

## Fire Safety Information & Guidance Note

FSR Ref:

1. CQC Registered Care Homes
2. Specialised Housing:
  - Sheltered Housing,
  - Hostels and Supported Housing,
  - Shared Lives Homes

# FSIGN 422

*Old Inst.: N/A*

*Issue date:*

*400 Series: Occupancy &  
Hazards*

## Summary

This Note is intended for internal use, providing information and guidance to Inspecting Officers on fire safety within Care Homes and the three categories of 'Specialised Housing' listed above.

All of these categories of accommodation include arrangements for care or support to residents with varying degrees of vulnerability or dependency.

It provides guidance on the definition, characteristics, specific risks and control measures to be considered. It also provides guidance and direction on the approach to be taken to auditing, regulation, enforcement and provision of goodwill advice in each case.

The appendices provide a range of checklists for Inspecting Officers to use during audits to support consistency in approach.

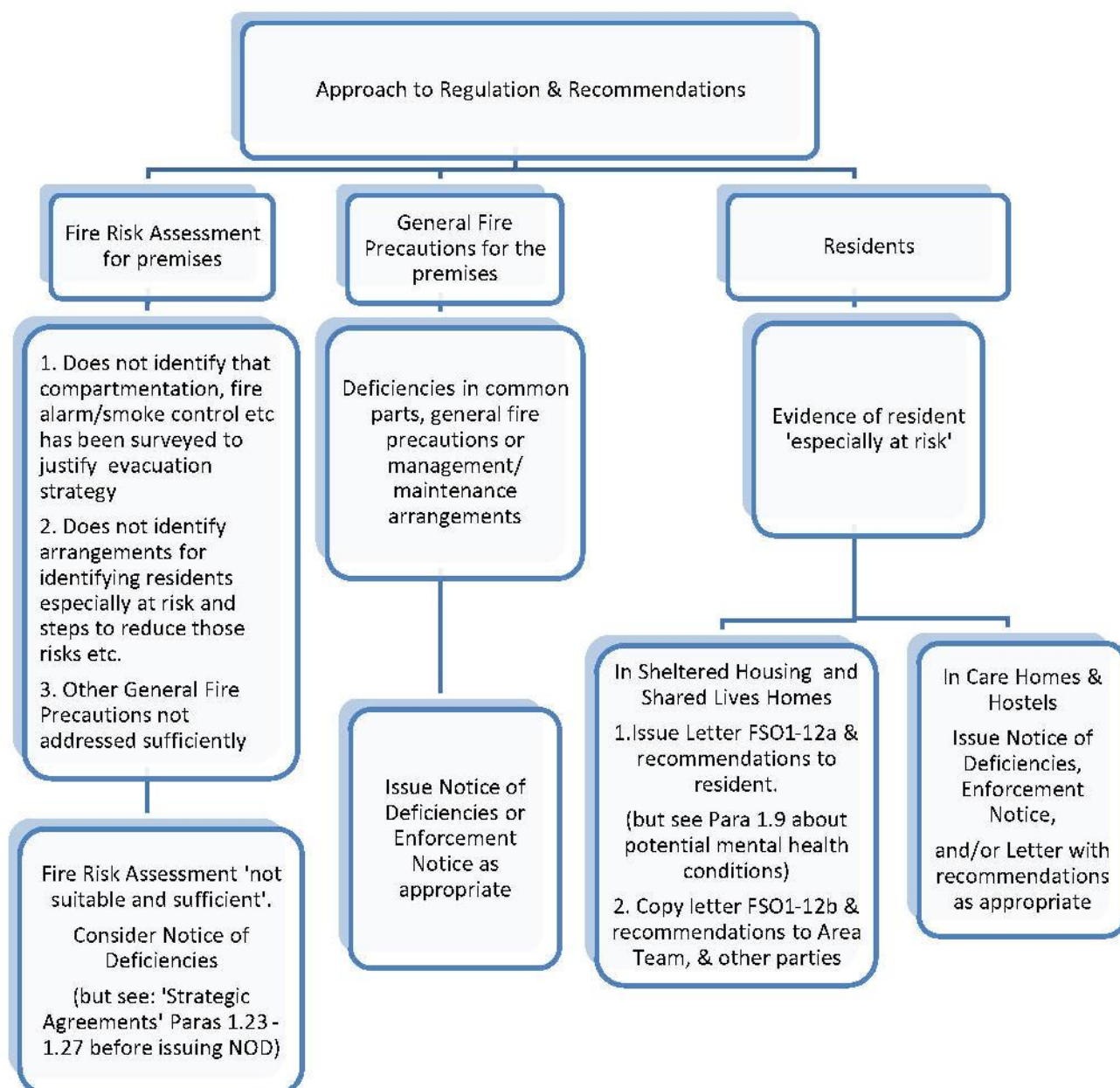
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# 1 Introduction

- 1.1 The models of health and social care provision and the supported housing landscape have changed significantly over the last decade and will continue to change. The ageing population, pressure on the health budgets, the increase in mental health issues and the imperatives for patients to be supported to manage their own conditions in their own homes has increased the variety of methods used to provide residential care and support services in the community and at home.
- 1.2 There are also various terms used by Care Operators, Local Authorities and Landlords to market and describe residential premises which are predominantly occupied by persons with age or health related vulnerabilities or dependencies. Examples of the terms are: Sheltered, Very Sheltered, Supported/Assisted Living, Care Homes, Extra Care, Retirement Homes, Hostels etc. Similarly, they may offer more than one type of support or care to different residents within a single building.
- 1.3 The term 'Specialised Housing' is now recognised as a collective descriptor to differentiate between these types of premises and 'General Needs Housing' such as single private dwellings and blocks of flats with no restrictions/conditions on who can buy or rent them.
- 1.4 However, irrespective of how a premises is marketed or described by its landlord, operator or owner, Fire Safety Regulation will recognise **four** main categories of property where residents with differing degrees of vulnerability or dependency are likely to be living to give clarity to the recording of premises types and the approach to be taken to risk reduction. These are:
  1. **CQC Registered Care Homes (premises and carers are CQC Registered and regulated to provide nursing and personal care)**
  2. **Sheltered Housing**
  3. **Hostels and Supported Housing**
  4. **Shared Lives Homes**
- 1.5 This Fsign also reflects a **person centred** approach to reducing risk alongside our traditional **premises centred** approach. It clarifies and supports the principle that the Fire Risk Assessment should reflect all the risks in the premises including those posed by the vulnerability and/or behaviour of residents in their own dwellings, and clarifies how consideration should be given to additional fire protection arrangements required for residents that are at significant additional risk.
- 1.6 The flowchart below provides a brief overview of the relationship between the Fire Risk Assessment, General Fire Precautions and vulnerable resident risks. Officers should refer to the detailed guidance for the relevant premises type in this FSign when considering the outcome/actions following their audits.

## 'Overview of the 'premises centred' and 'persons centred' approach





## Identifying vulnerable residents

- 1.7 It is not anticipated that Inspecting Officers will be 'auditing' residents rooms in care homes, or completing HFSV's, or 'cold calling' at individual rooms or flats in specialised housing premises as a matter of course. However, during the audit process the representative at the premises (manager/warden etc) should be asked whether they are aware of any vulnerable residents that appear to be at higher risk of fire due to behaviours or mobility (eg careless smoking practices, cooking difficulty, mental or physical disability, hoarding, etc).
- 1.8 If this is the case Inspecting Officers should use this opportunity to offer immediate advice and assess the severity of this risk by asking the representative to join them in making contact with the higher risk resident and providing advice as required within their dwelling/room. Inspecting Officers should refer to the **LFB Home Fire Safety Risk Referral Matrix (Appendix 6 )** and consider whether the fire safety risks and control measures in an individual's dwelling/room are appropriate for their levels of vulnerability and mobility.
- 1.9 If a resident is found to be at immediate and high risk (ie High Risk A/B or Medium Risk A on the **LFB Home Fire Safety Risk Referral Matrix (Appendix 6 )** from fire due to behaviours or mobility, immediate verbal advice to the resident should be provided and letter FSO1-12a can be used to confirm that advice.

**Note: In the case of residents with potential mental health conditions in sheltered housing, supported living or managed hostel arrangements the letter FSO1-12b should be given to carers, support workers or other on site representative for information/ action as part of the care/support plan for the resident.**

- 1.10 In the case of a resident at immediate and high risk in Sheltered Housing (ie those without direct personal care or support workers on site) the Area Team should be contacted by phone the same day to request a HFSV as soon as possible. Details of the address, name and contact details, advice provided and a copy of the FSO1\_12b letter should be sent to the Area Team to generate the HFSV and consideration of further actions as a Serious Outstanding Risk ([policy No.:744](#)). The Area Team will copy this to the Station Manager, and Borough Commander for further action with other partners.
- 1.11 Copies of the FSO1\_12b letter should also be sent to the other parties on the form as appropriate to the circumstances.
- 1.12 Potential regulatory action (NOD or EN) should also be considered in accordance with the instructions in the relevant tables and sections of this Policy on pages 10, 20, 26 or 30.

## Hoarding

- 1.13 Inspecting Officers must also have an understanding of Hoarding [Policy 829](#) and the referral paths within that document. Details should be recorded in a follow up Station Notification Form.

## Safeguarding

- 1.14 Inspecting Officers must also have an awareness of the 'Safeguarding of adults at risk' ([policy No.: 736](#)) and 'Safeguarding of children at risk' (policy No: 0305) and referral paths within those documents in the event that they become aware of safeguarding issues.

## Primary Authority Partnerships

- 1.15 Many operators of Care Homes and Specialised Housing premises are in Primary Authority Partnerships either with LFB or other fire and rescue services. Fire safety teams will still inspect



businesses under Primary Authority schemes but will have regard for Primary Authority advice/assured advice, inspection plans, guidance from the Business Support Group and statutory rules regarding enforcement.

- 1.16 Inspecting Officers must check the [Primary Authority Register](#) before visiting a premises to determine if it is subject to a Primary Authority Partnership.
- 1.17 If there is a partnership in force the officer must check whether Primary Authority advice/assured advice or Inspection plans have been issued. Dependant upon the type of partnership assured advice does not necessarily need to be published on the Regulatory Delivery website although all inspection plans must be clearly specified. Due regard to the content of these documents must be taken and the audit arranged accordingly.
- 1.18 Where the organisation has a partnership with LFB and the outcome of the audit confirms 'verbal action only' the officer is expected to send details by email regarding any particular area of concerns that they feel the Primary Authority case officer may need to be aware of. The case officer is then able to collate this information and ascertain if the same issue is being repeated across all the organisations' stock of premises.
- 1.19 Where LFB (as an enforcing authority) proposes to take enforcement action against an organisation a statutory notification of the proposed enforcement action to the Primary Authority is required.
- 1.20 'Notification of Deficiencies and Enforcement Notices' are regarded as enforcement action for the purposes of Primary Authority. This is because they all have a sanction of possible further formal action if the actions are not carried out. Therefore the action has to be compatible with Primary Authority advice/assured advice and inspection plans.
- 1.21 Officers proposing to issue a Notification of Deficiencies or an Enforcement Notice against an LFB Primary Authority business should contact the Business Support Group 'Case Officer' for the partner. For businesses with Primary Authority partnerships with other fire and rescue services, contact should be made with the LFB Business Support Group 'Area Officer'.
- 1.22 A current list of officers names and contact details can be found on hotwire.

### **Fire Risk Assessments – strategic agreements**

- 1.23 This policy supports a revised expectation that the Fire Risk Assessment for care homes and specialised housing should consider all risks as mentioned in 1.5 above. This will include evidence that the compartmentation /separation will support the evacuation strategy, and the risks posed by the vulnerability and/or behaviour of residents in their own dwellings. This is explained greater detail in the relevant tables and sections of this Policy on pages 11, 21, 27 and 31.
- 1.24 However, it is recognised that some organisations that operate larger portfolios of care homes and/or specialised housing buildings (Local Authorities, RSLs, Housing Associations etc) will have difficulty in reviewing and improving all their Fire Risk Assessments in the short term. Fire Safety managers will agree with strategic managers of those organisation a programme of reviews that can take place over an extended timeframe or a bespoke approach for that organisation and its portfolio of premises.
- 1.25 Inspecting Officers must, as part of their pre audit checks for Care Home or Specialised Housing premises, review the list of these organisations available on the [Primary Authority Scheme](#) page of Hotwire to see if an agreement is in place/being negotiated. (See section 'Organisations with Strategic Agreements' at bottom of page).

- 1.26 If the premises is owned or operated by one of these organisations it will **not** be necessary to issue a Notification of Deficiencies if the **only** deficiency is a Fire Risk Assessment that is not 'suitable and sufficient' due to lack of information on the evidence of compartmentation/separation and the risks posed by the vulnerability and/or behaviour of residents. (If there is physical evidence of **other** deficiencies a NOD or EN should be considered accordingly)

**Smaller Operators not included on the list on [Primary Authority Scheme](#) page of Hotwire.**

- 1.27 Inspecting Officers auditing a premises operated by a smaller operator may also identify that the **only** deficiency is a similar lack of information on the evidence of compartmentation/separation and the risks posed by the vulnerability and/or behaviour of residents. In these cases it will be acceptable to issue a Notice Of Deficiencies but with an agreed timescale for completion that reflects the date of the next **planned** review of the Fire Risk Assessment. (If there is physical evidence of other deficiencies or uncertainty the timescale for completion should be reduced accordingly)

## 2 SECTION 1- CQC Registered Care Homes

### Definition, characteristics, specific risks and control measures to be considered during audits

- 2.1 There are two types of CQC Registered Care Homes:
- (a) **Care Homes** - These may range in size but all offer 24/7 accommodation and personal care/nursing for residents that are all generally very vulnerable, dependant, and/or immobile. They offer medical care and support throughout the day and night. Staff help with washing, dressing, at meal times and with using the toilet. Some homes offer care from qualified nurses or specialise in caring for particular groups such as young adults with learning difficulties. They are generally commercially or charity run. All fire protection and precaution arrangements are based on assisted evacuation.
  - (b) **'Supported Living' Care Homes** – these are solely for residents with some lower levels of vulnerability/ dependency. They are generally commercially or charity run, purpose built or converted houses. They may have 24/7 or partial care/support provided. All fire protection and precaution arrangements may be based on assisted evacuation or self evacuation depending on levels of dependency.
- 2.2 These should all be recorded on Farny as: FSEC B Care Home – VO Code: CQC Registered Care Home (MR1)

### Fire safety standards applicable

- 2.3 For existing premises the CLG Fire Safety Risk Assessment Guide to **Residential Care Premises** guidance document, and **Additional Guidance to Fire Safety Risk Assessment - Residential Care Premises** issued in January 2011 by NASHICS and CFOA is the reference material.

### Fire Evacuation Strategies

- 2.4 The choice of fire safety strategy in Care Homes is dependent upon the way the building is designed, staffed and managed, and the level of dependency of the residents. The Fire Risk Assessment must consider these factors and determine the evacuation strategy which should be fully supported by the detection and warning system provided in the premises.
- 2.5 Generally, in many larger care and nursing homes at least a proportion of the residents will need assistance to evacuate and any progressive horizontal evacuation (PHE) must be detailed in the evacuation strategy and emergency plan.



- 2.6 In some smaller CQC Registered 'Supported Living premises' the residents may be less dependent and the strategy may be based on warden/manager assistance or self-evacuation.

### **Compartmentation and Protected Routes**

- 2.7 Compartmentation should have been surveyed, considered and any issues identified within the Fire Risk Assessment.
- 2.8 This includes checks of electrical intake rooms, service ducts and cupboards for obvious evidence of breaches and lack of fire stopping as an essential part of any audit. For example: holes in partitions made by pipe and cable runs which should be effectively sealed by the use of fire resistant materials or proprietary devices such as pipe collars.
- 2.9 Recent major fires have illustrated the importance of appropriate provision and maintenance of compartmentation in roof spaces and this should also have been surveyed and identified in the Fire Risk Assessment.
- 2.10 In order to protect the escape route and meet the definition of the term "Protected Route" any openings in walls of protected routes should also be subject to the fire risk assessment process and be considered accordingly. Service ducts, cupboards in the stairway or corridors, and pipe work must maintain the fire separation/compartmentation, and should also have been surveyed.

### **Progressive Horizontal Evacuation (PHE)**

- 2.11 A PHE strategy can be used where adequate compartmentation and fire separation is present to form "protected areas". Staff are able to move residents horizontally away from the fire area to adjacent fire protected compartments in successive stages. It should be noted, that on upper floors there must be a stage of PHE where vertical travel can be undertaken to reach final exits.
- 2.12 Subject to the Fire Risk Assessment and evacuation strategy, there may be a limit to the number of resident bedrooms in any one protected area. In addition, the number of staff available for evacuation will have an effect on the number of resident bedrooms that are appropriate within each compartment.
- 2.13 In some cases more than one strategy could be applied – simultaneous evacuation and PHE, with the emergency plan dependent on the vulnerability of any one individual or group of individuals. As part of one of the above strategies, the emergency plan could include some element of "delayed evacuation" where subject to a appropriate compartmentation, nominally 60 minutes, a resident could be left in a secure area. For example if a resident is so vulnerable that to move them could cause great harm they may be able to remain in their own room, although this approach would include the provision of a staff member staying with the person.
- 2.14 It should be noted that if a PHE strategy is adopted, then the "protected area" will need to be able to accommodate the residents and staff of this area plus all the occupants of the largest adjoining protected area. This will need careful consideration at planning stage, and ongoing training and evaluation, to ensure the strategy can be effective. Exit and stair widths will need to be considered as part of the PHE plan so that the total number of people involved can be moved through exits. Information on exits widths for people who utilise wheelchairs or walking aids are contained in Table 2 of *British Standard 8300: Design of buildings and their approaches to meet the needs of disabled people*. Code of practice. Reference can also be made to Approved Document M.
- 2.15 It is of vital importance that the evacuation strategy and the detection and warning system work together effectively and that there are sufficient staff on the premises to facilitate the evacuation strategy. If there are any concerns over the night time strategy these should be referred to the

Peak Activity Team (PAT) for an evening inspection for confirmation of staff numbers available and their understanding of, and capability to undertake, the emergency plan.

### **Fire Detection and Fire Alarm Systems in Care Homes**

- 2.16 The recommended standard for the fire detection and fire alarm system for these types of premises is BS 5839 part 1, category L1. The lower category, L2, may be acceptable dependent on the vulnerability of the residents and the suitability of the fire protection within the premises. Inspecting Officers will need to ensure that lower standards are justified appropriately in the Fire Risk Assessment.
- 2.17 Fire detection and fire alarm systems in care premises may be connected to a Fire Alarm Monitoring Organisation (FAMO) and any actuation should be transmitted to the Fire and Rescue Service without a delay for investigation. *BS 8591 (Remote centres receiving signals from alarm systems)* code of practice states 'filtering should not generally be applied to signals from fire alarm systems in residential care premises'. However, the Responsible Person and the building managers should ensure that every effort is made to minimise false alarms from the fire detection and fire alarm system. Appropriate guidance to achieve this can be sought from the FRS, alarm maintainer and/or other suitable fire alarm system professional.
- 2.18 The current British Standard for fire detection and fire alarm systems recommends that even if a fire detection and fire alarm system is connected to a FAMO, a back up call should be made using the 999 or 112 system. It recommends that the Fire and Rescue Service should be called at all times when the fire detection and fire alarm system operates.
- 2.19 Fire alarm panel zone maps are also critical and these should be easily available to staff and Fire Service, accurate and clearly identify the zones within the building and how they are represented on the alarm panel.

### **Staff Training**

- 2.20 Staff training in reducing the risks of fire and evacuation strategies and techniques is vital and should be fully considered in the Fire Risk Assessment. All staff should have an awareness of the Fire Risk Assessment and its outcomes and the emergency evacuation plan, fire exit routes and assembly points for the premises. They should also know and have an understanding of the fire detection and fire alarm system, including the fire alarm panel and adjacent fire alarm panel zone plan. They should understand how it interacts with the evacuation plan, progressive horizontal evacuation arrangements and any other item specific to the particular building, such as suppression systems.
- 2.21 This fire safety training for new staff (including agency staff) should take place immediately on starting work. All staff should also be trained in evacuation techniques to move residents, when and if necessary as part of the evacuation and should include identifying and evacuating residents who may be unable or unwilling to evacuate on the actuation of the fire alarm.
- 2.22 All staff should receive this training including staff that only work during night time hours or agency staff. Frequency of training and drills should take account of the turnover of staff and the level of use of agency staff, and the evacuation plan should be practiced at least once a year.
- 2.23 Those staff nominated as undertaking specific roles within the evacuation strategy, such as Fire Wardens or Fire Marshalls, should have a complete understanding of their role and receive the additional training to be able to achieve that aim.



- 2.24 Consideration should be given in the Fire Risk Assessment and the evacuation strategy to the numbers of staff required to evacuate residents, having regard to the number that require assistance.

### **External and Internal Doors – security considerations**

- 2.25 Care homes with residents with mental illness may have electronic locks on external exit doors to prevent egress by these individuals.
- 2.26 Some care homes may also have arrangements for locks on rooms used by residents to provide some privacy and protection from other residents, and safeguard their possessions.
- 2.27 When auditing Inspecting Officers should ensure that the emergency plan and evacuation strategy is effective taking into account any security door locking arrangements. In general, arrangements should be in place to enable residents to leave their rooms without the use of a key, and staff must be able to gain immediate access to all rooms (ie by use of a master key that all staff carry at all times) to carry out evacuation.
- 2.28 They should also ensure that the locks meet the criteria set in *BS 7273-4: Code of Practice for the Operation of Fire Protection Measures : Actuation of Release Mechanisms for Doors*.

### **Information to Residents**

- 2.29 Residents need, as far as is reasonable and practicable, to have an awareness of the evacuation strategy of the building in which they reside. To ensure this is in place, Inspecting Officers should ensure that they confirm that the Responsible Person can demonstrate that they have provided continuing suitable and sufficient information about the strategy to the residents. In addition, where possible, Inspecting Officers should confirm, whilst on site, that the residents have this information and that it has been made known to all people who reside or work in the premises.

### **Personal possessions of residents**

- 2.30 The CLG Residential Care Guide recommends that 'residents should only be allowed to provide items of their own furniture or textiles for their own bedroom if the item meets a fire performance standard particularly if they share the bedroom with other residents.'
- 2.31 However, there are considerable benefits for residents, particularly those with dementia, when a sense of 'home' is created with a focus on personalising care as much as possible. This topic area should be specifically considered through the fire risk assessment process and situations where the CLG guidance is not met should be justified with consideration given to any compensating factors.

### **Automatic Fire Suppression Systems (AFSS)**

- 2.32 Sprinkler systems should be designed and installed in accordance with BS 9251:2014 or BS EN 12845:2015 and watermist systems in accordance with BS8458 or the relevant part of BS 8489:2016. The Loss Prevention Standard LPS 1655 defines requirements and test methods for third party approval of personal protection watermist systems(PPS).
- 2.33 Further guidance concerning the installation of PPS can be found on hotwire- fire safety regulation policy and guidance-500 series-Fire Engineering & Fire Safety Systems-Sprinkler Personal Protection Systems or by contacting the AFSS co-ordinator.
- 2.34 Where sprinklers are provided in care homes then in accordance with ADB:
- Fire doors to bedrooms need not be fitted with self closing devices, although this is still a recommendation
  - Protected areas may contain more than 10 beds

- Bedrooms may contain more than one bed

Where this occurs management procedures will need to be enhanced and staff will need to ensure that bedroom doors are manually closed during sleeping hours.

- 2.35 Where AFSS is recommended to the Responsible Person this should be recorded on the audit form in the audit conclusions and recommendations provided in writing.

## Smoking

- 2.36 Residential Care Homes are exempt from the Smoke Free Regulations and as such residents are able to smoke in their own bedrooms. However, the Responsible Person should ensure that a managed smoking policy exists and that all staff and residents conform to this policy. A safe smoking policy is important as many fires are caused by discarded smoking materials. The provision of suitable receptacles for extinguishing cigarettes and other smoking materials and the disposal of these into refuse should be strictly controlled.
- 2.37 It is important that any smoking policy and management arrangements are considered and individual risk assessments completed as part of the personal care package for residents. These should be referenced/included within the Fire Risk Assessment and Inspecting Officers should confirm that this has taken place and is suitable and sufficient as part of their audit.
- 2.38 **See Appendix 5: Checklist for Smoking Risks** for points to consider during an audit of a care home that allows smoking in the premises. Hazards highlighted in the smoking aide memoire including oxygen cylinders, petroleum based emollient creams, incontinence pads, non fire retardant bedding and sleepwear and airflow mattresses with their integral air supply should be identified and the risk minimised through the fire risk assessment process.

## Mobility Scooters

- 2.39 There is an increase in the use of mobility scooters and due to space and building restrictions it is often the case that people will, out of necessity, leave mobility scooters in protected routes and charge them through extension leads.
- 2.40 This poses a significant fire risk and the charging of an electric mobility scooter should not be conducted within a protected route.
- 2.41 The Authority may accept the following subject to a suitable Fire Risk Assessment:
- A marked storage area that does not impede the protected route with no charging facilities, or
  - A 30 minute fire resistant store that does not obstruct the protected route which incorporates a permanent charging point within the store area, or
  - An appropriate fire suppression system.



## Care Homes - approach to Regulation and Enforcement

- 2.42 Due to the vulnerability of residents in care homes an increased level of scrutiny should be applied to the Fire Risk Assessment and General Fire Precautions.
- 2.43 In Care Homes the Fire Safety Order applies to the whole building – common parts, occupied rooms, and any self contained independent residents rooms as access by care staff is likely to be 24/7. All provisions of the Fire Safety Order apply and Enforcement Notices, NODs and guidance can be applied as appropriate to the risks, general fire precautions provided and audit outcomes.
- 2.44 All correspondence should be copied to the CQC.

**The table below directs the approach to take irrespective of the initial scoring of the Mobile Audit Form. This will require the score and level of actions to be increased to the minimum indicated in the table below by application of the EMM Factors.**

**Table 1: Care Homes – approach to regulation, enforcement and recommendations**

Parts of building affected and Regulation applicable	Deficiencies evident	Actions to be taken: (always refer to page 5 & 6 to confirm action - Primary Authority Partnerships and Strategic Agreements)
Common Parts  Fire Safety Order applies	Fire Risk Assessment: No evidence that compartmentation, fire alarm/ smoke control etc. have been surveyed and considered in support of the evacuation strategy.	Issue NOD Level 2 as Fire Risk Assessment is not suitable and sufficient.
	Deficiencies evident in the common parts (ie breaches in compartmentation, defective smoke control/fire alarm etc) or management arrangements.	Issue NOD or EN to remedy defects.
Rooms/Dwellings (these are not private because access is available to nurses, carers, managers, wardens etc.	Fire Risk Assessment: No evidence that this considers areas of potential higher fire risk including from residents (e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues )	Issue NOD Level 2 as Fire Risk Assessment is not suitable and sufficient.
Fire Safety Order applies	Risks to persons evident within their own rooms (e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)	Issue NOD or EN to remedy risks to vulnerable persons. (ie telecare enabled detection/alarms, water suppression etc)

### 3 SECTION 2 - Sheltered Housing

#### Definition, characteristics, specific risks and control measures to be considered during audits

- 3.1 These are premises designed, adapted, marketed and/or operated as a number of independent self contained flats (generally purpose built but some are conversions) predominantly for residents that have age, mobility, medical or mental health vulnerability/dependencies. Some or all residents may be receiving some kind of care/support package by one or more care providers.
- 3.2 Sheltered Housing is also sometimes characterised by the use of communal areas where some services are provided. The premises may also have wardens, managers, or other on call staff that provide facilities for the residents including security, cleaning and catering staff, normally working day time only or remotely.
- 3.3 All fire protection and precaution arrangements are usually based on self (or assisted) evacuation from flat of origin, and 'stay put' /fire service controlled for others.
- 3.4 Many rely on on-call systems, through social alarm systems (Telecare), to provide support to residents. The level of support and care provided in these premises ranges from the traditional concept of sheltered housing through to 24 hour bespoke care packages. These environments require the Brigade to have a dual role through Fire Safety Regulation and also Community Fire Safety to influence behaviour by residents to reduce fire risk.
- 3.5 In most cases the Fire Safety Order applies to the common parts in sheltered housing blocks and is limited in its application to the dwellings. However, our approach will take account of the vulnerability of the people living in these blocks and highlight the most appropriate fire safety solution in each case using a combination of enforcement and/or recommendations. (See Page 19-22: Approach to Regulation, Enforcement and Goodwill Advice).
- 3.6 Sheltered Housing premises should be recorded on Farynor as: FSEC B: Care Home – VO Code: Sheltered Housing (MR5)

**Note:** Sheltered Housing does **not** include premises that are registered as a care home with the CQC, or 'general needs housing' where there are no restrictions on who can buy or rent the dwellings.

**Note:** There is a trend for the communal services, warden visits and facilities to be reduced/removed and for operators/landlords of the premises to reclassify them from 'Sheltered' to 'Independent Living' or general needs housing. However, the risks generated by tenants that predominantly have age, mobility, medical or mental health vulnerability/dependencies remains the same - and LFB will still classify these as 'Sheltered' and deal with them in accordance with this policy.

#### Fire safety standards applicable

- 3.7 For existing premises the HM Government Sleeping Accommodation Guide applies to the common areas of sheltered accommodation.
- 3.8 The Purpose Built Blocks of Flats Guide also has a section on sheltered housing, and clause 70.5 states : 'The limitations of the residents should be taken into account when undertaking assessments in sheltered schemes, and any particular concerns resulting from the vulnerability of any residents should be addressed. However, the recommendations in this guide for sheltered schemes are based on the assumption that residents are able to escape unaided from their own flats and can make their way to a place of safety using the common means of escape.'



- 3.9 LACoRS Housing –Fire Safety guidance states in section 2.1 : ‘This fire safety guide is intended for buildings which have been constructed or adapted for use as domestic dwellings, and covers a range of existing residential premises including ‘sheltered accommodation in which personal care is not provided.’ Note however that with regard to LACoRS : ‘This guidance does not apply to properties constructed or converted to a standard in compliance with the Building Regulations 1991 or later (and which still comply).’
- 3.10 Further guidance on sheltered housing schemes is contained within British Standard 5588 Part 1 Section 3 para. 8.2 and Section 7 para. 31.2. In older sheltered housing schemes which were constructed in accordance with previous codes (i.e. CP3 Chapter IV, Flats and Maisonettes), the above standards should be recommended. BS 9991: 2015 also provides guidance with regard to design, management and use of residential buildings including sheltered housing schemes.

### **Vulnerability and behavioural characteristics of residents**

- 3.11 The vulnerability and behavioural characteristics of the residents could be considered to be the main fire safety risk in sheltered housing (i.e. inability to self-evacuate, smoking, hoarding etc).
- 3.12 The self contained flats within sheltered housing buildings are normally private dwellings and as such the Fire Safety Order is limited in application.
- 3.13 However, the Order does apply to the building as a whole, and in accordance with Article 9 (7) (b) the Fire Risk Assessment should detail “any group of persons identified by the assessment as being especially at risk”. In some cases the vulnerability and behaviours of a resident will generate an increased risk of a fire starting, or risk to themselves due to an inability to respond to a fire. Examples are unsafe smoking or cooking practices, health or poor mobility, alcohol or drug dependencies, hoarding etc.
- 3.14 The vulnerability and behaviour of residents should therefore be taken into account and these factors considered within the Fire Risk Assessment. Inspecting Officers should review these assessments of residents especially at risk as part of their review of the overall premises Fire Risk Assessment.
- 3.15 If residents are found to be at increased or immediate risk due to smoking/immobility/ hoarding, etc - recommendations should be made on additional protection within their dwellings (i.e. provision of Telecare enabled detection and alarms, water suppression etc). Refer to **Page 20/21: Approach to Regulation, Enforcement and Goodwill Advice** and **Appendix 6: Home Fire Safety Risk Referral Matrix** for guidance on the approach and actions to take.

### **‘Extra Care’**

- 3.16 There are sheltered housing schemes in which the majority of residents have very high levels of vulnerability/ dependency but also live ‘independently’ (and possibly within their own self contained leasehold flats). The majority also have visiting personal care workers providing enhanced levels of care similar to those within a CQC registered Care Home.
- 3.17 If the whole building/block/scheme is built/marketed as ‘Extra Care’ and staff/carers have free access to rooms – the Fire Safety Order may apply to the dwellings themselves. In all cases of ‘extra care’ sheltered schemes advice will need to be sought from the Central Enforcement Team on the appropriate actions following an audit.
- 3.18 If residents are found to be at increased or immediate risk due to smoking/immobility/ hoarding, etc - recommendations should be made on additional protection within their dwellings (i.e. provision of Telecare enabled detection and alarms, water suppression etc). See **Page 21/22:**

**Approach to Regulation, Enforcement and Goodwill Advice, and Appendix 6: LFB Risk Referral Matrix** for guidance on the approach and actions to take.

- 3.19 The need for CQC Registration will also need consideration – and the premises referred to CQC and the Housing Authority.

**Fire Evacuation Strategies**

- 3.20 The fire strategy for sheltered accommodation is generally a 'stay put' model similar to that found in general needs purpose built flats. This strategy relies on the passive fire protection provided by the structure of the building and the early notification of fire to the fire and rescue service. The Responsible Persons should have measures in place to ensure that all staff, residents and visitors understand the strategy for the premises.
- 3.21 Where a 'Stay Put' fire strategy is employed there may be four main components to support that strategy and these must be addressed within the fire risk assessment and maintained to a sufficient standard. These are:
- (i) The fire resisting separation/compartmentation is of a sufficient standard. This will include all elements of construction including doors, walls, ceilings, roof voids, shafts, ducting, risers, fire stopping etc.
  - (ii) Fire detection coverage should be sufficient to cover all areas where there is a risk of a fire starting, including within the dwellings, to ensure there is means of early warning of fire at the premises and to trigger a call to the fire & rescue service.
  - (iii) Smoke control systems may be used to maintain escape routes clear of smoke.
  - (iv) The call to the fire and rescue service may be by staff on site or through a call centre.
- 3.22 As described in Paras 3.10 to 3.15 above it is possible that some residents will not be able to evacuate independently in case of a fire in their own flat due to a variety of impairments. This should be fully considered in the Fire Risk Assessment and the following describes some ways in which the risk to these relevant persons can be reduced and controlled:
- (i) Smoke detection monitored by 24hr onsite wardens/support workers or Telecare enabled smoke detection linked to alarm monitoring centres if no 24 hr onsite support.
  - (ii) Fire retardant bedding, safer ashtrays.
  - (iii) Domestic sprinklers or personal fire suppression systems.
  - (iv) Where the site is not staffed 24 hours a Premises Information Box (PIB) marked for the attention of, and accessible to, the fire brigade. This could include plans of the premises, information on vulnerable people and their location, details of increased risks for fire fighters (for example oxygen cylinders) and the premises entry code.
  - (v) A remote indicator outside of the individual flat to allow attending fire crews to identify the detector that has operated.
- 3.23 Many premises have community rooms and dining areas where people meet up and congregate. The evacuation strategy should cater for these community rooms and in general residents and guests in these should evacuate directly to an assembly point on alarm actuation unless these community rooms have been designated as safe areas.



## **Compartmentation and Protected Routes**

- 3.24 Whilst Inspecting Officers cannot carry out intrusive assessments to confirm the adequacy of compartmentation this should have been visually surveyed, considered and any issues identified within the Fire Risk Assessment.
- 3.25 Inspecting Officers should carry out brief sampling checks of electrical intake rooms, service ducts and cupboards for obvious evidence of breaches and lack of fire stopping as an essential part of any audit. For example: holes in partitions made by pipe and cable runs which should be effectively sealed by the use of fire resistant materials or proprietary devices such as pipe collars.
- 3.26 Reports of cooking smells and intrusive noise from neighbours may also indicate underlying compartment issues and these should be evidenced within maintenance records.
- 3.27 Recent major fires have illustrated the importance of appropriate provision and maintenance of compartmentation in roof spaces and this should also have been surveyed and identified in the Fire Risk Assessment.
- 3.28 In order to protect the escape route and meet the definition of the term "Protected Route" any openings in walls of protected routes should also be subject to the fire risk assessment process and be considered accordingly. Service ducts, cupboards in the stairway or corridors, and pipe work must maintain the fire separation/compartmentation, and should also have been visually surveyed.

## **Front doorsets and Protected Routes**

- 3.29 The front doorset and its surroundings including glazing or other partitioning above or to the side of the doors is a component of the protected route which is part of the general fire precautions of the building. Front doors of flats should provide at least 30 minutes fire protection and also be effectively self-closing.
- 3.30 It is understood that older guidance documents may have reduced the criteria above to a lower standard. Subsequently there could be in place "notional" fire doors and some existing fire door sets that may have not been tested to modern test criteria. In these cases, the Fire Risk Assessment for the premises should take this into account.
- 3.31 Article 17 details that general fire precautions facilities need to be maintained and the Responsible Person may make arrangements with occupiers of 'other premises' (ie flats) to ensure that this is undertaken.
- 3.32 Where deficiencies in protection to the protected routes are found during an audit the remedy will be for the Responsible Person to either make arrangements with the occupier of the flat, or to enforce the terms of any lease, or to utilise legal routes open to them to ensure the protected route is maintained in good working order. Notifications and notice schedule entries will be under Article 17 and a model text is provided for this purpose. FSR Central Enforcement Group can be consulted about use of the text.

## **Fire Detection and Fire Alarm Systems**

### **Fire alarms and detection in common parts**

- 3.33 The provision of fire detection and fire alarm systems within the common parts should be based upon the Fire Risk Assessment which should recommend the appropriate type and coverage.
- 3.34 The CLG Sleeping Accommodation guide recommends an automatic fire detection and fire alarm system which is designed and installed in accordance with recommendations of BS 5839 Part 1 for a Category L2 system as a minimum standard in the communal areas.

- 3.35 This will incorporate manual call points and fire detection in the circulation spaces e.g. corridors and staircases as well as in any communal lounges, kitchens, laundries and non-domestic premises that lead directly off a corridor. Guest rooms should be included in the coverage.
- 3.36 Rooms that are likely to produce high incidence of false alarms should be fitted with heat detection e.g. communal kitchens, laundry rooms. The premises managers should have procedures in place to deal with false alarm calls and to ensure that the Authority does not have to deal with unwanted fire signals (UwFS).
- 3.37 The communal fire alarm system does not normally extend into the individual flats, provided that, in the event of a fire anywhere within the building, residents are safe to remain within their own flats. However a BS 5839 Part 1 system could have smoke or heat detection in the hallway of the domestic premises (and sometimes extended into other rooms in the flat) as part of that communal system. If this is the case it becomes the responsibility of the Responsible Person to service and maintain the whole of the fire detection and fire alarm system including that within the individual flats.
- 3.38 In order for a "Stay Put" policy to be effective the residents should remain in their flats unless it is directly affected by fire/smoke or directed to do so by the fire service. The communal fire detection and fire alarm system should not trigger an unplanned evacuation if the alarm is activated. Therefore, the activation of the fire detection and fire alarm system should not activate sounders in the flats as well (other than the flat of origin), but the fire alarm signals should be monitored at a 24 hour staffed location, such as an onsite warden or FAMO.

### **Fire alarms and detection within dwellings**

- 3.39 The self contained flats within sheltered housing buildings are normally private dwellings and as such the Fire Safety Order is only likely to apply to these in very limited circumstances.
- 3.40 However, in some cases the vulnerability and behaviours of a resident will generate an increased risk of a fire starting or risk to themselves due to an inability to respond to a fire. Examples are unsafe smoking or cooking practices, health or poor mobility, alcohol or drug dependencies, hoarding etc.
- 3.41 The increased risks of fire that these vulnerabilities and behaviours are generating are also placing others in the premises at increased risk of fire irrespective of the compartmentation and evacuation strategy. These vulnerability/behaviour factors should be taken into account within the Fire Risk Assessment and emergency plan and the provision of fire detection and fire alarm systems within the dwellings should be based upon the significant findings and contents of these documents.
- 3.42 Inspecting Officers should review these assessments of residents especially at risk as part of their review of the overall premises Fire Risk Assessment and refer to **Page 20/21: Approach to Regulation, Enforcement and Goodwill Advice** for specific actions required.
- 3.43 The CLG Sleeping Accommodation guide recommends that an individual private dwelling in sheltered accommodation should have a Grade C LD 2 or 3 system to BS 5839 -6 but this need not be connected to the system that covers the common areas. However, some occupants may be mobility impaired to a degree that they would be at high risk in the event of a fire, unable to respond to an alarm, or they suffer from a disability (e.g. speech impairment) that would preclude communication with the fire and rescue service. In these cases the early transmission of the fire alarm signal to on site support workers and/or the fire alarm monitoring service should be provided.



- 3.44 It is also recommended that in addition to smoke detectors and sounders within the hallway of the dwellings, a fire alarm sounder, visual and/or vibrating indicators should be installed in bedrooms to ensure adequate warning for hard of hearing people, regardless of where in the dwelling the fire is detected. In addition, a smoke detector should be installed in the bedroom, lounge, and a heat detector should be installed in the kitchen. Where the lounge/bedroom and kitchen are combined, heat detection may be installed if it is considered that a smoke detector (or suitable multi-sensor detector) would produce an unacceptable rate of false alarms.

### **Telecare enabled smoke detection**

- 3.45 The importance of Telecare in sheltered accommodation schemes has been recognised for many years for monitoring the health and well-being of residents 24 hours a day.
- 3.46 Telecare is a remotely monitored social alarm system providing 24 hour facilities for alarm triggering, identification, signal transmission, alarm reception, two-way speech communication, reassurance and assistance, for use by persons considered to be at risk.
- 3.47 A range of alarm systems are available, some of which can let a family member, friend, neighbour, nurse or warden or Telecare Alarm Receiving Centre know by phone when there's something wrong. These include personal alarms, where you raise the alert by pressing a button that you keep on you at all times usually on a small wristband or a pendant worn around the neck, or communication boxes fixed on the wall.
- 3.48 More recently Telecare has been adapted to also monitor fire detection for particularly vulnerable and high risk residents (ie those with mobility, smoking, hoarding, mental health, drug/alcohol dependencies) within their own dwelling. There is clear evidence that the use of Telecare enabled fire detection and alarm systems can be effective in the rapid detection of fire and mobilisation of fire crews and can therefore play an important role in reducing risk for vulnerable individuals.
- 3.49 If a particularly vulnerable and high risk resident already has a standard Telecare system in place recommendations should be made to link the system to a fire detection system in partnership with responsible persons/ organisations.
- 3.50 The Fire Risk Assessment should also make reference to the recommended provision of a Telecare system in the above circumstances and also specifically comment on any existing BS 5839-6 fire detection and fire alarm systems within the individual units. The specification, grade and category of the system and the fire risk to relevant persons including residents should be taken into account. Recommendations should be made that kitchens, living rooms and bedrooms should be covered by fire detection rather than just the hallway.

### **Transmission of Fire Alarm Signals**

- 3.51 If the fire detection and fire alarm system is integrated with the social alarm system (or any other alarm system, such as an intruder alarm system), and both systems share a single communications link to an alarm receiving center, it is important to ensure that fire alarm signals can be distinguished from other alarm signals at the FAMO.
- 3.52 Handling of one or more non-fire alarm signals at the FAMO should not delay the display of a fire alarm signal received at the FAMO (whether from the same premises as the non-fire alarm signal(s) or from different premises).'
- 3.53 LFB advice is that there should be a dedicated separate communication link to a FAMO for fire alarm signals. This communication link is the responsibility of the responsible person. Best practise is that the link is of such a quality that it will transmit fire alarm signals from two locations

simultaneously e.g. from the communal fire detection and fire alarm system and simultaneously from an individual flat fire detection system.

- 3.54 It is therefore critical that the IO carrying out an audit reviews the Fire Risk Assessment and uses **Appendix 2 Checklist for Sheltered Housing** to ensure that the robustness of the critical communication path is considered and assured.
- 3.55 Where Telecare systems are recommended to the resident, Local Authority, Housing Providers/Landlord, Care Providers and the Responsible Person by Inspecting Officers this should be recorded on the audit form in the audit conclusions and the recommendation should be provided in writing.

### **Smoke Control Systems**

- 3.56 Recent fires and inspections of premises have demonstrated that in some cases automatic smoke control systems installed in residential buildings are not operating correctly. For example, vents on the floor of origin have opened and allowed heat and smoke to spread to a number of floors rather than out of the building. Brigade officers have also found that in some cases, natural smoke control systems in common corridors, lobbies and staircases is also being removed, obstructed or otherwise compromised.
- 3.57 Smoke control within escape routes, combined with limitations on travel distance in the corridor, is designed to assist means of escape for both the occupants who have escaped from the flat that is on fire and for others who may choose to escape subsequently. Smoke control arrangements may also be there to assist fire-fighters to gain access to the floor of the fire incident. As a result it is extremely important to design and maintain these features so that they operate correctly and safely.
- 3.58 Depending on the number of stairs and the age of the property, smoke control is generally provided in the area directly adjacent to the staircase enclosure or in the common corridors that form the access route to the residents flats. The systems used can range from a simple permanently open vent arrangement in older buildings through to manually openable windows and automatically opening windows in others. Some smoke control systems are operated by automatic fire detection which is not part of a fire alarm system but solely for use in opening the smoke control system to the building when smoke is detected in the areas where the detection has been installed.
- 3.59 In more recent buildings or those that have been upgraded, natural or mechanical smoke control systems can be employed using smoke shafts. In some cases, where the building may have only one stair, or where extended travel distances are present, these may be mechanical single or two-speed systems with pressure sensors and override controls.
- 3.60 The expectation is that if the smoke control system is automatic and smoke enters the common parts on the floor of origin, the smoke control system for the premises will vent that heat and smoke to allow the staircase enclosure to continue to be safely used.
- 3.61 In the case of an automatically opening vent system into a smoke shaft, if smoke is detected, the door to the smoke shaft on that floor should open, together with a vent at the top of the shaft and also in the stair at the roof level. This creates a chimney effect allowing the smoke to vent to open air.



## **Staff Training**

- 3.62 Sheltered Housing will generally have a 'Stay Put' strategy and the likelihood of evacuation of a number of residents is very low without Fire Service direction and support. Similarly, staff may only be present on site for very limited periods of time each week.
- 3.63 However, staff training in reducing the risks of fire and evacuation strategies and techniques is vital and should be fully considered in the Fire Risk Assessment. All staff should have an awareness of the Fire Risk Assessment and its outcomes and the emergency evacuation plan, fire exit routes and assembly points for the premises. They should also know and have an understanding of the fire detection and fire alarm system, including the fire alarm panel and adjacent fire alarm panel zone plan, and how it interacts with the evacuation plan and any other item specific to the particular building, such as suppression systems.
- 3.64 Staff should also be trained in evacuation techniques to move residents, when and if necessary as part of the evacuation plan and should include identifying and evacuating residents who may be unable or unwilling to evacuate on the actuation of the fire alarm.
- 3.65 Those staff nominated as undertaking specific roles within the evacuation strategy, such as Fire Wardens or Fire Marshalls, should have a complete understanding of their role and receive the additional training to be able to achieve that aim.

## **Information to Residents**

- 3.66 Residents need to have an awareness of the evacuation strategy of the building in which they reside. Inspecting Officers should ensure that the Responsible Person can demonstrate that they have provided continuing suitable and sufficient information about the strategy to the residents. In addition, where possible, Inspecting Officers should confirm, whilst on site, that the residents have this information and that it has been made known to all people who reside or work in the premises.

## **Furniture in Communal Areas**

- 3.67 Any furniture provided in a communal areas should be tested and labelled in accordance with the Furniture and Furnishings (Fire Safety) Regulations 1988 as amended. BS 5867 discusses the flammability of curtains drapes and blinds and is also a useful document. Furniture or soft furnishings provided in the common parts should be considered within the Fire Risk Assessment.

## **Automatic Fire Suppression Systems (AFSS)**

- 3.68 Sprinkler systems should be designed and installed in accordance with BS 9251:2014 or BS EN 12845:2015 and watermist systems in accordance with BS8458 or the relevant part of BS 8489:2016. The Loss Prevention Standard LPS 1655 defines requirements and test methods for third party approval of personal protection watermist systems(PPS).
- 3.69 Further guidance concerning the installation of PPS can be found on hotwire- fire safety regulation policy and guidance-500 series-Fire Engineering & Fire Safety Systems-Sprinkler Personal Protection Systems or by contacting the AFSS co-ordinator.
- 3.70 Where personal protection systems have been installed or are being considered within a dwelling, Inspecting Officers should ensure that the local Borough Commander and/or the Area CS Team are aware of these installations. The Fire Risk Assessment and evacuation strategy should include details of where this type of system has been installed as it is likely that these have been installed as a control measure where individuals cannot self evacuate.

- 3.71 Where AFSS is recommended to the resident, Local Authority, Housing Providers, Care Providers and the Responsible Person by Inspecting Officers this should be recorded on the audit form in the audit conclusions and the recommendation confirmed in writing.

### **Mobility Scooters**

- 3.72 There is an increase in use of mobility scooters throughout the United Kingdom with corresponding fire safety concerns arising. Due to space and building restrictions in many buildings it is often the case that people will leave mobility scooters in protected routes and charge them through extension leads. This poses a significant fire risk and the charging of an electric mobility scooter should not be conducted within a protected route.
- 3.73 The Authority may accept the following subject to a suitable Fire Risk Assessment:
- A marked storage area that does not impede the protected route with no charging facilities,
  - A 30 minute fire resistant store that does not obstruct the protected route which incorporates a permanent charging point within the store area, or
  - An appropriate fire suppression system.

## **Sheltered Housing - approach to regulation, enforcement and recommendations**

### **In 'Common Parts' - the Fire Safety Order applies**

- 3.74 The Fire Safety Order does apply to the building as a whole. Particular attention is drawn to:
- (a) Compartmentation - Integrity of the compartmentation between the dwellings, and between dwellings and the common MOE routes is critical for a 'stay put' evacuation strategy to be appropriate. Integrity of compartmentation should therefore have been visually surveyed as part of the Fire Risk Assessment process and evidenced within the Fire Risk Assessment.
  - (b) Smoke Control Systems – these are primarily provided to maintain tenable conditions within the staircase enclosures and may be integral to any stay put evacuation strategy. Many modern residential buildings may have mechanical smoke control systems as a compensatory feature for extended common corridor travel distances. Operation and maintenance of smoke control systems should therefore have been surveyed as part of the Fire Risk Assessment process and referenced within the Fire Risk Assessment.
  - (c) Fire Detection and Alarm Systems – these are likely to be found covering common parts, and there may also be extensions of the fire detection system into individual dwellings. In these cases the Fire Safety Order applies to the detection within the dwellings so these should also be maintained by the Responsible Person.

### **In 'Dwellings' - The Fire Safety Order is limited in its application.**

- 3.75 In the majority of cases the Fire Safety Order will be limited in its application within the dwelling itself.
- 3.76 However - in accordance with Article 9 (7) (b) the fire risk assessment for the whole premises should detail "any group of persons identified by the assessment as being especially at risk". The vulnerability and behaviour of residents should therefore be taken into account in terms of their protection and evacuation, and the potential impact on others within the building - and these factors considered within the Fire Risk Assessment. It is recognised that achieving additional



protection within dwellings may not be possible if residents do not agree that this should be provided.

- 3.77 In some cases the vulnerability and behaviours of a resident will generate higher likelihood of a fire starting and risks due to an inability to respond to a fire. Examples are unsafe smoking or cooking practices, health or poor mobility, alcohol or drug dependencies, hoarding etc.
- 3.78 The higher risks of fire that these vulnerabilities and behaviours are generating are also placing others in the premises at increased risk of fire irrespective of the compartmentation and evacuation strategy. Examples of this are:
- (a) the increased risk of a fire effecting the common parts means of escape routes and actuating a fire alarm system, and other residents being effected if already in the common parts or by responding to the alarm through confusion/misunderstanding.
  - (b) the increased risk of a fire being undetected for a longer period and seriously impacting on the common parts either before or during fire fighting operations.
- 3.79 If the vulnerability and behaviours of a resident is considered to generate a higher risk of fire additional protection measures (ie Telecare enabled detection and alarm, water suppression, safe smoking equipment) should be recommended to the resident, Local Authority, Housing Providers/Landlord, Care Providers and the Responsible Person. See **Appendix 6: Home Fire Safety Risk Referral Matrix** for further guidance on the approach to take.
- 3.80 In some very limited circumstances significant independent access to a dwelling may be available to care workers, staff or landlords and the Fire Safety Order may apply more fully. If residents have increased vulnerability and risk (through smoking/disability/hoarding) – additional protection within the dwelling (ie Telecare enabled detection, alarm, water suppression) **may** be enforceable as outlined in Table 2 below. Similarly, if a premises has the characteristics of 'Extra Care' as outlined in Paras 3.15 -3.18 above the Fire Safety Order may apply more fully.
- 3.81 Following consideration of this guidance and if a Notice of Deficiencies or Enforcement Notice is being considered to reduce risks to a resident within their dwelling or within an 'Extra Care' type premises – contact the Enforcement Team at HQ for further advice.

**Table 2 below directs the approach to take irrespective of the initial scoring of the Mobile Audit Form. This will require the score and level of enforcement action to be increased to the minimum indicated in the table below by application of the EMM Factors.**

**Table 2: Sheltered Housing – approach to regulation, enforcement and goodwill advice**

Parts of building affected and Regulation applicable	Deficiencies evident	Approach and actions to be taken: (always refer to page 5 & 6 to confirm action - Primary Authority Partnerships and Strategic Agreements)
Common Parts  Fire Safety Order applies	Fire Risk Assessment:  No evidence that compartmentation, separation, alarm/smoke control systems has been reviewed to justify 'stay put' or progressive evacuation strategies.	Issue NOD Level 2 as Fire Risk Assessment is not suitable and sufficient.
	Deficiencies evident in the common parts (ie breaches in compartmentation between flats and flats/common parts/ defective smoke control/fire alarm etc) or management arrangements.	Issue NOD or EN to remedy defects.

Parts of building affected and Regulation applicable	Deficiencies evident	Approach and actions to be taken: (always refer to page 5 & 6 to confirm action - Primary Authority Partnerships and Strategic Agreements)
<p><b>Dwellings (if private)</b></p> <p>Housing Act applies</p> <p>Fire Safety Order limited in application</p>	<p>Fire Risk Assessment: No evidence that this identifies and considers:</p> <ol style="list-style-type: none"> <li>1. Areas of higher fire risk (including from residents in dwellings e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues).</li> <li>2. The impact for relevant persons of fire in a higher risk flat or flat with higher fire loading, including the impact for any staff response and means by which the risks may be reduced at source through cooperation with the resident, family and other interested parties</li> <li>3. Arrangements for coordinating with others (eg care providers, housing providers, local Authorities) to ensure that information relating to areas of higher fire risk (including from residents in dwellings e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues) is exchanged and coordination is carried out to consider significant findings and reduce the risks.</li> <li>4. The ability of relevant persons to evacuate unaided using the communal means of escape to account for the mobility and/or mental health of those persons.</li> </ol>	<p>Issue NOD Level 2 as Fire Risk Assessment is not suitable and sufficient.</p>
<p><b>Dwellings (if private)</b></p> <p>Housing Act applies</p> <p>Fire Safety Order limited in application</p>	<p>High risks to person evident within their own dwelling (ie vulnerable person at increased risk of fire e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)</p>	<p>Issue recommendations Letter FSO1_12a to Resident. (Do not issue letter if potential mental health/learning needs apparent)</p> <p>Issue recommendations and referral letter FSO1_12b to RP, Area Team, external organisations to generate HFSV and partnership working to minimise risk in the dwelling (ie telecare enabled detection/ alarms, water suppression).</p>



<p><b>Dwellings (if not private because access is available to carers, managers, wardens etc.</b></p> <p>Housing Act applies Fire Safety Order limited in application</p>	<p>Risks to person evident within their own dwelling (ie vulnerable person at increased risk of fire e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)</p> <p>(Contact Enforcement Team at HQ for further advice on application of NOD or EN.)</p>	<p>Issue recommendations Letter FSO1_12a to Resident. (Do not issue letter if potential mental health/learning needs apparent)</p> <p>Issue recommendations and referral letter FSO1_12b to RP, Area Team, external organisations to generate HFSV and partnership working to minimise risk in the dwelling (ie telecare enabled detection/ alarms, water suppression).</p>
<p><b>'Extra Care' type premises (see para 3.16 - 3.18 above)</b></p> <p>Housing Act applies Fire Safety Order may apply</p>	<p>Risks to person evident within their own dwelling (ie vulnerable person at increased risk of fire e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)</p> <p>(Contact Enforcement Team at HQ for further advice on application of NOD or EN.)</p>	<p>Issue recommendations Letter FSO1_12a to Resident. (Do not issue letter if potential mental health/learning needs apparent)</p> <p>Issue recommendations and referral letter FSO1_12b to RP, Area Team, external organisations to generate HFSV and partnership working to minimise risk in the dwelling (ie telecare enabled detection/ alarms, water suppression).</p>

## 4 SECTION 3 - Hostels and Supported Housing (not CQC Registered)

### Definition, characteristics, specific risks and control measures to be considered during audits

#### Hostels and Supported Housing

- 4.1 These are similar to the smaller CQC Registered Supported Living Care homes (covered in Section 1 of this document) but only very limited support is provided by a support worker/warden/ manager for persons with some limited vulnerabilities or dependencies (for example homeless people, alcohol/drug dependency etc). These generally provide shorter term residential accommodation for the majority of residents (ie days/weeks/months), either bedsit type and/or self-contained units.

- 4.2 Fire protection and precaution arrangements may be based on assisted evacuation or self evacuation depending on levels of dependency.

- 4.3 These should be recorded on Farynor as: FSEC E : Hostel – VO Code : MR Hostel

**Note:** There are also some premises that are known as or called 'Hostels' - but that provide longer term (12 months plus) accommodation only (without any care/support) for the majority of residents within self contained flats or bedsits. These may be considered as 'Sheltered Housing' and the relevant standards and approach to these should be as outlined in section 2 of this document.

**Note:** (For the purposes of this guidance – commercial or charity run hostels used primarily by the travelling public such as 'Youth Hostel Association'/'Backpackers' are not included and should be recorded on Farynor as **Hotels**.)

#### Fire safety standards applicable

- 4.4 For existing premises the CLG Sleeping Accommodation Guide document is the reference material.
- 4.5 The LACoRS Housing Fire Safety guidance is intended for small hostels to which the CLG Sleeping Accommodation Guide is inappropriate. The LACoRS guide suggests that the application will be determined by the Local Housing Authority and the Fire Authority under the terms of the Housing Fire Safety Protocols which the London Boroughs have signed up to.

#### Fire Evacuation Strategies

- 4.6 The choice of fire safety strategy in Hostels and Supported Housing is dependent upon the way the building is designed, staffed and managed, and the level of dependency of the residents. The strategy may be influenced by the ability of residents to understand the fire instructions and their ability to respond to an alarm. The Fire Risk Assessment will consider these factors and determine the evacuation strategy which should be fully supported by the detection and warning system provided in the premises.
- 4.7 The strategy may therefore be based on warden/manager assistance, self-evacuation or possibly 'stay put' if the premises is purpose built/converted to provide appropriate levels of structural compartmentation and passive fire protection.



## **Fire detection and fire alarm system**

- 4.8 CLG Sleeping Accommodation guidance recommends a BS 5839-1 Category L2 automatic fire detection and fire alarm system. This is an automatic fire detection and fire alarm system with detectors sited in escape routes (including rooms that open on to escape routes) and rooms or areas of high fire risk, as detailed in BS 5839-1.
- 4.9 This should be reviewed through the fire risk assessment process to ensure that a Category L2 system is appropriate taking into account the specific circumstances of the premises, its staff and its occupants. In some cases a BS 5839-1 category L1 system may be more appropriate.
- 4.10 In certain very small premises to which LACoRS applies a BS 5839 Part 6 system could be installed.

## **Telecare enabled smoke detection**

- 4.11 Telecare systems have been adapted to also monitor fire detection for particularly vulnerable and high risk residents (ie those with mobility, smoking, hoarding, mental health, drug/alcohol dependencies) within their own dwelling. There is clear evidence that the use of Telecare enabled fire detection systems can be effective in the rapid detection of fire and mobilisation of fire crews and can therefore play an important role in reducing risk for vulnerable individuals.
- 4.12 The Fire Risk Assessment should make reference to the recommended provision of a Telecare system in the above circumstances and also specifically comment on any existing BS 5839-6 fire detection and fire alarm systems within the individual units. The specification, grade and category of the system and the fire risk to relevant persons including residents should be taken into account.
- 4.13 Where Telecare systems are recommended to the Responsible Person by Inspecting Officers this should be recorded on the audit form in the audit conclusions and the recommendation provided in writing.

## **Staff Training**

- 4.14 Staff training in reducing the risks of fire and evacuation strategies and techniques is vital and should be fully considered in the Fire Risk Assessment. All staff should have an awareness of the Fire Risk Assessment and its outcomes and the emergency evacuation plan, fire exit routes and assembly points for the premises. They should also know and have an understanding of the fire detection and fire alarm system, including the fire alarm panel and adjacent fire alarm panel zone plan, and how it interacts with the evacuation plan and any other item specific to the particular building, such as suppression systems.
- 4.15 This fire safety training for new staff (including agency staff) should take place immediately on starting work. All staff should also be trained in evacuation techniques to move residents, when and if necessary as part of the evacuation and should include identifying and evacuating residents who may be unable or unwilling to evacuate on the actuation of the fire alarm.
- 4.16 All staff should receive this training including staff that only work during night time hours or agency staff. Frequency of training should take account of the turnover of staff and the level of use of agency staff, and the evacuation plan should be practiced at least once a year.
- 4.17 Those staff nominated as undertaking specific roles within the evacuation strategy, such as Fire Wardens or Fire Marshalls, should have a complete understanding of their role and receive the additional training to be able to achieve that aim.

- 4.18 Consideration should be given in the Fire Risk Assessment and the evacuation strategy to the numbers of staff required to evacuate residents, having regard to the number that require assistance.

### **Information to Residents**

- 4.19 Residents need to have an awareness of the evacuation strategy of the building in which they reside. To ensure this is in place, Inspecting Officers should confirm that the Responsible Person can demonstrate that they have provided suitable and sufficient information about the strategy to the residents, and sample the understanding of residents about this information if possible.

### **Personal possessions of residents**

- 4.20 The CLG Residential Care Guide recommends that 'residents should only be allowed to provide items of their own furniture or textiles for their own bedroom if the item meets a fire performance standard - particularly if they share the bedroom with other residents.'

### **Automatic Fire Suppression Systems (AFSS)**

- 4.21 Sprinkler systems should be designed and installed in accordance with BS 9251:2014 or BS EN 12845:2015<sup>1</sup> and watermist systems in accordance with BS8458 or the relevant part of BS 8489:2016. The Loss Prevention Standard LPS 1655 defines requirements and test methods for third party approval of personal protection watermist systems(PPS).
- 4.22 Further guidance concerning the installation of PPS can be found on hotwire- fire safety regulation policy and guidance-500 series-Fire Engineering & Fire Safety Systems-Sprinkler Personal Protection Systems or by contacting the AFSS co-ordinator.
- 4.23 Where personal protection systems have been installed or are being considered within a dwelling, Inspecting Officers should ensure that the local Borough Commander and/or the Area CS Team are aware of these installations. The Fire Risk Assessment and evacuation strategy should include details of where this type of system has been installed as it is likely that these have been installed as a control measure where individuals cannot self evacuate.
- 4.24 Where AFSS is recommended to the resident, Local Authority, Housing Providers, Care Providers and the Responsible Person by Inspecting Officers this should be recorded on the audit form in the audit conclusions and the recommendation confirmed in writing.

### **Smoking**

- 4.25 The Responsible Person should ensure that a managed smoking policy exists and that all staff and residents conform to this policy. A safe smoking policy is important as many fires are caused by discarded smoking materials. The provision of suitable receptacles for extinguishing cigarettes and other smoking materials and the disposal of these into refuse should be strictly controlled.
- 4.26 It is important that any smoking policy and management arrangements are considered and individual risk assessments completed as part of the personal care package for residents. These should be referenced/included within the Fire Risk Assessment and Inspecting Officers should confirm that this has taken place and is suitable and sufficient as part of their audit.
- 4.27 See Appendix 5: Checklist for Smoking Risks for points to consider during an audit of a care home that allows smoking in the premises. Hazards highlighted in the smoking aide memoire including oxygen cylinders, petroleum based emollient creams, non fire retardant bedding and sleepwear and airflow mattresses with their integral air supply should be identified and the risk minimised through the fire risk assessment process.



## Hostels and Supported Housing - approach to regulation, enforcement and recommendations

- 4.28 Due to the increased risk that higher numbers of vulnerable residents reside, or are likely to reside, in Hostels the following additional guidance is provided to inform our enforcement approach in such premises.
- 4.29 The Fire Safety Order is likely to apply to the whole building – common parts and rented/occupied rooms as independent access by managers/care/support staff is likely to be available. In these cases all provisions of the FSO apply and Enforcement Notices, NODs and guidance can be applied as appropriate to the risks, general fire precautions provided and audit outcomes.
- 4.30 However, there may be some instances of longer term residents living in self contained flats within a hostel. Following consideration of this guidance and if action is being considered to reduce risks to a resident within these circumstances contact the Enforcement Team at HQ for further advice.
- 4.31 If residents have increased vulnerability and risk (through smoking/disability/hoarding) – additional protection (ie Telecare enabled detection, alarm, water suppression) within rooms/dwellings should be recommended to the occupier, hostel operator and Housing Authority.

**Table 3 below directs the approach to take irrespective of the initial scoring of the Mobile Audit Form. This may require the score and level of actions to be increased to the minimum indicated in the table below by application of the EMM.**

**Table 3: Hostels and Supported Housing - approach to regulation, enforcement and goodwill advice**

Parts of building affected and Regulation applicable	Deficiencies evident	Approach and actions to be taken: (always refer to page 5 & 6 to confirm action - Primary Authority Partnerships and Strategic Agreements)
Common Parts  Fire Safety Order applies	Fire Risk Assessment: No evidence that compartmentation, alarm/smoke control etc have been surveyed and considered in support of evacuation strategy.	Issue NOD Level 2 as Fire Risk Assessment is not suitable and sufficient.
	Deficiencies evident in the common parts (ie breaches in compartmentation, defective smoke control/fire alarm etc) or management arrangements.	Issue NOD or EN to remedy defects.

Parts of building affected and Regulation applicable	Deficiencies evident	Approach and actions to be taken: (always refer to page 5 & 6 to confirm action - Primary Authority Partnerships and Strategic Agreements)
<b>Rooms/Dwellings (if not private because access is available to carers, managers, wardens etc)</b>  Housing Act applies Fire Safety Order applies	<p>Fire Risk Assessment: No evidence that this identifies and considers:</p> <ol style="list-style-type: none"> <li>1. Areas of higher fire risk (including from residents in dwellings e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues).</li> <li>2. The impact for relevant persons of fire in a higher risk dwelling or dwelling with higher fire loading, including the impact for any staff response and means by which the risks may be reduced at source through cooperation with the resident, family and other interested parties</li> <li>3. Arrangements for coordinating with others (eg care providers, housing providers, local Authorities) to ensure that information relating to areas of higher fire risk (including from residents in dwellings e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues) is exchanged and coordination is carried out to consider significant findings and reduce the risks.</li> <li>4. The ability of relevant persons to evacuate unaided using the communal means of escape to account for the mobility and/or mental health of those persons.</li> </ol>	<p>Issue NOD Level 2 as Fire Risk Assessment is not suitable and sufficient</p>
	<p>Risks to persons evident within their own dwelling (ie vulnerable persons at increased risk of fire e.g. unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)</p>	<p>Issue NOD or EN to remedy risks to vulnerable persons.(ie telecare enabled detection/ alarms, water suppression etc)</p>
<b>Rooms/Dwellings (if Private)</b>  Housing Act applies  Fire Safety Order limited in application	<p>Risks to persons evident within their own dwelling (ie vulnerable persons at increased risk of fire - eg unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)</p> <p>(Contact Enforcement Team at HQ for further advice on application of NOD or EN.)</p>	<p>Issue recommendations Letter FSO1_12a to Resident. (Do not issue letter if potential mental health/learning needs apparent)</p> <p>Issue recommendations and referral letter FSO1_12b to RP, Area Team, external organisations to generate HFSV and partnership working to minimise risk in the dwelling (ie telecare enabled detection/ alarms, water suppression).</p>



## 5 SECTION 4 - Shared Lives Homes

### Definition, characteristics, specific risks and control measures to be considered during audits

#### Shared Lives Homes

- 5.1 Shared Lives' arrangements are a model of social care where adults that may be isolated or in vulnerable situations are placed with supportive families, rather than in residential homes or with visiting carers, giving those in need of support a greater degree of flexibility and independence.
- 5.2 These are normally domestic houses, often the Carer's own home, in which the Carer provides assisted or supported living to these residents on a longer term basis (12 months or more). There should be no more than three supported residents in addition to the Carer and their own family.
- 5.3 The Carer in shared lives schemes may require CQC registration but if the residents and carer are living together as a family group then it is considered that the RRO is very unlikely to apply. As such it is not necessary for Carers to have completed a formal Fire Risk Assessment. Fire protection and precaution arrangements may be based on assisted evacuation or self evacuation depending on levels of dependency.
- 5.4 These should be recorded on Farynor as: FSEC B: Care Home – VO Code: Shared Lives Homes (MR3)

#### Fire safety standards applicable

- 5.5 For existing premises the current guidance in Department of Health publication '**Fire Safety in Adult Placements: A Code of Practice**' 2005 is the reference material. This is reflected in the standards recommended in the **LACORS Guide** for single household occupancies.
- 5.6 The national minimum standards for Shared Lives Schemes are intended to reflect their special circumstances and to be appropriate to care provided in a normal domestic setting. Put quite simply, if a premises looks and feels like a dwelling house then it should be treated, for the purposes of fire safety, as a dwelling house. There should be no additional life risk when private dwellings are used for Shared Living compared to a single-family dwelling and it is also important that a homely and non-institutional environment is maintained.
- 5.7 However, the registered SL Carer must still take adequate fire and other home safety precautions, act as a responsible householder and take any necessary advice to ensure that:
  - (i) All parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety.
  - (ii) Unnecessary risks to health and safety of service users are identified and so far as possible eliminated.
  - (iii) The SL Carer's home is of sound construction and kept in a good state of repair externally and internally.
  - (iv) Ventilation, heating and lighting suitable for service users is provided in all parts of the SL Carer's home which are used by service users.
  - (v) There is a written fire evacuation plan, which is explained to and understood by all members of the household. It is important that SL Carers and residents know what to do in the event of a fire, and should have a fire plan which is explained and practised regularly. This should include:

- Knowing the location, operation and safe method of use of fire blankets and extinguishers;
- Ensuring that all escape routes are known, unobstructed and free from trip hazards;
- Knowing the means of raising the alarm in the event of fire;
- An evacuation plan with an external assembly point;
- Knowing how to call the fire brigade in the event of fire.

### **Fire Evacuation Strategy**

- 5.8 This will depend on the mobility and vulnerability of residents and may be either assisted or self-evacuation.
- 5.9 Escape from one or two storey dwellings is generally simple, therefore it is unlikely that additional provisions will be necessary beyond ensuring that each habitable room either opens directly onto a hallway or stairway leading to the exit of the dwelling, or has an escape window or door opening directly to outside.
- 5.10 All exits required for escape should be easily opened from the inside, preferably without the use of a key. However, if used, keys should be easily accessible close to the exits and everyone in the household must know where such keys are kept. These exits where provided in the domestic environment will not, in normal circumstances, require fire exit signage.
- 5.11 In the majority of circumstances with regard to Shared Lives Homes exit signage and emergency lighting systems will not be necessary.

### **Fire Detection and Warning Arrangements**

- 5.12 It is considered sufficient for smoke and or heat alarms to be installed in circulation areas only. Mains powered alarms are preferable to battery-powered alarms and:
- (a) There should be at least one self-contained smoke alarm at each available storey level.
  - (b) There should be a self-contained smoke alarm within 7m of the doors to rooms where a fire is likely to start (i.e. the kitchen or living room) and within 3m of the bedroom.
  - (c) If more than one self-contained smoke alarm is needed then, where possible, they should be connected together so that they all sound if any one detector operates.
  - (d) Testing should include weekly and yearly routines

### **Smoking**

- 5.13 The Carer should ensure that a safe and managed smoking policy exists and that all residents conform to this policy. The provision of suitable receptacles for extinguishing cigarettes and other smoking materials and the disposal of these into refuse should be strictly controlled.
- 5.14 See **Appendix 5: Checklist for Smoking risks** for points to consider during an audit of a Shared Lives Home that allows smoking in the premises.

### **Special Circumstances**

- 5.15 The risk assessment carried out by an SL Carer with their SL Scheme for an individual resident should identify the need for additional fire precautions (e.g., where the service user has mobility problems, which may seriously impede their safe evacuation from the house in the case of a fire, or if they are smokers). These may include:



### **Telecare enabled smoke detection**

- 5.16 Telecare systems have been adapted to also monitor fire detection for particularly vulnerable and high risk residents (ie those with mobility, smoking, hoarding, mental health, drug/alcohol dependencies) within their own dwelling. There is clear evidence that the use of Telecare enabled fire detection systems can be effective in the rapid detection of fire and mobilisation of fire crews and can therefore play an important role in reducing risk for vulnerable individuals.
- 5.17 Where Telecare systems are recommended to the Responsible Person by IOs this should be recorded on the audit form in the audit conclusions and the recommendation provided in writing.

### **Automatic Fire Suppression Systems (AFSS)**

- 5.18 Sprinkler systems should be designed and installed in accordance with BS 9251:2014 or BS EN 12845:2015 and watermist systems in accordance with BS8458 or the relevant part of BS 8489:2016. The Loss Prevention Standard LPS 1655 defines requirements and test methods for third party approval of personal protection watermist systems(PPS).
- 5.19 Further guidance concerning the installation of PPS can be found on hotwire- fire safety regulation policy and guidance-500 series-Fire Engineering & Fire Safety Systems-Sprinkler Personal Protection Systems or by contacting the AFSS co-ordinator.
- 5.20 Where personal protection systems have been installed or are being considered within a dwelling, Inspecting Officers should ensure that the local Borough Commander and/or the Area CS Team are aware of these installations. The Fire Risk Assessment and evacuation strategy should include details of where this type of system has been installed as it is likely that these have been installed as a control measure where individuals cannot self evacuate.
- 5.21 Where AFSS is recommended to the resident, Local Authority, Housing Providers, Care Providers and the Responsible Person by Inspecting Officers this should be recorded on the audit form in the audit conclusions and the recommendation confirmed in writing.

### ***Shared Lives Homes - approach to Regulation, Enforcement and Recommendations***

- 5.22 Generally these will be carers own dwellings (with some rooms used by residents) so the Fire Safety Order is not likely to apply. Although an Audit may be carried out and an FSO1 completed it should result in a recommendations letter and not a NOD or EN.
- 5.23 If residents are found to be at increased vulnerability and risk (through smoking/disability/ hoarding) – immediate advice should be offered and a HFSV arranged.
- 5.24 Additional protection (ie Telecare enabled detection, alarm, water suppression) within rooms/dwellings should also be recommended to the Shared Lives Carer and the Housing Authority.

# Appendix 1 - Checklist for auditing CQC Registered Care Homes

## Check content of Fire Risk Assessment. It should include:

### 1. Persons at risk:

- ☐ Confirmation that persons **especially at risk** including known fire hazards or risks attributed to residents (eg through unsafe smoking or cooking behaviours, influences of drugs, alcohol, medical or mental health issues, hoarding behaviour, and mobility issues) have been identified. This can be by reference to risk assessments completed and reviewed as part of resident care packages.
- ☐ Confirmation that the means by which these risks may be reduced at source through relevant control measures and management arrangements, and cooperation with the resident, family and other interested parties have been identified and considered. (eg: refer to **LFB Home Fire Safety Risk Referral Matrix**)
- ☐ Confirmation that the impact on the safety of the whole premises due to areas of higher fire risk such as from rooms occupied by tenants/service users/residents with higher fire risk behaviours has been identified and considered.
- ☐ Confirmation that the ability of relevant persons to evacuate unaided using the communal means of escape has been adequately considered accounting for the mobility and/or mental health of those persons.
- ☐ Confirmation that the means of escape will remain viable for a sufficient period of time to allow slow moving persons to safely evacuate should they need or wish to do so.
- ☐ Confirmation that the emergency plan and tenants/service users/residents (new and existing) ability to implement the emergency plan (both on initial occupation and as personal circumstances change) is effectively monitored and reviewed.
- ☐ Significant findings and recommendations for additional control measures and management arrangements (protective systems/equipment, Telecare enabled fire detection etc) if persons especially at risk have been identified.

### 2. Compartmentation and separation:

- ☐ Confirmation that a visual survey and sampling has been carried out that confirms that the protection of escape routes, fire separation and compartmentation is appropriate for the fire strategy. This should include voids, utility risers and cupboards, ductwork, above false ceilings, roof spaces, and basements.
- ☐ Confirmation that corridor subdivision and other appropriate doors are suitable and in good working order if progressive horizontal evacuation is being used.
- ☐ Confirmation that any smoke control systems to the common parts and their operation has been reviewed and considered.
- ☐ Confirmation that furniture and soft furnishings in the common parts have been reviewed.
- ☐ Confirmation that the use of Mobility scooters, storage position and charging arrangements have been considered and are appropriate.
- ☐ Review of furniture, textiles, personal possessions of residents for standards of flammability.

## Check fire strategy and evacuation arrangements:

- ☐ Confirm that the fire safety strategy and evacuation plan (including Progressive Horizontal/simultaneous evacuation/delayed/ combination) is appropriate to the way the building is designed, furnished, staffed, managed and takes into account the level of dependency of the residents.
- ☐ Check means of escape routes and final exit doors.
- ☐ Review arrangements for ensuring residents' awareness of the fire evacuation strategy.



## Check fire detection, alarm and Telecare arrangements.

- ☐ Check fire detection and alarm system and confirm BS 5839-1 Category L1.
- ☐ Confirm fire detection and fire alarm system is connected to a FAMO and if so whether the FAMO is third party certificated to BS 5979 or BS 8591:2014.
- ☐ Confirm maintenance and testing regime is appropriate and completed.

## Check Staff Training

- ☐ Check the role of staff and effectiveness of training in evacuation. Confirm understanding of staff by asking questions.
- ☐ Confirm that records indicate that staff training regime is appropriate and completed.
- ☐ Consider out of hours audit by Peak Activity (PAT) team if concerned.
- ☐ Confirm fire alarm zone maps in place and in accordance with staff understanding of what different zones are called.

## Check Emergency Lighting, Fire Exit Signage, Fire Fighting equipment

- ☐ Confirm appropriate provision
- ☐ Confirm maintenance/testing regime is appropriate and completed.

## Reduce risks:

- ☐ Confirm appropriate smoking policy is in place and is effective, monitored and supervised (check for discarded cigarette butts). Check that there are individual smoking risk assessments for residents. (**Refer to Checklist for Smoking Risks**)
- ☐ If vulnerable person at increased risk of fire evident within their own room/dwelling issue **Letter FS01\_12 a or b** to Resident, RP, Area Team, external organisations. (ie refer to LFB Home Fire Safety Risk Referral Matrix - unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)
- ☐ (Do not issue letter to resident if potential mental health/learning needs apparent)

## Appendix 2 - Checklist for auditing Sheltered Housing

### Check content of Fire Risk Assessment. It should include:

#### 1. Persons at risk:

- ☐ Confirmation that persons **especially at risk** including known fire hazards or risks attributed to tenants/service users/residents in dwellings (eg through unsafe smoking or cooking behaviours, influences of drugs, alcohol, medical or mental health issues, hoarding behaviour, and mobility issues) have been identified.  
  
This can be through cooperation and coordination arrangements with other agencies (eg care providers, housing providers, Local Authorities) and by reference to risk assessments completed and reviewed as part of resident care packages, tenancy checks, or PEEP surveys etc.
- ☐ Confirmation that the means by which these risks may be reduced at source through cooperation with the tenant/service user/resident, family and other interested parties have been identified and considered. (eg: refer to **LFB Home Fire Safety Risk Referral Matrix**)
- ☐ Confirmation that the impact on the safety of the whole premises due to areas of higher fire risk such as from rooms occupied by tenants/service users/residents with higher fire risk behaviours has been identified and considered.
- ☐ Confirmation that the ability of relevant persons to evacuate unaided using the communal means of escape has been adequately considered accounting for the mobility and/or mental health of those persons.
- ☐ Confirmation that the means of escape will remain viable for a sufficient period of time to allow slow moving persons to safely evacuate should they need or wish to do so.
- ☐ Confirmation that the emergency plan and tenants/service users/residents (new and existing) ability to implement the emergency plan (both on initial occupation and as personal circumstances change) is effectively monitored and reviewed.
- ☐ Significant findings and recommendations for additional control measures and management arrangements (protective systems/equipment, Telecare enabled fire detection etc) if persons especially at risk have been identified.

#### 2. Compartmentation and separation:

- ☐ Confirmation that a visual survey and sampling has been carried out that confirms that the protection of escape routes, fire separation and compartmentation is appropriate for the fire strategy. This should include voids, utility risers and cupboards, ductwork, above false ceilings, roof spaces, and basements.
- ☐ Confirmation that flat front doors have been surveyed to confirm standards of fire resistance and effectiveness of self closing devices.
- ☐ Confirmation that corridor subdivision and other appropriate doors are suitable and in good working order if progressive horizontal evacuation is being used.
- ☐ Confirmation that any smoke control systems to the common parts and their operation has been reviewed and considered.
- ☐ Confirmation that furniture and soft furnishings in the common parts have been reviewed.
- ☐ Confirmation that reports from residents of spread of cooking smells and noise from other flats (indicating compartmentation issues) are monitored and considered.
- ☐ Confirmation that the use of Mobility scooters, storage position and charging arrangements have been considered and are appropriate.

### Check fire strategy and evacuation arrangements

- ☐ Confirm that the fire safety strategy and evacuation plan is appropriate to the way the building is designed, furnished, staffed, managed and takes into account the level of dependency of the residents (ie if there is a 'stay put' policy is this suitable?)



- ☐ Check means of escape routes and final exit doors.
- ☐ Review arrangements for ensuring Tenants/Service Users/Residents' awareness of the fire evacuation strategy.

## Check fire detection, alarm and Telecare arrangements.

- ☐ If communal areas provided then fire detection and warning in accordance with the recommendations of BS 5839-1 Grade A, Category L1 or L2 is recommended. There may be detection in entrance area of private dwellings linked to this system.
- ☐ In the domestic areas e.g. individual flats/rooms the recommended standard is for mains operated smoke and heat alarms to British Standard 5839 Part 6 to be of a minimum of Grade D (mains operated with a rechargeable battery backup) LD2 or 3 system.
- ☐ Confirm the fire detection and fire alarm system is connected to a Fire Alarm Monitoring Centre (FAMO), Alarm Receiving Centre (ARC), or Telecare Monitoring Centre if the premises does not have 24 hour staffing and the system monitored for false alarms.
- ☐ Confirm maintenance and testing regime is appropriate and completed.
- ☐ Check copies of the installation, commissioning, service and maintenance certificates for the fire detection and alarm systems, both in the common areas and also the Telecare enabled fire detection and fire alarm system in individual dwellings.
- ☐ Confirm evidence that engineering safeguards are in place to ensure reliable alarm transmission. This should include measures to ensure that receipt of fire alarm signals by the scheme manager and/or by any FAMO ARC or Telecare Monitoring Centre, is not significantly delayed if, prior to the fire alarm signal, any device (e.g. a pendant or pull cord) on the Telecare alarm system is operated in the flat of fire origin or in any (or all) other flats.
- ☐ Confirm that where the fire detection and fire alarm system is integrated with another system (such as Telecare) and both systems share a single communications link to an Fire Alarm Monitoring Centre, the transmission system is designed so that the fire alarm signals can be separately identified at the Fire Alarm Monitoring Centre.
- ☐ Confirm that the fire alarm monitoring company is third party certificated to BS5979 or BS8591 or accredited with the Telecare Services Association code of practice if available.
- ☐ Confirm details of the companies used to maintain and service both the alarm systems and the Telecare enabled smoke detection systems, including any accreditation/certification if available.

## Check Emergency Lighting, Fire Exit Signage, Fire Fighting equipment

- ☐ Confirm appropriate provision
- ☐ Confirm maintenance/testing regime is appropriate and completed.

## Reduce risks:

- ☐ If residents cannot independently evacuate recommend provision of Premises Information Box for use of LFB with appropriate information inside.
- ☐ If vulnerable person at increased risk of fire evident within their own dwelling issue **Letter FS01\_12 a or b** to Resident, RP, Area Team, external organisations. (ie refer to **LFB Home Fire Safety Risk Referral Matrix** unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)
- ☐ (Do not issue letter to resident if potential mental health/learning needs apparent)

## Appendix 3 – Checklist for auditing Hostels and Supported Housing

### Check content of Fire Risk Assessment. It should include:

#### 1. Persons at risk:

- ☐ Confirmation that persons especially at risk including known fire hazards or risks attributed to tenants/service users/residents in dwellings (eg through unsafe smoking or cooking behaviours, influences of drugs, alcohol, medical or mental health issues, hoarding behaviour, and mobility issues) have been identified.  
This can be through cooperation and coordination arrangements with other agencies (eg care providers, housing providers, Local Authorities) and by reference to risk assessments completed and reviewed as part of resident care packages, tenancy checks, or PEEP surveys etc.
- ☐ Confirmation that the means by which the risks may be reduced at source through cooperation with the tenant/service user/resident, family and other interested parties have been identified and considered. (eg: refer to **LFB Home Fire Safety Risk Referral Matrix**)
- ☐ Confirmation that the impact on the safety of the whole premises due to areas of higher fire risk such as from rooms occupied by tenants/service users/residents with higher fire risk behaviours has been identified and considered.
- ☐ Confirmation that the ability of relevant persons to evacuate unaided using the communal means of escape has been adequately considered accounting for the mobility and/or mental health of those persons.
- ☐ Confirmation that the means of escape will remain viable for a sufficient period of time to allow slow moving persons to safely evacuate should they need or wish to do so.
- ☐ Confirmation that the emergency plan and tenants/service users/residents (new and existing) ability to implement the emergency plan (both on initial occupation and as personal circumstances change) is effectively monitored and reviewed.
- ☐ Significant findings and recommendations for additional control measures and management arrangements (protective systems/equipment, Telecare enabled fire detection etc) if persons especially at risk have been identified.

#### 2. Compartmentation and separation:

- ☐ Confirmation that a visual survey and sampling has been carried out that confirms that the protection of escape routes, fire separation and compartmentation is appropriate for the fire strategy. This should include voids, utility risers and cupboards, ductwork, above false ceilings, roof spaces, and basements.
- ☐ Confirmation that flat/room front doors have been surveyed to confirm standards of fire resistance and effectiveness of self closing devices.
- ☐ Confirmation that corridor subdivision and other appropriate doors are suitable and in good working order if progressive horizontal evacuation is being used.
- ☐ Confirmation that any smoke control systems to the common parts and their operation has been reviewed and considered.
- ☐ Confirm that furniture and soft furnishings in the common parts have been reviewed.
- ☐ Confirm that reports from residents of spread of cooking smells and noise from other flats (indicating compartmentation issues) are monitored and considered.
- ☐ Confirm that the use of Mobility scooters, storage position and charging arrangements have been considered and are appropriate.

### Check fire strategy and evacuation arrangements:

- ☐ Confirm that the fire safety strategy and evacuation plan (may be assisted or self-evacuation) is appropriate to the way the building is designed, furnished, staffed, managed and takes into account the level of dependency of the residents.



- ☐ Confirm that the fire safety strategy and evacuation plan is appropriate and that staffing levels are sufficient if assisted evacuation is in place.
- ☐ Check means of escape routes and final exit doors
- ☐ Review arrangements for ensuring Tenants/Service Users/Residents' awareness of the fire evacuation strategy.

### **Check fire detection and alarm system**

- ☐ Confirm BS 5839-1 Category L2 fire detection and fire alarm system (or L1 if appropriate due to vulnerability of residents or other factors). Smaller premises can follow LACoRS Guidance and install BS 5839 Part 6 system.
- ☐ Confirm maintenance and testing regime is appropriate and completed.
- ☐ Telecare enabled fire detection and fire alarm system – see **Checklist for Sheltered Housing** if appropriate to confirm arrangements

### **Check Staff Training**

- ☐ Confirm the role of staff and effectiveness of training in evacuation. Confirm understanding of staff by asking questions. Confirm records indicate that training regime is appropriate and completed.
- ☐ Confirm fire alarm zone maps in place and in accordance with staff understanding of what different zones are called.

### **Check Emergency Lighting, Fire Exit Signage, Fire Fighting equipment**

- ☐ Confirm appropriate provision
- ☐ Confirm maintenance/testing regime is appropriate and completed

### **Reduce risks:**

- ☐ Confirm appropriate smoking policy is in place and is effective, monitored and supervised (check for discarded cigarette butts). Check that there are individual smoking risk assessments for residents. Refer to **Checklist for Smoking Risks**.
- ☐ If vulnerable person at increased risk of fire evident within their own dwelling issue **Letter FS01\_12 a or b** to Resident, RP, Area Team, external organisations. (ie refer to LFB Home Fire Safety Risk Referral Matrix: unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)
- ☐ (Do not issue letter to resident if potential mental health/learning needs apparent)

## Appendix 4 - Checklist for Auditing Shared Lives Homes

Shared lives homes offer the opportunity for people with social care needs to live in an ordinary family home and share home, family and community life. The dwellings should continue to retain this family home character.

### **Check content of Fire Risk Assessment. This may be informal and need not be recorded but Carers should be able to:**

- ☐ Confirm that the fire safety strategy and evacuation plan (may be assisted or self-evacuation) is appropriate to the way the building is designed, furnished, managed and takes into account the level of dependency of the residents.
- ☐ Identify all hazards introduced by the residents (for example smoking, hoarding behaviour, mental health issues) and additional risks to residents due to their vulnerabilities and dependencies. Additional control measures and management arrangements should be put in place as appropriate.
- ☐ Review use of Mobility scooters – hazards from fire to be reviewed and minimised. Storage position and charging arrangements should be appropriate.

### **Check fire strategy and evacuation arrangements:**

- ☐ There should be a written fire evacuation plan, which is explained to and understood by all members of the household. It is important that SL Carers and residents know what to do in the event of a fire, and should have a fire plan which is explained and practised regularly.

### **Check fire detection and alarm system**

- ☐ Self-contained smoke and or heat alarms to be installed in circulation areas as a minimum.
- ☐ Confirm maintenance and testing regime is appropriate and completed.
- ☐ A Telecare enabled fire detection and fire alarm system could be recommended depending upon the vulnerability of the residents.

### **Reduce risks:**

- ☐ Confirm appropriate smoking policy is in place and is effective, monitored and supervised (check for discarded cigarette butts). Check that there are individual smoking risk assessments for residents. Refer to **Checklist for Smoking Risks**
- ☐ If vulnerable person at increased risk of fire evident within their own dwelling issue Letter FS01\_12 a or b to Resident, RP, Area Team, external organisations. (ie refer to LFB Home Fire Safety Risk Referral Matrix: unsafe smoking or cooking behaviours/ influences of drugs, alcohol, medical or mental health issues, hoarding behaviour and mobility issues)
- ☐ (Do not issue letter to resident if potential mental health/learning needs apparent)



## Appendix 5 - Checklist for smoking risks

### Care Homes

Smoking is allowed in a care home in 'designated' smoking rooms.

Residents should not be permitted to smoke in bedrooms unless the risk is identified as 'low' and the bedroom is suitably equipped.

### Fire Risk Assessments must:

- ☐ Take account of residents who wish to smoke in their own rooms and smoking residents who are confined to bed and cannot access designated smoking areas
- ☐ Identify hazards – Ignition sources (lighters, matches, cigarettes), Fuel sources (furniture, textiles, soft furnishings, laundry, paper products, sleepwear, emollient creams, incontinence pads and storage), Oxygen sources (natural airflow, cylinders, airflow mattresses)
- ☐ Assess the level of risk from smoking – the likelihood of a fire starting and the severity/ potential consequences.
- ☐ Identify source of information on risk – care plans, individual smoking risk assessments for residents that smoke, premises fire risk assessment (the mental capacity risk assessment should also inform the individual smoking risk assessment)
- ☐ Reference individual smoking risk assessments – one per resident, carried out by a competent person, carried out with resident/family involvement, consider mental and physical capacity for smoking unaided, consider risk to other residents and staff, physical precautions as well as management arrangements such as supervision.
- ☐ Identify competent and trained persons responsible for reporting near misses/accidents/reviewing the RA.

### Reducing risks:

- ☐ Is there evidence of burn marks on the floor, bedding, clothing, furniture?
- ☐ Is smoking monitored/controlled at night?
- ☐ Do residents smoke in bed or a chair?
- ☐ Do they have FR bedding/aprons/bibs? Has the residents clothing been checked for flammability?
- ☐ Are cigarettes lit with a match/lighter/fixed lighters? Is access to cigarettes and lighters controlled?
- ☐ Supervision – will someone else light the cigarette? Will anyone stay with the resident while they smoke (Health and safety at work – will need to sign a form to say they agree to this), how often is the resident checked if they smoke alone and is it enough? Do the arrangements change at night?
- ☐ Have visitors been informed of arrangements (ie cigarettes/matches/lighters not to be given directly to the residents)
- ☐ Where are the smoke detectors located? Are AFSS required?
- ☐ Is there fire extinguishing media nearby and if so, are staff trained to use it?
- ☐ Are there appropriate deep ashtrays? Are they emptied regularly?

## Smoking risk assessments for Sheltered Housing/Hostels/Shared Lives Homes

### Risk Assessments should:


- ☐ Take account of residents who smoke in their own flats/rooms and with mobility or other vulnerabilities.
- ☐ Identify hazards – Ignition sources (lighters, matches, cigarettes), Fuel sources (furniture, textiles, soft furnishings, laundry, paper products, sleepwear, emollient creams), Oxygen sources (natural airflow, cylinders, airflow mattresses)
- ☐ Assess the level of risk from smoking – the likelihood of a fire starting and the severity/ potential consequences.
- ☐ Identify source of information on risk – care plans, individual smoking risk assessments for residents that smoke, premises fire risk assessment (the mental capacity risk assessment should also inform the individual smoking risk assessment)

### Reducing risks:

- ☐ Has education and advice should be given to residents on the risks of smoking, and ways to prevent a fire occurring?
- ☐ Do staff that come into contact with residents have training to spot warning signs such as burn marks, carelessly discarded cigarettes and refer these people for Home Fire Safety Visits?
- ☐ Have Telecare systems, AFSS, Watermist systems been recommended for those residents that are most vulnerable due to mobility issues etc?
- ☐ Has the premises been referred to the local fire station for HFSVs as part of our joint working arrangements?
- ☐ Are there any residents that are at particular risk from fire? (eg: refer to **LFB Home Fire Safety Risk Referral Matrix**)



## Appendix 6 - LFB Home Fire Safety Risk Referral Matrix

<div> <div>Home Fire Safety Risk Referral Matrix</div> <div>    <small>LONDON FIRE BRIGADE</small> </div> </div>			
Risk	Fire risk factors	Control measures to be taken by LFB crews to mitigate immediate risk	Actions for consideration by Care Providers to mitigate medium and long term risk
<b>High Risk A</b>	<ul style="list-style-type: none"> <li>As in High Risk B.</li> <li>Adult social care review outcome is to move resident to care home or warden assisted sheltered accommodation due to severity of fire risk.</li> <li>Resident refuses to be re-housed.</li> </ul>	<ul style="list-style-type: none"> <li>Full HFSV.</li> <li>Fit single point smoke detection in escape route (hall) and areas of risk.</li> <li>Refer to LA via Serious Outstanding Risk (SOR) process for case management and provision of specialist fire alarms/equipment.</li> <li>Consider other control measures such as fire retardant bedding and safer ashtrays.</li> </ul>	<ul style="list-style-type: none"> <li>Consider fitting domestic Automatic Fire Suppression System (AFSS) e.g. sprinklers.</li> <li>Minimum of BS5839 part 6 Grade F LD2 fire detection and alarm system, interlinked.</li> <li>Fire alarm to be monitored by a Telecare (social alarm) monitoring centre.</li> <li>Consider other control measures such as fire retardant bedding and safer ashtrays.</li> </ul>
<b>High Risk B</b>	<ul style="list-style-type: none"> <li>Inability of resident to react to fire or smoke alarm actuating due to mobility difficulties or decision making difficulties, Dementia, hoarding (level 5 or above).</li> <li>Signs of high fire risk such as careless disposal of cigarettes, signs of cooking being left on or other high risk of fire.</li> </ul>	<ul style="list-style-type: none"> <li>Full HFSV.</li> <li>Fit single point smoke detection in escape route (hall) and areas of risk.</li> <li>Refer to LA via Serious Outstanding Risk process (SOR) for case management and provision of specialist fire alarms/equipment.</li> <li>Consider other control measures such as fire retardant bedding and safer ashtrays.</li> </ul>	<ul style="list-style-type: none"> <li>Consider fitting domestic Automatic Fire Suppression System (AFSS) e.g. sprinklers.</li> <li>Care/housing review.</li> <li>Minimum of BS5839 part 6 Grade F LD2 fire detection and alarm system, interlinked.</li> <li>Fire alarm to be monitored by a Telecare (social alarm) monitoring centre.</li> <li>Consider other control measures such as fire retardant bedding and safer ashtrays.</li> </ul>
<b>Medium Risk A</b>	<ul style="list-style-type: none"> <li>Medium to high fire risk and evidence of fire risk behaviours such as careless disposal of cigarettes, signs of cooking being left on or other high risk of fire but resident is able to respond to fire alarm and leave the premises.</li> </ul>	<ul style="list-style-type: none"> <li>Full HFSV.</li> <li>Fit single point smoke detection in escape route (hall) and areas of risk.</li> <li>Refer to LA via Serious Outstanding Risk process (SOR) for case management and provision of specialist fire alarms/equipment and consider other control measures such as fire retardant bedding and safer ashtrays.</li> </ul>	<ul style="list-style-type: none"> <li>Minimum BS5839 part 6 Grade F LD2 fire detection and alarm system including smoke and heat detection, interlinked.</li> <li>Consider other control measures such as fire retardant bedding and safer ashtrays.</li> </ul>
<b>Above this black line – refer as Serious Outstanding Risk.</b>			
<b>Medium Risk B</b>	<ul style="list-style-type: none"> <li>One or more fire risk factors with no evidence of fire risk behaviours (see above).</li> <li>No working smoke alarms or one smoke alarm in escape route (hall).</li> </ul>	<ul style="list-style-type: none"> <li>Full HFSV.</li> <li>Fit single point smoke detection in escape route (hall) and areas of risk.</li> <li>Where more than one detector is required (existing or by LFB), recommend that they should be interlinked.</li> </ul>	No further action required.
<b>Low Risk A</b>	<ul style="list-style-type: none"> <li>No fire risk factors (see reverse).</li> <li>No smoke alarms.</li> </ul>	<ul style="list-style-type: none"> <li>Full HFSV.</li> <li>Fit single point smoke detection in escape route (hall) and areas of risk.</li> <li>Where more than one detector is installed (existing or by LFB), recommend that they should be interlinked.</li> </ul>	No further action required.
<b>Low Risk B</b>	<ul style="list-style-type: none"> <li>Smoke alarm fitted correctly in hall/landing at each level of the dwelling and interlinked.</li> <li>No fire risk factors (see reverse).</li> </ul>	<ul style="list-style-type: none"> <li>Full HFSV giving lifestyle advice to reduce risk.</li> </ul>	No further action required.

## GUIDANCE NOTES

- This referral matrix is a guide only and all factors should be considered in each case.
- Advice on prevention of fire specific to the individual's circumstances should always be given.
- In all cases where welfare concerns are identified the case should be referred via the Serious Outstanding Risk process.
- Where more than one detector is already installed check that they are working and recommend that they should be interlinked.
- For all cases where we fit more than one of our standard single-point smoke detectors, we must inform the resident that interlinked smoke detection should be fitted and why.
- Above the black line refer as Serious Outstanding Risk. The HFSV and installation of alarms has not reduced the risk of fire to the resident sufficiently. Tick the Serious Outstanding Risk box on HFSV database record and initiate discussion with the Station Manager on possible solutions.
- Examples of infirmity that could effect the ability to respond or escape may include;
  - Mental health e.g. Dementia, confusion, Alzheimer's disease.
  - Physical health e.g. use of a walking stick, frame or wheelchair, Chronic Obstructive Pulmonary Disease (COPD), stroke, Parkinson's disease, heart disease, speech impediment.

## FIRE RISK FACTORS

- Previous fires.
- Burns on carpets, furniture or clothes.
- Evidence of unsafe candle use.
- Poor quality/damaged wiring.
- History of falls.
- Dementia.
- Evidence of mobility difficulties.
- Hoarding disorder.
- Decision making difficulties.
- Carelessness with smoking and smoking materials.
- Careless with cooking practices.
- Alcohol/drug use.
- Home oxygen user.
- Sensory impairment (hard of hearing/deaf)?
- Unsafe use of electrical equipment – overloaded sockets/extension leads, unsafe use of portable heaters i.e. too close to combustible materials.

## WELFARE RISK FACTORS

- No heating and/or lighting.
- No food.
- Vermin infestation.
- Neglect of property.
- Broken windows.
- Hoarding.

**NOTE:** Whilst designed for London Fire brigade staff, this matrix is available for use by all parties involved in the care and protection of vulnerable people as a guide to reducing the risk of death or injury from fire through consistent and appropriate risk control measures.

PG226 V1 / June 2015

## EXTRACTS FROM BS5839 PART 6

relating to grade and category of system for domestic fire alarms.

(This should not be read out of context of the whole standard)  
If any party is instructed to design a fire detection and fire alarm system for a dwelling (e.g. by means of a purchase or tender specification), the instruction should include a clear reference to the Grade and category of system required.

**Grade D:** A system of one or more mains-powered smoke alarms, each with an integral standby supply. (The system may, in addition, incorporate one or more mains-powered heat alarms, each with an integral standby supply).

**Grade E:** A system of one or more mains-powered smoke alarms with no standby supply. (The system may, in addition, incorporate one or more heat alarms, with or without standby supplies).

**Grade F:** A system of one or more battery-powered smoke alarms. (The system may, in addition, also incorporate one or more battery-powered heat alarms.) In the case of Grade D, Grade E and Grade F systems, where more than one smoke alarm is installed the smoke alarms normally need to be interlinked. Any heat alarms also need to be interlinked with the smoke alarms.

**Category LD1:** A system installed throughout the dwelling, incorporating detectors in all circulation spaces that form part of the escape routes from the dwelling, and in all rooms and areas in which fire might start, other than toilets, bathrooms and shower rooms.

**Category LD2:** A system incorporating detectors in all circulation spaces that form part of the escape routes from the dwelling, and in all rooms or areas that present a high fire risk to occupants (see Clause 4).

**Category LD3:** A system incorporating detectors in all circulation spaces that form part of the escape routes from the dwelling.



## Document History

### Impact assessments

An Equality or Sustainability Impact Assessment was completed on:

Equality Impact Assessment	01/12/2016	Sustainability Impact Assessment	01/12/2016
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### Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
All	Final version after full consultation completed	01/12/2016