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THIS POLICY IS FOR:	Staff including Agency Workers (temporary workers), Commissioners and Service Users

MISSING SERVICE USER

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MISSING SERVICE USER POLICY AND PROCEDURE

The aim of this policy is to ensure that Nursing Direct Healthcare Limited (herein after referred to as "Nursing Direct") both as a care provider and employer, meets its responsibilities in supporting their staff including Agency Workers on how to respond in the event that a service user goes missing from their home.

1. PURPOSE

- 1.1 To ensure that staff including Agency Workers understand the procedure to follow in the event of Staff including Agency Workers being able to access the Service User's home (e.g. via a key in a safe) at the agreed scheduled time but finding that the Service User is not home as expected. This policy must be read alongside Access to People's Homes (No Reply) Policy and Procedure.
- 1.2 To ensure that Nursing Direct responds in a proportionate, well-considered and reasonable manner to a missing Service User incident.
- 1.3 To safeguard the wellbeing of vulnerable service users.
- 1.4 To support Nursing Direct in meeting the Key Lines of Enquiry and Quality Statements as set out by the Care Quality Commission (CQC).
- 1.5 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:
 - The Care Act 2014
 - Human Rights Act 1998
 - Mental Capacity Act 2005
 - Mental Health Act 2007
 - Data Protection Act 2018
 - The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
 - UK GDPR

2. SCOPE

- 2.1 The following roles may be affected by this policy:
 - All staff including Agency Workers
 - Relevant authorised personnel responsible for responding to and reporting missing events.
- 2.2 The following people may be affected by this policy:
 - A Service User whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be a subject of crime or at risk of harm to themselves or another
 - Vulnerable service users of Nursing Direct at risk of going missing or absconding.
- 2.3 The following stakeholders may be affected by this policy:
 - Family/Next of Kin
 - Advocates
 - Power of Attorney Holders
 - Commissioners
 - External health professionals
 - Local Authority
 - NHS/CCG/ICB

3. OBJECTIVES

To set out Nursing Direct's approach to the proportionate identification, assessment, and management of risks arising where a service user goes missing or absconds from the service.

To ensure that any identified uncontrolled risks are assessed and, where possible, eliminated or reduced to the lowest level reasonably practicable by Nursing Direct.

- 3.1 To ensure that Service Users have freedom of choice and privacy, this includes the choice to leave their home, unless constrained by a Deprivation of Liberty Authorisation or other legal restraint which specifically restricts their freedom in this respect.
- 3.2 To ensure that all staff including Agency Workers recognise their responsibility for the safety and security of all Service Users.
- 3.3 To ensure that all decisions that are made follow the Mental Capacity Act 2005 five principles and best interests' guidance.
- 3.4 To ensure that Nursing Direct has mechanisms in place to keep up to date with Service Users' whereabouts and maintain their safety and welfare.

4. POLICY

- 4.1 Nursing Direct understands that it provides Care for Service Users who may be frail, infirm, or limited in their mobility. Some Service Users may also have cognitive difficulties that can put them at risk including disorientation, lack of judgement and difficulty wayfinding and therefore become easily lost or vulnerable if unaccompanied.

For these reasons, a Service User going “missing” from home may be an obvious cause for concern regarding the Service User’s safety and must be considered as a potential emergency situation.

- 4.2 Nursing Direct recognise its responsibilities towards missing service users and in order to support the service users and adopt a reporting strategy with step-by-step guidance as directed by Nursing Direct.
- 4.3 Any response to a missing Service User will be proportionate, considered, and reasonable. Nursing Direct will ensure that risk assessments are undertaken prior to care commencing for Service Users who are known to ‘exit seek’ and put themselves at risk. Nursing Direct will also ensure that up-to-date details of Service Users are on file and will consider using the Herbert Protocol for Service Users who are considered at risk.
- 4.4 All Service Users have freedom of choice, including the choice to leave their home, unless constrained by a Deprivation of Liberty Authorisation or other legal restraint which specifically restricts their freedom in this respect. However, it is necessary that members of staff including Agency Workers understand the importance of responding and reporting when a Service User is unexpectedly not at home at the time of an agreed visit.
- 4.5 A multi-agency approach involving the police, social services, health practitioners, and other partners is essential to support service users who go missing. This collaboration ensures their safety, addresses the underlying reasons for their disappearance, provides timely assistance, and reduces the risk of future incidents.
- 4.6 **Absconding**
Nursing Direct recognises that some Service Users may abscond as part of a behavioural pattern. The Missing Service User Policy and Procedure applies in this situation.

Whereas the Herbert Protocol is used for those with Dementia, an alternative Missing Person’s Assessment Form is to be used for those Service Users who may have a history of absconding or present as at risk of going missing or absconding. This will enable a focused approach when dealing with these situations.

- 4.7 In the event of a Service User going missing, this policy will be adhered to. It is the policy of Nursing Direct that all staff including Agency Workers recognise their responsibility for the safety and security of all Service Users.

5. PROCEDURE

5.1 Prevention

Whilst the emphasis of this policy and procedure is on when Service Users go missing, it is fundamentally vital that Nursing Direct does all it can to prevent this happening in the first place.

5.2 Record Keeping and Consent

- It is essential to keep up-to-date information for all individuals at Nursing Direct
- Prior to starting care and support with Nursing Direct, full information about the Service User will be taken which includes addresses (home, work, previous, family), all known and significant locations and descriptive information such as the Service User’s skin colour, hair (colour, style), eye colour, height, build, distinctive features (tattoos, physical impairment etc.)
- Where Service Users are known to ‘walk about’, information on why they are seeking to leave or ‘walk about’ (if this is known) will be recorded to assist staff including Agency Workers with engaging with the Service User to stay safe and independent
- This will form the basis of information to be shared with the Police when reporting a missing Service User incident. Where possible, Nursing Direct will seek the Service User’s consent to share their risk assessment information with the Police and other relevant agencies in order to inform a search strategy in the event of them going missing. If they do not have the capacity to consent, consent will be sought from the health-related power of attorney or via the best interest process. If care is commissioned by health or social services, this will be coordinated in consultation with the Commissioner
- Nursing Direct will consider the Herbert Protocol to assist with obtaining information that will be useful in the event that a Service User goes missing
- Nursing Direct provides an alternative Missing Persons Assessment Form (alongside the Herbert Protocol) for those not presenting with Dementia.

5.3 Risk Assessment

Risk assessments will be undertaken to fully document the risks associated with the Service User leaving their home. These risk assessments will be used to inform any decision-making process if the Service User is not present when the Staff including Agency Workers arrive at the Service User’s home.

5.4 Risk Assessment Outcomes

Risk assessments to ensure the safety of Service Users when they leave their home will have one of the following outcomes:

- **Outcome 1** – A general agreement that the Service User is able to maintain their safety whilst away from the premises alone
- **Outcome 2** – An agreement that the Service User is not able to maintain their safety whilst away from home, except when with a companion who is able to maintain that safety and agrees to do so

- **Outcome 3** – An agreement that the Service User is unable to maintain their safety whilst away from home in any circumstances

Relating to the Above Outcomes:

- Outcome 1 must be accompanied by a copy of the risk assessment held within the Care Plan
- Either of outcomes 2 or 3 indicates that, in the best interests of the Service User, they may be deprived of their liberty
- Where the Service User lacks capacity, this must trigger an immediate referral to Social Services to discuss whether Deprivation of Liberty applies

5.5 Missing Service User Procedure

5.5.1 Unable to gain entry to Service Users Home:

If staff including Agency Workers are unable to gain entry to the Service User's home, and there is no answer:

- The Staff including Agency Workers should ring the doorbell or knock on the door firmly and wait outside to see if it is taking the Service User a little longer to answer the door
- Failing success of this, the Staff including Agency Workers will check that the Service User has not fallen or is unwell, if possible, by;
 - Going to the back door and checking if access can be gained
 - Looking through any downstairs windows if possible
 - Checking the garden if possible
 - Telephoning the Service User

Staff including Agency Workers will then raise their concern immediately by informing Nursing Direct or the out-of-hours service via telephone.

5.5.2 Gained Access, but Service User is Not Home:

If staff including Agency Workers gain access to the service user's home but find the service user is not at home and this is unexpected, they should:

- Raise their concern immediately by informing Nursing Direct or the out-of-hours service via telephone.
- Check any visit records to see if there are any notes indicating the service user's whereabouts.
- Once Nursing Direct is aware that the Service User is not at home, the staff including Agency Workers must leave the Service Users home and will not be permitted to re-enter the home and prevent safeguarding incidents arising in the Service User's absence.
- Ensure that the home is left secure, and that any keys are returned to the key safe if applicable

5.5.3 Nursing Direct Steps:

When informed of a missing service user, Nursing Direct will take the following steps:

- Check if there are any hospital appointments, admissions, or scheduled social activities at the time of the visit.
- Attempt to contact the service user directly if a mobile phone number is available.
- Contact the most recent staff including Agency Worker who visited the service user to see if they have any information about the service user's location.
- Contact local hospitals if the service user has recently been admitted. Vulnerable Service Users may sometimes be picked up by concerned motorists and taken to hospitals far from their usual location.
- Contact the service user's designated next of kin to inquire about their location. Nursing Direct will follow the emergency procedure agreed with the Service User at the start of the service to contact family or friends
- Notify the Duty Social Services Team if the service user cannot be located and consult them for further guidance.
- If the service user cannot be located and there are concerns for their safety, the Registered Manager will contact the police. An appropriate entry will be made in the service user's care records. The Registered Manager will consider any medication that might be due as well as any medical or mental health conditions when assessing the risk. Weather conditions will also be considered.
 - Nursing Direct will follow the emergency procedure agreed with the Service User at the start of the service to contact family or friends
 - It is important that the Registered Manager has a structured plan to their search and that the search does not place staff including Agency Workers or Service Users at risk.
 - In circumstances where a Service User has not returned from an arranged outing, activity or walk at the expected time, Nursing Direct must also follow this policy and procedure.

5.6 Communication

- Families and/or the next of kin will be requested to telephone Nursing Direct if the Service User contacts them and relatives will be kept informed at each stage of the search if this is in line with the Service User's agreed emergency plan
- Once the Service User has been found, it is essential that all the parties who were advised of the emergency are contacted again and informed that the search has been concluded
- Nursing Direct will be aware of any contractual requirements and procedures in relation to No Reply and Missing Service Users and ensure that the policies of Nursing Direct dovetail with their contractually required and locally agreed procedures

5.7 Incident Recording, Review and Notifications

- The Registered Manager (or designated individual) will, at the earliest opportunity, receive a completed incident form and record details of the incident in the Service User's records. Times of actions and decisions will be recorded as accurately as possible.
- The incident will be recorded and managed using our reporting and management software system, Radar Healthcare. Radar Healthcare evidence that there is a clear management escalation plan in place if an incident relating to missing persons arises.

- Following a missing Service User incident, Nursing Direct will investigate the incident thoroughly. The investigation will try to establish why the Service User went missing and how the Service User went missing. The investigation will include any recommendations to prevent the incident arising again.
- Nursing Direct will refer to the CQC Statutory Notification Requirements and submit a CQC Notification following the incident, if required to do so.
- Nursing Direct will also review the safeguarding procedures of the relevant Local Authority, CCG, or other commissioning body and will raise a safeguarding notification with the appropriate Safeguarding Team where there are concerns that a Service User has suffered, or may be at risk of, harm or neglect.
- Where a complaint has been made in relation to a Service User going missing, the matter will be investigated through the Complaints, Suggestions and Compliments Policy and Procedure at Nursing Direct. It will be recorded and managed using our reporting and management software system, Radar Healthcare.

5.8 Training

- All staff including Agency Workers will be made aware of the Missing Service User Policy and Procedure and the steps to take if a Service User is found to be missing.

6. DEFINITIONS

6.1 Staff including Agency Workers

6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 Nursdoc Limited

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 Missing Service User

- A Service User who has left their home but whose ability to manage their personal safety is in doubt, who may or may not be subject to Deprivation of Liberty in the Community (Community DoLS) Authorisation or other legal restraint on their freedom to leave the premises.
- A Service User who has left their home with the knowledge of staff including Agency Workers, but whose late return is unusual and causing concern
- Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests that the person may be the subject of crime or at risk of harm to themselves or another

6.6 'Walking About'

Many people with dementia feel the urge to walk about and, in some cases, leave their homes. Walking is not a problem in itself - it can help to relieve stress and boredom and is a good form of exercise. When a person with dementia often walks about, it can be worrying for those around them and may at times put the person in danger. It may not be clear why the person is walking about, and this is often referred to as 'wandering'. However, this term is unhelpful because it suggests aimlessness, whereas walking often does have a purpose. Rather than dismissing it, it is important to think about how the person's independence, safety and dignity can be preserved

6.7 Herbert Protocol

The Herbert Protocol initiative is named after George Herbert, a war veteran of the Normandy landings, who lived with dementia. It is an initiative adopted by many police forces compiled of useful information, which can be used in the event of a vulnerable person with dementia going missing. Nursing Direct Healthcare Limited will seek advice from its local police force on the initiative in the local area. Although this was designed with care homes in mind, the principles can be applied in a domiciliary care setting with the Service User's consent

6.8 Deprivation of Liberty Safeguards

- The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom
- For settings, such as supported living, adult placement/shared lives or domiciliary care, the Deprivation of Liberty Safeguards cannot be used, so an application must be made to the Court of Protection
- In these settings, care providers (where appropriate, with Local Authority Care Managers) should examine the situation of people who lack the mental capacity to agree to their living arrangements, to see if they appear to be deprived of their liberty in light of the Supreme Court Judgment. They may wish to seek legal advice and liaise with the commissioners of the service if they think that they might be depriving someone of their liberty and cannot find a less restrictive option for providing care or treatment

OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- The Service User's Care Plan contains information about their life, including significant people, events, and places
- There is evidence that the information about the Service User's likes, dislikes and choices are considered and reviewed frequently
- Staff including Agency Workers have received training on living with dementia and have employed person-centred strategies to support Service Users who walk with purpose, to remain safe and engaged in activities that are meaningful to them. They use life histories to assist with this
- Robust risk assessments are in place, which are regularly reviewed when an incident or near miss, or change in circumstance or health arises
- Nursing Direct can evidence that there is a clear management escalation plan in place if an incident arises

COMPLETED DATE:	16.04.2025
SIGN OFF DATE:	16.04.2026
REVIEW DATE:	16.04.2027
SIGNED:	 Marc Stiff – Group Managing Director