

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)*

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

Date of this fire risk assessment review: *11 April 2016*

Date of last fire risk assessment review: *1 April 2015*

Date of previous fire risk assessment: *1 April 2015*

Suggested date for review⁹⁾: *11 April 2017*

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by a competent person by the date indicated above or at such earlier time as there is reason to suspect that it is no longer valid or if there has been a significant change in the matters to which it relates, or if a fire occurs.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.

It is recommended that a 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.

It was noted that a number of portable appliances including the table lamp in the main entrance lobby may not have been tested. This should be investigated.

Gas fires central heating system and cooker regularly serviced.

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:
None

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:
Generally satisfactory.

I would however refer to Page 8 regarding the 2015 fire risk assessment and 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 L1 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:

Staff fire training provider to be confirmed.

Fire safety managed by Mrs A Howe – Registered Manager

Firesure UK Limited appointed to carry out fire risk assessment.

< > 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.

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.
Drill records were not available to audit.
Regular fire drills should be carried out with each member of staff taking part in at least one fire drill annually.

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.
Tested and examined by a fire alarm engineer every 6 months. This would appear to be overdue.
Emergency lighting - Tested monthly. A record was not available to audit.
Tested and examined by an emergency lighting contractor at least annually.
Training - Refer to 16.2 above.
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.
A visual inspection should be carried out. Recommended monthly.
Inspection of internal means of escape routes including final exit doors. Recommended weekly.
Inspection of external escape routes. Recommended weekly.

The fire safety log record should record all relevant information.

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 2014 and 2015 fire risk assessments.

There are a number of outstanding items that require immediate attention.

Unless a revised completion date has been entered in the document these items should be addressed as a matter of urgency.

Please contact me should you wish to discuss this matter further.

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
<i>Lower Ground Floor</i>			
<i>1. Sluice room opposite Room 9. This fire door is fitted with a hold-open device activated by the fire alarm. It was noted that the door was obstructed by an unattended trolley. All such doors must be free to close on the activation of the fire alarm.</i>	<i>1</i>		
<i>2. The practise of using a battery charger in a corridor serving clients rooms should be avoided. Please contact me to discuss alternative arrangements.</i>	<i>1</i>		
<i>Ground Floor</i>			
<i>3. Refer to Item 2 above.</i>	<i>1</i>		
<i>4. Reference the fire door to the care store opposite Room 28. This door was found open and unattended. All such fire doors must be closed when not in use.</i>	<i>1</i>		
<i>First Floor</i>			
<i>5. Reference the fire door to the linen cupboard adjacent Room 49. This door was found open and unattended. All such fire doors must be closed when not in use.</i>	<i>1</i>		
<i>Second Floor</i>			
<i>6. Reference the fire door to the sluice room opposite Room 73. The self-closing device requires adjustment so as to close the door effectively against the stops.</i>	<i>1</i>		

**7. Reference the fire door to the linen cupboard adjacent Room 67.
This door was found open and unattended.
All such fire doors must be closed when not in use.**

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