

REGULATORY REFORM (FIRE SAFETY) ORDER 2005

PERIODIC REVIEW OF FIRE RISK ASSESSMENT

Responsible person (e.g. employer) or person having control of the premises: *Graham Care Group*

Address of premises: *Cornford House Nursing Home
Cornford Lane
PEMBURY
Kent
TN2 4QS*

Tel: *018 9282 0100*

Person(s) consulted: *Mrs A Howe (Registered Manager)
Mr P Morphew (Maintenance)*

Assessor: *Steve Woodford GFireE MIFPO MCMI
Institution of Fire Engineers
Registered Assessor.*

Date of this fire risk assessment review: *15 December 2014*

Date of last fire risk assessment review: *22 March 2013*

Date of previous fire risk assessment: *< >*

Suggested date for review⁹⁾: *15 December 2015*

The purpose of this report is to provide an assessment of the risk to life from fire in these buildings, and, where appropriate, to make recommendations to ensure compliance with fire safety legislation. The report does not address the risk to property or business continuity from fire.

⁹⁾ The original fire risk assessment should be reviewed again by a competent person by the date indicated above or at such earlier time as there is reason to suspect that it is no longer valid or if there has been a significant change in the matters to which it relates, or if a fire occurs.

GENERAL INFORMATION

1. Significant changes identified since the time of the previous fire risk assessment in respect of:
 - 1.1 The premises:
None.
 - 1.2 The occupancy:
None.
 - 1.3 The occupants (including occupants especially at risk from fire):
No change.
Residents: Registered – 80 (eighty)
Staff: Day - 30 (thirty) Night – 9 (Nine)
 - 1.4 Fire loss experience:
None.
 - 1.5 Application of fire safety legislation:
The Regulatory Reform (Fire Safety) Order 2005 enforced by Kent Fire and Rescue Service.
 - 1.6 Other relevant information:
Premises registered under Health and Social Care Act 2008 enforced by Care Quality Commission.

FIRE HAZARDS AND THEIR ELIMINATION OR CONTROL

2. Significant changes in measures to prevent fire since the time of the fire risk assessment:
None necessary since previous risk assessment.

3.1 Are there adequate measures to prevent fire? Yes No

3.2 Comments and hazards observed:

Mains electrical installation – June 2012.

Recommended full inspection and test is carried out by a competent electrical engineer every five years.

Portable appliance testing – Ongoing.

Kitchen – 6 monthly

All other areas – Annually.

4.1 Are housekeeping and maintenance adequate? Yes No

4.2 Comments and deficiencies observed:

Satisfactory.

It is noted that several wheelchairs and walking frames are sited within one of the escape staircases.

This is accepted on the basis that the equipment does not cause an obstruction hazard and that all staff are advised of the need to control the storage and its location.

FIRE PROTECTION MEASURES

5.1 Significant changes in fire protection measures since the time of the fire risk assessment:

A number of items raised in the 2013 fire risk assessment have been satisfactorily implemented. Relevant sections of the document should however indicate the work completed.

The document indicates that all significant findings would be completed by 31 October 2013.

This has not been achieved.

Refer to Page 8.

6.1 Are the means of escape from fire adequate? Yes No

6.2 Comments and deficiencies observed:

The means of escape arrangements provided are satisfactory however refer to Pages 8 and 9 regarding management and maintenance.

7.1 Are compartmentation and linings satisfactory? Yes No

7.2 Comments and deficiencies observed:
Generally satisfactory however refer to Page 8 and 9 regarding management and maintenance.

8.1 Is there reasonable emergency escape lighting? ¹⁰⁾ Yes No

8.2 Comments and deficiencies observed:
Self-contained battery luminaires appearing to conform to British Standard 5266: Part 1.

9.1 Are there adequate fire safety signs and notices? Yes No

9.2 Comments and deficiencies observed:
Refer to Page 8 regarding the 2013 fire risk assessment regarding notices.

Refer to Page 9 regarding the provision of signs and notices.

All signs and notices conform to the Health and Safety (Safety Signs and Signals) Regulations 1996.

¹⁰⁾ Based on visual inspection only.

10.1 Are the means of giving warning of fire adequate? ¹¹⁾ Yes No

10.2 Comments and deficiencies observed:

The fire alarm is an analogue addressable system appearing to conform to British Standard 5839: Part 1 comprising sounders, manual call points.

The automatic detection coverage appears to meet a Category 1 standard.

11.1 Is the provision of fire extinguishing appliances adequate? Yes No

11.2 Comments and deficiencies observed:

Satisfactory provision.

12.1 Comments on other fixed fire protection systems?

None.

¹¹⁾ Based on visual inspection only.

MANAGEMENT OF FIRE SAFETY

13.1 Significant changes in management of fire safety since the time of the fire risk assessment:

Firesure UK Limited appointed to carry out fire risk assessment.

Fire safety managed by Mrs A Howe – Registered Manager

J.E.S Training appointed to deliver staff fire safety training.

Pyrotec appointed to service and maintain fire systems and portable fire fighting equipment.

14.1 Are arrangements for management of fire safety adequate?

Yes No

Comments and deficiencies observed:

Refer to Page 7 Item 18.2.

15.1 Are fire procedures adequate?

Yes No

Comments and deficiencies observed:

Personal Emergency Evacuation Plans (PEEPs) are in place for all residents that would require assistance in the event of a fire evacuation.

Portable evacuation equipment is provided.

Should you wish to consider alternative equipment I would recommend that you consider Albac Mats and Ski Pads.

The number required would be based upon the number of residents in each compartment, the level of assistance required and the target evacuation time.

Equipment may be sited within stairs or adjacent the fire alarm control panel.

It is recommended that the time taken to evacuate residents from a fire affected area should be re-assessed at regular intervals. This should take account of worse case scenario ie. Minimum staffing levels and residents asleep to ensure that the effected area can be evacuated within a reasonable period of time.

Using the principal of progressive evacuation a reasonable period of time for these premises is 5-8 minutes.

16.1 Are the arrangements for staff training and fire drills adequate? Yes No

16.2 Comments and deficiencies observed:
Although not available for audit it is understood that all staff receive two levels of training. One delivered by an external trainer and the other via an e-learning programme.
Individual members of staff should receive the training at 6 monthly intervals.
The date of the last recorded drill is 27 November 2012.
Regular fire drills should be carried out with each member of staff taking part in at least one fire drill annually.

The record of fire drills does not contain sufficient information.
I will forward a suitable form to Jo Plesa for possible use throughout the group.
17.1 Are the arrangements for testing and maintenance of fire protection systems and equipment adequate? Yes No

17.2 Comments and deficiencies observed:
In general satisfactory, however refer to 18.2 below.

18.1 Are there adequate records of testing, maintenance, training and drills? Yes No

18.2 Comments and deficiencies observed:
Fire alarm – Tested weekly ‘in house’.
Tested and examined by a fire alarm engineer every 6 months.
Emergency lighting - Tested monthly ‘in house’
Tested and examined by an emergency lighting contractor at least annually.
Training - Each member of staff should receive fire safety training every six months.
Drills – Refer to 16.2 above.
Fire doors – To be tested and examined at regular intervals. Recommended monthly.
Portable fire fighting equipment – Tested and examined by contractor annually.
Examined ‘in house’ – Recommended monthly.
Internal means of escape routes including final exit doors – Recommended weekly.
External escape routes – Recommended weekly.
The fire safety log book should record all relevant information.
It is recommended that all fire safety records be held in one place, preferably the fire safety log book.

FIRE RISK ASSESSMENT

On the basis of the criteria set out in the original fire risk assessment, it is considered that the current risk to life from fire at these premises is:

Trivial Tolerable Moderate Substantial Intolerable

ACTION ON PREVIOUS ACTION PLAN

Have all previous recommendations been satisfactorily addressed?

Yes

No

Brief details of recommendations not yet implemented.

Reference the 2013 fire risk assessment.

All matters identified should be addressed and signed-off.

NEW ACTION PLAN

It is considered that the following recommendations should be implemented in order to reduce fire risk to, or maintain it at, the following level:

Trivial

Tolerable

Definition of priorities (where applicable):

Priority 1 – to be completed as soon as reasonably practicable.

Priority 2 – to be completed within 3 months.

Priority 3 – to be completed within 6 months

The above time-scales are recommendations only. Should you wish to set alternative completion dates the assessor would be pleased to discuss the matter further and offer advice.

	Priority (where applicable)	Action by whom	Date action taken
Lower Ground Floor			
1. The following doors require attention.	2		
a) Stores 11-13			
b) Maintenance store			
c) Staff training room			
d) Laundry x 2			
<i>This door may require further investigation as the gap may be too wide for an intumescent strips/cold smoke seals to operate effectively.</i>			
e) Activities room			
f) Lounge			
g) Sluice room opposite room 9			
<i>Gaps exist between sections of the cold smoke seals and door frame with the door closed.</i>			
<i>These should be replaced.</i>			
2. Reference one of the fire doors to the kitchen.	2		
<i>The self-closing device requires attention so as to close the door effectively on to the stops.</i>			
Ground Floor			
3. Reference the following fire doors.	2		
a) To stair opposite room 40			
b) Sluice adjacent the stair			
c) Suite 37			
d) Store adjacent room 36			
e) Cross corridor adjacent room 34			
f) Store adjacent room 33			
g) Unit manager - <i>This door should also be fitted with an overhead positive-action self closing device.</i>			
h) Sales office - <i>This door should also be fitted with an overhead positive-action self closing device.</i>			
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<p><i>Gaps exist between sections of the cold smoke seals and door frame with the door closed. These should be replaced.</i></p> <p>First Floor</p> <p>4. The following fire doors require attention.</p> <p>a) Lounge/diner b) Nurse's office c) Room 50 d) Cupboard adjacent room 52 e) Sluice opposite room 55 f) Cleaners cupboard opposite room 55 g) Stair opposite room 56</p> <p><i>Gaps exist between sections of the cold smoke seals and door frame with the door closed.</i></p>	2	
<p>5. Second Floor</p> <p><i>The following doors require attention.</i></p> <p>a) Stair opposite room 74 b) Sluice opposite room 73 c) Store adjacent room 70 d) Room 68 e) Store adjacent room 67 f) Med room opposite unit manager g) To stair adjacent the lift</p>	2	
<p>General</p> <p>6. The following notices should be provided and sited on fire doors.</p> <p>a) Doors fitted with a self-closing device. FIRE DOOR – KEEP SHUT – on both faces b) Doors (except to bedrooms) fitted with automatic hold open devices. AUTOMATIC FIRE DOOR – KEEP CLEAR – on the exposed face. c) All other doors to cupboards/stores. KEEP LOCKED SHUT – on the outside face.</p>	3	
<p>7. Reference letter boxes fitted to fire doors.</p> <p><i>These should provide both 30 minutes fire resistance and smoke stopping. This should be confirmed or the units replaced.</i></p>	2	
<p>8. Fire doors examined were randomly selected and therefore does not reflect the total number of doors that may require attention.</p> <p><i>It is recommended that ALL doors be examined with any faults rectified. It is vital that all such doors are maintained through a robust maintenance policy.</i></p>	1	