Report on auditing of Care Homes by London Fire Brigade

Background:

The impact of a fire in any type of property can be devastating but we know that the vulnerability of residents in Care Homes requires the highest levels of management control to ensure that the complex fire protection arrangements are effective, and staff actions in an emergency are clearly understood and implemented.

In April 2017 a Cheshunt care home in Hertfordshire was the scene of a major fire. Firefighters rescued 33 elderly and immobile residents but sadly two residents died. Crews found residents in their rooms, many still in bed and unable to move due to their physical condition.

The fire travelled with great ferocity through the roof void covering the whole building and conditions quickly deteriorated leading to a full scale rescue operation.

This and a number of other fires in 2017/18 raised concerns that Fire Safety arrangements in these premises may need review – and the London Fire Brigade carried out a detailed inspection of 177 properties in late 2018. These inspections identified a number of fire safety failures and 57% of the care homes inspected received a formal notification from London Fire Brigade to address these issues.

It is likely that these issues are common to other care homes across the country so London Fire Brigade has shared some of its findings below to draw the attention of all care home operators and managers to these so that they can consider these factors in their own properties and consult with their Fire Risk Assessors if necessary.

1. Fire Risk Assessments

In 45% of the 177 care homes the fire risk assessment was found to be not suitable or not sufficiently comprehensive.

Many fire risk assessments were found to have been carried out by in-house managers and demonstrated a lack of understanding or information about basic fire safety principles. However, it was also worrying that some which <u>had</u> been done by a Fire Risk Assessor did not always clearly and sufficiently cover the issues of evacuation strategy and numbers of staff required in a comprehensive way.

It is concerning that operators of care homes, which have complex fire safety challenges (Progressive Horizontal Evacuation, Emergency Planning), do not in all cases understand the need for their Fire Risk Assessment to be carried out by an assessor that is competent and experienced in these fire safety complexities.

The assessors in some homes employing progressive horizontal evacuation had also not recognised the importance of a comprehensive survey of the premises compartmentation and fire resisting separation. When sampled by our inspecting officers the fire resisting separation of the building did not support this type of emergency evacuation strategy. In these instances, it was not highlighted in the Fire Risk Assessment as a life safety risk.

Roof voids were often not considered by Fire Risk Assessors, particularly when they were unable to gain access easily. The lack of compartmentation in roof voids has contributed to a number of fires and fatalities in care homes and specialised housing in recent years.

These inspections need to be carried out by competent Fire Risk Assessors or surveyors with good understanding and experience of the complex protection and evacuation arrangements needed in care homes.

A guidance note on selecting competent Fire Risk Assessors can be downloaded from https://www.london-fire.gov.uk/safety/the-workplace/fire-risk-assessments-your-responsibilities/

2. Emergency Plan and staffing levels

In 14% of the 177 care homes inspected there was evidence of poor emergency planning, or a potential lack of staff to implement the plan.

There was evidence of confusion in the documentation, or among managers and staff, over the premises emergency plan. There were also some cases of 'generic evacuation strategies', where the care home operator has more than one premises, rather than an emergency plan that is site specific. In these cases it was difficult to align the emergency plan with the staffing levels, actions and responsibilities.

There was also evidence in some cases that management misunderstood/underestimated the importance of sufficient staffing levels, particularly during evening/night shifts, in order to carry out a safe evacuation in the event of fire.

The emergency plan must take full account of the location of immobile residents, and detail methods of carrying out progressive evacuation of residents in a planned and managed way. The emergency plan should also document the minimum staffing levels and responsibilities that are required to carry out the progressive evacuation, and the training required for staff.

3. Training for staff

In 10% of the 177 care homes there was evidence of inadequate training for staff/managers.

Fire safety training was found to be 'online' only in some cases, rather than in-house practical training (where evacuation drills may be included). Fire safety training is becoming generic, rather than providing a bespoke package relating to the specific premises a care worker regularly works in. It is further complicated where care workers are also expected to work in more than one care home.

The use of equipment to assist in evacuation (evacuation chairs/Blankets/Skids etc) was still misunderstood in some of the care homes visited. Where it is provided staff should be fully aware of how to use these in an emergency and more practical training and drills will provide staff with the necessary skills.

There was evidence of a lack of understanding by care staff, of the importance of fire doors and the necessity for them to self close in order to prevent fire growth and spread, and safe evacuation. This area of fire safety training requires more attention and focus.

4. Fire doors, protected corridors and staircases

In 14% of the 177 care homes inspected we found evidence of failures relating to their protected escape corridors and 29% had failures relating to fire doors within their premises.

Fire doors, walls and ceiling to corridors and staircases are all critical in keeping residents and staff safe from fire and smoke during a progressive evacuation, which can take some time to complete. They should be checked by the Fire Risk Assessor, and regularly by staff to ensure they are effective.

The common failures associated with fire doors were excessive gaps around doors, missing or broken door self-closing devices and warped doors that are not closing properly in their respective door frame. Another common failure was damaged intumescent strips and smoke seals not being replaced.

A number of premises also had fire doors that have had their fire resistance compromised by large vents being inserted in the door (e.g. boiler rooms, laundries and computer server rooms) and this is not being picked up by either the Fire Risk Assessor or management, even when they are part of an escape route.

We also found several instances of fire separation not continuing above the false ceilings to the structural concrete ceiling above. This is critical above cross-corridor fire doors, and between corridors and other rooms.

Another common failure to fire resisting separation was holes created for pipe work and other building services, and the incorrect use of expanding foam to fill these holes.

Conclusions

As can be seen from the above evidence there is a need for owners, managers and operators and to maintain a comprehensive oversight of the fire safety protection and other management arrangements to reduce the risks and ensure the safety of residents and staff in case of fire.

Further guidance on fire safety can be found in the national guide **Fire Safety Risk Assessment** – **Residential Care Premises** available from https://www.gov.uk/government/publications/fire-safety-risk-assessment-residential-care-premises.