

E.19 No Response From Client to Scheduled Visit

1.0 INTRODUCTION/BACKGROUND

There is public concern that isolated people, especially frail older people, have died alone in the community and have not been found for weeks or months after they have passed away.

One quarter of older people lived alone in a private dwelling, making this the most common living arrangement after living with a partner. It was much more common for women than men to live alone – 32% compared with 17%. This represented 495,400 older women and 223,900 older men living alone. For both men and women the proportion living alone increased with age.

Of older people who lived alone, most reported a legal registered marital status of widowed (59%) but this varied between men and women – 69% of women and 38% of men who lived alone were widowed. Men who were divorced (30%) and never married (19%) accounted for substantial proportions of older men who lived alone.¹

With many older people wanting to remain living at home, the providers of community care services (such as Mercy Services) play an important role in helping to keep frail older people who live alone in the community safe from harm. They are in regular contact with many clients who could potentially be at risk. Taking appropriate and timely action when a client does not respond to a scheduled visit may reduce the risk of an adverse event, or result in earlier discovery of a mishap.

2.0 SCOPE

The purpose of this policy is to provide guidance to Mercy Services volunteers and staff when the client does not respond to the phone, doorbell or knock on the door at a time when the client had said they would be available to see the volunteer or staff person.

3.0 POLICY STATEMENT

Mercy Services Coordinators will ensure there is a planned and documented response for when a client does not respond to a scheduled visit.

When a client does not respond to a scheduled visit, the volunteer/staff should implement the client's agreed response plan.

¹ <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2071.0main+features602012-2013>

4.0 PROCEDURES

4.1 *Identifying the planned approach*

During the assessment process the Mercy Services Coordinator (or delegate) will ensure there is a planned response for when a client does not respond to a scheduled visit. Such a response will be developed after consultation with the client (and where appropriate their carer/family). The response will be individualised for each client, and documented with a copy made available to the client (usually Appendix 1 Emergency Plan). In the event that a client does not want any response, this should be documented.

Where the coordination of the client is shared among Coordinators (e.g., the Home Care Package or Home Support Program (HSP) after hours service) the planned response must be available to all in the Carelink+ software program (Emergency Summary and if necessary in Alerts).

Clients with external case managers will be notified if a scheduled service does not take place.

The planned response and client's emergency contact details will be reviewed as part of the regular Care Plan review.

4.2 *Spare key to client's home*

The Coordinator will discuss with the client the option of a spare key to the client's home being accessible and when it may be used. A spare key may be left in a locked box outside the client's home, with a neighbour or with a family member/friend.

The Coordinator will record on the client file where the client has spare keys to their home. This information must be kept secure to prevent unauthorised people discovering the key or combination to a locked box. It is therefore inappropriate for these details to be on paper rosters held by Community Care Assistants.

If there is a key to the client's home left in a locked box this will only be used to access a client's home if:

- the client is physically unable to open the door;
- the client has a hearing impairment and we know this is preventing her/him from hearing the staff/volunteer at the door;
- the client has locked her/himself out; or
- we know the client is alive but can't open the door e.g. via call from Vitalcal.

Where a client agrees to have a spare key accessible, the Coordinator must ensure the client specifies the circumstances under which the key may be used as per the following section in the Client Agreement:

AUTHORITY TO ENTER YOUR PREMISES

You give your permission for Mercy Services staff to enter your premises to provide care and services when:

- our staff arrive to mow your lawn; or
- we believe your safety is at risk.
- special conditions:.....

4.3 Clients with a history of not responding

If the client has dementia, a history of falls, mental health problems, and/or a history of missing or not responding to scheduled visits the Coordinator will ensure that this is detailed in the client's record.

If a staff/volunteer phones their Coordinator (or On-call Coordinator) to say that such a client is not responding the Coordinator may recommend the staff/volunteer revisit the client later in their shift or will ensure the client's contact person/next of kin or Coordinator follows up later in the day.

4.4 Ensuring a client's safety

The Coordinator may provide the client/carer with information on the option of a daily phone call to check their well-being. For instance, if the client is receiving a Package, a daily phone call could be included in the Care Plan or a HSP client may use the Red Cross Telecross service.

The Coordinator may also provide the client/carer with information on the option of a personal alarm system. For example clients referred by Mercy Services to Vitalcall receive a discount on the cost of that system.

4.5 When a client is not responding/contactable

Where a client has requested that they do not want a planned response and a volunteer/staff has concerns or there is an indication that there may be something wrong, the volunteer/staff should raise their concerns with their Coordinator who will then make a record of these concerns.

If the client is not there or responding when the volunteer/staff person arrives at a prearranged time and place, the volunteer/staff person will make reasonable efforts to clarify that the client is safe by:

- a) staff/volunteer will phone their Coordinator who will phone the client. They can look in the windows (if safe to do so from ground level) and check the house for "signs of life" or disturbance. If the client appears to be unconscious or injured or if there are signs of forced entry the staff/volunteer will phone their Coordinator (or on-call Coordinator) who will phone the Police and client's next of kin. If the client is being supported by an external case manager then the external case manager will be notified that the service was not completed, as soon as possible.
- b) as detailed above there are restrictions on when a spare key can be used to access a client's home. Volunteer/staff need to speak to a Coordinator to gain permission before using a client's spare house key. The Coordinator may identify with the worker the most appropriate person to accompany them when entering a client's home. This may be a Coordinator, neighbour, an emergency worker such as ambulance personnel, or a police officer.
- c) if there is no sign of the client the staff/volunteer will phone their Coordinator (or on-call Coordinator) who will then phone the client and if still no response the Coordinator will phone the client's next of kin/first contact and ask if they know the whereabouts of the client. If they can be contacted the next of kin are

to then take on the responsibility for following through on investigation and action.

- d) if there are no next of kin or the next of kin are unable to assist the Coordinator (or on-call Coordinator) will notify the Police
- e) the on-call Coordinator is to determine how long the staff/volunteer should wait for the client or client's next of kin.

If an on-call Coordinator is involved in "client not responding" incident s/he is to inform the regular Coordinator at the earliest possible time on the next business day.

4.6 Client/carers responsibilities

The client/carer agrees to notify the service provider if the client is not going to be home for the prearranged visit.

The client/carer to ensure that emergency contacts know they have been nominated as a contact and that emergency contact details are current.

4.7 Joint plans between providers where possible/appropriate

Where possible and appropriate, the formulation of a joint plan among service providers where a client is receiving services from multiple providers will be discussed with the client.

4.8 Compliance

As a way of checking that this policy is being complied with the relevant Manager will conduct a quarterly client file audit as described in Policy C.04 Program Performance & Monitoring. If a deviation from the policy is found to have occurred the Manager will address this with the relevant staff.

4.9 Evaluation

The performance indicators for the evaluation of this policy are:

- 90% of responses to client satisfaction survey are positive; and
- 90% satisfaction with the quality and completeness of client files found in quarterly file audits over a year.

5.0 REFERENCES

1. Australian Standards	nil
2. Legislation	a) Work Health & Safety Act 2011 (NSW) and amendments
3. Professional guidelines	nil
4. Codes of Practice	nil
5. Codes of Ethics	<ul style="list-style-type: none"> a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf c) The Nursing and Midwifery Board of Australia. Registration Requirements http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx

	<p>d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards</p> <p>e) Mercy Services Code of Conduct</p>
6. Evidence	<p>a) Dept Health & Ageing (11-09-09) "A Guide for Community Care Service Providers on how to respond when a community care client does not respond to a scheduled visit" http://www.health.gov.au/internet/main/publishing.nsf/Content/9E84EC49FCBB0286CA2576900018BAA9/\$File/the_guide.pdf</p> <p>b) The Guide for Community Care Service Providers on how to respond when a community care client does not respond to a scheduled visit http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-guide-professional.htm</p> <p>c) Agreement for Standing Offer for Provision of Services between HNEHS (COPS) and Mercy Services</p>
7. Mercy Services Values	Justice, Respect, Care, Unity, Service

6.0 OTHER RELATED POLICIES AND PROCEDURES

- A.01 Mission and Philosophy
- A.03 Code of Conduct (staff and volunteers)
- A.05 Reconciliation
- C.04 Program Performance & Monitoring
- C.05 Quality Improvement
- E.01 Service Guarantee
- E.02 Service Access and Equity
- E.03 Meeting Individual Needs
- E.05 Client Participation, Decision Making & Advocacy
- E.06 Involvement of Families and Friends
- E.07 Behaviour Support
- E.08 Complaints
- E.09 Client Records
- E.10 Nursing Care
- E.11 Coordination with other services
- E.13 Cultural Awareness
- E.14 Duty of Care
- E.15 Privacy Policy
- G.06 Safe Home Visiting

7.0 RELATIONSHIP WITH STANDARDS

<i>Aged Care Accreditation Standards</i>	<i>Home Care Standards</i>	<i>Disability Standards</i>	<i>EQIP Standards</i>
1.8, 2.6, 3.5, 3.6, 3.9, 4.5, 4.6	1.4, 1.6, 2.2, 2.3, 2.4, 2.5, 3.5	1.1, 1.2, 1.3, 1.4, 1.4, 1.7, 1.8, 1.9, 2.1, 3.1, 4.5, 5.1,	1.1.1, 1.1.4, 1.1.5, 1.2.2

8.0 DOCUMENT CHANGES RECORD

<i>Dates of change</i>	<i>Section altered</i>	<i>Natures of changes made</i>
18/12/2010	All	First record of document
27/11/2012	All Sections	Organisation name updated

21/01/2013	a) 4.01 Identifying the planned approach b) Appendix one	a) Reference to Appendix One and changes to Client Agreement section on spare key b) New section
13/09/2013	a) 4.8 Compliance and 4.9 Evaluation b) Appendix one	a) New sections b) Additional questions added
07/07/2014	a) 5.0 References b) 7.0 Relationship with Standards c) Appendix one	a) Update Codes of Ethics b) Add Aged Care Standards c) Numerous changes
29/09/2015	a) 1.0 Introduction b) 4.1 Identifying the planned approach c) 4.5 When a client is not responding/contactable d) 5.0 references e) 6.0 Other related policies f) 7.0 Relationship to Standards g) Appendix 1	a) Update with most recent Census data b) Reorder and reword some sentences. Change COPS sentence to refer to all "external case managers" c) Change COPS sentence to refer to all "external case managers" d) Update: Codes of Practice and Evidence e) Update f) Added Aged Care and updated Disability Standards g) Updated with current version
Review due 29/09/2018		

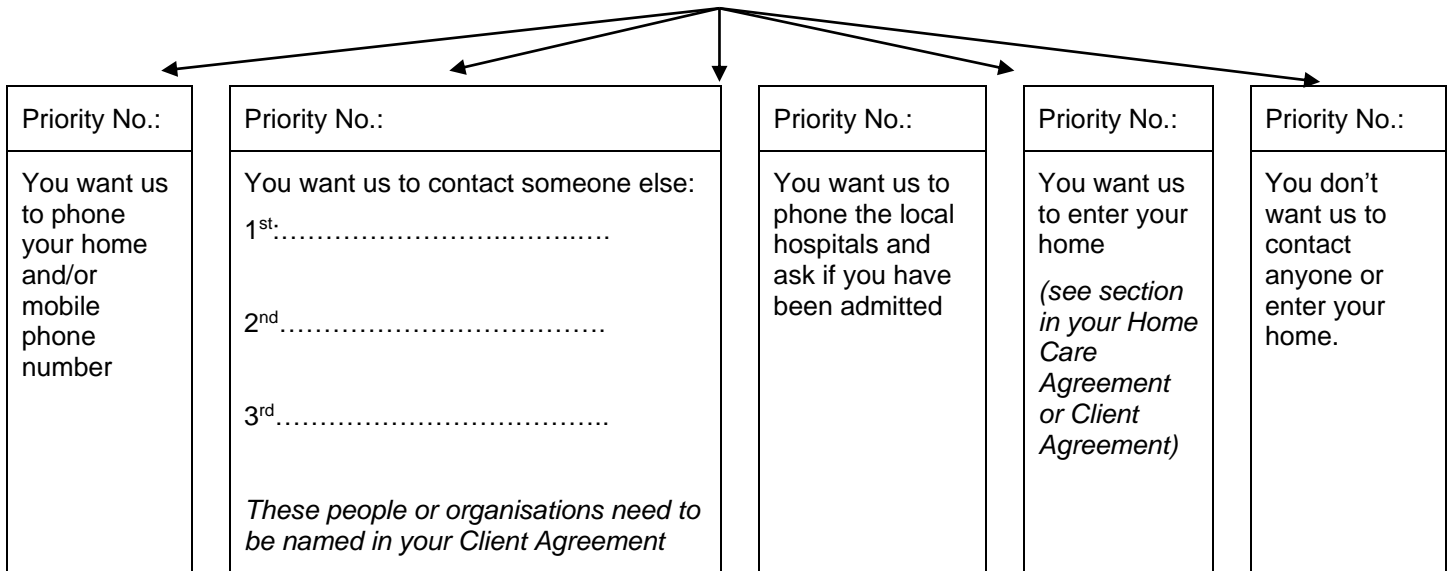
Appendix one

Emergency Plan

Client name: Date of birth:

Address: Nearest cross street:

If Mercy Services staff arrive at your home and there is no response when we knock on the door or ring the door bell what do you want us to do:



* Cross out any non-applicable options

Spare key to your home

If you have a spare key to your home where is it:

- With a person
- In a locked box Code

Emergencies

1. You have already given us permission to call an **ambulance** if we believe you need this.
2. If your **medication** is in a locked box – what is the combination or location of key
3. Has your **electricity supplier** been notified that you have life support equipment yes N/A
4. Has your **phone supplier** been notified that you have a diagnosed life-threatening medical condition that means you depend on a reliable, fixed-line home telephone service to be able to call for assistance when needed (e.g., Telstra 132 203) yes N/A
5. Does client want a referral for a **Vitalcall** service (forms available from Mercy Services)
 yes No the client already has Vitalcall

In an emergency you can contact: **Ambulance, Fire, Police****000**
The support people you would call during an emergency are:

Emergency while you are at one of our Centre Based Activities

Your special requirements when **evacuated** from one of our Centres:

- Will you need to evacuate an Assistance Animal yes N/A

- What type of assistance do you require to evacuate a place?
.....

- What equipment do you require to evacuate a place?
.....

- Are our staff trained/capable of providing the evacuation assistance required Yes No
What training have they had
.....

- Please provide a step by step description of how you will be evacuated:
.....
.....
.....

- Please provide a diagram showing the route an evacuation would take

Mercy Services Site Chief Warden signature:

Review date: / /

Advanced Care Directive

We recommend you complete an Advance Care Directive so we are aware of what you want us to do if you are unconscious or otherwise not able to communicate your wishes. Coordinators can give you a form for this.

<..\Shared\Forms & Letterhead\Client service delivery\Advance Care Directive.pdf>

We agree with this plan for emergencies:

Client signature..... Co-ordinator signature Date.....

Verbal Agreement: