

TOTAL FIRE GROUP LTD

Fire Risk Assessment

Conducted at:

Moorcot Court
Bideford Drive
Wythenshawe
Manchester
M23 0QW



18 May 2026

Certificate Number	LS	0502008
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Life Safety Fire Risk Assessment
Silver Approved Scheme
CERTIFICATE OF CONFORMITY



This certificate is issued by the Approved Company named in Part 1 of the Schedule in respect of the fire risk assessment provided for the person(s) or organisation named in Part 2 of the Schedule at the premises and / or part of the premises identified in Part 3 of the schedule.

SCHEDULE		
Part 1	NSI Life Safety Fire Risk Assessment Silver Approved Organisation	
	Total Fire Group Ltd	
	BAFE Registration Number	
	NSI 00330	
Part 2	Name of Client	
	Wythenshawe Community Housing Group Limited	
Part 3	Address of premises for which the fire risk assessment was carried out	
	Moorcot Court, Bideford Drive, Wythenshawe, Manchester, M23 0QW	
	Part or parts of the premises to which the fire risk assessment applies	
	The common parts only.	
Part 4	Brief description of the scope and purpose of the fire risk assessment	
	In compliance with Article 9(1) of the RRFSA 2005.	
Part 5	Effective date of the fire risk assessment	18/05/2026
Part 6	Recommended date for review of the fire risk assessment	18/05/2027

We, being currently a NSI Approved organisation in respect of fire risk assessment identified in the above schedule, certify that the fire risk assessment referred to in the above schedule complies with the Specification identified in the above schedule and with all other requirements as currently laid down within BAFE SP205 Scheme in respect of such fire risk assessment.

Signed (for and on behalf of the issuing Approved organisation)	
Job Title	Fire Safety Technical Lead and Lead Fire Risk Assessor/Validator
Date	22/05/2026

Life Safety Fire Risk Assessment Silver is an Approval Scheme of Insight Certification Ltd, Sentinel House, 5 Reform Road, Maidenhead, Berkshire. SL6 8BY

BAFE, Bridges 2, The Fire Service College, London Road, Mbreton-in-Marsh, GL56 0RH

1. This certificate is used subject to NSI Regulations and Rules of the NSI LIFE SAFETY FIRE RISK ASSESSMENT SILVER Approval Scheme.
2. NSI reserves the right to conduct an audit by an authorised NSI representative during normal business hours, with the permission of the customer, of the fire risk assessment and its related premises in order to ensure that the said risk assessment complies with BAFE Scheme document SP205-1 (the Scheme) Section 7 and generally.
3. NSI requires every NSI LIFE SAFETY FIRE RISK ASSESSMENT SILVER Approved Company to issue a Certificate of Conformity in accordance with the Scheme for all fire risk assessments it carries out that wholly or partly address life safety.
4. The Certificate of Conformity when completed is a clear statement that the Approved Company conducted the fire risk assessment for life safety, it is suitable and sufficient and compliant with the BAFE SP205-1 Scheme document and is certified by a registered competent fire risk assessor.
5. Where life safety and other aspects of fire protection are addressed in the same fire risk assessment a Certificate of Conformity shall be issued but the certificate shall make clear that the certificate applies only to the life safety aspects of the fire risk assessment and not further or otherwise.
6. Should the customer be dissatisfied with the fire risk assessment covered by this certificate, he/she should at first contact the Approved Company at its local office. If satisfaction is not obtained, the customer should address a written complaint to the customer services department at the head office of the Approved Company. If the customer remains dissatisfied, he/she may address a written complaint, outlining the nature of his/her dissatisfaction and the circumstances of the fire risk assessor company's response, to the Customer Care Manager at NSI.

NSI will not normally consider complaints unless the Approved Company has been given the opportunity to resolve the dispute as set out above.

Subject thereto and as hereinafter provided, NSI will endeavour to assist in the resolution of the dispute between the contracting parties, provided always that NSI will not deal with or be involved in any discussions or negotiations with either party with regard to financial or other loss, claims or potential loss claims, outstanding payments or construction and/or interpretation of the Approved Company's terms and conditions of contract.

NSI shall not be liable for any act or omission arising from any assistance it may provide as hereinbefore provided unless such act or omission is shown to have been fraudulent or deceitful.

7. This Certificate confirms conformity with the requirements of BAFE Scheme document SP205-1 applicable at the date of issue by the issuing company. NSI does not undertake to investigate any query or complaint in relation to future changes to BAFE scheme documents, policies or other regulations that render the fire risk assessment in need of further updating. In that event, the appropriate update should be carried out by a company holding NSI LIFE SAFETY FIRE RISK ASSESSMENT Approval.
8. NSI does not accept any responsibility or liability for any fire risk assessment produced by the Approved Company
9. Unless the issuing company's obligation to NSI in respect of the fire risk assessment are undertaken by another NSI Approved Company, NSI will not enforce its Rules or Standards on the Approved Company or on its successor in business in respect of any fire risk assessments after the issuing company ceases to hold NSI LIFE SAFETY FIRE RISK ASSESSMENT Approval.
10. The Certificate is issued subject to the terms and conditions of the company issuing the certificate for the fire risk assessment service.
11. On this certificate and in these terms and conditions, where the context permits, the reference to the issuing company shall include any Approved Company who shall undertake the issuing company's obligations to NSI in respect of the fire risk assessment.

Note.

"SP205" is a Scheme Document published by the British Approvals for Fire Equipment (BAFE).

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TERMS AND CONDITIONS OF BUSINESS

Moorcot Court, Bideford Drive, Wythenshawe, Manchester, M23 0QW

This fire risk assessment is in accordance with the full Terms and Conditions provided with our quotation that should be read in full. The risk assessment should not be relied upon by any person other than the customer/client named herein. i.e. if the premises are sold to a third party. This fire risk assessment is made without prejudice to any requirements made by Local Authority, Building Control or by the local Fire Authority. Fire assessment and evaluation of risk is a dynamic and evolving process. The Assessment that we have prepared is based on the appearance of the premises/building, number of employees, internal layout and information provided on **Monday, 18 May 2026**

This fire risk assessment is prepared pursuant to our assessor's knowledge of the premises as disclosed to him/her by the occupier and following an inspection. The working of equipment not specifically checked by him/her is outside our knowledge and control. The risk assessment only identifies those areas of risk apparent at the date above in relation to the risks relating to fire. If there is a change in the structure of the premises/building, number of employees, layout or any other aspect that could impact upon fire safety the Responsible Person should ensure that no revision to the Assessment is required.

We have assessed the risk of fire to ensure legislative compliance and safety of relevant persons and have provided you with our Assessment. Ownership and implementation of the assessment is vital. We accept no responsibility for loss, damage or other liability arising from a fire, loss or injury due to the failure to observe the safety observance and practices identified in our Assessment. The Responsible Person will always remain responsible for the outcome of the Fire Risk Assessment or its review. We highlight that we recommend a periodic fire risk assessment review regardless of any changes in the structure, nature of business and employees. Total Fire Group Ltd accepts no liability where the recommended review date in the fire risk assessment has been exceeded, the information provided should not be relied upon 12 months from the date of the Assessment.

The submission of this Assessment constitutes neither a warranty of future results by Total Fire Group Ltd nor an assurance against risk. The Assessment represents only the best judgement of the consultant involved in its preparation, and is based, in part, on information provided by others. No liability whatsoever is accepted for the accuracy of such information.

Our recommendations are outlined in an Action Plan Summary. This sets out the measures it is considered necessary for you to take to satisfy the requirements of the Fire Safety Order and to protect people from fire. It is particularly important that you study the Action Plan, and, if any recommendation in the Action Plan is unclear, you should seek clarification. You are advised that this fire risk assessment forms only the foundation for management of fire safety in your premises and compliance with the Fire Safety Order. It is imperative you act on its recommendations and record what you have done. This will demonstrate to the enforcing authority your commitment to fire safety and to fulfilling your legal obligations. The Fire Safety Order requires that you keep your risk assessment under review. A date for routine review is given within the Assessment, but you should review the Assessment sooner should there be any reason to suspect it is no longer valid, if a significant change takes place or if a fire occurs.

The Fire Safety Order requires that you give effect to 'arrangements for the effective planning, organization, control, monitoring and review of the preventive and protective measures'. These are the measures that have been identified by the risk assessment as the general fire precautions you need to take to comply with the Fire Safety Order. You must record these arrangements. While this fire risk assessment is not the record of the fire safety arrangements to which the Fire Safety Order refers, much of the information contained in this Assessment will coincide with the information in that record. We have based our assessment on the situation we were able to observe while at the premises and on information provided to us, either verbally or in writing. No verification of full compliance with relevant British Standards was carried out. Our surveys do not involve destructive exposure, and it is not always possible to see in all rooms and areas, nor inspect less readily accessible areas such as above ceilings or voids. It is therefore necessary to rely on a degree of sampling and also reasonable assumptions and judgement.

Contact Details

Total Fire Group Ltd Suite 312, Waters Meeting Business Park, Britannia Way Bolton BL2 2HH
01204 697990 info@totalfiregroup.org

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1.0 Fire Risk Assessment Details

The following fire risk assessment has been conducted on behalf of:

Wythenshawe Community Housing Group Limited

Wythenshawe House, 8 Poundswick Lane, Wythenshawe, Manchester, Greater Manchester, M22 9TA

and relates only to the premises of:

Moorcot Court, Bideford Drive, Wythenshawe, Manchester, M23 0QW

Responsible or Accountable person(s):

Wythenshawe Community Housing Group (WCHG).

Person(s) consulted and landline contact number:

Joy Ashley, 07580869117. joy.ashley@wchg.org.uk.

Fire Risk Assessor:

Ethan Davies BSc (Hons), MIFSM, Advanced Level - National Fire Risk Assessors Register (NFRAR 665)

Validated by:

Mark O'Meara DMS, Eng Tech, MIFireE, MIFSM, Advanced Level - National Fire Risk Assessors Register (NFRAR 0143)

Date fire risk assessment was conducted:

Monday, 18 May 2026

Time:

09:10

Date of last FRA or FRA Review (if known)

19 May 2025

Suggested date for next review:

May 2027

Fire risk assessment limitations:

A type 3 (Non-Destructive) Fire Risk Assessment (as detailed in the latest guidance document Fire Safety in Purpose Built Blocks of Flats) has been completed with access to flats 28 and 59.

During the previous assessment, access was made into the lift motor room above the eighth floor, in addition to the roof area. Although the roof could be accessed, the BMS room on the roof could not, as our assessor was not provided with the correct keys for access.

The old caretaker's office on the ground floor could not be accessed at the time of the fire risk assessment as the lock was spinning in the door and would not open.

The open deck serving the seventh-floor flats had a boarded ceiling, above which it could be seen that services had been run. The area above this board could not be accessed without carrying out a destructive risk assessment, which was not undertaken at this time. The same was the case with some enclosed riser areas adjoining the open decks.

A large sample of the riser cupboards were accessed along with the laundry room and the plant rooms at the rear of the premises (externally accessed).

The assessment of the fire performance of the external wall construction and cladding is excluded from this fire risk assessment. Where required, it is recommended that advice is sought from a qualified and competent specialist on the nature of, and fire risks associated with, the external wall construction, including any cladding on this building. This exclusion is consistent with advice provided by the Fire Industry Association (FIA), specifically within the document 'FIA Guidance on the Issue of Cladding and External Wall Construction in Fire Risk Assessments for Multi-Occupied Residential Premises'. Where it is determined that a detailed assessment of an external wall is required, this should be carried out by specialists in accordance with PAS 9980.

All services or penetrations traversing fire resisting compartments were not confirmed as being sufficiently fire stopped with fire resisting material. Any locations that have been identified are highlighted in section 9. Where fire compartments/fire dampers/ceiling voids were considered inaccessible for safety reasons and could not be physically accessed or were outside the visual range of the assessor, technical comment on these areas cannot be provided. If there are reasons to suspect the fire resistance within the building has not been sufficiently maintained the responsibility to provide this technical information rests with the duty holder.

There were no outstanding notices of deficiencies/enforcement action from the enforcing authority and the fire strategy document and "as built" plans issued on completion of the building/alterations were not observed.

This fire risk assessment document is part of the continuous management of fire safety within these premises and as such should be read in conjunction with the fire risk assessment or review as dated above.

Note

The following assessment has been conducted to assist the responsible person in compliance with the Regulatory Reform (Fire Safety) Order 2005. Although reference is made to relevant British Standards, Codes of Practice and Guides the Assessment will not, nor is it intended to, ensure compliance with any of the documents referred to in the Assessment. However, deviations from generally accepted codes, standards and universally recognised good fire safety practice will be clearly identified in the fire risk assessment.

2.0 General Premises Details

2.1 Number of floors:

9 including the ground floor.

2.2 Approximate building footprint:

550m²

2.3 Details of Construction and Premises:

Moorcot Court was built in 1969 and is a high rise residential block consisting of 70 flats which are accessed via open decks. The premises is of concrete frame construction with brick infill panels and curtain wall glazing including spandrel panels which have been replaced since the previous fire risk assessment. Floors and walls are of concrete construction and the building has a flat roof.

The building is rectangular in shape and each of the upper floors is of the same layout. This layout consists of a lift lobby incorporating the single staircase adjoining all floors. The single staircase has a means of permanent ventilation at its head. There are 2 lifts in the lift lobby, both serving all floors. A door from each lift lobby opens onto the open deck area serving flats. A refuse chute room is accessible via a door on each open deck, as is a service riser cupboard adjacent to the refuse chute room. Additional service riser cupboards are present by the flats, adjoining the open decks. On the ground floor the layout is slightly different, with a laundry and an old (no longer staffed) caretaker's office adjoining the lift lobby. A rear exit from the building provides access to some ground floor flats, in addition to the mains gas meter cupboard, a tank room and bin room. There are also service risers, some of which contain electrical services.

A number of resident flats were accessed (as specified in Section 1) and the layout of each of these was the same, this consisting of the entrance door opening into a hallway, off which was a kitchen, a store cupboard and a living room. A lobby adjoining the living room provided access to a bedroom and a bathroom. The bedroom would therefore be an inner room, with the living room serving as the access room, if it were not for the provision of an escape window in the bathroom leading onto the open deck. Also adjoining the living room is an enclosed balcony area. Each flat was provided with a BS5839-6 Grade D fire alarm system to an LD1 standard of coverage. A BS5839-1 type heat detector was also observed as installed in each of the flat entrance hallways and this has been confirmed to be part of the common area fire alarm system which has been reconfigured to be silent (except for in plant/service areas and the roof) and to function as an emergency alert system for use by the Fire and Rescue Service. Also extending throughout each flat was a sprinkler system, which appeared to be fed by tanks in a room adjoining the ground floor deck serving flats. This sprinkler system was also observed to serve some common areas such as the laundry.

Emergency lighting is installed throughout the common areas, including plant.

2.4 Occupancy/Purpose Groups

The premises are classed as Purpose Group 1a Residential (Flat) as defined by Building Regulations Approved Document B 2019 (amended 2020 and 2022)

2.5 Approximate maximum and minimum number of persons:

140, based on an assumption of 2 persons per flat.

2.6 Approximate maximum number of employees at any one time:

Limited to occasional visits by cleaning and maintenance staff.

2.7 Maximum number of members of the public:

Limited to visitors to the residents.

2.8 Occupants at Special Risk:

<i>Sleeping occupants</i>	
Persons familiar with the premises	Yes
Persons unfamiliar with the premises	No
<i>Occupants with disabilities</i>	
Mobility-impaired	Yes
Hearing-impaired	Yes
Learning difficulties	Yes
Occupants in remote areas	No
Others	Yes
Comments	
Flats are general needs. Residents may be present with any combination of disabilities throughout the premises. The Responsible Person for the premises should provide information and regularly remind tenants on the fire procedures by providing leaflets and where necessary encouraging new tenants to have a home fire safety check by the local fire service. Specific measures regarding tenants with any disabilities identified can be discussed and implemented following the home fire safety check in conjunction with relevant local community services.	

2.9 Fire Loss Experience

None evident. None were reported at the time of the assessment.

2.10 Any other relevant building details: i.e. Does the building have any ancillary uses, such as commercial or community activities? If yes provide details

None.

3.0 Overall Risk Rating

Based on the findings within the fire risk assessment the overall risk ratings have been quantified as:

Risk to Life: Moderate.

The standard of fire safety on the premises is generally high, however, findings were identified relating to the passive fire protection measures (see the findings in section 9), which may impact on the containment of fire from the area/compartment of fire origin. There are also other findings/recommendations; therefore, the risk to life is considered to be moderate.

However, when the findings and recommendations identified within this Fire Risk Assessment are addressed the risk to life will be reduced to tolerable.

The risk rating has been determined after considering the fire risk rating matrix in section 17.0. In these premises it is considered that the risk of a fire occurring is unlikely and the likely consequences of harm from fire (should one occur) are moderate harm.

Risk to Property: Tolerable

The standard of compartmentation on the premises was high and the monitored common fire alarm system should result in the Fire Service being summoned in a reasonable amount of time. Sprinklers are also installed throughout the resident flats and some plant/service areas. The risk to property is therefore considered to be tolerable.

Risk to Business Continuity:

N/A

Note: The BAFE SP205-1 fire risk assessment certification relates to life safety only and not property or business continuity protection. The client should undertake further detailed assessment of risk for these areas if it considers necessary.

4.0 Dangerous, Flammable, Combustible Materials & Substances

IDENTIFYING THE FIRE HAZARDS

4.1	Are suitable arrangements in place to manage the elimination or reduction of risks from dangerous substances? (Article 12)	N/A
4.2	Are there suitable additional emergency measures provided to safeguard all relevant persons from emergencies related to dangerous substances in or on the premises? (Article 16)	N/A
4.3	Have combustible or flammable materials used or stored in the premises been identified?	Yes
4.4	Are all combustible or flammable materials stored or stacked safely?	Yes
4.5	Has consideration been given to reduce the quantity held or has the use of non-combustible materials been considered?	N/A
4.6	Are all substances stored away from ignition sources?	Yes
4.7	Where flammable stores are provided, are they adequately ventilated and correctly marked?	Yes
4.8	Are all refuse bins for Dangerous, Flammable, Combustible Materials & Substances sited where they will not affect the means of escape or pose a fire hazard?	N/A
4.9	Is all Dangerous, Flammable, Combustible waste removed on a regular basis?	N/A
4.10	Is the frequency of waste removal adequate?	N/A

4.0 Dangerous, Flammable, Combustible Materials & Substances: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
4.1	Our assessor has been made aware of a DSEAR risk assessment that was carried out within the biomass room on the ground floor. Report dated 09/09/2024, carried out by Morgan Lambert. It was noted that a number of recommendations were raised. It is recommended that WCHG complete these remediations; see the recommendations (58) attached to that assessment.
4.1-4.2	Questions 4.1 and 4.2 relate to substances and materials which are subject to the "Dangerous Substances and Explosive Atmosphere Regulations 2002" (DSEAR). No substances or materials falling into the above regulations are stored or used inside the premises.
4.3-4.4, 4.6-4.7	Cleaning materials are stored in a designated cupboard adjoining the laundry, which is kept locked when not in use, or in a metal cupboard in the old caretaker's office. However, electrical equipment within the cleaner's cupboard adjoining the laundry is exposed and this is addressed in further detail in finding 9.16 of this fire risk assessment.

5.0 Interior Furnishings

5.1	Are all interior furnishings made from fire resisting materials?	N/A
5.2	Where appropriate are they retreated with flame retardant chemicals (theatre curtain etc.) or made from inherently flame retardant materials?	N/A
5.3	Are all items located away from ignition sources?	N/A
5.4	Is all furniture in a good condition i.e. free from tears in covers, burns or discolouring from heat?	N/A

5.0 Interior Furnishings: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
5.1	At the time of the Fire Risk Assessment, the common areas were free from furniture.

6.0 Heating and Electrical Appliances

6.1	Are portable or fixed heaters used?	No
6.2	Are all heaters fitted with suitable guards and located in positions away from combustible materials?	N/A
6.3	Are all heaters free from naked flames?	N/A
6.4	Has the use of safer alternatives been considered?	N/A
6.5	Portable Appliance Testing: Are systems in place to ensure appliances are tested, repaired and maintained on a regular basis in accordance with the Electricity at Work Regulations, 1989?	Yes
6.6	Has the premise's electrical system undergone electrical safety checks?	Yes
6.7	Is there a procedure to prevent the use of unauthorised portable appliances?	Yes
6.8	Is the ventilation of all appliances adequate?	Yes
6.9	Are all appliances turned off when the area is unoccupied?	Yes
6.10	Are all appliances protected by the correct fuse rating?	Yes
6.11	Are systems in place to isolate any appliance with a blown fuse?	Yes
6.12	Are all appliances free from visible signs of overheating?	Yes
6.13	Are multi-point adapters and extension leads kept to a minimum?	Yes
6.14	Are all cables (where can be seen) on walls, floors, ceilings correctly secured, so as not to pose an entrapment risk to firefighters?	Yes
6.15	Are cables free from mechanical damage?	Yes
6.16	Do signs indicate all electrical hazards?	Yes
6.17	Are reasonable measures taken to prevent fires as a result of cooking?	N/A
6.18	Are filters changed and ductwork cleaned regularly?	N/A
6.19	Are suitable extinguishing appliances available?	N/A
6.20	Are legal or other requirements for testing, maintenance & record keeping complied with for equipment such as hoists, escalators, air handling systems, heating boilers, pressure vessels etc.?	Yes
6.21	Do the premises have a lightning protection system? (where required)	Yes
6.22	Have other potential sources of heat not listed above been considered?	Yes

6.0 Heating and Electrical Appliances: Finding(s)

Ref	FINDINGS
None.	
Ref	RECOMMENDATIONS
None.	
Ref	COMMENTARY
6.0	Isolation switches for the lifts are located in the lift motor room.
	
6.0	Clear signage is provided in the ground floor lift lobby which details the location of the main gas meter and emergency isolation valve, located in a cupboard accessed externally to the rear of the premises.
	
6.1-6.3	There was no heating system provided to the residential common parts, however, gas is present in the building for the rooftop heating system/boiler room, which is supplied to individual flats via a heat exchanger for the mechanical heating and ventilation system in each flat.
	
6.6	The property undergoes a 5 year electrical installation test and service for the communal areas and a minimum of 10 yearly testing for the flats in accordance with BS 7671. All records are held in-house on the WCHG data systems. Labelling on a common area electrical installation observed indicated a date of last service of 23/02/2022.
6.6	Portable appliance testing (PAT) is regularly carried out. It is highlighted that not all electrical devices need to be the subject of an annual PAT. The Health and Safety Executive (HSE) advocates a proportionate, risk-based approach to the maintenance of portable electrical appliances within the workplace. This guidance is simple and easy to follow and can be found on the HSE website "Maintaining Portable Electrical Equipment in a Low-Risk Environment."
6.9	It would be impractical to turn off/isolate many of the appliances in use within the building when the area is unoccupied, such as in plant and laundry spaces.
6.14	There are some cables on the ceiling secured by cable ties and plastic clips throughout the premises but these are unlikely to cause entanglement issues for firefighters.
6.14	Loose cables previously highlighted were secured at the time of the fire risk assessment.
6.19	Suitable hazard signage was fitted to service risers across the premises.
6.20	WCHG have confirmed to TFG that boiler systems are on an annual servicing programme with a competent contractor, with records to evidence this practice held centrally by WCHG. Heating vessels are provided to individual flats.
6.20	The washers/dryers in the communal laundry appeared to be clean and in good condition with clean filters at the time of this fire risk assessment.
6.21	The lightning protection system is tested on an annual basis, with servicing records are held on WCHG systems.
6.22	No other sources of ignition were identified during this assessment and there are no solar panels or PV systems said to be fitted to this building.

7.0 Persons at Risk

7.1	Does the actual occupancy of the premises/building conform with the occupancy figures contained in the relevant guide for the type of premises/purpose group?	Yes
7.2	Are the management/responsible person(s) aware of the occupancy restrictions for all rooms within the premises? i.e. function rooms, bars, conference facilities	N/A
7.3	Have the requirements of the Equality Act 2010 (permanent or temporary disabilities) for ALL persons been assessed and complied with where reasonable?	Yes
7.4	Have all disabled staff members been consulted and where agreed PEEPs been prepared?	N/A
7.5	Have standard PEEPs or PCFRAs been prepared for all relevant persons and visitors that may reasonably be expected to resort to the premises?	Yes
7.6	Are disabled refuges provided?	N/A
7.7	Are members of staff trained in the evacuation of disabled or mobility impaired persons?	N/A
7.8	Are fire evacuation drills conducted at least annually, taking into account all employees, shift and casual workers, visitors and contractors where appropriate?	N/A
7.9	Are the results recorded? (People involved, time taken, learning outcomes).	N/A
7.10	Is the access of relevant persons controlled at all times? i.e. are public, visitors & contractors required to sign in?	Yes
7.11	Are relevant persons made aware of the fire and health and safety procedures on arrival? (i.e. fire procedure/building plan adjacent to signing in book etc.)	Yes
7.12	Are notices in place to inform of restricted access areas?	Yes
7.13	Are there designated fire marshals where appropriate for all areas to ensure all relevant persons are accounted for following an emergency?	N/A
7.14	Is sleeping accommodation provided for the staff, public, temporary residents etc.? (Hotels, boarding houses, probation hostels etc.).	N/A

7.0 Persons at Risk: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	Observation 7.3, 7.5, 7.7 The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025 now apply to these premises (since April 2026). When a vulnerable/relevant person is identified, a Residential (PEEP) should be carried out via a person-centred fire risk assessment (PCFRA). Without the completion of a PCFRA, the process is unlikely to meet the requirements of the legislation. The PCFRA is the first step in the process, leading to a bespoke residential PEEP. (RPEEP) This must include an assessment of: • The risks relating to the relevant resident arising from their compromised ability to evacuate without assistance in the event of a fire, and • Any other risks to the resident as regards the building, in light of their cognitive or physical impairment. • 'Risks' are those relating to safety from fire.
	Recommended Actions 7.3, 7.5, 7.7 Best practice advice The responsible person should engage with residents and, where required, provide a PCFRA and a resulting emergency evacuation statement. Guidance on carrying out a PCFRA can be found here: Residential PEEPs: Guidance for Responsible Persons - GOV.UK Examples of PCFRAs and the in-flat measures that are used as required to provide residents with personal independence can be found here: Responsible Persons toolkit – GOV.UK

Ref	COMMENTARY
7.1, 7.3, 7.8	The building is occupied as general needs flats, therefore fire drills and associated staff procedures are not required. Residents of the flats may have a range of disabilities but will be familiar with the means of access and egress which is used on a regular basis. New residents should be encouraged to have a home fire safety check by the local authority Fire and Rescue Service where it is considered that they may be vulnerable in the event of a fire. Specific measures regarding residents with any disabilities identified can be discussed and implemented following the home fire safety check in conjunction with relevant local community services. Where it is known that persons cannot self-evacuate, further fire safety measures may be needed.
7.1, 7.3, 7.8	As part of WCHG's Fire and Building Safety Management Policy it is noted in section 6.3 that "residents in General Needs high-rise blocks are regularly consulted and asked to self-identify where they may be unable to evacuate unaided in the event of a fire or other emergency and the information will be stored in the Secure Information Box at each premise and reviewed annually or where there is a change of need or tenancy. Where tenants are unable to evacuate unaided then a rehousing assessment will be undertaken with the tenants to assess the option of a possible transfer to a more suitable home. All new applicants prior to the offer of an apartment in a high-rise block will be assessed for their suitability with regard to mobility and ability to self-evacuate."
7.3, 7.5, 7.7	The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025 aim to improve the fire safety and evacuation of residents in specified residential buildings in England who would have difficulties evacuating a building by themselves in the event of a fire (relevant residents). Such difficulties may be due to a physical mobility issue, some other disability such as having a sight or hearing impairment, or a cognitive condition. The regulations also mandate building emergency evacuation plans in these buildings. The Residential PEEPs process includes a suite of measures: • the responsible person (typically the building owner or manager) identifying residents who need Residential PEEPs • a person-centred fire risk assessment – a conversation between the responsible person and the resident, if one is requested by the resident – to understand their particular risks and identify how their fire safety and evacuation can be improved • an emergency evacuation statement of what the resident should do in the event of a fire (if agreed between the responsible person and the resident) • information for the Fire and Rescue Authority to help inform any operational response and in case they need to undertake evacuation (but only if the resident explicitly agrees to that information being shared) • an ongoing duty to review the person-centred fire risk assessment / emergency evacuation statement, and the building emergency evacuation plan • These measures are set out as duties in these regulations that the responsible person under fire safety legislation is legally required to meet. The new regulations and duties can be accessed at gov.uk. https://www.gov.uk/government/publications/residential-personal-emergency-evacuation-plans-residential-peeps/residential-peeps-factsheet
7.5	A previous FRA noted that Tom Porter (Building Safety Officer for WCHG) had confirmed that where vulnerable persons are identified within the building (i.e. those persons whose details are provided within the SIB) these persons are offered person-centred fire risk assessments (PCFRAs). Following the formulation of any PCFRAs, appropriate risk reduction measures should be implemented and these should be updated/reviewed on a suitable periodic basis. It is unlikely that this procedure has changed.
7.8	Whilst there are some areas used occasionally by staff such as the office and community room, these have simple escape routes, are not staffed full time and the number of persons using these areas would usually be very low. It is the opinion of the assessor that fire drills would have little benefit and would be impractical in many instances.
7.10-7.11	Contractor access is controlled by WCHG. A signing in book is not necessary. Visitors to the flats are the responsibility of the tenants. Where necessary, health and safety information relating to this building may be provided by WCHG to attending contractors, prior to them accessing the premises.
7.12	Restricted areas are secured by locked doors which are locked by WCHG staff or cleaners when not in use.

8.0 Means of Escape

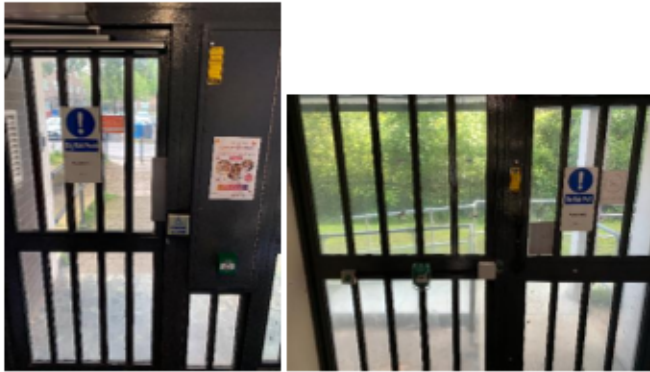
8.1	Do travel distances meet the criteria given in the relevant HM Government guide and recognised industry norms and guidelines? Are the travel distances from flat entrance doors to the nearest stairway or final exit(s) acceptable?	Yes
8.2	Is the smoke ventilation provision suitable for the escape travel distances and protection of escape staircases? OV, AOV, PV or mechanical systems? Are the systems subject to regular servicing and testing?	Yes
8.3	Are there a sufficient number of exits of suitable width from each area/room for the persons present?	Yes
8.4	Can you ordinarily expect the Fire Service to arrive in the event of a fire whilst the fire is in the room of origin?	Yes
8.5	Can you expect the premises to be evacuated within the standard times for the type of construction?	N/A
8.6	Are all escape routes available and accessible at all times?	No
8.7	Are all escape routes and stairways free from undesirable items? (E.g. portable heaters, cooking appliances, furniture, coat racks, vending/gaming machines, photocopiers, mirrors.	No
8.8	Do any inner rooms exist?	No
8.9	Are vision panels provided between the inner room & access room and is it adequate?	N/A
8.10	If the vision between the inner room and the access room is inadequate is smoke detection provided within the access room?	N/A
8.11	Are all emergency exits doors unlocked and available at all times when the premises are occupied?	Yes
8.12	Are all final exit doors checked (opened) on a regular basis? Are the outcomes recorded?	Yes
8.13	Is the door furniture provided appropriate for the purpose group of the premises i.e. public buildings, licensed premises etc.?	Yes
8.14	Are floor and stairway surfaces in good condition and free from slip and trip hazards?	Yes
8.15	Do all final exits lead to a place of safety?	Yes
8.16	Are external escape paths clear of obstructions?	Yes
Electronic Door Release Devices		
8.17	Are all escape doors free from electro-mechanical door locks devices?	Yes
8.18	Are all escape doors free from electro-magnetic door locks devices?	No
8.19	Where electronic/electrical door control devices are fitted do they meet the installation criteria given in BS 7273 Pt. 4 2015	Yes
8.20	Do entry control devices conform to the category of actuation for the purpose group that the particular premises/building currently operates within?	Yes
8.21	Is the emergency operation of the door lock stated by appropriate signage?	No
8.22	Have all persons in the assessment area received instructions on how the devices operate in the event of an emergency?	Yes

8.0 Means of Escape: Finding(s)

Ref	FINDINGS
8.6	Observation It was observed at the time of the fire risk assessment that both gates from the rear exit were padlocked. The residents on the ground floor with externally accessed flats would have to travel through the ground floor communal areas to evacuate, which requires a FOB to get back into the premises, meaning that residents may have to re-enter their flats in the event of a fire, placing persons at risk of harm.  Recommended Actions It is recommended that this padlock be removed and the gate to the side of the yard be made available. Observation Storage was identified on the open deck areas. It was communicated that WCHG policy is to keep the open decks free of storage. Where there are breaches of WCHG policy this may encourage additional storage, introducing slip/trip hazards and placing persons at risk of harm.  Recommended Actions WCHG should arrange for the identified storage to be removed in line with their policy for items on the open decks.
8.7	Ref None. RECOMMENDATIONS

Ref	COMMENTARY
8.2	The photograph shows the permanently open vents at the head of the stairs that are provided for smoke ventilation. These vents are considered acceptable. 
8.2, 8.6	The common deck access walkways are open sided and this would allow any smoke to escape to fresh air from a fire at the front of the building. The stairs are protected by self-closing fire doors on each level and as such it would be unlikely for smoke from a flat fire to normally be able to enter the stairs.
8.6	The door onto the roof from the lift motor room provides a means of permanent ventilation. 
8.6	Steps on the internal staircase are nosed, ensuring clear visibility for those using them.
8.6	The layout of flats is such that by normal means residents would have to pass from their bedroom through the living room and past the kitchen to reach the flat entrance door. An alternative has been provided in the bathroom, where escape windows have been installed. This alternative provides a means by which, from a bedroom, the resident could enter the bathroom and use the escape window as opposed to passing through the living room and by the kitchen. 
8.6-8.7	Article 14 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to ensure that emergency routes and exits can be used as quickly and safely as possible.
8.11, 8.13	From the internal side of flat entrance doors, it was observed that there were a mixture of thumb turn devices and key operated locks.
8.12	The exit doors are used on a regular basis by the residents. Any problems would be reported to WCHG. The exit routes are also used regularly by the caretakers/cleaners and it is reasonable to assume they would report any defects for repair. The rear exit door from the community room was in good condition and this is also regularly opened to check its operation.

- 8.18-8.19 The front (to street) and the rear (to plant and ground floor flats) exits from the ground floor lift lobby are automatic and are fitted with electromagnetically securing devices. From the internal lift lobby side these exits are provided with suitable green box overrides.



- 8.21 The emergency override on the escape side of the electromagnetically secured laundry door is labelled as an override.



9.0 The Confinement of Fire

9.1	Are all escape routes and compartments protected by fire resistant walls and doors where required?	No
9.2	Where required, are the compartment walls of top floor compartments extended through the roof void and suitably sealed at the roof?	Yes
9.3	Is there a procedure for monitoring and maintaining existing fire resisting construction and fire stopping, in particular, pre-contractual agreements prior to any alterations work on site?	Yes
9.4	Is there a procedure in place to regularly check the condition of fire resisting doors and doorsets?	Yes
9.5	Are all fire doors self-closing, kept locked shut where appropriate and in good condition?	No
9.6	Are all fire doors fitted with smoke seals and intumescent strips where required?	No
9.7	Is there reasonable limitation of linings to escape routes that might promote fire spread?	Yes
9.8	From a non-invasive inspection, is there potential for fire and smoke spread through routes such as doors, walls, vertical shafts, service ducts, service penetrations, venting systems, cavities, and voids?	Yes
9.9	Have there been any structural alterations within the past 12 months?	No
9.10	Were the requirements of the Building Regulations followed and a completion certificate issued?	N/A
9.11	Are all ducts fitted with effective fire dampers where required?	N/A
9.12	Are all fire exits underneath and within 1.8m horizontal or 9m vertically of any external escape stair, fire resisting and self-closing?	N/A
9.13	Is glazing within the above distances fire resisting and fixed shut?	N/A
9.14	Is there a procedure for all premises/areas to be checked at the end of a working period for potential fire hazards?	N/A
9.15	Are the premises free from risk posed by adjacent properties? (Uncontrolled fly tipping, overgrown vegetation or poor housekeeping)	Yes
9.16	Are there any other premises features or hazards that could affect fire development or spread?	Yes
9.17	Is there potential for fire and smoke spread into the premises from an external fire?	No
9.18	Does basic security against arson by outsiders appear reasonable?	Yes
Automatic Hold Open Devices		
9.19	Are any fire doors fitted with automatic door release devices?	No
9.20	Are the devices fitted to any critical doors? e.g. onto stairs in a single staircase building	N/A
9.21	Is smoke detection provided within the area located near to the door release device? (Consider to L3 standard?)	N/A
9.22	Are all non-self-contained devices linked to the fire alarm system and released on actuation?	N/A
9.23	Are any self-contained, acoustically actuated door hold open devices fitted?	No
9.24	Are all devices tested regularly and the results recorded? (At least once a week)	N/A
9.25	Are all doors released at night or when the area is unoccupied?	N/A
9.26	Are all devices tested in accordance with the manufactures relevant standard to ensure satisfactory operation?	N/A
External Wall Systems		
9.27	Has the risk of external fire spread been considered? Consider external cladding, wall systems, external render and balconies.	Yes
9.28	Has there been any previous examination of the building's external wall system or cladding? If yes provide details.	Yes
9.29	Has the information on the EWS or any changes to it, been sent to the Fire and Rescue Service?	Yes

9.0 The Confinement of Fire: Finding(s)

Ref	FINDINGS
	Observation 9.1, 9.5-9.6, 9.8 It was observed that the glazing in the staircase doors to the 6th and 8th floor was loose. The smoke seals on the top of the bin rooms on the 5th and 6th floor were either missing or missing a section of seal and the staircase door on the 5th floor was unable to self-close fully and unaided into frame. Where there are deficiencies to fire doors they may not perform as expected in the event of a fire, placing persons at risk of harm.
	 Recommended Actions 9.1, 9.5-9.6, 9.8 It is recommended that glazing be secured, smoke seals be replaced, and the door/self-closer be adjusted so that it can self-close fully and unaided into the frame. Observation 9.1, 9.5, 9.8 It was observed at the time of the fire risk assessment that there was excessive damage to the entrance door of flat 18 and 43. Where there is excessive damage to a flat entrance door it will not provide the required level of fire resistance in the event of a fire, placing persons at risk of harm. Note: Following a call with Mike Richmond (WCHG) (Fire Safety Surveyor). The occupant of flat 18 is currently elsewhere, leaving the flat unoccupied and the new FD30s door for flat 43 is due to be delivered in the early weeks of June, when it will then be installed. Recommended Actions 9.1, 9.5, 9.8 It is recommended that the door of flat 18 be replaced with an FD30s door once the flat is occupied again. The entrance door to flat 43 should be replaced when the replacement door is delivered. Observation 9.1, 9.8 There was an open conduit outside of flat 34. Where conduits are open, they may allow for the spread of fire and products of combustion through compartments, placing persons at risk of harm.  Recommended Actions 9.1, 9.8 It is recommended that the conduit be closed.

Observation

- 9.16 As highlighted in the previous fire risk assessment, in the ground floor cleaner's cupboard the metal casing around the electrical installations would not close, leaving the electricals exposed to combustible materials below. Where there is potential for a fire to begin and develop, persons may be placed at risk of harm.



Recommended Actions

- 9.16 It is recommended that remedial works are carried out so that the metal casing around the electrical installation can be secured shut.

Ref	RECOMMENDATIONS
None.	

Ref	COMMENTARY
9.1	 The bathroom windows from residential flats are non fire resisting and are not fixed, with them opening below a height of 1.1m. Although non fire resisting and non fixed windows are not usually accepted on single direction open decks below a height of 1.1m, this arrangement has been accepted due to: • Sprinklers being installed throughout each residential flat. • The common, monitored fire alarm system extending into the flats. • The bathrooms being low risk rooms in which it is very unlikely a fire would begin.
9.1	Service risers and refuse chute rooms adjoining the open deck areas are provided with high and low level intumescent grilles. Although these will not seal in the early stages of a potential fire, therefore enabling passage of smoke and other products of combustion, the flats are accessed via open deck therefore this is considered acceptable. 
9.1, 9.5	There was a wooden panel instead of the glazing on the room of the disused caretakers office. This is considered to be acceptable at the time of the assessment as it was confirmed by Tom Porter that there is nothing within the room and it cannot be accessed due to the broken lock. Tom Porter raised the broken lock as a job on a portal at the time of the fire risk assessment.
9.1, 9.5-9.6	Flat entrance doors at the end of the balconies do not technically need to be FD30s, as no resident has to evacuate past the doors and the block is open decked. As for the doors on the ground floor that are externally accessed the same can be said as residents can get a suitable distance away from the premises to evacuate past. During the fire risk assessment, the entrance door to flat 2 appeared to have been damaged. WCHG are aware of this and intends to replace the door to the same specification as the remainder of the block.
9.1, 9.5-9.6, 9.8	Article 8 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to take general fire precautions to ensure the safety of relevant persons. This includes measures to reduce the risk of fire on the premises and the risk of the spread of fire on the premises.
9.1, 9.5, 9.8	The door to the laundry room has been replaced as recommended in the previous fire risk assessment.
9.1, 9.5, 9.8	Previously damaged flat entrance doors and glazing have been replaced.
9.1, 9.8	The damaged fire stopping within the riser on the first floor highlighted previously has been fire-stopped.
9.4	As confirmed on WCHG's standard responses: • All front entrance fire doors regardless of height that go into common areas are inspected annually during the annual gas/safety checks. Fire Doors to Individual residential premises are inspected annually and recorded on a PDA, any defects are logged and reported to be rectified. • Common Fire Doors to High Rise Blocks above 11m are inspected quarterly by a third-party trained consultant and any defects are recorded and repairs raised to rectify. • All high-rise doors are visually inspected by the Building Safety Officer on weekly visits to the blocks. Individuals who inspect Fire Doors have undertaken training facilitated by Vento or Fire Door UK. Further advice on routine inspection and maintenance of fire-resisting doors can be found in BS 8214 and LGA guidance Fire Safety in Purpose Built Flats section 82. Note Regulation 10 of the Fire Safety (England) Regulations 2022 gives further advice on additional information about fire doors to be given to residents. https://www.gov.uk/government/publications/fire-safety-england-regulations-2022/fact-sheet-fire-doors-regulation-10
9.5	The looking glass of the flat entrance door to flat 8 has been replaced.

- 9.5-9.6 WCHG have completed the programme of fire door replacement in this building, which has been ongoing during the course of previous fire risk assessments. The doors appeared to be of the same standard from a visual external inspection. From the sample accessed, the doors were observed to be FD30s and were effectively self-closing when tested. The doors had spring-loaded metal letterboxes fitted approximately midway down their length. BM Trada plugs were observed alongside intumescent seals and smoke strips.



- 9.8 Where the level of fire stopping or fire resisting construction is found to be below an acceptable standard remedial fire stopping work should be carried out. Breaches in fire resisting construction should be filled with suitable fire resisting materials to maintain the standard of fire resistance of the surrounding structure in accordance with BS 476 Pt 22 or BS EN 1364 Pt 1 to 6. The use of third party accredited passive fire protection contractors and products should ensure any remedial actions will be to the required standard in the most cost effective manner.

The Responsible Person ought to have in place a system for ensuring that the integrity of any passive fire protection measures is not compromised when building alterations are carried out e.g. for the installation of new pipes, cables and other services. Records of these should be maintained for future inspection by auditors and enforcement agencies.

One common available fire stopping product is expanding fire resisting foam. To avoid unnecessary costs, the universal use of expanding fire resisting foam products should be used with caution and in strict accordance with the manufacturer's recommendations to achieve the required fire resistance. Generally, expanding foam products are tested as narrow linear gap seals and will not work in a large penetration seal. The Guide to Inspecting Passive Fire Protection for Fire Risk Assessors produced by The Association for Specialist Fire Protection advises that PU expanding fire resisting foam products should only be used to seal linear gaps between walls and walls / floors / ceilings. It cannot be used to seal pipe or cable penetrations unless tested for that end-use application. In this case, other more appropriate fire stopping products should be used. It is recommended where rectifying life safety compartmentation issues that third party accredited contractors, who have been accredited to undertake the particular aspect of works, using appropriate third party accredited products is considered.

Note:

Compartmentation - Compartment walls and floors should form a complete barrier to fire between compartments they separate and have the appropriate fire resistance.

Fire Stopping - If compartmentation is to be effective, every joint or imperfection of fit, or opening to allow services to pass through the compartment, should be adequately protected to the same standard of fire resistance by sealing or fire stopping so that the fire resistance of the compartment is not impaired.

- 9.8 **Extract from previous fire risk assessment:** Compartmentation works have been carried out throughout the premises by Allied Protection Ltd and, at a later date, Flamehold. More recently, a fire stopping company named 'Knightsbridge' have carried out additional works. They are accredited passive fire protection contractors and they have provided WCHG with documentary/photographic evidence of their work.

- 9.11 The extraction from the laundry discharges in close proximity to the main entrance door externally (within 1.8m). This has been accepted as escaping occupants could instead use the rear exit from the building and could then proceed down the side passage to the gate at the front, thereby reaching ultimate safety.



- 9.11 In the flats that were viewed during this and previous Fire Risk Assessments, it was confirmed that the ventilation arrangements for the kitchen and bathroom were located on the external wall onto the open deck and did not pass through any other structure. The extraction passes out of the flats at high level, therefore does not affect persons escaping past. It was observed at the time of the assessment that vents were being lined with fire stopping materials.



- 9.15 The external parts of the premises were free from any items or fly tipping.
9.16 The door that was detached from the electrical unit within the cupboard in the laundry room during the previous assessment has been refitted.



- 9.16 A sample of service riser cupboards on the premises were accessed to find that combustibles had been removed as per the previous finding.
9.16 Some storage was observed within the mains electrical cupboard on the ground floor during the previous fire risk assessment, however it has been moved to the other side of the room away from the active electrics that are housed in a robust metal unit. The door is substantial timber and is externally accessed and is also kept locked shut.



- 9.16 In the bin room on the ground floor, the bin in use is located adjacent to a lid that has a fusible link which enables the lid to self-close over the bin should a fire occur. This is to prevent the fire, smoke and toxic gases from spreading up the chute. The fusible link is checked annually by an appointed contractor. The bin chute hoppers at each level are metal, self-closing and are fitted with rubber seals.
9.18 The previous fire risk assessment highlighted that the front and rear doors from the ground floor lift lobby are intended to be electromagnetically secured, however, were not securing at the time of the assessment. At the time of the fire risk assessment, both doors were found to be secured. This action has been completed.
9.18 Recycling bins for the premises are located in the secured, fenced ground floor deck area to the side of the premises, away from the building's immediate perimeter.
9.18 CCTV is provided in the common areas, including on the open decks.

9.27-9.29

Since the previous fire risk assessment, the replacement of the open deck panels and window spandrel panels has been completed, with the following materials now in place:

Window spandrels - Replaced with 'Proteus SP' material produced by 'Proteus Facades'. This is a polyester powder-coated steel/ceramic powder-coated aluminium/glass-faced spandrel panel with a Rockwool insulated core structurally bonded to a lightweight metal rear skin to be used within a curtain wall system. Warrington Fire Testing and Certification Limited have classified the material in relation to their reaction to fire behaviour as A2, S1, d0.

Balcony panel - These have been replaced with '3mm aluminium panels coated both sides'.



9.27-9.29

The previous fire risk assessment confirmed that Victoria Finn (Building Safety Manager for WCHG) informed our assessor that for the gable ends of Moorcot Court the material used is a silicone through colour render on a base of 110mm mineral wool insulation which is fixed back to the existing wall. At ground floor level it has grey-facing bricks tied back to the walls with a minimum 50mm insulation to the void.

The specification for the 'K Systems M Silicone External Wall Insulation System' was provided to our assessor and has an A2-s1, d0 reaction to fire classification in accordance with BS EN 13501-1:2007.



10.0 Automatic Fire Detection

10.1	Where a fire alarm system is required has one been provided?	Yes
10.2	Is there suitable provision of automatic detection within the flats?	Yes
10.3	Is there a procedure in place to ensure fire detection within residents' flats are routinely checked, to ensure they have not been tampered with?	Yes
10.4	Is it possible to define the detection system category? (L1- L5 etc.)	Yes
10.5	Is the automatic fire detection suitable for the risk and premises type?	Yes
10.6	Does the system conform to standards appropriate to the purpose group for the premises/building use? i.e. BS 5839 Pt. 1 or BS 5839 Pt. 6 etc.	Yes
10.7	Are sufficient call points and detectors provided?	Yes
10.8	Can the alarm be raised without placing anyone at risk?	Yes
10.9	Are all call points visible, unobstructed?	Yes
10.10	Are all fire alarm sounders of the same type, giving the same alarm signal? The signal should be distinct from all other alarms or signals in the workplace to avoid confusion.	Yes
10.11	Where required does the system have a voice alarm? i.e. large places of assembly	N/A
10.12	Can the alarm be heard throughout all areas of the premises?	N/A
10.13	Has a suitable fire zone plan been provided adjacent to the fire panel where necessary? i.e. complex premises or care homes	Yes
10.14	Is the fire alarm system under a regular maintenance programme by a qualified fire alarm engineer?	Yes
10.15	Are there systems in place to ensure the system is tested weekly from a different call point?	Yes
10.16	Are all fire alarm tests, faults and maintenance schedules recorded?	Yes

10.0 Automatic Fire Detection: Finding(s)

Ref	FINDINGS
None.	
Ref	RECOMMENDATIONS
	Observation
10.2	It could not be confirmed if the duct tape had been removed from the detector in flat 42.
	Note: This flat was not accessed at the time of the fire risk assessment; however, comments on Aurora show that the resident has been spoken to and a letter was sent to the resident for them to send a photo of the detector with the duct tape removed.
	
	Recommended Actions
10.2	Although it is acknowledged that the inside of flats does not fall under the Regulatory Reform (Fire Safety) Order 2005: It is recommended that the flat be visited to ensure that the duct tape has been removed from the detector.

Ref	COMMENTARY
10.2	All of the resident flats accessed were provided with BS5839-6 Grade D LD1 fire alarm systems.
10.3	WCHG have confirmed that detectors in flats are checked and the findings recorded as part of the annual gas servicing.
10.6	A common BS5839-1 fire alarm system is installed, which incorporates the provision of automatic detection to L2 standard. The system also extends into flats in the form of a heat detector in flat entrance hallways. The fire alarm system has been configured to be silent (in the main) and is monitored. The system has also been configured to act as a form of Evacuation Alert System (EAS), whereby it can be used by the Fire and Rescue Service to sound on a chosen floor and the floors above and below the chosen floor. WCHG have confirmed to our assessor that the common fire alarm is audible in service/plant areas and on the roof, where contractors may be present and where immediate evacuation would be considered prudent. The fire panel is installed in the entrance area next to the disused caretaker's office and appeared healthy at the time of the fire risk assessment.
	
10.7	Although the BS5839-1 common heat detectors extending into resident flats are fitted horizontally to the walls, which is less efficient, this is accepted as the extension of this system into resident flats is above and beyond the requirements of current guidance.
	
10.13	A suitable building and zone plan is provided adjacent to the fire alarm panel.
	
10.14-10.16	It was confirmed to our assessor that weekly fire alarm tests are undertaken, with records held digitally. The fire alarm system is also serviced 6 monthly by a competent person, with records again held centrally by WCHG. Records were not observed at the time of the fire risk assessment.

11.0 Emergency Escape Lighting

11.1	Has the provision of emergency lighting been considered? Working hours, windowless areas, open access areas > 60m ² , toilets > 8m ² .	Yes
11.2	Is emergency lighting provided in accordance with guidance relevant to the purpose group for the premises? (BS5266, ADB)	Yes
11.3	Does it illuminate escape routes, exits, corridors, hazards or obstructions, changes in floor level, signs, fire alarm call points and firefighting equipment?	Yes
11.4	Is the emergency lighting beyond the final exit adequate so that persons can reach a place of safety?	Yes
11.5	Are routine checks carried out in accordance with the appropriate standard to which the system conforms – i.e. daily, monthly, 6 monthly and annual checks?	Yes
11.6	Are records of maintenance kept?	Yes
11.7	Is normal lighting adequate and in working order?	Yes

11.0 Emergency Escape Lighting: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
11.1-11.3	Suitable provision of emergency lighting was observed in the common areas, including on open deck areas.
11.4	There is emergency lighting outside of the final exit doors and there is sufficient borrowed light beyond the final exit to enable persons escaping in a fire emergency to reach a place of safety.
11.5-11.6	WCHG have confirmed to our assessor that monthly testing of the emergency lighting system is carried out, with records held centrally and digitally. The emergency lighting is also serviced annually by a competent person, with relevant certification maintained centrally. Records were not observed at the time of the fire risk assessment.

12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations

Firefighting Equipment		
12.1	Where appropriate are adequate numbers of fire extinguishers provided? Consider floor area, special risks, minimum travel distance of 30m.	Yes
12.2	Are the correct types of extinguishers provided for the risks?	Yes
12.3	Are all extinguishers installed and sited in accordance with current guidance?	Yes
12.4	Are appropriate checks carried out on a monthly basis?	Yes
12.5	Are all extinguishers serviced by a qualified engineer every 12 months?	Yes
Firefighting and Firefighter Facilities		
12.6	Are firefighting and firefighter facilities provided, tested and maintained? (Dry/wet rising mains, SIB's, wayfinding signage)	Yes
12.7	Are all systems fully operational and functional?	Not Known
12.8	Are all security devices functional? (Sprinkler valves, wet & dry rising mains padlocked etc.)	Yes
12.9	Where sprinklers are fitted are all heads clear of obstructions (500mm clear of stock) and functional?	Not Known
12.10	Where firefighting shafts or fire mains are provided are the locations of the inlets/outlets in line with current guidance?	N/A
Firefighting Lifts		
12.11	Are lifts provided for the use of firefighters or evacuation?	Yes
12.12	Are all lift controls functional, tested and maintained?	Yes
12.13	Are any defects to the lift(s) reported to the Fire and Rescue Service? (defects that would affect or impact firefighting operations)	Yes
Facilities and Systems		
12.14	Is there an Emergency Alert System (EAS) for use by the Fire and Rescue Service? If the EAS is not in accordance with BS8629 can it be adapted to provide an EAS on the floor of fire origin, selected floors, or full evacuation? Please provide details.	Yes
12.15	Have up to date floor and building plans been provided to the Fire Service in electronic format, detailing key building information, location of firefighting facilities and equipment?	Yes
12.16	Where appropriate, has a Secure Information Box (SIB) been provided with up to date info, and access keys? Is it in a suitable secure location for access by the Fire Service?	Yes

12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations: Finding(s)

Ref	FINDINGS
	Observation
12.7	The sprinkler panel by the main entrance on the ground floor was showing a fault at the time of the assessment for a pump device failure. Where the sprinkler system does not function in the required manner, persons may be at increased risk of harm.
	
	Recommended Actions
12.7	It is recommended that a competent person attends the premises as soon as practicable to carry out remedial work as appropriate so that the sprinkler system is in fully operational condition.
Ref	RECOMMENDATIONS
	Observation
12.0	It was observed at the time of the fire risk assessment that there were fire blankets in some flats, observed through kitchen windows.
	Recommended Actions
12.0	Although it is acknowledged that the inside of flats does not fall under the Regulatory Reform (Fire Safety) Order 2005: It is recommended that the firefighting equipment is removed from the flats identified. See commentary 12.1. WCHG has not removed the fire blankets from the flats. These fire blankets are not currently under any service or maintenance plan and may not perform as expected when used.
	Observation
12.9	It was observed at the time of the fire risk assessment that sprinklers within the laundry room were missing their caps.
	
	Recommended Actions
12.9	It is recommended that a cover be fitted to the sprinkler heads.

Ref	COMMENTARY
12.1	There is no requirement for fire extinguishers in the common areas of residential flats. It is not normally considered necessary to provide fire extinguishers or hose reels in the common parts of blocks of flats. Such equipment should only be used by those trained in its use. It is not considered appropriate or practicable for residents in a block of flats to receive such training. In addition, if a fire occurs in a flat, the provision of fire extinguishing appliances in the common parts might encourage the occupants of the flat to enter the common parts to obtain an appliance and return to their flat to fight the fire. Such a procedure is inappropriate.
12.1-12.3	CO2 firefighting equipment is provided in the plant areas of the building such as the pump room and lift motor room. These extinguishers are serviced annually.
12.8-12.9	A BS 9251 sprinkler system has been installed. In each flat, there are concealed sprinkler heads located in the hallway, the bedroom, the lounge, any enclosed balcony and the kitchen. A pump and water tank for the sprinkler system have been provided in the tank room, which is accessed via the rear of the building on the ground floor. The sprinkler system also extends into some common areas such as the laundry. The system is maintained and serviced by an approved contractor on a quarterly basis and Argus also attend weekly to visually check the sprinkler system.



- 12.8, 12.10 The dry rising main is both pressure tested and visually inspected annually with six months between the two visits. The tests and inspections are carried out by an approved contractor. The dry riser outlets are provided on the half landings of the staircase and the inlet is on the external façade of the building, by the main entrance door.



- 12.10-12.11 One of the lifts on the premises appears to be a standard passenger lift, whereas the other appears to be a firefighting lift. The firefighting lift has a switch by to return the lift to ground floor level and also an intercom for communications. Within the lift was a hatch in the ceiling. It was confirmed to our assessor that the lift defaults to ground floor on activation of the common fire alarm system and that the switch to manually return the lift to ground floor is tested monthly in line with the Fire Safety (England) Regulations 2022. Records to evidence such testing are held centrally by WCHG. It was communicated that all keys required for the operation of the lift have been provided to the Fire and Rescue Service and are also held in the SIB. It was also communicated that the firefighting lift can continue to be used by firefighters without having to reset the alarm, if sounding audibly.



- 12.14 Although the common fire alarm system is not a purpose designed Evacuation Alert System (EAS), our assessor has been informed that it has been re-configured so that the Fire and Rescue Service could sound the fire alarm system on a chosen fire floor and the floors above and below the chosen floors, initiating evacuation.

12.15-12.16 The Secure Information Box (SIB) is located by the main entrance to the building, in the lift lobby. The SIB was accessed at the time of the assessment. The following information is held in WCHG SIBs.

- Lobby access keys.
- Evacuation procedure information.
- Key contacts.
- Building information.
- Asbestos information.
- Building plans.
- Vulnerable resident information (see section 7 recommendation).
- Off the run report.



13.0 Fire Safety Signs and Notices

13.1	Do signs indicate all final exits?	Yes
13.2	Can the final exit or a directional sign be identified from any position in the assessment area?	Yes
13.3	Are all signs in the correct position, suitably fixed and directional arrows correct? (Can the way out be found just by using signs alone?)	Yes
13.4	Are the signs the correct size for the areas where they are located?	Yes
13.5	In places of public assembly are all escape signs illuminated on maintained luminaires?	N/A
13.6	Are fire action notices displayed prominently and completed fully throughout the premises?	Yes
13.7	Are all fire action notices similar throughout the premises?	N/A
13.8	Does the content of the fire action notices reflect the actual procedure?	Yes
13.9	Where firefighting equipment or fire alarm call points are not clearly visible is their location highlighted by supporting signage?	No
13.10	Are all fire doors signed appropriate to their use i.e. Fire Door Keep Locked Shut, Fire Exit Keep Clear etc.?	No
13.11	Where required, are external fire assembly points signs prominently displayed?	N/A
13.12	Are "No Smoking" signs and procedures in place to ensure there is no smoking in work or public places? (The Smoke Free (Premises and Enforcement) Regulations 2006)	Yes
13.13	Are all signs legible and in good condition?	Yes
13.14	Do all signs comply with the EN 7010:2011 where necessary?	Yes
13.15	Has wayfinding signage been provided to clearly indicate floor levels, flat numbers from within the staircase(s) and each floor level?	Yes
13.16	Is the signage in line with the ADB revisions 2020?	Yes

13.0 Fire Safety Signs and Notices: Finding(s)

Ref	FINDINGS
	Observation 13.9 It was observed at the time of the fire risk assessment that the dry riser inlet was missing signage. Locating dry riser inlets could be delayed in an emergency, placing relevant persons at risk of harm.
	
	Recommended Actions 13.9 It is recommended that dry riser inlet signage be fitted to the front of the cupboard.
	Observation 13.10 It was observed that there was no DO NOT USE THE LIFT IN EVENT OF FIRE signage on the 8th floor. Where this signage is missing, persons may use the lift in the event of a fire and become trapped if there is power failure, placing them at risk of harm.
	
	Recommended Actions 13.10 It is recommended that 'DO NOT USE LIFT IN EVENT OF A FIRE' signage is displayed outside the lift on each floor.
Ref	RECOMMENDATIONS
	None.

Ref	COMMENTARY
13.0	An information tablet has been installed, this gives residents access to all details regarding their building, from fire risk assessments, to building safety reports.
13.1-13.4	Directional signage was observed in the common areas. This building has a single staircase and residents will be familiar with access and egress from the building.
13.6	A suitable 'Stay Safe' fire action notice had been installed in the ground floor lift lobby.
13.9	Article 38 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to ensure the premises and any facilities equipment or devices provided in respect of the premises for use or the protection of firefighters are suitably maintained.
13.10	The previous fire risk assessment noted that there was a lack of 'DO NOT USE LIFT IN EVENT OF FIRE' signage on the ground floor. At the time of the fire risk assessment, it was observed that appropriate signage had been fitted.
13.10	'In the event of fire do not use this lift' notices have been provided on each landing adjacent to the lift. (Except the 8th floor).
13.10	Article 14 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person where necessary to ensure the escape routes are provided with adequate signage.
13.12	Suitable 'No Smoking' signage was observed in the common area.
13.15-13.16	Wayfinding signage that has the floor number and directional signage to the flats, including flat numbers, is now displayed in the lift lobbies and on the stairway landings.



14.0 General Fire Safety Procedures

14.1	Has the premises been free from reports of any fire related incidents within the past 12 months?	Yes
14.2	Has action been taken to avoid reoccurrence?	N/A
14.3	Has the premises been free of any fire alarm actuations within the past 12 months?	Yes
14.4	Where necessary has any action been taken to prevent reoccurrence?	N/A
14.5	Have there been any incidents of deliberate ignition by employees or arson attacks?	No
14.6	Are procedures in place to inform relevant persons of the need to report any potential fire hazards?	Yes
14.7	Is there a fire policy for the premises/organisation that clearly defines the roles and responsibilities of who will contribute to overall fire safety management?	Yes
14.8	Has the fire service inspected or had any formal meetings, familiarisation visits, operational crew/CFS visits within the last 12 months?	No
14.9	Were any recommendations, enforcement or prohibition notices served?	N/A
14.10	Have all recommendations and notices been complied with?	N/A
14.11	Is adequate access provided for fire service vehicles in the event of an emergency?	Yes

14.0 General Fire Safety Procedures: Finding(s)

Ref	FINDINGS
None.	
Ref	RECOMMENDATIONS
None.	
Ref	COMMENTARY
14.1-14.2	There have been no recent reports of fire that our consultant was made aware of and there was no evidence of any fires having occurred. Any reports of fire or false alarms should be fully investigated and where necessary control measures implemented to reduce the possibility of further occurrences. Following any outbreak of fire affecting the common areas, the Fire Risk Assessment should be reviewed to identify if any further risk reduction measures are necessary.
14.3-14.4	All false, accidental and malicious actuations are recorded. System faults are corrected as soon as possible by the alarm contractor. Accidental and malicious actuations are passed to the Housing Manager who will arrange for the appropriate action to be taken.
14.5	There was evidence of fire setting on the windowsill of the 6th floor. Inappropriate smoking and discarding cigarettes in common areas can place persons at risk of harm. Note: This has been reduced to a commentary action as the burn marks have not increased since the previous fire risk assessment, this should still be monitored by the CCTV system.
14.5	Article 8 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to take general fire precautions so far as reasonably practical.
14.7	A combined team from the departments within WCHG have responsibility for managing the fire safety of this premises, but the Chief Executive for Wythenshawe Community Housing Group has the overall responsibility for fire safety related matters and management.
14.8-14.9	Our consultant was not made aware there were any outstanding notices of deficiencies/enforcement action from the enforcing authority. The findings of this Fire Risk Assessment should form the basis of an action plan and be implemented within the recommended timescales. The significant issues identified may become enforceable if not actioned in a reasonable period of time.
14.11	The Fire Service has been provided with access fobs for all WCHG high rise blocks.
14.11	Signage indicating certain provisions of the building is displayed externally, which may be used to assist attending Fire and Rescue Service personnel.



15.0 Fire Safety Management

15.1	Are there an adequate number of appointed competent persons and arrangements (under Article 18 of the RRFSO) in place to assist the responsible person in the management and implementation of the preventative and protective measures? (safety assistance)	Yes
15.2	Has an Accountable Person been appointed? Where there is more than one accountable person, are there procedures in place ensuring that all accountable persons co-operate with each other?	Yes
15.3	Have all staff been trained in how to call the Fire Service, use of fire extinguishers, evacuation procedures and basic fire awareness?	Yes
15.4	Do all new employees receive basic fire procedure and induction training on the date of appointment?	Yes
15.5	Are records of fire safety training kept?	Yes
15.6	Are systems and procedures in place to control any new work, alterations or repairs to the premises, so that no fire hazards are introduced?	Yes
15.7	Is a "permit" to work procedure in place for contractors etc.?	Yes
15.8	Where an alterations notice is in force has the enforcing authority been informed prior to any significant changes being made?	N/A
Fire Marshals & Fire Plans		
15.9	Are fire marshals required to take charge of a fire incident and liaise with the Fire Service where required?	No
15.10	Is there a list of fire marshals displayed in all locations where required?	N/A
15.11	Are systems in place to provide identification for fire marshals during an emergency where required?	N/A
15.12	Has a suitable fire assembly point been designated? (i.e. free from traffic hazards, radiated heat and free movement away from the premises)	N/A
15.13	Do the premises require a written fire emergency plan detailing the roles and responsibilities in order to safely evacuate?	No
15.14	Where required, is the fire emergency plan displayed on the premises?	N/A
15.15	Are there procedures for calling out key staff during fire related emergencies outside of normal working hours?	Yes

15.0 Fire Safety Management: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
15.1	WCHG employs competent persons to carry out service and maintenance of all preventative and protective services.
15.1-15.2	WCHG use third-party consultants with the necessary qualifications and competence or via fire mitigation frameworks to ensure preventative and protective measures are undertaken.
15.3-15.5	There are no permanent staff based in the block. However, as part of WCHG's standard responses, they have confirmed that all staff have undertaken fire safety awareness courses and are aware of the evacuation procedures for the in-scope buildings. The ARC will call the fire service in an activation. The monitoring company rings Assure24 and Assure24 rings the fire brigade.
15.6-15.7	As part of their standard responses, WCHG has confirmed that systems and procedures are in place to control any new work, alterations, or repairs to the premises, so that no fire hazards are introduced. This is currently undertaken by the Asset and Investment department which appoints appropriately qualified consultants as required. Also, permit-to-work procedures are in place for contractors.
	Should the Responsible Person appoint their own contractors for any building works, it is advised that they confirm their competence to undertake the proposed works. To ensure appropriate competencies and quality of work it is advised that the contractor has suitable Third-Party Accreditation. Their impact on the building should be closely monitored with regard to (amongst others), damage to party walls, the introduction of sources of ignition and combustible materials, the blocking of exit routes, or fire doors being wedged open. If hot work is to be undertaken, ensure the contractor has appropriate risk assessments, method statements, and fire extinguishers in place before commencing the work. Carry out an inspection of the work area at least 30 minutes after the works have finished, to check for any hot spots.
15.9	There are no staff normally on site outside of usual office hours that would take charge of an incident or act as a fire marshal. Fire marshals are not required within blocks of flats or apartments.
15.13	The provision of a suitable action notice as detailed in commentary 13.6, 13.8 is considered sufficient with regard to the provision of the evacuation information to the residents.
15.13-15.14	It is understood that WCHG sends out fire safety leaflets periodically, which detail the evacuation strategy (stay safe) for the building.
15.15	The WCHG senior manager on call will be notified. If the incident is very serious, the business continuity plan would be invoked, which has the personal phone numbers of senior staff.

16.0 Fire Evacuation Plan

16.1	Is there a current, suitable fire evacuation procedure for all residents (and occupants) to follow in the event of a fire, and has this been communicated to all residents?	Yes
16.2	If the premises operates a "stay put" policy, is this suitable?	Yes
16.3	In multi-occupied buildings do all the fire evacuation procedures complement each other?	N/A

16.0 Fire Evacuation Plan: Finding(s)

Ref	FINDINGS
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None.

Ref	RECOMMENDATIONS
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None.

Ref	COMMENTARY
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16.0	The previous FRA noted that WCHG has advised tenants to contact them where there may be a change in their circumstances or deterioration in health and mobility, so as to assist them with their safety. Neighbourhood officers collect details of any residents who would require assistance during an evacuation by GMFRS. See the information in Section 7 regarding the SIB.
16.1-16.2	The Fire Safety Order requires that there should be a suitable emergency action plan for the premises. The Fire Safety (England) Regs 2022, also requires the Responsible Person to display and communicate the fire actions to all residents. Fire safety instructions must be provided in a conspicuous part of the building. The instructions must be in a comprehensible form that residents can reasonably be expected to understand and should cover the following: • The evacuation strategy for the building (e.g. stay put or simultaneous evacuation); • Instructions on how to report a fire (e.g. use of 999 or 112, the correct address to give to the fire and rescue service, etc.); • Any other instruction that informs residents what they must do when a fire has occurred. In addition, these instructions should be provided to residents when first occupying their flat and reissued to all existing residents at periods not exceeding 12 months. Residents ought to have a clear understanding of what actions to take should a fire situation change and they need to evacuate the building. It is not implied that those not directly involved who wish to leave the building should be prevented from doing so.
16.1-16.2	If necessary, residents can be evacuated floor by floor using the control and evacuation equipment (EACIE), but this is only to be operated by the fire and rescue service.

Fire Emergency Plan FLATS

STAY PUT POLICY

GENERAL ADVICE TO RESIDENTS

This building has been built in such a way as to protect the people in it if a fire breaks out.

The important thing to remember is that if the fire starts in your home, it is up to you to make sure that you can get out of it.

AT ALL TIMES

- Make sure that the smoke alarms in your flat are tested.
- Do not store anything in your hall or corridor, especially anything that will burn easily.
- Use the fixed heating system fitted in your home. If this is not possible, only use a convector heater in your hall or corridor. Do not use any form of radiant heater there, especially one with either a flame (gas or paraffin) or a radiant element (electric bar fire).

IF A FIRE BREAKS OUT IN YOUR FLAT

If you are in the room where the fire is, leave straightaway, together with anybody else, then close the door.

- Do not stay behind to try to put the fire out, unless you have received suitable training.
- Tell everybody else in your flat about the fire and get everybody to leave.
- Close the front door and leave the building.
- CALL THE FIRE SERVICE.

IF YOU SEE OR HEAR OF A FIRE IN ANOTHER PART OF THE BUILDING

- It will usually be safe for you to stay in your own home.
- You must leave your home if smoke or heat affects it OR you are instructed to do so by the Fire Service. Close all doors and windows.

CALLING THE FIRE SERVICE

The Fire Service should always be called to a fire, even if it only seems to be a small fire. This should be done straight away.

The way to call the fire service is by telephone as follows.

- 1) Dial 999.
- 2) When the operator answers give the telephone number you are ringing from and ask for the FIRE service.

When you are put through to the fire service, tell them clearly where the fire is:

Moorcot Court, Bideford Drive, Wythenshawe, Manchester, M23 0QW

Do not hang up until the fire service have repeated the address to you and you are sure they have got it right. The fire service cannot help if they do not have the address

THE ABOVE PROCEDURE SHOULD BE COMMUNICATED TO EACH RESIDENT.

17.0 Risk Analysis, Priority Ratings and Fire Risk Ratings

Each action required has been given a **priority rating of between 1 and 3** based upon the following:

Note: The time scales given below are for the responsible person(s) to take action on the findings NOT the time scale to complete the resulting works from the findings.

Priority 1 (P1)	A serious breach of the Fire Safety Order which if not actioned would increase the risk of fire or injury. Failure to reduce the risk could result in substantial injury to relevant persons. Actions or omissions of this nature would normally constitute an offence liable to enforcement or prosecution actions by the Fire Authority. The time scales given are normally short – from immediate up to one month.
Examples include:	Blocked or locked fire exits, serious breaches of life safety fire resistance, ineffective fire doors, insufficient or complete failure of fire alarm, emergency lighting or smoke venting systems.
Priority 2 (P2)	A lesser breach of the Fire Safety Order or property risk, which if not resolved may present a risk of fire or injury. Failure to reduce the risk could result in a moderate injury to relevant persons. Compliance may still be required to satisfy enforcing authorities but longer time scales are given, such as 2 to 4 months.
Examples include:	Breaches in compartmentation. Firefighting equipment missing or defective, minor defects to the fire alarm or emergency lighting systems.
Priority 3 (P3)	Poor practices or features that whilst not presenting a serious risk would detract from the overall impact on the fire safety provisions within the premises. Also includes provision or practices and features that are preferable over and above the minimum standards required under the Fire Safety Order. Time scales are variable and could be up to 12 months. The acts or omissions would normally be tolerable but actions should still be implemented to maintain the risk level at a tolerable level.
Examples include:	Missing or incomplete fire signage, incomplete maintenance logs.
The fire risk assessment process involves an assessment of the likelihood of an event (generally outbreak of fire) combined with an assessment of the severity should the event be realised, the severity being classified as negligible, tolerable, moderate, substantial or intolerable. Each finding identified has been given an appropriate risk rating, which is then prioritised accordingly on the action plan. Once all the findings have been identified the premises are given an overall Life and Property risk rating based on the expert opinion, experience and training of the fire safety consultant conducting the assessment.	

Definitions:	
Hazard:	An article, substance, machine, installation or situation with potential to cause harm, loss or both. A fire hazard is a hazard that has the potential to cause a fire or promote fire development and/or spread.
Risk:	A measure of the probability that the potential for harm or loss posed by the hazard will materialise, combined with the potential extent and severity of the harm and/or damage that may result.
Harm:	Physical injury, death, ill health, property and equipment damage and any form of associated loss, which could cause harm.
To determine the risk rating two main areas are considered, the likelihood of an outbreak of fire and the potential for that outbreak to cause harm to persons, property and business continuity. The likelihood of fire outbreak is given a rating of highly unlikely, unlikely and likely, this is then multiplied by the harm potential rating of slight, moderate and serious harm. The level of fire risk is then quantified as negligible, tolerable, moderate, substantial or intolerable. The subjective risk rating is calculated and the risk level determined within the following parameters:	
Negligible Risk	Where the combination of severity of harm and likelihood is very low and there is minimal risk to people's lives. The risk of a fire occurring is rare and the potential for fire spread is negligible, also where the overall fire safety management is of a high standard. No further action is normally required unless circumstances change. A reassessment should take place on the review date.
Tolerable Risk	Where the present systems, facilities or management procedures are reasonably satisfactory at the time of the assessment. Escape should be carried out unaided with effective fire safety management procedures in place. Possible minor actions may be required, with a reassessment being conducted at the review stage.
Moderate Risk	The present systems, facilities or management is unsatisfactory in some areas. Where a fire could occur and the available time needed to evacuate may be reduced by the speed of the development of fire, also where the reaction time of occupants may be slower because of the type of persons present e.g. sleeping, elderly or infirm or where there are large numbers of persons or complex escape routes. Remedial actions will be required with some control measures being implemented. A reassessment should be made once the control measures have been put in place.
Substantial Risk	Where the combination of severity and probability is high and urgent action must be taken to reduce the risk. Where a fire is likely or highly likely to occur and the spread of fire development would be such that the available escape time would be substantially reduced. Premises identified with substantial risk areas will normally require the provision of considerable resources in the form of equipment, training, information and management to mitigate the risks.
Intolerable Risk	Where the combination of severity and probability is such that extreme harm or death will occur and there is a real threat of an outbreak of fire. Action must be taken to immediately reduce the risk, ideally to a tolerable level. If this cannot be achieved, then consideration must be given to prohibiting or limiting the use of all or part of the premises until such risks can be reduced. Reassessment is required following implementation of the immediate or interim control measures.

The Probability of Fire depends on the number and nature of ignition sources, the extent of and any fire prevention measures and the nature and actions of the occupants. The Probability and Extent of Harm should a fire occur depends on the quality of the means of escape, number of storeys, complexity of the premises and mobility of the occupants.

Based upon the findings identified above, application of current fire safety codes and practice, experience and knowledge the following risk areas have been quantified.

FIRE RISK RATING MATRIX

LIKELIHOOD OF FIRE OUTBREAK	LIKELY CONSEQUENCES OF FIRE			
	Subjective Fire Risk Rating	Slight Harm	Moderate Harm	Serious Harm
	Highly Unlikely	Negligible Risk	Tolerable Risk	Moderate Risk
	Unlikely	Tolerable Risk	Moderate Risk	Substantial Risk
	Likely	Moderate Risk	Substantial Risk	Intolerable Risk

18.0 Summary of Findings

Ref	Hazard or Defect	Action Required	Hazard Priority	Risk Rating	Action By	Review Date	Contractor Completed
8.6	It was observed at the time of the fire risk assessment that both gates from the rear exit were padlocked.	It is recommended that this padlock be removed and the gate to the side of the yard be made available.	P1 - previously identified	Moderate			
8.7	Storage was identified on the open deck areas specified in the full finding.	WCHG should arrange for the identified storage to be removed in line with their policy for items on the open decks.	P1 - previously identified	Moderate			
9.1, 9.5-9.6, 9.8	It was observed that the glazing in the staircase doors to the 6th and 8th floor was loose. The smoke seals on the top of the bin rooms on the 5th and 6th floor were either missing or missing a section of seal and the staircase door on the 5th floor was unable to self-close fully and unaided into frame.	It is recommended that glazing be secured, smoke seals be replaced, and the door/self-closer be adjusted so that it can self-close fully and unaided into the frame.	P2	Moderate			
9.1, 9.5, 9.8	It was observed at the time of the fire risk assessment that there was excessive damage to the entrance door of flat 18 and 43. See full finding.	It is recommended that the door of flat 18 be replaced with an FD30s door once the flat is occupied again. The entrance door to flat 43 should be replaced when the replacement door is delivered.	P1	Moderate			
9.1, 9.8	There was an open conduit outside of flat 34.	It is recommended that the conduit be closed.	P2	Moderate			
9.16	In the ground floor cleaner's cupboard, the metal casing around the electrical installations would not close, leaving the electricals exposed to combustible materials below.	It is recommended that remedial works are carried out so that the metal casing around the electrical installation can be secured shut.	P2 - previously identified	Moderate			
12.7	The sprinkler panel by the main entrance on the ground floor was showing a fault at the time of the assessment for a pump device failure.	It is recommended that a competent person attends the premises as soon as practicable to carry out remedial work as appropriate so that the sprinkler system is in fully operational condition.	P1 - previously identified	Moderate			
13.9	It was observed at the time of the fire risk assessment that the dry riser inlet was missing signage.	It is recommended that dry riser inlet signage be fitted to the front of the cupboard.	P2 - previously identified	Moderate			
13.10	It was observed that there was no DO NOT USE THE LIFT IN EVENT OF FIRE signage on the 8th floor.	It is recommended that 'DO NOT USE LIFT IN EVENT OF A FIRE' signage is displayed outside the lift on each floor.	P1	Moderate			

19.0 Recommendations

Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
7.3, 7.5, 7.7	The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025 now apply to these premises (since April 2026). When a vulnerable/relevant person is identified, a Residential (PEEP) should be carried out via a person-centred fire risk assessment (PCFRA).	Best practice advice The responsible person should engage with residents and, where required, provide a PCFRA and a resulting emergency evacuation statement. Guidance on carrying out a PCFRA can be found here: Residential PEEPs: Guidance for Responsible Persons - GOV.UK Examples of PCFRAs and the in-flat measures that are used as required to provide residents with personal independence can be found here: Responsible Persons toolkit – GOV.UK	Moderate	
10.2	It could not be confirmed if the duct tape had been removed from the detector in flat 42.	It is recommended that the flat be visited to ensure that the duct tape has been removed from the detector.	Moderate	
12.0	It was observed at the time of the fire risk assessment that there were fire blankets in some flats, observed through kitchen windows. See full finding.	Although it is acknowledged that the inside of flats does not fall under the Regulatory Reform (Fire Safety) Order 2005: It is recommended that the firefighting equipment is removed from the flats identified. See commentary 12.1. WCHG has not removed the fire blankets from the flats. These fire blankets are not currently under any service or maintenance plan and may not perform as expected when used.	Moderate	
12.9	It was observed at the time of the fire risk assessment that sprinklers within the laundry room were missing their caps.	It is recommended that a cover be fitted to the sprinkler heads.	Moderate	

20.0 Commentaries

Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
4.1	Our assessor has been made aware of a DSEAR risk assessment that was carried out within the biomass room on the ground floor. Report dated 22/08/2024, carried out by Morgan Lambert. It was noted that a number of recommendations were raised.	It is recommended that WCHG complete these remediations; see the recommendations (58) attached to that assessment.	Moderate	
6.14	There are some cables on the ceiling secured by cable ties and plastic clips throughout the premises but these are unlikely to cause entanglement issues for firefighters.	For future fixings or on refurbishment cables/plastic trunking should be secured with metal clips/screws interspersed.	Moderate	
14.5	There was evidence of fire setting on the windowsill of the 6th floor.	It is recommended that the situation be monitored using the CCTV that is above the staircase.	Moderate	

Appendix Ground Floor



Typical Upper Floor

