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| Adult Care and Quality Standards |
| **Adult Management Service**  **Duty Protocol** |
| Adult Social Care  Peoples Services |

**Duty Protocol**

**Introduction**:

The purpose of this protocol is to describe Adult Care Management Duty system, including:

1. Staffing -Roles and responsibilities
2. Pathways Into ACMT
3. Duty process
4. Hours
5. Health and Safety
6. Handover
7. Rota completion
8. Key Contacts

**Summary of Staffing:**

There are 3 office-based workers for ACMT duty each day.

**Role 1 The main duty social worker:**

The role is a in office role to check, screen and delegate on Mosaic Duty contacts from the Waltham Front Door Front Door liaison duty. The officer distributes the messages to the other two social workers. This could be messages for staff, citizens advice bureau enquiries, police updates, merlin reports, public contacts, complaints, safeguarding concerns of known cases.

The role also involves face to face work including welfare checks, unscheduled reviews.

**Role 2 The second back up social worker role:**

**This role**, answer phone calls and direct intervention as required. This person will receive less duty case allocations in their role in being in the telephonist role.

To provide face assessment back up if required (subject to practice manager decision)

**Role 3 the third back up worker:**

The third person will be allocated duty cases and will have to answer telephone calls if the second person is on lunch break i.e., 1 hour.

To provide face to face assessment back up if required (subject to practice manager decision

**Duty Manager / Role:**

* RAG rating of work received see appendix 1 Rag rating tool.
* Case record noting Rag Rating and rationale.
* Allocation of tasks for each resident to respond proportionately to the identified need and associated risks. This will be reflected on a template tool in Microsoft Teams. Upon feedback from duty worker of completion of task. The duty manger will case note next steps including recommendation for allocation if indicated.
* Manage email inbox.
* Promote strength-based practice.
* Management of untoward incidents
* Provide debrief meetings to staff as required.
* Provide governance to QAM chairs action requests.
* Authorize in packages up to £250:00.
* Allocate Safeguarding section 42 enquiries requiring urgent allocation.
* Escalate to Team Manager

**Pathways Into ACMT duty**

* AFD Contact Alerts, inclusive of live responder alerts, case-note alerts, transition alerts, Merlin Reports, Triaged Telephone enquiries.
* Emails to [complexcareTeam@walthamforest.gov.uk](mailto:complexcareTeam@walthamforest.gov.uk) from LBWF teams and partners, h
* MASH safeguarding section 42 enquiry requests

**Duty Process:**

1. Intake of work
2. Screening of work to include:

Check if person known to ACMT/ allocated worker or directed to relevant Team

Consider risk, urgency.

1. Delegation of tasks
2. Feedback of the duty tasks completed identification of future work including allocation at weekly allocations meeting.
3. Handover of work to EDT, if required. EDT contact number (0208 496 3000 option 2)
4. Internal Handover to incoming duty manager/staff

**Hours:** 09:00-17:15 09:00 -17:00 Fridays

**Health and Safety:**

**All face-to-face contacts visits are subject to:**

* Lone working Protocol, Risk assessment
* Home visit address/details to be put in office calendar of worker and duty manager senior.
* Attending officer checks in and out with nominated officer i.e., worker to call duty manager.
* If no call duty manager calls worker
* If no response duty manager calls police to attend address
* If worker needs emergency support from police worker calls duty manager and states RED DIARY situation which means police need to be called.
* Entry is made in case note to confirm risk assessment completed.

**Handover:**

* Regular handover meeting between incoming Practice Manager and previous manager each Wednesday
* **Safeguarding:** Duty manager to screen incoming concerns. High Risk to be allocated. Subject to clinical review the remainder of safeguarding cases will be considered at weekly allocations meeting,
* **Case Contact Alerts.** Email allocated worker when Alert received. Any urgent cases telephone contact to be made with allocated worker.

**The rota:**

The rota is completed three months in advance. All staff need to make the duty rota organizer aware of their annual leave. The rota will run from Wednesday to Wednesday to support continuity, information exchange.

**Annual Leave:** Requests are to be made across team to support planning the of duty rota by Duty lead Practice manager.

**Panel Duty** worker to attend panel as required. Urgent funding re high-risk residents made by QAM authorisation by Head Of service via duty manager/Team Manager

**Key Contacts for:**

**Contact Number for duty: 07778 154 357.**

**Support:**

**EDT -** EDT [Adult-EDT@nelft.nhs.uk](mailto:Adult-EDT@nelft.nhs.uk)

Tel: 0300 555 1249 (professionals only, not residents) For residents 0208 496 3000 option 2

Mental Health Direct

Tel: 0300 555 1000

Samaritans

Tel: 116 123

**Escalation:**

* Covering Duty Manager
* Pious Wireko – Gyami Practice Manager
* Neville Green Team Manager
* Steven Box Team Manager
* Alam Khan Head of Service
* Michelle Cole - Frame Brokerage Manager
* Maureen McEleney Assistant Director

**Author/s**

Neville Green Team Manager ACMT 1

Steven Box Team Manager ACMT 2

Date of Next Review: July 2024

**Appendix 1**

**ACMT RAG rating matrix practice guidance for initial reviews, case allocation from duty**

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| **RAG 1** | **RAG 2** | **RAG 3** |
| Risk of significant change in need which may include admission prevention.  Subject to High Intensity User Forum with care and support needs | Funded nursing care in place  In receipt of Integrated Care Management Review (ICM) | Stable long term needs and package of needs |
| Three admissions to hospital within 12-month period | One admission within last 12 months | No admission to hospital in last 12 months |
| Self-neglect/cluttering rating six and above/fire risk | Self-neglect / cluttering below 6 no fire risk known and capacity regarding self - neglect | Progressed from early help to long term care |
| Up lift in package of care following admission **to hospital** | Discharged from hospital with same provision of care | No contact with AMCT duty since initial review allocated |
| Cost of care above £650 per week should be removed. | Cost above £250 and below.  £ 650 | Package of care below £250 per week |
| Complexes need No informal care and/or formal care, Risk of falls. Unable to address personal care.  CHC/nursing needs  Double handed care  Court of Protection  Non weight bearing  enduring health condition | Care and support needs requiring 15 hours or more | * Care and support needs met by assisted technology e.g., pendant alarm. * No doubled handed care   Significant ability to manage day to days needs |
| * Incapacitated * Deprivation of liberty Identified. * Dols expired   Objecting to care | Dols to expire within 3 months.  Person not objecting to accommodation, care, and treatment.  Has active Relevant Person Representative (RPR) | No concerns identified regarding presumption of capacity. Has capacity to make informed decisions regarding care and treatment and take steps to protect self from abuse and /or neglect for example contacting care provider in the event of non-attendance of carer |
| Previous Section 42 enquiry within last 3 months | No reason to doubt capacity one section 42 within last 6 months | No section42 within 12 months  Person demonstrates ability to protect self-e.g., complaint to care agency re care needs not being met. |
| Identified or suspected Domestic Violence/subject to Marac with care and support needs/ forensic history /Schedule 1 offender/ out of borough placement | Person engaging with services to address DV.  Good understanding of nature and severity of forensic history  Placing borough aware of concern, allocated worker | No Domestic Violence concerns.  No forensic history |