

Version: 1 FOI Status: Public	Derbyshire County Council – Adult Social Care & Health Admission and Discharge for Day Services Policy and Procedures	Issued: May 2024 Review Due: May 2026 Author: Quality and Compliance
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# Derbyshire County Council – Adult Social Care & Health

## Admission and Discharge for Day Services Policy and Procedures

### Version 1

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If you would like to make any comments, amendments, additions etc. please email [ASCH.adultcare.policy@derbyshire.gov.uk](mailto:ASCH.adultcare.policy@derbyshire.gov.uk)

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**Policy**

The purpose of this policy is to set out the process that must be followed when a person is admitted to, or discharged from, one of the council's day services.

The policy sets out the minimum standards required when a person is admitted to one of DCC's day services. Through effective implementation of this policy, we will achieve safe, consistent, person-centred care, for people entering our services.

**Referral Process**

**Learning Disabilities**

The admission process for accessing the LD day service is through the Community Connector service. The community connect referral process must be completed and have MDT approval before any service can commence.

**Older Adults**

Referral into the service is completed by the person's case coordinator. Acceptance into the service is based on suitability and meeting their needs which is decided by the unit manager. It may be appropriate for the manager/day service worker to go and meet the individual to determine suitability. The person may also benefit from a trial day at the service. Any further assessment would be subject to approval from the service manager over the service.

**Starting the service**

**Pre-admission**

For any individual (including self-funding) attending DCC older adults day services must meet the [eligibility criteria](#). These individuals, including those that are self-funding, must be assessed and referred by the area social work team with the unit manager having received a core support plan from the referring case co-ordinator.

**Transport**

Where transport services are available the area social work team will complete the application for transport and risk assessment which should be approved prior to commencing the service. See [Appendix 1](#) for transport process, this is in line with the [Transport Practice Guidance for Fieldwork and Day Service Practitioners](#). Where family/carers can support for the interim, this should not delay the service starting.

If the individual/family must cancel their transport due to illness or holidays, they are requested to inform the adult care transport section, preferably at least 48 hours' notice. This action may be delegated to the service where appropriate. Changes in circumstance will be the responsibility of the case coordinator to notify.

**Pre-admission/admission day**

The individual should be welcomed into the service and informed of all activities and facilities.

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The duty manager and wider staff at the service will work with the person and discuss the way their care is provided and to communicate their preferences. Where it is not possible for them to clearly verbalise or demonstrate their wishes, these conversations should be held with those who know them best. These conversations should continue and be developed over the first few weeks following admission and at subsequent reviews.

All dietary and allergy information must be gathered immediately. For the purposes of the communicating individual dietary needs, where food is prepared on site by DCC catering staff, the catering communication form from the [Nutrition and Hydration Policy](#) must be completed.

### **Completion of required documentation**

#### **Case notes**

Must be completed to confirm service has started and when there has been a significant event.

#### **Personal Service Plan**

Must be finished after their first week with the service. This must then be added to as needs change or reviewed annually.

#### **DIAG**

All of the document must be completed for each individual who have a moving and handling need.

#### **Falls Risk Assessment**

Should only be completed where there is an identified risk, refer to [Falls Prevention Policy for Use by Staff Working in Domiciliary Care and Day Centres](#)

#### **Medication Risk Assessment**

Refer to the Management of Medication and Health Related Activities Procedure – Day Services.

#### **Daily Log**

#### **Learning Disabilities**

A record of their goal progress must be maintained. Any issues highlighted must be escalated to the manager. See [Appendix 2a](#). Once completed these records must be uploaded to the person's electronic record

#### **Older Adults**

A record of the person's care and overview of their needs must be kept and any issues highlighted and escalated to the manager. See [Appendix 2b](#). Once completed these records must be uploaded to the person's electronic record.

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**Documentation**

Individual's files should be set up in accordance with this policy and [Appendix 3](#) used to provide consistency on the way files are made up.

For individuals staying with the service for an extended period must have their documents tracked to ensure reviews of relevant documentation takes place in a timely manner. A template of a document tracker is available as [Appendix 4](#) for those services that do not have this system in place.

**Ending the service**

In cases of non-attendance where no reason has been provided this should be followed up immediately to ensure the person is safe and well. Continued non-attendance is not sustainable and so on a case-by-case basis the place being left open must be decided within the operational team which must include the service manager. This will be initiated by the service after 14 days.

Notified absence can be accepted for appointments and holidays.

If the person's needs change and exceeds what the service can safely manager then this must escalated to the case coordinator for reassessment.

**LD services**

Once all the goals and outcomes within the service have been met and/or no further action is required (undertaking any further goals) it is the responsibility of the case coordinator to review.

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<b>Author History</b>
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**Approval and Authorisation History**

Authored by: Quality & Compliance May 2024

Approved by: Quality Assurance Group May 2024

**Change History**

Version 1	Quality & Compliance	May 2024	New Guidance
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