

Version: 4 FOI Status: Public	Derbyshire County Council - Adult Social Care & Health Home Care Failed, Aborted and Missed Calls Procedure	Originally Issued: Nov 2017 V4 Issued: May 2025 Review Due: May 2027 Author: Quality and Compliance
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Adult Social Care & Health

Home Care Failed, Aborted and Missed Calls Procedure

Version 4

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This document will be reviewed on a regular basis – if you would like to make any comments, amendments, additions etc. please email ASCH.adultcare.policy@derbyshire.gov.uk

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Aim of this Policy

As a provider of domiciliary services, we need to understand the frequency and impact of missed calls as this could have a significant impact on individuals receiving support and also on the quality and reputation of our regulated service. It is also important that as a provider we are able to learn lessons following a missed call and that we are able to respond with immediate support, investigate and put in place strategies for reducing risk.

The client accident and incident record will be used to understand where calls are missed completely, aborted or when they occur over 60 minutes outside a person's call tolerance. The data will be used alongside information from the home care systems to identify service trends and any significant concerns. The data will be available for viewing on the Direct Care quality dashboard and will be regularly monitored by operational managers and the Quality and Compliance team.

Call Tolerance

Call tolerances must be added when a new person is set up in Call Confirm Live (CCL). The scheduling tolerance is recorded under the visit plan within notes. This provides a time bracket within which the call may take place and reflects the person's actual needs and preferences. This should be used to establish the call tolerance as referred to by this policy. In the event that the scheduling tolerance has not been recorded, the system tolerance should be referred to for the call tolerance instead.

This procedure sets out the steps that should be taken in the following circumstances:

Aborted visit – where care workers are unable to provide the call due to the person either refusing entry to them or the person not being at home.

Missed call – where a call has been missed completely. A client accident and incident record should be completed even if there is no harm to the service user.

Late/ early call – where a call takes place more than 60 minutes before or after the person's scheduled call tolerance.

Escalation - reporting an aborted visit, missed call or a late/ early call

Where a client accident and incident record is required, the incident report should be started by the team leader of the scheduling team or the appropriate person from the regulated part of the service, whichever is most appropriate in the circumstances. The workflow is then completed by the registered manager who will ensure they are satisfied the necessary action has been taken.

The registered manager will decide what action, *if any*, is required and will task this to the most appropriate person. It is the registered manager's responsibility to ensure that the incident report form has been fully completed and that all actions have been identified and completed.

Abortive Visit Procedure

There are occasions where people refuse entry to social care staff.

There are also instances when a person may have been admitted to hospital or be away from

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their home for other reasons and adult care has not been informed.

The care and support plan completed by the care coordinator will incorporate contingency planning where it is known an individual may refuse entry. This will include the responsibility of the wider multi-disciplinary teams.

The contingency planning will be included within the personal service plan with any risk assessments.

All instances where social care or health staff are unable to gain entry must be recorded and alerted to the appropriate professional as identified in the contingency plan.

All actions should be recorded on the client accident and incident record.

No Response on Visit

Many people will have a key safe or other form of agreement for staff to gain entry, therefore access will be guaranteed.

In the case of gaining entry and it becomes apparent that the person may not be in the dwelling, the person making the call should take the action below. If there is no key safe (or equivalent) the person making the call should take the same steps with the exception of accessing all areas of the property internally.

- the care worker in attendance must check all areas of the property including garden areas and outbuildings
- try not to disturb anything
- inform the appropriate person on duty that the individual is not at home
- the person on duty will check Mosaic for any relevant information and attempt to make contact if the person owns a mobile phone
- the person at the property must record the visit using the radio frequency identification disk (RFID) tag using the handheld phone system
- if part of the documented contingency plan, the person at the property should check with the neighbours, to establish if they are aware of any reason for the person's absence being careful not to breach confidentiality
- the person at the property should update their colleague on duty of their actions and findings
- the person on duty must inform the person's family and/or emergency contact and offer support where necessary
- the person on duty must inform their colleague attempting to deliver the care that contact has been made and outcome – this may involve the home care worker returning to the property
- the person on duty must contact the police where there is no evidence of the person's whereabouts
- the person on duty must complete the client accident and incident record describing the incident
- the person on duty must contact the scheduling team for them to tag on an

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abortive visit

- Where the person refuses/prevents access:
- the appropriate member of staff will ensure those providing care at the property have clear guidance on a case-by-case basis through the personal service plan/risk assessment of action to follow if the person refuses access
- where access is denied, and the person appears distressed or is acting out of their normal behavior the staff member at the property should escalate to the appropriate colleague on duty
- the person on duty must try and contact the person on their recorded telephone number to establish a clear understanding if any care needs are required
- the person on duty must inform the person's emergency contact where this is stipulated in the PSP.
- the person on duty must complete a client incident and action record and input a case note alert to the care coordinator
- the person on duty must contact the person attempting to gain access and inform them of the outcome of any actions taken.
- the person on duty must ring the scheduling team for them to tag an abortive visit

Where access is denied on a regular basis and individuals are at risk, regular reviews must take place with all involved workers to ensure needs are met.

Missed Calls

Where a call is missed completely, the registered manager will make a decision about whether a safeguarding referral should be made or whether any notifications to the Care Quality Commission (CQC) are required and the client accident and incident record must be completed as described above.

Late or early calls

A client accident and incident record must be completed where a call takes place more than 60 minutes before or after a person's scheduled call tolerance (e.g., the person's call tolerance states they should receive a call between 0700-1100 but they don't receive a call until 12.01pm).

The incident report should ordinarily be initiated by the team leader in the Scheduling team. They will record information in the relevant sections and transfer to an appropriate colleague for completion. The incident form may be initiated by those responsible for the delivery of care, where they have been alerted to the incident first.

It is not necessary to complete a client accident and incident record if, *prior to the time the original call is scheduled*, an agreement has been made with the individual or their family that a call will be provided later.

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Author History

Approval and Authorisation History

Authored by Julie Butler	Direct Care Senior Project Officer	November 2017
Approved by Emma Benton	Service Manager Direct Care	November 2017
Authorised by Quality & Compliance		November 2017

Change History

Version 1	Julie Butler	Nov 2021	New guidance document
Version 2	Quality & Compliance team	July 2021	Renamed from Abortive Visits to Failed, Aborted or Missed Calls Procedure. Incorporates the updated Mosaic procedure for reporting
Version 2a	Quality & Compliance team	July 2021	Minor change
Version 3	Quality & Compliance team	June 2023	Review and update
Version 4	Quality & Compliance team	May 2025	Review and update