**ONCALL POLICY AND PROCEDURES**

The emergency out of hours is a team and it is important to that all staff answer and deal with all incoming calls in the same way. This is so a professional image is always maintained. A varied number of calls can come into this phone line including calls from social workers, police, staff, and service users.

All calls should be answered with the following line: -

“**Leaf *EMERGENCY line* ......... speaking how can I help?”**

* Record conversation on service user’s file.
* Record conversation on staff file if appropriate

Staff sickness message/phone call comes in…. Response should always be…

**Thank you for letting us know. We will cover this shift for you please let me know if there are any other shifts you are unable to attend, hope you feel better soon many thanks.**

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| **Managing oncall / preparation.*** Each morning needs to check voice mail and messages and see missed calls return any phone calls or texts. Voice mails check on Communitycare@leafcareservices.co.uk all calls returned.
* Look at staff rounds before oncall weekend- see who has gaps- fill carers gaps but make sure you ask them first then look to send a rapid out for what your unable to cover.
* Check everyone is out working. If not logged on at first visit, ring carer if no answer phone service user if no luck send out a rapid.
* Carers who are running late this includes your rapids, let the service users know they are running late (let all morning calls know – if you have a rapid free send them out to help you may have to go if no one can pick up to help)

Carers ask for support for calls to be covered, acknowledge this, and support them as best as you can. All areas have carers nearby if rapid if free take calls off them and show your support to all staff. This also goes if waiting for an ambulance/ incident has happened etc, they will be running behind will need call or two at least covered.**Telephone Monitoring****It is your responsibly to ensure telephone monitoring is up to date to ensure a safe and effective service.** **Times of checking visits have all been completed is and visit issues are completed. All visit issues match the times the staff attended to all visits.** **AM checks****7.30 am ALL STAFF ARE OUT WORKING** **9.00am Weekday’s Mon-fri then do on call handover unless bank holiday.****checks to be completed if doing oncall all day.** **11.00 am all AM calls have been attended.****13,00 lunch calls in progress.****14.30 final check for am shift all lunch call have been completed.****Evening checks** **17.30 ensure everyone is out working.** **19.00 all tea calls have been completed.****20.30 bed calls are in progress.****21.30** **22.30 all calls confirmed and complete for the day. All visit issues match the times the staff attended.** **IMPORTANT re-Visit notes: -**The visit notes MUST be read and actioned. i.e., someone no longer has catheter / found or lost an item that had been reported in, has new cream or medication collected today etc. Medication not given, new equipment in place etc concerns – needs recording. Do not save as visit note to manager – this will get missed you need to make an event and action what you have done then assign to manager. These notes cannot just be left the whole purpose of this system is that we can action this straight away. New mar chart/ care plan change etc RECORD your actions.**DO NOT just event and do no actions. You must action what has been reported.** If you do not do this will lead to disciplinary actions. |
| **Shift covering**Struggling to cover any shifts after asking all carers even if there weekend off and looked at all possible squashing – if all rapids are used you will have to attend yourself. – DO NOT CANCEL  |
| **Handover -** **This must be completed on the oncall handover and uploaded to the system. Copy emailed to the teams for good communication for oncall handover. All actions to be actioned by you being the person oncall this is your responsibility to ensure this has been done.**SHIFTS TO BE COVERED MUST BE ON ONE DRIVE TO ENSURE TEAMS ARE AWARE OF WHO NEEDS COVERING, HOSPITAL CLIPBOARD IS UPDATED ALSO. ANY CONCERNS THAT HAPPENED OVER THE WEEKEND OR NIGHT BEFORE TO BE HANDED OVER TO MANAGER.**(CONCERNS REPORTED, SAFEGAURDING, MISSED CALLS, FALLS, HOSPITAL ADMISSIONS, SICKNESS, ALL CONVERSATIONS RECORDED ON SYSTEM AND ASSIGNED TO SOMEONE IF ACTIONS NEEDED, MEDICATION ERRORS OR EVENTS – HANDOVER RECORD SENT AFTER EACH EVENING WEEKDAYS AND AFTER ONCALL WEEKEND)**  |
|  **Quiet time** EVENTS to be actioned and ensure all recordings are on icare for that day. Check what is outstanding send rapid out to do spot checks and staff supervisions. Amend care plans – send senior who free to go through the care plan with them and get signature. |
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| **Possible Medication errors –** Follow medication policy, carer is spoken to first –* see if error or if just refused.
* If not refused, you will need to complete medication investigation and complete a medication competency with carer. Send to RM via email.
* Seek medical advice straight away. There are pharmacies available open late 7 days a week. Alternatively, 111 to be called. **Some examples of some 7 day opening pharmacies.**
	+ Birchwood Pharmacy north walsham 01692 400921 8am- 10.30pm sat 8am-10pm sun 8-8.30pm
	+ Greyfriars pharmacy 01493 850551 open 7am -10pm Mon- fri sat 8am -9pm sun 8am -8pm
	+ Norwich practices health centre NHS walk in 01603 677500 open 7am -9pm 7 days week.
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| **WHAT TO DO IN AN EMERGENCY (All must be documented and actioned)*** If medication is missing, complete an investigation, get emergency prescription. Symptoms to be checked if any symptoms are occurring call 999 immediately. Send rapid response. Inform the RM.
* Suicide threats or weapons in property to be of a threatening concern – report to social service 0344 800 8020. Call 999 paramedics for suicide, weapons to report to police, Nok to be informed. RM to be informed.
* Any form of accident/incident including of unsafe or any type of abuse. To be reported to social services, police immediately. RM informed.
* Fall of a service user, reported to NOK, rapid response sent or you, statements gathered to what happened. Paramedics called if been on floor or unwitnessed. If witnessed and unhurt swift to be called.
* Moving and handling difficulties – bed care, assessments to be updated and staff informed NOK informed, OT referral made.
* Immediate changes – to be updated on system, tasks on visits, care plan or assessments updated. This will be bed care only/ medication short course antibiotics/lock box /end of life etc.
* Service user missing or no response – revert to oncall policy below.
* Death of a service user- revert to oncall policy below.
* Other emergency situations always speak to RM for advice. Use the call tree on business continuity plan. This is located in the oncall folder.
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| Missed Call PolicyAll missed visits are taken extremely seriously, and Leaf need to investigate and respond under safeguarding procedures of neglectful care.If it comes to your attention that we have missed a call you need to do the following:You will need to send a senior worker to attend to the service user if one isn’t available you will need to attend yourself and check out the following. * Nutritional needs- make sure that the service user has appropriate nutrition and water.
* Medication: Check to see if any missed medication and seek advice from the GP and or seek medical advice around medication.
* A GP OR DISTRICT NURSE may need to be called re- no pad change/ catheter not emptied overflowing/pressure sores/ urine burns.
* Inform the family and next of kin and advise of the actions taken.
* Inform the registered manager/ manager so they can ensure that reports are provided to the commissioner which will include actions taken by Leaf Homecare within 24-hour period.
* SWIFT is not an option for a missed call – you must attend yourself no matter the area and offer to attend more visits.

A missed visit is a service user not receiving the calls they are due to receive in a 12-hour period. |
| **Missing Persons or No Response**This is where a Service User cannot be found in their home or grounds, or no prior arrangement has been made to explain their absence.* Message or phone call from carer – carer will need to go back or stay whilst the following is completed.
* Initiate an immediate search of the building and its immediate surrounds.
* Look to see if the house is empty i.e., all rooms are checked if able to enter They will need to establish if the Service User is lying on the floor, by looking through the letter box, or windows for any signs. If the service user is on the floor, you will need to call 999. Send a rapid if one is available.
* Call the service User by telephoning the house telephone to see if you can contact them.
* Check with neighbours to see if they know about the whereabouts of service user.
* Contact next of kin to see if they know about the whereabouts of the service user.
* The carer will remain at the Service Users home or place of care for the time allocated for the call.
* Contact the next of kin if unable to get hold of them phone local hospital to check if been admitted into hospital.
* If none of the above has found the location of the service user. If carer feels there is any risk to service user call 999 immediately.
* Social care will decide to call 999 to obtain entry so liaise with Social Care.
* Record details and actions on icare with outcome.
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| **Death of a service user** * Notification someone may passed away –, Phone 999 report immediately stay on phone to carer while they do this ensure they are ok.
* Check system see if they have a DNR as they will need to inform paramedics if there is one in place.
* if senior available go to SU property support staff member (this may need to be oncall)
* inform the next of kin once ambulance Is on the way. Advise carer they do not have wait in the same room but do need to stay in the property.
* cover the next visit if able they will be a while with the diseases and police and paramedics.
* Phone carer(s) back and stay on the phone for support until someone arrives.
* Senior face to face support given, check they are ok to carry on this can be shocked and may not be able to carry on – support team and cover where possible. If paramedics are happy for carers to do so – Clean pad if applicable/ get them washed and dressed if carers are happy to do this.
* All Staff informed and wellbeing check they are ok after conversation and information given.
* If no NOK arrange Medi quip to collect equipment in property if any and inform social services. – if have Nok ask if they would like us to arrange this on their behalf.
* End service user on system, click off and end any care plan reviews/ spot checks etc. Record death of su on citrix.
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| **Snow/flooding – (extreme bad weather conditions) or other**Business continuity plan tree list is to be activated * We must prioritise visits so service users with medication and no next of kin living with them need to attend.
* Double up calls can be one carer if service user can roll independently, no transfers to be completed, food fluids and medication still given leave plenty left available.
* If have next of kin living with them – cancel visit, check they can manage without care for the day.
* If really bad weather conditions – can combine am and lunch visits carers leave plenty fluids and food left available. Tea and bed can also be combined.
* remember not everyone can cancel.

**COVID 19** * If tested positive round will need to be informed all staff informed too, staff must wear ppe, red rag rate the round, ensure there isn’t a service user on the round who needs to be removed to reduce the risk. Complete general risk assessment vulnerable to covid for all service users on the round to rule this out. Take necessary actions. Red rag rate the round to ensure this is safe for those who do not have covid. (continuity for risk of infection spread must be completed) Service users on the round should also be informed of possible cross contamination. No names to be mentioned.
* Covid positive of service user – we still must attend but all carers must be asked if they are happy to attend – if they are not this call must be removed from them. Everyone should be informed for the next 10 days. PE must be worn (face mask, apron and gloves) and disposed of after each visit. Ideally, they go on the end of the round (again this must be communicated and agreed with service user/Nok) if they say no put them first allow carer to have a 20-minute break. Windows should be opened during personal care, sanitise all handles and work tops when leaving.
* Staff – should inform finance when someone is covid positive –Finance@leafcareservices.co.uk same with sick notes must be passed on.

**CANCELATION OF CALLS** * event must be completed if combined if this has been requested (we cannot offer to combine calls or cancelled visits) – THEY MUST BE ASKED BY THE SERVICE USER OR NOK TO BE AGREED TO. You cannot cancel visits if you not spoken to them directly (not second-hand information through a staff member), Think if they do not have a Nok or independent. Check for capacity on assessments. If they don’t have capacity this should be checked with NOK/POA.
* all cancelations must be evented.
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| **When to report and speak to manager on out of hours** * A serious accident or incident has occurred.
* Safeguarding issues/concerns
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| **Useful numbers:** S**ocial Services norfolk: 0344 800 8020** **Socail services suffolk: 0800 917 1109****Swift 0344 800 8021****District nurse /OT hub: Norwich 01603 518444 / northern 01692 408079 / eastern 01493 809977****CHC- 01603 257243****CHC – (fast track) 01603 257159****Medi quip: 01603 511124****Wheelchair services: 01603 780914****Norfolk first support: 03448008026****Hospitals****West suffolk hosptial: 01284 713155****James padget hospital: 01 Calibri Light (bold) 493 452452****James padget hospital: (a+e) : 01493 452452** **James Padget discharge: 01493 452123****Queen elizabeth hospital: 01553 613613****Norfolk and Norwich hospital: 01603 286286** |