



<b>Policy / Procedure Details</b>	Title:	<b>Referrals, Admissions, Transfers and Discharges</b>		
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#### ***Policy and Procedure Feedback Form***

*A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure. Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.*

*All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.*

## 1. Introduction

This policy on admissions, transfers and discharges is guided by the mission and values of the Association:

*Western Care Association exists to empower people with a wide range of learning and associated disabilities in Mayo to live full and satisfied lives as equal citizens.*

*This is achieved through the provision of a comprehensive range of innovative services and supports. We are a voluntary organisation, made up of parents/family members, service users, staff, supporters and volunteers.*

*In keeping with our pioneering traditions, Western Care Association believes in:*

- *Supporting service users in making choices*
- *Community based services*
- *Partnership with families and service users*
- *The essential value of the voluntary organisation*
- *The vital input of families and friends*
- *The unique contribution of all our staff*
- *Partnership, unity of purpose and mutual respect in the achievement of our aims*
- *The principle of accountability*
- *Service through partnership and co-ordination with local and national organisations*
- *The pursuit of equality of access*
- *Full service for all*
- *Continually learning to improve the quality of the way we do things*

Services and supports provided by Western Care Association aim to be individualised, recognising the unique character of each person, with an emphasis on designing supports based on an individual's needs, choices and preferences. Services will be person or family-centred.

### **Purpose of this policy**

This policy has been developed to:

- Identify who Western Care Association provides supports and service to
- Clarify how to apply for services
- Outline the procedure on admissions, Transfers and Discharges, including temporary discharges
- Outline the procedures for Appeals

## **People we provide supports and services to**

Western Care Association focusses on supporting children and adults with intellectual disabilities and/or autism, and associated disabilities in county Mayo. We value the role of family in people's lives and seek to work with each person in that context, recognising that at the different life stages the role of family can evolve and change.

- Prior to a child or adult being referred to Western Care Association, a diagnosis of intellectual disability and/or autism has to be made through assessment by a health professional, e.g. a psychologist. This assessment can be carried out by organisations such as the HSE, NEP's or private psychologists. A referral can then be made by the health professional to Western Care Association (with the consent of the individual / family). Referrals can also be made directly by the individual /family, provided a diagnosis has been determined. Referrals of early childhood children with autism will be considered on the basis of "query autism", even if a firm diagnosis is not available
- Children and adults with an intellectual disability and or autism, and associated disabilities, who live in county Mayo and who are within the HSE Mayo Service Area catchment, are the primary focus of the Association's services
- In general, supports are provided in line with the funding made available to the Association by the Health Services Executive

## **Services Provided**

The services provided by Western Care Association include:

- Residential supports and services, ranging from group home arrangements to individualised supports to people living in their own home
- Respite supports and services ranging from group arrangements, Homesharing, family support and afterschool supports.
- Day services that incorporate training, employment supports, community participation and meaningful activities.
- Multi-disciplinary supports including psychology, social work, occupational therapy, physiotherapy and speech and language therapy
- Transport services

The range of services is described in more detail on the Western Care Association website: [www.westerncare.com](http://www.westerncare.com)

Western Care Association works in partnership with other providers in the Mayo Early Intervention Services and the referral process for this service is accessed by contacting the Mayo Early Intervention Services, Moneen, Castlebar, Co. Mayo or through an Assessment of Need under the Disability Act.

## 2. How External Referrals are responded to?

Requests for Services and Supports are made in writing using the External Referral Form (see Appendix 1) to the Executive Director of Western Care Association, John Moore Road, Castlebar, Co. Mayo. These requests can be made by the person, family members, medical personnel, HSE staff or other agencies. The ability of Western Care Association to provide a service will be determined by the resources available.

These applications must be accompanied by all the relevant paperwork including a recent or valid psychological report which details the level of intellectual ability and adaptive functioning for the person, or a report confirming a diagnosis on the Autism Spectrum.

A Referrals Committee (see detailed description in next section) meeting will be held to consider the referral and decide if any additional reports /information is required to proceed with the referral

Referrals will be acknowledged following the Referrals Committee Meeting outlining the outcome of the meeting.

If the referral is appropriate, the referral information along with the Guide to the NIDD & the appropriate *Consent Letter to the NIDD* (Appendix 2) will be forwarded to the appropriate Service Manager, the Database administrator and communicated to the referrer.

**The fact that a referral is accepted as appropriate to Western Care Association will not automatically mean that the person will be able to access some or all of the services that he/she needs.** The acceptance of the referral means Western Care Association will work with the person and their family to develop a plan based on their priorities. They will be set up with a Main File, Electronic Main File and recorded on the National Intellectual Disability database if consent is received. Services can only be provided from within the resources available or if additional resources are provided specifically to meet that person's needs.

If the referral is not appropriate, the referrer will be notified, with an explanation for why this was the decision. Where possible, Western Care Association will guide the person about the most appropriate direction for them to go in.

Referral Committee meetings will be organised by the Executive Director to be held every six weeks and more frequently as the need arises.

### **When a Referral is Accepted**

Should the person be accepted as an appropriate referral, the Service Manager, in conjunction with appropriate staff will arrange to meet the individual /family and carry out an initial assessment of the person's needs, choices and wishes to design an individual plan that clarifies the person's support needs. External referral information and admission information should be filed on the individual's main file. A copy of the *A1 – Personal Information Sheet* (Appendix 4) should also be retained on the individual's IP folder.

### **The Referrals Committee**

The brief of the Referral Committee is with regard to all external referrals. The committee will evaluate the information provided and request further information if necessary or decide that a referral is either appropriate or inappropriate. If the referral is appropriate, the Committee will discuss and decide on the progress of the referral including identifying what personnel should be involved, the itinerary of visitations of personnel and the appointment of the "Case Co-ordinator" where appropriate. This will usually be a Social Worker, a Service Manager or a person assigned the role by the Service Manager.

In the event of non-agreement regarding the above matters, the Executive Director will make the final decision. The Service Manager will be responsible for ensuring the follow-up with each person once they have been accepted as an appropriate referral.

The Referral Committee Meeting will take place on a six-weekly basis at Head Office or more frequently if he need arises. The committee will consist of the Executive Director, Senior Psychologist, Principal Social Worker and others as may be appropriate to individual referrals. The Executive Director will chair the meeting or nominate the chair. Where a person wishes to appeal a decision of the referrals Committee, they can do so by writing to the Chairperson of the Board of Directors setting out the basis for the appeal. They may also write to the Disability Services Manager with HSE Mayo.

### **Clerical responsibility**

The Referral Committee Meeting will be organised by the Records Management Officer who also has responsibility for the Data Base. Responsibilities are as follows:

- Recording new referrals and setting them up with a pending file until a decision is made whether they are appropriate or inappropriate
- Tracking referrals
- Notification of meeting to members, advising of date, time and venue;
- Typing and circulation of minutes taken.
- Correspondence directly related to referrals
- If an appropriate referral, setting them up with a Main File, Electronic Main File and recording them on the NIDD database if consent is obtained.
- If not an appropriate referral, recording them as an inappropriate referral and closing their pending file.

## **Case Coordinator**

The duties of the Case Co-ordinator are:

- To make contact and convene initial case meeting among nominated team members. This meeting should occur as soon as possible and not later than 10 working days.
- The Case Co-ordinator should chair the meeting. He/She should ensure that minutes are taken. It is the Case Co-ordinators responsibility to gain agreement and to ensure that agreements are in place, with regard to the sequencing of visits to families.
- The Case Co-ordinator to advise the Executive Director of the outcome of the meeting.
- The Case Co-ordinator will update Executive Director regularly.
- The Case Co-ordinator will convene the final case meeting. The Case Co-ordinator will chair the meeting or nominate and assign minute taking.

The Case Co-ordinator will advise the Executive Director if an Admissions Meeting is required

### **3. Admissions Procedure**

The FLM will call an Admissions Meeting involving all relevant personnel and family members or representatives (if applicable). The Service Manager will chair the meeting, or nominate the chair and ensure minutes are taken. Team members will outline their role.

In deciding on the admission, consideration must be given to the needs of the person being referred, how the service can meet those needs and the implications for people already using that service. Should the person be accepted as an appropriate admission, the FLM, in conjunction with appropriate staff will arrange to meet the individual/family and carry out an initial assessment of the person's needs, choices and wishes to design an individual plan that clarifies the person's support needs.

It is the responsibility of the Social Worker or, if no Social Worker is involved, the FLM to ensure that consent /admission forms have been completed. Signed consent forms are filed on the individual's Main File and a copy retained on the individual's IP folder. The FLM will ensure that the following consent /admission forms are sent to Records Management for the individual's main file. The forms are:

- Group Home/Day Service Information Sheet                      Appendix 4
- General Consent Form    Appendix 5
- Medical Consent Form    Appendix 6

## **4. How Are Internal Referrals Responded To?**

There are varying types of internal referrals. These have been identified as follows:

- Referral to Disciplines and Therapies e.g. Social Work, Speech & Language Therapy, BSS, Psychology and Physiotherapy.
- Referrals to Residential/Respite Services.
- Referral from Children's Services to Adult Services.
- Referral from Children's Services to Autism Services

Internal Referral forms should be filed in the individual's IP folder

### **Referral to Discipline/Therapy Services**

Where an individual being referred is presently receiving a centre-based service all referrals should be made via the manager. Individuals may also refer themselves as well. An individual in the community can be referred by an individual discipline.

The referee must complete an "Internal Referral Form" (see Appendix 3). Where the referee does not know the information they should state "don't know". Some services may develop different referral forms to assist in planning supports e.g. BSS have developed their own form. These will be available on our website.

Referral should be forwarded to relevant Services Manager.

The Regional Services Manager will sign off on the form and forward to the appropriate Head of Department /Service which the referral relates to.

The Head of Department will assign the referral to a member of their team.

The person assigned to the case should contact the referee as soon as practicable to advise their involvement and time frame.

The staff member assigned to the case is responsible for updating the Service User Database with regards to their involvement.

If the referee is concerned with the progress of the referral, they should contact the relevant Head of Department to discuss.

### **Respite/Residential and other Services**

Initial referral for respite/residential supports should be made to the Service Manager. The Service Manager should organise the support arrangement. The support arrangements will reflect the Individualised Planning Assessment that has already taken place to ensure the person's wishes and preferences are central to the process. If no appropriate support option is available at that time, the referral will be wait-listed.



In the event of the referral being wait-listed, it is the responsibility of the Social Worker assigned to the case to up-date the Service Manager regarding any changes to the urgency of the request. The service Manager, in consultation with the Social Worker assigned to the case, will review demands for respite and residential services and prioritise constantly.

It is the responsibility of the Service Manager to highlight to the Executive Director the needs for residential/respite places in respect to future planning.

In relation to individuals in Residential and Respite Services the Frontline Manager (FLM) must provide them with copies of the Statement of Purpose, Residents Guide and Written Service Agreement

It is the responsibility of the Service Manager to update the database of any changes.

### **Internal referrals for Children**

For Internal Referrals, parental consent must be sought in all cases. An Internal Referral for a specific service can be made to respective disciplines /services by;-

- Parent
- School Principal.
- FLM/Named Staff.
- Staff already working with the child and family
- Services Managers

The person making referral must complete an “Internal Referral Form” (see Appendix 3) with parental consent. This referral is to be forwarded to the Services Manager.

The Services Manager should sign the form and forward it to appropriate Head of Department /RSM who is responsible for the processing of the referral.

The person assigned by the Head of Department should contact the referee in relation to their involvement. They should also contact the child /family in relation to the referral and next steps. Finally, they need to inform Records Management of this involvement so that the Service User Database can be updated.

## **5. Service to Service Transfers**

The referral should be made by “the Service Manager (e.g. RSM) where individual is currently supported” to “the Service Manager in area requested”. A copy should be sent to the Executive Director. The Service Manager where individual is currently supported” should supply updated relevant reports and information.

“The Service Manager in area requested” should acknowledge referral to “the Services Manager where the individual is currently supported. “The Services Manager in area requested” should also consult with relevant FLM regarding availability of placement.

If no placement is available “the Service Manager in area requested” should advise “the Service Manager where individual is currently supported” and place on waiting list.

If a place is available, a trial placement should be arranged for individual concerned in order to consider suitability of placement. The time period for the trial placement will be agreed with “the Service Manager in area requested” and “the Service Manager where individual is currently supported”.

Prior to commencement of trial placement, a meeting will be called in order to inform “Centre requested” of relevant information regarding the individual concerned. The meeting will be called by the “Service Manager in area requested”.

### ***The Service Manager will invite:***

- FLM of service the person may move to
- Key worker with individual requesting transfer.
- FLM where individual is currently supported
- Named Staff where individual is currently supported

### ***The Service Manager may also invite:***

- Service Manager where individual is supported.
- Personnel involved.
- Individual concerned in transfer.
- Family and other members of the person’s Circle of Support

Following the trial placement the “Service Manager of area requested” and “Service Manager of area requested” will discuss the appropriateness of placement. The “Service Manager in area requested” should call and chair (or nominate an appropriate other person to chair) Admissions Meeting. The purpose of the meeting will be to finalise details regarding transfer. The Service Managers from both areas are responsible for updating the Service User Database.

## **6. Referral to External Agencies**

A referral to an outside agency should be made to the Service Manager with the appropriate consent. The referral should be made via the FLM.

The Services Manager should forward the referral to relevant personnel where necessary or forward referral direct to the external agency or service. The Services Manager should also keep the FLM informed of the progress of the referral.

Should the referral to outside agencies involve discharge, see section below.

## **7. Discharge from Services**

In most cases, discharge from services occurs either where the individual chooses to leave services, to transfer to another service provider, or if they are no longer eligible for the service. A closure system is required to ensure that files and database are fully informed of the situation. This closure system is also applied where someone dies while in receipt of services.

- Staff will notify Records Management of any file closure by memo or *Notification of Changes to Service User Database Form* (see Appendix 7)
- The Record Management staff will forward the Main File and file closure notice to the relevant member of the Leadership Team /Head of Department for signing off on the closure.
- Records Management staff will then remove the individual from the Database and close their Main File /Electronic Main File. The Main File information will be archived and per the Records Management Policy.
- Records relating to people using services needs to be maintained for one year in the current IP folder /Link folder. They are then archived locally for a further 6 years. They are then prepared and forwarded to the Records Management Department for archiving.
- Where disciplines have a working file the records are held for 7 years and then sent to Records Management for Archiving.

Procedure relating to Individual's Property and their Day to Day Spending should be adhered to as outlined in *"Regulations Concerning Service User Monies"*

### **Temporary Discharge from services**

This may arise where a person is being admitted to another service or hospital, or going home for a substantial period of time. It is the responsibility of the Manager to ensure that all relevant information is forwarded with the person so that there can be continuity of supports. On the return of the person the manager is responsible for ensuring that any relevant information is received. If this involves a transfer from hospital, refer to the Medication Procedure to obtain the relevant form. The Service Manager is responsible for updating the Service User Database of such changes.

## **8. Records**

Please refer to our Records Management Policy in relation to where records should be held and the procedure around archiving these records.

# *Western Care Association*

## *External Referral Form*



Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Directions to house:

Referred by: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
 \_\_\_\_\_

Service(s) Required: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Relevant Medical Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Services Received to date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has Consent for Referral been given? Yes No

By whom? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

**This form is held in the Individual's Main File**

**RE: Intellectual Disability Database Consent**

Dear Service User/Family Member,

The National Intellectual Disability Database is a very important tool for both Western Care Association and the Health Service Executive, to plan for current and future service needs for children and adults with learning disabilities in Ireland. Western Care Association forwards the information to this database with respect to the current services that people are availing of and the needs that people with learning disabilities in Mayo have for new or additional services. In order to ensure that you, or your family member are represented on the on the Database, we need to have consent.

The resources made available to the county for new service developments will be determined exclusively by the information on the database in the future.

Please find below a consent form, asking that you/your family member would sign it and return it to me so that we can ensure that you/your family member's needs are reflected on the database.

If you have any queries with regard to this, please do not hesitate to contact either the named staff who works with your family member, or the Social Worker.

**I would be grateful if you could return the consent as soon as possible.**

Yours sincerely,

\_\_\_\_\_  
**Bernard O'Regan**  
**Executive Director**

\_\_\_\_\_  
**Do you consent to your information being held confidentially on Database?**

YES  NO

**Service User Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Block Capitals)**

**Signed By:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**(Block Capitals)**

**Signature:** \_\_\_\_\_

**This is held on the Individual's Main File**

# *Western Care Association Internal Referral Form*



**1. Service Required:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**2. Referral**

**Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Parents Names:** \_\_\_\_\_

**Centre Attended:** \_\_\_\_\_

**3. Reason for Referral:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any additional information that we should know**

\_\_\_\_\_

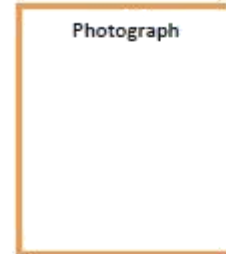
\_\_\_\_\_

\_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Team Leader**

**This form is held in the Individual's Main File**



A1

ADMISSIONS FORM  
PERSONAL INFORMATION SHEET

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile No: \_\_\_\_\_

Parents Names:

Siblings Names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents Contact Details:

Home Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Mobiles: \_\_\_\_\_ (Mum) \_\_\_\_\_ (Dad)

PPS No. : \_\_\_\_\_

Medical Card No: \_\_\_\_\_

GP name: \_\_\_\_\_

GP Tel: \_\_\_\_\_

GP Address: \_\_\_\_\_  
\_\_\_\_\_



**Other Medical Personnel:**

Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

\_\_\_\_\_

**Medication:**

\_\_\_\_\_

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL PREFERENCES:**

**Things the Person Likes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Things the Person Dislikes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form is held in the Individual's Main File and a copy retained on the Individual's IP folder**

A2

CONSENT TO TAKE PART IN ACTIVITIES WHILE SUPPORTED BY WCA STAFF

Person: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I agree / we agree to allow our family member to take part in community activities while supported by Western Care Association staff/volunteers.

\_\_\_\_\_

Signatures (signed by the person or their representative)

\_\_\_\_\_

BLOCK CAPITALS

\_\_\_\_\_

Date

**This form is held in the Individual's Main File and a copy retained on the Individual's IP folder**

**Medical Consent Form**  
**WESTERN CARE ASSOCIATION**

I hereby confirm that I authorise the placement of \_\_\_\_\_ in  
\_\_\_\_\_ for \_\_\_\_\_ service.

I agree that in the event of illness or incident the staff on duty may, on my behalf, contact the relevant medical practitioner and permit treatment as deemed necessary.

I further agree that any relevant records required to ensure continuity of care may be shared with medical personnel.

In cases of extreme urgency, where there is a general anaesthetic required, I hereby authorise the staff on duty to be consulted on my behalf.

In matters of emergency, Western Care Association will endeavour to contact the Parent/Guardian of \_\_\_\_\_ at the earliest possible opportunity.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**WESTERN CARE ASSOCIATION  
NOTIFICATION OF CHANGES TO SERVICE USER  
DATABASE**

<b>1. SERVICE USER'S NAME &amp; ADDRESS</b>	<b>DATE OF BIRTH</b>

<b>2. NAME OF FIELD TO BE UPDATED</b>	<b>3. DETAILS OF CHANGE</b>
<i>i.e. Contact Number (Primary); Main Service Name</i>	

**4. PERSON REQUESTING CHANGE**  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**5. REGIONAL SERVICE MANAGER/HEAD OF DEPARTMENT**  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

<b><i>For administration/record management use only</i></b>	
<b>6. Western Care (Green) Fields Updated</b>	
Signature _____	Date _____
<b>7. N.I.D.D. (Blue) Fields Updated</b>	
Signature _____	Date _____

**NOTE – This form should be used to record changes to the Service User database and is held in the Records Management Department. If a Service User/parent/guardian dies this form should be completed immediately and sent to the Record Management department in Castlebar**