Failure to Gain Access Policy
For Adults and Children
( Including failure of children to attend appointments)

<table>
<thead>
<tr>
<th>First Issued</th>
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<tr>
<td>May 2005</td>
<td>Second</td>
<td>Updated to include new processes with regards to safeguarding children/adults</td>
<td>June 2008</td>
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**Named Responsible Officer:**
Designated Nurse Safeguarding Children’s Service and Lead Officer for Safeguarding Adults Wirral PCT

**Approved by:**
General Policy Group

**Date:**
August 2007

**Policy File:** General Policy

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1.0 Introduction

Wirral Primary Care Trust provides community based services with a facility to visit a service user within their own home. It is inevitable that some appointments will result in failed access to the home. To minimise the associated risk with a failed access this policy has been devised as a framework for all staff. The policy has been kept in general terms and each service must ensure that they adapt the main points of the policy for their own service policy.

2.0 Arranging appointment with the service user

If visiting a service user at home by appointment this contact should be made by telephone or post. The Service user should be given opportunity to arrange an appointment at a mutually convenient time. Staff are asked that if they are unable to keep the appointment, or will be late that they notify the service user as good practice.

3.0 Definition of “Failed Access”

If the staff member is unable to gain access to provide the care / service as arranged and the staff member is unable to establish contact with the service user as a result of:

- No response,
- Access refused by client or third party.

Then the visit will be classified as a failed access to home.

Staff members do have a duty of care to service users, however service users do have a responsibility wherever possible to inform staff if they will be unavailable to receive care/service in their own homes.

4.0 Refused Access

Clients/families have the right to choose not to accept a service. A refusal of service must be documented in the client’s health records and a letter sent out to the service user giving contact details of the service if required at a later date.

However, if the staff member feels this is not in the client's/families best interest or there is cause for concern then the situation should be discussed with their line manager.

5.0 Key Responsibilities

After a ‘failed access’ (adults) the staff member should adhere to the following procedure:
6.0  GENERAL ACTION PATHWAY (Adult-including Vulnerable Adults*)

FAILED ACCESS TO HOME

YES
Is this situation obviously life threatening or serious?

NO
Assess priority of situation

NON URGENT
Post community card through door (in envelope).**

Document in records

Staff member to make attempt to clarify situation. Ascertain if visit still required

Is visit still required

YES
Attempt further visit

NO
Document in records and inform referrer

URGENT
Staff member should make attempt to contact service user/clarify if information given is correct/service user hasn’t cancelled appointment. Check details with referrer. Document this in records

Situation unresolved

Service user located/situation clarified

Service delivered if able

Contact line manager/on call manager to formulate action plan

Following two consecutive failed access visits the staff member should inform the referrer (if appropriate) and/or named contact.

*cross ref. Safeguarding Adults policy.
** can be available in other languages and formats on request.
For serious incidents out of hours – contact on call manager via Arrowe Park Hospital Switchboard 0151 678 5111 ref Incident Reporting Policy
7.0 Access Failures Relating to Children

7.1 Definition

Failure to attend two appointments (or service standard) must instigate the need for services to establish why the child has not attended for appointments.

The Children Act 2004, part 2, section 11 states

“(2) Each person and body (PCT) to whom this section applies must make arrangements for ensuring that;

a). their functions are discharged having regard to the need to safeguard and promote the welfare of children.”

Therefore it is a requirement by law to ensure that healthcare professionals do not work in isolation and make every attempt to ensure that their duties are discharged, with the safety of children driving their actions.

7.2 If there are no known causes for concern:

- Check the address is correct - if not ascertain the correct address and send a new appointment.

- A card will be left at the child/family’s home, or a letter sent to alert them of the failed access, and an opportunity given to rearrange a mutually convenient appointment.

- If no contact received from the client/family, the health professional will attempt to make further contact to arrange a convenient time to visit if required, in accordance with departmental policy.

- On the day of the failed access visit the failure to gain access will be documented in the child’s health records, in accordance with professional guidelines.

- A second failed access visit may necessitate discussion with the wider healthcare team or other agencies associated with the child/family. Document decisions reached

- As a result of failed access a child/family may be identified as a cause for concern. It is the responsibility of a senior team member to consider if use of the Child Concern Model may be appropriate. If further support is required contact should be made with the Named Nurses for Safeguarding Children.

- All actions must be clearly documented in the child’s health records.
7.3 If there are causes for concern:

- The visiting staff member must make an immediate assessment as to whether this is a serious / life threatening situation and act immediately (dial 999).

- Check the address is correct - if not ascertain the correct address and send a new appointment

- If no contact received from the family within one working day, the health professional must attempt to make a further contact to arrange a convenient time to visit if required.

- On the day of the failed access visit this fact must be documented in the child’s health records.

- A second failed access will necessitate the health professional to discuss with the wider healthcare team or other agencies associated with the client/family. Document discussion and any action plans. At this point, it may be useful to commence the Common Assessment Framework documentation and consider arranging a professionals meeting.

- As consent is required from the client/family to implement the Child Concern Model, the healthcare professional should attempt to gain consent from either the child/family. A formal letter should be sent to the child/family informing them of current action being taken and the proposal to convene a Child Concern and Support meeting, supported by Common Assessment Framework documentation.

- If there are clear child protection issues, child protection procedures must be followed. For advice, please contact the Named Nurse for Safeguarding Children. (Follow the flow chart ‘What to do if you are worried about a child being abused /neglected)

- All actions must be clearly documented in the child’s health records.
Failure of a child to Attend Appointment Flowchart

- Failure to attend 2nd booked appointment (or 1st if only one appointment is routinely sent)
  - If incorrect address, send a further appointment
  - If no reason given, check address with referrer or GP
    - If correct address, identify if there is any additional need through discussion with referrer or multi-disciplinary team
    - Additional Need identified. Is a further appointment required?
      - NO: No Additional need identified
      - YES: Contact made
        - Discuss with senior team member, named nurses for safeguarding children, multi-disciplinary team, area team manager or line manager as appropriate.
        - Document all actions.
        - Consider arranging a professionals meeting
  - Attended Appointment
    - NO: Child accessed service
    - YES: Letter sent inviting client to access service as required in the future. Copy of letter sent to Referrer

8.1 Failure to Gain Access at Home (Children)

- **Failure to gain access to children at home**
  - NO
  - YES
    - Additional concerns
      - NO
      - YES
        - For Child Protection, Child Concern issues, Child with a disability or other. Check contact details and share failure to access information with lead professional, i.e. allocated social worker. Document all actions taken.

- **Contact made**
  - NO
  - YES
    - Service delivered or declined. Document all.

- **Attempt a further contact**

- If no contact, write a letter inviting the client to contact the service as required and document all actions.

- **Check contact details and any additional concerns with Referrer and/or any other professional involved, i.e. GP, Social Worker, Therapist, and Health Visitor.**

- **Offer a further home visit within 5 working days**

- **Access Achieved?**
  - NO
  - YES
    - Service delivered and action plan negotiated.

- **Discuss with senior team member, named nurses for safeguarding children, multi-disciplinary team, area team manager or line manager as appropriate. Document all actions. Consider arranging a professionals meeting.**

- **Further failure to gain Access at Subsequent visit**

8/11
Failure to Gain Access Policy
9.0 Related Documents

Safeguarding Adults Policy
Children’s Act 2004
Child Concern Model
Common Assessment Framework Guidance
Record Keeping Policy
## Appendix One

### Useful Contacts

<table>
<thead>
<tr>
<th>Contact</th>
<th>Contact Details</th>
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<tbody>
<tr>
<td>Social Services Central Advice and Duty Team (CADT)</td>
<td>0151 606 2006</td>
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<tr>
<td>Social Services Emergency Duty team (EDT)</td>
<td>0151 652 4991</td>
</tr>
<tr>
<td>Wirral PCT Safeguarding Adults Officer</td>
<td>0151 643 7320</td>
</tr>
<tr>
<td>Police (emergency situations)</td>
<td>999</td>
</tr>
<tr>
<td>Named Nurses Safeguarding Children's Service</td>
<td>0151 643 5390 or 0151 482 7893</td>
</tr>
<tr>
<td>Child Concern Model Facilitator</td>
<td>0151 645 1864</td>
</tr>
<tr>
<td>Patient Safety &amp; Quality Advisor</td>
<td>0151 651 3892</td>
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Appendix Two

Audit Tool

1. Is the definition of a failed access clear?

2. Is general action pathway clear?

3. Is the process for access failures relating to children where there is no known cause for concern clear?

4. Is it clear which model is used within the process for children known to be of concern?

5. Is the failure of a child to attend appointments action flowchart clear?