

UT COMPLIANCE

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POLICY DOCUMENT

No Response Policy

UT Compliance

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CONFIDENTIAL DOCUMENT

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1. Scope

This No Response Policy applies to all services delivered by within Supported Living settings in England. It applies to all employees, whether permanent, temporary, agency, sessional, or voluntary, and to all levels of responsibility including senior management, registered management, team leaders, and frontline support staff. The policy also applies to any third parties engaged by where their role involves direct or indirect contact with people receiving support.

The policy covers all individuals supported by in their own homes or tenancies, regardless of age, disability, diagnosis, communication needs, or level of support. This includes people with learning disabilities, autism, mental health needs, physical disabilities, sensory impairments, or multiple and complex needs. The policy applies equally to individuals who receive support at varying levels, including scheduled visits, planned welfare checks, sleep-in support, waking night support, outreach support, or on-call arrangements.

This policy applies to all situations where an individual does not respond to agreed contact attempts, scheduled visits, welfare checks, door knocks, telephone calls, digital alerts, or other communication methods outlined within their care and support plan. It includes both isolated incidents and repeated patterns of non-response. The policy also applies where a response is inconsistent, delayed, or raises concern about the individual's wellbeing, safety, or capacity.

The scope of this policy includes preventative planning, risk assessment, escalation, safeguarding actions, record keeping, information sharing, and learning from incidents. It aligns with individualised risk assessments, contingency plans, and agreed escalation pathways, ensuring that responses are proportionate, person centred, and legally compliant. The policy applies at all times, including weekdays, weekends, bank holidays, and out-of-hours periods, ensuring continuity of safe care and oversight.

This policy must be read alongside related policies and procedures including safeguarding adults, mental capacity and best interests, incident reporting, lone working, health and safety, medication management, data protection, and whistleblowing. Compliance with this policy is mandatory and failure to adhere to it may result in disciplinary action, recognising the potential risk to service users and the legal duties placed upon .

2. Legal and Regulatory Framework

This policy is based on Regulations 12, 9, 17 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and all other relevant English legislation applicable to Supported Living services in England.

Term/Regulation	Description/Definition
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 12	Requires care and support to be provided in a safe way, including the assessment and mitigation of risks where a person does not respond, fails to engage, or cannot be contacted, to prevent avoidable harm.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 9	Requires care and support to be person centred, including responding appropriately when an individual does not engage or respond, in line with their assessed needs, preferences, and agreed support plans.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 13	Requires service users to be safeguarded from abuse and improper treatment, including neglect or acts of omission arising from a failure to respond to concerns, absence, or non-contact.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 17	Requires robust governance systems, accurate record keeping, monitoring, and auditing to ensure no response situations are identified, escalated, and managed effectively.

Term/Regulation	Description/Definition
Care Act 2014	Sets out statutory duties to promote wellbeing, safeguard adults at risk, assess needs, and respond proportionately where there is concern about a person's safety or welfare due to non-response.
Mental Capacity Act 2005 and Code of Practice	Provides the legal framework for decision making where an individual may lack capacity, including best interests decisions and proportionate responses to non-response scenarios.
Equality Act 2010	Protects individuals from discrimination and ensures reasonable adjustments are made when managing non-response situations, particularly for people with disabilities or communication needs.
Data Protection Act 2018 and UK GDPR	Governs the lawful, fair, and secure handling of personal data when recording, sharing, and escalating no response incidents.
Safeguarding Vulnerable Groups Act 2006	Supports safeguarding duties and safe recruitment to reduce risks associated with neglect or failure to respond.
Health and Safety at Work etc. Act 1974	Places duties to protect the health, safety, and welfare of staff and service users when responding to potential risks arising from non-response.
Human Rights Act 1998	Protects fundamental rights including the right to life, respect for private and family life, and freedom from inhuman or degrading treatment, all of which underpin timely and proportionate responses.

3. Definitions of Key Terms

Term/Regulation	Description/Definition
No Response	A situation where a person receiving support does not respond to agreed contact attempts, scheduled visits, welfare checks, calls, messages, or alerts within expected timeframes.
Supported Living	A model of care where individuals live in their own homes or tenancies with tailored support to promote independence, choice, and control.
Person Centred Care	An approach that places the individual's needs, wishes, values, and preferences at the centre of all decisions and actions.
Risk Assessment	A structured process to identify hazards, evaluate risks, and implement controls related to non-response scenarios.
Safeguarding	Actions taken to protect adults from abuse, neglect, or harm, including acts of omission linked to non-response.
Escalation	The process of reporting and acting on concerns at increasing levels of urgency and seniority when no response persists.
Capacity	A person's ability to make a specific decision at a specific time, as defined by the Mental Capacity Act 2005.
Best Interests	Decisions made on behalf of a person who lacks capacity, ensuring actions are necessary, proportionate, and least restrictive.

Term/Regulation	Description/Definition
Incident	Any event or situation, including no response, that could result in harm or requires investigation or learning.
Whistleblowing	The act of reporting unsafe, unethical, or unlawful practice without fear of retaliation.

4. Policy Statement

is committed to delivering high quality, safe, and person centred Supported Living services that promote independence, dignity, choice, and wellbeing while ensuring individuals are protected from harm. This No Response Policy exists to ensure that any situation where a person does not respond to agreed contact or support arrangements is identified promptly, assessed accurately, and managed effectively in line with legal, regulatory, and ethical responsibilities.

The policy is underpinned by Regulations 9, 12, 13, and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is informed by the Care Act 2014, the Mental Capacity Act 2005, safeguarding guidance, and human rights principles. recognises that a failure to respond may indicate increased risk, deterioration in health, safeguarding concerns, environmental hazards, or changes in mental capacity, and that inaction or delay may constitute neglect or an act of omission.

is committed to ensuring that responses to no response situations are proportionate, timely, and tailored to the individual's assessed needs, risks, preferences, and communication methods. Decisions are guided by person centred care planning, professional judgement, and a culture of curiosity rather than assumption. Where an individual lacks capacity, actions are taken in accordance with best interests principles and the least restrictive option.

The policy reflects a commitment to safeguarding adults at risk and to working in partnership with families, advocates, health professionals, local authorities, emergency services, and other agencies when required. promotes openness, transparency, and accountability, ensuring concerns are escalated appropriately and learning is embedded into practice.

Robust governance arrangements support the effective implementation of this policy through clear procedures, staff training, supervision, auditing, and review. Accurate and contemporaneous records are maintained to evidence decision making and compliance. Through this policy, affirms its commitment to protecting life, promoting wellbeing, respecting human rights, and delivering Supported Living services that meet and exceed CQC expectations.

5. Roles and Responsibilities

Role	Responsibilities
Directors / Senior Management	Ensure effective systems, resources, and governance arrangements are in place to manage no response situations and comply with Regulations 9, 12, 13, and 17.
Registered Manager – ()	Overall accountability for implementation, monitoring, escalation, safeguarding decisions, and liaison with external agencies.
Safeguarding Lead – ()	Oversight of safeguarding responses, risk assessment, referrals, and multi agency working in relation to no response concerns.

Role	Responsibilities
Health and Safety Officer – ()	Ensures risks associated with no response are assessed and controlled to protect service users and staff.
Data Protection Officer – ()	Ensures lawful data handling, information sharing, and record keeping during no response management.
Team Leaders / Senior Support Workers	Day to day supervision, escalation of concerns, accurate documentation, and support to staff following procedures.
Support Workers	Follow care plans, attempt agreed contact, escalate concerns promptly, record actions accurately, and act in a person centred manner.
Agency or Temporary Staff	Comply with this policy, complete required training, and escalate concerns without delay.

6. Procedures

has established clear, structured, and legally compliant procedures to manage no response situations within Supported Living services. These procedures are designed to ensure timely intervention, safeguard individuals from harm, and maintain person centred care in line with Regulations 9, 12, 13, and 17.

All individuals supported by have an agreed care and support plan that clearly outlines expected contact arrangements, preferred communication methods, response timeframes, known risks, and escalation actions. These plans are informed by comprehensive risk assessments that specifically consider the likelihood and potential impact of non-response, including health risks, safeguarding concerns, environmental hazards, and historical patterns.

When a no response situation occurs, staff must follow the individual's care plan and risk assessment without deviation. Initial actions include repeated contact attempts using agreed methods such as telephone calls, text messages, door knocks, assistive technology alerts, or welfare checks, ensuring reasonable adjustments are made for communication needs, sensory impairments, or neurodivergence.

If there is still no response, staff must escalate the concern promptly to a senior colleague or manager. Escalation decisions are guided by risk, not time alone, and take into account the individual's vulnerability, known health conditions, capacity, and recent changes in presentation or behaviour. Staff must not delay escalation due to uncertainty or assumptions.

Where risk is assessed as increasing or immediate, authorised personnel may arrange a welfare check, contact emergency services, or liaise with housing providers, families, or health professionals as appropriate. Any action taken must be proportionate, justified, and recorded clearly, demonstrating professional judgement and compliance with Regulation 12.

Safeguarding procedures are followed where a no response raises concern about neglect, abuse, self neglect, exploitation, or acts of omission. The Safeguarding Lead () oversees safeguarding decisions and ensures timely referrals to the local authority in line with the Care Act 2014. Multi agency working is prioritised where risks cannot be managed safely by alone.

Mental capacity considerations are integral to all procedures. Where there is doubt about capacity, staff follow the Mental Capacity Act 2005 and Code of Practice. Best interests decisions are documented, and the least restrictive response is always sought. Capacity assessments and best interests decisions are reviewed following any significant no response incident.

Medication management procedures apply where missed support may impact medication safety. Staff must escalate concerns immediately where medication may have been missed or taken incorrectly due to non-response, liaising with health

professionals as required.

Health and safety procedures ensure staff safety during welfare checks or escalation actions, including lone working protocols and dynamic risk assessments. Data protection procedures ensure information is shared lawfully, proportionately, and securely, with oversight from the Data Protection Officer ().

All no response incidents are recorded accurately, contemporaneously, and reviewed to identify learning, update risk assessments, and amend care plans where required.

7. Training and Development

is committed to ensuring all staff possess the knowledge, skills, and competence required to manage no response situations safely, lawfully, and in a person centred manner. Training and development arrangements are designed to meet the requirements of Regulations 9, 12, 13, and 17 and to reflect best practice within Supported Living services in England.

All staff complete a comprehensive induction before undertaking unsupervised duties. Induction training includes detailed coverage of this No Response Policy, individual risk assessments, escalation pathways, safeguarding responsibilities, and the legal implications of delayed or inappropriate responses. Staff are supported to understand that no response situations may indicate heightened risk and require proactive, timely action.

Mandatory training includes safeguarding adults at risk, mental capacity and best interests, health and safety, lone working, data protection, incident reporting, and person centred care. Training explicitly links no response scenarios to potential neglect or acts of omission and reinforces individual accountability under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff receive training on recognising subtle indicators of increased risk, including changes in routines, missed contacts, reduced engagement, or environmental cues. Emphasis is placed on professional curiosity, avoiding assumptions, and responding based on evidence and risk rather than familiarity or routine.

Role specific training is provided for senior staff, team leaders, and managers. This includes advanced risk assessment, decision making under pressure, multi agency collaboration, safeguarding thresholds, and documentation standards. The Registered Manager () ensures senior staff are competent to authorise welfare checks, emergency responses, and safeguarding referrals.

Ongoing development is supported through regular supervision, reflective practice, and appraisal. Supervision sessions provide opportunities to review no response incidents, discuss decision making, and reinforce learning. Where practice concerns are identified, targeted training and competency assessments are implemented promptly.

Refresher training is delivered at least annually and more frequently where required due to changes in legislation, CQC guidance, service delivery, or learning from incidents. Training content is updated to reflect emerging risks, technological developments, and sector learning.

Training records are maintained accurately and reviewed regularly to ensure compliance with Regulation 17. Failure to complete required training is managed through supportive intervention, with escalation to formal processes where necessary, recognising the potential impact on service user safety.

Through robust training and development arrangements, ensures staff are confident, competent, and empowered to act decisively and compassionately in no response situations, promoting safety, dignity, and wellbeing at all times.

8. Monitoring and Review

maintains robust and effective systems to monitor compliance with this No Response Policy and to ensure continuous improvement in line with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Monitoring arrangements are designed to ensure that no response situations are identified promptly, managed consistently, and reviewed thoroughly to reduce risk and improve outcomes for people supported in Supported Living.

All no response incidents, near misses, and patterns of repeated non-response are subject to review. Records are routinely checked to ensure that actions taken were timely, proportionate, person centred, and aligned with individual care and support plans. Monitoring focuses on the quality of decision making, the appropriateness of escalation, and whether safeguarding, health, or emergency responses were initiated when required.

Regular audits are completed on care records, incident logs, escalation records, and safeguarding referrals. These audits assess compliance with this policy, accuracy and completeness of documentation, and adherence to agreed procedures. Audit findings are analysed to identify themes such as delays in escalation, inconsistent practice, communication issues, or gaps in risk assessment. Where themes are identified, corrective actions are implemented without delay.

The Registered Manager () holds overall responsibility for reviewing significant no response incidents and ensuring appropriate follow-up. This includes confirming that risk assessments have been updated, care plans amended, and additional safeguards implemented where required. Reviews also consider whether reasonable adjustments were sufficient and whether communication methods remain appropriate for the individual.

Quality assurance meetings provide structured oversight of monitoring outcomes. These meetings review audit findings, serious incidents, safeguarding outcomes, complaints, and feedback from service users, families, and professionals. Action plans are developed with clear responsibilities and realistic timescales. Progress against action plans is monitored until completion to ensure accountability and sustained improvement.

Monitoring arrangements also consider staff wellbeing and competence. Supervision records, training completion rates, and competency assessments are reviewed to ensure staff remain confident and capable of managing no response situations effectively. Where practice concerns are identified, additional supervision, mentoring, or training is implemented.

The policy is formally reviewed at least annually or sooner where required due to changes in legislation, CQC guidance, service delivery models, or learning from incidents. Reviews assess whether procedures remain effective, proportionate, and person centred, and whether escalation pathways remain appropriate. Staff are consulted as part of the review process to ensure the policy reflects operational realities and best practice.

Where changes are made, the updated policy is communicated clearly to all staff, and additional training or guidance is provided as required. Records of monitoring, audits, reviews, and policy updates are retained to evidence compliance with CQC requirements and to support transparency.

Through ongoing monitoring and structured review, ensures that no response risks are actively managed, learning is embedded into practice, and Supported Living services remain safe, responsive, and compliant with regulatory expectations.

9. Reporting Concerns

promotes an open, transparent, and accountable culture in which all staff are encouraged and expected to report concerns related to no response situations promptly and without fear of blame or reprisal. Effective reporting is recognised as essential to safeguarding individuals, preventing harm, and complying with Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff have a duty to report any situation where a person does not respond to agreed contact or support arrangements and where there is concern about their wellbeing, safety, or capacity. Concerns must be escalated immediately in line with individual care plans and escalation procedures. Staff must never delay reporting due to uncertainty, assumptions, or fear of criticism.

Where there is immediate or escalating risk, emergency services must be contacted without delay. Senior staff must be informed as soon as possible, and all actions taken must be recorded accurately and contemporaneously. Records must clearly demonstrate the rationale for decisions, the steps taken, and the outcomes achieved.

Safeguarding concerns arising from no response situations must be escalated to the Safeguarding Lead () without delay. This includes concerns about neglect, self neglect, abuse, exploitation, or acts of omission. Safeguarding referrals to the local authority are made in accordance with the Care Act 2014 and local safeguarding procedures. Staff are supported to understand that repeated non-response or failure to act appropriately may constitute a safeguarding concern.

Whistleblowing arrangements enable staff to raise concerns about unsafe practice, systemic failures, or management inaction where internal escalation has not resulted in appropriate action or where staff do not feel able to raise concerns through usual channels. Concerns can be raised internally with senior management or externally with relevant bodies such as the local authority, CQC, or other regulators. Staff who raise genuine concerns in good faith are protected from victimisation and detriment.

Service users, families, advocates, and representatives are actively supported to raise concerns or complaints related to no response situations. Information about how to raise concerns is provided in accessible formats, and reasonable adjustments are made to support communication needs. All concerns are acknowledged, investigated thoroughly, and responded to within agreed timescales.

Learning from reported concerns is central to improving practice. Outcomes of investigations, safeguarding reviews, and complaints are analysed to identify learning and prevent recurrence. Learning is shared appropriately through supervision, team meetings, and training updates, ensuring confidentiality is maintained.

Failure to report concerns or deliberate concealment of no response situations is treated seriously and may result in disciplinary action, recognising the potential risk to service users and the legal duties placed upon .

Through clear reporting pathways, whistleblowing protection, and a culture of openness, ensures concerns are acted upon swiftly, safeguarding is prioritised, and Supported Living services remain safe, responsive, and person centred.

10. Individualised No Response Protocols

ensures that all individuals supported within Supported Living services have an individualised No Response Protocol embedded within their care and support plan. This protocol is developed following assessment, risk evaluation, and meaningful involvement of the individual and, where appropriate, their representative.

Each No Response Protocol clearly defines expected contact arrangements, agreed response windows, preferred communication methods, known behavioural patterns, and specific risks associated with non-response. Protocols take account of physical health needs, mental health needs, learning disabilities, autism, sensory impairments, executive functioning difficulties, and environmental factors.

Escalation thresholds are personalised and proportionate, ensuring responses are neither overly intrusive nor dismissive of risk. Where individuals have a history of disengagement or avoidance, this is considered within risk management planning without normalising risk or reducing vigilance.

No Response Protocols are reviewed following any significant incident, change in needs, safeguarding concern, or pattern of repeated non-response. Updates are documented and communicated to all relevant staff to ensure consistent application.

11. Assistive Technology and Digital Monitoring

Where assistive technology, telecare, or digital monitoring systems are used, ensures these are implemented as supportive tools and not as substitutes for professional oversight.

Care plans specify the purpose, limitations, and response expectations associated with any technology used, including alarms, sensors, mobile devices, or monitoring platforms. Staff understand that technology failure, inactivity alerts, or missed check-ins must be treated as potential risk indicators and escalated in line with individual protocols.

Clear responsibility is assigned for monitoring alerts, responding to notifications, and documenting actions taken. Contingency arrangements are in place to manage system failures or connectivity issues.

Use of technology is regularly reviewed to ensure it remains appropriate, effective, and aligned with the individual's wishes, capacity, and risk profile, in line with Regulation 12 and data protection requirements.

12. Out-of-Hours and On-Call Governance

maintains robust governance arrangements to ensure safe and effective management of no response situations outside standard working hours.

Clear on-call arrangements are in place at all times, including nights, weekends, and public holidays. On-call staff are trained, competent, and authorised to make proportionate decisions, escalate concerns, and initiate emergency or safeguarding responses when required.

Out-of-hours procedures mirror daytime expectations and do not lower thresholds for escalation or risk management. All decisions and actions taken by on-call staff are recorded and reviewed by senior management to ensure accountability and learning.

The Registered Manager () maintains oversight of out-of-hours responses and ensures that any identified gaps in support, communication, or decision making are addressed promptly.

13. Capacity Fluctuation and Executive Functioning

recognises that an individual's ability to respond to contact may be affected by fluctuating capacity, anxiety, executive functioning difficulties, sensory overload, or mental health distress.

No response situations are assessed with professional curiosity and sensitivity, recognising that non-response does not automatically indicate risk-taking behaviour or lack of engagement. Responses are adapted to reduce distress while maintaining safety.

Where capacity is in question, staff follow the Mental Capacity Act 2005 and Code of Practice. Capacity assessments are decision specific and time specific. Where individuals lack capacity, actions taken are recorded as best interests decisions and reviewed regularly.

Reasonable adjustments are made in line with the Equality Act 2010 to ensure responses are fair, non-discriminatory, and proportionate.

14. Involvement of Families, Advocates, and Representatives

ensures that families, advocates, and representatives are involved appropriately in no response situations, in accordance with consent, capacity, and data protection requirements.

Care plans specify who may be contacted, under what circumstances, and at what escalation stage. Information sharing is proportionate and limited to what is necessary to safeguard the individual.

Where individuals lack capacity, involvement of representatives forms part of best interests decision making. Where individuals have capacity, their wishes regarding involvement are respected unless there is a significant and immediate risk.

All contact with families or representatives is recorded accurately, including the rationale for sharing information.

15. Serious Incidents and Duty of Candour

Where a no response situation results in harm, near miss, or significant risk, applies serious incident procedures and Duty of Candour responsibilities.

The Registered Manager () ensures that affected individuals and, where appropriate, their representatives are informed openly and honestly. Apologies are provided where required, and explanations are clear, factual, and timely.

Investigations focus on learning and improvement rather than blame. Outcomes inform updates to risk assessments, care planning, training, and governance systems in line with Regulation 17.

16. Learning, Service Improvement, and Benchmarking

is committed to continuous learning and service improvement in relation to no response management.

Learning reviews are completed following significant incidents, safeguarding concerns, or repeated patterns of non-response. Findings are shared appropriately with staff through supervision, team meetings, and training updates.

Service performance is reviewed against internal standards, regulatory expectations, and sector best practice. Where improvements are identified, action plans are implemented and monitored to completion.

Learning is embedded into operational practice to reduce recurrence and strengthen outcomes for individuals.

17. Interface with External Agencies and Housing Providers

works collaboratively with external agencies including local authorities, health services, emergency services, and housing providers when managing no response situations.

Clear protocols are in place for accessing properties for welfare checks where required, ensuring legal authority and proportionality. Information sharing agreements support timely and lawful communication.

Multi agency involvement is documented clearly, and outcomes are reviewed to ensure responsibilities are understood and risks managed effectively.

18. Cultural, Religious, and Personal Considerations

ensures that responses to no response situations respect cultural, religious, and personal beliefs and routines.

Care plans identify relevant practices that may affect contact patterns or engagement. Staff consider these factors when assessing risk and determining escalation, ensuring actions are respectful and non-discriminatory.

Where risk justifies deviation from usual preferences, the rationale is recorded clearly, demonstrating proportionality and respect for human rights.

19. Service User Awareness and Accessibility

ensures that individuals supported in Supported Living understand, as far as possible, how no response situations are managed.

Information is provided in accessible formats appropriate to communication needs, including easy read, verbal explanation, or visual support. Individuals are supported to understand escalation triggers and the purpose of welfare checks.

This approach promotes transparency, trust, and shared understanding of safety arrangements.

Yes, I can implement that plan and make it **generic, provider neutral, and suitable for Supported Living nationally**, while still aligning with CQC expectations and English law.

Below is a **new policy section** you can insert into your No Response Policy. It is clearly derived from established local authority practice but written generically so it is not council specific. It strengthens Regulation 12, 13 and 17 compliance and reflects recognised best practice used by commissioners and inspectors .

20. Generic No Response and Refusal of Support Escalation Framework Procedure

applies a structured and proportionate escalation framework where a planned visit, welfare check, or agreed support does not take place due to no response or refusal of service. This framework ensures consistency, safeguards individuals from harm, and supports staff to act decisively while maintaining person centred practice.

This framework applies to all planned support visits and is followed in conjunction with individual care plans, risk assessments, and No Response Protocols.

20.1 No Response at a Planned Visit

Where a member of staff arrives to deliver a planned visit and receives no response or is unable to gain access to the property, the following actions are taken:

Initial Environmental and Welfare Checks

Staff complete proportionate external checks to establish whether there are signs that the individual may be present or at risk. This includes observing for indicators such as internal noise, lights, television or water running, post accumulation, unusual

odours, or other signs that may suggest concern. These checks are observational only and do not involve forced entry.

Direct Contact Attempts

Staff attempt to contact the individual using agreed communication methods, including telephone calls, text messages, or assistive technology where applicable. Multiple attempts are made in line with the individual's No Response Protocol.

Internal Escalation

If contact is not established, staff must notify senior or on-call management immediately. Confirmation is provided that initial checks and contact attempts have been completed. Management reviews the individual's records to identify any relevant information, including known routines, recent changes, hospital admissions, holidays, or previous non-response patterns.

Wider Contact and Agency Checks

Where concern remains, management may contact agreed emergency contacts, family members, neighbours, key holders, housing providers, or relevant health services, ensuring information sharing is lawful and proportionate.

External Escalation

If the individual's safety cannot be confirmed, concerns are escalated to appropriate statutory services, including adult social care, emergency duty teams, or emergency services. Where there is immediate risk to life or serious harm, emergency services are contacted without delay.

All actions and decision making are recorded clearly and reviewed in line with governance procedures.

20.2 Refusal of Planned Support

Where an individual refuses a planned visit or support task, staff follow a structured and respectful process that balances autonomy with safeguarding duties.

Exploration of Refusal

Staff seek to understand the reason for refusal in a calm and non-judgemental manner. Consideration is given to physical health, mental health, emotional distress, environmental changes, presence of other individuals, and access to essential needs such as food, hydration, and medication.

Immediate Risk Assessment

Staff assess whether the refusal places the individual at risk, including risks related to self neglect, missed medication, untreated illness, or environmental hazards. Observations are recorded objectively.

Reporting and Documentation

All refusals are reported to senior or on-call management, even where the individual requests that the refusal not be reported. Accurate records are maintained to demonstrate professional accountability and compliance with Regulation 17.

Contact with Representatives and Professionals

Where appropriate and in line with consent and capacity, management may contact emergency contacts, family members, advocates, or health professionals, particularly where the individual appears unwell or essential support has been declined.

Safeguarding Considerations

Refusal of support is recognised as a potential indicator of self neglect. Where there is concern that the individual is unable to protect themselves from harm, a safeguarding concern is raised in line with the Care Act 2014 and local safeguarding procedures.

20.3 Self Neglect and Safeguarding Thresholds

recognises self neglect as a form of abuse under statutory guidance. Patterns of refusal or repeated non-response are treated as potential safeguarding concerns where there is evidence that the individual's health, safety, or wellbeing is deteriorating.

Safeguarding referrals are made where:

- There is neglect of personal care, nutrition, hydration, or health
- The living environment presents increasing risk
- Support that could mitigate risk is repeatedly refused
- Capacity to make safe decisions is in doubt

The Safeguarding Lead () oversees safeguarding decision making and ensures timely referral and multi agency engagement.

20.4 Emergency Response

At any point within this framework, if staff believe the individual is at risk of serious harm, critically unwell, or unsafe, emergency services are contacted immediately. Staff are reminded that concerns about delay, escalation, or authority must never prevent urgent action to protect life.

20.5 Governance and Review

All no response and refusal of service incidents are reviewed by management to identify learning, update risk assessments, and amend care plans or No Response Protocols. Patterns are monitored through audits and quality assurance processes to ensure continuous improvement and regulatory compliance.

Policy Approval & Review

APPROVED BY Not Specified	SIGNATURE <i>No signature on file</i>
REVIEW DATE 1 January 1970	NEXT REVIEW DATE 17 February 2027