

# Fire Risk Awareness and Intervention

*Adults' Services*

## Policy and procedures

**Our overriding principle for the assessment and management of fire risk should be to ensure that people have the right to live their lives as they wish - so long as that does not stop others from doing likewise.**



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This Policy and Procedures document has been produced in conjunction with colleagues in West Sussex Fire and Rescue Service.

### **Feedback:**

Our customers expect first class service and we aim to provide it. We therefore welcome feedback about our policies and procedures. If you have any comments about this document please e-mail: [socialcare@westsussex.gov.uk](mailto:socialcare@westsussex.gov.uk)

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**Note:** A Quick Reference guide, including the highlights of this policy and procedures document, has also been produced and is available for discussion.

### **Equality and diversity**

As part of our commitment to equality and diversity the county council will ensure that we treat all customers of our services with fairness, dignity and respect – irrespective of race, disability, gender, age, sexual orientation and religion and belief.

The **Equality Act 2010** seeks equal opportunities in the workplace and in wider society; and prohibits discrimination on the grounds of the following protected characteristics:

Age	Disability	Gender Reassignment
Race	Pregnancy/maternity	Marriage/civil partnership
Sex	Religion or belief	Sexual orientation

As a public body, the county council must have regard to the following when shaping policy, delivering services, and in relation to staff:

To eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;

To advance equality of opportunity between people who share a protected characteristic and people who do not share it; and

To foster good relations between people who share a protected characteristic and people who do not share it.

These equality aims apply across the county council and to any organisation acting on behalf of the county council, including those delivering services on a contractual, commissioned or voluntary basis.

## **Policy**

### **1. Our policy approach to risk in Adults' Services**

1.1 Our customers are expert in understanding their own needs and how best to achieve the social care support they need – both within their own homes and/or within the wider local community.

1.2 Sometimes – perhaps because of the complexity of the immediate issues that need to be sorted and the risks (including fire risk) that need to be understood and managed – people ask for specialist help from the county council. When this happens it is our responsibility as a local social services authority to work through the issues with them. Our intention always is to get to the point where the customer can take responsibility for organising and managing their social care needs. The outcome from our involvement and assistance should therefore always be a positive experience for the customer.

1.3 Best practice by our staff means adopting a person-centred approach, enabling the customer to work out the solutions he/she requires. For those who are eligible for support from the county council, we provide personal budgets to enable customers to meet their own needs. This personal budget may be supplemented by independently sourced assistance from the NHS, private, voluntary and/or independent sector organisations.

#### **Partnership with West Sussex Fire and Rescue Service**

As part of the county council, West Sussex Fire and Rescue Service works in partnership with Adults' Services to achieve the same positive outcomes for its own customers. Whilst a number of people seen by the Fire and Rescue Service are known to Adults' Services, many are not. As a consequence, an average of 30 individuals are referred monthly across the county for an assessment of their social care needs or because of safeguarding concerns.

The Fire and Rescue Service also works in partnership with a range of other agencies, including those in the wider care sector, to promote the identification of risk factors relating to fire safety. The intention of this work is to reduce fire deaths and injuries across all groups within local communities.

1.4 Some of our customers lack mental capacity to make specific decisions about their social care needs. Consequently, we will discuss any arrangements needed with relatives. Some of these customers may have a person holding a Lasting Power of Attorney (Property and Affairs) with whom we will consult, whilst others may have a Deputy appointed by the Court of Protection to deal with these matters on the customer's behalf. Where neither exist - or is able to

act on behalf of the customer - our staff will always want to act and make decisions in the customer's best interests.

### **Accidental fire deaths and social care**

The London Fire and Emergency Planning Authority (website: [london.gov.uk/LFEPA](http://london.gov.uk/LFEPA)) has been working with the national Skills for Care organisation to improve arrangements for the training of staff in the care sector. This follows a series of accidental fire deaths across the metropolis.

During 2011, officers of London Fire Brigade undertook a review of fires in sheltered accommodation and care homes following the occurrence of nine fire deaths over a period of two years within that sector. That 2011 review in turn prompted a review of fire deaths amongst people who were in receipt of domiciliary care services. During the period 1<sup>st</sup> January 2009 – 31<sup>st</sup> December 2011, it was established that 119 people had died as a result of accidental fires where they lived and that 31 of these deaths concerned people who were in receipt of domiciliary care services from regulated providers. Another 5 individuals received informal care from family members, neighbours or a friend. In addition, nearly half of these fire deaths concerned people with mental health difficulties whilst 14 were known to drink alcohol and 33 were known smokers.

An internal report prepared by West Sussex Fire and Rescue Service to assist in the preparation of this policy and procedures document identified that, over the period October 2001 – July 2012, there were 46 accidental fire deaths in total in West Sussex. Many of these similarly involved people with restricted mobility, or who were heavy smokers or had mental health and/or substance misuse issues; 25 had had smoke alarms installed that were not working at the time of the fire due to expired or incorrectly installed batteries.

1.5 Risk is part of everyday life, and inherent in everything that we do. It is often through taking risks that we develop and learn. The identification of risk involves a balanced approach between what is seen as acceptable and/or unacceptable and recognising that the concept of risk will vary from person to person. It may be a risk one person is willing to take for the sake of his/her independence, having weighed up the information and being able to account for any potentially adverse consequences.

1.6 There may be occasions when a normally positive approach to risk must be balanced with the county council's duty of care to have proper arrangements in place to protect potentially vulnerable customers. This is especially important if a customer's situation changes and other decisions need to be made by the customer or by others acting in the customer's best interests.

### **Defining risk**

Risk can be defined as: '**the uncertainty of the outcome - whether a positive opportunity or a negative threat - of proposed actions and events**'.

Risk has to be assessed in respect of:

- ❑ the likelihood of something happening, and
- ❑ the impact that arises if it does actually happen.

1.7 The overarching aim of this document is to promote a collaborative approach to working with our customers, through the creation of a culture of awareness around fire risk and a framework for positive decision-making in relation to the management of that risk.

1.8 This guidance document is for all staff across Adults' Services to use and refer to. It should be read and considered alongside the pan-Sussex Adults at Risk policy and procedures, as well as other policies and procedures familiar to Adults' Services staff, including those relating to practice within the context of the Mental Capacity Act.

### **Death as a result of a non-functioning smoke detector**

The West Sussex Coroner has written to the Government on three separate occasions within the year to August 2012 concerning fire safety in the home. The Coroner has requested the Government legislate for the installation of mains-powered smoke detectors in domestic premises.

In the most recent inquest heard by the Coroner, an 87-year old man living alone in a small town in West Sussex died in his sleep from carbon monoxide inhalation after the clothes he was drying on a walking frame next to an open oven door caught alight.

On investigation, West Sussex Fire and Rescue Service later discovered that there was one smoke detector in the person's flat but its casing was open and there was no battery in the detector unit.

## **2. Risk principles**

2.1 In approaching the identification and assessment of risk, social care workers need to ensure that the type and level of assessment is appropriate to the customer's individual circumstances and needs.

### **Essential risk principles – informed by research\***

- ❑ The willingness to make decisions in conditions of uncertainty is a core professional requirement of all social care staff;
- ❑ Maintaining or achieving the safety, security and well-being of individuals is the primary consideration in risk decisions;
- ❑ A risk decision is a judgement that involves balancing the likelihood and value of the possible benefits of a particular decision against the likelihood and seriousness of the possible harms;
- ❑ When judging a risk decision the assessment of the risk and the management of its implementation should be considered;
- ❑ Harm can never be totally prevented: a risk decision should therefore be judged by the quality of the decision making, not by the outcome;
- ❑ In judging the quality of decision making, account will be taken of whether it involved a dilemma, an emergency, was part of a sequence of decisions or whether other agencies were party to the decision;
- ❑ The harm or benefit that follows a risk decision may not be a consequence of it;
- ❑ The standard expected of practitioners is that risk decision-making is consistent with what a responsible body of equivalent practitioners would have made in the same circumstances; and
- ❑ Good decision-making depends on quality information recording and proportionate sharing.

\* Taken from the work of Carson, D. and Bain, A. (2008). Please see section 10 in this document for the full reference.

## **3. Positive risk management**

3.1 Positive risk management involves weighing up the benefits and consequences of one choice over another, understanding the potential risks and developing plans and actions that support the priorities of the customer. It involves using available resources and support to achieve the desired customer outcomes and to minimise potential harmful outcomes.

3.2 It is an approach to risk that supports customers to consider possible consequences, positive or negative, of any action or inaction. This enables customers to make informed choices and accept some responsibility for their decisions.



3.3 It is not possible to eliminate all risk(s) but effective risk management requires a proactive, consistent approach, identifying preventative, responsive and supportive measures, to reduce the potential negative consequences of risk and promote the potential benefits of taking appropriate risks.

3.4 In respect of fire safety in the home, all relevant information relating to the identified risks and actions that could be taken to reduce risk should be made available to customers. The information provided should include a description of the possible consequences if measures are not taken to reduce the fire risk. Consideration should also be given to the risks likely to impact on other members of the community – such as family members, carers, other professionals and immediate neighbours.

3.5 While customers should as far as possible exercise their right to choose the support they need to achieve their desired outcomes, people also need to understand the consequences of their choices and take responsibility for them. In relation to fire safety, customers should, wherever possible, be encouraged to apply for and receive a free Home Fire Safety Check from West Sussex Fire and Rescue Service.

3.6 The rights of customers and their family/carers to make decisions should be acknowledged. In certain circumstances these may need to be overruled, particularly if the customer is lacking mental capacity in relation to a specific decision. In these circumstances decisions made on the customer's behalf must be made in the best interests of the customer and not in the best interests of anybody else.

3.7 Where a customer's agreed outcomes are not being met, or the way in which they are being met raises issues of legality or likely harm, to them or other vulnerable adults, the pan-Sussex Adults at Risk policy and procedures, will take precedence when it applies.

## **4. Mental capacity**

4.1 The Mental Capacity Act 2005 states that any customer, aged 16+, must be assumed to have the mental capacity to make decisions for themselves unless this can be established otherwise by objective evidence.

4.2 Moreover a customer who has the mental capacity to make a decision about choosing to live with a level of risk is at liberty to do so – within the context of the statutory principle of being able to make an unwise decision if mentally capacitated. The law treats that person as having consented to the risk.

4.3 Where the customer lacks the mental capacity to make a decision about a course of action, including one involving any level of risk, they will not be

able to give consent. In these circumstances, any decisions or actions must be made on the basis of what is in the person's best interests. (Reference should also be made to the Best Interests Decisions Guidance and Self Neglect Policy where this is appropriate). Where a person's mental capacity may fluctuate or change this should also be considered and taken account of with them.

4.4 A statutory independent mental capacity advocate (IMCA Service) could, in specified Mental Capacity Act circumstances, support and represent customers who lack the mental capacity to make one or more decisions about where they live and/or about their social and healthcare needs. However unless the presenting circumstances are also associated with an adult safeguarding investigation, the independent mental capacity advocate will not be involved where there are pre-existing relatives or others who can represent the person. (Other people who can represent the person lacking capacity include anyone who has been appointed as a deputy by the Court of Protection; any person holding a registered Lasting Power of Attorney).

4.5 Before embarking on any course of action, social care workers are expected to consider:

- ❑ is there a need to formally assess and record that the customer who is believed to be lacking mental capacity - to make a specific decision - is in fact mentally incapable of making that decision;
- ❑ is it likely that the customer may regain mental capacity in the future and therefore should be involved and can make that decision for him/herself in the future;
- ❑ the wishes, feelings, values and beliefs of the person who has been assessed as lacking mental capacity; any issues relating to fluctuating or changes in mental capacity that may be relevant
- ❑ the views of family members, parents, carers and other people interested in the welfare, if this is practical and appropriate, of the person who has been assessed as lacking mental capacity;
- ❑ the views of any person who holds an Enduring Power of Attorney (pre-October 2007) or a Lasting Power of Attorney (from October 2007) made by the person now lacking capacity;
- ❑ the views of any Deputy appointed by the Court of Protection to make decisions on the person's behalf;
- ❑ whether any decisions that need to be made have in fact already been made based merely on the appearance, age, medical condition, or behaviour of the person who has been assessed as lacking mental capacity;
- ❑ whether people are being motivated by a desire (often financially-driven) to bring about the death of the person who has been assessed as lacking mental capacity, or are making assumptions about the quality of that person's life;
- ❑ any other information that may be relevant; and
- ❑ the appropriateness of other processes to address these issues such as the Adults at Risk Procedures.

4.6 The county council has a wide range of policies and guidance specifically associated with the Mental Capacity Act and social care practice. These exist to provide additional guidance for social care workers and have been prepared to aid local implementation and a wider understanding of the Mental Capacity Act Codes of Practice.

## **5. Duty of care**

5.1 The general 'duty of care' requires the county council to take reasonable care to avoid any action or omission which it can reasonably foresee would be likely to result in harm, loss or undesirable outcome to a customer, family carers, and staff or to the general public. This means there is a responsibility on social care workers to enable customers to make informed choices and decisions – and to take such appropriate steps as are necessary to minimise any foreseeable risk(s).

### **The importance of a customer's history**

Around 90% of useful information is located in the customer's social history. For many Adults' Services customers there will likely be a significant quantity of relevant detail listed in a customer's Frameworki case record, including life choices and personal behaviours that could have a serious impact on the fire safety of an individual in their home and may also impact on their families and immediate neighbours.

In relation to fire risk, West Sussex Fire and Rescue Service has details of both individuals and properties. This information, stored on a secure basis, includes details about:

- ❑ Attendance at an emergency incident such as a fire;
- ❑ The provision of a Home Fire Safety Check;
- ❑ The installation of smoke detectors resulting from the Safety Check;
- ❑ The known involvement of the individual in the inappropriate use of fire; and
- ❑ Risks that present a danger to firefighters.

When referring a customer of Adults' Services to West Sussex Fire and Rescue Service, additional information will assist in ensuring that the referral is prioritised correctly and that the most appropriate fire safety measures are considered at the earliest opportunity.

For information on Home Fire Safety Checks, offered by West Sussex Fire and Rescue Service, visit:  
[westsussex.gov.uk/living/emergencies/fire\\_and\\_rescue\\_service/home\\_safety/](https://westsussex.gov.uk/living/emergencies/fire_and_rescue_service/home_safety/)

5.2 Where a customer can make a decision with or without support, the process of risk assessment enables social care workers to establish the level of risk through discussion with customers and/or their representative. This will include advice on how the risk(s) can be managed.

5.3 If a customer chooses not to accept the advice and decides to live with that level of risk to him/herself, he/she is entitled to do so, provided it is legal and does not place others at risk that they do not or cannot agree to. The law will treat that person as having consented to the risk. Social care workers however must continue to act responsibly by discussing the case with their manager or supervisor, informing others on a 'need to know' basis, and monitoring the situation as required.

5.4 West Sussex Fire and Rescue Service will adhere to this approach whilst ensuring that the customer has been offered every opportunity to reduce the risk of fire in their home environment. Where there are concerns relating specifically to the fire risk that affect individual customers (or others by their actions or omissions), information about these concerns will be passed to Adults' Services for further consideration and action as appropriate.

5.5 Any legal liabilities will only arise where a duty of care has not been met through negligent acts or omissions by the social care worker that result in injury or loss. In practice a social care worker will have met his/her duty of care to the customer and carer where it can be demonstrated that he/she has:

- ❑ acted 'reasonably', that is, clearly communicated and recorded the advice to the customer and any carer in accordance with the guidance referred to in this document and in other county council policies and procedures;
- ❑ met their responsibilities under the NHS and Community Care Act 1990 and other relevant legislation as required;
- ❑ raised the matter in their professional supervision, in accordance with the county council's supervision policy; and
- ❑ completed the case file or electronic case record in such a way that is consistent with the county council's current guidance on case recording.

## **Procedures**

### **6. Fire risk awareness and assessment**

6.1 **The key starting point with fire risk is awareness and observation, followed by assessment.** Restricted mobility – at any age – combined with any of a range of health conditions and smoking can be a potent mix for potential fire risk. In some circumstances, particularly where the presenting risks are considered low (because they can be mitigated against or

are unlikely to have a significant impact) there will not be a need to work through a detailed and formalised risk assessment. Conversely where the presenting fire risks are considered significant a detailed and formalised risk assessment should always be used. The approach to doing so is described in this part of the guidance.

6.2 The risk of fire in the home is not always obvious. Nor is the impact that human behaviour can have on fire risks. Appendix 4 of this policy and procedures lists the sorts of issues that staff who visit customers at home need to be aware of and alert to.

Risk assessment involves the analysis of information obtained through observation, discussion with customers and investigation. It can be an ongoing process as well as a one-off event.

A person-centred approach should always be taken in consideration of the strengths and abilities of the customer, their wider social and family networks, and the diverse support and advocacy services available to them.

6.3 Customers and/or their carer(s) must always be involved in the risk assessment and their views should inform the identification, assessment and management of risk. This includes areas of disagreement on the likelihood of something happening as a result of a chosen course of action.

6.4 The social care worker will need to ensure that customers and their carers have accurate and appropriate information in a form that they genuinely understand, in order to make their best decisions. It is equally important that these decisions are documented. And in order to reduce the probability of an incident or event occurring, customers, their carers and other professionals must be advised about the importance of giving timely and accurate information.

6.5 Customers should as far as possible be able to choose the support they receive and be helped to manage any risks in promoting their desired outcomes. Customers may need support to understand that there may be consequences from their choice and take some responsibility for them. Some customers and their carers may not want to accept responsibility if something goes wrong, so it is important that the social care worker, customers and carers work together to identify and manage risk(s). Ensuring that accurate records are kept of discussions and decisions that are agreed/not agreed will promote a culture of positive and responsible decision-making.

6.6 While customers should as far as possible exercise their right to choose the support they need to achieve their desired outcomes, people also need to understand the consequences of their choice and take some responsibility for them.

**Case study: Mr A**

West Sussex Fire and Rescue Service visited Mr. A following a request for a Home Fire Safety Check, following his discharge from hospital. When the Community Fire Safety Officer attended, there were immediate concerns about Mr. A's demeanour. It was felt that Mr. A became agitated very easily and at times appeared a little vacant. Mr. A lived in a very remote cottage with no obvious means of support in the community, other than his Careline unit.

West Sussex Fire and Rescue Service connected a Community Fire Link smoke detector to Mr. A's Careline unit and a referral was made to the local Prevention and Assessment Team for an assessment.

As a result of the referral, Mr. A is now receiving social care support - arranged by him in conjunction with Adults' Services. He also has the details of whom he can contact, other than Careline, if he requires further assistance.

6.7 The rights of customers and their family/carers to make decisions should be acknowledged. In certain circumstances these may need to be overruled, particularly if the customer is lacking mental capacity in relation to a specific decision. In these circumstances decisions made on the customer's behalf must be made in the best interests of the customer and not in the best interests of anybody else.

6.8 Where a customer's agreed outcomes are not being met, or the way in which they are being met raises issues of legality or likely harm, to them or other vulnerable adults, the pan-Sussex Adults at Risk policy and procedures, will take precedence when it applies.

### **Case study: Mrs B**

West Sussex Fire and Rescue have attended Mrs B's address for emergency calls 11 times in 3 years, although the last 8 of these calls occurred in a period of 8 months. Each time, the Fire and Rescue Service was alerted to the call through Mrs B's Careline system and all the incidents were cooking-related. The increase in the frequency of these calls was causing concern.

One of Mrs B's two sons lives nearby and the second lives some distance away. Fire Crews made attempts to liaise with both sons and make them aware of their concerns, but were unable to make any progress. There appeared to have been some kind of disagreement or falling out between the brothers, as to what action should be taken in relation to fire safety for Mrs B.

Despite having a kettle for her use, she preferred to heat water in a pan for her hot drinks. She often forgot to check the pan while it was heating up and allowed a tea cloth to come in contact with the heat source. There were also concerns about her storage of large amounts of paper around the house. Mrs B wished to continue living in her own home, with appropriate support.

Mrs B was already well-known to Adults' Services and there had been an attempt to meet previously with both sons to discuss concerns regarding fire safety. As a result of a new referral from the Fire and Rescue Service to Adults' Services, a professional case discussion meeting took place and closer monitoring of Mrs B's situation was established. A social care worker now visits Mrs B and is in intermittent contact with her sons. The social care worker also keeps in contact with West Sussex Fire and Rescue Service, even though emergency calls to Mrs A's property have now ceased.

## **7. Recording fire risk**

7.1 The starting point to record outline risks for actual and potential customers of Adults' Services is the FACE Background Information Contact Assessment form. Though agency-specific risk assessment tools will inform decision-making, in complex cases or where it is necessary to gather more comprehensive assessment information, FACE tools such as the FACE Overview assessment should be used as a single agency or joint health and social care assessment. In completing the assessment consideration should be given to the assessment and recording of fire risk, taking into account the lifestyle of the customer and the physical environment within which he/she lives.

7.2 Case file chronologies should be used to record significant events. Chronologies are the most effective way to learn from and understand how the current situation has been arrived at. (Whilst they can be time-consuming to prepare, the effort is rewarded).



7.3 Discussions that takes place about areas of choice can initially be documented in part 3 of the self or supported assessment form; they can and should also be recorded in the support plan under the heading 'How I will stay safe and healthy'.

7.4 Social care workers should refer to the **Supported Decision Tool** (published by the Department of Health in 2007) to support individual customers making decisions where there is an associated implication of risk. Customers can complete the Supported Decision Tool on their own as part of the self-assessment process or it can be completed with social care worker assistance. See Appendices 2 and 3.

7.5 Where a more detailed risk assessment is required (*for example, when needing to work within the self-neglect policy and procedures*) this should be recorded in discussion with the customer and carer using the FACE Risk Assessment Tool.

7.6 The type of risk, its specific nature and context and any agreed actions to manage the risk should be recorded in a risk action/management plan. Customers should be involved as much as is possible with this. The plan needs to identify the person responsible for reviewing the plan and reporting any change in circumstances that may affect the level of fire risk present.

7.7 Social care workers need to ensure that outcomes from safeguarding investigations and adults safeguarding plans are (where appropriate) incorporated into any fire risk action/management plan. In addition, all parties should sign risk management plans wherever possible: any such plans left unsigned should have the reason for doing so explained in the customer's Frameworki record.

### **Recording risk – case example**

West Sussex Fire and Rescue Service and their partnership telecare providers may identify a significant and unmitigated risk during a routine home safety check and/or telecare installation in the home of an Adults' Services customer.

The relevant detail is recorded and will be sent to the local Adults' Services Helpdesk and/or to any existing allocated social care worker. Such notifications include for example where a Burnside unit has had to be fitted due to the absence of a working telephone line, or where the Fire and Rescue Service has attended an incident at the home of a vulnerable adult.



7.8 Concerns about the levels of assessed and unresolved fire risk in a customer's home should always be referred to the West Sussex Fire and Rescue Service's Community Risk Reduction Team for follow-up. See section 10 of this policy and procedures document for contact information.

## **8. Reviewing fire risk decisions and action plans**

8.1 In reaching decisions with the customer and/or carer on whether the risk action/management plan is still appropriate and needs to remain in place or not, the social care worker should re-evaluate the information that informed the original decision. In addition input from all relevant parties should be sought and any new information considered. The FACE Overview Assessment and the FACE Review Tool should also be considered and used where appropriate. Even if not used, any outcomes arising from the review should be captured and appropriately recorded on Frameworki.

## **9. Risk enablement – professional case discussion meetings**

9.1 Adults' Services does not operate formal Risk Enablement Panels, nor is it planned to introduce such arrangements.

9.2 Best interests meetings in the context of the Mental Capacity Act provide a useful framework for decision-making in relation to customers whose mental capacity to make specific decisions about the way they conduct their lives is impaired. The current best interests meetings guidance, including a Quick Reference guide, is accessible on the inTERnet (visit: [westsussex.gov.uk](http://westsussex.gov.uk) and type 'social care - adults' services policies and procedures' in the search engine there). This should be the default approach for people who lack mental capacity to make decisions for themselves.

9.3 For people who have mental capacity and yet who are presenting as an assessed fire risk a similar approach may be useful. This would need to be referred to as a 'professional case discussion meeting'. The proforma template for best interests meetings under the Mental Capacity Act (for people who are mentally incapacitated to make specific decisions) is set out on the back page of the Quick Reference guide referred to in paragraph 9.2 above. It is a template that can be adapted for this purpose.

The **purpose** of a **risk enablement approach** is to seek positive solutions and outcomes for customers by resolving disagreements about how to address complex and challenging risk decisions.

9.4 Where a professional case discussion meeting is required this should be convened as soon as practicable after the fire risk has been assessed and a negotiated intervention approach has not been possible to arrange. The

customer and or/family carer should be invited to attend the meeting and to receive a copy of the meeting record.

**Examples of complex and challenging risk decisions that could be discussed in a single or multi-agency professional case discussion meeting:**

- ❑ The county council may be subject to political or reputational risk for example the use of a personal budget to buy illegal drugs;
- ❑ Suspected fraud;
- ❑ Legal issues relating to the measures contained in the support plan;
- ❑ Concerns that a support plan places the customer at unacceptable levels of risk;
- ❑ A paid carer, adult placement or volunteer who has had a Criminal Records Bureau (CRB) check that has resulted in cause for concern;
- ❑ Where there are elements in the support plan which the social care worker feels may be placing the individual at serious risk of abuse by others;
- ❑ Hazardous chemicals and toxic substances are not being securely stored or transported – for example, the routine transfer by private car of toxic substances between workshop premises and a customer's place of residence;
- ❑ Where the risks, including fire risks, could cause danger to others;
- ❑ Risks that are not specific to the customer or their support plan but related to wider organisational issues, including potential service breakdown or the suitability of equipment or facilities.

9.7 In order to consider the situation and make appropriate decisions, the people attending a professional case discussion meeting should be able to refer to an outline summary of the case, including any relevant assessments and a chronology of key events – as well as the views of the customer and/or their carers.

9.8 The professional case discussion meeting needs to be structured and recorded in such a way that it is clear who attended (and those who were unable to attend) what discussions took place, and what outcomes were agreed. Whilst the notes should record the issues and the discussion that took place, the emphasis needs to be on an analysis of the risks and benefits attached to the different options and the identification of those responsible for undertaking the agreed actions as well as the timescales within which those actions will be taken.

9.9 There may be a need for a follow-up meeting and this should also be identified in the meeting notes. The notes should clearly identify the name of

the person who has prepared the record together with the name of the organisation on whose behalf the notes have been prepared.

9.10 The professional case discussion will consider and clearly record its discussions and decisions, identifying who is responsible for which actions, including sharing the outcome with the customer and reporting any issues that need to be escalated further to senior managers. Agreed actions will be documented in the customer's electronic case file on Frameworki. The outcome of the panel should be communicated to all relevant parties within 5 working days.

9.11 In order to be meaningful, efficient and effective, any professional case discussion meeting to consider fire risks needs to include staff and others with sufficient authority and expertise to analyse the complexities and make appropriate decisions on next steps. The following should be involved:

- ❑ Customer – optional if they wish to attend or wish to submit written evidence;
- ❑ Family member (optional);
- ❑ Advocate (optional);
- ❑ Adults' Services worker involved with the case;
- ❑ West Sussex Fire and Rescue Service representative;
- ❑ Other relevant county council staff involved;
- ❑ NHS representative; and
- ❑ Other relevant organisations involved with the case, such as: Sussex Police, South East Coast Ambulance Service, and/or Essex Cares.

9.12 Most decisions about risk-taking and risk management will not require a professional case discussion meeting to be convened. Where one is needed, due to the perceived complexities of the presenting situation or the involvement of a range of agencies, setting it up and recording the meeting can be time-consuming. Consideration should therefore be given to whether the meeting can be organised in a different way - for example, through the use of teleconferencing and Skype.

9.13 If the customer and/or family carer wish to **appeal** against the decision of the professional case discussion meeting, the appeal will need to be put in writing within two weeks of the decision being given. The appeal will need to be addressed to the Head of Health and Social Care Practice at County Hall, as the delegated representative of the Director of Adults' Services.

## **10. Sources of further information**

### **Key contacts in West Sussex Fire and Rescue Service**

To refer a customer to West Sussex Fire and Rescue Service for a **Home Fire Safety Check** or to seek further advice, please contact the Community Risk Reduction Team on freephone 0800 328 6487 (Monday – Friday).

Outside office hours, this number will be routed through and answered by the West Sussex Fire and Rescue Service Command and Mobilising Centre.

- ❑ Carson, D. and Bain, A. (2008). 'Professional risk and working with people: decision-making in health, social care and criminal justice.' London, Jessica Kingsley Publishers.
- ❑ Department of Health (2007). 'Decision-Support Tool for NHS Continuing Healthcare.' Available electronically only (visit: [dh.gov.uk](http://dh.gov.uk) and use the search engine there).
- ❑ Rapoport, J. (2010). 'Dealing with Risk.' Professional Social Work, July, pages 24-25.
- ❑ Social Care Institute for Excellence (2011). 'Self-neglect and adult safeguarding: findings from research.' SCIE Report 46. London, Social Care Institute for Excellence.
- ❑ Social Care Institute for Excellence (2011). 'Safeguarding adults at risk of harm: a legal guide for practitioners.' SCIE Report 50. London, Social Care Institute for Excellence.
- ❑ Titterton, M. and Smart, H. (2012). 'Getting to grips with risk.' Professional Social Work, June, page 26.

## **Appendix 1 – Recommended format for professional case discussion meetings**

It is suggested that the following sequence forms the structure for any professional case discussion meeting and the subsequent formal record. No template document has been produced for this but managers and practitioners are encouraged to use this structure within Microsoft Word:

### **# Purpose of meeting and introductions**

The chair of the meeting should introduce the meeting, clarify the nature and purpose of the meeting, and any 'ground rules', and confirm that the meeting will be recorded in writing. Those attending should identify themselves and their relationship to the customer.

Before the meeting gets fully underway, information should be provided about the agenda, including details of any current or background reports provided and when these will be discussed.

The chair of the meeting - who ideally should be a manager who is not directly involved in the customer's care and support - should also confirm what the specific decision(s) are that need to be made during the meeting.

### **# Provide and discuss information**

Each participant should contribute information that is relevant to their role, relationship, and knowledge of the person, and all factors that are relevant in relation to the particular risk management decision – including the advantages and disadvantages of any different options.

Where there are several options and /or advantages/disadvantages, recording these in the meeting using a flip chart may be helpful for easy visual reference.

### **# Summary**

The chair of the meeting will summarise the key points and any courses of action. Participants should say which course of action is the most preferable from their own professional area of expertise considering all the circumstances of the case. The professional case discussion meeting needs to conclude with an agreed course of action moving forwards.

### **# Decision**

Participants decide what, 'on balance of probability' is the best outcome for the person. Where required, a date for a review of the decision should be agreed.

### **# Failure to agree a decision**

If it is not possible to agree the way forward, further attempts to resolve any disagreement should take place. Ultimately if these are unsuccessful it may be necessary to refer the disputed decision to more senior managers and or to the county council's Legal Services for advice and guidance.

## **Appendix 2 – Supported Decision Tool guidance**

This tool is designed to guide and record the discussion when a customer's choice involves an element of risk. It will be particularly helpful to a customer with complex needs or if someone wants to undertake activities that appear particularly risky. (It can be amended to suit different service user groups)

It can be completed by the customer with the social care worker or by the customer themselves with any necessary support, (including the use of communication aids/ pictures where necessary). It is important that, in discussing any risk issues, the customer has as much information as possible (in an appropriate form), fully appreciates, and genuinely understands any consequences, to enable them to make their best decisions.

Using the tool, the social care worker needs to:

- ❑ Ensure that the customer has the right support to express their wishes and aspirations;
- ❑ Assume capacity unless proven otherwise; and
- ❑ Consider the physical and mental health of the customer and any specialist services they need or are already receiving.

Issues for the social care worker to consider, when completing the tool with a customer, include the need for careful consideration of the customers' life and wishes in respect of:

- ❑ Dignity
- ❑ Diversity, race and culture, gender, sexual orientation, age
- ❑ Religious and spiritual needs
- ❑ Personal strengths
- ❑ Ability/willingness to be supported to self care, in terms of:
- ❑ Opportunities to learn new skills
- ❑ Support networks
- ❑ Environment - can it be improved by means of specialist equipment or assistive technology?
- ❑ Information needs
- ❑ Communication needs- tool can be adjusted (braille, photo's, simplified language)
- ❑ Ability to identify own risks
- ❑ Ability to find solutions
- ❑ Least restrictive options
- ❑ Social isolation, inclusion, exclusion
- ❑ Quality of life outcomes and the risk to independence of 'not doing'

**Appendix 3 - Supported decision tool proforma**

1. What is important to you in your life?	
2. What is working well?	
3. What isn't working so well?	
4. What things are difficult for you?	
5. Describe how they affect you living your life	
6. What would make things better for you?	
7. What is stopping you from doing what you want to do?	
8. Do you think there are any risks?	
9. Could things be done in a different way, which might reduce the risks?	
10. Would you do things differently?	
11. Is the risk present wherever you live?	
12. What do you need to do?	
13. What do staff/organisation need to change?	
14. What could family/carers do?	
15. Who is important to you?	
16. What do people important to you think?	
17. Are there any differences of opinion between you and the people you said are important to you?	
18. What would help to resolve this?	
19. Who might be able to help?	
20. What could we do (practitioner) to support you?	
Agreed next steps-who will do what	
How would you like your support plan to be changed to meet your outcomes?	
Record of any disagreements between people involved	
Date agreed to review how you are managing	
Signature	

## **Appendix 4 - Fire safety in the home and individuals at risk**

Individuals may be considered at increased risk from fire in the home for a number of reasons. West Sussex Fire and Rescue Service will assess all referrals on individuals in terms of priority, in order to ensure that the most appropriate and timely level of service can be provided.

Examples of people considered to be at particular risk from fire in the home include:

- ❑ Anybody aged 65 or over;
- ❑ Anybody with a permanent disability (this may include mobility, physical, mental health or learning difficulty);
- ❑ Anybody who already has a Careline or Lifeline installed; and
- ❑ Anybody who cannot hear a standard smoke alarm and lives alone.

West Sussex Fire and Rescue Service use an assessment process, known as a **Home Fire Safety Check**, which seeks to identify fire risks in the home. The process addresses a number of factors, all of which are taken into consideration in order to provide the most appropriate service to each individual customer.

### **Key contacts in West Sussex Fire and Rescue Service**

To refer a customer to West Sussex Fire and Rescue Service for a **Home Fire Safety Check** or to seek further advice, please contact the Community Risk Reduction Team on freephone 0800 328 6487 (Monday – Friday).

Outside office hours, this number will be routed through and answered by the West Sussex Fire and Rescue Service Command and Mobilising Centre.

In order to complete the Home Fire Safety Check process, the following factors are addressed:

- ❑ Kitchen safety – the use of oil for frying, the importance of cleaning the oven/grill, not leaving cooking unattended and not using the cooker for additional heat or for drying clothes on nearby racks;
- ❑ Smokers – establishing where smoking takes place (such as in bed), the level of the smoker's mobility during the day and night, where the customer spends the majority of his/her time in the accommodation, and how he/she manages smoking materials including overflowing ashtrays, burn marks on clothing, chairs and/or carpets, and the risks specifically associated with oxygen users who are also smokers;



- ❑ Smoke alarms – the lack of working or inappropriately sited smoke alarms and whether alarms are tested and cleaned regularly; occupiers with a Careline/Lifeline require specific alarms to be installed;
- ❑ Electrical safety – the use and condition of electric blankets, the overloading of plug sockets, the running of electrical cables under carpets, and the use of hair driers or straighteners;
- ❑ The use of open fires in the home – use of fireguards, importance of sweeping the chimney, portable/gas fires and their use, the use of fires to dry clothes;
- ❑ Child fire play – importance of keeping lighters and matches away from children, explaining the dangers of fire to children, what to do if a child plays with fire;
- ❑ Naked lights – the use of candles/incense/joss sticks, use of suitable holders, placing them away from flammable materials;
- ❑ Escape plans – each person should have an escape plan with alternative escape routes;
- ❑ Bedtime routines – the importance of shutting all doors at night, keys to locked window/doors being available, all smoking materials extinguished, appliances turned off at night, having a mobile phone available at night;
- ❑ Evidence of hoarding and/or signs that the person appears unable to cope in their current environment.

Customers with known mental health issues may make an unsafe decision in the event of a fire or their lifestyle choices may hamper the progress of a rescue.

Although many fires are accidental, West Sussex Fire and Rescue Service also works to reduce the risk of fire to individuals that may be subject to direct threats to either to themselves or to their property.