

Clinical Homecare Keyholding Service Guidance

(v2 approved 14th January 2025)

Introduction and Scope

In order to provide a clinical homecare service, it is often necessary for homecare staff to enter a patient's home. In the vast majority of cases, the patient or carer will be able to consent to each entry by opening the door and inviting the homecare staff into their home. A Clinical Homecare Keyholding Service means the delivery driver or other homecare staff have access to a key safe or other method for gaining unaccompanied access to a patient's home or other private residence to make deliveries, rotate stock and/or remove waste.

Keyholding services are provided entirely at the patient's own risk and must only be provided with the patient's informed consent. Only when all other alternatives have been ruled out should the Clinical Homecare Provider consider providing a Keyholding Service to an individual patient. The Clinical Homecare Provider has the right to refuse to provide a Keyholding Service. In cases where the patient is unable to agree to an alternative to the Keyholding Service the patient may be considered as not suitable to receive the Homecare Service.

If the patient is not the owner or person responsible for the property, then that person must also give informed consent prior to the initiation of the Keyholding Service. The patient or person responsible for the property must be able to withdraw their consent to the Keyholding Service at any time.

Background

This service has been offered in the past and still is requested in a limited number of special cases or by exception for individual patients. The provision of a Keyholding Service for an individual patient is not a normal part of the Clinical Homecare Service and represents a specific agreement between the Clinical Homecare Provider and the individual patient.

There is increasing nervousness about offering these services or being required to do so in NHS contracts. Obtaining insurance cover for these types of activities is problematic because of the high risk that this activity poses. There are potential issues related to patient confidentiality and safeguarding of vulnerable adults and children. The provision of such a service places the Clinical Homecare Provider and their staff at risk of accusation of theft, damage to property or other unacceptable behaviour. NCHA position is that other than in exceptional circumstances, a Clinical Homecare Keyholding Service adds little benefit to the patient that cannot be achieved by other means.

Keyholding Service Guidance

The Clinical Homecare Provider must:-

- Document the Keyholding Service including risk assessment and risk mitigation strategies.
- Have full documented and approved processes and procedures covering all aspects of the Keyholding Service.

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- Maintain records of the use of key safe and alarm/access codes and ensure that they know under whose control the keys were at all times and who had access to the alarm/access codes.
- Store any key safe and alarm/access codes securely and with restricted access to approved homecare staff and on a need to know basis.
- Control the issue of key safe and alarm/access codes to approved homecare staff solely for the purpose of delivering the Clinical Homecare Service.
- Ensure key safe and alarm/access codes that are identifiable do not also identify the patient's name or address except to approved homecare staff. Key safe numbers stored in the Clinical Homecare Provider system must be in a special field designed for that purpose with appropriate access security applied.
- Ensure keys are returned to the secure key safe immediately after delivery of the Clinical Homecare Service.
- Receive informed consent from each patient showing that the patient understands
 - Which homecare staff will have access to the key safe and alarm/access codes (including their name and photograph or other means of identification)
 - How the keys will be kept safe during the time they are available to the homecare staff
 - How security of alarm/access codes will be maintained
 - How the homecare staff will announce they have arrived and entered the property in case someone is home. It is recommended that the property has a video doorbell or similar installed to monitor the unaccompanied homecare service activity.
 - What areas of the home will be accessed by homecare staff.
 - What activities the homecare staff will undertake whilst in the home.
 - How to report any incidents or concerns to their Clinical Homecare Provider.
 - They may withdraw consent to the Keyholding Service at any time and how to withdraw their consent.
 - In case they withdraw consent or no longer require the Keyholding Service, the patient should be advised to change the key safe and alarm codes.
- The Clinical Homecare Provider must perform a Home Risk Assessment and take steps to implement any risk mitigation actions before or at the time of the first entry to the home (e.g. sticking door which must be pushed firmly to ensure the locks engage or delivery to be unloaded into a fridge in a locked outbuilding with no access to the main house).
- Ensure that homecare staff providing the Keyholding Service and particularly those performing Home Risk Assessments are competent to perform the activities and, where required by the relevant regulations, have a recent enhanced DBS check or ISA registration.
- Inform the patient and person responsible for the premises immediately in case where there is any risk that security of keys, key safe and/or alarm codes may have been compromised so they can take any necessary steps to ensure security is maintained e.g. changing codes
- Co-operate fully with an investigation by the police of any incident relating to unauthorised entry to a property to which the Clinical Homecare Provider has been granted permission for unaccompanied access.
- Transition of patients who have Keyholding Services between Clinical Homecare Providers must be appropriately controlled in compliance with this guidance.

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- Permanently delete all relevant key safe and alarm codes from the Clinical Homecare Provider's records within 48 hours of request by the patient or person responsible for the property.

Homecare staff delivering the Keyholding Services must:-

- Have access to the latest patient specific home risk assessment.
- Review and update the patient specific home risk assessment after each patient home entry if circumstances have changed.
- Only enter a patient's home for the purpose of delivering the Clinical Homecare Service.
- Only access areas of the home necessary for the delivery of the Clinical Homecare Services as agreed in advance with the patient.
- Report and escalate any incidents, damage or concerns related to the Keyholding Service immediately to their supervisor and/or manager.
- Hold keys and alarm or access codes securely and for the minimum time needed to provide the Clinical Homecare Service.
- Never make copies of any key or unauthorised records of alarm/access codes or seek to gain access other than as needed to deliver the clinical homecare service.

History

Version	Status	Date	Reason for change	Author(s)
v1	Superseded	2 Feb 2015	New	C McCall
v2	Approved	14 Jan 2025	Update terminology, use of key safe	C McCall, M Rawley

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