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

**LONE WORKING & MANAGEMENT OF VIOLENCE & AGGRESSION PROTOCOL**

**1.0 Overview**

It is important to recognise that London Borough of Waltham Forest does not expect members of staff, service users or visitors to be subject to verbal abuse or physical violence of any kind.

This protocol informs the working arrangements of the Adult Care Management Team staff within the team base and the community and outlines the policies and procedures they should follow in order to maximise safety whilst undertaking their duties. It covers lone working, office appointments, visits in the community – for example to residents’ homes.The flowchart in Appendix 1 provides an overview of the steps staff will take to promote the health and safety of themselves and their colleagues in these situations. The service is currently working within Covid 19 practice arrangements. Therefore, service is mainly working virtually and essential face to face meetings are to be considered on a case-by-case basis for example welfare checks, safeguarding enquiries.

**Appendices**:

Need to Know Form

**2.0 Legal Framework**

All staff have a responsibility to follow safe systems of work. The Health and Safety at Work Act (1974) Section 7(a) stipulates the following:

“It is the duty of every employee while at work to take reasonable care for the Health and Safety of themselves and of other persons who may be affected by their acts OR omissions at work”.

This means, in practice, that all risks should be identified and assessed, and measures put in place to avoid or control the risk in each setting where the worker is alone or working with colleagues.

**3.0 Prevention**

**3.1 Confirming Expectations**

Team members will discuss with the resident their conduct towards staff. The team will foster a culture of awareness of all service activity, and of using clear within-team communication, as a preventive measure against violence and aggression. Staff will be responsible for ensuring administration systems are updated i.e., office calendar, Mosaic Front sheet and for sharing information in regard to resident appointments with their line manager and or Team Manager

**3.2 Preventing and managing aggression agreement.**

During initial sessions, staff will discuss with residents’ ways of working during difficult meetings. Residents will be asked how best to support them during periods of emotional labiality, or potential triggered aggression. Where necessary an advanced directive will be drawn up. This would provide staff guidance, explaining how best to support individuals around potential triggers, and ways to manage their emotions. Examples may include asking residents to take time out, rearranging meetings.

**3.3 Emegencies**

There is an agreed emergency access code phrase: RED DIARY and or CANCEL APPOINTMENT IN RED DIARY

**3.4 Team Information Sharing**

* All lone working appointments, office and community appointments taking place that week will.

Be documented fully in staff members’ electronic calendar. This will include full address, post code, duration of visit, telephone number of resident/home and staff member and any known risk factors e.g., verbally challenging.

* Team members will routinely inform their line manager, of lone working appointments.
* Based on up-to-date risk assessments, should include risk factors relating to lone working, including any decision that no lone working should take place, i.e., staff will work in pairs

**4.0 Lone Working**

Lone Working may be described as any staff member in any situation, or location who works without a colleague nearby or within earshot/eyesight.

At minimum, staff will clearly identify a designated officer, line manager, Team Manager, colleague as a contact point for the contact and agree check out times and record their location prior to the visit.

**5.0 Responsibilities**

**5.2 Adult Care Management Staff**

It is Adult Care Management staff members’ responsibility to:

* Work with the Team Manager and colleagues to identify risks.
* Staff will be responsible for proactively risk assessing all service user contact, communicate with colleagues, identify a designated person as contact point for lone working.
* Report incidents and near misses.
* Complete a Home Visit record and store in electronic folder on Mosaic
* Undertake training identified by the Team Manager.
* Abide by all procedures and systems of working established to ensure their personal safety.
* Ensure that team members’ office calendar is up-to-date giving information about the location of appointment, duration and finish time of the appointment.
* Ensure they have identified a designated officer (senior or colleague), prior to undertaking Lone Worker visits, with whom they will make contact and confirm visit has concluded safely.
* Assess the risks inherent in all appointments, including the setting, seating arrangements, access to a phone, access to an exit.
* Consider the individual’s history and risks.
* Consider whether there are any current stressors that could increase risk e.g., bereavement, physical illness, disturbed sleep, which could require an appointment to be curtailed or an alternative setting to be considered.
* Report any incidents to the Team Manager and, if indicated, through the Need-to-Know Form

**6.2 Timing of appointments**

Routine appointments should only be planned between 09:30am and 4:30pm. Where judged necessary, staff will carry out meetings in pairs. Staff will inform designated officer of the planned length of the meeting, and if the meeting runs over will let designated officer know by phone.

**7.0 Community appointments**

**7.1 Lone Working Procedure before departure**

Before departure, staff members should record in the electronic diary.

* The name, address and contact number of the resident being visited.
* Expected time of conclusion of the visit.
* Expected time of return to the office (or ‘not back’) if not returning.
* When the staff member expects to be able to call in.
* The name and designation of any other staff members accompanying them.

Before departure the staff member should speak to their designated officer (senior/colleague) to advise them that they are going on a visit, and when they expect the visit to be finished. This will be the time at which the senior and/or colleague should expect to receive a call to confirm that the visit is safely concluded.

The Adult Care Management staff member should enter the telephone number of the designated officer in his or her Local Authority Mobile. **No visits should take place without confirmation of a designated officer as a point of contact for the Lone Worker.**

It is the responsibility of the designated officer to be available to receive calls. It follows that he or she must carry their Local Authority mobile phone and ensure that it is fully charged and switched on for the duration of the colleague’s visit.

**7.2 At the conclusion of the visit**

At the conclusion of the visit, the Adult Care Management Staff member should telephone the designated officer and confirm that it has been safely concluded, and that he or she has left the premises. A “return to office” time should be specified, or an indication of his or her subsequent movements.

If the visit takes longer than the anticipated time, the Adult Care Management staff member should not wait until its conclusion, but promptly call the designated officer, advise him or her that the visit is continuing, and specify a new finish time. The designated officer should record this in the team diary. At the conclusion of the extended visit, the Adult Care Management officer staff member should call the designated officer to confirm safe exit as above.

If the staff member fails to call within 15 minutes of the expected time, the designated officer should call the staff member on his or her Local Authority mobile phone. If unable to make contact them via the mobile phone, the designated officer should then call the residents contact number and ask to speak to the Adult Care Management staff member. If neither method establishes contact, then the designated officer should conclude (unless there is good reason to suppose otherwise), that his or her colleague might at risk, and seek police assistance (as detailed below).

**7.4 Visits where there are pre-existing concerns.**

If a staff member is uncertain about the safety of making a visit, he or she should not proceed without discussing it with his or her line manager or with the Team Manager and obtaining agreement to go ahead.

**7.5 Visits arranged at the end of the day.**

The timing of visits in the community should be considered carefully. In general, they should not be scheduled towards the end of the afternoon. If there is a chance that a visit will extend beyond 5pm, it must be considered to be a late visit. Adult Care Management staff intending to make late visits cannot assume that the designated officer will be able to accept calls after 5pm and must ensure that they have an agreed and recorded arrangement with him or her to receive calls and to take action should this prove necessary, after 5pm.

**8.0 Emergency steps: increased risk of violence and aggression**

If at any point a staff member becomes concerned about safety during a visit, he or she should call the Designated Officer or another team member, using the code word **RED DIARY** to indicate need for police attendance.

The steps to be used in a situation of escalating risk are as follows:

**STEP 1:** Use verbal de-escalation techniques. Consider contacting your designated officer.

STEP 2 If the situation continues to escalate, try to end meeting and leave. If possible, call other members of the team for support.

**STEP 3** If the situation becomes unmanageable, or if there is a real threat of actual violence, state call 999.

**8.1 In the event of an emergency**

In the event that the Changing Lanes staff member needs to summon emergency assistance during a visit, he or she can attend the visit venue depending on the circumstance e.g., health concern and/or summon emergency response:

If the designated officer receives a distress call in an emergency where there is a real threat of actual violence he or she must:

* Dial 999 and ask the operator for the police are needed; give your mobile phone number.
* Give the visit address, service user’s name, date of birth, and a summary of his or her risk profile. Describe what has happened.
* Listen to the operator carefully, so that all questions can be answered clearly.

The designated officer must then inform the Team Manager, Neville Green (Mobile No:0743 555 7609) and/or escalate to the Head of Service Alam Khan (Mobile No: 07741 327 835). If called in these circumstances, the Team Manager will update the Head of Service and vice versa. If a request for emergency assistance has been made, on no account should the designated officer, or any other colleague, go to the premises of the visit without this assistance.

**10.0 After an incident**

**10.1 Summary**

Following an incident, it is important that the person(s) involved are given support. Where appropriate, a debriefing should take place, which should be planned and facilitated by someone who was not involved. Depending on the nature of the incident the police might need to be called, and staff might be required to act as witnesses in any court proceedings.

**10.2 Key Tasks**

These include the following, which should be organised by the Team Manager.

* Hold a debriefing meeting.
* Complete and submit a N2KF incident report.
* Record the incident on Mosaic / enter any necessary warning on record.
* Inform line managers.
* Review what happened during the incident, including lessons learned.
* Consider drawing up an Action Plan to avoid further incident(s).

**Appendix 1: Lone Working flowchart**

* CAN I GET OUT
* Attempt to de-escalate.
* GET OUT IF YOU CAN

Consider lessons learned for service and resident.

* Designated officer
* Team Manager
* Police attend
* Intervene to make safe.
* Debrief
* Need to know form.
* Make entry in Mosaic/warning.
* Carry on with interview.
* Make on going evaluation of risks in your meeting.
* Make on-going assessment of need to leave, seek support.

Interview: am I safe?

* **RED DIARY**
* Emergency response from designated officer
* Give name, address, risk state what has happened.

**All staff**

* Consider risk assessment.
* Complete home visit Register
* Background: ensure boundary expectations are clear with service user
* Ensure PPE available.

**Yes**  **No**

* LEAVE
* Report to designated manager

**Yes**

**Update colleagues / manager**

To Do Checklist

1. **Plan appointment – evaluate current level of risk, complete Home Visit Form**
2. **Who is my designated officer (member of team) to support me?**
3. **Ensure mobile is charged.**
4. **Sit near exit and phone.**
5. **If feeling unsafe always consider the need to leave**
6. **Know the key phrases – what you will say to remove yourself: RED DIARY is the phrase for requesting emergency support.**
7. **If in doubt about safety – cancel appointment/consider alternative venue/talk to designated officer.**

**Yes**

Key Contacts

**Designated officer: Who is this for my visit?**

**Duty officer 07778 154 357**

**Team Manager: Neville Green**

**Mob:0743555 7609**

Or via Outlook