

<b>PCI/ Peacehaven Policy Document</b>				
<i>Previous policy name: N/A</i>				
<b>Linked with the following documents</b>				
<b>Rev. No.</b>	Approved PHT Management Team	Approved by PHT Board/ PCI DM	Launched Staff Members	Operational Period
<b>3 June 2017</b>	8 <sup>th</sup> November 2017	17 <sup>th</sup> November 2017	30 <sup>th</sup> November 2017	3 years
<b>4 June 2020</b>	7 <sup>th</sup> July 2020	1 <sup>st</sup> July 2020	9 <sup>th</sup> July 2020	3 years

### **1.0 Referrals**

- 1.1 Residents are referred to PCI/ Peacehaven from the Wicklow/South Wicklow catchment area, covered by the H.S.E. CHO Area 6. Occasionally referrals are considered from outside the area when referred through H.S.E. Area 6.
- 1.2 PCI/ Peacehaven is initially made aware of a Resident's need for a service by a letter of referral, usually from the family, General Practitioner or other Health Professional.
- 1.3 All applicants for a referral must complete a referral form (Appendix A), and return to the Director of Services, PCI/ Peacehaven.

### **2.0 Admission Criteria**

- 2.1 The Individual must be eighteen years of age or over.
- 2.2 The individual must have an intellectual disability, functioning as assessed within the mild to moderate range. Prior to referral all applicants must be assessed for their intellectual functioning and general health status.
- 2.3 PCI/ Peacehaven caters for both genders; persons of any religious faith or none and does not discriminate on any ground of Ethnic Diversity, Sexual Orientation, Civil status, Family Status, Race, Age or Member of the Travelling Community.
- 2.4 Pre-assessment may be carried out either by or a combination of the following health professionals: Doctor, Nurse, Psychiatrist, Psychologist, Social Worker, Social Care Worker, Advocate. Admission will be recommended if it is felt that the applicant will benefit from an available placement within any of the services operated by PCI/ Peacehaven.

- 2.5 Following assessment, the Director of Services will consider the referral along with the HSE CHO6 Disability Manager, Care Managers, and other nominated stakeholders.
- 2.5.1 This panel will either confirm an offer of placement subject to a probationary period; or confirm a offer of placement subject to a probationary period when a place becomes available; or will conclude that applicant's best interest would not be served by placement within PCI/ Peacehaven.
- 2.5.2 The probationary period is decided on an individual case by case basis.
- 2.5.3 If it is decided that the applicant's best interest would not be served by placement within PCI/ Peacehaven then the original referrer is advised of this in writing.
- 2.6 An admission will have to meet the criteria identified in the Statement of Purpose and Function, or if it is for a new designated centre a new statement of purpose and function will need to be developed. This will be explained to the applicant in a manner that is suitable for their understanding.

### **3.0 Vacancies**

- 3.1 A suitable vacancy must exist within PCI/ Peacehaven to meet the applicant's needs and which is compatible with the existing residents.
- 3.2 PCI/ Peacehaven will maintain a list of interested applicants on file. The Next of Kin, or professional parties may wish to register their interest for a suitable candidate with the Director of Services, by a phone call, then followed with a letter of intent.
- 3.3 When a vacancy arises the Director of Services shall notify the HSE CHO6 Disability Manager of to discuss possible funding and placement options within PCI/ Peacehaven. Only when a referral request is received through HSE CHO6 can an admission assessment process commence.

### **4.0 Assessment Process**

- 4.1 The H.S.E. or the admitting authority must provide information relating to the individual's health, education, social history, further training, service history, medication and all other relevant information by request from the Director of Services of PCI/ Peacehaven, prior to admission.
- 4.2 Prior to admission the applicant must undergo a full medical examination by their General Practitioner. The G.P. will also be required review and sign the applicant's Composite Health Assessment Form.
- 4.3 The applicant should have a day placement or job if the vacancy is at a part-time staffed house, or be assessed as having such adequate independent self-care skills capable of managing daytime hours without support staff.

- 4.4 Funding must be made available, by the H.S.E. at the appropriate level.
- 4.5 The resident's assessment of needs in the residential centre shall:
- Be individually focused, it is based on the resident's actual, potential and perceived needs.
  - Provide baseline information on which to plan the interventions and outcomes of care to be achieved.
  - Facilitate evaluation of the care given.
  - Be a dynamic process that starts when problems or symptoms develop and continues with changes in the resident's condition throughout the personal care plans.
  - Promote resident participation.
  - Consider optimal functioning, quality of life and the promotion of independence for the resident.
  - Include observation, data collection, clinical judgement and validation.
  - Include data collection from several sources by a variety of methods.
  - Follow a structured process and be clearly documented.

## **5.0 *Transition Planning***

- 5.1 After confirmation of an offer of a placement, prior to admission, parents, family members or guardians will have met with the relevant management, have had an opportunity to visit the proposed house, have any initial queries or concerns addressed by staff and had the opportunity to acquaint themselves with PCI/ Peacehaven. Copies of PCI/ Peacehaven's Statement and Purpose of Function; Resident's Guide; Tenancy Handbook and Complaint's policy will be supplied to the applicant and their family.
- 5.2 The Director Of Services shall ensure that a Key Worker is appointed to the new admission. This Key Worker shall be the main link between the new admission/resident; their family and other stake holders to help with the planning and care of the resident.
- 5.3 A Transition Plan will be created which will detail all the visits the new resident will make prior to moving in. It will also detail visits from family members. The transition plan will confirm receipt of vital documentation; and the creation of the Care file on VCare, Hard copy and Medication folder. The Key Worker shall include Contact Details, all VCare Care Plans; VCare Risk Assessments to be completed prior to admission (the rest to be completed with 20 days of admission.); Composite Health Assessment; Daily Routines etc. Each resident will be asked to sign a Contract of Care and also a Tenancy Agreement prior to Admission. Other documents will be created to assist with good information flow, and for best practice care and support for the new resident.

**Care plans & Risk Assessments** to complete **prior** to admission are:

- Positive intervention support care plan;
- Communication care plan & corresponding Risk assessment;
- Personal intimate care plan,
- Personal hygiene care plan & corresponding Risk assessment;
- Dressing care plan & corresponding Risk assessment;

Mealtimes / Food care plan & corresponding Risk assessment;  
Financial affairs care plan & corresponding Risk assessment.  
Living space care plan.  
Morning time routine care plan & corresponding Risk assessment;  
Day time routine care plan & corresponding Risk assessment;  
Evening time routine care plan & corresponding Risk assessment;  
Night-time routine care plan & corresponding Risk assessment  
Medications Risk Assessment & Self Medication Assessment Form;  
Kardex and Medications Plan;

The following **Care plans & Risk assessments** to be completed within 20 days after admission:

Use of household equipment care plan,  
Using cleaning products care plan,  
Public transport care plan,  
Laundry care plan & corresponding Risk assessment;  
Church attendance care plan & corresponding Risk assessment;  
Access to education care plan,  
Public environment care plan,  
Public transport care plan,  
Family contacts care plan & corresponding Risk assessment;  
Social activities care plan,  
Friends care plan & corresponding Risk assessment;  
Connection to community groups risk assessment;  
Volunteer's risk assessment;  
Peer to Peer risk assessment;  
Awareness of Community Activities risk assessment;

The following other **standard VCare assessments** to be completed prior to admission:

Body Map,  
Hospital Passport,  
Missing Persons Form,  
Money Management Assessment,  
Personal Preferences,  
Any Restrictive Practices,  
Seizure Chart (if has Epilepsy).

On the day of admission the following other **standard VCare assessments** to be completed:

Personal Emergency Evacuation Plan,  
Personal Possessions,

After day of admission the following other **standard VCare assessments** to be completed within 20 days:

Life Transition Record,  
Advanced Health Care Directive,

End of life plan,  
Person Centred Plan,

- 5.4 As part of the transition plan, the proposed new resident will be invited to spend time with the current residents of the house with a vacancy. A combination of shared times will be sought (i.e. meal times; busy periods, quiet periods, planned outings with one or two other residents, increasing to sleep overs) to help management and staff assess the compatibility of the proposed placement.
- 5.6 The Director of Services and/or Care Manager/Key Worker will collaborate actively with other disability service providers, in particular when residents are transferring within and between services (HSE, 2015), and share information to facilitate seamless transitions, in a timely and appropriate manner and in line with the resident's wishes and relevant data protection legislation (HSE, 2015).
- 5.7 PCI/ Peacehaven will work with the existing group of residents, to support them to adjust to a new resident – staff will complete an Impact Assessment on VCare to determine the impact of the potential new resident. Staff can also use the House Group Meeting process to positively discuss the referral with the current group of residents.
- 5.8 If an insurmountable incompatibility is determined by the management and staff and current residents between the current group of residents and the proposed new resident; then the proposed placement will not proceed.
- 5.9 Admission occurs on the date of the first sleep over of the new applicant/resident.

## **6.0 Admission**

- 6.1 All Staff: Welcome the resident to their new home. All staff engage with, and support, the new resident during their transition to the residential centre.  
All staff encourage residents and key staff members to offer friendship and understanding to the new resident and their family.

Appendix A



**REFERRAL FORM**

Referral Date:	House Name:
<b>Contact Details</b>	
Applicant's Full Name:	
D.O.B.:	Phone:
PPS Number:	Medical Card Number:
Social Welfare Card Number:	Travel Pass:    Yes            No
Disability Allowance Number:	National Intellectual Database PIN Number:
Current Address:	
Next of Kin/Other:	Phone:
Address:	
Siblings:	Phone:
Contact details of Family Minister /Priest, etc (if any):	

<b>Education</b>					
National School Attended		No of Years		Dates	
Secondary School Attended		No of Years		Dates	
Special Education Attended		No of Years		Dates	
Further Training Attended		No of Years		Dates	
Work Experience		No of Years		Dates	
Achievements		Date			
		Date			
		Date			
		Date			

<b>Employment Details or Current Day Service Provider Details</b>
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Employment:		Number of Years	
Name of employer:			
Address:			
Telephone Number(s)			
Name of Manager:		Start date:	
Day Service:		Number of Years	
Name of Day Service:			
Address:			
Name of Key Worker:		Start date:	
Telephone Number(s)			

Previous Residential Care/ Temporary Care			
Name of Service		Number of Years	
Name of Contact		Phone Numbe r	
Address			
Reason for Leaving			
Name of Service		Number of Years	
Name of Contact		Phone Numbe r	
Address			
Reason for Leaving			
Name of Service		Number of Years	
Name of Contact		Phone Numbe r	
Address			
Reason for Leaving			

**General Medical Information**

Name of General Practitioner:					
Telephone Number:					
Address:					
Has there been a diagnosis of a clinical syndrome or congenital condition? (If yes please give details)	Yes		No		
Medical History: (Please include any previous serious illness or operations):					
Is person vaccinated against Hepatitis B	Yes	No	Has person received a satisfactory immune response?	Yes	No
Allergies:	Yes		No		
(If yes, please give details)					
List all current medication:					

Other Health Information			
	Information Required	Details	Supporting Documentation Attached?
	Last medical check up		
	Last Dental check-up		
	Does applicant wear glasses		
	Last visit to optician		
	Precautions		



<b>Other Professionals Involved: (please name)</b>	
Psychologist	
Social Worker	
Community Nurse	
Public Health Nurse	
Physiotherapist	
Occupational Therapist	
Speech and Language Therapist	
Other	
Other	
Other	

<b>Behavioural Supports Information</b>	
Please give details regarding any challenging behaviours including management strategies or interventions to date and include information regarding risk management.	
Description of Behaviour:	
	(Please add on pages if required)
Relevant Background History:	
Travel Ability:	
Personal Hygiene Ability:	

Personal Money Management:				
Self Medication Management:				
Known early warning signs:				
Triggers to behaviour (if known):				
Are there any proactive or reactive strategies?: (if yes, please provide details)	Yes		No	

**Communications:**  
(Please include verbal ability, comprehension, difficulties and if any aids are used, for example, Pecs, Lamh, Sign, Computer programmes etc.)

<b>Verbal ability</b>	
<b>General comprehension</b>	
<b>Communications aids required:</b>	

<b>Routines Information</b>	
Daily Routine:	
Likes (including food):	
Dislikes (Including Food):	
Interests and hobbies:	
Leisure Activities:	
Intimate Personal Care: (Please outline level of supports required)	

<b>Income Supports</b>	
Present source of income:	

If person is availing of any Social Welfare or Health Executive Allowance, please provide details:	

Additional Comments
Please use this section to supply further information that you feel is relevant to this person's referral to PCI/ Peacehaven Trust. Add additional pages if necessary.

Reports Required for Submission			
No	Report Required	Details	Supporting Documentation Attached?
1	Medical examination from applicant's G.P.		
2	Consent for emergency medical treatment signed.		
3	Psychiatric Report		
4	Psychological Report		
5	Social Family History		



Client and Guardians Consent to Admission	
Name of Applicant for Residential Service:	
Has this placement been discussed with the Applicant:	
Is the Applicant happy with the service offered at PCI/ Peacehaven Trust:	
How many alternatives did the Applicant have to choose from:	1
	2
	3
Signature of Applicant:	
Date:	

Name of Next of Kin:	
Is the Next of Kin happy with the service offered at PCI/ Peacehaven Trust:	
How many alternatives did the Next of Kin consider:	1
	2
	3
Signature of Next of Kin:	
Date:	

Name of Admitting Person:	
What Authority does the Admitting Person represent?	
Is the Admitting Person Satisfied with the service offered at PCI/ Peacehaven Trust:	
Signature of Admitting Person:	
Date:	



**Consent for Emergency Medical Treatment**

In the event of a medical emergency involving a Resident within PCI/ Peacehaven Trust Limited, medical treatment may be required urgently. In these circumstances, where parents, guardians or next of kin can be contacted by telephone, we will do so.

However, for a number of reasons this may not be possible and a decision for urgent treatment may be required on the spot, in the interest of the Resident.

This form is designed to enable you, the Resident, parent, guardian, or next of kin, to give your consent in advance so that we can proceed with urgent treatment if the need should arise. This may require us accessing confidential files.

In the case of a medical emergency we the undersigned consent for PCI/ Peacehaven Trust Limited to seek medical treatment for \_\_\_\_\_ in the event of a medical emergency.

Name	Signature	Date
Applicant:		
Next of Kin:		
Witness:		
Director of Services PCI/ Peacehaven Trust:		



Resident Data Requirements:	
Resident's Name:	
Current Address:	
Date of Birth:	
Medical Card No.	
I.C.E. Contact Details:	
1. Name:	
Work No:	Home No:
2. Name:	
Work No:	Home No:
Resuscitation Instructions:	
Life Insurance in place:	
Will in place:	
Funeral arrangements in place	

Compiled By:		Date:	
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Please return completed form to:	Mr Michael Williams, Director of Services, PCI/ Peacehaven Trust, 1 & 2 Hillside, Greystones, Co. Wicklow, A63 FN36
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