Safeguarding Adults Executive Board

Multi-Agency Fire Safety Framework

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Document author	Louise Butler, Head of Safeguarding & Quality Assurance
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1. Purpose of this framework

1.1 This framework has been developed to provide guidance for the effective management of fire risks within peoples own home and residential settings. This document is for front-line staff and operational managers of the partner agencies of the Safeguarding Adults Executive Board (SAEB) who are responsible for delivering care and support services to the residents of Kensington and Chelsea, and Westminster. It aims to:

- provide awareness of the key risk factors of individuals who have increased vulnerability towards fires,
- an understanding of the impact this vulnerability can also have on neighbouring occupants
- and the importance of early intervention and prevention in considering what control measures can be used to mitigate and manage risks in the most effective way.

1.2 This document is intended as an overarching framework, and it is the responsibility of respective organisations to develop more detailed workplace guidance around its implementation.

1.3 The SAEB would like to thank and acknowledge the work of the Hampshire Safeguarding Adults Boards upon whose work this framework is based.

2. Background

2.1 Over the course of 2020 the SAEB were informed of several fatal fire deaths across Kensington and Chelsea and Westminster, which led to several improvement actions being completed. In response to two further fire death notifications in 2021, the SAEB commissioned a thematic Safeguarding Adults Review (SAR) to explore the individual circumstances of the two cases, but to also consider how well the fire safety improvement actions already undertaken had become embedded in practice. The Fatal Fires SAR report and learning briefing can be accessed from the SAEB website.

2.2 This fire safety framework has been developed in partnership with London Fire Brigade (LFB) and other SAEB partner agencies as a direct result of the Fatal Fires SAR and recognises that 'fire safety is everyone's business' and that we all have a key role to play in identifying, preventing and reducing fire risks, and ultimately in protecting adults at risk

3. Fire risk and vulnerability factors

3.1 One of the best ways to keep the adults we work with safe from fire is to understand common risks and consider ways to reduce them – *early intervention and prevention is key*. For all practitioners working with adults who have increased vulnerability to fire risks, it is essential that we are able to identify fire risks and take immediate action to address and manage those risks.

3.2 When considering vulnerability and risk factors the following areas should be explored:

- The person (an individual's physical abilities / cognitive impairments)
- Their behaviours
- Their living environment.

Fire Risk – Vulnerability Factors *Note: This list is not exhaustive*		
Person	**Behaviour**	**Environment**
Older Person Frailty Poor physical health Reduced mobility Poor mental health Cognitive impairment, including dementia Sensory impairment Reduced physical ability to be able to respond to a fire and/or escape unaided Use of emollient creams	Risky smoking practices Alcohol and/or drug misuse Self-neglect and/or hoarding Has difficulty engaging with care and support services Unsafe cooking practices Lack of awareness of consequences of risk taking Mobility issues particularly where the base line has changed due to recent hospital admission e.g. health episode such as stroke	Multiple ignition sources Living alone Smoke alarms not present / not working Cluttered / hoarded home environment Portable heaters / open fires Candles / naked flames Unsafe electrics / wiring Oxygen use Evidence of previous fires

3.3 The factors listed above should be taken into account when carrying out an assessment of an adult's vulnerability to fire risks. Simply put the more factors that are present, the greater the level of risk, and steps should be taken to undertake a comprehensive assessment of risk.

4. Assessing risks

4.1 Risk assessment and risk management are an essential part of responding effectively to concerns about fire safety. It is recommended that LFBs Person-Centred Fire Risk Assessment is used.

4.2 Comprehensive risk assessments should include:
- Risks identified, including the likelihood and severity.
- The adult's views and wishes, and where appropriate views of others, such as family members.
- How risks will be mitigated and managed, including the adult's protective factors. Who is responsible for each action and timescales should be clearly recorded.
- Ongoing monitoring arrangements and who is responsible for this.
- Contingency plan if risk increases, including when to seek legal advice and the escalation profess.

4.3 Good practice is to ensure risk assessments are clearly recorded and shared with the adult and all relevant professionals so that everyone has a clear understanding of what the risks are and what measures can be put into place to address these.

4.4 It is important to ensure that risk assessments are regularly reviewed and updated – for example following a change in the person's needs, such as after discharge from hospital where the base line of the person may have changed .

4.5 Where significant and ongoing risks remain, it may be necessary to convene further multi-agency meetings until there is agreement that the situation has become stable, and the risk of harm reduced to an agreed acceptable level. Cases in which the shared multi-agency approach has not been able to mitigate the risk of significant harm should be escalated to the relevant level of senior management, such as a Head of Service.

5. Mental capacity considerations

5.1 In line with the Mental Capacity Act (MCA) 2005 a person's mental capacity should be established if there are concerns over their understanding of risks in relation to their smoking habits and/or ability to give informed consent to planned interventions and decisions about fire safety measures.

5.2 Robust mental capacity assessments are critical in determining the approach to be taken by professionals, either to support the decision making of an adult with capacity or to intervene to protect the best interests of a person who lacks capacity. In complex cases legal advice may need to be sought.

5.3 It important to ensure that mental capacity assessments are recorded comprehensively. Good practice is to record the questions as they were asked, and the responses provided by the adult.

5.4 If a person lacks the mental capacity to make decisions about their fire safety, such decisions must be made on their behalf in their best interests, or through a Lasting Power of Attorney, or Deputy.

5.5 If an individual has capacity and refuses a Home Fire Safety Visit (HFSV) from LFB, but it is considered that the person is at significant risk of fire (life risk to self and others), agencies should consider the level of risk being presented and ensure appropriate safeguarding arrangements are implemented. This may include, initiating multi-agency meetings to consider risk management and to develop a collaborative action plan with partner agencies involved. LFB representation should be requested at any multi-agency risk management meetings in relation to fire safety matters.

Decisional and executive capacity

5.6 Another common area of difficulty related to the distinction between the capacity to make a decision (decisional capacity) and the ability to actually carry out the decision (executive capacity). People's ability to respond to risks in relation to smoking can change as a result of increasing care and support needs, or a significant change in their physical functioning, for example after having a stroke, but the person may not be able to acknowledge how their change in functioning will impact on their ability to smoke safely.

5.7 It is particularly important when working with an adult who is at risk from fire because of their smoking to consider their executive capacity and explore whether they are able to act on a decision they have made. For example, an adult may tell you that they are able to extinguish a cigarette safely when smoking in bed, but their ability to respond safely in the actual moment of putting out a cigarette may be impaired. In the context of undertaking mental capacity assessments, practitioners should ask adults to demonstrate how they can undertake such actions, such as putting out a cigarette when smoking in bed.

5.8 When completing mental capacity assessments in relation to the person's ability to understand their smoking risks, it may be helpful to consider carrying out joint mental capacity assessments, for example, involving an Occupational Therapist who can assist with assessing the adult's functional ability and executive capacity.

6. Referrals to LFB for a Home Fire Safety Visit

6.1 LFB will carry out free Home Fire Safety Visits (HFSVs) to give advice on fire prevention and safety measures. Visits can include the fitting of smoke alarms, and other fire safety specialist items and equipment.

6.2 During a HFSV LFB will:

- Assess fire safety in every room in the property.
- Identify and make occupants aware of the potential fire risks in their home.
- Make sure occupants know what to do in order to reduce or prevent these risks.
- Help put together an escape plan to be used in the event of fire.
- Ensure occupants have working smoke alarms, install where necessary, and advise on maintenance and testing.

- Issue fire retardant bedding where the risk assessment identifies a clear and demonstrable need.

6.3 To request a Home Fire Safety Visit, practitioners should complete LFBs online Home Fire Safety Checker. Good practice is to follow up progress of the referral by contacting LFB on 0800 028 4428.

6.4 LFB triage referrals into risk categories from low to very high. People who meet the criteria for very high risk are prioritised for a HFSV within 4 hours; high risk within a week and medium risk within a month. Low risk people will not receive a visit and will be provided with tailored advice from the Home Fire Safety Checker.

6.5 LFB would categorise an individual as being **very high risk** if they have all of these six characteristics :

- smoker
- living alone
- over 60 years old
- in receipt of care (informal, formal or both)
- no working smoke alarms in their home
- user of mobility aids, or chair/bed bound

A very high-risk individual can also be identified if they are at risk or are a victim of **arson.**

6.6 Where practitioners' own risk assessment processes identify that an individual has all of the six characteristics and may fall into the very high-risk category, they may also call LFB on **0208 536 5955** 24/7 to book a HFSV. This HFSV will be carried out within 4 hours.

6.7 Where required, consider if a joint visit would be of benefit, for example if an adult requires encouragement and support to engage with a visit from LFB.

7. Fire safety within supported accommodation and residential care homes

7.1 When working with providers such as residential care home sand supported accommodation make sure they have access to the guidance below in addition to having a robust fire safety policy, established process for conducting regular fire risk assessments and have a thorough and accessible evacuation plan.

Fire safety risk assessment: residential care premises - GOV.UK (www.gov.uk)

NFCC Specialised Housing Guidance

7.2 The Fire Risk Assessment should identify fire hazards, identify the people at risk, evaluate remove and reduce the risk of hazards to the people at risk, and then put in place precautions and arrangements to keep the people residing in the premises absolutely safe.

7.3 Findings and actions from a fire risk assessment should be recorded in a clear and simple way ensuring staff and residents understand the impact and need. Keeping records and visual plans for the premises will form the base for further reviews and checks.

7.4 Each resident should have a clear Personal Emergency Evacuation Plan (PEEP).

7.5 Ensure there is good management of fire safety – this will include having good, clear, and accessible procedures as well as housekeeping procedures that will help to minimise fire risks. All staff should know the procedures and receive mandatory training as well as clearly understand their role and responsibilities in ensuring and maintaining good fire safety. The Multi Agency Fire Safety Competency Framework set out by London Fire Brigade (Appendix 3) supports a consistent approach to Fire Safety training across the SAEB Partnership.

8. Case studies

8.1 **A Case study in which a Fire Risk Assessment led to positive outcomes**

Frank was a man in his late 60s who lived alone in a one-bedroom flat. He had a history of alcohol misuse, depression and anxiety, and was receiving support from a community mental health team (CMHT). Frank was also a heavy smoker and often fell asleep with a cigarette in his hand, putting himself and others at risk of fire. The CMHT referred Frank to the local fire service for a home fire safety visit, where they conducted a person-centred fire risk assessment and identified several hazards, such as clutter, faulty electrical appliances, and lack of smoke alarms. The fire service provided Frank with some fire prevention advice, installed smoke alarms and a fire-retardant bedding pack, and arranged for a follow-up visit to monitor his progress. They also liaised with Frank's social worker and other agencies involved in his care, to ensure a coordinated approach to his fire safety and wellbeing. As a result of the intervention, Frank reported feeling more confident and secure in his home and reduced his smoking and alcohol intake. He also engaged more with his support network and attended activities at a local day centre. The fire service noted a significant improvement in Frank's living conditions and fire safety awareness, and no further incidents of fire or near misses were reported.

8.2 **A Case study in which a Multi-agency Approach to Fire Safety was beneficial**

Linda was a woman in her early 50s who lived with her adult son, who had a learning disability and autism. Linda was his main carer and received support from a learning disability team. Linda also had some physical health problems and mobility issues, which made it difficult for her to access and maintain her home. Linda and her son were both smokers and used matches and lighters to light their cigarettes. The learning disability team noticed that there were signs of fire damage and scorch marks on the carpets, curtains, and furniture in Linda's home, and raised concerns about their fire safety. They contacted the local fire service, who agreed to carry out a home fire safety visit and a person-centred fire risk assessment. The fire service found that Linda and her son had no working smoke alarms, no fire escape plan, and several fire hazards in their home, such as flammable materials, overloaded sockets, and faulty wiring. The fire service provided Linda and her son with some fire prevention advice, installed smoke alarms and a fire-retardant bedding pack, and gave them some safer alternatives to matches and lighters, such as electric lighters and

ashtrays. They also referred Linda to a local charity that offered home improvement and maintenance services, such as clearing clutter, fixing electrical faults, and fitting fire doors. The fire service worked closely with the learning disability team and other agencies involved in Linda and her son's care, to ensure a holistic and person-centred approach to their fire safety and wellbeing. As a result of the intervention, Linda and her son reported feeling safer and happier in their home and improved their smoking habits and fire safety behaviour. The fire service noted a significant>reduction in fire risks and potential harm in their home, and no further incidents of fire or near misses were reported.

8.3 **The benefits of a multi-agency approach to fire safety**

The West Cromwell Road incident was a serious fire that occurred on the 12th of February 2021, in a four-storey house converted into flats. The fire started in a flat on the first floor, where the occupant was a hoarder and a smoker, and had previously been involved in several fire-related incidents. The fire spread quickly and affected three other flats, where four people had to be rescued by the fire service, two of them using fire escape hoods. One of the residents had a history of violence towards emergency services and was arrested by the police. The fire caused extensive damage to the property and posed a high risk to the lives and wellbeing of the residents and neighbours.

This incident illustrates the benefits of a multi-agency approach to fire safety, as it involved collaboration and communication between different organisations and professionals, such as the fire service, the police, the housing association, the adult social care team, and the local charity. The fire service had conducted several fire safety audits and inspections of the property in the past and had issued informal notifications of deficiencies and safeguarding referrals to the relevant agencies. The fire service also provided fire prevention advice, equipment, and support to the residents, especially those who were vulnerable due to their smoking habits, health conditions, or living environment. The fire service worked closely with the other agencies to ensure a holistic and person-centred approach to the fire safety and wellbeing of the residents, and to share information and good practice. The multi-agency approach helped to reduce the fire risks and potential harm in the property, and to improve the outcomes and satisfaction of the residents. It also helped to identify and address any gaps or challenges in the service delivery, and to create learning opportunities for staff development and training. The multi-agency approach to fire safety was beneficial for both the residents and the professionals involved, as it enhanced the quality and effectiveness of the service provision and the fire safety culture.

9. Staff support and training opportunities

9.1 In this section, we will share some examples of good practice and learning opportunities for staff who work with people who may have increased fire risks due to their smoking habits, physical or mental health conditions, or living environment..

9.2 Good Practice

- Conducting regular and comprehensive fire risk assessments for individuals who smoke, using tools such as the London Fire Brigade Person-Centred Fire Risk Assessment or the on-line Home Fire Safety Checker

- Reviewing the fire risk assessments whenever there is a change in the person's circumstances, such as a hospital discharge, a change in care provider, or a deterioration in their health or mobility.
- Working collaboratively with other agencies, such as the London Fire Brigade, housing providers, care agencies, and health professionals, to share information, agree on actions, and monitor the outcomes of the fire safety plan.
- Applying the Mental Capacity Act principles and assessing the person's executive function, that is, their ability to understand, remember, and act on the information and advice given to them about fire safety. If the person lacks capacity or executive function, considering the least restrictive options to protect them from harm, such as providing alternative smoking devices, installing sprinklers, or arranging supervision.
- Adopting a person-centred approach that respects the person's wishes and preferences, while also balancing the risks to themselves and others. Exploring the reasons why the person smokes, what benefits or challenges it brings to them, and what support or alternatives they would consider.
- Providing clear and accessible information and education to the person and their family or carers about the fire risks and how to reduce them. Using different methods, such as leaflets, videos, or demonstrations, to suit the person's needs and abilities.
- Recognising and responding to any signs of abuse or neglect that may increase the fire risks, such as hoarding, self-neglect, financial exploitation, or domestic violence. Raising a safeguarding concern if necessary and following the local procedures and guidance.

9.3 Some learning opportunities for staff are:

- Attending the SAEB multi-agency fire safety training and learning resources that will be available to professionals as well as members of the community in the Bi-Borough
- Reading the Fire Safety and Safeguarding 7-minute learning briefing and the Fatal Fire Thematic Review to learn from the findings and recommendations of the Safeguarding Adults Review.
- Accessing the additional fire safety resources listed at the end of this document, such as the London Fire Brigade website, the Emollients and Smoking briefing, or the Telecare and Fire briefing.
- Participating in the SAEB learning event in 2024 to track progress around practice and service improvements in fire safety practice. More details to follow
- Sharing the learning and good practice with your colleagues and teams and encouraging discussion and reflection on how to improve fire safety and safeguarding for the people you work with.

10. Useful resources

10.1 **The following resources provide useful information in relation to fire safety:**

LFB Home Fire Safety Checker

LFB Person-Centred Fire Safety Risk Assessment

Safeguarding Adults Executive Board (SAEB) learning briefings:

- Fire Safety and Safeguarding
- Emollients and Smoking
- Telecare and Fire
- Fatal Fires Thematic Review

10.2 **Fire Safety Telecare and Equipment available via ASC**

ASC can provide telecare linked smoke alarms and heat detectors, where there is an assessed need.

For Kensington and Chelsea:

- Use the TELECARE 65 referral form on Mosaic and email to hm-cas@rbkc.gov.uk

For Westminster:

- Use the ASSISTIVE TECHNOLOGY referral form on Mosaic and email to telecare@westminster.gov.uk

The provision of misting towers can also be considered where a risk assessment determines the need. These work to cool down the room temperature and displace the oxygen with steam to stop the fire from spreading. Discuss potential referrals with your line manager in the first instance.

Appendix 1: Multi-Agency 'Person at Risk' Fire Risk Assessment

Responsible Agency:	
Risk Assessment completed by:	
Date completed:	
Service Users name:	
Address:	

Date of Review:		**Note:** The risk assessment should be completed and reviewed in accordance to an individual's care plan arrangements
Assessors signature		

Area	Risk Assessment	Yes	No	Comments
Smoke Alarms give the earliest warning of fire – please check	Are there smoke alarms on each floor of the property? **Guidance note 1**			
	Test these – do they work?			
	Is there a Telecare/community alarm?			
	If there is a Telecare/community alarm – is it linked to a Telecare smoke alarm?			
Smoking – a major contributor to fire deaths	Are there signs of burns on carpets, furniture, bedding or clothing?			
	Are there carelessly discarded cigarettes on floor?			
	Are there lighters/matches in reach of young children?			
Alcohol/ substance misuse and prescribed medication	Are there indications of alcohol misuse?			
	Are there indications of substance misuse?			
	Is the person medicated to help them sleep? **Guidance note 2**			
Sensory impairment	Does the person have a sensory impairment?			
	Can the service user hear the alarm if they aren't wearing hearing aids (if required).			

	Does the person with a sensory impairment have additional fire protection equipment e.g vibrating pads etc			
Disability – physical or mental health including dementia.	Disability – physical or mental health including dementia.			
	Would the disabilities affect the person's ability to understand the sound of the smoke alarm?			
	Would the disabilities affect the person's ability to raise the alarm?			
	Would the disabilities affect the person's ability to escape from the property? **Guidance note 3**			
Hoarding greatly increases the fire loading	Are there flammable materials stored near to ignition sources?			
	Are there dangerous or highly flammable materials being stored?			
	Are exit routes blocked?			
General Home Safety	Is there previous history of fires? **Guidance note 4**			
	Is there any threat of arson?			
	Are there overloaded electrical sockets? **Guidance note 5**			
	Are there electrical/gas appliances in a poor or dangerous condition? A build-up of fat and grease can cause a fire. **Guidance note 6**			

RISK areas where **YES** OR **NO** is highlighted in RED have been selected on this form require the risk assessor to consider how these risks will be minimised. Once this risk assessment has been completed, if any additional concerns regarding the persons vulnerability to fire have been identified , a new referral to London Fire Brigade should be submitted via the link below

Book a home fire safety visit | London Fire Brigade (london-fire.gov.uk)

Good practice is to follow up progress of the referral by contacting LFB on 0800 028 4428.

Multi- Agency 'Person at Risk' Fire Risk Assessment – Guidance Notes

Guidance Note 1
Smoke Alarms – Are the smoke alarms fitted to the ceiling?
As a minimum there should be one alarm per floor, but consideration should be given to rooms presenting high fire risks i.e. bedbound occupier, evidence of burn marks, hoarding.

Guidance Note 2
Consider any condition that may mean the service user forgets / leaves cooking unattended for extended periods or could allow them to fall asleep whilst smoking.

Guidance Note 3
Think about at night when it is dark – is it locked with a key and would the user be able to insert the key if they were panicking? Do they have the dexterity to unlock the door?

Guidance Note 4
What caused the previous fire? Does this highlight potential risks?

Guidance Note 5 Are there enough plug sockets in the property? Does the service user plug an extension lead into another extension lead? Are wires exposed within the cables?

Guidance Note 6 Domestic deep fat fryers are usually manufactured with a thermostatic control to prevent a fire starting in the machine. If the service user uses a normal frying pan or saucepan, this would present a higher risk.

Additional Guidance

- **Emollient Creams:** Residue from emollient creams can build up on fabrics, such as clothing or bedding, and cause them to catch fire more easily.

- **Air Flow Mattress:** Smoking in bed is a high-risk activity which increase further when using an air flow mattress.

Appendix 2: Safe Smoking Risk Assessment

SAFE SMOKING RISK Assessment

RESIDENT: **ROOM NO:**	**D.O.B:**

Circle Yes or No answers

1. **COGNITION AND CAPACITY**
1.1 Does the resident experience any cognitive impairment? **YES** **NO** **If yes, please circle related impairment.** Memory Visual Processing Body Awareness Communication No concordance with care and advice Decision Making Awareness of Hazards **1.2** Is the resident able to understand and communicate the risks associated with smoking? **Yes** **NO** **1.3** Are there any concerns that the resident may lack the mental capacity to make an informed decision on the risks of not wearing a smoking apron? **YES** **NO**

2. COMMUNICATION

2.1 Does the resident have any identified communication impairment?
If yes, please circle related impairment **YES** NO

Speech Language Sight Hearing

2.2 Is the resident able to raise the alarm if there is a problem when smoking?

Indoors YES **NO**

Outdoors YES **NO**

3. PHYSICAL ABILITY

3.1 Does the resident experience difficulties with balance when smoking?
If yes, please circle related impairment.

Sitting **YES** NO

Standing **YES** NO

3.2 Does the resident experience any involuntary or repetitive movements while smoking?
YES NO

3.3 Is the resident able to hold a cigarette safely and securely?
YES **NO**

4. SMOKING TECHNIQUE
4.1 Is the resident able to use a lighter safely to ignite a cigarette? **Observations outcomes – Please circle.** • Hold lighter safely? YES **NO** • Can control lighter and flame? YES **NO** **4.2** Can the resident safely control and manage a lit cigarette and when being extinguished? Observations outcomes – Please circle. • Alert / Aware at all times? YES **NO** • Has drowsy / sleepy episodes? YES **NO** • May forget they are smoking? **YES** NO • May burn own clothes, furniture, etc? **YES** NO • Use an ashtray safely? YES **NO**

5. CLINICAL RISKS
5.1 Is the resident prescribed oxygen (cylinder or concentrator) **YES** NO **5.2** Does the resident have any paraffin or petroleum-based creams or ointments, sprays or oils applied (including lip balms)? **YES** NO **5.3** Is the resident prescribed sedatives, hypnotics, analgesics or psychiatric medications? **YES** NO
• Extinguish a cigarette safely? YES **NO**

6. CLOTHING AND SOFT FURNISHING

6.1 Are there historical burn marks on residents' clothing / blankets / etc?

YES NO

6.2 Does the resident consent to wearing a smoking apron?

YES **NO**

7. RISK MANAGEMENT

7.1 Identified Risk Areas

Risk areas where YES or NO is highlighted in **RED** have been selected on this form, require the risk assessor to consider how these risks will be minimised.

All RED responses to be considered for inclusion in resident smoking care plan.

7.2 Smoking Supervision

Supervision must be provided for all residents who have been assessed as unsafe to smoke independently. Following completion of this risk assessment, the assessor must decide on the level of supervision required to ensure residents safety and to minimise risk hazard(s).

Supervision levels

(Circle chosen supervision level)

Level 1: **1 to 1 Supervision** Staff member to be in attendance at all times in designated smoking area.

Level 2: **Frequent** Staff member to observe resident frequently in

designated smoking area.

Level 3: **Occasional** Staff member to check on occasion during every smoking episode in designated smoking area.

ALL issues agreed in 7.2 MUST be recorded in residents smoking care plan.

7.3 Has the resident been offered advice and / or support about smoking cessation?

YES NO

8. FINAL DESCISION

8.1 Resident is safe to smoke in the care homes designated areas subject to agreed level of supervision.

YES **NO**

8.2 The agreed level of supervision is:

1 to 1 **Frequent** **Occasional**

8.3 the resident has agreed to wear a smoking apron.

YES **NO**

8.4 Resident would like to smoke at specified times of the day (write specified times during day).

AM:	PM:

This is agreed in accordance with the current home staffing levels at requested times of smoking.

8.5 Resident requires assistance to smoke (please circle relevant need)

1. Assistance to light a cigarette.
2. Smoking materials to be stored safely by staff.
3. To have smoking apron applied
4. Assistance to be taken to designated smoking area.

All issues agreed in 8.1, 8.2, 8.3, 8,4 and 8.5 MUST be recorded in residents smoking care plan.

8.6 Resident is assessed as **safe** to smoke at this time. YES **NO**

8.7 Where a mental capacity assessment has been undertaken and it has been demonstrated that a resident lacks capacity to make or understand this decision and continues to want to smoke, a 'Best Interest Decision' must be made and recorded. This should include evidence of multi-disciplinary involvement whilst taking the residents choice in to account and exploring alternative solutions (Please record in 'Best Interest Decision' section)

8.8 Evidence of discussion with family NOK / advocate of smoking risk and smoking risk assessment care plan

Signature(s)	Relationship to Resident	Date

RISK ASSESSMENT APPROVALS

Risk Assessor Signature	Job Title	Date

Home Managers Signature	Date

RISK ASSESSMENT REVIEWS

Review Date	Was a change identified?	Section Amended (circle (Number)	Additional Details	Sign and Print Name
	Yes – No	1 – 2 – 3 – 4 – 5 – 6 – 7 - 8		
	Yes – No	1 – 2 – 3 – 4 – 5 – 6 – 7 - 8		
	Yes – No	1 – 2 – 3 – 4 – 5 – 6 – 7 - 8		
	Yes – No	1 – 2 – 3 – 4 – 5 – 6 – 7 - 8		

BEST INTERESTS DECISION – Mental Capacity Act 2005- section 4

To use this form the person must be 16+ and an assessment of mental capacity under the Act must show they lack capacity to make decision in question

Health or Social care decision being made:
Relevant information; Consider a; relevant circumstances (clinical opinion, history, assessment needs, risks, social factors, emotional factors, available options etc)

The person; Consider the persons reasonably ascertainable past and present wishes, feelings, statements, beliefs, values and any other factors the person would consider if able to do so
Consult; as practicable and appropriate people who have an interest in the welfare of the person

Name	**Role\relationship to adult**	**Contact details**

Less restrictive; consider if there are less restrictive options in terms of persons rights and freedom of actions. Ensure you have carried out the necessary risk assessments and this is reflected in the best interest option chosen. Ensure wherever possible the least restrictive option is chosen, whilst retaining best interests.
Best Interest Decision Summary: Summarise the reasoning behind the decision and why this decision would be in the person's best interests

Decision Maker; Name/Role	**Date;**

Adapted from NHS Lewisham CCG / London Borough of Lewisham – Guidelines on Risk assessment in Care Homes

Appendix 3: Multi Agency Fire Safety Competency Framework

Multi Agency Fire Safety Competency Framework

It is recognised that many partner agencies who are responsible for providing front line emergency services, health or social care support services may be presented with opportunities to identify significant risk factors with regards to fire safety within the home environment. This objective of this document is to provide a clear framework for partner agencies to achieve, maintain and demonstrate appropriate standards of fire safety competence within their workforce to manage risk factors. Knowledge and understanding elements are presented as a tiered approach to reflect suggested workforce responsibilities, however partner agencies should review these elements against organisation specific roles and training needs analysis. This document is intended as an overarching framework and so it is the responsibility of respective organisations to develop more detailed workplace guidance around its implementation.

Development Methods:

Training delivery should be balanced between e-learning methods and face to face training; development should be supported through additional methods such as mentoring/shadowing, professional group discussions, reflective supervision etc.,

Recording:

Partner agencies should ensure that workforce training is recorded appropriately to enable assurance and competence review

Recommended resources:

- Fire Safety and Safeguarding
- Emollients and Smoking
- Telecare and Fire
- Fatal Fires Thematic Review
- London Fire Brigade Carers Guide to Home Fire Safety
- Telecare Services Association e learning
- London Fire Brigade Carers Guide to Home Fire Safety
- Telecare Services Association e learning
- NFCC Specialised Housing Guidance

Level 1 (Operational) Training Requirements	
This is the minimum level required for all staff (including agency staff, voluntary staff, and specified contracted providers) working in any front-line emergency service, health or social care settings who may have contact with patients, clients, their families, or carers.	
Knowledge & Understanding Fire safety training at this level should include the following elements:	
Element	**Learning Outcome**
Fire risk factors	Understand how the following factors increase fire risk:
	• Smoking – with signs of unsafe use of smoking or vaping materials (e.g. smoking in bed, unsafe charging). • Use of emollient creams that are petroleum or paraffin based. • Air pressure mattress or oxygen cylinders are used. • Unsafe use of portable heaters (e.g. placed too close to materials that could catch fire). • Unsafe cooking practices (e.g. cooking left unattended). • Overloaded electrical sockets/adaptors or extension leads. • Faulty or damaged wiring. • Electric blankets used. • Evidence of previous fires or near misses, burns or scorch marks on carpets and furniture. • Unsafe candle/tea light use (e.g. left too close to curtains or other items that could catch fire or within easy reach of children or pets).
Practical Application:	Learning Outcome Demonstrate the ability to: • Identify all common fire risk factors within a practical setting/case study scenario

Level 1 (Operational) Training Requirements	
Element	**Learning Outcome**
Ability to react to a fire/alarm	Understand how the following factors impact ability to react to fire/alarm:
	• Mental health issues (e.g. anxiety or depression). • Cognitive or decision-making difficulties. • Alcohol dependency or misuse of drugs. • Sensory impairments (e.g. hard of hearing or sight loss).
Practical Application:	Learning Outcome Demonstrate the ability to: • Identify all factors that impact an individual's ability to react to a fire/alarm within a practical setting/case study scenario

Level 1 (Operational) Training Requirements	
Element	**Learning Outcome**
Ability to escape from a fire	Understand how the following factors impact ability to escape from a fire:
	• Restricted mobility, frailty, or history of falls. • Blindness or impaired vision. • Lacking capacity to understand what to do in the event of a fire. • Hoarding, or cluttered/blocked escape routes (including by mobility devices) • Bed or chairbound. • Internal doors left open at night. • Inability to unlock front door to escape.
Practical Application:	Learning Outcome Demonstrate the ability to: • Identify all factors that impact an individual's ability to escape from a fire within a practical setting/case study scenario

Level 1 (Operational) Training Requirements	
Element	**Learning Outcome**
Practical Fire Safety	**Identify, understand, and apply simple fire safety measures to control risk e.g.:**
	• Smoke and heat detection (incl. testing) • Safer candle/match use • Safer cooking • Safer use of heating • Smoking (incl. e-cigarettes/vapes) safety measures. • Escape plans • Safe use of electrics • Bed time routines
Practical Application:	**Learning Outcome** **Demonstrate the ability to:** • Identify fire safety risks and apply simple fire safety measures within a practical setting/case study scenario.

Level 1 (Operational) Training Requirements	
Element	**Learning Outcome**
LFB Home Fire Safety Checker, Referral Pathways & Home Fire Safety Visits (HFSV)	**Understand:**
	• The use of the LFB on-line Home Fire Safety Checker • The method of identification of Very High-Risk individuals and referral pathways to LFB for priority HFSVs • Local Authority Safeguarding arrangements in relation to fire risk • What happens during a HFSV. • Supporting HFSVs through joint visits • How to request feedback following a HFSV

Practical Application:	Learning Outcome Demonstrate the ability to: • Complete appropriate referrals for a practical setting/case study scenario.

Level 2 (Supervisory) Training Requirements

This is the minimum level required for all staff (including agency staff, voluntary staff, and specified contracted providers) providing supervision, management and/or leadership to operational staff in a front-line emergency service, health, or social care settings (NHS or non-NHS) who have contact with patients, clients, their families or carers, or the public. This level is also applicable to those who engage in either completing or reviewing any risk assessments.

Knowledge & Understanding
Fire safety training at this level should include all elements at Level 1 the following elements:

Element	Learning Outcome
Cognition & Capacity (Fire risks)	Understand:
	• Why an individual's mental capacity should be established when there are concerns over their understanding of risks, (especially in relation to their smoking habits) and/or ability to give informed consent to planned interventions and decisions about fire safety measures. • How to determine the approach to be taken by professionals, either to support the decision making of an adult with capacity or to intervene to protect the best interests of a person who lacks capacity • How to record a mental capacity assessment and what to include • The importance of considering executive capacity and exploring individual's ability to act on decisions they have made.

Practical Application:	Learning Outcome Demonstrate the ability to:

	• Identify when a mental capacity assessment may be required within a practical setting/case study scenario. • Complete a mental capacity assessment within a practical setting/case study scenario (agency dependant).

Level 2 (Supervisory) Training Requirements	
Element	**Learning Outcome**
Person centred fire risk assessments	**Understand:**
	• The 9-step person centred fire risk assessment process, including: 1. The characteristics, behaviours and capabilities of a resident that may lead to fire risk. 2. Determining the potential causes of fire and the existing measures to prevent fire. 3. Identifying any circumstances that could lead to the rapid development of fire. 4. Identifying existing measures to protect the resident if fire occurs. 5. Considering the capacity of a resident to respond appropriately to fire alarm signals or signs of fire. 6. Considering the ability of a resident to make their way to safety. 7. Determining the level of risk to the resident from fire. 8. Preparing an action plan. 9. Determining the period for review of the assessment. • When to complete a risk assessment • How to record and store risk assessments • When and with whom to share risk assessment outcomes • The importance of routinely updating risk assessments, especially following a change in circumstances (such as hospital discharge or significant change in health or functional ability).
Practical Application:	**Learning Outcome** **Demonstrate the ability to:** • Undertake a person-centred fire risk assessment within a practical setting/case study scenario.

Level 2 (Supervisory) Training Requirements	
Element	**Learning Outcome**
Personal Emergency Evacuation Plans (PEEPS)	**Understand:**
	Who may require a PEEP **Who may complete a PEEP** **When and with whom to share PEEPs** **The importance of routinely updating PEEPs, especially following a change in circumstances (such as hospital discharge or significant change in health or functional ability)**
Practical Application:	**Learning Outcome** **Demonstrate the ability to:** • **Identify when a PEEP may be required within a practical setting/case study scenario (agency dependant)**

Level 2 (Supervisory) Training Requirements	
Element	**Learning Outcome**
Multi Agency Approach to Fire Risk management	**Understand:**

- When a multi-agency approach may be required to mitigate fire risks
- Actions to take should multi-agency approach be unable to resolve outstanding fire risks

Practical Application:	Learning Outcome Demonstrate the ability to: • Mitigate fire risks within a practice multi-agency panel using a case study.

Level 3 (Strategic) Training Requirements

This is the minimum level required for all staff (including agency and voluntary staff and specified contracted providers) providing strategic/board level management/leadership within frontline emergency service, health, or social care settings (NHS or non-NHS) organisations, including Safeguarding Adults Executive Board Members. This Level is also applicable to those developing organisational policy/guidance related to fire risk.

Knowledge and Understanding
Fire Safety Training at this level should include awareness elements at level 1 & 2 and the following elements.

Element	Learning Outcome
Strategic Multi Agency Fire Risk Management	Understand and recognise:
	• The legislative requirements surrounding fire risk within front line emergency service, health or social care settings (NHS or non-NHS) organisations. • The strategic need to embed fire safety within all agencies irrespective of primary agency responsibilities. • The statutory role of safeguarding boards including partnership arrangements, policies, risks and performance indicators, staff roles and responsibilities in safeguarding (fire risk); and the expectations of regulatory bodies in safeguarding. • The need for organisational-level support to promote, embed and monitor practice, alongside ongoing

	support for practitioners from managers and workplace supervisors.

Practical Application:	**Learning Outcome** **Demonstrate the ability to:** • **Employ strategic fire management within a case study scenario.**