

Recognising and Managing Fire Risk for Vulnerable Adults

The majority of people who die or are seriously injured in fires have common vulnerabilities and risk factors. They are often known to service providers and agencies.

Dementia, learning disabilities, reduced mobility, and a range of healthcare equipment can increase the risks from fire and make it much harder for someone to protect themselves from it.

[Click here for specialist guidance from the London Fire Brigade provide specialist guidance.](#)

Professionals providing support of any kind must be alert to the risks and take prompt action to manage the risks wherever possible. This is relevant in people's own homes, and in care homes, extra-care and supported housing, and day centres.

Included in this briefing:

- Best Practice Tips
- Learning from Safeguarding Adults Reviews about Fatal Fires
- Indicators of Fire Risk
- Specialist Healthcare Equipment
- Hoarding and Fire Risk
- Telecare
- Legal Powers to Manage Risks in a Person's Home

If you're concerned about unmanaged fire risk in someone's home, take steps to manage the risks. Where a vulnerable person does not consent to reducing the risk make a safeguarding referral with or without consent. Unmanaged fire risk is a safeguarding concern.

Key Messages

- Use the [London Fire Brigade Online Home Fire Safety Checker](#) to assess fire risk. You can do it from a computer or your phone. Always think about public safety too, incl other vulnerable people.
- Report any fire safety concerns to your line manager and take urgent action to manage and reduce risks. [Share your concerns](#) with others involved in the person's care.
- Fire risk is a public and environmental safety matter. There are legal mechanisms available to landlords and the local authority to enforce necessary safety measures without consent.
- Fire risk often needs to be managed by different agencies and professionals working together. Do not try to solve a difficult situation on your own. Safeguarding enquiries concerning fire risk should ALWAYS be multiagency.
- If there are fire safety concerns about a care home/extra-care/day centre/hospital you should alert the [LFB Regulatory Fire Safety Team](#). They can inspect the premises and enforce compliance with [Regulatory Reform \(Fire Safety\) Order 2005](#).
- If a person is reluctant to reduce fire risk in their home, give careful consideration to [mental capacity](#), and engage in frank discussion and challenge. Consider their executive capacity and seek support from someone with more experience and confidence in mental capacity assessments if you are unsure.

Learning from Safeguarding Adults Reviews



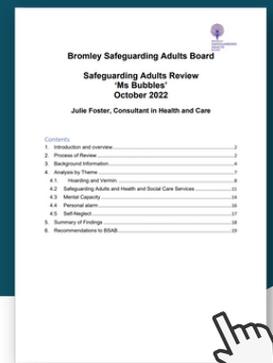
Safeguarding Adults Reviews (SARs) are undertaken when an adult has died as a result of abuse, neglect, or self neglect, or suffered serious harm, and where safeguarding partners could have worked together more effectively to safeguard them.

Mrs. Bubbles SAR, London Borough of Bromley

Mrs. Bubbles sadly died in a fire at her home caused by rodents damaging electrical wiring. This was the second fire in her home. She had a longstanding tendency to hoard and self-neglect.

The SAR highlights a number of missed opportunities to safeguard her:

- Lack of partnership working - partners did not work together to assess and manage risk.
- A Safeguarding Enquiry (section 42 Care Act) was not used to bring professionals together to establish facts and a safeguarding plan. Her self-neglect was not recognised as a safeguarding concern.
- The fire risks posed by rodents and hoarding were not understood by most professionals.
- Her mental capacity was assumed when it should have been thoroughly assessed, because she was repeatedly making decisions which put her at risk.
- Legal levers and practical interventions available under environmental health law and powers were not used.



Thematic SAR Learning from Fatal Fire Deaths, Kensington & Chelsea and Westminster.



Mr C was an 85-year-old man who lived in an extra-care housing scheme who died following a fire in his flat which was likely to have been caused by dropping a match whilst smoking. He regularly used emollient creams, which can ignite in the presence of a heat source and also increase the speed and intensity of a fire.

Mr D died at the age of 61 following a fire in his privately rented flat. The most probable cause of the fire was unsafe use or disposal of smoking materials whilst in bed.

Both men had experienced a decline in their physical functioning in the recent months prior to their deaths but the impact of their deterioration on fire risk was not considered.

Key Learning Points

- Where someone puts themselves at risk of serious harm their mental capacity to make related decisions eg, whether and where to smoke, should be assessed.
- It is important to consider a person's 'executive capacity' i.e., their ability to follow through on a decision they have made.
- Fire risk assessment should be reviewed after a change in need, such as discharge from hospital or physical deterioration. The Home Fire Safety Checker or the Checklist for Person Centred Fire Risk could be used.
- Once fire risk is identified it is important to take action to manage that risk.
- Safeguarding partners need to share information and work together to assess and manage risk.
- The rights and freedoms of care home/extra-care residents to choose to smoke should be balanced with the risks of fire to fellow residents. This requires careful risk management strategies and frank open discussion about risks.

Identifying Fire Risk

If you notice these risk indicators when you are assessing or supporting someone, you need to take prompt action to further assess and reduce fire risk:

- Burn marks on carpets, furniture and clothing
- Any history of fire or near misses
- Rodent infestation - rodents can damage electrical wiring and cause fires
- Faulty wiring
- Mobility Scooter or e-scooter charging indoors
- Exits from the property restricted in any way

Behavioural and personal issues that can increase risk

- Substance misuse
- Hoarding
- Leaving pots and pans unattended or leaving the hob on after cooking
- Cognitive impairment/dementia
- Smoking
- Leaving candles on unstable surfaces or too close to furniture/fabrics/people
- Leaving things such as plastic kettles and tea towels on or too near the hob
- Using heaters to dry clothes
- Presence of specialist healthcare equipment that can increase the risk, including air flow mattress, incontinence products, oxygen therapy, emollient creams
- Placing heaters too close to furniture or too close to where a person is sitting or sleeping



The London Fire Brigade has produced a video guide for anyone providing a caring role or those in support services such as health professionals or social workers to help you:

- Recognise people who are at risk of having a fire
- Identify key high risk factors
- Know what actions can reduce these risks
- Understand what to do in the event of a fire

There is a simple registration form to complete to access the video for free.

London Fire Briagde Home Fire Safety Checker

There is a new online home fire safety checker which can be used by professionals to assess fire risk in any property. The checker is easy to use and gives expert advice and guidance for each question.

If answers indicate a need for a home fire safety visit by the LFB, the checker will explain how to set it up. Home visits by the LFB are consent based. During a home fire safety visit LFB can provide equipment and expert fire safety assessment to those people at increased risk.

If you're concerned about unmanaged fire risk in someone's home, and someone does not consent to LFB help, think about working with friends and family who can gain access to ensure smoke alarms can be fitted and exit routes can be cleared. If the risk is still unmanaged, and the adult has care and support needs, make a safeguarding referral even if the person does not consent.

What About Care Homes and Extra-Care Accommodation?

If a person lives in a care home, the LFB do NOT need consent to assess and manage fire risk. Contact the local Regulatory Fire Safety Team FSDBrentEalHHH@london-fire.gov.uk. Explain your contact details, and relationship to the individual, the specific premises address, including postcode, and the fire safety concern. If it is an emergency call 999.

Specialist Healthcare Equipment

Emollient and Other Skin Creams

Emollient and skin creams are an important and effective treatment used to prevent or treat dry skin conditions like eczema and psoriasis. They come in a variety of forms: creams, lotions, ointments, gels or sprays. They can also include soap alternatives. They may be water-based, contain paraffin or natural oils. All cover the skin with a protective film to reduce water loss.



Emollient/skin cream residue on fabrics such as bedding, clothing and dressings can increase flammability, even from just one application. Emollients and skin creams are especially a fire safety concern when used by people who spend extended periods in a bed or armchair due to illness or impaired mobility.

Incontinence Products

These are often supplied in large quantities to people who have continence problems. They contain plastics and other chemicals, in addition to paper or textile padding, which provide additional fuel to a developing fire.

Never smoke or allow others to smoke close to stored incontinence products.

Always store incontinence products safely away from anything that has a flame or is likely to get hot, for example heaters, candles, fires, chargers and other electrical appliances. Try not to store the supplies all in one place – ideally not next to the person's bed or chair



Air Flow Pressure Relieving Equipment

These mattresses are used for the prevention and treatment of pressure ulcers that can be caused by extended periods of immobility. The mattress is filled with air by a pump which adjusts pressure according to the patient's needs.

When punctured by any heat source (e.g. a cigarette or match) the escaping air can cause a fire to spread rapidly. The emergency back up battery may also continue to pump air, which can cause the fire to burn longer and with greater intensity.

Never smoke near an airflow mattress, nor let a person smoke in bed. Keep ignition sources away from airflow mattresses. Never use an electric blanket on an airflow mattress.

Ensure that electrical equipment is well maintained and kept a safe distance from airflow mattresses. Keep fires and heaters away from airflow mattresses. Never charge electrical items or place anything hot on an airflow mattress.



Oxygen Therapy

Used by people with severe respiratory conditions, oxygen therapy provides air that contains more oxygen than normal. Specialist equipment is used to pipe medical oxygen through either a nasal cannula or face mask to the patient.

The addition of concentrated oxygen into the room or surrounding environment will greatly increase the intensity of a fire should one start. Smoking or the use of any naked flames (such as candles, fires and cooking) anywhere near oxygen is extremely dangerous and increases the risk of significant injury in the event of a fire.



Hoarding

Hoarding is where someone acquires an excessive number of items, which can result in unmanageable amounts of clutter. Hoarding can be a form of self-neglect, requiring a safeguarding response. Hoarded materials can easily catch alight if they come into contact with heat sources such as overloaded extension leads, the kitchen hob or naked flames like candles or cigarettes. Because of the amount of potentially combustible possessions, fires will also spread much faster and grow bigger than in a non-hoarded property.

Hoarding is considered a significant problem if:

- the amount of clutter interferes with everyday living
- the clutter is causing significant distress or negatively affecting the quality of life of the person or their family

Hoarding can pose a number of risks professionals should be mindful of:

- Increased **risk of fires** and increased intensity and speed of fires
- Risk of people being crushed by falling objects
- Increased risk of trips and falls because of obstacles
- Filthy and verminous homes pose increased risk of diseases, to individuals and the community around them
- Rodent infestations can be more likely in hoarded properties and this increases the risk of fire
- Hoarding can make escape and rescue harder
- Increases risk to fire crews

A good risk assessment, which sometimes requires specialist input from social care, housing, environmental health, the London Fire Brigade and mental health colleagues, is important and should help shape the support that is given to people who hoard.

Hoarding Resource - Clutter Image Rating Tool



The International OCD Foundation have produced a widely used and helpful resource to aid communications between professionals and to support assessment of hoarding concerns. This tool should be routinely used by professionals to support their assessment and communication with other professionals about hoarding concerns.

If you make a safeguarding referral about hoarding, always provide a clutter image rating using the tool.

The London Fire Brigade have produced this video to provide expert advice and information about fire risks associated with hoarding. Click to watch.



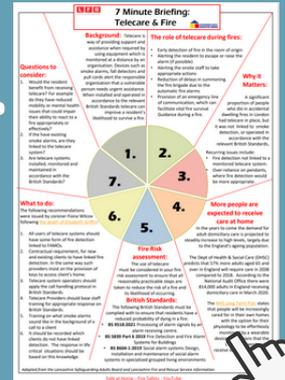
Telecare - how it can help manage fire risk

Telecare is way of providing support and assistance by using equipment monitored remotely. Devices such as smoke alarms, fall detectors and pull cords alert the responsible organisation that a vulnerable person needs urgent assistance. Referrals for telecare can be made on the [council website](#).

In response to recurrent themes in fatal fires for people using telecare, the London Fire Brigade published a 7-Minute Briefing about the importance of telecare in reducing the risk of fatalities.

The role of telecare during fires:

- Early detection of fire
- Alerting the resident to escape or raise the alarm (if possible)
- Alerting any onsite staff to take appropriate actions
- Reduction of delays in summoning the fire brigade, using automatic fire alarms
- Provision of an emergency line of communication, which can facilitate vital fire survival guidance during a fire.



A significant proportion of people who die in accidental dwelling fires in London had telecare in place. The LFB report recurring issues in fatal fires for people with telecare services including:

- Fire detection not linked to a monitored telecare system.
- Over-reliance on pendants, where fire detection would be more appropriate
- Telecare not consistently installed, monitored or maintained in line with relevant British Standards.
- Equipment not always in the most appropriate place and this impacts effectiveness.

The Mrs. Bubbles SAR highlights that mains power failure alerts for telecare systems must be dealt with promptly and thoroughly. It is important that such power concerns are flagged to Careline quickly. Not all residents with telecare are able to recognise or respond to a problem with their telecare equipment.

Legal Powers to Manage Risks in a Person's Home - Partnership Working is Key

Where there is unmanaged fire risk affecting someone with known or suspected care and support needs it is important to work in partnership with relevant professionals, including adult social care, health services and environmental health and housing professionals.

Safeguarding Enquiries, led by adult social care, where hoarding, rodent infestation or other fire risk issue is of concern, should include environmental health and/or housing professionals to pool knowledge and expertise.

The Environmental Protection Act 1990 can provide powers to manage fire risks, and other environmental risks, even when someone refuses help. Homes in conditions that pose a risk to health, may amount to a "statutory nuisances", for example, where there is hoarding, rodent infestation, or structural defects. Where they are granted authority by a court, the local authority has the power to enter premises to inspect and remedy statutory nuisances against the wishes of the resident. There are also powers held by landlords to remedy such dangers.

To persuade a court to grant a power of entry to someone's home, safeguarding partners such as social workers, health professionals and environmental health/housing officers need to work jointly to explore all avenues, and ensure that sufficient evidence of risk is gathered, along with evidence that there are no less intrusive strategies available to reduce risk. This cannot be done by any one agency in isolation. It must be a collaborative effort.

Enforcement Help by Tenure - involve the relevant team in safeguarding enquiries

Owner occupied or privately rented → LBH Street Scene Enforcement Team → ssetmailbox@hillingdon.gov.uk

Council property (excl leaseholders) → LBH Housing Services → Tenancymanagement@hillingdon.gov.uk

Housing Association → Raise direct with Housing Association → Escalate to LBH Street Scene Enforcement Team if no response