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# A10 Admissions Checklist Appendix 1

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| **Name of Person using the Service:** | |
| **Date of Admission:** | |
| **Room No:** | | **Complete all references noting “not applicable” if appropriate** | | | | | |
|  | | | Tick on completion | Comments | Signature | Date |
| **Admission Process** | | | | | | |
| 1 | Referral received from Brokerage team, Hospital Discharge Team or Social Worker. | |  |  |  |  |
| 2 | Check IAS for further information that may compliment the Social Worker / Broker assessment | |  |  |  |  |
| 3 | Identification that an infection that requires a period of isolation.  Check and agree any self-isolation required with person using the service / Family members and staff team. | |  |  |  |  |
| 4 | The manager must establish whether the person is currently, receiving other services and if so, contact them to share any relevant information. | |  |  |  |  |
| 5 | Check and agree any self-isolation required with person using the service / Family members and staff team. | |  |  |  |  |
| 6 | Establish if the person has power of attorney / finance / health and wellbeing? If applicable Y/N | |  |  |  |  |
| 7 | Has a capacity assessment / Dols been completed if required? Y/N | |  |  |  |  |
| **Admission to the home** | | | | | | |
| 1 | Greet into the home | |  |  |  |  |
| 2 | Person centred care plan file / log on IAS | |  |  |  |  |
| 3 | Count and record all medications received on admission and completed a MAR sheet. | |  |  |  |  |
| 4 | Ascertain as to whether or not service user can administer own medication, if yes complete SAMS | |  |  |  |  |
| 5 | Inform chemist | |  |  |  |  |
| 6 | Inform GP of new address and ascertain whether he/she will continue to visit. If not inform service user/family. Register with new G.P. | |  |  |  |  |
| 7 | Enter on homes admission & discharge / occupancy register | |  |  |  |  |
| 8 | Gain permission from family / person who uses the service if you can take photographs of the person for the medication records Y/N | |  |  |  |  |
| 9 | Make out a personal monies book and enter on log sheet | |  |  |  |  |
| 10 | Complete the personal possessions checklist and list all valuables (Appendix 2). | |  |  |  |  |
| 11 | Order name tapes if required | |  |  |  |  |
| 12 | Notify kitchen of dietary requirements | |  |  |  |  |
| 13 | Enter birthday in diary and on kitchen list as appropriate | |  |  |  |  |
| 14 | Issue bedroom and drawer key and record on PCCP | |  |  |  |  |
| 15 | Order newspapers etc if required. Confirm payment method | |  |  |  |  |
| 16 | If requested inform church, hairdresser, solicitor etc | |  |  |  |  |
| 17 | Assign link worker | |  |  |  |  |
| 18 | Complete terms of residency and make sure contact details are correct | |  |  |  |  |
| 19 | Arrange Care Act Assessment if required (possibly would need a best interest meeting depending on outcome) | |  |  |  |  |
| 20 | Complete all necessary risk assessments | |  |  |  |  |
| 21 | Make out cardx | |  |  |  |  |