



## Brothers of Charity Services Limerick

### Referrals, Admissions, Discharges and Transfer Policy for Adult Services

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In keeping with the ethos of the Congregation of the Brothers of Charity the activities of the Brothers of Charity Services Limerick are guided by a strong commitment to values that recognise all people first as individuals. We endorse full inclusion for individuals with disabilities in all aspects of community life. In partnership with individuals, families, professionals, organisations and state agencies, we seek to shape policy decisions and to increase the opportunities for inclusion, independence, productivity and personal life satisfaction for individuals with intellectual difficulties.

It is the policy of the Brothers of Charity Services Limerick to comply with best practice governance and accountability obligations, as appropriate to health and social care agencies, state bodies and publicly funded organisations

## **1. The A.D.T. Team Membership:**

Chief Executive - Limerick Brothers of Charity  
Head of Residential, Bawnmore and Community  
Head of Social Work  
Head of Psychology  
Head of Quality/ New Directions  
Consultant Psychiatrist  
Secretarial Support

The team will meet on a regular monthly basis.  
A quorum of four is necessary for a meeting.  
All A.D.T. Team meetings will be minuted.

## **2. Terms of Reference of the A. D. T. Team**

The role of the A.D.T. team is to:

- 2.1 Appoint the Needs Assessment Team
- 2.2 Consider new referrals and prioritise on to appropriate waiting list.
- 2.3 Review any request for transfer or discharge.
- 2.4 Review current vacancies and waiting lists for any changes.
- 2.5 Make decisions regarding Admissions, Discharges & Transfers.

### **Consideration at the A.D.T. Meeting is given to:**

- The circumstances surrounding the request for admissions or transfer.
- The wishes of the applicant and of his/her family. The appropriateness of the service relative to the needs of the individual.
- The availability of resources to meet the needs of the person, or a detailing of the new resources which will be required if the person is to be given a service.
- The probable impact of the new individual on those already in the service, ensuring that account is taken of existing needs within the service.

- Individuals are placed on the waiting lists in accordance with the Admissions Priority System (based on 7.2).

Waiting lists record the following:

- Type of residential accommodation required.
- The Day Service waiting list.
- Supported living

*Waiting lists are managed in a fair and transparent manner that takes account of the right to confidentiality of those on the waiting list. The needs of those on the list are reassessed regularly. (HIQA 13.7)*

## **REFERRALS, ADMISSIONS, DISCHARGES & TRANSFER POLICY FOR ADULT SERVICES**

The Brothers of Charity Services Policy on Admissions, Discharges and Transfers (ADT) of individuals is guided by the ethos of the Brothers of Charity and influenced by the following factors:

- a. The desire to respond to genuine and unmet needs.
- b. The individual's needs and wishes.
- c. Disability Act, 2005.
- d. The Mental Health Act, 2001.
- e. The Freedom of Information Act, 2003
- f. The constraints of Health Service Executive funding and service agreements.
- g. Brothers of Charity Services governance statement on Admissions, Transfers & Discharges (2007)

This aim of this Policy is to ensure that the Services operate in an open, honest and transparent manner.

The primary focus of this policy is on adult services to meet the individual needs of people who apply for our services.

**3. Criteria for Determining Admission to the Brothers of Charity Day or Residential Services**

Individuals of 18 years and over who reside within the operational catchment area, and who have a moderate, severe or profound developmental intellectual disability may be considered as candidates for the service. In exceptional circumstances, and in agreement with the primary funding agency, persons in the general intellectual disability range or from outside the geographical operational area may be considered eligible for service, (e.g. no appropriate service available outside the catchment area).

**4. Referrals**

Referrals for admission are accepted from: Parents or Guardians, Advocates, G.Ps, Medical Consultants, Public Health/Counselling Nurses, Professional Support Personnel, Special Schools, and Officers of the Health Service Executive.

Referrals for Transfer or Discharge within or from the Service may be made by the individual, his /her advocate, senior staff members and/or family members.

Self-referrals are also accepted.

**5. Catchment Areas**

The operational catchment areas of the Brothers of Charity Services Limerick as Broker include Sector A, D and part of Sector C (Mid-Western Health Service Executive Mental Health Catchment Areas). All areas west of the boundary as outlined above will be the responsibility of the Brothers of Charity Limerick Services, and areas to the south of this boundary will be the responsibility of the Charleville & District Association (See Appendix 1).

In exceptional circumstances and in agreement with the service providers, persons outside the designated catchment area may be considered.

**6. Service options to be explored include:**

- Remain in family home with access to in-home support
- Independent or supported living
- Shared house/ apartment
- Full or part time day places in integrated environments
- Multi-disciplinary support services as required

Professional support for the above services from Brothers of Charity Services may include Physiotherapy, Social Work, Psychological, Psychiatric and Medical Service, Speech & Language Therapy. Support may also be sourced from PCC Services and the Citizen Advocacy Services.

## **7. Procedure for Making a Referral to Residential/Respite & Day Placement**

- 7.1 Following an initial enquiry the applicant will be advised to apply in writing for a service to the Chief Executive of the Brothers of Charity Service, Limerick and the Disability Area Manager Health Services Executive.
- 7.2 Agenda for ADT meeting will include names of new applicants which will be submitted by members of the committee prior to the meeting.
- Completed Prioritisation Form for New Admissions
  - Identification of lead discipline to complete or present Full Needs Assessment
  - Discussion to proceed or otherwise
  - Request/Secure Funding from HSE
  - Person Centred Plan
  - Consents as outlined in Appendix 3 and 5.
- 7.3 The C.E. as Chair of the Admissions Committee will request a full needs assessment. The applicant and his/her family will be assisted in identifying supports and services by a multi-disciplinary team to include Social Work and Psychology, Manager. Medical and Psychiatric reports where required will also form part of the assessment.
- 7.4 The lead worker assigned by the C. E. will collate all current relevant professional reports.
- 7.5 Decisions will be made based on:
- the completed assessment of need
  - the applicant's and family's involvement
  - the identified and individualised service needs in line with the individuals person centred plan
  - Resources required and provided

In the case of urgent needs, the Disability Manager HSE and BOC will be involved in the prioritisation process.

*Individuals, families and those who refer them will be offered the opportunity to meet with those responsible for admission decisions in order to discuss their application. (HIQA 13.5)*

## **8. Management of Waiting List**

The Waiting List for Services offered by the Brothers of Charity Services Limerick is maintained by the Secretary of A.D.T. and managed by the Head of Social Work Department.

## **9. Respite**

In the case of an application for emergency/crisis respite for an individual outside of our services, resources and funding for same will need to be secured and addressed via the Admissions Committee.

## **10. On Offering a Service**

10.1 Prior to offering a service, the applicant and family will be invited to visit the services to meet with staff and to be made aware of the various programs on offer.

*The applicant will be offered the opportunity to discuss what the transition into the service will mean (HIQA 13.4)*

10.2 The method of informing the successful applicant will always include a formal letter from the Chief Executive. Applicants will be notified of the decision of the A.D.T. team within two weeks.

10.3 Database Consent Form (Appendix 3) signed by the Parent/Guardian. This consent gives permission to the Brothers of Charity Services to place relevant statistical information regarding the individual and his or her service needs on the Intellectual Disability Database.

10.4 Consent Form for General Medical Care and for the Administration of Drugs (Appendix 5), should be completed in consultation with or on behalf of the applicant.

10.5 The Medical Information Form (Appendix 6), should be completed by the applicant's General Practitioner

10.6 **A Person Centred Plan will be agreed and the manager will be responsible for the review.**

## **11. Induction**

**The local frontline manager has a responsibility for induction to include tour of local services and introduction to staff including Key Worker, information on policies, protection, confidentiality, complaints and advocacy (see appendix 9). Where a service is newly constructed around an individual, the induction programme is particular to such a person.**

*“Each new Service User and their family/care giver should have an induction programme on admission”. Mc Coy 2009-10 10.1.1*

*The individual and / or his representative sign an agreement in a format accessible to the individual, with the registered provider. Where the individual or his / her representative is unable or chooses not to sign, this is recorded (HIQA 13.10).*

*The agreement sets out:*

- The terms and conditions of the individual's placement*
- The nature and extent of the service being provided*
- Whether any charges are applied for services, what the charges cover and whether particular supports are only available on payment of extra charges.*
- The rights, obligations and liability of the registered provider and the individual, where relevant. (HIQA 13.11)*

*The agreement providers for and is consistent with the individual's assessment, service statement and personal plan. (HIQA 13.12)*

## **Unsuccessful Applications**

*Unsuccessful applications and those who refer them will be given a written explanation of the decision not to accept their application. (HIQA 13.6)*

### **12. Service Agreement Plan**

- 12.1. Ideally the applicant will have a gradual transition to the new service where possible. Service provision will be dictated by the needs and personal goals of the applicant which will be outlined in the Person Centred Plan
- 12.2 Family involvement is of paramount importance. To ensure this, in the best of interest of the individual, a Service Agreement Form will be completed and signed by the applicant and social worker prior to admission (Appendix 7)
- 12.3 A Person Centred Review meeting will be held with the individual and family after first 3 months of placement. Through these meetings families/carers maintain involvement and are consulted and will be informed of progress or any change of circumstances.
- 12.4 Regular home visits for the individual will also be agreed and facilitated.
- 12.5 Individuals medical card and disability allowance will be transferred with the recipient of this service. The individual will be supported to maintain his/her own personal finances in line with Personal Assets Policy

### **13. Discharge Criteria**

The Brothers of Charity Services reserve the right to discharge any person from the service if:

- 13.1 The person themselves wish to leave the Services.
- 13.2 The person's behaviour is such as to make him or her incapable of benefiting from the service.
- 13.3 The service ceases to provide the programme required by that person.
- 13.4 An individual moves on to open non-supportive employment.
- 13.5 Funding is no longer available to continue providing a service to a service user.
- 13.6 Families or carers formally withdraw a person from the service at any time. However, the ADT will take into account the individuals wishes and needs.
- 13.7 An individual has a pattern of persistent non-attendance at the service provided.



13.8 If a person requires specialised psychiatric care under the Mental Health Act, 2001.

*Where an individual is asked to leave the service he / she is given access to an advocate, time to consider their position and an opportunity to state their views at an appropriate forum such as a case review. (HIQA 13.14)*

*Arrangements for future support of an individual who leaves a residential service take account of his / her need for continuity of education, employment, relationships, social contacts and treatment, as appropriate. (HIQA 13.15)*

#### **14. Transfer of Service Users**

There are a number of situations when a transfer of service for an individual may be considered. These include:

- The individual requests a transfer through their Person Centred Plan.
- The priorities of the individual, as identified through their Person Centred Plan, would be better supported in another service area.
- The support needs of the individual would be better supported in another service area (e.g. medical needs).
- Organisational issues (e.g. staffing; restructuring; finances).

The aim of these guidelines is to make available to individuals, families and staff working with the Brothers of Charity Services, Limerick Region, a set of procedures to be followed in the event that a transfer is being considered.

**Where an individual requests a transfer** this request should be forwarded to the Admissions Committee. The Admissions Committee will consider the request and due consideration will be given to the individual as well as other people who use the services who may be impacted by the move.

The Admissions Committee will communicate their decision regarding the transfer request to the individual.

In some situations, an immediate move may not be possible but an individual may be put on a waiting list for a future opportunity. In these situations this will be communicated to the individual and they will be kept informed of the status of the request on a quarterly basis.

**Where a transfer is being proposed to support an individual to achieve their priorities,** this proposal should be discussed with the individual and their circle of support (as appropriate). The impact of the transfer should be fully explained to the individual and consequences of a move that they may not have considered should be highlighted. The individual and their circle of support (as appropriate) should be given the opportunity to visit the new service on a number of occasions. If there is agreement that the transfer should be progressed the request should be forwarded to the Admissions Committee.

**A transfer due to the support needs of an individual,** should only be considered after risks associated with current placement have been fully assessed and all efforts to manage risks adequately within the current placement have been explored. Where the risks associated with remaining in the current placement are deemed to be unacceptable, this should be explained to the individual and their circle of support (as appropriate) and they should be supported to explore the options available to them for an alternative placement.

The individual and their circle of support (as appropriate) should be given the opportunity to visit the new service on a number of occasions. If there is agreement regarding the transfer the request should be forwarded to the Admissions Committee. If the individual and/or their circle of support are still unhappy with the transfer they should be supported to make a complaint which will be notified to the HSE.

Sometimes a transfer will be proposed because of **organisational issues**. It is recognised that in these situations the primary factor informing the proposed move is not the individual (or their personal plan) but rather other organisational issues. These types of moves should be seen as exceptional.

Communication is key to supporting people in these situations. The proposed transfer should be discussed with the individual and their circle of support (as appropriate) well in advance of any actual move. The rationale for the proposed transfer should also be considered.

Where the individual and / or their circle of support object to the move the reasons for the object should be noted. The individual and/or their circle of support should be supported to make a complaint which will be notified to the HSE. Alternatives that may suit the individual better should be offered where possible. Every effort should be made to ensure that supports required to address the individual's concerns are made available. This may include support to maintain contact with people who are close to them; support to continue to participate in chosen activities etc.

**Post- transfer:**

- Staff and peers in both the pre-move and post-move locations should maintain regular communication links to facilitate a smooth transfer.
- A review of progress after four weeks should include all relevant staff, the individual and the circle of support (as appropriate).
- Every effort should be made to address any concerns that arise at the four week review.
- Where an individual is unhappy with the new service or does not settle well another request for transfer can be made to the admissions team.

**15. Crisis Admission**

Procedures outlined in Section 7 above should also apply to all crisis admissions if possible.

15.1 Decisions on crisis admissions are the responsibility of the A.D.T. Team.

15.2 Agreement is required with the funding agency on the level of resource to be allocated to crisis care.

15.3 Crisis care should be reviewed within one month of admission by the Multi-Disciplinary Team. If following ongoing review the placement is deemed unsuitable to meet the needs of the individual the Manager should revert to the A.D.T. Team to make a decision on the appropriate service required.

**16. Appeals**

Service users, their families or other referring sources may appeal against a decision of the A.D.T. Team by notifying them directly (Appendix 7). Further appeal mechanisms may be to the Health Service Executive or the Ombudsman in writing.

## **Appendices**

Appendix 1: Referral Form RF1.

Appendix 2: Prioritisation Form For New Admissions

Appendix 3: Database Consent Form.

Appendix 4: Admissions Procedures Checklist

Appendix 5: Consent Form for General Medical Care and for the  
Administration of Drugs

Appendix 6: Medical Information Form.

Appendix 7: Service Agreement Form

Appendix 8: Admissions Transfer and Discharge Appeals Form

Appendix 9: Induction Checklist for Service Users & Families



**BROTHERS OF CHARITY SERVICES  
LIMERICK**

**Referral Form (RF1)**

Client's Name .....

(Usual Name used) ..... D.O.B. ....

Home Address .....

.....

Tel No .....

Name of Applicant .....

(Person applying on behalf of client)

Address .....

.....

Tel No .....

What type of service is required?

.....

.....

Reasons for application at this time

.....

.....

**Consent:**

To carry out a comprehensive assessment of your needs, the Brothers of Charity will require access to reports relating to the client's psychological, social and psychiatric needs. Please sign below to give consent to avail of these reports.

Signed: .....

Signature of Person making application .....

Signature of Next of Kin .....



**BROTHERS OF CHARITY SERVICES, LIMERICK**

**Prioritisation of Needs Form for New Admissions**

Name: \_\_\_\_\_ Pin No. \_\_\_\_\_

Present Address: \_\_\_\_\_ Next of Kin \_\_\_\_\_

\_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Most Recent Psychological Assessment \_\_\_\_\_ Contact No: Home \_\_\_\_\_

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

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

***Service Requirements***

**1. Type of Service Required**

	Full Time	Community living with Additional Support	Community living	Semi-independent living	Supported living at home
<b>Residential</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respite</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**a) Day**

***Specific Type of Service Required***

Autism Specific

Community Day program

Individual Program

Supported employment

Other \_\_\_\_\_

**Disability and Dependency Needs**

2. **Degree of Disability** 1= Mild 2= Moderate 3=Severe/Profound

3. **Additional Disabilities**

Mobility 0 = Independent 1=Ambulant with help   
2 = Requires to use wheelchair

Sight 0 = No defect 1= Partially sighted 2= Blind   
(significant impairment)

Hearing 0=No defect 1= Deaf

Epilepsy 0= No defect 0= controlled by Medication   
1= No fully controlled by Medication

Diagnosed mental health difficulties 1 = Yes 0 = No

A.S.D Diagnosis 1 = Yes 0 = No

4. **Dependency Needs**

Personal Self Care 0 = Requires no help 1= Requires help   
2 = Is totally dependent

**Current Living Circumstances**

5. Is the individual already in Day Service Yes  No   
Residential Service Yes  No

Location of present placement: \_\_\_\_\_

**Family Circumstances**

6. Where does the person live? \_\_\_\_\_

Who lives with the individual? \_\_\_\_\_

Are the carers under strain because of level of care of individual?  1

\_\_\_\_\_

7. Is the main carer under strain because of

Illness  2    Poor mental health  2    Alone parent  2  
Bereavement  2    Own family commitments  2    Elderly  2

**Behaviour Assessment**

8. Does the individual display challenging or disturbed behaviour?

Yes  1                      No  0

Does the person display aggressive or violent behaviour that is either life threatening or is likely to cause serious injury to himself or others?

Yes  1                      No  0

If yes to either of the above describe behaviour

---

9. Is the behaviour of such intensity that it requires family intervention and attention?

Occasionally  0  
Frequently  1  
Requires constant attention or intervention  2

***Other Relevant Information***

10. Are there concerns that the individual may be at risk of

Abuse  4  
Neglect  2

11. Would any interim service provision alleviate the current situation?

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12. Is your family member aware that this referral is being made and do they consent to it?

---

---

13. Potential Services Wishes \_\_\_\_\_

---

---

14. Requested location of Service \_\_\_\_\_

---

**Total Points Allocated**

Completed with \_\_\_\_\_

Applicant

Parent/Guardian \_\_\_\_\_

by \_\_\_\_\_

Social Worker

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





To Whom It May Concern:

I enclose a copy of a leaflet which has been prepared by the National Intellectual Disability Database Committee, in association with the Department of Health and Inclusion Ireland, a national voluntary organisation working to promote the rights of people with intellectual disability. The leaflet describes the National Intellectual Disability Database, which is used for planning the provision of future services for people with intellectual disability at national and local level.

The leaflet gives detailed information about the National Intellectual Disability Database and about its particular importance in predicting future service requirements and in planning to meet those needs. Furthermore, the Department of Health and Children and Health Service Executive use the database to estimate the financial resources required to meet these needs. Accordingly, it is very important that as many people as possible are registered on the database. We hope that having read the enclosed information leaflet you will be happy to consent to record information about \_\_\_\_\_ on the database.

The information will be stored on a computer and will only be used to monitor current service provision, plan future service needs, and undertake research approved by the National and Regional Intellectual Disability Database Committees.

Yours sincerely,

\_\_\_\_\_  
Norma Bagge  
Chief Executive(Acting)

.....  
I acknowledge that I have received and understand the information leaflet on the National Intellectual Disability Database. I consent to the Brothers of Charity Services and the Health Service Executive including my information on the National Intellectual Disability Database. I am aware that this information will be stored on computer and will only be used to:

- Monitor current service provision
- Plan future service needs
- Undertake research approved by the National and Regional Intellectual Disability Database Committees.

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

**Or**

Signed: \_\_\_\_\_ on behalf of \_\_\_\_\_  
(Parent/Guardian/Advocate) (Individuals Name)

In the presence of:

Signed: \_\_\_\_\_  
(Key-worker/Data Collector)



Appendix 4

# BROTHERS OF CHARITY SERVICES LIMERICK

## THE ADMISSIONS PROCEDURES CHECKLIST

**The Admissions Procedures Checklist is filled out on each individual once agreement is made that a Service will be offered**

**A signed application and consent form from parent/guardian.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**All necessary reports received.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical**

**Social Work**

**Teacher**

**Psychology**  **Speech & Language**  **Psychiatric**  **Other**

Consideration given to wishes of proposed individual

Yes \_\_\_\_\_ No \_\_\_\_\_

Not Possible \_\_\_\_\_

Admissions Team agrees appropriateness of proposed service.

Yes \_\_\_\_\_ No \_\_\_\_\_

The possible impact of the proposed new admission on present individual considered

Yes \_\_\_\_\_ No \_\_\_\_\_

Effect on current caseload and quality of service considered.

Yes \_\_\_\_\_ No \_\_\_\_\_

Required resources are available.

Yes \_\_\_\_\_ No \_\_\_\_\_

Overall service waiting list reviewed before allocating place. Yes \_\_\_\_\_ No \_\_\_\_\_

Consideration given to the Brothers of Charity Admissions Priority System

Yes \_\_\_\_\_ No \_\_\_\_\_

Appropriate placement of applicant on different waiting lists

Yes \_\_\_\_\_ No \_\_\_\_\_

Not Applicable \_\_\_\_\_

Formal Chief Executive letter sent to parent/guardian. Yes \_\_\_\_\_ No \_\_\_\_\_

Letter clearly states the service to be offered. Yes \_\_\_\_\_ No \_\_\_\_\_

Letter states clearly for how long service will last. Yes \_\_\_\_\_ No \_\_\_\_\_

Letter states any service required but not available. Yes \_\_\_\_\_ No \_\_\_\_\_

Formal Chief Executive letter sent to referring source. Yes \_\_\_\_\_ No \_\_\_\_\_

Not Applicable \_\_\_\_\_

Letter clearly states the service to be offered. Yes \_\_\_\_\_ No \_\_\_\_\_

Letter states clearly for how long service will last. Yes \_\_\_\_\_ No \_\_\_\_\_

Letter states any service required but not available. Yes \_\_\_\_\_ No \_\_\_\_\_

Form of acceptance sent to the individual/family member /guardian/authority for signing\* Yes \_\_\_\_\_  
 No \_\_\_\_\_

Medical Information Form sent for signing\*. Yes \_\_\_\_\_ No \_\_\_\_\_

Database Consent Form sent for signing\*. Yes \_\_\_\_\_ No \_\_\_\_\_

General Medical Care & Administration  
 of Drugs Consent Form sent for signing\* Yes \_\_\_\_\_ No \_\_\_\_\_

Letter of discharge details criteria and reasons. Yes \_\_\_\_\_ No \_\_\_\_\_

Not Applicable \_\_\_\_\_

Formal notification made to database. Yes \_\_\_\_\_ No \_\_\_\_\_

(Notification by \_\_\_\_\_) Not Applicable

Updated lists forwarded to Chief Executive Yes \_\_\_\_\_ No \_\_\_\_\_

Formal notification of Admission Meeting outcome to  
 Chief Executive Yes \_\_\_\_\_ No \_\_\_\_\_

\* Attendance at a service may not commence until Acceptance Form, Medical Information and Consent Forms have been signed and returned (except in extreme emergency).

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



## BROTHERS OF CHARITY SERVICES

### LIMERICK

#### CONSENT FORM FOR GENERAL MEDICAL CARE AND FOR THE ADMINISTRATION OF DRUGS FOR THOSE WHO DO NOT TAKE THEIR OWN MEDICATION

Applicants/Family Member/ guardians or next of kin are required to sign this form prior to an individual being admitted to a centre, school or residence run by the Brothers of Charity Services.

I/We give my/our full permission to have \_\_\_\_\_ (Name),  
\_\_\_\_\_ (Date of Birth) examined and treated by a medical  
doctor if this is deemed necessary while he/she is in the care of the Brothers of Charity  
Services

I/We also give my/our full permission to have drugs that are prescribed by a medical  
doctor administered to him/her by the Brothers of Charity Services staff who work in  
\_\_\_\_\_ centre, school or group home.

This consent remains valid until I/we notify the Brothers of Charity Services in writing that I/we  
are withdrawing my/our consent.

Signed: \_\_\_\_\_ Individual /Parent/Guardian/Kin

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

Signed: \_\_\_\_\_ Witness

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



**BROTHERS OF CHARITY SERVICES**

**LIMERICK**

**MEDICAL INFORMATION FORM**

**TO BE COMPLETED BY A DOCTOR AT THE TIME OF ADMISSION OF AN ADULT TO A CENTRE OR RESIDENCE RUN BY THE BROTHERS OF CHARITY SERVICES.**

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

ADDRESS: \_\_\_\_\_ Long Term Card  
Illness No: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Name of parent(s), guardians or next of kin: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Illnesses to Date (including surgery):

Infectious Diseases:	Whooping Cough	Mumps
	Measles	German Measles
	Chickenpox	Hepatitis
		Others

Vaccinations & Dates:	BCG _____	MMR _____
	DPT _____	Hib _____
	Polio _____	Hepatitis B _____
	Boosters _____	Others _____

Allergies & Drug Reactions:

Epilepsy:

Medication:

Results of significant Medical Investigations to Date:

## Physical Examination

Height:

Weight:

Skin and hair (infections, infestations):

Speech & Language:

Ears & Hearing:

Right Ear:

Left Ear:

Eyes & Vision:

Right Eye:

Left Eye:

Teeth:

Heart Sounds:

Blood Pressure:

Respiratory System:

Alimentary System (including bowel habits and degree of continence):

Genito-urinary System (including degree of continence, menstrual history etc.):

Endocrine System (Diabetes, Thyroid problems, others):

Central Nervous System:

Mobility & Co-ordination:

Orthopaedic Problems:

Other Relevant Information:

Diagnosis (if known):

Other Medical Personnel Involved:

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone No: \_\_\_\_\_



**BROTHERS OF CHARITY SERVICES - LIMERICK**

**SERVICE AGREEMENT FORM**

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

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

**Next of kin:** \_\_\_\_\_

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

**Phone No.** \_\_\_\_\_

**Date of Admission:** \_\_\_\_\_

**New Address** \_\_\_\_\_

The Brothers of Charity through a team of dedicated staff strive to provide the best possible care, training and opportunity for the personal development of each person in our services. In assigning a residential place to \_\_\_\_\_ the Brothers of Charity very much welcome and encourage continued family involvement in decision making and share care.

In order to facilitate \_\_\_\_\_'s transition from home and acknowledging his/her wishes, the services recommend a gradual induction into the program identified in his/ her personal plan.

**Policies:**

All policies informing best practice and procedures are available on request. Your attention is particularly drawn to the policies on "**The Protection & Welfare of Vulnerable Adults**" which aims to ensure the safety of Service Users and the **Complaints Policy** which you may wish to receive.

**Priority issues for** \_\_\_\_\_'s /Family

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**Support Services  
required:**

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**Frequency of Home Contact:**

Weekends: \_\_\_\_\_ Holiday  
Periods: \_\_\_\_\_ Other/  
Visits \_\_\_\_\_

**Disability Allowance:**

The Disability Allowance will need to be transferred with your family member. This can be done by returning the D.A. book to the Dept. of Social Protection with a transfer form. It is the policy of the Brothers of Charity to have the Allowance paid into a person's own Bank or Credit Union account for his/her own use. As per HSE directives, weekly payments are deducted towards household expenses.

**Medical Cards:**

For practical reasons, general medical services will be provided by the Doctor of choice in the area where your family member will be now resident. This may necessitate a change of Doctor. The Brothers of Charity will request a transfer form from the HSE.

**Health needs:**

Written permission will be sought separately for Medical treatment if deemed necessary while in the care of the Brothers of Charity.

**Travel Pass:**

To facilitate social outings and independence, it is suggested that each one has the travel pass in his/her possession.

**Contributors to Service plan** \_\_\_\_\_

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**Signed:** \_\_\_\_\_

Family Member/ Carer

\_\_\_\_\_

Manager

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





## Admissions Transfer and Discharge Appeals Form

To: National Chief Executive  
Brothers of Charity Services,  
Kilcornan,  
Clarinbridge,  
Co. Galway.

Name of Service User .....

Address of Service .....

D.O.B .....

I (name of individual appealing) wish to appeal against the following decision  
made by (Chief Executive) on (date of decision)

**Outline nature of decision:**

.....  
.....

**Reason for Appeal:**

.....  
.....

Signature of Personal making appeal .....

Date .....

Signature of (potential) service user .....

Date .....



## **BROTHERS OF CHARITY SERVICES - LIMERICK**

### **INDUCTION CHECKLIST FOR SERVICE USERS & FAMILIES**

Welcome the new person and introduce them to people that will be supporting them on a daily basis.

**EXPLAIN THE FOLLOWING TO THE PERSON AND FAMILY**

**Please tick**

**Keyworker Name**

**Keyworker Role**

**Person Centred Plan**

**Transport (if applicable)**

**Break Times**

**Safety**

**Safety Exits/Fire Drills**

**Specific Requirements**

**Protection from Abuse/Neglect/Exploitation (to who/how?)**

**To Designated Person (explain)**

**Complaints (to who/how?)**

**To Keyworker**

**To Manager**

**Managing Money – (how?)**

**Contributions to Service**

**Personal Information**

**Contact Details**

**Files**

**Confidentiality**

**Tour of Building**

**Individuals Signature / Mark**

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**Parent/Guardian/Carer's Signature**

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**Managers Signature**

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**Date**

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