Barnet Safeguarding Adults Board

Recognising and responding to fire risks for those with care and support needs

Audit tool to assist organisational self-assessment and audit of cases identified from LBB's ASC, Whittington hospital, Community Mental Health Teams, Probation and CCG's CHC clients.

Name of adult at risk:	Ratings:			
Mosaic/Rio:	Exceeded	Met	Partially Met	Not Met
Team undertaking enquiry:	3	2	1	0
Date of Audit:	Please score each qu	ality measure out 0-3		
Auditors Name/s:				

Overview

Date	Event/Concern re fire safety	Action taken	Outcome			

Summary of risk

Risk indicator	Smoker	Reduced mobility	Use of emollient creams	Behaviour/Psychological or emotional needs	Alcohol or drug misuse	Hoarding	Self - neglect
Level of need/risk							
High/medium/low							

Area	Quality Measure	Prompts	Evidence collected	Rating
1.Training	Given organisational responsibility to commission training and check compliance with good practice standards, do staff have regular mandatory fire safety awareness training to ensure they can identify fire risks in the homes they visit or premises in which they work?	Do staff have training arrangements and does it include fire safety training? What training is it, who provides it and how is it recorded? How regular is the training? Is this limited to an initial induction course at the start of employment or is there an annual refresher incorporated into the L&D plan? What is the take up of the training? How many people within the organization have completed the training? Again, what records are there of this?		
	Is there any evidence that the learning in fire safety is being understood and applied?	What is the level of referrals to the LFB? Is there any evidence that the number of cases involving a fire risk has increased since undertaking the training? (Evidence in the next section can contribute to this) Have referrals been made to other organisations such as Utilities?		

Area	Quality Measure	Prompts	Evidence collected	Rating
2. Risk assessment	Where informal carers' (i.e. parent, spouse, other family member) have concerns, are these understood and used to review/ triage level of risk	What evidence is available to show: When staff carry out an assessment/ review care needs or housing plan are family members consulted and asked views regarding fire risks, how are these considered and used to weigh up risk or determine any need for intervention? Are legal obligations under s2 Care Act or, where there is a foreseeable risk of harm under s42 Care Act, considered? Are fire risks considered when: - discharged from hospital? - assessing or agreeing care/ treatment plans with adults experiencing mental ill health? Is there any records of cases being referred to the LFB or via a multi-agency risk management pathway? (see also area 5 Multi agency working)		
	Is there evidence that staff actively considered fire risk? Was a person-centred fire risk assessment checklist completed (<u>https://www.london-</u> <u>fire.gov.uk/media/5099/london-</u> <u>fire-</u> <u>brigade_person_centred_fire_ris</u> <u>k_assessment_checklist.pdf</u>)	Mental Capacity Act 2005- decisions are clear in respect of the practitioner's duty to consider capacity/ vulnerability. Information was correctly shared with relevant professionals and the person/ carers. Information sharing is proportionate and is in line with GDPR/ data protection guidance. Did practitioners recognise risk indicators and make 'reasonable adjustments' in line with Equality Act duties?		

Area	Quality Measure	Prompts	Evidence collected	Rating
	Were all immediate risks (to health and from fire) identified and addressed?	Was hoarding and Self-Neglect identified as a risk? Are partners aware of the Hoarding and self neglect protocol and if so was the Protocol followed? If there was a risk of smoking, was cessation support provided? If so what? GP referral, use of vapes, patches etc. Risk assessment updated throughout the safeguarding process Risk assessment is specific to the adult and, where appropriate, was the person involved in their own risk planning? Clear risks identified and each risk is graded separately. Was the adult supported to understand risk and enabled to take decisions about the risk, were appropriate.		
	Were the safety of other persons within the premises or neighbours considered as part of the risk assessment?	If there was a fire or environmental risk, did practitioners recognise how the risk impacted on the safety and wellbeing of others within the premise or care setting? Was the adult informed of their responsibilities to reduce risk and, if high risks remain, were concerns escalated?		

Area	Quality Measure	Prompts	Evidence collected	Rating
	Is there evidence that the agency	Was it clear what the safeguarding		
	planned their response to any	concern(s) were?		
	on-going safeguarding concern?	Was the concern escalated appropriately,		
		within agreed timescales and referred to		
		other multi agency partners? If not why not.		
		Is it recorded/ is there evidence they were		
		aware who the SAM/ Enquiry/Lead Officer		
		was?		
		Are the actions needing to be taken clearly		
		recorded with timescales and names of who		
		will complete them?		
	Were other options considered if	Is there evidence that assisted living		
	the adult at risk refused help and	technology or personal protective systems		
	the risk of serious harm or fire	were considered? See NFCC guidance at		
	remained?	https://www.nationalfirechiefs.org.uk/write		
		/MediaUploads/NFCC%20meetings/2020/Se		
		ptember/Item 04 - Appendix 1a -		
		Person Centred Framework -		
		<u>Core Components of the HFSV.pdf</u>		
		Were other avenues explored such as using clauses in tenancy agreements or smoking		
		cessation advice?		
	Were practitioners supported to	Is there evidence of managerial oversight of		
	ensure decisions regarding the	discussions and decisions re housing options,		
	person's 'ability to understand'	care provision or fire risk control measures?		
	risk were actioned?	Was there adequate reflection as to whether		
		risk justified referral to a multi agency risk		
		pathway/ s42 strategy discussion?		
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Area	Quality Measure	Prompts	Evidence collected	Rating
3. Support for practitioners	Person empowered and supported to achieve their desired outcome	Did practitioners liaise with family and carers throughout the process? Do records reflect that the adult has been asked what outcome they want from the process i.e., Making Safeguarding Personal? Where the outcome is not achievable, is there evidence that the adult has been supported to achieve a negotiable outcome or informed why this is not achievable? To what extent were equality and diversity issues considered? Adults consent and wishes (own voice)		
4. Support for the adult at risk and family	Adult at risk involved in the safeguarding enquiry and where appropriate an advocate instructed	recorded throughout the enquiry If criteria for advocate is met, has an advocate has been instructed. Evidence of adults and or their representatives being included in review meetings when appropriate. Views of the adult are used to inform actions taken.		
	Safeguarding plan proportionate and personalised to adult	Was an interim safeguarding plan put in place? Did the Safeguarding Plan include general preventative measures? Is there evidence of signposting to helpful and supportive community services/facilities/ other agencies? Was a longer-term safeguarding plan negotiated in line with the adult's wishes where appropriate? Was this plan reviewed?		

Area	Quality Measure	Prompts	Evidence collected	Rating
5. Multi agency working	Was there evidence of quality and depth of multi-agency working and decision-making with other relevant agencies?	Was information shared appropriately between agencies including face to face or telephone discussions? In multi-agency working, is the referral process clear? Is one agency identified as the lead coordinator? Was the referring agency invited to strategy discussions/ meetings? If so, did they attend? If not- what were the reasons for non-attendance? Were all relevant people involved? If not- explain reasons why not.		
6.Commissioni ng	Are commissioners and contract managers familiar with standards of fire safety. apply to commissioning or agreeing terms of contracts or services	What arrangements or training are in place to show this? Is fire prevention and staff training on fire safety at home risk assessment incorporated into tenders and contracts? Provide or see evidence of this.		
	Is fire safety considered when reviewing the standards within commissioned services such as supported living or care providers?	Is it reviewed and updated on a regular basis? If so, what timescales i.e., annually? Is there any evidence available to show these reviews are done? Are standards included in out of borough placement and within the provider concern protocol?		

Area	Quality Measure	Prompts	Evidence collected	Rating
	Do the services commissioned provide a successful outcome(s)	Are there any examples of the commissioned service providing a successful outcome to identify <u>and address</u> fire risks? If not, why not? See Audit area 7 – Outcome below to help determine		
7.Outcome	Clear outcome at closure: for adult at risk	Adult's views are recorded Was the risk assessment used to inform the safeguarding plan? Are there any examples of successful solutions of addressing hoarding, self- neglect or smoking cessation? Was the Safeguarding plan monitored and followed? Was it reviewed where this was appropriate? Was the outcome or plan successful in reducing or eliminating the risk? If not, what were the barriers to not achieving a successful outcome?		
	Additional comments on the quality of the safeguarding work/ other.			