Discharge of Residents

(Temporary or Permanent)

1. Background

This policy has been developed to ensure a consistent approach to the discharge process for residents moving from an Abbeyfield care home.

The purpose of this policy and procedure is to describe the processes involved in the temporary or permanent discharge of residents in order to best support the resident and avoid any potential problems.

It outlines the roles of the staff involved in the process.

2. Objectives

- Residents are assured that should they leave the care home, either temporarily or permanently, their discharge will be managed sensitively and efficiently to ensure a smooth transition to their new accommodation; and
- Residents transferring to hospital can be assured that all the required information will be provided to other relevant health care professionals to ensure continuity of their care.

3. Scope

All established staff, agency staff and volunteers working in the care home; regional staff; staff based at head office.

4. Policy

The needs and wishes of the resident will be at the centre of all decision making and we will involve and consult with the resident's family and close friends unless the resident instructs otherwise.

4.1. Permanent Discharge

The Home Manager should develop a local procedure for the discharge of residents which includes:

- Assisting the resident with the necessary arrangements for the resident to move.
- Completing transfer documentation to include a summary of the resident's needs, any medical conditions, their current medication, relevant contact details and the reason for their discharge;
- Informing the resident's GP and other relevant health and social care professionals of the discharge; and
- Recording all property, money and valuables and medication being discharged with the resident.

A copy of all documentation relating to the discharge of the resident should be kept at the care home.

Prior to discharge a senior staff member should confirm that:

- Any necessary arrangements, including adaptations that may be required to the resident's home, have been completed and that the resident's new accommodation will be ready for the resident's discharge date;
- The GP and any family members who need to be informed are aware of discharge date and arrangements;
- Sufficient medication and dressings if required have been ordered and will be available; and
- The appropriate community services have agreed the discharge date and the care and support that the resident needs will be in place on the resident's discharge.

4.2. Temporary Transfer to Hospital

The Home Manager should develop a local procedure for the temporary transfer of a resident to hospital.

If a resident has to be transferred to hospital, the senior member of staff on duty should:

- Inform the GP if not already aware;
- Inform the resident's nominated representative or relatives, if requested;
- Complete a Care Plan Summary keeping a copy on file. Each resident's care plan should include a Hospital Pack. This includes a recent photograph, a summary of the resident's current capabilities, their medical conditions, next of kin contact details and any other information that may be relevant to the resident's care or treatment;
- Ensure a copy of the resident's MAR chart is sent with the documentation;
- Follow up admission with a phone call to ensure that hospital staff have all the information they require to care for the resident; and
- Inform the applicable Remote Emergency Response Call Centre.

If possible, the resident should be accompanied to hospital by a member of staff who can give information if required and can reassure the resident. The member of staff may remain with the resident until hospital staff decide whether the resident is to be admitted, or if not, may accompany the resident back to the Care Home.

The senior member of staff on duty must make a decision as to whether it is possible for a member of staff to accompany the resident to hospital. This may not be possible if the absence of a member of staff would reduce the staffing levels in the Care Home and place remaining residents at risk.

If it is not possible for a member of staff to accompany a resident to hospital, the senior member of staff on duty should consult with relatives to see if they are able to accompany the resident where relatives have expressed a willingness to do so.

If it is not possible for a member of staff to accompany the resident, it is essential that all the required information is given to those who will be responsible for the resident's care.

4.3. Temporary Absence from the Home

Residents may choose to temporarily stay away from the care home and staff will respect the resident's right to make such arrangements and will not divulge the resident's' plans or whereabouts without the resident's express permission.

The Home Manager should develop a local procedure for the temporary absence of residents which includes:

- Ensuring the resident has an adequate supply of medication to cover the period of absence;
- Recording all property, money, valuables and medication that the resident is taking with them'

- Ensuring that suitable arrangements have been made for the residents personal and health care and accommodation during the period of absence;
- Liaising with the resident's family or friends, GP and other relevant health and social care professionals, and assisting with arrangements if this is required by the resident; and
- Completing temporary transfer documentation to include a summary of the resident's needs, any medical conditions, their current medication, relevant contact details and the reason for their transfer and keeping a copy of any documentation that has been given to the resident.

Maintaining contact with the resident during the period of absence and ensuring arrangements are in place for their safe return to the care home.

5. Finance, Value for Money & Social Value

N/A

6. Supported Appendices

APPENDIX 1: My Care Plan Summary

7. Linked Policies

N/A

8. Legislation/Regulation

N/A

9. Review

Every 3 years, subject to any regulatory or legislative updates.

10. Procedure/Guidance

N/A

Abbeyfield The Dales Ltd – Care Plan

My Care Plan Summary

MAKE SURE ANYONE LOOKING AFTER YOU READS THIS INFORMATION

About Me

Full Name:	
Likes to be known as:	
Date of Birth:	
Address:	
Telephone No:	

My GP

Name & Address:	
Telephone No:	

My Next of Kin	Contact 1	Contact 2
Name:		
Relationship:		
Address:		
Telephone No:		
Power of Attorney?		

My Medical Information

Diagnosed medical condition(s):	
Current Medication: (If administered by ATD Staff)	
Known allergies:	
Details of any advance decisions / DNACPR:	

Reviewed by Head of Care Services 2019
Abbeyfield The Dales Ltd. Registered Charity Number: 1160258, Company No: 9008680, Home England No: 5066

My Care Needs

Communication / Comprehension:	
Mobility: (Including any aids)	
Eating & Drinking: (Swallowing)	
Going to the toilet:	
Skin Condition:	
Pain:	
Sleeping:	
Keeping Safe:	
Personal Care/Support: (Including any aids)	
Glasses:	☐ Yes ☐ No
Hearing aids:	☐ Yes ☐ No
Dentures:	☐ Yes ☐ No

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My Daily Care Visits

Morning:	
Mid-morning:	
Lunch:	
Mid-afternoon:	
Tea:	
Bedtime:	

My Preferences

Things I like:	•
Things I don't like:	•

Person completing this plan:

Name:		Tel:	
Signature:			
Date:			
Review date:			

Reviewed by Head of Care Services 2019
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