LONE WORKING AND STAFF SAFETY POLICY

PHSSL Care Ltd | Caring Beyond Expectations

Policy reference	C04
Policy title	Lone Working and Staff Safety
Version	1.0
Effective date	3rd September 2026
Review date	At least annually and after any serious incident, material change or legal/regulatory change
Policy owner	Registered Manager / Health and Safety Lead
Approved by	Director / Nominated Individual

CONTROLLED DOCUMENT The approved electronic master copy is the controlled version. Printed copies must be checked against the current master before use.

1. Purpose

PHSSL Care Limited recognises that domiciliary and community care frequently requires staff to work alone in people's homes, travel between visits and respond to changing situations without a colleague physically present. This policy establishes arrangements to protect staff while ensuring that people receiving care continue to receive safe, respectful and reliable support.

The organisation will assess foreseeable lone-working risks, provide proportionate controls, maintain effective communication and escalation arrangements, and learn from incidents and near misses.

2. Scope

This policy applies to directors, the Nominated Individual, Registered Manager, care coordinators, office staff, care workers, agency workers, contractors, volunteers and students undertaking work on behalf of PHSSL Care Limited.

It applies to lone work in service users' homes, community settings, travel between visits, office work undertaken alone, out-of-hours duties and any other work activity where a person cannot obtain immediate assistance from a colleague.

3. Policy commitments

PHSSL Care Limited will not treat lone working as automatically unsafe, but it will not require staff to accept avoidable or uncontrolled risks.

Staff safety and service-user safety are equally important. No worker is expected to remain in a situation where there is an immediate and serious threat to their safety.

Risk controls will be proportionate to the person, environment, task, time of day, known history and current circumstances.

Staff will receive information, training, supervision and clear escalation routes appropriate to their role.

Concerns, threats, violence, harassment, near misses and failures of check-in arrangements must be reported and reviewed.

4. Legal and regulatory framework

This policy should be read in the context of applicable requirements including the Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulations 12, 17 and 18; Equality Act 2010; Human Rights Act 1998; Data Protection Act 2018 and UK GDPR; and relevant HSE and CQC guidance.

5. Definitions

Lone worker: a person working without close or direct supervision and without a colleague immediately available to assist.

Dynamic risk assessment: a continuing assessment made by a worker as circumstances change during a visit or journey.

Check-in system: the approved process for confirming arrival, safety, completion of a visit or escalation when contact is missed.

High-risk visit: a visit assessed as requiring additional controls because of known or emerging hazards.

6. Roles and responsibilities

The Director / Nominated Individual provides strategic oversight and ensures adequate resources for staff safety.

The Registered Manager ensures suitable risk assessments, safe systems of work, escalation arrangements, training, incident review and improvement actions.

Care coordinators ensure workers receive relevant information before deployment, monitor visit risks and act promptly on missed check-ins or safety concerns.

All workers must follow agreed controls, keep contact details current, report changes and incidents, use equipment appropriately and withdraw from immediate danger where necessary.

7. Lone-working risk assessment

Risk assessment will consider the service user's needs and known behaviour; household members and visitors; previous incidents; location and access; neighbourhood or environmental risks; pets; smoking; infection risks; moving and handling; medication-related tasks; lone travel; parking; poor lighting; time of day; communication signal; and any known risk of violence, aggression, harassment or exploitation.

Assessments must be reviewed when circumstances change, after incidents or near misses, and at planned care reviews.

8. Pre-visit information and allocation

Workers must receive sufficient information to undertake visits safely. The organisation will not knowingly withhold relevant risk information from staff.

Where a visit presents increased risk, management will consider controls such as two-person attendance, changed visit times, additional contact arrangements, professional liaison, revised task allocation or suspension of a non-urgent activity until risk can be safely managed.

Staff must not be allocated tasks outside their competence simply because they are working alone.

9. Arrival and environmental safety

On arrival, staff should remain alert to changes such as unfamiliar people, aggressive behaviour, intoxication, unsafe animals, fire or electrical hazards, weapons, criminal activity, serious environmental deterioration or other unexpected danger.

Where a worker reasonably believes there is an immediate serious risk, they should not enter, or should leave if already inside, move to a place of safety and contact the appropriate manager or emergency service.

10. Communication and check-in arrangements

PHSSL Care Limited will maintain an approved communication and escalation process appropriate to the service and level of risk.

Staff must carry an operational work-approved communication method where required, keep it sufficiently charged and use the agreed check-in or visit-monitoring process.

Missed or overdue contact must be acted upon according to risk. Escalation may include calling the worker, contacting the service user where appropriate, alerting the on-call manager, contacting an emergency contact or requesting police/emergency assistance where there is a reasonable concern for immediate safety.

11. Violence, aggression, harassment and abuse

PHSSL Care Limited does not accept violence, threats, intimidation, sexual harassment, discriminatory abuse or other unacceptable behaviour towards staff.

Workers should use de-escalation techniques only within their training and should not physically intervene beyond their competence or lawful necessity.

Where behaviour presents immediate danger, the worker should withdraw and call 999 when required. Management will review the care arrangement and consider safeguarding, police, commissioner or professional involvement.

12. Home access, keys and security

Keys, key-safe codes and access information must be handled securely and only for authorised purposes.

Staff must not label keys in a way that directly identifies a service user's address. Lost keys, access devices or compromised codes must be reported immediately.

Staff must not allow unauthorised people to enter a service user's home and must follow the care plan and organisational procedure where access cannot be gained.

13. Travel and personal safety

Staff should plan journeys sensibly, follow road-safety requirements and avoid using a mobile phone while driving except through lawful hands-free arrangements.

Workers must report significant travel hazards or circumstances likely to prevent safe attendance. Management should not instruct staff to travel where conditions create an unreasonable risk.

Where visits occur after dark or in unfamiliar locations, reasonable precautions should be considered as part of the risk assessment.

14. Moving and handling and other high-risk tasks

Lone workers must follow the person's moving-and-handling assessment and care plan. A task assessed as requiring two workers must not normally be undertaken by one worker.

Staff must not improvise unsafe manual-handling techniques because a colleague is late or unavailable. The missed support must be escalated.

Similar principles apply to medication, clinical delegated tasks, equipment and any activity requiring specific competency or additional assistance.

15. Emergencies

In an emergency, staff should protect life and safety first. Call 999 where there is immediate danger, serious injury, acute medical emergency, fire or suspected serious crime.

Staff should then notify the Registered Manager or on-call lead as soon as practicable and record the facts, actions taken and any continuing risks.

No worker requires prior management permission to call emergency services where urgent assistance is reasonably required.

16. Safeguarding and domestic abuse concerns

Where lone-working observations identify suspected abuse, neglect, exploitation, coercive control, self-neglect or other safeguarding concerns, staff must follow the relevant safeguarding policy without delay.

Where a worker is themselves threatened or harmed in connection with a safeguarding situation, management must address both the service user's safeguarding needs and the worker's safety.

17. Incident, near-miss and hazard reporting

All work-related violence, threats, injuries, accidents, near misses, unsafe access situations, failed check-ins and significant hazards must be reported promptly.

Reports will be reviewed to identify immediate action, safeguarding or regulatory duties, changes to risk assessments, staff support, training needs and wider learning.

18. Staff support following an incident

Staff affected by a distressing or violent incident will be offered appropriate management support, debriefing and supervision. Further occupational or professional support may be considered where appropriate.

Support does not replace a fair investigation where there are concerns about conduct, competence or compliance.

19. Training and competency

Relevant staff will receive lone-working and personal-safety information during induction and refresher training as appropriate.

Training may include dynamic risk assessment, communication and escalation, conflict awareness and de-escalation, safeguarding, emergency response, moving and handling, infection control, information security and incident reporting.

20. Information governance

Workers must protect confidential information while travelling and working alone. Care records, addresses, access codes and contact details must not be left visible or accessible to unauthorised people.

Personal devices, messaging applications or cloud services must not be used for confidential PHSSL information unless specifically authorised and appropriately secured.

21. Monitoring and audit

The Registered Manager will monitor lone-working arrangements through risk-assessment audits, incident and near-miss analysis, staff supervision, spot checks, feedback, missed-visit or missed-check-in reviews and governance meetings.

Recurring themes will lead to documented improvement actions and review of this policy or associated procedures where necessary.

22. Related PHSSL Care Limited policies

Safeguarding Adults (B01); Safeguarding Children and Young People (B02); Whistleblowing / Speaking Up (B03); Mental Capacity, Consent and Best-Interest Decision-Making (B05); Business Continuity and Emergency Planning (A03); Records Management, Confidentiality and Data Protection (A04); Recruitment, Selection and Safer Employment (C01); Induction, Training, Supervision and Competency (C02); Moving and Handling (D04); Health and Safety (E01); Accident, Incident and Near-Miss Reporting (E02).

23. Review and approval

This policy will be reviewed at least annually and sooner following a serious incident, material change to service delivery, significant audit finding, new risk, or relevant legal or regulatory change. Printed or locally saved copies are uncontrolled unless specifically issued and recorded as controlled copies.

Approved by	Lade Awosika
Position	Director
Approval method	Approved electronically
Approval date / next review	September 2026 / September 2027