

WELLCOME CARE HOMES LTD	Reviewed March 2026
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Wellcome Care Homes is committed to ensuring that all residents are fully supported from admission to residing in the home. We have produced this policy to:-

- Ensure that prospective residents know what to expect at each stage of the admission process
- Explain the arrangements in place for the assessment of individuals' need; planning and reviewing of people's care.

Criteria for Admission

Trecelyn Court is registered with Care Inspectorate Wales (CIW) to provide 51 placements for people aged 60 and above who require Residential or Dementia Residential care but do not require Nursing care.

When a person requires a short, or long-term placement, they may be directly referred to Trecelyn Court by means of self-referral if privately funded or from the local and out of county Social Services.

Special Services and Considerations

Prospective residents and/or relatives are invited to visit prior to admission. They are welcome to have coffee, lunch or spend the day at the home to meet with staff and to gain a natural feel for the home.

The staff team will provide support to help deal with the emotional impact of the decisions to be made in moving into the care home.

We operate an 'Equal Opportunities' policy and do not discriminate.

Admission Procedure

Funding of each placement will have been previously assessed and agreed by the placing Local Authority or a Private arrangement directly with the Resident/LPA.

Once referred and, prior to admission, the manager or the Deputy manager will carry out an assessment involving the prospective resident and/or the appointed relatives. This assessment may take place at the prospective resident's home, hospital or another care setting.

The manager will liaise with other health care professionals such as GP's, social workers and/or district nurses to help determine the specific requirements needed to ensure that the home is suitable and able to meet the needs prior to admission.

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Depending on the bed vacancies at the home you may be offered a place immediately or placed on a waiting list, if appropriate.

A letter of confirmation stating that we can meet your needs will be sent to you.

New residents are accepted on a four-week trial basis whereby during this period, either party may give notice of termination of contract. This period may be extended if deemed necessary. At the end of the trial period, commissioning agents may decide to carry out a care review to assess the suitability of the placement to plan for a long-term stay.

After admission, opportunities will be available to review and discuss your placement and care, with you and/or representative or family member. This will involve a range of risk assessments to produce a care plan tailored to meet your individual physical, psychological, spiritual, social, cultural and emotional needs with a person centred and strength-based approach. The resident and the representative will be involved throughout this process and in ongoing care reviews thereafter.

Arrangements will be made by the manager to inform the residents GP of their admission into the home within 24 hours. It may be necessary to re-register with the homes GP if you are out of area. Any medication the resident has been taking, prior to admission will be continued as prescribed by their GP.

Emergency Admissions

Depending on availability of a bed at the time, emergency admissions may be arranged at the discretion of the manager; and only if your needs can be assessed and clearly met. In the event of a resident placed as an emergency admission, a copy of the homes' Statement of Purpose will be made available for you on arrival. A care plan will be developed within 24 hours based on your assessed needs and will be reviewed monthly or sooner if needed.

Documentation

On admission, personal details for all new residents will be entered into the home's Person Centred Software system. It is a legal requirement to hold this information.

A detailed care plan will be developed during the first few weeks of the persons stay using this system.

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Prior to admission a record of the 'resident's personal profile' will be completed which includes all the important information, needs and specific wishes relating to their care and choices.

Various assessments such as body weight and height; and skin integrity will be carried out on admission.

As part of the plan of care the resident/relative will be asked about his/her chosen end of life wishes, but can be documented when the individual/representative feel comfortable to do so. These details will be sensitively managed and recorded in the care plan file. Any special provisions for ethnic, cultural or religious requirements will also be documented to enable staff to acknowledge and value diverse backgrounds to help create a more welcoming and inclusive environment and quality of life.

An individual care file will be used to store all care related documents, care files and personal information electronically and securely with restricted access.

Ongoing care monitoring and care reviews

Once developed, everyone's care plan will be reviewed monthly or more often, depending on any changes in the resident's condition. Any adverse reaction/change to the care plan will result in an immediate review by the Manager/Senior Carer in charge.

- Routinely, the care plans are reviewed as follows.
 - a. Daily, during handovers.
 - b. At the end of a four-week settling in period assuming the resident continues to reside at the home

Storage of Records

Residents records will be stored in a safe and secure place. They will be held in accordance with the Data Protection Act 2018.