



4LSAB Multi-Agency Fire Safety Framework

This document is designed to provide all frontline staff with guidance to support the effective management of fire risks within the home. It aims to provide an awareness to the key risk factors for individuals who have an increased vulnerability towards fire and the early interventions and control measures available to ensure such risks can be managed in the most effective way.

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1. Purpose of this Framework

The purpose of this document is to provide all frontline staff and other professionals with support and guidance for the effective management of fire risks within the home or residential setting. It aims to provide an awareness to the key risk factors for individuals who have an increased vulnerability towards fire, an understanding of the impact this vulnerability can have upon the individual, other occupants, and neighbours, and the early interventions and control measures available to ensure such risks can be managed in the most effective way.

2. Introduction

This Multi-Agency Fire Safety Framework has been developed in partnership with the four Safeguarding Adult Boards in Hampshire, Portsmouth, Southampton and the Isle of Wight and has been endorsed by all members of the 4LSAB Fire Safety Development Subgroup.

The Care Act 2014 establishes that safeguarding is everybody's business with Local Authority, Police, NHS partners and a range of other partners including those in the health and social care provider sector and voluntary sector as well as informal carers playing a key role in preventing, detecting, reporting and responding to abuse, neglect or exploitation. Partners must find ways of helping people to protect themselves and ways of protecting those least able to protect themselves.

Following multi-agency reviews of fire related deaths and serious injuries that have occurred within the Hampshire, Portsmouth, Southampton and Isle of Wight areas, it has been identified that the likelihood of a person with care and support needs being either killed or seriously injured in a domestic dwelling fire is disproportionately high compared to the rest of the population.

It is recognised that many partner agencies may be presented with opportunities to identify significant risk factors with regards to fire safety for an individual and within their home environment. Hampshire and Isle of Wight Fire and Rescue Service (HIWFRS) is committed to working in collaboration with partner agencies to reduce the risk of accidental fire from occurring, and ultimately the protection from harm to adults with needs of care and support, family members or other occupants.

It is envisaged that through a partnership approach, early intervention and the use of this Multi-Agency Fire Safety Framework, all 4LSAB partner agencies can effectively identify fire risk and vulnerabilities, manage fire risk and therefore reduce the likelihood of fire related deaths or injuries within the Hampshire and Isle of Wight areas.

This document is intended as an overarching framework. It is the responsibility of respective organisations to develop more detailed workplace guidance around its implementation. It is recommended that each agency has a process and guidance for identifying fire vulnerability factors, completing and reviewing individual fire risk assessments, and referring to Hampshire and IOW Fire and Rescue Service.

3. Vulnerability Risk Factors

Reviews of any fire incident which results in serious injury or fatality are completed by the 4LSAB Fire Safety Development Group (FSDG). The vulnerabilities and risk factors identified from these individual reviews are collated into three yearly thematic reviews published by the FSDG. The findings of these reviews identified several 'common' vulnerability risk factors. These factors can be grouped into the three following areas:

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

This data from the local reviews provides strong evidence to support the view that these vulnerability risk factors are intrinsically linked when assessed against an individual's vulnerability to fire, and therefore a holistic, person-centred approach is required to ensure fire risk is considered both in terms of the person, their behaviour, **AND** the environment in which they live.

Included in the table on the next page are common risk factors that have been regularly identified in local cases of fire which resulted in serious injury or fatality. It is important to note that this table is not an exhaustive list of all vulnerability factors and that the severity of some of these factors may fluctuate on a 'day to day' basis.

Fire Risk – Vulnerability Factors subject to continuous review		
Person	Behaviour	Environment
Older Person	Unsafe smoking practices	Overloaded electrical sockets
Frailty		Living alone
Physical Health concerns	Unsafe heating practices (open fire, candles, electric or oil heaters)	No smoke alarm present
Impaired Mobility		Smoke alarm not present in high risk area
Mental Health concerns	Concern for alcohol use	Smoke alarm not working
Cognitive Impairment (e.g. dementia, Learning disability)	Concerns for substance use	Hoarding
Sensory Impairment	Self-neglect	Oxygen use
Unable to self evacuate	Hoarding	Inability to raise an alarm
	Lack of engagement with Services	Evidence of previous fires
	Expressing suicidal ideation and /or self-harming	Alternative or unsafe heating and cooking means (e.g. BBQs / camping stoves)
	Unsafe cooking practices	
	Use of emollient products	
	Deliberate fire setting	

These vulnerability factors enable professionals and practitioners to undertake an assessment of the risk of each vulnerable person.

If one or more of the vulnerability factors are present then a person-centred fire risk assessment should be completed, and a Safe and Well referral to Hampshire and Isle of Wight Fire and Rescue Service should be submitted.

Simply put, the more ticks against the vulnerability factors - the greater the risk and more protection the person will need to reduce the risk of fire.

4. Person Centred Fire Risk Assessment

To ensure an individual's vulnerability to fire is continuously managed, professionals and practitioners should complete a 'Person at Risk' Fire Risk Assessment.

The risk assessment should be completed and reviewed regularly, especially when circumstances and risks change, and/or in accordance with an individual's care plan arrangements.

Completion of regular 'Person at Risk' Fire Risk assessments enable the person's vulnerability to fire to be monitored, and where an increase in the vulnerability to fire is identified, an opportunity for the existing control measures to be reviewed and amended where applicable. For example, if an individual becomes less mobile or starts to use an emollient product.

An example of a Person at Risk Fire Risk Assessment is included in Appendix 1.

5. Individual Smoking Risk Assessment

In order to promote an individual's health, safety and wellbeing and to mitigate the risks and consequences of an accidental fire from occurring caused through smoking practices, practitioners and professionals should ensure that support and signposting is routinely provided to the individual to consider smoking cessation products and services.

Where the smoking behaviour continues the completion of an Individual Smoking Risk Assessment should be considered and where required, recorded within the care plan arrangements for the individual. The risk assessment considers the ability of the individual in understanding the fire risks associated with smoking, the ability to smoke independently whilst appropriately managing the associated fire risks, or whether assistance or supervision is required, including whilst lighting the smoking material, during the period of smoking and for the safe extinguishing of the smoking material.

Agencies are advised to always consult their own policies and procedures and where required, seek legal advice regarding their role in supporting an individual to continue smoking. An example of this would be purchasing and providing smoking materials to an individual who is unable to access and/or use them independently.

Where there are concerns regarding an individual's understanding of the risks that are associated with smoking activities, professionals and practitioners must ensure a mental capacity assessment is completed.

An example of an Individual Smoking Risk Assessment is included in Appendix 2.

6. Residential Care Homes

Fire Risk Assessments

The Regulatory Reform (Fire Safety) Order 2005 specifies that Care Homes must have a fire risk assessment which must focus on the safety in case of fire of all 'relevant persons'. [Fire Safety Risk Assessment – Residential Care Premises Guidance](#) provides guidance on completing a Fire Risk Assessment and what must be considered as part of it (such as the different sources of ignition throughout the care home and different sources of fuel including furniture and personal belongings of the residents).

Personal Emergency Evacuation Plans (PEEP's)

Whilst many people with care and support needs wish to and can facilitate their own escape from fire, there may be a significant number of people in premises that provide care who have cognitive and/or mobility impairments and are only able to move or react adequately with assistance from carers or staff. These will include people who are confined to their bed and receiving medical interventions by way of attached medical devices.

It may be determined, following a fire risk assessment, that the current levels of assistance available, along with the layout, construction and travel distances mean that the evacuation of residents may not be possible within an acceptable timeframe. In these circumstances, Responsible Persons should consider additional methods and facilities to ensure those residents' safety is assured. An Institution of Fire Engineers registered risk assessor or fire engineer will be qualified to offer comprehensive advice. (www.ife.org.uk)

Where people with care and support needs (residents, employees and visitors) are accommodated, work in, or use the premises, their needs should, so far as is practicable, be discussed with them. These will often be modest and may require only changes or modifications to existing procedures. However, in some cases, more individual arrangements involving the development of 'Personal Emergency Evacuation Plans' (PEEPs) may need to be considered. Any PEEP developed for residents will need to be incorporated into the individual's care plan.

Smoking

In addition to Individual Smoking Risk Assessments, residential care home providers should also consider the following guidance in regards to smoking activity.

Unsafely discarded cigarettes and other smoking materials are a major cause of fire. A cigarette can smoulder for several hours before igniting - especially when surrounded by combustible material such as items in waste bins. The control of smoking in care homes is very important particularly for residents with certain types of care and support needs. Smoking policies must be practical but must also recognise the legal rights of residents, their choices and acknowledge their dependency. The risk assessment must take into account residents who wish to

smoke in their own rooms or residents who smoke that are confined to their bed and cannot access designated smoking areas.

Residential Care Home providers should consider operating a smoking policy, including detailing whether smoking in buildings and on site is not permitted, or whether designated smoking areas are in place. Suitable signs should be displayed throughout the premises that inform people of the smoking policy and the locations where smoking is permitted if applicable. Smoking in fire hazard rooms (e.g. laundries and storerooms) and protected routes (e.g. lobbies, stairways) must be prohibited. In areas where smoking is permitted, deep and substantial ashtrays should be provided to help prevent unsuitable containers being used. Ashtrays should be emptied daily into a metal waste bin and removed from inside the premises. It is dangerous to empty ashtrays into plastic waste sacks which are then left inside for disposal later. Regular inspections should be carried out in all areas, particularly smoking permitted areas once these areas have been vacated at night.

Residential Care Homes Guidance

Further guidance and support for fire safety within Residential Care Homes can be accessed via the links below:

www.gov.uk/government/publications/fire-safety-risk-assessment-residential-care-premises

www.hantsfire.gov.uk/safety/the-workplace/fire-safety-law

7. Hampshire and Isle of Wight Fire and Rescue Service – Fire Safety Interventions

Safe and Well Visits

Safe and Well is a person-centred home fire safety visit based upon an individual's health and social care needs, behavioural factors and home environment. Through interactions with people in the home, Hampshire and Isle of Wight Fire and Rescue Service are able to provide advice, support and guidance to individuals (including partner agencies responsible for providing care and support services), in the reduction and management of presenting fire risks.

The Safe and Well visit focuses on 8 core components identified by the National Fire Chiefs Council:

- Home Fire Detection and Assistive Technology
- General Fire Safety (candles, cooking and escape planning)
- Electrical Safety
- Fire and Heaters (safer heating)
- Clutter and Hoarding
- Deliberate Fires
- Smoking-related fires
- Medicines and Medical Devices

During a Safe and Well visit, Hampshire and Isle of Wight Fire and Rescue Service 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
- Discuss a night-time routine that will help keep occupants safe at night
- Help put together a household escape plan
- Ensure occupants have working smoke alarms, install where necessary, and advise on maintenance and testing
- Issue fire retardant bedding, furniture throws and nightwear where needed
- Give basic advice on topics such as falls prevention and smoking

The person conducting the Safe and Well visit may identify a need for advice, support or intervention from other agencies. In such cases, the Fire and Rescue Service will engage with the individual to adopt a 'multi agency approach' and may share information and work collaboratively with other 4LSAB partner agencies in order to reduce risk.

Some risks may be identified that will need to be recorded against the property to ensure the most appropriate emergency response from HIWFRS can be provided. For example, a high level of hoarding, threats of arson or the storing of firearms. This will also provide attending Fire and Rescue Service personnel with key information such as the most likely location of the occupant, any physical or cognitive

impairments or other domestic risks which could impact the safety of responding emergency personnel or the ability of the occupant to self-evacuate.

Fire Safety in the Home Awareness Training – Multi Agency / Partnership

Free Fire Safety in the home Awareness training is available to all partner agencies from Hampshire and Isle of Wight Fire and Rescue Service.

This training provides an opportunity for all frontline practitioners to understand how to identify fire risk and vulnerability; how to adopt and maintain effective fire safety practices for individuals who are living at home and how to make a quality referral into the fire service.

For further information regarding the training or to book a session, please email the HIWFRS Community Safety Development team on preventiondevelopment@hantsfire.gov.uk

8. How to refer to Hampshire and Isle of Wight Fire and Rescue Service:



9. Mental Capacity Considerations

When we are working with an individual, the appropriate position should always be to presume the person has the mental capacity to make their own decisions. However, where there are concerns about whether a person may lack the mental capacity to make a specific decision in relation to fire safety, then a mental capacity assessment must be undertaken. When 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. An individual (and their Lasting Power of Attorney / Deputy if applicable) should be provided with all the relevant information to make informed decisions to reduce fire risk. Fire and Rescue representation should be requested at any multi-agency meetings where best interests' decisions are being discussed and considered in relation to fire safety matters.

If an individual has capacity in relation to managing their own fire safety and refuses a Safe and Well visit, agencies should consider the level of risk being presented to the individual and others and ensure appropriate safeguarding arrangements are implemented.

This may include, sharing domestic risk information with Hampshire and Isle of Wight Fire and Rescue Service, arranging Safe and Well visits for neighbouring properties, or initiating the Multi Agency Risk Management Framework to explore all other risk management interventions, and to develop a collaborative action plan with partner agencies to maximise the safety of the individual and others around them.

Further information and local guidance on Mental Capacity can be accessed via:

[Mental Capacity Act Code of Practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/mental-capacity-act-code-of-practice)

[Mental Capacity Toolkit Part A](#)

[Mental Capacity Toolkit Part B](#)

[Mental Capacity Toolkit Part C](#)

[Mental Capacity Toolkit Part D](#)

[Mental Capacity Toolkit Part E](#)

Appendix 1

4LSAB 'Person At Risk' Fire Risk Assessment

Responsible Agency:	
Risk Assessment completed by:	
Date completed:	
Service User's name:	
Address:	

Date of review		Note: If applicable the risk assessment should be completed and reviewed in accordance with an individual's care plan arrangements, or sooner if risks and circumstances change
Assessor's signature		

Area	Risk Assessment	Yes	No	Comments
Smoke Alarms	Are there smoke alarms on each floor of the property? Guidance note 1	YES	NO	
	Are there smoke alarms in each high risk area? Guidance note 1	YES	NO	
	Do the smoke alarms work?	YES	NO	
	If the individual has telecare is that linked to the smoke alarm?	YES	NO	
Smoking	Does the person smoke? Guidance Note 2	YES	NO	
	Are there signs of burns on carpets, furniture, bedding or clothing?	YES	NO	
	Are there discarded cigarettes on floor or other surfaces / areas?	YES	NO	
	Is the person using unsafe items as an ash tray or disposing of cigarettes directly into a bin?	YES	NO	
	Are there lighters/matches in reach of young children?	YES	NO	
	Does the person smoke in bed?	YES	NO	
	Does the person use a vape?	YES	NO	
Alcohol / Substance use	Does the individual have an air flow mattress? Guidance Note 3	YES	NO	
	Are there indications of alcohol use?	YES	NO	
	Are there indications of substance use?	YES	NO	
Sensory needs	Does the person take medication to help them sleep or which makes them drowsy?	YES	NO	
	Does the person have a sensory impairment?	YES	NO	
	Can the individual hear the smoke 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	YES	NO	
Physical, cognitive, neurological and mental health needs, including dementia, age and frailty etc	Does the person with a sensory impairment have additional fire protection equipment e.g. vibrating pads etc	YES	NO	
	Does this vulnerability affect the person's ability to understand the sound of the smoke alarm?	YES	NO	
	Does this vulnerability affect the person's ability to raise the alarm?	YES	NO	
	Does this vulnerability affect the person's ability to evacuate from the property?	YES	NO	
Self neglect and hoarding	Does the individual use emollient products? Guidance note 4	YES	NO	
	Are there environmental or behavioural risks due to concerns for self neglect?	YES	NO	
	Are there flammable materials stored near to ignition sources?	YES	NO	
	Are there dangerous or highly flammable materials being stored?	YES	NO	
	Are exit routes restricted or blocked?	YES	NO	
	Can doors be closed throughout the home?	YES	NO	

General Home Safety	Are there oxygen cylinders or concentrators within the property?	YES	NO	
	Does the person have a means to raise the alarm (phone / telecare)?	YES	NO	
	Are there overloaded electrical sockets? Guidance note 5	YES	NO	
	Does the person live alone?	YES	NO	
	Are there unsafe methods of heating being used? (BBQs; Portable heaters)	YES	NO	
Kitchen safety	Are there electrical/gas appliances in a poor or dangerous condition?	YES	NO	
	Is there unsafe residue of fat and grease within the kitchen and on appliances?	YES	NO	
	Unattended cooking / unsafe cooking practices	YES	NO	
	Alternative cooking means (BBQ's / camping stoves)	YES	NO	
Fire setting / fire behaviour	Is there evidence of previous fires? Guidance note 6	YES	NO	
	Is there any threat of arson?	YES	NO	
	Is there a risk of deliberate fire setting? Guidance Note 7	YES	NO	

RISK areas where YES OR NO is highlighted in **RED** 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 Hampshire and Isle of Wight Fire and Rescue Service should be submitted.

How to make referral for a Safe and Well Visit:

- For Hampshire, Portsmouth, Southampton and the Isle of Wight, please visit the HIWFRS website and complete the [online referral form](#)

Guidance Note 1 (smoke alarms)

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 (smoking)

An Individual Smoking Risk Assessment should be completed for all individual's identified as smoking. If an individual uses a vape consider the risk of charging.

Guidance Note 3 (air flow mattress)

Smoking in bed is a high risk activity which increases further when using an air flow mattress. If an air flow mattress becomes punctured, the pump works harder to keep the mattress inflated. Where the puncture is caused by an ignition source, the escaping air can cause the fire to increase in intensity and to spread quickly

Guidance Note 4 (emollient products)

Emollients are creams, sprays, and lotions that may contain paraffin or other products like butters and oils. Residue from emollient creams can build up on fabrics, such as clothing or bedding, and cause them to catch fire more easily. Washing fabrics does not entirely remove the residue build up, however washing at high temperatures can help to ensure build up is minimised. Smoking or being in a close vicinity to a naked flame (i.e. cooking) whilst using emollient cream significantly increases the risk of accidental ignition and rapid fire development and therefore appropriate risk mitigation actions must be adopted in these circumstances.

Guidance Note 5 (electrical safety)

Does the person plug an extension lead into another extension lead? Are wires exposed within cables? What items are plugged in? Are block adapters in use? Are second hand or replacement batteries or chargers in use? Do appliances meet British standards and safety regulations? Are there scorch marks on plugs or plug sockets?

Guidance Note 6 (previous fires)

Consider near misses such as cigarette burn marks and electrical scorch marks. Also consider if there is clear evidence of a previous fire such as a cooking fire.

Guidance Note 7 (deliberate fire setting)

Deliberate fire setting can be due to a person having a fascination and/or unhealthy interest in fire, or associated with self harm and suicidal thoughts.

APPENDIX 2

4LSAB INDIVIDUAL SMOKING RISK ASSESSMENT

NAME	D.O.B:
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Circle Yes or No Answers

Pre-Question

Smoking decisions		
Has the individual been offered advice and / or support about smoking cessation?	YES	NO

1. COGNITION AND CAPACITY			
1.1 Does the individual experience any cognitive impairment? If yes, please circle related impairment		YES	NO
Memory	Visual Processing	Body Awareness	Communication
No concordance with care and advice		Decision Making	Awareness of hazards
Other -			
1.2 Is the individual able to understand and communicate the fire risks associated with smoking?		YES	NO
1.3 Are there any concerns that the individual may lack the mental capacity to make an informed decision on any of the fire risks associated with smoking (e.g. not wearing a smoking apron or using fire retardant products; risk of ignition; ability to extinguish)?		YES	NO

2. COMMUNICATION

2.1 Does the individual have any identified communication impairment?

If yes, please circle related impairment

YES NO

Speech

Language

Sight

Hearing

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

Indoors

YES NO

Outdoors

YES NO

3. PHYSICAL ABILITY

3.1 Does the individual experience difficulties with balance when smoking?

If yes, please circle related impairment

Sitting

YES NO

Standing

YES NO

Moving

YES NO

3.2 Does the individual experience any involuntary or repetitive movements while smoking?

YES NO

3.3 Is the individual able to safely and securely hold a cigarette?

YES NO

4. SMOKING TECHNIQUE

4.1 Is the individual able to use a lighter safely to ignite a cigarette?

Observations outcomes – Please circle

• Holds lighter safely?

YES NO

• Can control lighter and flame?

YES NO

4.2 Can the individual safely control and manage a lit cigarette and when it is 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 individual prescribed oxygen (cylinder or concentrator)

YES **NO**

5.2 Does the individual use any paraffin; petroleum; butter or oil based creams (emollients) or ointments, sprays or oils (including lip balms)?

YES **NO**

5.3 Does the individual use sedatives, hypnotics, analgesics or psychiatric medications?

YES **NO**

5.4 Is the individual able to extinguish a cigarette safely?

YES **NO**

6. CLOTHING AND SOFT FURNISHING

6.1 Are there burn marks on individual's clothing / blankets etc

YES **NO**

6.2 Does the individual consent to wearing a smoking apron or using fire retardant blankets / throws?

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 individual smoking care plan / fire risk assessment

7.2 Smoking Supervision

Supervision must be considered for all residents within care and nursing homes or with care at home 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 safety and to minimise risk hazard(s). Agencies policies regarding staff being exposed to cigarette smoke must be followed.

Supervision Levels

(Circle chosen supervision level)

Level 1:	1 to 1 Supervision	Staff member to be in attendance at all times
Level 2:	Frequent	Staff member to observe resident frequently
Level 3:	Occasional	Staff member to check on occasions during every smoking episode

All issues agreed in 7.2 MUST be recorded in the individuals smoking care plan

8. FINAL DECISION

8.1 Risk of fire has been suitably reduced based on agreed level of supervision

YES **NO**

8.2 The agreed level of supervision is:

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

8.3 The individual has agreed to wear a smoking apron / utilise fire retardant blankets.

YES **NO**

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

AM:	PM:
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This is agreed in accordance to the current staffing levels at requested times of smoking

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

- 1. Assistance to light cigarette
- 2. Smoking materials to be stored safely by staff
- 3. To have smoking apron / fire retardant items applied
- 4. To hold / move a cigarette
- 5. To extinguish a cigarette
- 6. Assistance to be taken to designated smoking area (residential care only)

All issues agreed in 8.1, 8.2, 8.3, 8.4 and 8.5 MUST be recorded in the individuals smoking care plan.

8.6 Individual is assessed as safe (in regard to fire) to smoke at this time **YES** **NO**

8.7 Where a mental capacity assessment has been undertaken and it has been demonstrated that an individual lacks capacity to make or understand this decision and the associated risks and does not want to stop smoking at this time, a 'Best Interest Decision' must be made and recorded. This should include evidence of multi-disciplinary involvement whilst taking the residents choice into account and exploring alternative solutions (Please record in 'Best Interest Decision' section)

8.8 Evidence of discussion with individual/ family NOK / advocate of smoking risk and smoking risk assessment care plan. Include here a record of any discussion / agreement or disagreement with this risk assessment and the recommended mitigating actions.

Signature(s)	Name of individual / Relationship to individual	Date	Notes (If applicable)

RISK ASSESSMENT APPROVALS

Risk Assessor Signature	Job title	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		

'BEST INTEREST' DECISION

List of Attendees	Relationship to individual	Attendees Signature

List Discussion Points

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'Best Interest' Decision Made

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Chairs Signature

Date

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

Appendix 3

Fire Risk – Vulnerability Factors subject to continuous review		
Person	Behaviour	Environment
Older Person	Unsafe smoking practices	Overloaded electrical sockets
Frailty	Unsafe heating practices (open fire, candles, electric or oil heaters)	Living alone
Physical Health concerns	Concern for alcohol use	No smoke alarm present
Impaired Mobility	Concerns for substance use	Smoke alarm not present in high risk area
Mental Health concerns	Self-neglect	Smoke alarm not working
Cognitive Impairment (e.g. dementia, Learning disability)	Hoarding	Hoarding
Sensory Impairment	Lack of engagement with Services	Oxygen use
Unable to self evacuate	Expressing suicidal ideation and /or self-harming	Inability to raise an alarm
	Unsafe cooking practices	Evidence of previous fires
	Use of emollient products	Alternative or unsafe heating and cooking means (e.g. BBQs / camping stoves)
	Deliberate fire setting	

