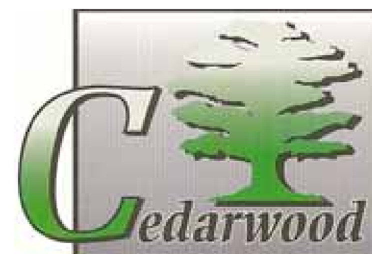

ASSESSMENT OF NEED OF A PROSPECTIVE SERVICE USER

This Policy summarises the arrangements in place within the home for assessing the needs of prospective service users for care, in order to determine whether or not the home can meet the individual's requirements:

1. A Pre-admission Assessment of Need will usually follow those enquiries that have been received for possible bed vacancies (reference Policy: **HANDLING ENQUIRES & WAITING LISTS FOR BED VACANCIES**) and where the prospective service user and / or family / relatives has then indicated an interest in seeing the home and meeting the staff.

2. Following confirmation of interest from the enquirer arrangements will be made to meet the prospective service user:

   2.1 If the enquirer is not ambulant, then he / she will be visited by the Nursing Manager or RGN / Shift Leader, and a Pre-admission Assessment of Need carried out using the **RESIDENT PRE-ASSESSMENT FORM.**

   2.2 If the enquirer is mobile, he / she is invited to visit the home where a Pre-admission Assessment of Need is then undertaken using the **RESIDENT PRE-ASSESSMENT FORM**.

3. For individuals referred through care management arrangements, the registered person obtains a summary of the Care Management (health and social services) assessment and a copy of the Care Plan produced for care management purposes.

4. For individuals who are self funding and without a Care Management assessment / Care Plan, the registered person carries out a needs assessment covering:

   - personal care and physical well being;
   - diet and weight, including dietary preferences;
   - sight, hearing and communication;
   - oral health;
   - foot care;
   - mobility and dexterity;
   - history of falls;
   - continence;
   - medication usage;

- mental state and cognition;
- social interests, hobbies, religious and cultural needs;
- personal safety and risk;
- carer and family involvement and other social contacts / relationships.

During the Assessments, the staff of the home will take time to discuss with the Prospective service user any special needs that he / she may have. The data obtained during the Assessments will form the basis for a decision to offer a bed to the prospective service user, and otherwise. If subsequently admitted to the home these Assessment records are used for a more detailed Service Users' Plan of Care development.

5. It is the policy of the home that a place will only be offered to a potential service user if the needs assessment indicates that the home can meet those assessed needs.

6. If all parties are satisfied, then arrangements will be made for an admission date.

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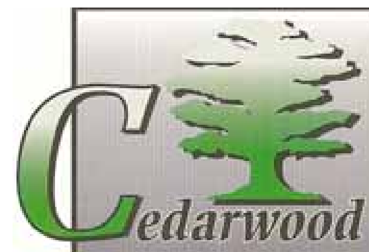

VALUABLES AND EFFECTS POLICY

- It is the policy of Cedarwood Nursing Home Ltd not to accept any liability for any valuables, including money.

- A full inventory is compiles on admission of all personal belongings including items of value and money.

- Valuables will be kept in a safe and all money accounted for in the client's individual personal spending account.

- We request all clothing to be clearly marked with the client's name.