

No Response Policy


Adult Social Care

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No Response Policy

Directorate:	Adult Social Care and Housing		
Division & Service:	Adult Social Care		
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Policy Owner Signatories

Name	Title/Role	Signature	Organisation	Date
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CQC Assurance Key Areas:

This policy document supports CQC Assurance Key Areas (detailed in section 6):

Safe	Effective	Caring	Responsive	Well-led
●	●	●	●	●

This document is not controlled when printed.

It is the responsibility of every individual to ensure that they are working to the most current version of this document.

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1. Introduction

- 1.1. This policy sets out the actions that adult social care staff must take when there is no response to a planned or unplanned visit to a person's home. It integrates the Self-Neglect and Non-Contact Escalation Protocol to ensure timely, proportionate and safe responses that respect individuals' rights and reduce risk.
- 1.2. The policy aims to:
 - Provide clear guidance for staff in the event of a no response situation.
 - Support staff to assess risk appropriately and escalate in line with current protocols.
 - Ensure the safety and wellbeing of people who may be at risk of harm.
- 1.3. This policy applies to all staff involved in the provision of adult social care services across Central Bedfordshire.

2. Legislation and Guidance

- 2.1. This policy has been reviewed with reference to the following key pieces of legislation and guidance:
 - Care Act 2014
 - Human Rights Act 1998
 - Mental Capacity Act 2005
 - Equality Act 2010
 - Health and Safety at Work etc. Act 1974
 - Data Protection Act 2018 / UK GDPR
 - CQC Single Assessment Framework (2023)
 - Making Safeguarding Personal (LGA/ADASS)
 - Self-Neglect and Non-Contact Escalation Protocol

3. Principles of the policy

- 3.1. Article 8 of The Human Rights Act 1998 states everyone has the right to respect for private and family life
- 3.2. People have the right to refuse services, can be non-compliant with services or simply forget that a visit has been arranged. However, sometimes staff cannot gain access because the person is ill or has had an accident. Staff should not assume someone is out if they cannot gain access or get a response.
- 3.3. Failure to get a response at a home visit could have an adverse or even fatal consequence for a people who use adult social care services; therefore, staff should work as quickly as possible to resolve these instances.
- 3.4. If any staff member considers the person is at risk of neglect or serious harm, they should follow the self-neglect and no contact escalation protocol (appendix 3)

4. No response procedure(s)

No response

- 4.1. When visiting a person in their own home, staff should ensure they allow sufficient time for the person to get to the door and must allow for events such as the person not initially hearing the door or not being in a position to answer immediately, for example if the person is on the phone or visiting the bathroom.
- 4.2. If there is still no response, the visiting staff member should undertake 'no response' checks (checklist in appendix 2):
 - Ensure they are at the correct address
 - Check the agreed day and time of the appointment
 - Knock again loudly
 - Telephone the person.
 - Look through doors, letterbox, windows
 - Check for signs the person is up and about, curtains drawn, milk outside etc
 - Walk around the property if possible, to gain access. (Always maintaining awareness of personal safety)
 - If in a sheltered housing / independent living accommodation, make enquiries with the Independent Living Manager,
 - Check with any neighbours (without sharing any personal information).
- 4.3. If, after following the 'no response' checks, the staff member is still not able to ascertain the whereabouts of the person, they should contact the office or the out of hours team (depending on the time of day) to see if any message has been left which might indicate their whereabouts.
- 4.4. **The office should then:**
 - Check CareDirector for next of kin/ emergency contact/ lives alone/ alerts/ care plan for regular activities e.g. day services
 - Check notes in case the person has gone away on holiday
 - Telephone any other contact numbers e.g. relatives and family.
 - Telephone any other agency involved in the person's care e.g. District Nurse, GP or other care agency if there is one.

Responding when the person is heard but not seen

- 4.5. If staff have a conversation with the person through the door, letterbox, or window but do not see them in person, they cannot assume the individual is safe and well - even if the person verbally confirms they are. Staff should encourage the individual to open the door.
- 4.6. If the person continues not to open the door, staff should consult with their manager or duty manager to determine the next steps.

- 4.7. If access is denied by a third party and there is no direct contact with the individual, staff should contact the office or the out-of-hours team (depending on the time of day) as soon as possible to determine the next steps.

Person in distress

- 4.8. If a person can be seen to be collapsed or in such a condition that warrants concern to their well-being, then the staff member should call the emergency services. They should also notify their manager or the out of hours team depending on the time of day.
- 4.9. The member of staff should remain at the address until the emergency services arrive and pass on any relevant information.
- 4.10. The manager should notify anyone identified to be contacted in an emergency, such as a family member.
- 4.11. If part of the Reablement team, the Reablement Lead should reallocate the workers calls or alert other people that their calls may be delayed.
- 4.12. Managers should arrange a wellbeing/support meeting for the worker involved if required.

Key Safe Access

- 4.13. If access to a person's home is via a Key Safe and they are not at home, the same 'no response' checks should be followed.
- 4.14. When leaving the building, staff ensure that it is left secure and the key returned to the Key Safe.

Unexpected Absence

- 4.15. The visiting staff member should wait at the property and continue attempting to locate the person until advised by their manager or out of hours manager to leave.
- 4.16. Staff should not put a complement slip or note through the door without management agreement.
- 4.17. If there is an immediate concern to a person's welfare, staff should follow the self-neglect and no contact escalation protocol (appendix 3)

Follow up of unexpected absence in line with escalation protocol:

- 4.18. Two escalation pathways apply:

A. No Contact – No Immediate Welfare Concern

- Retry contact within 72 hours.
- Continue to attempt contact and notify involved professionals.

B. No Contact – Immediate Welfare or Safeguarding Concern

- Notify line manager immediately.
- Call 999 if serious concern exists.
- Escalate via safeguarding procedures.

- 4.19. Details of the 'no response' should be included in the persons records.

Discovery of a deceased person

- 4.20. If a member of staff accessing a property using a key safe discover a person has died at home, they should call 111 immediately if the death was expected or 999 if this was unexpected and follow any instructions given.
- 4.21. If available, press the emergency button/community alarm for back-up, if available.
- 4.22. The staff member should contact their manager our Out of Hour service, and who will take responsibility for contacting the next of kin/emergency contact.
- 4.23. Do not move the person or touch any of their belongings unless it is to make a potential hazard safe (e.g. switching off a cooker).
- 4.24. Managers should arrange a wellbeing/support meeting for the worker involved if required.
- 4.25. Further detail is available in the discovery of a deceased person policy

Action to be taken on resolution of the incident

- 4.26. If the person is found to be safe and well, the staff member should explain to them any concerns, and ensure that any relevant contact details are recorded.
- 4.27. They should discuss with them what to do in the future should a similar circumstance arise.
- 4.28. The staff member should inform their line manager of the outcome.

5. Monitoring and Reporting Arrangements

- 5.1. Should any staff member have cause for concern that actions are not being taken to locate or safeguard the vulnerable adult then they must escalate this up to their manager, who in turn will escalate to their Service Manager/Responsible Person if required

6. Assurance Key Areas

- 6.1. This policy supports the Care Quality Commission (CQC) Assurance Key Areas and Statements below:

Key question:	Quality statements
Safe (Safety within the system)	<p>Safeguarding: We work with people to understand what being safe means to them. We give them information about keeping safe and support them to understand and manage risks.</p> <p>Managing risks, learning and improving: We manage risks to ensure people are safe. We review practices and learn when things go wrong.</p> <p>Safe systems, pathways and transitions: We plan care and services with people to promote safety. We ensure safe transitions.</p> <p>Involving people to manage risks: People are encouraged to take positive risks in a supportive environment.</p>
Effective (Working with people)	<p>Assessing needs: We work with people to assess their needs and goals, using best-practice approaches.</p>

	<p>Monitoring and reviewing: We regularly review and act on people's changing needs.</p> <p>Staff support, training and development: Staff have the skills and support to deliver effective care</p>
Caring (Working with people)	<p>Kindness, compassion and dignity: People are always treated with kindness, empathy and respect.</p> <p>Treating people as individuals: People are respected and valued as individuals.</p> <p>Emotional support: Staff provide emotional support to people, families and colleagues.</p>
Responsive (Working with people, Providing support)	<p>Care provision, integration and continuity: We work well with others to provide joined-up care.</p> <p>Listening to and involving people: People are involved in decisions about their care.</p> <p>Meeting people's needs: We make sure people's care meets their needs and preferences.</p>
Well-led (Leadership)	<p>Shared direction and culture: Leaders create a positive, open and learning culture.</p> <p>Clear responsibilities and roles: People understand their role and responsibilities.</p> <p>Learning, improvement and innovation: The service uses feedback and learning to improve.</p> <p>Governance, management and sustainability: Effective governance ensures quality and risk management.</p>

7. Equality and Diversity

- 7.1. All adult social care policies are accompanied by an EIA (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy if required.
- 7.2. The Council should be proactive about putting in place arrangements to ensure that they do not unfairly discriminate against individuals on the grounds of their protected characteristics. Equality should be integral to the way in which any support is prioritised and delivered.

8. Related Policies

- Self-Neglect and Non-Contact Escalation Protocol
- Discovery of a Deceased Person Policy

9. Evaluation and Review

9.1. This policy will be reviewed 2 yearly or sooner if there are significant changes in legislation, best practice guidelines, or feedback from individuals and staff.

10. Appendices

- Appendix 1: No response flowchart
- Appendix 2: No response checklist
- Appendix 3: Escalation Protocol

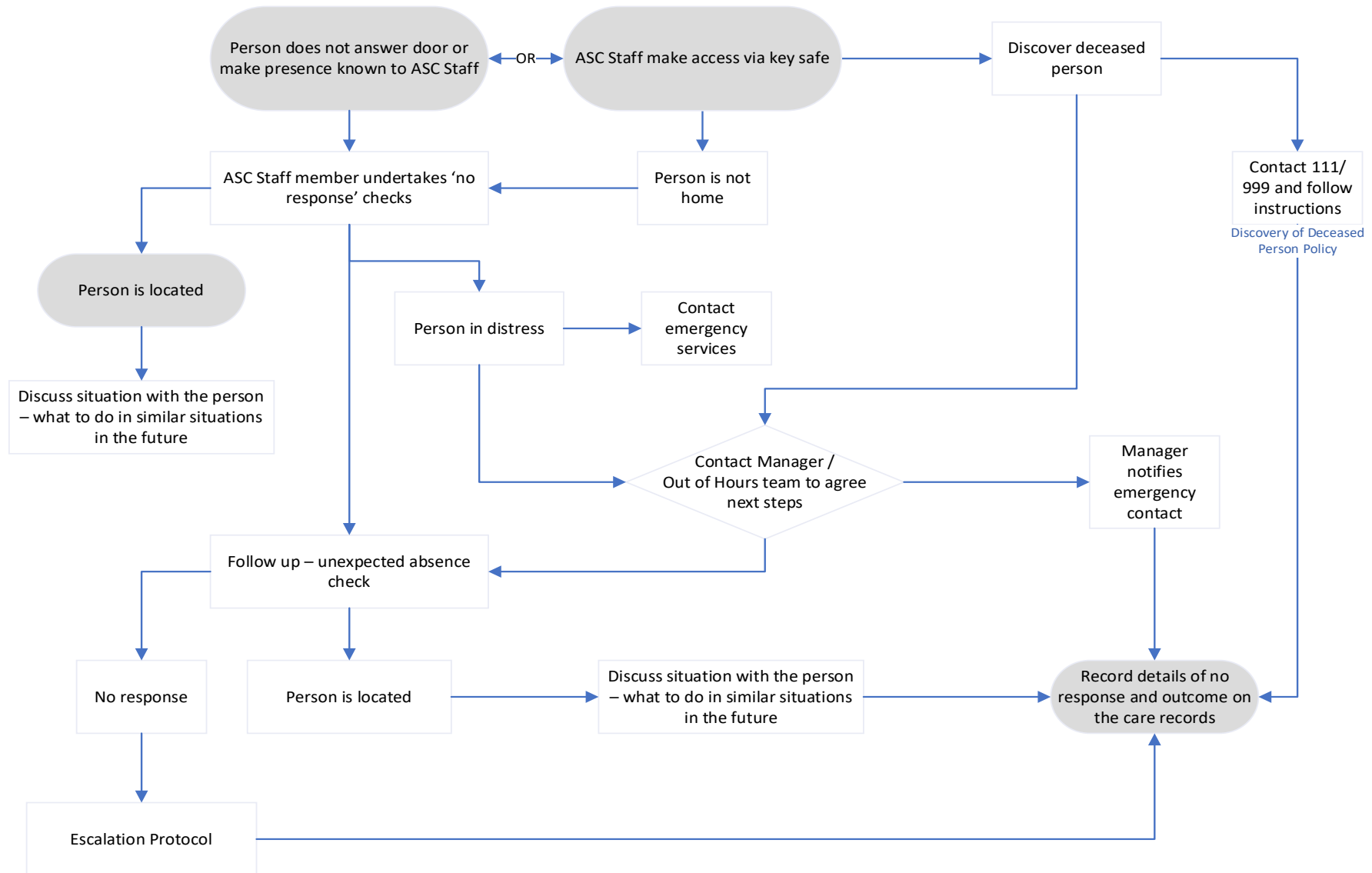
11. Reader Confirmation

Reader Confirmation

Please click the link below to complete the reader confirmation form. This form is to verify that you have read and understood the contents of this document:

[ASC Policy Reader Confirmation Form](#)

Appendix 1: No response flowchart



Appendix 2 No response Checklist and Responsibilities

If you get no access to or contact with the person at a planned or agreed visit you should immediately carry out the following checks as a minimum.

Task:	Responsible	Checked?
Ensure you are at the correct address	Visiting member of staff	
Check the agreed day and time of the appointment	Visiting member of staff	
Give the person time to come to the door	Visiting member of staff	
Knock again loudly	Visiting member of staff	
Telephone the person.	Visiting member of staff	
Look through doors, letterbox, windows	Visiting member of staff	
Check for signs the person is up and about, curtains drawn, milk outside etc	Visiting member of staff	
Walk around the property if possible, to gain access. (Always maintaining awareness of personal safety)	Visiting member of staff	
Make enquiries with the Independent Living Manager (If in a sheltered housing / independent living accommodation)	Visiting member of staff	
Check with any neighbours (without sharing any personal information).	Visiting member of staff	
Telephone Central Control (If on Carelink)	Visiting member of staff	
Check CareDirector for involvement/ next of kin/ emergency contact/ lives alone/ alerts/ care plan for regular activities e.g. day services	Office / Manager / Out of Hours	
Telephone any other contact numbers e.g. relatives and family.	Office / Manager / Out of Hours	
Telephone any other agency involved in the person's care e.g. District Nurse, GP or domiciliary care agency if there is one	Office / Manager / Out of Hours	
Escalation Protocol	Office / Manager / Out of Hours	

Appendix 3: Escalation Protocol

Escalation protocol. No contact Immediate welfare/safeguarding concern.



Escalation protocol. Unable to engage/contact no immediate welfare concerns.

