



St. Michael's House

Policy on Referral, Admission, Transition & Discharge (Adult Services)

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Versions of Policy

Version	Date	Amendments	Written By / Reviewed by

1.0 Definitions:

- New referral – where an individual, or a person on their behalf with their consent, makes a request to access adult services at St. Michael’s House (SMH). Such individuals are not currently accessing any adult service at SMH.
- Admission – where an individual is found to meet access criteria for adult services at SMH, and when the necessary funding is in place and an identified placement agreed, the referral is accepted by the New Referrals and Discharges Committee (NRDC) and the person is admitted to our services. Admission also has a specific definition under HIQA, where a person is admitted (i.e. offered and has accepted a place) to a Designated Centre under the Health Act (2007).
- Transition – where an individual is in the process of moving from one part of a service to another. This may be from Children and Young Person’s (CYP) services to Adult services, between a SMH service and an external service, or an internal transition from one adult service to another.
- Discharge
 - (a) External Discharge: where an individual is formally discharged from all SMH services i.e. their file is closed and the NRDC writes to the individual / relevant others to confirm the person has ceased involvement with our services.
 - (b) Internal Discharge: Under the Health Act (2007), an individual may choose to be discharged from a designated residential centre and move to another designated residential centre. This is an internal discharge and the paperwork for this is managed locally by the Person in Charge. It is not part of the work of the NRDC.
- Multi-Agency Arrangement: where individuals avail of both SMH services and services from an external agency (e.g. an externally provided day service, externally provided residential service etc.)
- New Referrals & Discharges Committee (NRDC): This Committee is chaired by the Director of Adult Clinical Services and meets a minimum of once per month to review all new referrals for admission to SMH services. The NRDC also manages all external discharges from SMH.
- Day Services Committee: This Committee is chaired by the Director of Adult Clinical Services and manages all requests for day services in SMH (including internal transfers and new referrals admitted via NRDC, including school leavers).
- Residential Approvals Committee: This Committee is chaired by the Director of Adult Clinical Services and manages all requests for residential services in SMH (including internal transfers and new requests).

2.0 Policy Specifics:

St. Michael's House is committed to facilitating access to services and discharge from services in an equitable and transparent manner. St. Michael’s House also works to ensure internal transfer within our services, and multi-agency support arrangements with external providers, are governed in a safe, equitable and transparent way (as part of the overall governance of the services we provide). This policy sets out the procedures for the management of new referrals, of admissions and transfers, of multi-agency support arrangements, and of discharges throughout the organisation.

3.0 Policy Statement of the Policy:

It is the policy of St. Michael's House to:

- Provide specialist services to adults with intellectual disabilities (within the moderate, severe and profound ranges) and their families
- In accordance with a Service Arrangement with the HSE
- In the specific geographical catchment areas of the organisation (see Appendix 1)
- When the necessary funding arrangements are in place and an identified placement agreed.

Adults who access St. Michael's House services have intellectual disability as their primary disability. Frequently people present with multiple disabilities including, for example, physical disability, sensory disability, autism. In terms of the organisation's catchment area, SMH provides services in North and South County Dublin. The catchment area is best defined with reference to the old HSE Community Care Areas. In North Dublin, SMH covers Community Care Area 6 (as far as the boundary with the N2), Community Care Area 7 and Community Care Area 8. In South Dublin, SMH covers all of Community Care Areas 2 and 3. Please refer to Appendix 1 for maps of these areas.

St. Michael's House promotes the right of all service users to engage in each part of a new referral, admission, transition and discharge process, and to facilitate people's understanding of the decisions involved and impact on their lives, in line with the Assisted Decision Making Act (2015). St. Michael's House recognises the central role of informed consent at all stages in these processes and expects that all service users will be fully supported to engage in making these decisions in line with their will and preference.

It is the policy of St. Michael's House to consider equitable access to service and transparent discharge from service as an integral part of service delivery. All staff should have a clear understanding of these processes. This policy addresses a broad range of situations within the organisation where situations of referral, admission, multi-agency support, transition and discharge may be considered.

It is the policy of St. Michael's House that all staff will treat all individuals and their families – at the various stages outlined above - with sensitivity and treat all information received in a confidential manner.

4.0 Purpose of the Policy:

This document describes the St. Michael's House policy on New Referrals, Admissions, Transitions and Discharges. It describes the components and processes involved in the St. Michael's House New Referrals, Admissions, Transitions and Discharges system, and the related roles and responsibilities of key people at all levels of the Organisation including day services, residential services, respite, clinical services and management.

The policy states the organisational position and agreed procedures with regard to:

1. New Referrals (i.e. new referrals to adult services in St. Michael's House)
2. Admissions to SMH residential services

3. Admissions to SMH day services
4. Admission to SMH respite services
5. Hospital Admissions and Discharges
6. Access to SMH clinical services
7. Access to SMH community support services
8. Access to MHID services
9. Transitions
10. Multi-agency arrangements.
11. School Leavers
12. Internal day and residential discharges
13. External discharges (i.e. the person is being completely discharged from all adult services within SMH)

*The reader is advised that St. Michael's House Children and Young Persons (CYP) Services have a separate New Referrals and Discharges Policy. [reference here also our linkages to CYP as referred within the policy]. This policy refers only to Adult Services.

5.0 Principles of the Policy:

The following set of guiding principles underpins the St. Michael's House Policy on Referral, Admission, Transition and Discharge. They are influenced by legislation, national policy, organisational ethos and best practice. These principles should be consulted regularly and applied by all staff, in all situations where individuals are referred to services, being considered for or commencing service, moving between services or being discharged.

In the first instance, and fundamental to being in a position to enact all other principles, St. Michael's House operates under the terms of its Service Arrangement with the HSE and all services and supports are offered in line with the resources (financial, staff, premises) made available to us.

5.1 Rights-Based: All referral, admission, transition and discharge processes respect and take full account of a person's legal and ethical rights to control their own lives and decide what happens to them.

5.2 Equity & Responsibility: St. Michael's House provides services to individuals who meet referral criteria and live within the organisation's geographic catchment, once the necessary funding arrangements are in place and an identified placement agreed. Where the demand for service (e.g. day, residential, respite, clinical) outstrips the availability of suitable, safe, quality services to meet the needs of all individuals, decisions regarding the provision of service are made on the basis of individual need and on the basis of approved funding available, as well as under the necessity to fulfil existing obligations to individuals already utilising the Organisation's services.

5.3 Quality & Safety: Services are provided in a manner that is safe, meets best standards and all relevant legal requirements.

5.4 Lifespan Approach: St. Michael's House, through its referral, admission, transition and discharge processes, seeks to promote positive ageing in place for individuals. In situations

where ageing in place (at home, in a St. Michael's House residence) cannot safely or adequately continue due to changing needs or preferences or limited availability of suitable supports or environments, the person's will and preference, decision-making capacity and consent will guide the exploration of alternatives. The same principles apply to the provision of day services.

- 5.5 New Directions:** St. Michael's House seeks to provide services and supports that are person-centred, tailored to individual need, focussed on health and personal development goals, and promote community inclusion, active citizenship, independence and quality of life.
- 5.6 Will & Preference:** Capacity to make one's own decisions is assumed in all instances. All efforts are made to establish the will and preference of each person, with regard their services. This involves: including the person in the referral, admission, transition and/or discharge process, providing them with meaningful information on which to base decisions (including meeting local managers and visiting services at a suitable stage in the process once funding is in place) and providing them with necessary supports to both understand the factors involved and express their view, as needed.
- 5.7 Consent:** All adults using or referred to St. Michael's House are presumed to have decision-making capacity to consent to service, admission, transition and discharge, until/unless the contrary is identified. Consent to service, interventions and settings is understood to be time-specific and issue-specific. A person may change their view at any point and this will be listened to and efforts made to respond in a meaningful way and in a timely manner. The consent process will be documented and recorded in the person's main file.
- 5.8 Due Consideration:** All decisions regarding referral, admission, transition and discharge are made with due care and consideration to the importance of services in the lives of individuals – their potential to add to or conversely to reduce the quality of life of the adults with disabilities who utilise them. Decisions made are timely, fair, transparent and clearly communicated.
- 5.9 Appropriate Response to Emergency Situations:** On occasion, unexpected, urgent needs arise that require a quick admission or change in service. Emergency admissions are a last resort, in situations where a person's life or wellbeing are at significant risk. Such admissions must always follow correct procedure and legality. No person, regardless of their capacity to make decisions, can be deprived of personal liberty or detained against their will, except in accordance with the law. Emergency admissions will be approved by the Chair of the Residential Approvals Committee.
- 5.10 Letters of Offer / Contract of Care:** Persons taking up a placement in a St. Michael's House staffed day service and/or residential accommodation have a right to a formal Letter of Offer and Contract of Care.
- 5.11 Fair Balance of Rights:** Persons living in a residential service or attending a day service have the right to be informed and consulted in relation to the admission of a new person. Persons should not have an unwanted change or diminution in their own service because of the needs or preferences of another person. For example, if another person requires the use of restrictive practices due to their presenting needs, all efforts should be taken to ensure these measures do not adversely impact on others living in the same house.

6.0 Persons Affected:

This policy applies to all staff, volunteers and students on placement who are involved in the provision of supports to adults and families attending or supported by St. Michael's House services.

Please refer to Appendix 2 for a detailed outline of each person's role and responsibilities.

7.0 Relevant Legislation, Regulations, Policies and Guidance Documents:

St. Michael's House provides services in accordance with the Organisation's Service Level Agreement with the Health Service Executive (HSE). Its residential and respite services are regulated by the Health Information and Quality Authority (HIQA). Operating within the context of an integrated local, regional and national network of health and social care providers, St. Michael's House adult services operate in accordance with national policies, strategies and service developments, such as those within the areas of Mental Health and intellectual Disability (MHID) and positive ageing.

SMH takes a holistic and considered approach to service provision. We commit to best evidence-based practice, informed by national and international legislation, policy and guidance, including:

- Assisted Decision Making (Capacity) Act (2015),
- Bunreacht na hÉireann (Irish Constitution) (1937)
- Deprivation of Liberty Safeguard Proposals: Report on the Public Consultation (2019)
- Disability Act (2005)
- Disability Capacity Review (DOH, 2021)
- General Data Protection Regulations (2016) & SMH Data Protection Policy (2020)
- Health Act 2007: S.I. No. 367 of 2013 & National Standards for Residential Services for Children and Adults with Disabilities (2013)
- HSE (2011) Report of the Working Group on Congregated Settings
- HSE (2022) National Consent Policy
- National Positive Ageing Strategy (2013) & Housing Options for an Ageing Population (2019) & HSE Positive Ageing Programme
- New Directions: Report of the National Working Group for the Review of HSE Funded Adult Day Services (HSE, 2012) and Implementation Plan (HSE, 2019)
- St. Michael's House ADM Policy (2022)
- St. Michael's House Consent in Practice Guidelines (2023, in draft)
- St. Michael's House Person-Centred Planning Policy and Procedures (2019)
- St. Michael's House Policy and Procedures for the Safeguarding of Adults at Risk of Abuse and Neglect (2021)
- St. Michael's House Positive Behaviour Support Policy (2019)
- St. Michael's House Strategic Plan (2022-2026)
- United Nations Convention on the Rights of Persons with Disabilities (2006)

Of note, the previously entitled "SMH Admissions, Transfers and Discharges Policy" and "SMH Transferring Clients to Private Services Policy" are now obsolete and the revised content is subsumed within this policy.

Please see Appendix 3 for an outline of the key points of relevance to this policy of each of the documents listed above.

8.0 Procedures for Implementing the Policy

8.1 Referral

Adults can make a referral themselves. An adult may also be referred by their family, GP or hospital consultant, by H.S.E. services or other disability services with the person's consent/ will and preference clearly documented. All new referrals must be supported by recent psychological reports (within the past three years) that clearly describe the individual's current level of intellectual disability including their level of adaptive functioning and individual needs. A clear indication of the type of service that is being requested must also be included. All referrals must clearly indicate the person's consent/ will and preference in relation to being referred to St. Michael's House. The SMH referral form must be completed and this can be found in Appendix 4.

The New Referrals and Discharges Committee (NRDC) considers all referrals for St. Michael's House services. The members of the Committee are appointed by the Chief Executive, and are senior managers and senior clinical staff; the Chief Executive also appoints a Chair of the Committee. The Committee is required to meet monthly. The Committee liaises directly with the Director of Operations and provides reports twice a year to the Chief Executive and Executive Management Team.

At its monthly meeting, all new referrals which have been received by the organisation are reviewed by the NRDC. In a minority of cases of significant urgency or complexity it may be necessary for the Committee to consult with the Director of Operations and/or the Chief Executive.

1. If the referral is deemed inappropriate for St. Michael's House, i.e., the person referred does not live in the catchment areas and/or does not have a moderate, severe or profound intellectual disability, the NRDC will decline the referral and inform the person who has been referred and person or agency making the referral in writing. If they can, NRDC will suggest possible alternative points of contact (e.g. HSE Day Opportunities Teams).
2. If a referral is deemed appropriate or potentially appropriate for St. Michael's House services, i.e., the person referred lives in St. Michael's House catchment areas and evidence has been provided that the person has a moderate, severe or profound intellectual disability, the chair of NRDC will liaise with the chair of the Day Services Committee and/or Residential Approvals Committee to ascertain if any appropriate vacancies exist or may exist in the near future. The relevant Director of Adult Services will also be consulted.

If a suitable vacancy exists, the NRDC will write to the person and their referral source explaining that they meet criteria for SMH and that SMH will request funding from the HSE before they can formally be accepted into the service.

A funding request form (see appendix 5) will be completed by the Day Services Committee or Residential Approval Committee (as appropriate) and submitted to the HSE. As and when the necessary funding is received from the HSE, NRDC will write again to the person and the referral source to communicate the decision of the Committee to accept the person into SMH. Following this, committee members from Day Services Committee or

Residential Approvals Committee (as appropriate) will be in touch with the person with regard to next steps.

3. In a small number of circumstances, at the discretion of the chair of the NRDC, more information may be required in relation to the person's service needs before the referral can be considered further or a funding request form completed. In such situations, an identified clinical team will be requested to conduct an assessment to identify if a particular service or set of services is appropriate for this person or to recommend an alternative service. The clinical team will inform the NRDC of the outcome of their assessment.
4. If a suitable vacancy does not exist and there is no sight of an estimated time until such a place becomes available and/or if the necessary funding is not in place, the referral may be declined. The NRDC will communicate the decision of the Committee to the person and the source of the referral, in writing.

Appeals:

In general terms, appeals are made by a person dissatisfied with the decision on their referral in St Michael's House or by a person or service representing them. Consent from the applicant will be required where a third party seeks to represent them.

A person must be in receipt of a decision letter from St Michael's House in order to make an appeal. St Michael's House will welcome appeals within 60 days. The person should then send a letter of appeal with grounds of appeal clearly set out to: CEO, St Michael's House, Ballymun, Dublin 9.

When the DoO receives notice of an appeal he/she reviews the original decision as well as any new information the person has supplied to decide whether it should be revised in the person's favour. The person will be informed of the final decision of the appeal.

If the person disagrees with the final decision, he/she can request the **Office of the Ombudsman** to examine the case. (Please see contact details below)

Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2, D02 W773

Email: complaints@ombudsman.ie.

Telephone: 01 6395600 or 1890223030

8.2 Admission

- (i) Admissions to SMH residential services
- (ii) Admissions to SMH day services
- (iii) Admission to SMH respite services

(i) Admissions to SMH residential services.

If an individual is interested in applying for a residential service in St. Michael's House or transferring from one residential service to another, they can self refer, be referred by a family member or by another agency – with their consent/ will and preference established.

Where the individual is already attending St. Michael's House services, a Social Worker will follow up on this referral and fill out the Residential Service User Profile Request template. Where the individual is new to St. Michael's House, but lives within the catchment area, the referral for residential services is processed under the New Referral procedure as outlined above (8.1).

There is a folder containing the Waiting List data for residential services which is sub divided into Internal Transfers and Home at risk. Each person on the list has a Residential Profile indicating their needs. Each residential vacancy has a vacancy profile and those on the list are matched against this to ascertain suitability.

Please refer to Appendix 6 for the terms of reference for the Residential Approvals Committee and an outline of the procedures involved, including residential consultation process, emergency approvals and short-term stays.

A person must be in receipt of a decision letter from St Michael's House in order to make an appeal. St Michael's House will welcome appeals within 60 days. The person should then send a letter of appeal with grounds of appeal clearly set out to: CEO, St Michael's House, Ballymun, Dublin 9.

When the CEO receives notice of an appeal he/she reviews the original decision as well as any new information the person has supplied to decide whether it should be revised in the person's favour. The person will be informed of the final decision of the appeal.

If the person disagrees with the final decision, he/she can request the **Office of the Ombudsman** to examine the case. (Please see contact details below)

Office of the Ombudsman, 6 Earlsfort Terrace, Dublin 2, D02 W773

Email: complaints@ombudsman.ie.

Telephone: 01 6395600 or 1890223030

(ii) Admissions to SMH Day Services

The role and function of the Adult Day Services committee is to hold, manage and agree actions regarding the requirements of adult service users with an unmet need for a day service or a need for a change/transfer of day service.

This committee meets on a monthly basis, chaired by the Director of Adult Clinical Services, to review and update the current list of service users with unmet day service need or a need for a relocation of service, based on information from service users, families and staff. The team provides recommendations and direction regarding consultation processes for any arising day service vacancies (in existing services) and due consideration to the progression of plans for new day service and service model developments, as appropriate.

All day placements across the organisation of SMH must be approved by the SMH Adult Day Services Committee. Placements cannot be agreed unless a person has previously been on the central SMH Adult Day Services List (placements cannot be organised locally).

All cases for the SMH Adult Day Services Committee must have prior approval by the appropriate Director of Service and brought to the Adult Day Services Committee for further discussion. A day service profile is required for the person requesting a new day service, so that the team can identify a suitable placement, based on the person's needs and preferences and available vacancies. Once a placement has been agreed, a formal offer letter will be issued to the service user on behalf of the SMH Adult Day Services Committee.

There is a waitlist for Day services which is sub divided as follows – Clinic Only/ School leavers / Residents with no day service / External referrals/ Internal transfers . This waiting list is notified to HSE Day Opportunities in CHO 9 in order to ensure a common list. Service users are matched against suitable vacancies and can remain on the list for future consideration.

This team works closely with the New Referrals & Discharges Committee (Adults) and liaises with the NRDC team regarding responses to external referrals and the capacity of the organisation to meet referred needs. Please refer to Appendix 7 for the terms of reference for the Day Services Committee and an outline of the process involved.

(iii) Admission to SMH respite services

St. Michael's House has two community respite houses which offer breaks to adults service users.

- Donabate Adult Respite House in located in North County Dublin.
- Ailesbury Respite House located in Dundrum, South Dublin.

Respite Houses are registered and inspected by HIQA. Residential Respite is a prioritised and resource dependant service.

Please refer to Appendix 8 for the admissions procedure to Respite Services.

8.3 Hospital Admission & Discharge

In the event of acute illness requiring treatment and/ or surveillance a service user may require admission to acute hospital services. St. Michael's House aims to work in partnership with the residential Service User, their family and the acute hospital setting to support an individual through the Hospital to return to their residential centre in a planned, safe and effective manner.

Please refer to Appendix 9 for the Protocol for Admission to Hospital Setting until Discharge and Re-Admission to a Residential Centre and supporting documentation in the event of this occurrence.

In some situations, a SMH Service User may require access to a private nursing home on a temporary basis as part of their rehabilitation after a hospital stay. In such situations, agreement should be reached with regard to the role of SMH staff (front line and clinical) while the person is under the care of the nursing home. Please refer to section 8.6 below for guidance in relation to governance within multi-agency/shared care situations. As is the case in section 8.6 below, SMH staff may (with the person's consent) share relevant health and social care information with the other service provider (e.g. clinical guidelines). However, once a person has been admitted to a private nursing home, the responsibility and governance for all aspects of their care rests with the nursing home provider.

8.4 Access to Clinical Services

People who attend St. Michael's House adult services have access to the disciplines of Medicine, Nutrition and Dietetics, Occupational Therapy, Physiotherapy, Psychiatry, Psychology, Social Work and Speech and Language Therapy. Access to clinical services is based on both individual clinical need and resource availability. The majority of individuals access clinical services via the day or residential setting.

A smaller number of existing service users receive inputs via the Individualised Clinic Only Service – where individuals attend neither day nor residential services at SMH for a variety of personal reasons – but remain linked to the organisation. An existing service user with an identified clinical need can be referred for support from the Clinic Only Team by filling out the Clinic Only referral form (available on request from the SMH Case Managers) and referrals will be discussed at the Clinic Only MDT Meeting.

Nursing has a diversity of roles in St Michael's House to support service users. This includes providing nursing care and support across a variety of environments such as residential, day, respite and specialist practice, e.g. mental health, hospital liaison, infection prevention, dementia, and palliative care. Nurse Manager on Call provide 24 hour nursing support to residential, respite and Community Support. Service users can access nursing services through their day, residential, respite services. Specialist nursing practice services operate a referral system.

8.5 Access to MHID Services

The MHID team is a distinct and separate mental health team as outlined in The National MHID Model of Service (2021). It is separate from other clinical services in SMH and has a separate route of referral and discharge, also managed through the New Referrals, Admissions and Discharges Committee. Service users may continue to access non-MHID clinical services inputs (as per above access systems, 8.4 or on occasion via non-SMH service providers) for their non-MHID related support needs.

Referrals outside of existing SMH service users must first be reviewed and accepted as appropriate for the MHID team by the SMH New Referrals Admissions and Discharges Committee (as per the process in section 8.1). Urgent referrals will be highlighted as such by the Chair of the NRDC to the Director of Psychiatry (or vice versa) and reviewed as soon as possible before being escalated back to the MHID team. The Director of Psychiatry is a member of the New Referrals Admissions and Discharges Committee.

As a referral to the MHID team is a distinct process and pathway, it is fully separate from access to other SMH services. If an application is required for SMH clinical services, day or residential placement access or respite, this can be re-applied for through the new referrals committee application process – again as per section 8.1 above.

8.6 Transition Within & Between Services

In some cases, a service user may decide that they would like to move to another service within SMH or a service may no longer be deemed suitable for a person, due to changing needs (e.g. a person's health may decline or they may require more specialised services). In such cases, an individual coordination meeting must be held to plan with the service user what is important to and what is important for them, in conjunction with the people who know the person best (frontline staff or family may be included), the management team and clinical team. Following this, a referral/ request form is completed to notify the relevant committee of the person's request or need to move services e.g. Adult Day Services Committee or Residential Approvals Committee. A member of these teams (or appropriate delegate) will then be nominated to meet with the person to explore their preferences and needs, in the context of available vacancies. If a suitable and available vacancy is identified (with funding for staffing and required resources in place), opportunities to visit and an agreed approach to the transition to the new service will be planned with the person.

When a new service is identified, resourced and agreed with the person, the chair of the relevant committee (Day Services or Residential Approvals) will formally offer the placement to the service user in writing.

People requesting internal transfers may need to join internal waitlists for day and/or residential services and their profiles will be reviewed on an ongoing basis alongside (a) other individuals waiting and (b) placement availability at a given time. Sections 8.2.i and 8.2.ii have outlined the waiting list systems in operation.

8.6 Multi-agency (external) arrangements

A multi-agency arrangement may occur when a service user requires another service from a different service provider, for instance if SMH cannot provide the type of service they require at that point in time or if a service user chooses to attend a service more local to them for part of their week.

In most cases it is preferable that the person accesses the full services of the other service provider (or from SMH) so that they can receive a full suite of supports and services under one governance arrangement (e.g. the person accesses day service, residential and clinical supports in one place).

In some cases, there will be a need for multi agency working whereby the person needs to access the services in SMH and another service provider. In this instance careful planning and support with transitions and sharing of information is required.

This type of shared service must be included in the H.S.E. service arrangement with all of the services involved. In each case it must be clear what responsibilities each service provider has and whether or not one of the service providers or the H.S.E. has overall responsibility for the provision of services to this service user.

A Data Sharing Agreement must be signed (see Appendix 10), consent sought of the person and multi-agency guidelines will be required. The DSA will be managed by the Case Manager in the case of people who access Clinic Only services and by the relevant front line staff member in other situations.

A planning meeting must be arranged between St Michael's House and the other service provider(s) to ensure a smooth work relationship and to ensure that the person's preferences and needs are comprehensively shared on a need to know basis. It is important to acknowledge that the service user as an adult is the person in receipt of the service and that their will and preference takes precedence. Due support will be given to key people in the person's life during the transition also e.g. family members.

The person and the details of their arrangement will be added to the Multi Agency Database held by the Director of Adult Clinical Services and plans for the transfer of information will follow the data sharing agreement set out (See Appendix 10). This Multi-Agency Database will be reviewed by the Director of Adult Clinical Services on an ongoing basis, and with the Directors of Adult Services twice per year.

Please also refer to Appendix 11 for Guidelines for SMH Staff involved in the provision of Multi-Agency supports.

8.7 School Leavers Pathway

Applications from school leavers are received via the New Referrals Admissions and Discharges Committee.

Each year, St Michael's House works collaboratively with the HSE Day Opportunities teams. The process is initiated by the HSE team with students with disabilities in their final year of secondary school. Usually in the autumn time, the HSE conducts an individual profiling assessment meeting with the young person and their family to identify their support needs and preferences as they are approaching adulthood.

The HSE refers the young person to the appropriate services available to them post-schooling. The HSE may make referrals to St Michaels House if a person has a moderate (or more significant) intellectual disability and is living within our catchment area. The HSE also support young people with disabilities with other referrals including CAO, Third Level Institutions and other relevant services appropriate to the person's level of ability.

Any referrals of any school leavers to St. Michael's House follows the standard new referrals procedure outlined in section 8.1.

St Michael's House and the HSE liaise closely during this process regarding the resources required for all school leaver referrals, within the context of available placements and staff vacancies, while keeping in touch with the young person and their family regarding the process.

8.8 Internal day and residential service discharges

If a service user requires internal discharge from day or residential service, an Individual Co-ordination Meeting is called by the service manager to discuss the possible discharge. An internal discharge can be for several reasons (e.g. change of needs, personal choice). The internal discharge is discussed with the service user and, where appropriate, with their family. If the service user wishes to transfer to another day or residential service in St. Michael's House, a transfer request is sent to the case manager and the process outlined under section 8.5 above is followed.

If the discharge from day service is agreed an exit form is completed by the service manager and sent to the Day Opportunities team. The SMH case manager is also notified.

If an existing service user wishes to discharge from day and residential service but wishes to continue clinical support and has an identified clinical need, the service user will be referred for consideration to the SMH Individualised Clinical Services (Clinic Only) list as per section 8.4 above.

8.9 External discharges (i.e. the person is being completely discharged from all adult services within SMH)

There are several possible reasons for discharge, including:

- the person choosing to no longer avail of the service,
- move to another service,
- move location and thus, out of SMH catchment area or
- if a person sadly passes away.
- the person does not meet our referral criteria (e.g. if a person is referred initially and further evidence later indicated that they do not meet our criteria).

In other cases a person may agree to be discharged because St. Michael's House cannot provide appropriate services.

If a person is moving to another external service, it is usually preferable for all supports to be accessed via the one service provider and for the person therefore to be fully discharged from St. Michael's House.

If an individual is being completely discharged from all adult services within SMH, the relevant Director of Adult Services should notify the Chair of the NRDC in writing of the request for discharge and NRDC will operationalise same.

Internally, both the Residential Approvals Committee and the Adult Day Waitlist Committee, would be recommending to New Referrals and Discharges that a service user be discharged, or, if that decision was taken by NRAD and the person was on either waiting list, the relevant committee would be notified.

The HSE Day Opportunities Team would be advised through the submission of an Exit Form of any discharges from Day services. The HSE would be advised of any discharges from Residential Services by way of the Monthly return.

Guiding Principles for Discharges

1. The person's consent is required for all discharges and/ or referrals to other services. This must be clearly documented in the file.
2. Consultation with family members may also be appropriate and often recommended, in line with the person's consent/ will and preference
3. All relevant assessments and information gathering must be undertaken by the local frontline and clinical team, before there is a final decision by the ASMT or the Case Management Team to make the recommendation to discharge.
4. The NRDC makes the final decision to close a file, and communicates this decision with the IT Department for My Personal Information Online (MPIO) and NASS updating.
5. The Local Team must communicate in writing with the service user and/or family, regarding the decision to discharge the individual. The NRDC will also notify the service user and family of same.
6. If the discharge involves referral to another Service Provider, all relevant reports must be sent to the relevant service provider(s).
7. The consent of the adult service user must be obtained for the forwarding of reports- this must be clearly documented.

8. At the point of actual transfer to another service all of the most recent relevant reports and guidelines must be given to the accepting agency.
9. In cases of service users with complex needs it may be necessary to hold a handover meeting in addition to providing written reports.

** In some cases a service user may have stopped being in contact with the service and St Michael's House is unable to contact her/him or family. In such cases, a familiar staff member is requested to make contact with the person and/or their family to discuss. If it is not possible to make contact, NRDC will write to the person and/or their family requesting contact within a specified time period. If contact is not received, the person will be discharged and informed in writing of this. In situations where it is considered that the service user may be at risk and no relevant disability service is currently involved the H.S.E. should be informed. The service user and/or the family should be informed that this is being done.

9.0 Detail of Policy Development/ Review process:

This section of the NRAD policy outlines the process followed for the development of the policy.

It is best practice to engage with and consult a representative sample of stakeholders who will be required to implement the policy. SMH provide services to both adults and children and there should be a synergy between policies. Therefore this policy was developed by cross-referencing existing policies in adult and children's services.

The stakeholders consulted with, in the development of this policy, included a wide representation from across adults and children's services. These included management across the service areas, frontline management, local centre management, management from both adult and children's services, front line staff, adult clinical representatives and children's clinical representatives.

In line with Convention on the Rights of People with disabilities it is important to consider at an early stage how service users can be engaged in the process of policy. The policy recognises the importance of seeking consent for all new referrals by the person and consent forms were developed along with the referral form.

A decision has been taken, to provide a summary of the policy in Easy Read in consultation with service users, as well as an accessible booklet on the services provided by SMH, to ensure a good understanding of the new referrals and discharges policy. The Easy Read information will contain the policy statement and the purpose of the policy.

A review of relevant documentation including legislation, regulations, national policies, guiding principles took place prior to this process of writing and reviewing the NRAD policy. This is outlined in section 7.0 Relevant Legislation, Regulations, Policies and Guidance Documents.

The policy will be reviewed in May 2025.

10.0 Roles and Responsibilities:

It is the responsibility of all staff in St. Michael's House to develop and provide the best possible evidence-based support in supporting people through referrals, admissions, transfers and discharges across the service.

As with all St. Michael's House Policies and Procedures, staff must adhere to their responsibilities under this Policy (**See Appendix 2**). Failure to do so will be regarded as a failure to perform their duties and may be dealt with under the relevant Human Resources (HR) framework and policies i.e., disciplinary measures may be taken.

11.0 Information Dissemination and Policy Implementation:

The contents of this policy will be disseminated in a combination of ways, including:

- An overview of the policy to be presented at Infoshare launch or similar.
- Further detail and information will be shared at PIC Cluster meetings, ASMT and CMT
- Intranet- a combination of pathways outlined in the policy will be uploaded on the intranet- i.e. transfers, new admissions, leavers/ discharges
- Relevant stakeholders will be signposted to the launch of the policy and key information available on the Infoshare and intranet.
- Ongoing development of resource/ information pack in Easy Read version for Service users about the various parts of the process.