

Fatal Fires in Surrey

Purpose of the report:

- To provide a report in relation to the recent fatal fires in Surrey.
- For consideration to be given as to the strategy that will need to be identified that will allow for additional prevention measures to be developed and expanded as necessary, in order for the increased risk of fires to be managed as the older population in Surrey increases
- To consider the recommendations made

1. Introduction:

- 1.1. Surrey Fire and Rescue Service produced a Fatal Fires Report in 2010 reporting on the number of deaths in Surrey caused as a result of a fire. It was identified that between the periods 2006-2010 there were 26 fire deaths where 23 of those deaths involved an adult at risk (vulnerable adult).
- 1.2. The Office of the Deputy Prime Minister report, (Economic Cost of Fire: Estimates for 2004), estimates the costs to the UK economy that can be associated to a fatal fire totals £1.4 million. Using this national figure, the cost in relation to the 26 fires occurring in Surrey during this period would have been approximately £36 million.

During this period SFRS attended 26 fires involving 26 deaths comprising:

- **16 Fire deaths in accidental dwelling fires**
- **4 Fire deaths in vehicle fires**
- **2 Fire deaths outside on common land fires**
- **2 Fire deaths were caused by a third party deliberate act with 2 people having been convicted of murder**
- **1 Fire death in other building fire**
- **1 Fire death outside in a private dwelling garden**

- 1.3. All 16 people who died in accidental dwelling fires did so in their own home.
- 1.4. Of the 16 people who died in accidental dwelling fires, 7 died from smoke inhalation, 4 died from burns and 5 died from burns and smoke inhalation.
- 1.5. At the time of the report the primary causes of these fires were identified as:

- **8 deaths involving smoking materials**
- **4 deaths involving ignition by naked flame**
- **1 death involving an electrical heater too close to combustible material**
- **1 death involving an electric blanket catching fire**
- **1 death involving tea light candles**
- **1 death remains under investigation**

1.6. **Underlying causes related to the fire and fire death**

All of the people had additional underlying issues of restricted mobility, mental health and or drug/alcohol misuse

Smoking – Of the 16 deaths, 8 were known to be smokers and the primary cause in 5 of these incidents was smoking related

Alcohol – In 7 of the 16 cases the person was to some degree under the influence of alcohol at the time of the fire

Mental Health – Of the 16 people who died, 11 were known to have had mental health and or depression issues. In 5 of the 16 deaths, the person had made previous attempts and or made threats to take their own life.

Smoke Alarms – Of the 16 people who died in accidental dwelling fires, 8 had single point smoke alarms fitted to the property.

- **3 of those did not work due to the lack of a battery**
- **1 mains operated detector fitted elsewhere in the property failed to operate**
- **2 (unknown if it raised the alarm or not)**
- **2 smoke alarms did raise the alarm**

1.7. From the information gained for this report it was identified that those at risk from a fire in their home fall into one or more categories of:

- **Over 60 years old**
- **Living alone**
- **Mental Health/dementia issues**
- **Smokers**
- **Mobility issues**
- **Drug and/or alcohol issues**

This is referred to as the 'High Risk Matrix'

2. Recent Fire Deaths in Surrey

2.1. Since 30th September 2011 and January 2012 there have been a further 6 fire deaths in Surrey.

Of these deaths:

- 1 death is currently being investigated under the Corporate Manslaughter and Homicide Act 2010 by Surrey Police Major Crime Team. SFRS are also conducting an investigation into Peverall Housing under the Fire Safety Order 2004
- 4 deaths are being investigated by SFRS
- 1 death was as a result of burns sustained when the persons trousers were caught alight whilst standing in front of a open fire

2.2. **ASC Involvement:**

- 1 person was self funding her care support but known to ASC through In Touch services
- 1 person was not known to ASC and was funding her own private care
- 4 were receiving a service funded by ASC

2.3. **Smoke Alarms**

- 1 was living in sheltered housing where a smoke alarm was fitted to a call system
- 4 had a single point smoke alarm fitted (an alarm not fitted to a monitoring centre)
- 1 had been referred by ASC to SRFS for a home fire risk assessment where 2 smoke alarms had recently been fitted

2.4 **Mental Health**

- 4 had a diagnosis of dementia/short term memory loss
- 1 had a diagnosis of depression and was reluctant to engage with services
- 1 was fully independent

2.5 **Causes of Fire**

- 1 died during a fire at the sheltered housing due to a television malfunction
- 1 died to accidentally catching her clothes alight
- 1 died due to the person setting fire to the DVD player instead of the gas fire
- 1 died by a desk lamp at the side of the bed falling onto combustible material
- 1 died due to an electric blanket fire
- 1 died due to clothing catching fire whilst standing too close to an open fire

2.6. **In terms of the 'High Risk Matrix' as described above, of the 6 people who have recently died:**

- 6 were over 60 years old
- 6 people were living alone
- 5 people had Mental Health/dementia issues
- 2 people were known smokers
- Drug and/or alcohol issues - unknown

3. Older People living in the Community - Demography (Source Surrey)

3.1. Fires in an ageing population (Surrey)

'Deaths and injuries from fire will rise in proportion to the increases in numbers of older people. Almost twice as many people over the age of 50 now die in dwelling fires in the UK each year compared to those under 50'. (Reference CFOA Ageing Safely)

3.2. As of 2012 and looking forward to 2032 the population increase in the older population is shown in the following charts (Source Surrey):

(All of the charts below are based on 2012 data and then increased by the percentage each year from the first chart)

General Older people population in Surrey showing projection increases

Age	2012	2017	2022	2027	2032
65 – 74 projected population	100800	112900	111000	117600	135600
75 – 85 projected population	67100	70700	83200	94400	94200
85 + projected population	31800	37400	44100	51700	65600
Projected Total OP population	199700	221000	238300	263700	295400

Older people known to Surrey Adult Social Care in 2012, with age group breakdown and projections:

Age	2012	2017	2022	2027	2032
65 – 74 projected population	2393	2680	2635	2792	3219
75 – 85 projected population	5103	5377	6327	7179	7164
85 + projected population	7190	8456	9971	11689	14832
Projected Total OP population	14235	16253	17525	19393	21725

The number of Older People in Surrey who are living alone showing projected increases

Age	2012	2017	2022	2027	2032
65 – 74 projected population	25500	28560	28080	29750	34303
75 + projected population	49590	54202	63832	73254	80127
Projected Total OP population	75090	82762	91912	103004	114430

3.3 Supported Living

There are currently approximately 5,372 older people living in either Extra Care Sheltered Housing Schemes in Surrey, Sheltered Housing schemes or supported living (excluding the private sector).

The above data and projections identify that in terms of:

- The rising numbers of the older person's population
- The rising numbers of the older person's population who will require services from ASC
- The rising numbers of older people who will be living alone
- The rising numbers of older people experiencing physical, sensory, mental health (including dementia) and substance misuse

That there will be a rise in the number of older people who are living in the community and will fall into the 'high risk matrix'.

- 3.4. This is an issue that SCC Adult Social Care and Surrey Fire and Rescue Service need to consider in relation to implementing an effective strategy, without which there is every likelihood that there will be a rise in fatal fires possibly matching the percentage rise in the population.
- 3.5. SCC should consider such a strategy that will allow for additional prevention measures to be developed and expanded as necessary in order for the increased risk of fires to be managed as this older population grows.

4. Interventions To Protect Adults At Risk (Vulnerable People)

- 4.1. There are a range of interventions and equipment that can reduce the risk of fire, fire related injuries and fire deaths.
- 4.2. The most effective of these is the fitting of domestic sprinklers to the property where the adult at risk (vulnerable person) is living, with the fire being controlled before the arrival of the fire service.
- 4.3. Research into past fatal fires and where people have been rescued from death in a fire, has shown that the most efficient and cost effective means of detecting the fire, raising the alarm inside the property and calling the emergency services leading to the rescue of the person, is a smoke alarm connected to a monitoring centre (i.e. Telcare).
- 4.4. When using an individual needs risk based approach, it is possible to make some generalisations and to give advice around the protection required.

These are:

- The general population under 60 will be better protected by correctly positioned single point smoke alarms.
- A percentage of the over 60's will be better protected by correctly positioned single point smoke alarms but may require additional protection in the future.
- A person in the vulnerable group highlighted in 1.7 of this document, will not be protected by correctly positioned single point smoke alarms and will require additional protection such as a telecare system with a linked smoke alarm. A

person with dementia should have the minimum of a telecare system with a linked smoke alarm.

- Whilst a telecare system with a linked smoke alarm greatly reduces the rise of a fire death it does not offer the same guarantee that is offered by a domestic sprinkler system.
- For maximum protection a person that is bedridden and smokes in bed would require a domestic sprinkler system and a telecare system.

4.5. With the minimum level of protection for every home being a working single point (domestic) Smoke Alarm on every floor of the property this would be seen as the starting point in protecting adults at risk (vulnerable people).

4.6. It should also be assessed if Smoke Alarms are sufficient to protect the adult at risk (vulnerable person) in case of fire, and consider the following questions:

- Will the person wake up?
- Will the person have the understanding of what the smoke alarm means?
- Will the person have the ability to react correctly to the smoke alarm?
- Will the person have the ability to escape from the property?
- Will the person be able to call the Fire Service?

4.7. This assessment can be as simple or as complicated as we wish to make, but as an example, an evaluation is that if 3 or more of the list can be ticked:

- Over 60 years of age
- Living alone
- Mental health
- Mobility issues
- Alcohol and drug dependency
- Smokers

Then a working single point Smoke Alarm on every floor of the property is likely not to save the adult at risk (vulnerable person) in the case of a fire. For this group of people there would need to be a higher level of protection, the higher the risk the more protection is required:

- Monitored System - where the smoke alarm is connected to a monitoring centre to ensure the alarm is raised and the Fire Service is called i.e. Telecare.
- Flame retardant bedding, furniture throws, night wear is required
- Flame retardant sprays for furniture
- Safety Ashtrays
- Fitted Domestic Sprinklers to extinguish the fire
- 24 hour care.

4.8. In applying the 'high risk matrix' in relation to those older people receiving a service from Adult Social Care (which can of course change as a person's needs increase):

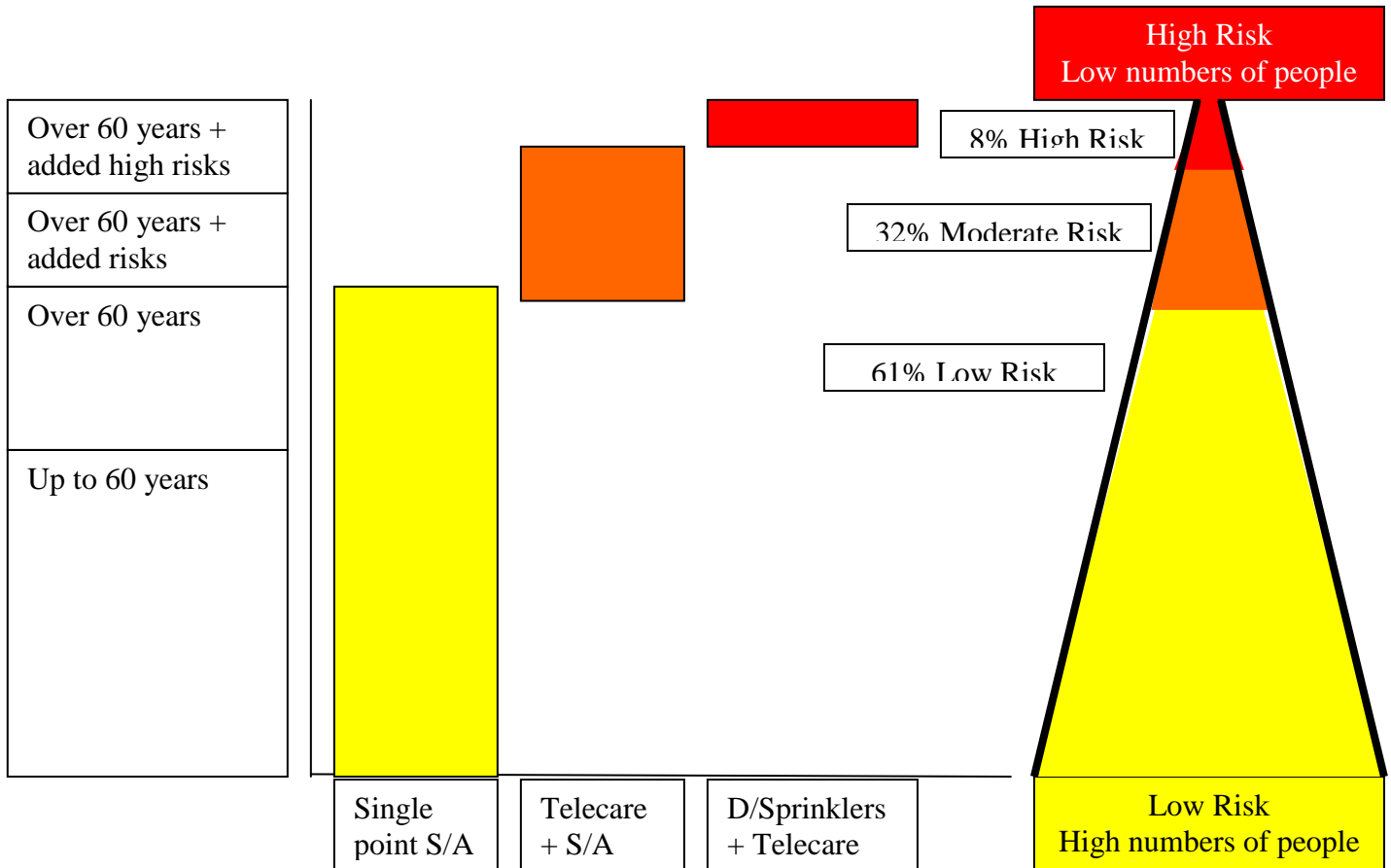
- 61% would be considered to be at LOW RISK in a fire situation (0 or 1 flag) = 8619 (61%)

- 32% would be considered to be at MODERATE RISK (2 flags) = 4497 (32%)
- 8 % would be considered to be at HIGH RISK (3 flags) = 1119 (8%)

4.9. Therefore, in the protection of adults at risk (vulnerable adult) consideration should be given to the following statement that:

The recommended minimum protection against the risk of fire is the supply of smoke detection in the property connected to a community alarm call centre (Telecare).

4.10. Minimum protection graph



5. Telecare

- 5.1. Telecare offers a very effective way of substantially reducing the risk of death or serious injury from fire for adults at risk (vulnerable people) living in the community.
- 5.2. A smoke detector that is part of a telecare system alerts both the occupants of a property and also the control centre, ensuring that help is on the way immediately irrespective of whether the occupants make their own escape.
- 5.3. Compared with the current single point smoke detectors that are widely fitted across the county, this is especially valuable if occupants are either unlikely to have heard the alarm, for example if they are heavily sedated perhaps following a recent hospital discharge or due to an ongoing medical condition, or are unable to

respond appropriately to the alarm because of dementia or are under the influence of drugs or alcohol.

- 5.4. A community alarm service has been offered in Surrey for many years, this comprises a pendant and an alarm unit that sends alerts to a control centre when the pendant is activated. It is the most basic form of telecare.
- 5.5. Almost all of these alarms can easily be upgraded to provide a range of sensors, most notably a smoke alarm.
- 5.6. There are currently some 13,000 people in Surrey with community alarms; however there are estimated to be only some 500 people with a linked smoke detector as part of their telecare service.
- 5.7. As these are provided by the boroughs and districts there is currently no data on how many of these match the 12,074 people living in the community who currently meet the Fair Access to Care Services (FACS) Critical or Substantial criteria.
- 5.8. The cost of a linked smoke detector is in the range £40-£47/unit depending on supplier and contract.
- 5.9. Typically they take 30 minutes to fit, including reasonable travel if fitting is scheduled by area. (For comparison a single point smoke detector costs £6 and takes a few minutes less to fit.)
- 5.10. For people in Surrey who meet the FACS criteria and who have an assessed need for telecare the cost of the equipment is legally required to be paid by Surrey County Council, irrespective of financial means (the service charge, covering alert monitoring and response is subject to a test of financial means).
- 5.11. A decision for example, to offer linked smoke alarms to all current community alarm users over the next year who meet the FACS criteria would therefore only represent an acceleration of expenditure that the council is already potentially liable for.
- 5.12. For people who are deaf there is already a range of alerting facilities (flashing lights, vibrating alarms, vibrating pillows) offered in the event of a networked smoke alarm being triggered.

6. Safeguarding

6.1. Memorandum of Understanding between the Surrey Safeguarding Adults Board and SFRS

Following SFRS completing an earlier Fatal Fires report in 2008 reporting on 16 fire deaths in Surrey during the period of 2006-2008, the report concluded that all of these people were adults at risk (vulnerable adults) and had been known to one or more agencies other than the Fire and Rescue Service. This report was presented to the Surrey Safeguarding Adults Board where it was agreed that a Memorandum of Understanding would be completed between the SSAB and SFRS. This was completed in October 2008.

- 6.2. The Memorandum of Understanding enabled Adult Social Care staff to be aware of, and able to recognise, the critical indicators and underlying factors that can put an individual at increased risk of fire. These indicators might often become apparent during FACS Assessments, Community Care Assessments/Self Supported Assessments, through the Care Programme Approach and within daily work with members of the public, service users or carers.
- 6.3. A referral process was agreed between the SFRS and ASC. This was and still is within the content of all levels of ASC Safeguarding Adults training.
- 6.4. Following the death of an adult at risk who died in a house fire in November 2008 Surrey Safeguarding Adults Board (SSAB) commissioned a Serious Case Review (SCR 002)
- 6.5. SCR 0002 died aged 81 years in a house fire at her home in Surrey in November 2008. The cause of the fire was a careless disposal of a cigarette, being dropped down the side of the armchair coming into contact with a tissue that started a slowly developing a smouldering fire.
- 6.6. She had lived alone since her husband died in 2006, and was supported by her family. She suffered from Chronic Obstructive Pulmonary Disease and mild to moderate dementia with the probable diagnosis of Alzheimer's. She had been known to both adult social care and the older people's mental health services since 2005.
- 6.7. A number of recommendations were made from the SCR, one of these being that the MOU between SFRS and the SSAB was reviewed and that the referral process was widened to be a truly multi agency referral system rather than a referral system between ASC and SFRS. The MOU was therefore revised in October 2010 to reflect this.

7. Multi Agency Risk Assessment Tool

- 7.1. Following a Serious Case Review commissioned by the SSAB (SCR CC), a recommendation was made that there was a need for ASC to have a risk assessment tool that was capable of receiving outcomes from other agencies specialist risk assessments. This multi agency risk assessment policy, guidance and tool is being launched in April 2012 and training is being provided across the County for all ASC Practitioners.

8. Adult Social Care

- 8.1. Staff working in Adult Social Care undertake Community Care Assessments on a daily basis working with adults who are at risk (vulnerable adults).
- 8.2. The assessment format has been revised during the past year to reflect the Personalisation agenda and provides assessments in the following:
 - **Contact Assessment**
 - **Self Supported Assessment**
 - **Specialist Assessment**

In all assessments there is an assessed domain in relation to Feeling and Keeping Safe that includes reference to smoke alarm, telecare/community alarm. As part of the ongoing revision of the assessments content, work is currently in place to make this section of the assessments more robust in terms of the detail of information.

- 8.3. In parallel with the above assessments will be the multi agency risk assessment tool as described earlier.
- 8.4. ASC Reablement services also have in place a risk assessment that includes reference to the risk of fire from smoking; open fires, cooking etc as well as reference to Telecare.

9. Home Based Care Providers

- 9.1. There are 164 independent home based care providers in Surrey providing support to individuals in their own homes. These providers offer support to all adults.
- 9.2. SCC has a framework agreement in place with 55 providers currently. This agreement expires on 13th April 2012.
- 9.3. The Home Based Care supplier base to SCC will reduce to 30 providers from 14th April 2012 when the new agreement comes into place.
- 9.4. Home Based Care Providers are one of a range of support available to individuals who are supported to remain at home by SCC.
- 9.5. Individuals may choose to have a direct payment and seek their own care and support through an agency not contracted to SCC or be supported by an individual they recruit directly.
- 9.6. People funding their own care can secure that support from any Care provider of their choice.
- 9.7. The Framework Agreement does not make any specific reference to Fire Safety in the home.
- 9.8. CQC require providers to undertake a Risk Assessment for each individual they support at home. This risk assessment should include a fire safety assessment.

10. Lessons Learnt from Rose Park

- 10.1. In January 2004, a fire occurred in Rosepark Care Home in Strathclyde that led to the death of 14 residents. The fatal accident inquiry (FAI) into the fire has raised a number of issues for the management of care homes.
- 10.2. The FAI report identifies a number of '**reasonable precautions**' which should have been taken, '**defective systems**' which were considered to have caused or contributed to the deaths and '**other factors**' which are relevant to the circumstances of the deaths.
- 10.3. Since the fire at Rosepark, fire safety legislation in England and Wales has been reviewed, clarified and consolidated into the Regulatory Reform (Fire Safety) Order 2005 (the FSO), which was introduced in October 2006. Under the FSO, those responsible for healthcare premises (i.e., the employer, owner or occupier, and others, to the extent that they may have control of the premises) are required to carry out a fire risk assessment and to implement and maintain suitable and sufficient fire protection measures to safeguard the lives of their staff and residents in the event of a fire.
- 10.4. **Issues arising from the FAI report - 'Reasonable Precautions'**
- It would have been a reasonable precaution for bedroom doors to have been fitted with devices to ensure they close automatically when the fire alarm is activated.
 - It would have been a reasonable precaution for bedroom doors to be fitted with smoke seals.
 - It would have been a reasonable precaution to minimise the storage of combustible waste, in particular aerosol canisters, in the cupboard containing electrical distribution equipment.
 - It would have been a reasonable precaution to ensure staff were provided with adequate training and drills.
 - It would have been a reasonable precaution to ensure the fire and rescue service were called immediately the fire alarm sounded.
 - It would have been a reasonable precaution to have in place a suitable and sufficient risk assessment.
- 10.5. **'Defective Systems'**
- *Maintenance of the electrical installation* – the report states that it would have been reasonable for there to have been in place a system of maintenance that involved regular visual inspections and periodic inspections in accordance with IEE Wiring Regulations, with appropriate record keeping. Had such arrangements been in place, the defect which led to the fire would have been identified, and the deaths may have been avoided.

- *Fire training and drills* – fire safety training and drills in the premises were deficient in that induction training was inadequate, there was no system of refresher training, training for night staff was particularly unsatisfactory, training did not take account of the particular responsibilities of staff, training in the use of portable fire fighting equipment was inadequate and drills were haphazard.
- *Management of fire safety* - a number of issues were raised in the FAI report relating to the management of fire safety.
- *Management of the construction process* – the defective system identified that the care home owner chose to manage the construction project himself at Rosepark; he did not have the experience expected of a main contractor or clerk of works.

10.6 'Other Factors'

- *Statutory responsibility for fire safety* – at the time of this fire, the Fire Precautions (Workplace) Regulations 1997 were in force, and inspection of premises was on a risk-based approach. At the time, the fire authority, in this particular case, was not inspecting care homes.
- *Checking of documentation* – Rosepark was subject to inspection by the HealthCare Commission (and previously the local Health Board). Fire safety was not seen as a priority, and the way in which fire safety was examined was unlikely to identify deficiencies in policies and procedures.
- *Assurance of the competence of fire risk assessors* – there is no statutory requirement regarding the qualifications of persons who undertake risk assessments. The Government has no plans to change legislation to make the use of registered and accredited people compulsory. **The responsibility for the fire risk assessment remains with the 'responsible person'.**

11. Surrey In-house Homes

11.1. SCC has a total of 13 Care homes, 7 homes for People with a Learning Disability (PLD) and 6 homes for Older People (OP), they are:

PLD Homes	Resident Capacity
Arundel House, Banstead-	18
Badgers wood, Ottershaw-	17
Hillside, Camberley	22
Coveham, Cobham	10
Langdown, Molesey	28
Mallow Crescent, Guildford	32
Rodney House, Walton on Thames	20
Total	147
OP Homes	
Dormers, Caterham	39
Park Hall, Reigate	40
Longfield, Cranleigh	35
Cobgates, Farnham	29

Pinehurst, Camberley	40
Brockhurst, Ottershaw	36
Total	229

- 11.2. Only one of the above homes is fitted with sprinklers and that is Pinehurst in Camberley. This was fitted to overcome other fire safety deficiencies at the home but sets precedence for SCC homes. For example if there were to be a fire in one of the other homes the question that may be asked is – why did this particular Home not have a sprinkler system when SCC fitted a sprinkler system to another?
- 11.3. Following on from the Rosepark incident and the recommendation from the FAI SCC should consider undertaking an audit all in house homes to assess compliance with the Regulatory Reform (Fire Safety) Order 2005 to ensure that the same tragedy could not happen in Surrey and that the lesson learnt at Rosepark are not ignored.
- 11.4. In addition to the above and that the fitting of sprinklers slows the development of any fire that occurs, greatly increases occupiers survival, extending the time for evacuation and minimising the damage to the building, it is Surrey Fire and Rescue Policy to recommend the fitting of sprinklers to all of SCC Care Homes.
- 11.5. As part of the ongoing support of ASC by SFRS, a number of meetings have taken place between ASC and SFRS discussing the fire protection requirements of SCC care homes and the use of Personal Emergency Evacuation Plans (PEEP's), this work is ongoing and additional meetings will be required.

12. Private Residential Homes and Nursing Homes

- 12.1. There are approximately 466 Independent Care Homes in Surrey supporting adults at risk (vulnerable adults).
- 12.2. SCC places individuals in the homes on a spot purchase basis. There are currently no contractual arrangements in place with the homes and SCC. The majority of places in care homes are taken up by individuals funding their own care.
- 12.3. Care homes sign up to SCC Terms and Conditions. These Terms and conditions are currently under review by procurement, commissioning and legal services and will be launched in April 2012. Service specifications relating to each service e.g. care homes, supported living, will be attached to the specification. They will be developed by commissioners and the service.
- 12.4. The Terms & Conditions will cover all commissioned services for adults.
- 12.5. The revised Terms & Conditions in their draft format do not have specific reference to fire safety embedded in the document.
- 12.6. NHS Surrey places people in nursing homes under NHS Continuing Care,
- 12.7. The Care Quality Commission regulate all care services and ensure they are compliant with The Essential Standards of Quality and Safety.

- 12.8. The ASC Quality Assurance Team in Surrey monitor the quality of the service using the domains of the Adult Social Care Outcomes Monitoring tool based on the experience of the user. Both include keeping people safe.
- 12.9. The learning from RosePark investigation must be shared with CQC Compliance Inspectors in Surrey and lessons learnt incorporated into monitoring of safety by both CQC and SCC.

Breakdown of Residential / Nursing / In House for Older People

Registered Setting	2012	2017	2022	2027	2032
Residential Care (including SCC In house)	1449	1604	1729	1920	2143
(of which: In house)	(160)	(177)	(191)	(212)	(237)
Nursing Care	1163	1170	1388	1541	1720
Projected Total OP population	2612	2774	3117	3461	3863

13. Recommendations		Action by
1.	Revise the MOU between SFRS and SSAB to ensure that SFRS and ASC share information in relation to registered services that are non compliant in relation to fire safety	SSAB/SFRS/ASC
2.	Revise the content of the domain within the Self Directed Support Contact Assessment, Self Supported Assessment and Specialist assessment in relation to 'Keeping and feeling safe' to ensure that this is robust in relation to smoke alarm, telecare, open fires and risk assessment	ASC Transformation/PC&S
3.	Within ASC risk assessments 'fire risk and safety' is assessed in the context of a person being able to respond to a fire taking into account a person's mental health or medical issues that might impact in the event of a fire	ASC risk management training - ongoing ASC Launch of revised risk assessment tool (April 2012)
4.	Ensure that the Surrey telecare referral form clearly identifies people who are at 'high risk' (within the context of the 'high risk matrix') of a fatal fire to encourage appropriate smoke alarm fitting on initial telecare installation	Telecare Project
5.	Ensure all borough and district telecare staff, and the recently-recruited council telecare installers, are fully aware of the importance of installing smoke detectors for high risk users	Telecare Project
6.	Review all people receiving a service from ASC assessed as High or Moderate(as defined in high risk matrix)	ASCTelecare Project <i>Note: should this recommendation be agreed to cover both Moderate and High</i>

	<p>to assess for telecare including a smoke detector where there is currently no telecare in place, and of upgrading an existing community alarm to incorporate a smoke detector (High being given first priority).</p> <p>(Making the most conservative assumptions, the maximum cost of this recommendation would be the bringing forward of an existing liability as described earlier).</p> <p><i>Please note that the data available for this report does not permit an accurate costing at this time)</i></p>	<p><i>risk people, it will take a significant time period to complete in view of the numbers involved</i></p>
7.	<p>In considering financing recommendation 6, SFRS does have a ring fenced provision supplied by SCC for fitting single point smoke detectors, which at present does not include any financing of telecare smoke alarms.</p>	<p>SFRS/Telecare Project</p>
8.	<p>All other community alarm/telecare users that do not have a networked smoke detector to be contacted in writing recommending that they upgrade because of the improved security offered</p>	<p>Telecare Project</p>
9.	<p>Check that the referral process for the telecare with smoke detector service from SFRS to the districts and boroughs is working well by tracing 50 recent referrals.</p>	<p>Telecare Project</p>
10.	<p>Develop an 'instant telecare' service involving pendant and smoke detector using a battery-operated wireless alarm unit that can be installed very quickly with a very short notification period for hospital discharges"</p>	<p>Telecare Project</p>
11.	<p>Ensure the SCC property stock is constructed and maintained with the correct level of fire stopping with smoke seals and intumescent strips fitted to all relevant doors</p>	<p>SFRS/ SCC Service Delivery</p>
12.	<p>Ensure Staff training is current and has an assessment process to ensure competency of staff</p>	<p>SFRS/SCC Service Delivery</p>
13.	<p>Ensure staff training is updated when information is updated or changed</p>	<p>SCC Service Delivery</p>
14.	<p>Ensure laminated cards with 999 call details by all phones</p>	<p>SCC Service Delivery</p>
15.	<p>Ensure risk assessment and inspection process ensures safe systems of work that does not rely on only passive fire</p>	<p>SCC Service Delivery</p>

	safety measures	
16.	Ensure all fire door are used correctly and are closed at night	SCC Service Delivery
17.	Ensure Personal Emergency Evacuation Plans (PEEP) are completed for all residents	SCC Service Delivery
18.	Consider whether to fit sprinklers to all existing and new build SCC care homes	SCC/SFRS
19.	Consider whether to fit sprinklers to a person home where assessed to be at high risk	SCC ASC /SRFS
20.	Ensure that staffing/cover arrangements, particularly at night, match the risk of the home and the needs of the residents (mindful of an evacuation at night)	SCC Service Delivery
21.	Ensure that the fire risk assessment include the prevention of fire	SCC Service Delivery
22.	Framework Agreements to be amended to incorporate reference to assessing fire safety within the home and referring to Surrey Fire and Rescue Service for a full assessment.	ASC Commissioning
23.	Practitioners should consider fire safety as part of their initial Risk Assessment during the SDS process and this should be shared with Domiciliary Care Providers and be built on to meet CQC compliance and SCC Contractual requirements.	ASC PC&S, Commissioning
24.	The Quality Assurance Team in Surrey to incorporate a Fire Safety check within the annual Quality Monitoring of those providers on the SCC Home Based Care Framework Agreement.	ASC Commissioning, Procurement
25.	Fire Safety Awareness should be promoted to those individuals purchasing their own support at every opportunity by SCC Communication Strategy. (covering Surrey Information Point, Hubs.	SFRS, ASC, PC&S (including In touch services)
26.	Advice and Guidance is provided through SCC website and Surrey Information Point to advise on fire safety both in care homes and for people supported in their own homes.	ASC Communications and Stakeholder Manager/SFRS
26.	Request that specific legislation and advice from SFRS to be embedded in the revised Framework Agreement for	SFRS/Commissioning/Procurement

	Care Homes.	
27.	Link to be made with NHS Surrey to promote and monitor lessons learnt from Rose Park and SFRS Fatal Fires Report to care homes they place people in receipt of Continuing Health Care.	SFRS/Commissioning/Safeguarding
28.	MOU developed with CQC, Quality Assurance and Safeguarding will be the conduit for taking and monitoring the learning from Rose Park and SFRS Fatal Fires Report.	CQC, Commissioning and Safeguarding
29.	SFRS will support the Quality Assurance Team in Surrey to monitor Fire Safety in relation to staff training and lessons learnt by developing a checklist.	SFRS, Commissioning, ASC Learning and Development
30.	Learning from the Rose Park and SFRS Fatal Fires Report should be used as the basis for training staff and providers in Surrey to ensure every possible risk is assessed in relation to fire safety.	SSAB – Lessons learnt
31.	SCC to work actively with Surrey Care Association to ensure appropriate Fire Safety training for all registered providers in Surrey	ASC Commissioning, Surrey Care Association
32.	SFRS and SCC to re-launch, with a marketing strategy, the working practices and services supplied under the SFRS and ASC MOU to increase the fire protection of vulnerable adults living in the community	SFRS and ASC Communications
33.	SFRS to develop an older persons strategy and a sprinkler strategy to meet the needs of the rising older persons population	SFRS – please note that this work is currently being developed

Report completed by:

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Sources/background papers:

1. ***Ageing Safely - Protecting an Ageing Population from the risk of fire in the Home – CFOA***
2. ***Rosepark Care Home – An examination of the Facts – Strathclyde Fire and Rescue, 20th April 2011***

3. ***Older People Population in Surrey – Surrey***
4. ***Fatal Fires 2006-2010, SFRS***
5. ***Surrey Safeguarding Adults Board, Serious Case Review re 002 and CC***