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THIS POLICY IS FOR:	Staff including Agency Workers (temporary workers), Commissioners and Service Users

ADMISSION AND DISCHARGE

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ADMISSION AND DISCHARGE POLICY AND PROCEDURE

The aim of this Admission and Discharge Policy and Procedure is to ensure that Nursing Direct Healthcare Limited (referred to throughout this policy as Nursing Direct) manages all admissions to, and discharges from, hospital in a safe, effective, coordinated, and person-centred way. This includes people who are newly referred to Nursing Direct following discharge from hospital, as well as existing service users who may experience planned or unplanned hospital admissions during their care.

The policy aims to support continuity of care, clear communication, safe transfer of information, effective risk management, and timely planning so that each person's needs are assessed, reviewed, and met appropriately before, during, and after any hospital admission or discharge.

1. PURPOSE

- 1.1 To ensure that Nursing Direct has a clear policy and procedure to support Service Users who are admitted or discharged from hospital or respite care.
- 1.2 To support Nursing Direct to meet the Key Lines of Enquire (KLOE) and relevant Quality Statements as set out by the Care Quality Commission (CQC).
- 1.3 **Relevant Legislation**
 - The Care Act 2014
 - Equality Act 2010
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - Health and Safety at Work etc. Act 1974
 - Mental Capacity Act 2005
 - Mental Capacity Act Code of Practice
 - Health and Social Care (Safety and Quality) Act 2015
 - Data Protection Act 2018
 - UK GDPR

2. SCOPE

- 2.1 Roles Affected:
 - Registered Manager
 - Staff including Agency Workers
- 2.2 People Affected:
 - Service Users
- 2.3 Stakeholders Affected:
 - Family
 - Advocates
 - Representatives
 - Commissioners
 - External Health Professionals
 - Local Authority
 - NHS/ICB

3. OBJECTIVES

- 3.1 To ensure that Nursing Direct has systems and procedures in place to support safe admission and discharge, and support national initiatives to reduce the number of inappropriate admissions to hospital.

4. POLICY

- 4.1 Nursing Direct recognises that admission to hospital or the discharge from hospital to home can be a difficult and stressful time for Service Users. It is the right of all people using the services of Nursing Direct to expect a high standard of care, both on admission to hospital and on discharge, as well as during the transfer of care to other providers.
- 4.2 As a provider of high-quality care, Nursing Direct will cooperate fully with others involved in the care of the Service User who uses Nursing Direct will respond effectively to emergency situations and will share information in a confidential manner with all relevant services, teams or agencies in order to enable the care needs of Service Users to be met.
- 4.3 Essential to safe and effective admission and discharge planning is the full involvement of the Service User and their families or those who care for them. Nursing Direct fully endorses 'No decision about me, without me'.

- 4.4 Nursing Direct understands the importance of safe, reliable care and will ensure that good communication and continuity of care are maintained in order to achieve timely discharges and ensure that safe, necessary admissions are facilitated.
- 4.5 At all times, respect will be shown for social, religious, and cultural needs and for individuals whose first language is not English or where communication may be a barrier to their views being shared.

All protected characteristics will be treated inclusively, and support will be provided to ensure that Service Users can be at the heart of all decisions and that information is shared in an accessible format bespoke to the Service User's needs and wishes.

4.6 Information Sharing

Where information sharing is required to facilitate continuous care, Nursing Direct staff including Agency Workers will do so in line with UK GDPR and Data Protection Policies and Procedures in regard to consent and confidentiality.

5. PROCEDURE

5.1 The Registered Manager's Responsibilities

The Registered Manager will ensure that:

- Every Service User using Nursing Direct has a comprehensive Care Plan with a detailed risk assessment and a record of medical history and medication
- Every Service User has recorded details of the first point of contact in an emergency, and this is checked and updated on Nursing Direct documentation at every Service User Care review
- Staff including Agency Workers follow local procedures and have confirmed that they understand the policy of Nursing Direct and there is a clear communication process agreed between all agencies involved
- Care Plans highlight what the Service User wishes staff including Agency Workers to do in an emergency and this is recorded in the copy of the Care Plan held by Nursing Direct. Any advance decision is documented and communicated to the staff including Agency Workers involved in the Care of the Service User
- There are sufficient numbers of well-trained staff including Agency Workers available to coordinate the Care of Service User's within Nursing Direct, ensuring that Service Users have a named point of contact
- As part of the induction process at Nursing Direct, staff including Agency Workers are informed about the process for contacting Nursing Direct and who to advise in the event of Service User admissions or discharges, including unplanned or emergency situations
- Following discharge from hospital, a review of the risk assessment and Care Plan is undertaken as soon as possible, including a reassessment of medication or manual handling issues in order to maximise the safety and wellbeing of Service Users and staff including Agency Workers
- As part of the induction process at Nursing Direct, and subsequently at team meetings, staff including Agency Workers are made aware of the importance of communicating with commissioners, next of kin and other members of the multidisciplinary team

5.2 Staff including Agency Worker's Responsibilities

Staff including Agency Workers will:

- Be aware which Service Users they are responsible for
- Ensure that contact numbers for Service Users and details of their first point of contact are up to date and recorded on records at Nursing Direct
- Record immediately when the Service User is to be admitted to hospital
- Ensure that communication is clear and there is evidence of all discussions and communication
- Record immediately that they have followed the Service User's preferred process for notifying the first point of contact in an emergency, stating who they have contacted, the date and the time. Attention must be paid when the first point of contact is unable to be contacted immediately so that further attempts are made to speak directly to the first point of contact ensuring that this is recorded
- Record immediately that they have notified whoever has commissioned the care of the change to service (if it is not the Service User), recording the name of the person spoken to, the date and time and any instructions
- Record immediately if any visits are to be temporarily suspended, recording the date of suspension
- Check the dates and times of any cancelled visits and cross-check this with the staff including Agency Workers scheduled rotas. Contact staff including Agency Workers by phone advising the following:
 - Mr/ Mrs/Ms/Miss has been admitted to xxx hospital on (state date and time). You are not required to visit with effect from (state date and time) until further notice
 - Ensure that this message has been received
 - Ensure that the Service User has definitely been admitted to hospital before cancelling any planned visits
 - Ensure that the out-of-hours 'on call' service is made aware of the admission to hospital as part of the evening handover
 - Check on a daily basis with the hospital when the Service User is admitted to confirm that they are still in the hospital and check the expected discharge date
 - Ensure that all the regular staff including Agency Workers are informed when care is due to restart, and the Service User's care is restarted on the rota. They must speak directly to all staff including Agency Workers involved with the Service User and must pay particular attention in ensuring that the first visit following discharge is undertaken at the agreed care planned time
 - Ensure that accurate information with regards to the times, duration, access to property, activities to be undertaken, medication and any changes to the Care Plan are accurately communicated and that this information is updated on Nursing Direct records and that 'on call' services are made aware. Any changes or risks must be communicated to staff including Agency Workers.

5.3 Capacity and Consent

The Admission and Discharge Policy and Procedure at Nursing Direct will follow Mental Capacity Act and best interest practices. This includes providing information in accessible formats to enable Service Users to make informed choices and give consent for care. Where the Service User lacks capacity, a best interest decision will be made and outcomes recorded in the Care Plan.

The sharing of information will be carried out following UK GDPR, data protection policies and procedures.

5.4 Documentation

The Registered Manager, or a designated other, will use the review form at Nursing Direct to document changes that happened whilst the Service User was in hospital, or, if changes are substantial, the Registered Manager, or a designated other, will complete a new Care Plan. In some circumstances, this review may trigger a formal review if the Registered Manager feels they are no longer able to meet the Service User's change in need.

Staff including Agency Workers will ensure that a discharge summary is received upon transfer of care. In the absence of a discharge summary, Nursing Direct will contact the hospital ward in a timely manner to get the summary.

5.5 Hospital Admission Procedure

- Planned hospital visits must be recorded in the visit record in the Service User's home and recorded on records held by Nursing Direct
- Unplanned hospital visits will be recorded in the care records in the Service User's home and in records held by Nursing Direct. Staff including Agency Workers must notify Nursing Direct as soon as they are aware that the Service User is to be transferred to hospital
- Staff including Agency Workers involved in the care will be informed if visits to Service Users are cancelled
- The Service User's home will be left in a clean and tidy condition, and the bed will be made for the Service User's return home. Staff including Agency Workers will ensure that the property is locked and secure when they leave the premises
- Staff including Agency Workers will prepare an overnight bag/clothes and medication for the Service User, where required. Where the Service User has a hospital passport, this information will transfer with them
- Staff including Agency Workers will not return to the property when the Service User is not present

5.6 During Hospital Stay and Emergency Admissions

- The Service User's home will be kept locked and only entered if necessary
- If the door is on a latch system, then the keys must accompany the Service User to hospital
- If there is a key safe, in consultation with the commissioner, or the person responsible for organising the care, the key may need to be removed from the key safe to ensure that no unauthorised access to the Service User's home is gained. All arrangements will involve the Service User, if they have the capacity, and consent will be obtained as part of the emergency planning within the agreed Care Plan
- Contact will be maintained with the Service User's family/multidisciplinary team throughout their hospital stay to monitor progress and understand the expected discharge date (EDD), so staff including Agency Workers can be rescheduled for the return home of the Service User, enabling continuity of service
- If relatives request access to the Service User's home, then they must have signed permission from the Service User as detailed in the Care Plan
- Nursing Direct will follow The Management of Keys and Key Safe Security Policy and Procedure to ensure the safety and security of the Service User's home

5.7 Hospital Discharge Procedure

In some circumstances, the Registered Manager will carry out a re-assessment before discharge to ensure that Nursing Direct is able to fully meet any changes in need post discharge. This assessment may trigger a formal re-assessment, and where this is the case, Nursing Direct will work closely with the discharge team and commissioning partners.

If the Registered Manager is confident that they can rely on the information from the hospital on discharge and meet the Service User's needs, they do not necessarily need to see them in person.

Nursing Direct will follow current guidance which sets out how health and care systems can support the safe and timely discharge of people who no longer need to stay in hospital.

To support this process Nursing Direct will have:

- Maintained contact with the relevant hospital ward or discharge coordinator throughout the Service User's stay with regards to their progress and potential discharge dates
- Identified the capacity at Nursing Direct that can be used to support hospital discharges and liaise with the local adult social care lead
- Maintained contact with the families and/or representatives to keep updated on news and changes
- Completed a visit to the Service User whilst they are in hospital and completed the pre-admission assessment before the Service User is cared for by Nursing Direct. It is acknowledged that a visit to the Service User is the preferred option, but it is not always possible, and the review may take place over the phone. The timing of the visit to the service user is imperative and must be conducted as close to the discharge date as possible, whilst allowing for planning and preparation to take place
- Worked with multidisciplinary teams to ensure the correct packages of support are in place and equipment is available where required
- Documented the handover from the hospital to Nursing Direct must be documented
- Ensured the provision of equipment to support discharge

- Established if medication has changed since admission
- Ensured that PPE stocks are sufficient
- Ensured that a Care Plan assessment is undertaken with each new Service User during the first 6-week period
- Completed a visit to the Service User whilst they are in hospital and updated the pre-admission assessment before the Service User returned Nursing Direct .

Where there is a delay in the planned discharge date, Nursing Direct must check that there have been no additional changes in need or care

Where reablement or rehabilitation services are being provided, these should be monitored and the effectiveness of that service shared.

There may be times when a Service User has a temporary or permanent increase in care to ensure their wellbeing following a period in hospital. This may be with additional visits or a requirement for 2 staff including Agency Workers to ensure safe moving and handling practices. Nursing Direct recognises the responsibility it has as an organisation to ensure that it has sufficient capacity, and suitably qualified and trained staff including Agency Workers, to undertake specific increases in care. Nursing Direct will be transparent with the Service User as to what they are able to offer.

5.8 Chaperone Process

Staff including Agency Workers at Nursing Direct will support the Service User to manage their own arrangements as much as possible but may be required to support Service Users to attend hospital visits or be a chaperone when they are due to be admitted to hospital.

Where this care is required, Nursing Direct will directly advise staff including Agency Workers and arrange the care accordingly.

Staff including Agency Workers must ensure that Service Users are supported by:

- Ensuring that they have everything they need before attending the hospital visit/admission i.e. hospital documentation, overnight bag etc.
- Ensuring that the required means of transportation has been arranged. Where staff including Agency Workers are transporting a Service User by car, staff including Agency Workers should follow the Driving for Work Policy and Procedure at Nursing Direct. If other modes of transportation are being used, such as public transport or hospital transportation, the Service User will be escorted safely via these modes of transport
- Ensuring that the Service User is supported with any requirements on the journey, such as mobility aids. Any support must be provided in line with the Service User's Care Plan assessments
- Ensuring that the Service User feels safe whilst being escorted and providing reassurance where required

Staff including Agency Workers must ensure that they maintain the confidentiality of the Service User at all times whilst undertaking the chaperone process, in line with the Data Protection and Confidentiality Policy and Procedure at Nursing Direct. If staff including Agency Workers are concerned by anything during the chaperone process they must report it to Nursing Direct.

5.9 Out-of-hours Staff including Agency Workers

Out-of-hours and on call staff including Agency Workers will ensure a seamless transfer of information and follow the relevant procedures of Nursing Direct where the Service User has been admitted to hospital during their period of duty.

Where applicable, staff including Agency Workers will be made aware if the Service User is due to return home out of office hours and that they will be providing the first visit following a period in hospital.

Where applicable, on call staff including Agency Workers will be made aware if the Service User is due to return home from hospital whilst they are on duty.

5.10 Sharing of Information and Partnership Working

In order to ensure that Nursing Direct can provide a continuous service to support frontline pressures, Nursing Direct will:

- Update the Capacity Tracker
- Ensure that telehealth facilities are available such as the use of Skype and that other tools to access advice from GPs, acute care teams, local health protection teams and community health teams, can be provided

Staff including Agency Workers will ensure that, at all times, they comply with the Data Protection Act when sharing information or using the above sources of communication.

6. DEFINITIONS & ABBREVIATIONS

6.1 Staff including Agency Workers

6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 Nursdoc Limited

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 Discharge Summary

Hospital discharge summaries serve as the primary documents communicating a patient's Care Plan to the post-hospital care team. Often, the discharge summary is the only form of communication that accompanies the Service User

6.6 Discharge Coordinator

Discharge coordinators make sure that patients leaving the hospital or clinic will be able to continue their recovery from home or wherever they are going

6.7 Protected Characteristics Equality Act 2010


- The protected characteristics are;
 - Age
 - Disability
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity status
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation

They are defined in the Equality Act 2010 (as amended). It is against the law to discriminate against anyone because of a protected characteristic

OUTSTANDING PRACTICE

To be "outstanding" in this policy area you could provide evidence that:

- Where there are concerns about an unsafe discharge or the safety and wellbeing of the Service User is at risk, safeguarding notifications are made to Local Authorities, ICB's and other service users and CQC in a timely manner
- Incidents relating to discharge planning are investigated and any lessons learned are applied
- Staff have a clear knowledge of their roles and responsibilities to ensure continuity of care is promoted during the discharge process and PPE is utilised according to government guidance
- Nursing Direct Healthcare Limited monitors all hospital admissions and works collaboratively alongside national initiatives to reduce inappropriate admissions where possible
- Experiences of hospital discharges are positive when feedback is gathered from Service Users and staff
- Nursing Direct has strong positive professional relationships with local hospitals

COMPLETED DATE:	24.04.2026
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SIGNED:	 Marc Stiff – Group Managing Director