

6 Skelmersdale Walk to 20-22 Wenlock Road, London N1 7GU

### Access to Service Users Homes and Security Policy

<b>Summary</b>	This policy outlines and gives guidance to staff on what procedure to follow when accessing a service user's home. The aim is to keep everyone safe and take appropriate action in case of an emergency. The policy aims to give clear instructions on the actions that staff must take when there is no response to a visit to a person's house. By taking a consistent approach, it should help to ensure that emergency services are alerted when appropriate.
<b>Scope</b>	The following people may be affected by this policy: All staff employed by <b>Care Quality Support</b> who visit or call on people in their own homes are covered by this policy. It also covers Families and Service users.
<b>Document Type</b>	<b>Policy &amp; Procedure</b>
<b>Verified By</b>	Care Quality Support
<b>Issued Date</b>	2023-03-10
<b>Review Date</b>	2024-03-10

#### Access to Service Users' Homes and Security Policy

##### Policy Statement

**Care Quality Support** has a duty to ensure that people receive the service as detailed on their care plan. However, individuals must be allowed choice and be encouraged to be independent and make informed decisions about the services they receive. If a person who has mental capacity refuses the service, then that decision and their feelings and views must be respected. If an individual lacks capacity and has no carer or advocate to act on their behalf and by refusing services is creating an unacceptably high level of risk an assessment of mental capacity & best interests' assessment should be undertaken in relation to the decision to refuse the service and **Care Quality Support** must make sure this is in place as soon as it is realised and before any delivery of service is conducted if it is a known behaviour.

**Care Quality Support** recognises that care and support workers should ensure the security and safety of service users and their homes at all times when providing personal care and support.

##### Key Lines of Enquiries to meet Access to Service Users Homes and Security Policy and Procedures

<b>Safe</b>	<b>S1:</b> How are safeguarding systems, processes and practices developed, implemented and
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	communicated to staff?
<b>Safe</b>	<b>S3:</b> Do staff receive effective training in safety systems, processes and practices
<b>Well-led</b>	<b>W2:</b> How does the service make sure that responsibility and accountability is understood at all levels so that governance arrangements are properly supported? Do staff know and understand what is expected of them?

#### Aim

The aim of the policy is to ensure that service users are protected and are safe and secure in their own homes.

#### Policy

It is normal practice for **Care Quality Support** staff to make a mutually convenient appointment with a person before visiting and this must be part of the agreed care plan.

Care and support workers should ensure the security and safety of the home and the service user at all times when providing personal care and support.

1. During the initial assessment, when care is planned, the security of the home should be discussed, and an agreement reached about how the care and support worker will effect entrance to the service user's home. This should be entered in the service user plan.
2. **Care Quality Support** care and support staff should:
  - a. always carry their identification badge and show it to the service user on entry
  - b. always encourage service users to adopt safe home security practices wherever possible, including using door safety chains, even when they know that it is the care and support worker at the door, and requesting identification.
3. Staff should never:
  - a. agree to leave a key outside a house, in a safe place or on string by the letterbox
  - b. attempt to effect forced entry to the home.

#### Procedure for Handling Keys

1. If it is decided that the support worker should hold a copy of the service user's key, the permission of the service user or their relatives should be made in writing and a suitable entry made to the service user plan. Key holding should never be embarked upon without the express permission of the care and support worker's line manager or supervisor or without an entry being made to the service user plan.
2. Staff who hold keys for service users should:

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- a. label the key with a code, never with the name and address of the service user, in case the key gets lost
- b. be careful that they keep the key in a safe place at all times
- c. inform their line manager immediately in cases of the loss or theft of keys.
- d. When punching the code to the key safe or obtaining the Service User's key from other designated places you must ensure that you are not being observed.
- e. Keys should only be issued to persons with reason to require the keys.

### Definitions

**No Reply:** Where there is no access or contact with the service user at a planned or agreed visit. This includes planned or agreed visits by **Care Quality Support** staff and should be dealt with under this policy. If you speak to a family member who gives an explanation as to the person's whereabouts or why they do not want a visit, but you do not see the person, then you should report this. This is not considered a No Reply but comes under the definition of a Failed Visit.

**Failed Visit:** Where the purpose of the visit is not achieved because although you know that the service user is there, they refuse access and/or the service or family member gives an explanation as to the person's whereabouts. This includes planned or agreed visits **Care Quality Support** support staff and should be dealt with under this policy.

**Cancelled visit:** These should be considered when the service user has cancelled a visit that is shown as a critical or priority visit and has alerted the **Care Quality Support** team, that they will not be at home for the planned visit. In such instances, it is important to check that the service user has capacity to make such a decision. If they do not, then the visit must still take place, unless the service user has an appointment or has arranged to visit someone, which will potentially result in a Failed Visit or No Reply.

Protocol for Entering a Service User's Home

**Care Quality Support** support staff should:

1. knock or ring the doorbell or call out before entry, even if they hold a key and can let themselves in
2. allow time for people to get to the door and check whether they can hear the bell/knocker.
3. always show their identification badge on entry
4. offer to check that windows and doors are secure before leaving a premises
5. always check that the door is secure as they leave.

Identity Card Policy

In **Care Quality Support** identity cards are provided for all care and support staff entering the homes of service users. The cards should:



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1. display a photograph of the member of staff
2. display the name of the person and employing organisation in large print
3. display the contact number of the organisation
4. display a date of issue and an expiry date, which should not exceed 36 months from the date of issue
5. be available in large print for people with visual disabilities
6. be laminated
7. be renewed and replaced within at least 36 months from the date of issue
8. be returned to the organisation when employment ceases.

**Procedures in the Event of Inability to Gain Access**

The following procedure should be followed in cases where **Care Quality Support** care worker attends premises but cannot get in or receive an answer from the service user.

1. The care and support worker should check in their diary that they have the right day/time/address.
2. The support worker should then knock several times and try to raise the service user by calling through the letterbox and check the windows if possible.
3. If there is still no answer the support worker should try phoning the service user or their relatives or getting **Care Quality Support** office to do so.
4. Support worker may consider approaching neighbours to ask the possible whereabouts of the service user; if it is safe to do so. Staff must always identify themselves and apologise for disturbing the neighbours before talking to them. Staff must not divulge any sensitive details to the neighbours.
5. Support worker must look for possible signs of a break in, like broken windows or doors. If there is any evidence of forced entry, support worker **must not** enter the premises, but contact Police by dialling 999 or seek assistance from neighbours or passers-by if they are not able to use their own mobile phone to dial 999.
6. If the problem is not resolved by phone, the support worker should report the situation to their line manager or supervisor, who will continue to attempt to contact the service user and/or their relatives.
7. If there is cause for concern as to the service user's wellbeing, the support worker should report this to **Care Quality Support** office and their line manager and/or supervisor, and the police should be contacted, either by the office or by the care worker themselves.
8. On no account should the support worker attempt to effect forced entry to the home. In the case of an emergency, they should always contact the police or an ambulance and wait for them.

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9. If the person appears not to be answering or is out deliberately to avoid receiving the arranged service, this could indicate a need for a review of the service agreement and care plan.

#### **NEVER ENTER A SERVICE USER'S PROPERTY IF THEY ARE NOT IN**

In all the following cases, you should report back to the office to advise of the situation and await further instruction or advice.

1. The Service User refuses access.
2. Key safe or door lock is insecure.
3. The Service User asks me to hold a key.
4. There are signs of a "break-in" or other type of forced entry.
5. There is a significant safety hazard.

If you find or suspect that the Service User may be at risk or in distress inside the property, you should normally contact the office, but if in exceptional circumstances no one is available you should contact the emergency services and await their arrival.

***If you feel the Service User's condition is life threatening you may call an ambulance before contacting the office.***

#### **Responsibilities of Care Quality Support office (Manager or Care Coordinator) upon receiving a notification call from staff at a service user's premises:**

All staff at **Care Quality Support** are trained about the importance of safeguarding all service users under our care and support. It is therefore important to recognise that when Office Staff are contacted by care workers from a service user's home, this may be a sign of a potential emergency. Staff at the Office must follow this policy and procedure until the service user's safety status is ascertained. Inability to gain access is a cause of concern and therefore must be treated as a priority issue with the organisation. The following support must come from the Care Coordinator based at the office:

- Advise staff to remain on the premises until the office has exhausted their own procedures in trying to find the whereabouts of the service user.
- Care Coordinator to check the diary for any known appointments that may not have been passed to the care worker
- Care Coordinator to verify if the care worker has already done all the above procedures as required of their duty
- Contact next of kin of service user to find out if they know the whereabouts of the service user.
- Care Coordinator to consider whether after all checks have been made, there is a cause for concern and escalating this to an emergency

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- Care Coordinator or Manager to remain in constant contact with the care worker, reassuring the staff and keeping them updated of any progress from their side.
- Care Coordinator to remind care worker to complete all necessary paperwork and document all action taken
- Care Coordinator to contact the named Social Worker, or Duty Social Worker and All relevant Local Authority and NHS personnel where applicable.
- Once contacted has been made with the service user, all documents completed, this procedure cease.
- If emergency services and police are notified and are involved, this must also be documented in the service user care plan.
- If this situation causes any delays to other visits by the care worker, the Care Coordinator must arrange alternative cover and contact the next service user to notify them that their visit may be delayed .

**How to deal with known “Walk about” service users:**

**Care Quality Support** respects every individual's choices, decisions, and freedom of movement. We are aware that there may be service users who may decide to leave their premises without notify the organisation. This may be a challenge especially when visits are scheduled. Where a service user has capacity, it must be agreed on how best to manage the situation and still respect the service user's choice and freedom of movement. Contact details of possible places the service user may visit without notice must be shared in advance. **Care Quality Support** will work in partnership with other professionals in coming up with a multi-disciplinary approach to managing and supporting a service user who is known to walk about from home.

Service users with dementia, mental health or learning disabilities may benefit if **Care Quality Support** adapts the tools like the Herbert Protocol to support management of missing people.

**Record and document all actions undertaken.**

A safeguarding notification must always be made to CQC when a service user has been harmed or put at risk of harm due to failure of the staff to properly manage failure to gain entry situation.

**Analysis of Incidents:**

**Care Quality Support** will compile all incidents emanating from this policy. A root cause analysis will be conducted. Lessons learnt will be shared.

**Training**

All staff should understand this policy and know how to follow security procedures. All new staff will receive induction training which will include guidance on improving access, key holding procedures and be trained in home security procedures. In-house training sessions on security are conducted at least annually and all relevant staff attend.

**Monitoring and Review**

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This policy will be monitored through staff supervision and will be reviewed according to the quality assurance process.

#### **Associated Documents and References**

- Identity Cards in Domiciliary Care Policy
- The Care Act 2014
- Human Rights Act 1998
- Mental Capacity Act 2016
- Mental Capacity Act Code of Practice
- The Care Quality Commission (Registration) and (Additional Functions) and Health and Social Care Act 008 (Regulated Activities)(Amendment) Regulations 2012.

#### **Getting Help**

**If you require any help with any matters relating to this policy and procedure, please speak to your line manager or Senior manager.**

**It is the responsibility of every member of staff to ensure that they are working within this policy and keep up to date with changes in policy that may affect their practice at work.**