

Version: 1 FOI Status: Public	Home Care Scheduling Standard Operating Procedures Derbyshire County Council - Adult Social Care	Originally Issued: February 2022 V1 Issued: February 2022 Review Due: February 2023 Author: Josie Hill
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Home Care Scheduling Standard Operating Procedures Derbyshire County Council - Adult Social Care

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If you would like to make any comments, amendments, additions etc please email ASCH.adultcare.policy@derbyshire.gov.uk

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Glossary of Terms

CM (Care Management)	Software that supports our delivery of care. This is supplied to Derbyshire County Council by HAS Technology Ltd (an Access company).
CCL (Call Confirm Live)	The software that we use to create and manage our care rotas. Manages the 'visit plans' used to schedule the packages of care required by our clients. Helps us to see the visits that our clients have received, so we know if they have taken place, when they took place and how long each visit was.
CM Mobile App	The application that we use on mobile phones to access the care management software. Allows carers to access their individual schedules and tag in and out of visits.
HAS Carer Manager	This portal allows us to send a broadcast message to carers via the CM mobile app.
Maxcare	An auto-scheduling system that works with CCL to support the efficient allocation of multiple care worker calls.
CMBI (Care Management Business Intelligence)	A reporting tool that allows us to access and create reports from CCL that help us to understand quality, accuracy, and performance
RFID (Radio Frequency Identification)	These disc-shaped stickers are used to 'tag' in and out of visits at clients' houses so we know when a visit has taken place and how long the visit was.

Background and Context

Home care scheduling is the process of efficiently managing care worker community rotas to meet the needs of people requiring home care support from Derbyshire Adult Social Care.

The scheduling team has been created to deal with the administrative elements of scheduling Derbyshire County Council's (DCC) home care support. This is to enable domiciliary care organisers (DSOs) to concentrate on outcome focussed work with the people who use our services, personal service planning, and review and staff management.

It is critical that the scheduling team and DSOs work in partnership to achieve the most effective and efficient service.

This document sets out key roles and responsibilities, and procedures for specific functions. In circumstances where there is dispute around who is completing a particular task or activity, cooperative resolution should be sought locally in the context of good working relationships between the scheduling team and DSO teams.

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1. Roles and Responsibilities: Quick Guides
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1.1 DSO and Scheduling Team Quick Guide

The table below provides an overview of roles and responsibilities. There may be circumstances where local negotiation is required to resolve complex situations. It is everyone’s responsibility to ensure relevant actions are taken.

1.2 Care Worker (Community) Quick Guide

The table below provides an overview of scheduling roles and responsibilities for care workers (Community) (CWCs). It sets out who to contact about relevant issues, and how they can find information about their schedule.

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DSO and Scheduling Team Quick Guide	
DSO Roles and Responsibilities	Scheduling/Capacity Team Roles and Responsibilities
Line management tasks Agreeing leave/sickness (section 9 of this document) Managing training, supervision and professional development of CWCs (section 9)	Administrative scheduling tasks Running Maxcare (section 6) Scheduling calls within availability and updating schedules to respond to changing service needs at the request of DSO (section 6) Mileage payments
Issues or enquiries relating to the person's needs or delivery of care and support Reviewing the person's support and MDT working (section 10) Responding to changes in need and updates to visit plans (section 11)	Issues or enquiries relating to carer's schedule Real time alert monitoring of attendance at calls (section 8 and section 12) Making required schedule changes (section 10)
Establishing new people into the service Confirm that the service can meet the needs of new support sourced by the capacity team (section 3) Ensure carers have access to the appropriate information about the person and their needs. (section 3) Designing the visit plan (section 4)	Scheduling for new people on the service Capacity team identify capacity for new care requests (section 3) Schedulers adding new people onto Call Confirm Live (CCL) and schedule their calls for the agreed period (section 4)
Deciding and reviewing carer availability Providing information about new CWCs (section 5) Forward planning to match employee availability to the needs of the service (s7.3) Supporting trouble-shooting of unassigned visits (section 13)	Updating CCL to reflect carer availability
Quality Assurance relating to quality of care (section 15)	Quality Assurance that relates to quality of scheduling and rotas (section 15)

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Care Worker (Community) Quick Guide

Your Schedule (see [section 7](#))

- You can see your live rota through the Care Management (CM) App on your work smart phone. If you don't have your mobile phone or it's not working, contact the scheduling team who will give full details about your schedule.
- Remember to refresh the CM app before any planned shift and after each call, to make sure you're seeing the most up to date version.
- If changes are made to your schedule during your shift, or if your first visit is amended less than 24 hours before your shift, the scheduling team will phone you and send a broadcast message.
- You are expected to be available throughout your shift, even if you have gaps. You may be allocated additional calls in this time.
- The scheduling team won't allocate visits outside of your planned working pattern without your DSOs agreement.
- The Radio Frequency Identification (RFID) Tags within people's homes help the scheduling team to know if the scheduled visits are off track and help to ensure you and the person are safe and well ([section 8](#)).

Short-Term Service Rotas:

- The short-term service provides a timely response to people requiring support in the community. It offers goal-focused support which steps down over the course of their service. In order to offer this valuable service to as many people as possible, schedules need to be regularly adjusted to accommodate new people entering the service and changes to a person's level of independence.

When to contact your DSO

You should go to your DSO or a duty DSO if your contact relates to the following*:

- the person's welfare/changes in need or circumstances ([section 10](#))
- your ability to meet a particular need or your ability to provide care for a particular individual/call ([section 10](#); [section 11](#))
- your wellbeing (e.g. accidents/incidents/sickness) ([section 12](#))
- leave or absence requests or changes (planned or unplanned) ([section 9](#))
- training, supervision and support ([section 9](#))
- changes to your rota pattern or work location ([section 5](#); [section 7](#))
- pay/contract queries - *see indicated sections for more detail

When to contact Scheduling team

You should contact the scheduling team if your contact relates to the following:

- your schedule or access to information about your schedule ([section 5](#); [section 6](#); [section 7](#); [section 12](#))
- for support to tag in and out of visits ([section 8](#))
- delays or changes to the delivery of your schedule ([section 12](#))
- responding to a request to cover amended/additional calls ([section 13](#))

*see indicated sections for more detail

When might you be contacted by the Scheduling team(s2):

- if you are on shift that day, the scheduling team can contact you directly
- if you're not on shift, the scheduling team can contact you if a DSO has agreed this
- if you're on leave, a DSO or service manager may contact you. A scheduler will only contact you in exceptional circumstances if directed by DSO or service manager

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2. Contacting Key Partners

2.1. Contacting the Scheduling Team/Capacity Team

The scheduling and capacity team should keep a clear rota of who is on duty on each date. This should be shared with key partners.

For CWCs and people who use the service, a central telephone line is available to contact the scheduling team: 01629 533500.

DSO requests for changes on CCL should be made via the 'DSO Scheduler Tracker' for the relevant agency. Details should be completed in full, including the date and time of the request. And priority should be indicated clearly and accurately, see table below:

High	Action must be completed within one hour
Medium	Action can be completed within the next 12 hours
Low	Action can be completed after 12 hours
N.B. Where a response/action is required immediately, contact should also be made with scheduler/team leader on duty via Microsoft (MS) Teams.	

P&P/Hospital Teams should contact a team leader on shift via the capacity email address: ASCH.hcstlcapacityrequest@derbyshire.gov.uk

For any urgent contact, where a response/action is required immediately, contact should be made with the team leader/scheduler on duty via MS Teams.

2.2 Contacting the DSO or Duty DSO

DSOs should keep a clear rota of who is on duty on each date. This should be shared with key partners.

DSOs are responsible for making sure that they are available via phone or MS Teams whilst they are at work.

Contact should be made with the patch DSO or a duty DSO if they are not available. It is expected that a duty DSO will take any short-term actions and will pass any medium or long-term actions to the patch DSO to follow up.

2.3 How to contact Care Workers (Community)

Contact details for CWCs are saved in the CCL system. These should be kept up to date and include both work and personal mobile phone numbers.

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2.4 Contacting the Carer with Requests:

CWC is on shift at any time on the day of the contact.	Scheduling team can contact directly
CWCs who are not on shift but are not on leave.	The scheduling team can contact the CWC with the permission of the DSO. Local arrangements can be made to provide this permission in advance. DSO's may prefer to make this contact themselves and should advise the scheduling team when this is the case.
Where it is necessary to contact CWCs who are on leave.	DSO or direct care service manager should do this In exceptional circumstances, the scheduling team can make this contact if they have explicit instruction from the DSO or direct care service manager

2.5 Notifying the Carer of Changes to their First Visit:

Where the CWCs first visit is amended less than 24 hours before their shift, the scheduling team must phone them to notify of this and a patch broadcast must also be sent.

2.6 When to Escalate to a Service Manager

Escalation to the direct care service manager would take place where it has not been possible to obtain an urgent DSO response, and/or where escalation processes are required for unallocated calls.

Escalation to the home care scheduling service manager should be made where there is a risk to the delivery of a safe and effective service, and/or a change/decision is required that requires a strategic response due to impacts across multiple areas/functions.

3. Decisions about People Entering the Service - Capacity

3.1 See Care Hub Mosaic Guidance for full details of the Mosaic workflows accompanying this decision-making process.

3.2 Referral Route for Short-Term Service Requests

The capacity team (a function of the scheduling team) must receive all new request for short-term service. Dementia teams and Extra Care teams receive requests directly.

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3.3 Information from Referrers (P&P or Hospital Discharge Teams)

Referrers must identify the care and support needed and indicate the required start date. This is the date by which care needs to start to safely respond to the individuals needs or situation.

Referrers should also indicate whether any of the calls could be covered by alternative or informal support. This is helpful if formal support cannot be sourced for all the care calls requested.

Sourcing Capacity

3.4 The capacity team will review the request and identify capacity for the required care. They will triage and prioritise the work in accordance with prioritisation guidance. This guidance may be adjusted by agreement with the scheduling service manager to respond to the changing needs of the service.

3.5 Where capacity for the requested calls has been found, the capacity team will pass through to DSO to agree the care and support.

DSO should review the assessment and plan from the referrer to decide whether they are able to meet the person's needs. Where this is unclear, the DSO must liaise with the referrer in making this decision.

3.6 Partial capacity is where a small number of the required calls are uncovered across a seven day period. This should be considered on a case by case basis but should generally be explored where 70% of the calls are covered.

Where the capacity team identify partial capacity for the requested calls, the capacity team will liaise with the referrer to determine whether this would be acceptable to meet the person's needs. Where the Capacity team are accepting partial capacity on this basis, they should contact the DSO to alert them to this.

The DSO must liaise with the referrer to consider whether this could sufficiently meet the person's needs at the start of their short-term service.

3.7 Where the capacity team do not find capacity for the requested calls, the request is passed through to the Brokerage team to source short-term private voluntary independent (PVI) sector support.

3.8 Working Together

It is critical all referrals and decisions about capacity come through the capacity team. Although DSOs can see schedules and give advice to referrers on these, they are not able to see the other capacity requests that are already in progress. Referrers coming directly to DSOs should be advised to complete the usual process to refer to the capacity team before a decision is made about provision of services.

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The capacity team should lead on decisions around whether there is available capacity. There may be occasions where the DSO has additional area knowledge which they feel may impact the proposed schedule. In these cases, the DSO should discuss this with the capacity team before declining the service.

The DSO should lead on decisions about whether the service and proposed calls can meet the person’s needs. The DSO should liaise with the referrer where there are concerns about the service’s ability to meet the person’s needs.

4. Adding New Clients onto Call Confirm Live (CCL)

4.1 Adding New Clients

The DSO confirms a new client by sending the ‘start date confirmed’ workflow step to the scheduling team in Mosaic.

This workflow step should include the person’s schedule as designed by the capacity team, the start date, and any essential information that should be added into CCL for carers to see at their first visit.

The scheduler adds the new client onto the rota from the start date identified and transfers any essential information identified by the DSO onto CCL in their access information or client information.

4.2 Visit Time Tolerances Guidance

Visit time tolerances are the amount of time the visit can be adjusted either side of their existing schedule.

The DSO must advise the scheduler of any tolerances to add to their CCL record. This should be where the person has a specific need requiring bespoke tolerances. Where no tolerances have been identified, these will be set in accordance with the template tolerances agreed with the area.

The scheduler must set up these ‘tolerances’ when they are creating the person’s initial record on CCL.

4.3 Specific Carer Requirements

The DSO must inform the scheduling team where the person has specific requirements for their carers. This may include, but is not limited to, carer gender and carer training. The scheduling team will update the person’s CCL record to reflect these requirements.

Named carer exclusions should be avoided where at all possible because this can significantly increase the possibility of the person having uncovered visits. Where a named carer exclusion is requested by the person or their representative, the decision about applying the exclusion must be made by the DSO and authorised by the direct care service manager. The DSO must inform the scheduling team of any exclusions required

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and the scheduling team must update the person's CCL record to reflect this.

4.4 Ending Clients

The DSO notifies the scheduling team of planned and actual service end dates. This should be undertaken in a timely manner to maximise the visibility of capacity within the service.

The scheduler amends the person's record to end scheduled visits on the agreed date and time and close the person's record.

The DSO must ensure the RFID Tag is retrieved for reuse.

4.5 Amending Clients

The DSO must let the scheduling team know where amendments are required to the person's record or requirements in CCL and the scheduling team must update the CCL record accordingly.

5. Care Worker (Community)'s CCL Record

5.1 Adding Carers:

DSOs complete recruitment and line management activity, and inform schedulers of a new starter, their details, and their working pattern.

Schedulers create the carer's record in full in CCL.

5.2 Ending Carers

DSOs complete leaver and other line management activity and inform the schedulers of the leaver and the relevant dates.

Schedulers amend the carer's record in CCL.

5.3 Amending Carers

DSO agrees any changes to a carer's details, working pattern, patch etc and takes appropriate line management and HR actions. DSO informs schedulers of these changes.

Schedulers amend the carer's record in CCL.

Where this involves changing a working pattern or changing agency, changes should start on a Monday.

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6. Scheduling Visits on CCL

The scheduling team are responsible for recording planned care visits on to the CCL system.

6.1 Where the CWC is Assigned to Work in a Different Location

DSO should make any decision for CWCs to work in a different location.

The DSO should notify the scheduling team where a CWC based in a home care team is instructed to work in an establishment or Extra Care.

The scheduler should assign the CWC to an establishment “working shift” and updates CCL Extra Care by allocating to “a carer worker from another division”. Please see below advice about receiving rotas and tagging in and out of shifts.

6.2 Shadowing Shifts

DSO informs CWCs and scheduling team of the shadowing period, identifying who they want the worker to shadow.

Scheduling team manually input shadowing period into CCL at the time and date planned (see detailed guidance for how to code these entries).

6.3 Using Maxcare

Maxcare is an auto-scheduling system that aims to support the efficient allocation of multiple calls. It is run by the scheduling team.

Each home care area has an area-specific scheduling approach that makes the most of the Maxcare system whilst meeting their local scheduling needs. Please refer to area protocols for further details.

6.4 What DSOs Should do to Ensure that Scheduling and Maxcare Run as Efficiently as Possible:

Match carer availability to local service demand.

Record carer availability accurately in CCL, to be as close to contracted hours as possible.

Create and maintain effective visit plans. Tolerances should reflect the person’s needs and be in line with effective parameters. Exclusions should only be used where critical. Notify the scheduling team promptly of any CWC sickness/leave, so the system is as up to date as possible.

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7. CWC Schedules

7.1 Short-Term Service

The short-term service provides a timely response to people being discharged from hospital or requiring support in the community. It offers goal-focussed support which steps down over the course of their service. To offer this valuable service to as many people as possible, it is essential for schedules to be regularly adjusted to accommodate new people entering the service and changes to a person's level of independence.

7.2 Information about your Rota

Care workers (community) will be able to see their live rota through the CM app on their work smart phone

- 7.3 Before any planned shift, CWCs should refresh their app to see the most up to date version of the rota.
- 7.4 After each visit, CWCs should refresh their app to confirm their next call.
- 7.5 Where changes are made to CWC rota during the shift, the scheduling team must phone them to notify of this and a patch broadcast must also be sent.
- 7.6 Where the CWC's first visit is amended less than 24 hours before their shift, the scheduling team must phone them to notify of this and a patch broadcast must also be sent.
- 7.7 The scheduling team must not allocate CWCs any visits outside of their planned working pattern without prior discussion and agreement from the DSO.
- 7.8 If a CWC does not have any scheduled visits during their available working hours they will be expected to be available to respond to unallocated availability.
- 7.9 If the CWC does not yet have a mobile phone, they should contact the scheduling team who will give full details about their rota.

7.10 Care Worker (Community) is Unable/Unwilling to Cover Allocated Visits

The CWC must call their DSO where they feel that they are unable to cover visits which have been allocated to them.

The DSO determines the reason and decides whether this is a reasonable request. If they decide it is reasonable, the DSO must contact the scheduling team to discuss implementing this as a one off and establish whether calls can be reallocated. scheduling team will update CCL to reflect agreed changes.

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8. Tagging In and Out of Visits (Using RFID Tags)

- 8.1** The DSO should register the RFID tag and ensure that this is in the property before the first visit.
- 8.2** CWCs must tag in and out of visits as described. This information is used to action their pay and mileage. It also ensures the safety of the carer and the client by keeping an up to date record of the care calls that have been delivered.
- 8.3** CWCs should use their work smartphone and CM app to tag in and out of visits. They should tag in as soon as possible at the start of their visit, and tag out just prior to leaving the property.

8.4 No RFID Tag at the Property

CWC must telephone the scheduling team if there is not an RFID tag at the property.

The scheduling team will manually log them in and out of the visit. They will record the reason for the manual tag and contact the DSO to advise that a RFID tag is required at the property.

8.5 Missing RFID Tags

If a CWC tags at a person’s house but the RFID has not been entered on the person’s record, this will create an unknown client. This results in care workers not been able to see anything in their calendar view on their mobile app.

The scheduling team will contact the CWC to determine who they were visiting at those times and align the visits and RFID tag (see detailed guidance for how to action this).

8.6 Exceptions Report

The scheduling team should review the exceptions report daily to identify missed, incomplete and unmatched visits.

8.7 No Mobile Phone (or Phone Broken/Not Working)

CWC should contact the scheduling team at the start and end of each visit, where they do not have access to a working phone or the CM app.

The scheduling team will manually tag them in and out of visits.

The CWC should report this to their DSO, who will provide the mobile phone guidance and attempt to resolve locally.

If the worker is an extra care worker providing support in the community, the DSO must add the milage and working time to the ‘missing hours’ spreadsheet to ensure that they are paid.

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8.8 System/App Failure

If CCL is not running on mobile devices, the RFID tag process will not work. During these periods the scheduling team must telephone CWCs to obtain information for tagging in and out of visits manually.

8.9 CWC Assigned to Work in an Establishment

The CWC must swipe the RFID tag at relevant establishment at the start and end of a shift. This is usually behind the door in the office. There is no need to swipe for individual clients, these should be recorded manually by the Extra Care DSO.

8.10 Tagging in and out of Cohabiting Clients

The CWC must tag in using client A and tag out using client B. They should then call the scheduling team notifying them to update both records.

8.11 Tagging for Shadowing Visits

For new CWCs this shadowing is coded as 'training' and the CWC does not need to tag in and out of calls. This should be processed in the same way as other training.

For established CWCs who are undertaking shadowing for their development/return to work, the shadowing CWC must tag in and out of visits as normal.

8.12 Where Tag In/Out has been Missed

The CWC must contact the scheduling team when they realise they have missed a tag in or out. They must advise the scheduling team of the missing tag time.

The scheduler will update CCL.

Where a scheduler identifies the missing tag, they must contact the CWC for more information and will update CCL.

If this is a frequent occurrence for a particular CWC, the scheduler will alert the DSO.

9. Care Worker (Community) Leave and Absence

9.1 Annual Leave or Other Planned Absences

CWC must agree leave with DSO.

Before agreeing annual leave, the DSO must ensure sufficient staff cover is available.

Where planned absence is agreed, the DSO will notify the scheduling team of dates.

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The scheduling team input this into CCL and re-schedule the affected calls. Where any concerns are identified about capacity in the patch as a result, the scheduler will inform the DSO.

9.2 Sickness

The CWC should notify the scheduling team immediately of sickness in order that alternative cover can be sought for the CWC's care calls.

Between 7am - 10pm the CWC must contact the Scheduling team directly. Outside of these times they should contact Call Derbyshire.

The scheduler takes details of dates, records this in CCL and takes action to reschedule the CWC's visits. They then transfer the call to DSO.

The DSO records and discusses sickness and notifies the scheduling team about anticipated length of sickness and provides regular updates on this to support appropriate cover being sought.

The DSO records sickness on the 'inform' system.

9.3 Special/Medical Leave

DSO must approve special leave/attendance at medical appointment. The DSO then notifies the scheduling team.

The scheduling team input absence and reschedules affected calls, assigning manual visit as 'medical appointment' where applicable.

[\(See Sickness Absence Policy and Guidance\)](#)

9.4 CWC Training

DSO must agree training. Before agreeing training, the DSO must ensure that sufficient staff cover is available.

The DSO notifies the scheduling team about any planned training who in turn update the CCL record.

(Additional development is underway to streamline the recording and display of training information. This guidance will be updated to reflect this once in place).

9.5 Bank Holiday Working

DSOs should plan for their team's bank holiday working across the year to ensure there is a fair distribution. DSOs must alert scheduling team where CWC's free day falls on a bank holiday.

The scheduling team updates CCL so they can assign Bank Holiday entitlements to an

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alternative free day and enter 'Bank Holiday Not Working'.

10. Changing or Cancelling Planned Visits

10.1 Request to Amend Call Timings

If the client contacts the scheduling team for a one off amendment of their call time the scheduling team should accommodate this where possible,.

If the request is for more than a one-off amendment, the scheduling team should pass this request on to the DSO for their decision.

Where the DSO has agreed to amend further call times, they must advise the scheduling team. The scheduling team should amend the visit plan and re-allocate calls where required and discuss with the DSO where this creates any scheduling conflicts.

10.2 Request for an Additional Call from Client:

The scheduling team should pass the request through the DSO for their decision.

DSO must advise the scheduling team for action if they agree an additional call. They should also let the client know and update Mosaic records accordingly.

The scheduler should update CCL to reflect any changes and allocate/re-allocate affected calls.

10.3 Request for Call Cancellation from Client or CWC

The DSO must agree any call cancellations. If the request comes into the scheduling team they should contact the DSO. The DSO must update the scheduling team of any changes to calls agreed and update Mosaic records accordingly. The scheduler must update CCL with any changes agreed.

10.4 CWC Wants to Change Visit Plan or Rota'd Worker

The CWC should contact scheduling team.

Where this change is to meet a need or requirements of the client receiving the service, the scheduling team can make a one-off change and notify the DSO.

If there is a pattern of similar requests, the scheduling team should notify the DSO.

Where this change is not about the person's needs or requirements, the scheduling team will decline this request and pass the CWC on to the DSO.

The DSO should contact the scheduling team to advise them of any request changes to calls.

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11. Changes in the Person's Needs or Situation

11.1 Unplanned Hospital Admission

DSO should be notified where a person has had an unplanned admission to hospital.

Short-Term Clients: visits should be suspended for up to 72 hours. If the person is coming home within 72 hours, the DSO must advise scheduling team of restart date and restart visit.

Interim/Long-Term Clients: visits should be suspended for up to 14 days. If the person is coming home within 14 days, the DSO must advise scheduling team of restart date and restart visit.

If the person is not coming home within this time frame, the DSO should advise the scheduling team to end the service. DSO updates the Mosaic record and closes their involvement on Mosaic and arranges collection of the personal held record and RFID tag.

The scheduling team end the service in CCL.

11.2 Urgent Change in Client Condition or Care Concerns Reported by CWC During the Visit

The CWC rings emergency services immediately, if appropriate.

The CWC must contact the DSO to advise them of the situation.

DSO must alert the scheduling team of any changes in the person's visit plan or delays caused to scheduled calls.

Scheduler contacts any clients affected by delays to advise them of delayed calls and anticipated arrangements for their call.

11.3 Care Concerns Reported to the Scheduling Team

If the scheduling team are made aware of concerns about the client's needs or safety, or they receive information that indicates a safeguarding concern, the scheduling team must:

- i) record as much detail as possible about the concerns
- ii) share this information immediately with the DSO and team leader, and;
- iii) case note the contact.

11.4 Service Stops and Starts

Service stops and starts must be agreed by the DSO. They must record this in Mosaic.

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The DSO must notify the scheduling team.

The Scheduling team update the CCL.

11.5 Person has Died

CWC must contact the DSO if they are the first to know.

The DSO must advise the scheduling team of service end. The DSO should update the person's Mosaic record and follow service stop arrangements.

The scheduling team should amend the person's record on CCL and review the rota to ensure efficiency. They should ensure that CWCs due to visit are aware that calls have been ended.

11.6 Person not Answering the Phone to the Scheduling Team.

Where it has not been possible to reach a client over the phone, the scheduling team should review case notes in Mosaic to check for information about the person's whereabouts or warnings about contact. If any existing contact protocols are recorded on the person's record these should be followed.

The scheduling team will continue to try for up to three times in 30 minutes.

Where contact cannot be made, the scheduling team must alert the DSO of the information for their decision about appropriate follow up.

12. Visits Not Undertaken as Planned

12.1 Aborted visits

Refer to the ["Home Care Failed, Aborted and Missed Calls" Procedure](#)

If the carer simply requires information about the person's key safe or other access details on record they should contact the scheduling team.

12.2 CWC Delayed

CWC must notify the scheduling team where they are delayed for their scheduled visits.

The scheduling team will notify the client/s to advise them of delayed visit time. They will update CCL, recording the reason for the delay.

12.3 Adverse Weather

CWC must notify the scheduling team where they are having difficulty undertaking planned visits due to adverse weather.

The scheduling team should establish whether the CWC can get to the planned visit. If

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yes, the Scheduling team notifies the client of any delay.

If no, the scheduling team reassigns the visits, notifies CWCs and clients affected.

12.4 CWC Accident

CWC must notify the DSO where they have had an accident whilst on shift or on their way to their shift.

The DSO takes the details of the incident and decides on any additional support required for the CWC. If this is dealt with by a duty DSO, they must hand-over to the CWC's DSO.

The DSO contacts the scheduling team where this impacts planned visits and the Scheduling team reassigns the visits and notifies CWCs and clients affected.

12.5 Late/Missed Visits

See CWC delayed and refer to the [Home Care Failed, Aborted and Missed Calls Procedure](#) for reporting processes.

13. Unassigned Visits

13.1 The Scheduler Should do the Following when Responding to Unassigned Visits (in this order):

1. Explore assigning to CWCs indicated as available during the call time/s on CCL.
2. Contact CWCs who are currently on shift in the patch and neighbouring patches to seek additional capacity.
3. Seek DSO confirmation of which CWCs in the patch and neighbouring patches can be contacted on their rest day to seek additional capacity. Contact these carers.
4. If this has not resolved the issue, escalate to team leader. This must also be escalated to team leader where the unassigned visit is due to take place within 24 hours.
5. The team leader should do the following when unassigned visits have been escalated to them (in this order):
6. Ensure the scheduler has exhausted the above options.
7. Escalate as soon as possible to the DSO providing the details of the client whose calls are unassigned, their PIN, and the calls that are left uncovered.

Where possible, this should be a telephone/Teams conversation and the

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information should also be shared in writing with a copy sent to the relevant direct care service manager.

This must also be escalated to the DSO immediately where the unassigned visit is due to take place within 24 hours, even if the team leader is still taking action to resolve the issue.

13.2 The DSO should do the following when unassigned visits have been escalated to them (in this order):

1. Contact CWCs, including those who are on rest days, to explore availability to offer support.
2. Seek cover from carers who are on annual leave/absent on the date/s required.
3. Look at the following business continuity actions:
 - liaise with other DCC services to identify additional staffing resource to cover
 - discuss with direct care service manager where resource from other services or additional/alternative resources require authorisation (e.g. taxis)
 - work with the person, their informal carers and P&P Workers to agree any necessarily alternative arrangements to meet the person’s needs in lieu of the planned call
4. Refer to local Business Continuity Plan.

See [Appendix 2 – Unassigned Visits Workflow](#)

14. Technical Problems

14.1 CCL System Failure

The scheduling team leader should contact HAS Technology for assistance

If the system remains down, the scheduling team can use the Care Management Business Intelligence (CMBI) report for the shift. The team leader must inform Scheduling service manager, direct care service managers and the project team.

Whilst CCL is down, the scheduling team must contact all carers on duty to obtain their times for checking in and out of visits. See [section 9](#).

14.2 CWC has no Working Mobile Phone/CM App

If the concerns relate to functionality of the CM app, the CWC should use the trouble shooting guidance in the first instance to try and resolve. Where this is not resolved,

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contact the DSO for additional support. If still unresolved, contact the Project team for further support.

Where it remains unresolved, the CWC informs the scheduling team who will provide a list of their planned visits for the shift.

See also [section 9](#) in relation to tagging in and out of visits.

15. Quality Assurance

Detailed below are the regular quality assurance activities required in relation to home care scheduling. Ad hoc additional activities may be required where specific issues arise.

15.1 DSOs: Quality Assurance that Relates to Quality of Care:

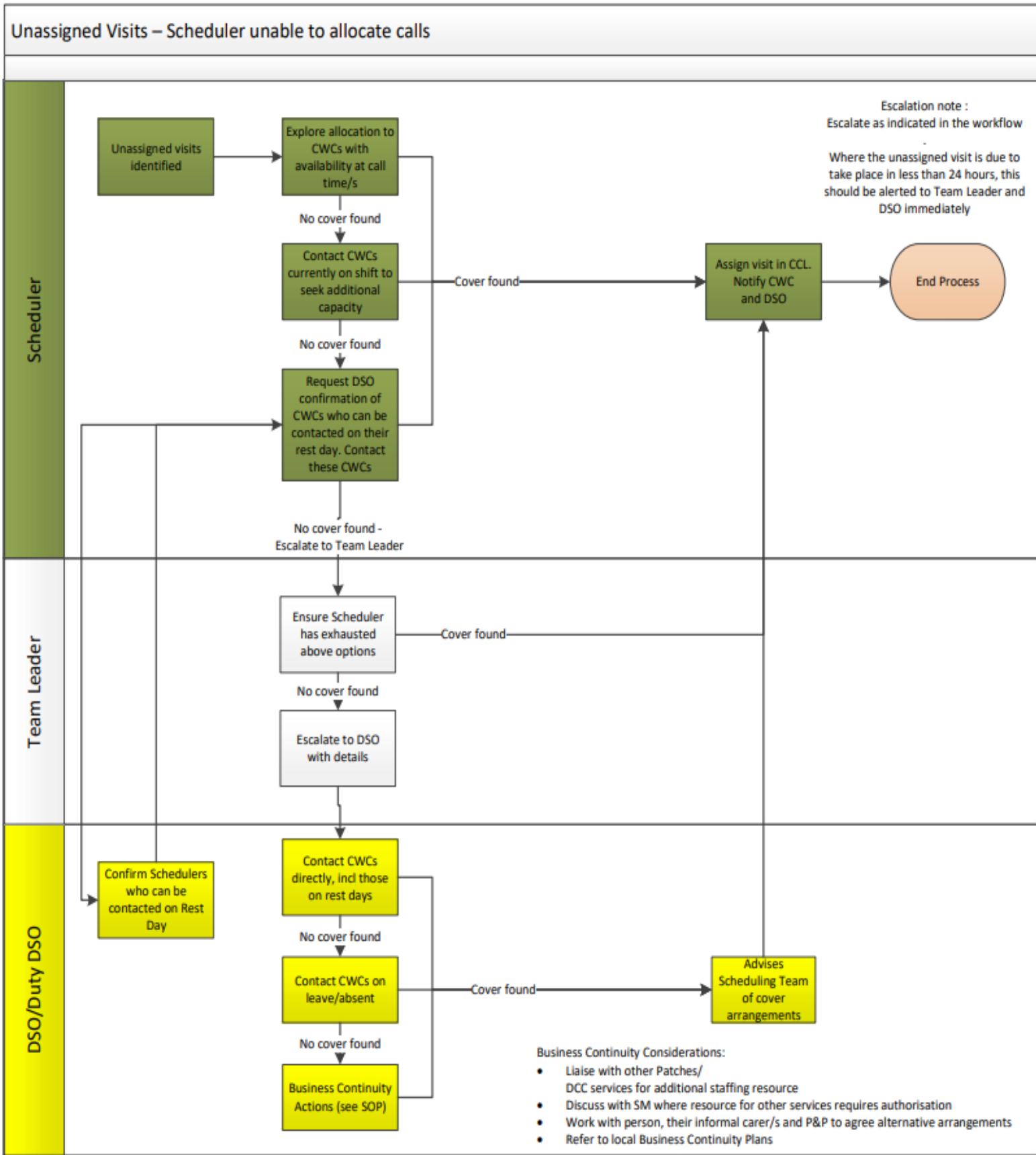
- review of missed/late call trends
- review of actual vs planned calls
- review of actual vs contracts hours
- review of training reports and ensure all staff are booked on essential training
- check of purchase order accuracy check and direct care trading invoices
- lead on service continuity responses (winter pressures, hot weather, epidemics, system failure)

(These tasks only pertain to home care scheduling – please see wider quality and compliance information for full details of DSO roles and responsibilities).

15.2 Scheduling Team: Quality Assurance that Relates to Quality of Scheduling and Rotas

- ensuring carers are tagging in and out of visits
- review 'exception' report (missing tag in or out of a call) and update exception data
- managing inactive client tags (RFID)
- zero travel time journeys check
- respond to missed/late calls
- mode of transport information missing report
- key fields, SAP reference missing/mismatched in carer record reports
- sickness mismatch between CCL and Inform (Project team)escalating concerns about service continuity
- providing support to DSOs with finding and running reports

Appendix 1 – Unassigned Visits Workflow



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Author History

Approval and Authorisation History

Authored by Josie Hill Service Manager for Home Care Scheduling / Capacity Team February 2022

Approved by Senior Management Team February 2022

Authorised by Helen Jones Strategic Director of Adult Social Care February 2022

Change History

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