

GREENLANE CARE HOMES LIMITED

Residential Home for the Elderly

Tel; 016977 2345

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E-mail; [REDACTED]

*Greenlane House
Greenhill
Brampton
Cumbria
CA8 1SU*

4th October 2015

Dear Mr Woodhouse,

I am writing to you as instructed by R Chapman, HM Assistant Coroner to confirm that our Discharge Pack has been changed. It now includes the procedure to follow for an unanticipated discharge, in accordance with your letter dated 4th September 2015.
Please find enclosed a copy.

Yours sincerely,

[REDACTED]
Manager, Greenlane House

CP02 - Discharge Pack

Purpose

- To ensure that discharge is administered in accordance with the values of The Home.

Scope

- All discharges of Service Users from The Home.

Policy

- If appropriate (i.e. not breaching data protection rules), all appropriate information will be supplied to the alternative placement. The information provided must allow the placement to continue care and support, including medications, without interruption, as well as preserving the safety of the Service User at all times.
- Administration will be informed of any proposed discharge in time to allow the Service User's finances to be finalised and final accounts produced by the time of discharge.
- Where discharge could not be anticipated:

Residents must not be discharged without first consulting the Council irrespective of whether the resident is Adult Social Care (ASC), privately funded, on a temporary or permanent placement.

Prior to consulting ASC consult the individual, their family member or advocate (as appropriate), and advise that a referral is being made to ASC.

Contact ASC via the usual route; in working hours to the District Adult Social Care office Duty Desk, at other times to the Out of Hours team.

Record all discussions and decisions.

No Discharge is to be made without all relevant parties being in agreement.

- Death of a Service User will be notified to the Care Quality Commission.

Procedure

- Use the full discharge pack (attached) in order to ensure that all procedures are carried out, where appropriate.

CP02 - Discharge Pack

Discharge Notification

This form to be completed and sent to administration, fully completed, on the day of discharge.

| | |
|---|--|
| Name of Service User: | |
| Date of discharge: | |
| Discharged to (address): | |
| Reason for discharge (if deceased, include time and place of death): | |
| Final account to be sent to (name and address): | |
| Date which room is cleared/to be cleared, if not today: | |
| Was pension book handed to The Home? | |
| If yes, has it now been returned to the Department of Work and Pensions? | |
| Any other details relevant: | |

Greenlane Care Homes Ltd- (T/A Greenlane House)
Greenlane House, Greenhill, Brampton, Cumbria, CA8
1SU
Phone: 016977 2345, Fax: 016977 41221

Updated: 04/10/2015

CP02 - Discharge Pack

| | |
|--------------------------------|--|
| | |
| This form completed by: | |
| On (date): | |

CP02 - Discharge Pack

Discharge Questionnaire

| |
|--|
| If you require further short stay respite, would you come back (tick)? |
| If your answer is no, could you please tell us what you have not liked, as this will help us to improve our services for future Service User: |
| Please score on a scale of 1 to 5 your rating of the following, 5 being best, and 1 worst: |
| Attitude and helpfulness of staff. |
| The information provided to you. |
| Standard of personal care that you have received. |
| The response time when you called for assistance. |
| The range of the food on offer. |
| The temperature of the food. |
| Your enjoyment of the food. |
| The comfort of the facilities. |
| The cleanliness of your room. |
| The recreational opportunities open to you. |
| The professional care of the senior nurses/carers. |
| Were you treated with respect at all times. |
| The respect of your dignity. |
| The respect of your choice. |
| The respect of your privacy. |
| Comments: |

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CP02 - Discharge Pack

Please sign this if you are willing to do so, and indicate whether you are a relative or Service User. Thank you for your support.

Signed:

CP02 - Discharge Pack

Discharge to Alternative Placement – Transfer Details

| | |
|----------------------------------|--|
| Name: | |
| Date of birth: | |
| GP: | |
| Religion: | |
| Next of kin (NOK): | |
| NOK notified? | |
| NOK telephone number: | |
| NOK address: | |
| Social Worker: | |
| Medication: | |
| Reason for transfer: | |
| Diagnosis continence: | |
| Waterlow score: | |
| Diet and nutrition: | |
| Dressings: | |
| Risk assessment: | |
| Any particular ADL needs: | |
| Signed (state position): | |
| Date: | |

CP02 - Discharge Pack

Discharge Checklist

| Action (if appropriate – mark as N/A if not) (not in any priority order) | Date | Signature | Comments |
|---|-------------|------------------|-----------------|
| Next of kin informed: | | | |
| Information sent to other placement: | | | |
| Discharge form sent to administration: | | | |
| CQC notified of death: | | | |
| All family members notified: | | | |
| All social contacts notified: | | | |
| Social Services and CCG notified: | | | |
| Department of Work and Pensions notified: | | | |
| Hairdresser etc notified: | | | |
| Aids returned: | | | |
| Accounts finalised: | | | |
| Final account settled: | | | |
| The Home register updated: | | | |
| Medications returned: | | | |
| Room cleared: | | | |
| Benefits books sent on/returned: | | | |
| Records updated catering: | | | |
| Records updated notices: | | | |
| Records updated lists: | | | |
| Records updated laundry lists: | | | |
| Records updated medications: | | | |
| Other Service Users informed: | | | |
| Questionnaire issued: | | | |
| Questionnaire returned: | | | |