

Title

On Call Policy and Procedure

Principle

Homekare Community Services is committed to providing safe, high-quality domiciliary care to client's 24 hours a day, 7 days a week. This includes providing team member's with access to immediate support, guidance, and escalation when they encounter situations they cannot manage alone.

The on-call service is a critical part of our duty of care to both client's and team member's. On-call team are responsible for:

- Providing immediate support and guidance to team member's facing emergencies or complex situations in service users' homes.
- Receiving and escalating safeguarding concerns in line with Nottinghamshire Safeguarding Adults procedures.
- Coordinating emergency responses, including arranging alternative care if a team member is unable to complete a visit.
- Making clinical or pastoral decisions where appropriate, within the scope of their competency.
- Monitoring service continuity and quality overnight and at weekends.

Objectives

This policy ensures that on-call arrangements comply with CQC Fundamental Standards, Health and Social Care Act 2008 Regulations, Skills for Care standards, NICE guidance, and Nottinghamshire Safeguarding Adults requirements.

Scope

This policy applies to all team member's who undertake on-call duties at Homekare Community Service, including:

- Senior Care Team
- Care Manager
- Registered Manager

This policy does not apply to team member's who are not currently on-call, but team member's are expected to understand how to access on-call support.

Procedure

1.ON-CALL STAFFING STRUCTURE

1 .1 On-Call Roles & Responsibilities

On-Call Senior Team Member / Care Manager:

Responsible for:

- Receiving calls from team member's in the field
- Providing immediate support, advice, and guidance on practical issues (e.g., equipment breakdown, guidance on care tasks)
- Receiving safeguarding concerns and escalating in line with procedures
- Coordinating emergency responses and alternative care
- Documenting all on-call activity in the on-call log
- Escalating complex situations to the on-call manager

On-Call Registered Manager / Duty Manager:

Responsible for:

- Oversight of the on-call service
- Making clinical or pastoral decisions on complex situations
- Authorising emergency escalation (e.g., calling emergency services, contacting local authority)
- Responding to safeguarding concerns that require immediate action
- Debriefing team member's after difficult incidents
- Reviewing on-call activity and identifying trends or training needs

1.2 On-Call Rota & Availability

Minimum On-Call Provision:

- One on-call team member must be available 24 hours a day, 7 days a week.
- An on-call manager (Registered Manager or Duty Manager) should be contactable for complex situations, even if not actively on-call.

On-Call Rota Management:

- The on-call rota is managed by the HR & Compliance Lead and approved by the Registered Manager.
- Rotas are published at least 6 weeks in advance.
- On-call team member's should not be expected to change rotas at short notice unless in exceptional circumstances.
- On-call shifts are typically 12 hours overnight (7pm–7am) or 24 hours at weekends.
- On-call team member's should not be rostered for regular care work on the same day as an overnight on-call shift.

Contact Details:

- On-call contact details are provided to all care team member's and are displayed in the office.
- Care team member's receive on-call contact details during induction and can access them at any time through secure systems or contact sheets.

- On-call team member's should confirm their availability at the start of each shift.

2. ON-CALL STAFF SELECTION & COMPETENCY

2.1 Selection Criteria

Team member's selected for on-call duties should meet ALL the following criteria:

Essential

- Hold a current Care Certificate (16 Standards) or equivalent Level 2/3 qualification
- Minimum 12 months' experience in community care at HomeKare Community Services
- Demonstrated competency in core care tasks and safeguarding awareness (assessed through annual appraisal and supervision)
- Strong communication skills (verbal and written)
- Ability to remain calm under pressure and make sound judgement
- Reliable and punctual with a good attendance record
- Able to work independently and use initiative
- Passed DBS check and enhanced vetting

Desirable

- Qualification in Health & Social Care at Level 3 or above
- Previous experience in a supervisory or coordinating role
- Training in mental health awareness or dementia care
- Experience in emergency response or crisis management

2.2 Competency Assessment

Before undertaking any on-call duty, team member's must:

- Complete on-call induction – A 1-day induction covering emergency protocols, communication systems, escalation procedures, and safeguarding processes.
- Demonstrate competency– The Registered Manager should assess the team member's understanding of on-call protocols through observation, discussion, and practical assessment (e.g., role-play scenarios).
- Shadow an experienced on-call team member – A minimum of 2 nights of shadowing before taking on independent on-call duties.
- Receive sign-off from the Registered Manager – Formal sign-off that the team member is competent to work on-call independently.

Competency is reassessed annually as part of appraisal and more frequently if concerns arise.

3. ON-CALL TRAINING & DEVELOPMENT

3.1 Mandatory Training

All on-call team member's must complete the following mandatory training, in addition to the standard care worker training requirement:

On-Call Induction (within first week of on-call duties)

- Duration: 1 day
- Content:
 - Overview of on-call role and responsibilities
 - Communication systems and technology
 - Escalation procedures and decision-making frameworks
 - How to receive safeguarding concerns
 - Managing emergencies (health, safety, welfare)
 - Nottinghamshire Safeguarding Adults procedures
 - Record-keeping and documentation
 - Team wellbeing and support

Safeguarding Adults – On-Call Specific (annually)

- Duration: 2 hours
- Content:
 - Recognising abuse and neglect in domiciliary care
 - How to receive safeguarding concerns from care team member's
 - Assessing risk and making immediate decisions
 - Nottinghamshire Safeguarding Adults procedures and reporting timescales
 - Local authority contact details and referral process
 - Record-keeping and confidentiality

Emergency Response & First Aid (annually)

- Duration: 1 day (for on-call managers); 3 hours (for on-call team member's)
- Content:
 - First aid awareness and telephone guidance
 - When to call 999 and what to say
 - Supporting a care team member managing a health emergency in a client's home
 - De-escalation techniques for managing distressed or aggressive client's
 - Lone worker safety protocols

Mental Capacity Act & Duty of Care for On-Call Team member's (annually)

- Duration: 2 hours
- Content:
 - Capacity assessment and consent
 - Duty of care in emergency situations
 - Balancing autonomy with safety
 - Protecting vulnerable adults

Communication & Difficult Conversations (every 2 years)

- Duration: 1 day
- Content:

- Active listening and empathy
- Managing difficult conversations over the telephone
- De-escalation and conflict resolution
- Supporting team member's after distressing incidents

3.2 Optional Development

On-call team member's are encouraged to undertake additional training and qualifications relevant to their role, such as:

- Mental health first aid
- Dementia care
- Substance misuse awareness
- Supervision & coaching skills
- Clinical decision-making for senior team member's

4. ON-CALL PROCEDURES

4.1 Receiving Calls from Care Team member's

How Care Team member's Access On-Call Support

- Care team member's can contact on-call team by telephone at any time during their shift.
- The on-call telephone number is provided to all care team member's and displayed in care plans.
- Care team member's should call as soon as they identify a problem or emergency – they should not try to manage alone.

Initial Call Reception

When a care team member calls on-call, the on-call team member should:

- Greet and identify – Welcome the care team member and confirm their name and identity.
- Assess urgency – Ask the care team member to briefly explain the situation. Is it an emergency (immediate danger) or a concern that needs guidance?
- Gather information – Obtain details about the client, the nature of the problem, and what the team member has already done.
- Remain calm and supportive – The team member may be stressed or anxious. The on-call team member should speak clearly, listen actively, and reassure.
- Avoid jargon – Use plain English. Some care team member's may be less experienced and need clear, step-by-step guidance.

4.2 Decision-Making Framework

The on-call team member should use the following framework to determine what action is needed:

STEP 1: ASSESS THE SITUATION

- Is there immediate danger to the client or care team member? (Potential for harm, violence, medical emergency)
- Is the client's care plan being followed? Are there specific instructions that apply?
- What has the care team member already tried to do?
- What is the client's mental capacity? Can they consent to decisions being made?

STEP 2: DETERMINE THE LEVEL OF RESPONSE NEEDED**

Level 1 – Guidance & Support (Low Risk)

- The situation does not pose immediate danger but the care team member needs advice or reassurance.
- Examples: Care team member is unsure how to assist with a particular care task, equipment has broken but is not essential, client is being difficult but not aggressive.
- ****Action:**** Provide clear, step-by-step guidance. Stay on the line if needed. Document the call.

Level 2 – Assessment & Advice (Medium Risk)

- The situation requires further assessment or decision-making. Immediate danger is not present but action is needed.
- Examples: Client has fallen but is conscious and responding, client is refusing care, client's condition has changed but they are not in immediate crisis.
- ****Action:**** Ask further questions to assess risk. Provide advice and guidance. May need to escalate to on-call manager. Document the call and decision.

Level 3 – Immediate Action & Escalation (High Risk)

- Immediate danger is present or immediate action is required to prevent harm.
- Examples: Client is unconscious or having difficulty breathing, client is displaying signs of self-harm, safeguarding concern suggests current abuse or neglect, care worker is in danger.
- ****Action:**** Call emergency services (999) immediately or advise the care team member to do so. Escalate to on-call manager. Notify the local authority if safeguarding is suspected. Document all actions and timings.

STEP 3: TAKE ACTION

- Provide guidance to the care team member.
- If appropriate, contact emergency services or local authority.
- If needed, escalate to the on-call manager.
- Ensure the care team member knows what to do next.
- Reassure the care team member that they have done the right thing by calling.

****STEP 4: FOLLOW-UP****

- Stay in contact with the care team member until the situation is resolved or help has arrived.
- After emergency services or local authority involvement, ensure a full debrief is arranged for the care team member.
- Document everything in the on-call log.

4.3 Escalation Pathways

****When to Escalate to the On-Call Manager****

- Any safeguarding concern
- Any emergency situation (potential injury, illness, death)
- Any situation where a significant decision needs to be made (e.g., authorising the care team member to stop care, arranging alternative cover)
- Any situation where the on-call team member is uncertain about the right course of action
- Any situation involving a vulnerable adult at risk of abuse or neglect

****When to Call 999 (Emergency Services)****

- Someone is unconscious, unresponsive, or choking
- Serious allergic reaction
- Difficulty breathing
- Chest pain
- Severe bleeding or choking
- Suspected poisoning
- Signs of stroke (facial drooping, arm weakness, speech difficulty)
- Suspected fracture or serious injury
- Fire, gas leak, or other immediate environmental danger

When to Contact the Local Authority (Safeguarding)**

- Any concern that an adult at risk is being abused, neglected, exploited, or at risk of self-harm.
- Contact: Nottinghamshire County Council Safeguarding Adults – 0300 500 80 90 or safeguarding1.adults@nottscc.gov.uk.
- Timescale: Within 24 hours of concern identification (or immediately if immediate danger)

2.4 Safeguarding Concerns – Specific Procedures

How to Receive a Safeguarding Concern

When a care team member reports a safeguarding concern, the on-call team member should:

- Listen carefully without interrupting or expressing judgement.
- Ask clarifying questions:
 - What exactly did you see, hear, or notice?
 - When did this happen?
 - Did the client say anything?

- Have you seen anything similar before?
- Is the client at immediate risk?
 - Reassure the care team member that they have done the right thing by reporting.
 - Do not investigate – The on-call team member should not try to interview the client or gather evidence.
 - . Escalate immediately to the on-call manager or make a referral to the local authority if:
- There is immediate danger
- The concern suggests serious abuse, sexual abuse, or exploitation
- The client lacks capacity to consent to their safety plan

Safeguarding Referral Process

If a safeguarding concern is received on-call:

- The on-call team member (or manager) should contact the local authority Safeguarding Adults Team to make a referral.
- ** Nottinghamshire County Council Safeguarding Adults – 0300 500 80 90 or safeguarding1.adults@nottscc.gov.uk.
- **Timescale:** Within 24 hours of concern (or immediately if immediate danger)
- **Information to provide:**
 - Your name, role, and organisation
 - Service user's name, date of birth, and address
 - Nature of the concern (what happened)
 - When it was identified
 - Who is alleged to have caused the harm
 - Any immediate risks
 - What action has been taken already

Recording the Concern

All safeguarding concerns received on-call must be recorded:

- In the on-call log (date, time, who reported, what was reported, what action was taken)
- In the client's care file (if already open)
- A safeguarding concern form should be completed and filed with the Registered Manager within 24 hours

2.5 Handling Emergencies

Medical Emergencies

When a care team member reports that a client is experiencing a medical emergency (unconsciousness, difficulty breathing, chest pain, severe injury):

- Advise the care worker to call 999 immediately – Do not delay while waiting for on-call advice.
- Stay on the line with the care team member to provide moral support.

- Provide guidance if the care team member needs to perform first aid (recovery position, CPR) – only if the care team member is trained.
- Notify the on-call manager and the client's named coordinator.
- Ensure the care team member's knows what will happen next (ambulance is coming, they should stay with the client, etc.).

Safety Emergencies

When a care team member reports danger (fire, gas leak, violent person, intruder):

- Advise the care team member to leave the property and go to a safe place immediately – Safety comes first.
- Advise calling 999 if there is immediate danger (fire, intruder, etc.).
- Do not ask the care team member to stay in danger to provide care or gather information.
- Notify the on-call manager and begin contingency planning.

Welfare Emergencies

When a care team member reports that a client is at risk (suicidal ideation, severe mental health crisis, aggressive behaviour towards the care team member):

- Assess immediate risk – Is there immediate danger to the client or care team member?
- If immediate danger: Advise calling 999 or the mental health crisis team (if the client is known to mental health services).
- If no immediate danger: Explore what support is available (family, friends, mental health services, GP).
- Escalate to the on-call manager if the situation is complex or ongoing.
- Arrange follow-up care and consider whether the care plan needs to be reviewed.

3. ON-CALL SUPPORT & SUPERVISION

3.1 Supervision of On-Call Team Members':

During the On-Call Shift

- The on-call team member should have a named manager or coordinator they can contact if they need guidance or support.
- If the on-call team member takes a call about an unfamiliar situation, they should not hesitate to escalate for advice.
- The on-call manager should be available (by telephone if not on-site) to provide oversight and support.

Regular Supervision

- On-call team member's should receive formal supervision at least monthly to review on-call activity, decision-making, and any training needs.
- The supervision should cover:
 - Calls received and how they were handled

- Any difficult situations or near-misses
- Feedback on communication and decision-making
- Training needs identified
- Support for the on-call team member's own wellbeing

Debriefing After Difficult Incidents

- If an on-call team member has managed a traumatic incident (e.g., death of a client, serious injury, safeguarding emergency), they should be offered a debrief with the Registered Manager or a counsellor.
- Debriefing should happen within 24–48 hours.
- The debrief should cover what happened, how the on-call team member is feeling, and what support they need.

3.2 Support & Wellbeing for On-Call Team Member's

Stress & Fatigue Management

- On-call duties can be stressful and impact sleep. The organisation should monitor on-call team for signs of fatigue, stress, or burnout.
- On-call team should be offered access to:
 - Counselling
 - Stress management training
 - Regular breaks between on-call shifts
 - Adequate rest periods

Rest & Recovery

- On-call team should not be rostered for regular care work on the same day as an overnight on-call shift. A minimum of 8 hours rest should be provided between the end of an on-call shift and the start of daytime duties.
- On-call team should have at least 2 consecutive rest days per week, in addition to on-call shifts.

Peer Support

- On-call team should be encouraged to communicate with colleagues about their on-call experience.
- A buddy system can be used so that on-call team can speak to another experienced team member for advice or support.

4. ON-CALL COMMUNICATION SYSTEMS

4.1 Communication Methods

All on-call arrangements should have reliable, tested communication systems. At Homekare Community Service's, these include:

Primary: Dedicated on-call mobile telephone (provided by Homekare Community Service)

- The on-call phone number is given to all care team member's and displayed in care plans.
- The phone should be charged and switched on at all times during the on-call shift.
- The on-call team member should answer within 3 rings if possible.

Secondary: Office telephone (for backup if mobile fails)

- Care team member's can call the main office number and ask to be transferred to the on-call team member.
- Office team member's should know how to contact the on-call team member if not immediately reachable on the mobile.

Technology: Secure messaging system (if available)

- Care team member's can send messages to on-call team via the Homekare Nurse Buddy app or secure messaging system.
- On-call team member's should respond to messages within 5 minutes.

Emergency: 999 (Emergency Services)

- Care team member's should call 999 directly for life-threatening emergencies.
- On-call team should be notified as soon as possible after emergency services have been called.

4.2 Testing & Troubleshooting

- On-call mobile phones should be tested weekly to ensure they are working.
- Phone numbers should be checked monthly to ensure they are correct and published to care team member's.
- If the on-call phone fails, the team member should immediately contact the office to report the problem and ensure a backup is available.
- Mobile phone batteries should be fully charged before each on-call shift.

5. ON-CALL RECORD-KEEPING

5.1 On-Call Log

All on-call activity must be recorded in an on-call log. The log should include:

- Date and time of the call
- Care team member's name** and who they called about (client's name, if applicable)
- Nature of the call (guidance, emergency, safeguarding concern, missed visit coordination, etc.)
- Brief description of what was reported
- Action taken (advice given, escalation made, referral to local authority, 999 call, etc.)
- On-call team member's name who took the call
- Outcome (if known – how the situation was resolved)
- Time call ended

5.2 Safeguarding Record

If the on-call call relates to a safeguarding concern, additional recording is required:

- A safeguarding concern form should be completed with full details.
- The Registered Manager should be notified within 24 hours.
- The concern should be recorded in the client's care file if already open.
- If a referral is made to the local authority, the referral form and confirmation of receipt should be kept.

5.3 Confidentiality & Data Protection

- All on-call logs should be kept securely and access restricted to managers and team member's with a legitimate need to know.
- On-call team should remember duty of confidentiality when discussing clients.
- Clients' names and personal details should not be discussed in public areas.
- If the on-call phone is overheard by others, the conversation should not contain identifying information.

5.4 Data Retention

- On-call logs should be retained for a minimum of 3 years.
- Safeguarding records should be retained in accordance with safeguarding policy (minimum 3 years after service user ceases to receive care).

6. MONITORING & QUALITY ASSURANCE

6.1 Monthly On-Call Review

The Registered Manager should review all on-call activity monthly and consider:

- Volume of calls – Is the on-call service being used appropriately? Are there trends?
- Types of calls – What are the most common reasons for on-call contact? (e.g., medication queries, safeguarding, emergencies)
- Response times – Were calls answered promptly? Were escalations handled quickly?
- Outcomes – Were situations resolved? Were there any poor outcomes?
- Team member's feedback – What do on-call team report about their experience? What support do they need?
- Team member feedback – Have care team member's expressed concerns about on-call availability or responsiveness?

6.2 Quarterly Analysis

Every quarter, the Registered Manager should analyse on-call data to identify:

- Patterns (e.g., are there particular shifts when there are more calls?)

- Training needs (e.g., are care team member's frequently asking about a particular topic?)
- Gaps in support systems (e.g., are there situations that should have been escalated earlier?)
- Opportunities for improvement

6.3 Annual Appraisal

On-call team performance should be reviewed as part of annual appraisal, considering:

- Competency in handling on-call calls
- Communication skills and responsiveness
- Decision-making and judgment
- Safeguarding awareness and reporting
- Feedback from colleagues and the Registered Manager
- Wellbeing and stress levels
- Training and development needs

7. HEALTH & SAFETY & TEAM MEMBER WELLBEING

7.1 Working Time Regulations

On-call team are entitled to the protections of the Working Time Regulations 1998, which set limits on working hours and require rest periods.

How On-Call Time Counts

- Active on-call (at the office, ready to respond): Counts fully towards working time.
- Passive on-call (at home, available to respond): May count as working time depending on frequency of calls and time required to respond.

Homekare Community Services currently uses passive on-call arrangements (team available at home). The organisation monitors the number of calls received to determine if the time counts towards working time limits.

Working Hours Limits

- On-call team should not work more than 48 hours per week on average, including on-call time.
- On-call shifts should be scheduled to avoid excessive fatigue.

Rest Periods

- On-call team are entitled to adequate rest between shifts.
- A minimum of 8 hours rest should be provided between the end of an on-call shift and the start of daytime duties.
- On-call team should have at least 2 consecutive rest days per week.

7.2 Health & Safety Considerations

Risk Assessment for On-Call Duties

- Homekare Community Services has carried out a risk assessment of on-call duties and the potential hazards to team members, including:

- Stress and fatigue from being available 24/7
- Sleep disruption (overnight on-call)
- Emotional impact of managing emergencies or safeguarding concerns
- Isolation (working alone)

Mitigation Measures

- On-call team have access to counselling and employee support.
- Regular supervision includes discussion of wellbeing.
- On-call rotas are managed to prevent excessive fatigue.
- Adequate rest is provided between on-call shifts.
- On-call team are encouraged to raise concerns about workload or stress.

Equipment & Environment

- On-call team working from home should have a suitable working environment.
- A dedicated desk and telephone (ideally) should be available.
- Lighting should be adequate.
- The home should be a safe, quiet space for receiving calls.

8. WHEN ON-CALL ARRANGEMENTS CANNOT BE MET

If, for any reason, Homekare Community Service is unable to provide on-call cover (e.g., team member illness), the following contingency measures should be implemented:

- Notify all care team and clients immediately of the change to on-call arrangements.
- Provide alternative contact numbers (e.g., local authority emergency duty team, NHS 111).
- Brief all care team member's on what to do if they encounter an emergency and on-call support is not available (i.e., call 999 or the local authority emergency duty team).
- Reduce service delivery if necessary to ensure care team member's are not working alone in complex situations.
- Arrange temporary cover from another care provider, agency worker's, or the local authority.

The Registered Manager should ensure that the lack of on-call cover is recorded and escalated to the Director.

9. POLICY COMPLIANCE & AUDIT

9.1 CQC Compliance

This policy ensures compliance with CQC Fundamental Standards, particularly:

- Regulation 18 (Staffing) – On-call team are suitably qualified, competent, and supervised.
- Regulation 9 (Safe Care) – On-call arrangements ensure clients' care is provided safely.
- Regulation 11 (Safeguarding) – On-call team are trained in safeguarding and escalate concerns appropriately.

9.2 Monitoring Compliance

- The Registered Manager is responsible for monitoring compliance with this policy.
- Monthly on-call reviews will identify any breaches or concerns.
- Compliance will be included in the monthly governance report to the Director.
- Any serious breaches (e.g., failure to escalate a safeguarding concern, unavailable on-call phone) should be reported to the Director immediately.

9.3 Audit Trail

- All on-call calls are documented in the on-call log.
- This creates an audit trail showing that on-call arrangements are working and are responsive to emergencies.
- The audit trail can be used to demonstrate CQC compliance during inspections.

10. TRAINING & AWARENESS

All HomeKare Community Services team member's should understand this policy:

- Care team should know how to access on-call support and what to expect.
- On-call team should be fully trained in their role and competency assessed.
- Managers should understand their responsibility for overseeing on-call arrangements.

Training on this policy should be provided at:

- Induction for new care team member's
- Induction for new on-call team (plus on-call specific training)
- Annual refresher training for all team member's
- Regular team meetings and supervision

11. POLICY REVIEW

This policy will be reviewed:

- Annually, or sooner if there are significant changes in regulation or guidance
- Following any serious incident or safeguarding emergency
- When feedback from on-call team or care team member's suggests changes are needed
- In response to CQC recommendations or regulatory changes

Policy reviews will be carried out by the Registered Manager and HR & Compliance Lead and approved by the Director.

Linked Legislation and Guidance

This policy is developed in accordance with:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulation 18 – Staffing)
- Care Quality Commission (CQC) Fundamental Standards – particularly Regulations 9 (Safe Care), 11 (Safeguarding), and 18 (Staffing)
- Care Act 2014 – Duty of Care and Safeguarding Principles
- Health and Safety at Work etc. Act 1974 – Duty of care to employees
- Working Time Regulations 1998 – Working hours and rest entitlements
- Skills for Care Standards & Code of Conduct for healthcare support workers and adult social care workers
- NICE Guideline NG21 – Home care: delivering personal care and practical support to older people
- SCIE Standards – Safety and safeguarding in care settings
- Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults Procedures

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References and Appendices			
• Appendix A: • Appendix B: • Appendix C:			