Manging Customer Security (Inc Key Safe)
Operations
HHH-POL-083
Version: 01
Issue Date: 25.03.25
Review Date: 25.03.28

Helping Hands
Caring since 1989

Title of Document	Manging Customer Security (Inc Key Safes)	
Name of Department	Operations	

What type of document is this?	Policy			
Which Helping Hands POL/SOP/W.I does this document relate to?			Reference number of POL/SOP/W.I	

Which Operational Priority/Priorities does this document link to?	Superior Client Care			

Custodian of document	Group Managing Director	Committee/Group responsible for this document	Policy Committee
Approval date and committee chairperson signature	25.03.25	When is its next scheduled review?	25.03.28

Who does it apply to?	All Helping Hands staff working with Customers					
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	Yes	Does it apply to third party contractors?	No

Purpose of the Policy	The purpose of this policy is to enhance customer home safety and security providing a structured approach to key management, customer security, accountability and traceability.

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ROLES AND RESPONSIBILITIES

Role	Responsibility
Senior Leaders	To ensure the policy is embedded across Helping Hands.
Area Care Managers	To raise awareness of this policy and ensure Care Managers are compliant with this policy.
Care Managers	To adhere to this policy, to ensure carers are compliant with this policy and where concerns about customer security is raised, follow the necessary steps to promote customer safety and security.
Carers	To adhere to this policy and report any customer security related concerns to their line managers.

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1. Scope

This policy applies to all carers, branch staff and Care Managers. The policy covers how Helping Hands supports our customers with home security, including key safes, key handling, general home security and our approach to cameras/CCTV in customers' homes.

2. Key Safes

2.1. What is a domestic key safe
    2.1.1. A domestic key safe is a secure container designed to hold keys to the home allowing the homeowner or occupier to grant access to individuals.

    2.1.2. Key safes are often installed outside the home in a discreet location and can be accessed by entering a combination which ensures the keys to the home are kept secure and are only accessible to those with authorisation.

2.2. Authorisation
    2.2.1. During the assessment of care, it must be determined whether the customer has an active key safe.

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2.2.2. If the customer has a key safe, it must be discussed with the customer and/or their representative whether they consent to Helping Hands carers accessing the home for scheduled care visits via the key safe.

2.2.3. It must be recorded in the Support Plan in the relevant section whether the customer has a key safe or not.

2.2.4. For additional security measures, the key safe code must not be recorded in the Support Plan. This must be recorded on the customer's dashboard in Access Care Planning.

2.2.5. The key safe is to be used for scheduled care visits only.

2.3. Compliance with Key Safe Handling

2.3.1. Employees must not disclose a customer's key safe code to any other person, only the customer and/or their representative should grant authorisation to third parties.

2.3.2. When using a key safe, employees should remain vigilant for third parties near them to avoid accidental exposure of the code.

2.3.3. Employees must not read aloud the key safe code when accessing the key safe.

2.3.4. Employees must not write the key safe code down, it should be accessed via the customer's dashboard.

2.3.5. After retrieving the key from the key safe, the safe must be closed and the codes must be scrambled.

2.3.6. When replacing the key back into the key safe, the safe must be closed and the codes must be scrambled. Employees must double check the key safe is secured.

2.4. Changing Key Safe Codes

2.4.1. The key safe remains the property of the customer and therefore ongoing maintenance is the customer's responsibility.

2.4.2. Regularly changing key safe codes helps to improve and strengthen security. Care Managers should promote this as best practice which is especially important where customers have multiple visitors with access.

2.4.3. Where a customer would like support with changing their key safe code, a request can be made to the office who will confirm and arrange a visit by a Care Manager. This

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ensures it can be completed safely; details can be cascaded appropriately and securely, and we can record the request and action taken (refer to 2.4.6).

2.4.4. Care workers are not permitted to change or amend key safe codes.

2.4.5. It is the responsibility of the relevant Care Manager to ensure that the customer and/or their representative is informed with a recommendation to change the key safe code under the following circumstances:

2.4.5.1.   In the event an employee with prior access to the key safe is subject to a suspension from work.

2.4.5.2.   An employee with prior access to the key safe has their employment terminated by Helping Hands.

2.4.5.3.   An employee ceases their employment and leaves Helping Hands.

2.4.5.4.   There is reason to believe the key safe code is no longer secure, whereby unauthorised third parties may be aware of the code.

2.4.6. The Care Manager will contact the customer and/or their representative to discuss and recommend changing the Key Safe. The Care Manager must follow up the recommendation with the customer and/or the representative in writing including the date of contact.

2.4.7. It is the responsibility of the relevant Care Manager to ensure that details of the conversation / action with the customer and/or their representative is evidenced within the Communication Log on the customer's record in Access Care Planning.

2.5. Key Safe Maintenance

2.5.1. Each time a key safe is used, employees must perform a visual check observing any signs of damage, tampering with or wear and tear.

2.5.2. Employees must inform the relevant Care Manager immediately if there are concerns about the condition or suitability of the key safe.

2.5.3. It is the responsibility of the relevant Care Manager to ensure that the customer and/or their representative is informed of any concerns related to the key safe. Where applicable, it should be recommended that:

2.5.3.1.   An approved specialist inspects the key safe.

2.5.3.2.   An alternative or temporary solution for access to the customer's property is arranged until the key safe is confirmed as suitable for use.

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2.5.4. The Care Manager will contact the customer and/or their representative to discuss the concerns and must follow up the applicable recommendations in writing including the date of contact.

2.5.5. It is the responsibility of the relevant Care Manager to ensure that details of the conversation with the customer and/or their representative is evidenced within the Communication Log on the customer's record in Access Care Planning.

3. Key Handling

3.1. Key Holding

3.1.1. Vising Carers are not permitted to retain keys to customer's homes

3.1.2. Live In Carers are not permitted to retain keys to customer's home after the care placement has ended.

3.1.3. Where customers would prefer care staff to enter independently to prevent the need them answering the door, a key safe should be recommended.

3.2. Trips and Excursions

3.2.1. Care should be taken to ensure keys are not lost or damaged. It should be agreed with the customer and/or their representative on procedures for handling keys outside of the customer's home during trips and excursions.

3.2.2. If a key safe is in use and forms part of the Support Plan, this may be the preferable option for storing the key when out with the customer on an excursion.

3.3. Lost or Damaged Keys

3.3.1. Lost or damaged keys must be immediately reported to the relevant Care Manager.

3.3.2. The Care Manager will contact the customer and/or their representative to inform and discuss the lost or damaged key. The Care Manager must follow up the discussion and applicable recommendations in writing including the date of contact.

3.3.3. It is the responsibility of the relevant Care Manager to ensure that details of the conversation with the customer and/or their representative is evidenced within the Communication Log on the customer's record in Access Care Planning.

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4. Customer Home Security

4.1. Customers unable to physically maintain their home security.

    4.1.1. Some customers may not be able to physically maintain their home security. Therefore, consideration of how to maintain the customer's security should be taken and included within the Environmental Risk assessment located in the Support Plan. Factors may include (but are not limited to):

- Closing and locking windows and doors
- Checking smoke / carbon monoxide alarms / alarms are working
- Garden gates are closed / locked

    4.1.2. Care Managers may contact Helping Hands HSQE Business Partner for relevant guidance.

4.2. Customers who lack capacity

    4.2.1. Where customers lack the capacity to make decisions related to maintaining their home security, a Mental Capacity Assessment and Best Interests decision must be completed.

    4.2.2. Additional measures can be considered to support customers to continue living in their homes and communities they love. Assistive technology such as door sensors with prerecorded messages, smart home systems with pressure mats and movement detectors may be viable options to discuss with the customer and those involved in best interest decisions.

    4.2.3. Customers who lack the capacity related to maintaining their own security must never be locked in when on their own and access to leave must always be in place.

    4.2.4. Suitable arrangements should be discussed prior to the care starting, or at point of concern to ensure the customer's safety.

4.3. If employees have any concerns about the customer's home security, they must immediately report these concerns to the respective Care Manager.

4.4. Security Cameras

    4.4.1. Customers may have visual and / or audio recording devices and equipment inside and outside of their homes which may help to maintain their security, deter intruders, monitor activity and provide peace of mind to families.

    4.4.2. During the assessment of care, it should be confirmed whether the customer has cameras/CCTV in use inside or outside of their home. It must be recorded in the Support Plan in the relevant section.

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4.4.3. Helping Hands employees must not remove, adjust or tamper with any such visual and / or audio recording devices and equipment.

4.4.4. If employees are concerned recording equipment is placed in locations or in a way that infringes on the customer's privacy and dignity, such as where intimate personal care is provided, they must raise concerns to the respective Care Manager.

TRAINING

Is training required?	No
Details of training	No specific training required, but advice can be sought from Quality Assurance and the HSQE Business Partner

COMPLIANCE

How is compliance with the POL going to be monitored	Compliance with this policy will be monitored through customer audits, supervisions, direct observations and Quality audits. This policy will be reviewed and updated in line with change in process or procedure.

EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION

	Positive / Negative / N/A	Comments
Does the document have a positive or negative impact on one group of people over another on the basis of their:		
• age?	N/A	
• disability?	N/A	
• gender reassignment?	N/A	
• pregnancy and maternity (which includes breastfeeding)?	N/A	
• race (including nationality, ethnic or national origins or colour)?	N/A	
• marriage or civil partnership?	N/A	
• religion or belief?	N/A	
• sex?	N/A	
• sexual orientation?	N/A	
If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?	N/A	
If the impact on one of the above groups is likely to be negative:		
• Can the impact be avoided?	**N/A**	

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• What alternatives are there to achieving the document's aim without the impact?	**N/A**		
• Can the impact be reduced by taking different action?	**N/A**		
• Is there an impact on staff, client or someone else's privacy?	**N/A**	*If yes, privacy impact assessment required*	

What was the previous version number of this document?	N/A	
Changes since previous version	This is a new policy	
Who was involved in developing/reviewing /amending the POL?	Head of Quality Quality Development Lead	
How confidential is this document?	Restricted	Can be shared freely within Helping Hands but NOT outside

References	
Associated Documents	