

NORTHAMPTONSHIRE CHILDREN'S TRUST

LONE VISITS PROCEDURE

NEXT SCHEDULED REVIEW INITIATION DATE:

8th July, 2022

TARGET AUDIENCE:

**All staff and managers in
Northamptonshire Children's
Trust**

SCOPE

This procedure details the required steps to be taken for all managers and staff (except Emergency Duty Team (EDT) staff) in relation to lone visits.

This chapter was added to the manual in February 2021.

Related Guidance

These procedures must be read alongside the following documents:

- [Lone Working Personal Safety Guidance](#) (click link)
- [Health and Safety Policy](#) (click link)
- [Lone Working Personal Safety – Communication with customers](#) (click link)
- [Lone Working Personal Safety – Home Visits](#) (click link)
- [Lone Working Personal Safety – Risk Assessment – Lone Working Community \(Example\)](#) (click link)
- [Safeguarding Children from Dangerous Dogs - Practice Guidance](#) (click link)

Appendices

- Assessment of Potential Risk to Staff from Clients – Appendix 1 (page 4)
- Lone Visit Employee Leaflet – Appendix 2 (page 5)
- Safety Statement for Practitioners and Managers – Appendix 3 (page 6)

1. INTRODUCTION

- 1.1 This procedure apply to all managers and practitioners in the Northamptonshire Children's Trust (apart from EDT). It is important that there is management oversight and guidance to staff at the start of casework planning, to ensure that risks from aggression are minimised.
- 1.2 Practitioners carry out a number of visits under different circumstances. This means that they will not always have sufficient prior knowledge of a client to carry out an informed risk assessment before an initial contact.
- 1.3 If there is insufficient information available to carry out an Initial Risk Assessment, the line manager must be consulted over whether arrangements should be made for the first contact to happen jointly with either another practitioner or with a partner agency professional. Other factors that must be taken into consideration by the line manager prior to authorising a lone visit, including assessing the existing health and experience of the practitioner.
- 1.4 All staff are reminded that the mandatory iLearn online health and safety training must be completed (i.e. 'An Introduction to Health and Safety').

2. INITIAL RISK ASSESSMENT FOR ALL NEW CASES THAT ALLOCATED TO PRACTITIONERS

- 2.1 An Initial Risk Assessment (Appendix 1) must be completed when a new case is allocated to a practitioner for a visit. It is their Line manager's responsibility, in

conjunction with the case holding practitioner, to review the available information in electronic records. Where appropriate, checks must be undertaken with partner agencies to establish if there are any health and safety risks associated with a lone visit.

2.2 The line manager must complete Appendix 1 (Initial Risk Assessment: Assessment of Potential Risk to Staff from Clients) – see page 4. The completed risk assessment must include information on risks posed by all family members. Once complete, the risk assessment must be uploaded to CareStore and its location made clear in electronic records. If any additional risks become apparent, the risk assessment must be reviewed with the line manager and amended as required.

2.3 Depending on the outcome of the Initial Risk Assessment has been completed, the practitioner and line manager will be required to complete activities set on the section 3 or section 4 – see (a) and (b):

- (a) If there **are no perceived** health and safety risks, the activity described in **Section 3** must be undertaken;
- (b) If there **are perceived** health and safety risks, the activity described in **Section 4** must be undertaken.

3. ARRANGEMENTS FOR LONE VISITS WHERE NO SPECIFIC HEALTH AND RISK HAS BEEN IDENTIFIED

3.1 Practitioners have a responsibility to ensure that electronic files contain up-to-date address details as this will help ensure colleagues are know the location of your visit. Practitioners, are required to complete the tasks described in section 3.2, unless working as part of a Quality and Outcomes Team and conducting an unannounced visit to a commissioned placement provider. In which case, practitioners are required to complete the tasks described in section 3.3.

3.2 The following details must be recorded in the practitioners electronic Microsoft Outlook calendar for every visit:

- (a) The type of meeting must be recorded in the Subject line of the appointment (e.g. School, Home Visit, Professionals Meeting, etc.); and
- (b) The child's or client's initials and CareFirst ID number in the location line.

3.3 The unannounced visit must be recorded the practitioners electronic Microsoft Outlook calendar for every visit. **The appointment must be made private and be sent to the practitioner's team members and line manager.** The appointment must:

- (a) Include the name of the commissioned provider; and
- (b) Include the address of the commissioned provider.

4. ARRANGEMENTS FOR LONE VISITS WHERE A HEALTH AND SAFETY RISK HAS BEEN IDENTIFIED

- 4.1 If there is a perceived risk, the line manager and practitioner will undertake a [risk assessment](#) (see LWPS - Risk Assessment - Lone Working Community (Example)) and agree a plan of action. A record of this risk assessment must be recorded by the line manager as a 'Supervision/management advice' case note. The hazard status on the case record must be updated.
- 4.2 The practitioner should record details of the visit in their electronic diary described in Section 3.
- 4.3 Where a joint visit is considered, this discussion should be documented in the electronic records by the line manager. The record should make how the decision to conduct, or not to conduct a joint visit was reached.
- 4.4 The practitioner should use their work mobile number when conducting a visit. The mobile phone must be charged sufficiently, turned on and on their person during the visit. If immediate police assistance is required, the practitioner **must dial 999**.
- 4.5 The practitioner must inform their line manager (or Service Manager if the line manager is unavailable) when they are leaving for their visit and inform them upon completion of the visit. This includes visits taking place within normal office hours, those that take place or end outside office hours and on occasions when the practitioner is not returning to the office.
- 4.6 The line manager is to contact the practitioner, or make arrangements for the practitioner to be contacted, if they have not been notified of safe completion of the visit within 1 hour of the given estimated time of completion. If no contact can be established or it is established that the worker(s) is at risk, the line manager will contact the Emergency Contact (as stated in the Business Continuity Plan). If the practitioner's location and the welfare still cannot be established the line manager **must dial 999** to request police assistance. The line manager must inform their line manager if the police has been contacted.
- 4.7 Where a risk has been substantiated or judged to be potentially serious, a Hazard warning marker must be put on CareFirst by the line manager and the risk assessment details uploaded to CareStore so that staff accessing that record can see the details of that risk. The form at Appendix 1 'Initial Risk Assessment: Assessment of Potential Risk to Staff from Clients' should be uploaded for this purpose.
- 4.8 The need for the Risk/Hazard Assessment should be kept under review and this information should also be shared with relevant parties by the practitioner, such as the Health Visitor, Adults Team and school, to alert them to the potential risk to their staff. If the Risk/Hazard is removed, the relevant parties should once again be informed and the level of risk detailed on the risk assessment reviewed and amended as required.

APPENDIX 1

INITIAL RISK ASSESSMENT: ASSESSMENT OF POTENTIAL RISK TO STAFF FROM CLIENTS

****** This document should be placed on CareStore and its location identified in electronic records ******

Certain factors will always trigger a more detailed assessment, however, any presenting risk factors in the first instance should trigger a discussion between the line manager and practitioner prior to a decision as to the whether a more detailed assessment should be completed.

Risk assessments must include the risk posed by all family members.

Once completed, the practitioner should seek guidance form their line manager in relation to significant risks arising (High and Unacceptable)

There is written evidence on the case file of a previous incident of threats & violence towards staff/professionals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
There is a recorded incident of a family member being threatening or violent towards staff/professionals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
There are recorded incidents of domestic violence? (either adult or child)	Yes <input type="checkbox"/> No <input type="checkbox"/>
There is a "Risk to Children" (a known risky adult) in the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>
It is recorded on file that the family have made threats towards the team but not to a specific individual?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The police hold information that the client/family have a history for a violent crime or carrying offensive weapons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The incident being investigated or assessed has an element of violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
A member of the household has a serious mental health problem?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Perceived Risk identified (please check): Yes No

Analysis/Action Required

APPENDIX 2

LONE VISIT EMPLOYEE LEAFLET

Physical assault incident occurs to employee (e.g. being punched, grabbed, held against your will, kicked, scratched, bitten, inappropriately touched etc.)

- Action to be taken by the Employee

Get away from the assailant, contact the police / emergency services as required for assistance, seek assistance from your manager and colleagues by raising the alarm, seek help from a member of the public, report and record the incident.

Verbal abuse incident occurs to employee (e.g. Racial abuse/offensive language, threats, intimidating behaviour abusive emails, texts, voicemails etc.)

- Action to be taken by the Employee

Take action to avoid escalation including seeking assistance from your line manager and colleagues e.g. by raising the alarm or leaving the area. Move away from the abuser/perpetrator, abort the meeting, ending the phone call, report and record the incident.

Damage to property incident occurs to employee (e.g. vehicle being scratched, vehicle tyres being slashed, mobile phone being taken and damaged etc.) Damage to property should be reported immediately to your line manager and the Police, insurance company and landlord etc.

Employee must report incident to line manager and record the information on the [online report incident system](#) in line with Corporate policy ([Report an accident \(incidents and near misses\)](#)).

On submission of the online incident report, the line manager where their email address has been identified, will receive a notification email.

- Action to be taken by the Line Manager

Meet with employee to discuss details of what happened and possibly why, e.g. triggers during the incident, with the employee and other team members;

- Review and investigate the incident, adequacy of procedures and risk assessments and controls to identify opportunities for improvement and any actions required;
- Update and amend necessary documentation and system information;
- Decide on further action or protective measures to be taken and inform the employee and other team members;
- Debrief the employee and advise of the Council's support structure ([Employee Assist Programme](#) – EAP) and how to access it;

Record the results of the review on the online report incident system.

APPENDIX 3

SAFETY STATEMENT FOR MANAGERS AND PRACTITIONERS

****** To be held on supervision records ******

Instructions

Practitioner: Read and sign this Statement. The signed Statement must be forwarded to your line manager who will ensure it is held on your Supervision file.

Line Manager: Add signed Statement to Supervision file.

Emergency assistance

If you are out on a visit and need urgent assistance, however it is not safe to state this over the phone, then the code to use is **'Cancel my meeting with Jeremy'**. All staff and admin are aware of this code and will know that this is an alert for assistance. Staff will then refer to your Outlook calendar to establish where you are and assistance will be sent.

Checking in at the end of the day

In the first instance it is the practitioners own responsibility to alert their line manager that they will not be returning to the office at the end of the day and that they need checking in. Sometimes practitioners may not be returning but their last appointment is a professionals meeting, therefore there is no considered risks. In this situation they do not need to check in.

Practitioners are responsible for ensuring their Microsoft Outlook (email) diaries are up to date with visits – this makes it possible to identify their location if they are uncontactable.

Line managers will be responsible for ensuring they have up to date emergency contact details for all staff. There should be copies of these forms in supervision files, however it would be advisable for line managers to have a separate folder of these details which can be taken home in case needed.

If a practitioner is not returning to the office at the end of the day and their last appointment is a lone visit, it is their responsibility to make others aware of this. **Our own safety is as much our responsibility as it is others.** Practitioners, in the first instance, need to inform their line managers (or in the absence of their line manager, the Duty line manager must be informed) what time they are due to finish. At the end of the visit, practitioners must check in with their line manager, either via text or phone call, to confirm their safety. (Please note that the primary contact method should be the phone call as delays may be experienced in receiving text messages).

If there has been no contact by 6.30pm (or an alternative time as pre-arranged), the line manager will attempt to make contact with the practitioner on their work and personal mobiles. Team members will also be contacted to establish whether they know their colleagues

whereabouts or have had any recent communication with or from the missing practitioner. If contact is not established contact by 7.30pm, contact must be attempted using the practitioner's home telephone number. If contact is still not made, individuals named as emergency contacts must be contacted.

If contact is not established through work mobile, personal mobile, home numbers or emergency contacts, the police must be contacted.

I agree responsibility for my own safety. I agree to ensure my line manager is informed of my whereabouts and to check in with them at the end of the day when conducting lone visits.

Print Name:.....

Signed:.....

Date:.....