



## KEY HOLDING AND ENTERING AND LEAVING A SERVICE USERS HOME POLICY.

If the Company is required to hold keys for access to a service user's property by nurses, it will ensure that these keys will be held in safe keeping.

### PROCEDURE:

The Registered Manager will ensure that written authorisation on the key authorisation form is obtained from the service user or significant other.

The authorisation form will be kept secure in the Service User's file at the Company Office. Keys will not be identifiable by the name and address of the Service User but will be assigned with a numbered tag for identity purposes.

Where it is required that there be more than one key holder the expense of cutting more keys is to be borne by the Service User.

All nurses assigned to holding keys will sign to state they are key holders and this declaration will be maintained on the staff member file for the duration of time that they hold a key.

Should a key become lost whilst in the possession of Geneva Health, then the Company will be liable to meet the cost of replacing the locks of the door for which the key was held at the Service User's home.

If it is known that a Service User is away from home then no staff member shall enter the premises.

When the Service User no longer requires a key to be held then all key holders will be instructed to return keys to the office and sign the authorization form to state they have returned the key, with Branch Manager as witness. Once all keys have been returned to the office the Branch Manager will return the keys to the Service User and also ask them to sign the authorization form to state keys have been returned.

KEY HOLDING AUTHORISATION FORM

Service User Name		
Service User Number		
Number of keys required:		
<p>I agree that in order to gain access to Nurses to provide care, Geneva Health should hold a key to these premises :</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>I understand that key(s) will only be used to gain access for arranged visits by the nurse to my home and will not be used at any other time or if I am absent. I also understand that the key(s) will be returned to me when no longer required.</p>		
Service User Signature:		
I the undersigned nurse understand that the key entrusted to me for the above service user will be returned when no longer required for access.		
Nurse Signature:		
Nurse Signature:		
Nurse Signature:		
I authorise Geneva Health to have.....keys cut at my expense.		
Service User Signature:		
Cost of Key Cutting:		
Branch Manager Signature		
When keys returned by nurses, Nurse and Branch Manager to sign below:		
Date Returned:	Nurse Sign:	Branch Manager Sign:
Keys returned to service user by sign & date) _____		
Signature of service user of acknowledgement of safe receipt of keys _____		