

ARHM GOOD PRACTICE NOTE

SECURITY OF MASTER KEYS

Most managers use master key suite systems to provide a safe and secure environment for residents. It also allows access to residents' homes for scheme managers and essential services in the event of an emergency or when assistance is required and the resident is not able to open their door independently.

A secure master key suite does not allow residents or others to cut keys without the permission of the holder of the master key. However, some manufacturers of master key suites have lost the patent to those suites and so keys may now be cut independently.

Some master key suite systems have retractable barrels (cores) to locks, removable with a master key. These systems are helpful if a resident loses a key, or a manager wishes to change locks easily upon resale if there is a concern about security. Spare barrels can be kept on site for emergencies.

Alternatives to Master Key Suites

The alternative in use for some schemes is a programmable key fob. Such 'fob-based' systems can have a scheme or office based device to programme or re-programme fobs. If a master key fob is lost under the fob-based system, there is no need to re-programme all other key fobs. 'Blank' fobs may be kept on site or at the office for programming.

When a resident sells or leaves, it is also possible to re-programme the key fob for that flat, so that any fobs held by the previous resident or their family no longer allow entry to the flat and to the scheme.

The fobs do not contain a battery, only a re-programmable chip. Replacement costs are relatively low. The key fobs are 'read' by a reading machine at access doors and flat doors. It is possible to vary the distance to the reader at which the fob will work, which can be helpful for older people. External access gates and doors can also be programmed into the fobs.

In the event of a power failure a battery back-up system can be provided for main entrance doors. However, the system can also be set to leave doors "open" or "closed" in the event of power failure, and managers need to decide the option for the scheme.

Insurance of Master Keys and Residents' Keys

The loss of a master key or a single resident's key can compromise the security of a part or whole of an estate.

Insurance for loss of keys should be part of the buildings policy taken out by the manager. The level of cover per claim should be such that it would provide for the cost of the replacement of all locks on the largest estate managed.

Insurance policies will only pay out for a fixed number of keys per dwelling in case of claim, normally 2 or 3. Residents who have had additional keys cut for relatives and carers will therefore not be covered for these extra keys.

Secure Storage of Master Keys and Other Keys

Master keys and other keys for communal areas should be kept secure. Where a scheme manager is off-duty and the scheme is linked to a call centre, secure storage with restricted access to keys will be required. Labelling of keys should not allow identification and any index of keys should be kept separate to the keys. Scheme managers, whether resident or non-resident, should not take master keys off-site. If a master key has to be taken off-site then the wording of the insurance policy should be checked.

Most managers keep master keys in a tumbler or electronic safe for access when the scheme manager is off-duty. The electronic safes may not operate in a power cut without a battery back-up. If a battery back-up is provided, the batteries will need regular checks.

Access in case of no on site Scheme Manager

Managers that use call centres need to agree procedures for access control with the centres.

Managers can make different arrangements depending upon the circumstances applicable to the scheme.

If the scheme is local to another scheme or to a member of staff, then an authorised member of staff may go out to give access.

Some managers use nominated lessees. Specific persons are authorised to be given access in defined circumstances only, and have to give a password to a call centre to obtain access to a master key. Advice from insurers should be sought before using nominated lessees. Some insurers will not accept such arrangements.

If contractors need to be given access, e.g. lift breakdown, then managers need to decide if contractors will be authorised access to master or other keys. If access to the master key is given, then checks should be made that the contractors carry insurance for loss of keys.

Other alternatives are to put the keys to lift motor rooms or electrical intake rooms in a separate safe that is not used for a master key. If this option is used it is helpful to put colour coded markings on the safe so that emergency services can easily identify the correct safe.

Locks could be changed on motor/electrical rooms to ones that can be opened using a standard type of key such as those used for meter cupboards. Contractors would then only have to carry the standard key.

Where residents lock themselves out

If a resident loses a key or is locked out and the scheme manager is not available, it is not good practice to allow residents to use master keys to give access.

It will be the resident's responsibility to call out a locksmith and pay the cost themselves.

Managers should communicate their policy on resident "lock outs" to residents for example in a handbook.

Managers may be able to assist residents in certain situations as follows, but the general principle above still applies:

- Installing locks that cannot be closed without using the key will reduce the number of accidental lockouts.
- If a scheme is local to a member of staff who is available, then someone may be able to visit the scheme to give access.
- Keeping a spare lock or barrel on site for use by residents and a list of locksmiths that can supply to the master suite for the scheme.
- Use nominated residents if appropriate.

Where a Resident wishes to change a Master-Suited Lock or Install an additional lock

Managers should not agree to such a request or infer their agreement by asking residents to sign "waiver" letters. Secondary or different locks defeat the purpose of retirement housing and cause problems for the resident and managers in situations where emergency care is needed. In addition, fire and water bursts are also made more difficult to tackle and contain.

If a resident decides to go ahead and change a lock or install a new one, despite the advice of the manager, the manager should issue a letter to the resident. The letter should make it quite clear that the resident is acting against the advice of the manager, and that the manager will not accept liability for consequences of the lock being installed or changed. In addition it should be made clear that the manager will expect the resident to remove the additional lock or bear the cost of doing so, when the property is resold.

The manager should arrange for the resident to be contacted at regular intervals e.g. monthly, and reminded to remove any lock that is not master-suited.

Where a Resident is Unable to Open the Door Themselves

Because of temporary or permanent illness, some residents may not be able to open their front doors. This may not be a problem to a scheme manager carrying a master key, but will be a problem if the resident needs to give regular access to carers, nurses, doctors or family members.

One solution to the problem of access to the resident's front door used by members (not to a communal door) is a safe that can be mounted on the wall or doorframe outside the resident's front door. It is not electronically powered and uses a four-digit combination code that can be changed. Up to 2 keys can be stored inside. This solution prevents care staff having to carry keys and for the requirement for keys to be passed between care staff.

A second solution is to upgrade the communal alarm/door entry system so that the pendant/or speech box can release the residents' front door as well as a communal door. Certain manufacturers of warden call equipment can offer this modification.

Social Services may pay for either of these solutions if the resident is receiving regular care.

DISCLAIMER:

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