



TOTAL FIRE GROUP LTD

Fire Risk Assessment

Conducted at:

Village 135
3 Hollyhedge Court Road
Wythenshawe
Manchester
M22 4GW



12 January 2026



Certificate Number	LS	0501042
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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	
	Village 135, 3 Hollyhedge Court Road, Wythenshawe, Manchester, M22 4GW	
	Part or parts of the premises to which the fire risk assessment applies	
	The common parts and communal areas 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	12/01/2026
Part 6	Recommended date for review of the fire risk assessment	12/01/2027

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)	<i>M. E. O'Meara</i>
Job Title	Senior Fire Safety Consultant
Date	29/01/2026

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.
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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.

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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

Village 135, 3 Hollyhedge Court Road, Wythenshawe, Manchester, M22 4GW

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, 12 January 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

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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:

Village 135, 3 Hollyhedge Court Road, Wythenshawe, Manchester, M22 4GW

Responsible or Accountable person(s):

Wythenshawe Community Housing Group (WCHG) is the owner and has overall control within the premises.

Premier care provides 24/7 care and are occupiers (there are other carers from external companies that come and go and are not based here).

Independent hairdressers/beauty salon x 2 as occupiers.

The Bistro Catering company as occupiers.

Responsibility for the premises may rest with a combination of the above, depending on tenancy/contractual agreements, which our assessor has not observed.

Person(s) consulted and landline contact number:

Yasher Raza (caretaker supervisor) - 07590962153 - Yasher.Raza@wchg.org.uk.

Sandra Ronaldson (scheme manager) - 0161 946 9581/6280 - Sandra.Ronaldson@wchg.org.uk.

Fire Risk Assessor:

Jason Gore MIFSM, Advanced Level - National Fire Risk Assessors Register (NFRAR 440)

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, 12 January 2026

Time:

9:30am

Date of last FRA or FRA Review (if known)

15 Jan 2025

Suggested date for next review:

January 2027

Fire risk assessment limitations:

A type 3 (Non-Destructive) Fire Risk Assessment (using the latest NFCC guidance document Fire Safety in Specialised Housing) has been completed with access available to flats 38 (2nd floor in Cedar block), 46 (3rd floor in Cedar block), 117 and 119 (both 5th floor in Hawthorne) and 131 (2nd floor in Oak block). Guest rooms were not accessed. Several other flats have also been assessed by TFG consultants/assessors at the time of previous fire risk assessments and consultations.

The premises have flat roofs on each block, and for this FRA, it was advised that there are no roof spaces.

A sample of false ceiling tiles throughout the block's common parts was lifted to assess the compartmentation above. Each block was sampled.

There was no lift motor room to access as the motors are housed in the lift shafts. The plant/boiler rooms, sprinkler tank rooms, mains electrical intake room and ancillary service rooms were accessed, and a large selection of service risers and cupboards were also opened and seen. Both the mobility scooter rooms located in blocks A and C were accessed.

Access was gained into most of the communal areas, including laundry rooms, community rooms, the Bistro kitchen, the hairdresser and beauty salons, and staff office space. All bin refuse rooms were accessed. Access was also gained onto the rooftop terrace above the community hub block.

No access was gained into the assistance bathrooms/bathing rooms and winter garden, plus mezzanine, due to fobs not programmed for them, and the consulting room, as this was in use.

The assessment of the fire performance of the external wall construction and any cladding is excluded from this fire risk assessment. 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'. Removal and replacement works for the external wall components are completed and addressed in further detail in Section 9.

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 comments 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.

The previous FRA noted that Type 4 invasive compartmentation and fire-stopping work is complete and signed off by Galliford Try (GT), which encompasses the whole premises.

Our assessor was not made aware of any outstanding notices of deficiencies/enforcement action from the enforcing authority, and "as-built" plans issued on completion of the building/alterations were not observed.

This document is part of the continuous management of fire safety within these premises and, as such, should be read in conjunction with any previous fire risk assessments.

Documentation viewed as part of this FRA includes:

- A Word document named "Refuse rooms door hardware issues" dated 07/03/2022.
- An email named "Duct access hatches" dated 19/12/2024.
- A PDF document named "Spandrel Panel QA". First issue dated 14/11/13. Revision L dated 11/11/2024.
- Retrospective Fire Safety Strategy undertaken by Total Fire Group (TFG) dated 07/04/2025. Revision 1.7.

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:

Hub - 3 storeys (ground, first and second) with open-air roof terrace above.
Block A (Redwood) - 5 storeys (ground to fourth), approximately 12.9 m top floor height.
Block B (Cedar) - 8 storeys (ground to seventh), approximately 22.5 m top floor height.
Block C (Hawthorne) - 6 storeys (ground to fifth), approximately 16.1 m top floor height.
Block D (Oak) - 4 storeys (ground to third), approximately 9.7 m top floor height.

2.2 Approximate building footprint:

Block A - 750m²
Block B - 760m²
Block C - 730m²
Block D - 450m²
Hub - 640m²
Walkway - 205m²
Total area of site - 3535m²

2.3 Details of Construction and Premises:

Village 135 is a 2017-built extra care sheltered residential development consisting of two sites on either side of Hollyhedge Road, Wythenshawe, joined by a footbridge at the second-floor level. The development consists of four blocks of accommodation and a community Hub.

At the centre of the development is a 3-floor height communal Hub with a roof terrace sandwiched between two apartment blocks, A (Redwood) and B (Cedar). Block A consists of 31 apartments over five storeys, and Block B has 50 apartments over eight storeys, with the ground floor of Block B containing plant rooms, landlord's service areas, and two guest apartments. Several community usable rooms also adjoin the corridors serving flats in blocks A and B. Blocks A and B have two protected staircases each, with one of these staircases in each block containing 2 lifts. In Block B, one of the lifts is a firefighting lift.

The linked site on the opposite side of Hollyhedge Road consists of two blocks, C (Hawthorn) and D (Oak), with Block C comprising 38 apartments over six storeys and Block D having 16 apartments over four storeys. There are two protected staircases in Block C and one protected staircase in Block D. These blocks are connected by a lift lobby in the centre at each floor level (which contains 2 passenger lifts), meaning residents of Block D have a choice of direction with access into a staircase in Block C where required.

The Hub is accessed by residents from neighbouring apartment blocks and members of the local community via the main entrance; it includes seating areas where light refreshments and meals can be served, community groups can meet, and small events take place. A hair and beauty salon is located at one end of the Hub, as is a wellbeing room (currently used as the beauty salon). Access by residents into the apartment blocks is controlled by access keys/fobs. The roof garden and other communal spaces are for resident access only.

Residents are housed in apartments incorporating their own cooking and sanitary facilities, and have been designed specifically for persons who might require assistance, e.g. elderly people and where some form of assistance by 24-hour on-site care staff is available. The original 'stay put' fire strategy has been reinstated. However, see section 10.

Blocks are surrounded by gardens and lawns to the side, and at the rear of each site is a car park. The buildings are fitted with comprehensive common automatic fire detection and emergency lighting systems, together with manual and automatic smoke ventilation systems and electronic door control and auto-release devices.

The apartments accessed were all similar in layout, consisting of an entry into a hallway off which habitable rooms are accessed. FD30s entrance doors are provided on free swing automatic self-closing devices linked to both the common and flat fire alarm systems. A heat detector and sounder are linked to the common fire alarm system, and these components are provided in the hallway. Doors leading to the habitable rooms in the apartment are free

swing FD20/30 fire doors, and each flat is provided with self-contained interlinked BS5839-6 smoke/multi-sensor and heat detectors to LD1 standard, which are linked to the care call system and monitored 24 hours a day. Extraction vents are provided in the bathrooms and kitchens, which appear to connect via a re-circulation unit and directly to the outside atmosphere without traversing compartment walls or floors. The previous FRA noted that as-built plans previously seen indicate the layout of all flats is similar, and following extensive surveys and remediation work since occupation in 2017, it can be reasonably assumed that the construction standard of 60 minutes fire resistance has been implemented. Although not accessed, it has been previously noted that the guest bedrooms have no cooking facilities, with bathrooms only provided.

It has been noted that a life safety sprinkler system is installed in the flats and has been commissioned.

Areas of the external wall systems, including window spandrel panels, were advised to be replaced.

2.4 Occupancy/Purpose Groups

The premises are classed as Purpose Group 2b Residential (other) as defined by Building Regulations Approved Document B 2019 (amended 2020 and 2022)

2.5 Approximate maximum and minimum number of persons:

426 (Includes both 270 residents, 17 staff, and 135 visitors)

274 of which are assumed to be 2 residents in every 135 two-bed apartments and single occupancies in 4 guest bedrooms.

2.6 Approximate maximum number of employees at any one time:

Daytime - includes 17 staff in total, consisting of up to 8 Premier Care staff and 9 WCHG staff.

At night - includes 5 staff in total, consisting of a minimum of 4 Premier Care and 1 WCHG staff are present.

2.7 Maximum number of members of the public:

135 (Based on 1 visitor per apartment)

2.8 Occupants at Special Risk:

<i>Sleeping occupants</i>	
Persons familiar with the premises	Yes
Persons unfamiliar with the premises	Yes
<i>Occupants with disabilities</i>	
Mobility-impaired	Yes
Hearing-impaired	Yes
Learning difficulties	Yes
Occupants in remote areas	No
Others	Yes
Comments	
The property is an extra care sheltered housing scheme, and some of the residents of the flats have a range of disabilities but are familiar with the means of access and egress, which are used regularly. It is understood that all residents are assessed before occupation and on an ongoing basis to confirm that this type of residence is suitable. Current guidance on required fire safety standards in sheltered housing is detailed in the NFCC Fire Safety in Specialised Housing Guide, which indicates in Part B Key Points that the recommendations in the guide for sheltered schemes are based on the assumption that residents can escape unaided from their own flats and can make their way to a place of safety using the common means of escape. WCHG provides information and regularly reminds tenants of the fire procedures by providing monthly newsletters and, where necessary, encouraging new tenants to have a home fire safety check by the local Fire Service. Where residents are identified as being particularly vulnerable, then Person-Centred Fire Risk Assessments (PCFRA) are undertaken (as detailed in current NFCC guidance), and suitable additional risk reduction measures are implemented following those assessments. At the time of this assessment, the property operates on a stay-put strategy, evacuating only the common areas and the apartment involved in a fire. Personal Emergency Evacuation Plans (PEEPs) are in place for persons who would require assistance from the fire/care team to evacuate, known to be 1 resident (however, see section 7). The person consulted advised that all residents can get out of their flats unaided, except 1 noted above, but some residents may struggle with the stairs and would have to wait in the temporary waiting spaces/refuges for assistance. It was also advised that there are some residents with hearing and visual impairments. A list of flat numbers for vulnerable residents is provided in the firebox by the main entrance for visiting fire crews. There were no staff disabilities highlighted/advised. 4 Guest bedrooms are provided, two in block B and two in block C.	

2.9 Fire Loss Experience

None evident. None were reported at the time of 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, other than what is highlighted in section 2.3.

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.

Generally, the fire safety standards within the premises are high, and the building has a good standard of fire alarm and automatic detection in the common areas and apartments and risk areas are covered by an automatic life safety sprinkler system. The level of risk to an individual within their own flat, in which the FSO is considered not to apply (except for certain exceptions), does not directly influence the overall risk to life for the parts covered by the FSO.

However, there are some findings in this report that have been identified in the passive fire protection measures (see findings in Section 9), which may impact the containment of fire in the area or compartment of origin. There are also other findings. Therefore, the risk to life is considered 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: Moderate

A fire should normally be able to be confined to its room/flat of origin until the arrival of the Fire and Rescue Service. There is also an active automatic sprinkler installed. However, for the same reasons mentioned above, the risk to property is considered moderate.

Risk to Business Continuity: Tolerable

No business continuity risks were brought to the attention of our assessor or noted by him at the time of the Fire Risk Assessment.

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?	N/A
4.4	Are all combustible or flammable materials stored or stacked safely?	N/A
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?	N/A
4.7	Where flammable stores are provided, are they adequately ventilated and correctly marked?	N/A
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?	Yes

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

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
4.0	Residents identified as using medical oxygen within their apartment have a warning sign placed on the entry door to their apartment. This information regarding medical oxygen users is also held on an information sheet for any attending fire crew's attention. Also advised is that PCFRAs contain details of oxygen users.
4.1-4.2	Questions 4.1 to 4.2 relate to substances and materials which are subject to the "Dangerous Substances and Explosive Atmosphere Regulations 2002" (DSEAR). 4.3 to 4.10 relate to combustible materials. No substances or materials of significant quantities, falling into the above categories or regulations, were seen or are known to be stored or used inside the premises.
4.10	The refuse bins are stored at the ground floor level internally, within a fire separated bin room and with secure external access doors provided, which also incorporate a means of permanent ventilation.

5.0 Interior Furnishings

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

5.0 Interior Furnishings: Finding(s)

Ref	FINDINGS
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None.

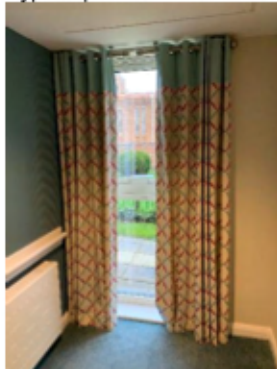
Ref	RECOMMENDATIONS
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None.

Ref	COMMENTARY
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5.1 At the time of this fire risk assessment, furniture was found to be suitable. Furniture and chairs appear to be the fire retardant type. Where there is any doubt about furniture and other furnishings complying with the relevant Regulations, it is the duty of the responsible person to confirm the standard with the suppliers of furniture.

5.2 Some artificial plants and curtains were seen in various locations, including at the end of and in the corners of corridors. Previous FRAs have noted that certification dated 06/2019 was previously provided to our assessor, which evidenced that samples of these had been tested by 'Greenplants Group Ltd', which evidenced that each sample met the requirements for Type B performance in BS5867-2:2008.



5.3-5.4 A sample of labels was observed, indicating the furniture to be of a reputable fire retardant standard. All furniture seen was found to be in good condition and free from any rips and tears. Upholstered chairs and occasional tables are located in lift lobbies, which are separated from the protected escape corridors by self-closing fire-resisting doors and alternative exit routes are provided from the corridors. These chairs are provided to assist residents whilst they wait for the lift or for transport. There were no obvious sources of ignition within the lift lobbies, and the stairs are protected by AOVs and smoke detection. Photos reused due to no obvious changes:

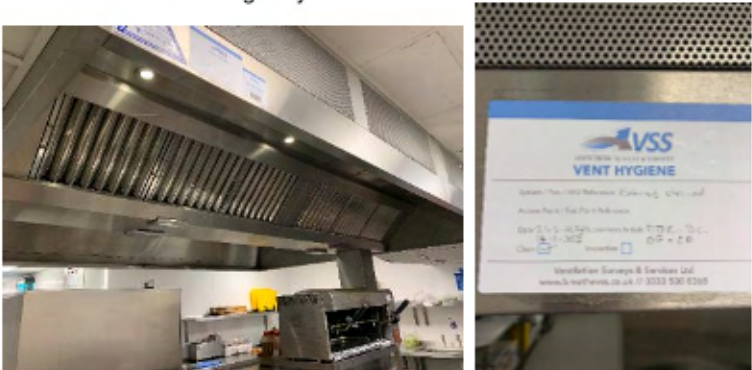


6.0 Heating and Electrical Appliances

6.1	Are portable or fixed heaters used?	Yes
6.2	Are all heaters fitted with suitable guards and located in positions away from combustible materials?	Yes
6.3	Are all heaters free from naked flames?	Yes
6.4	Has the use of safer alternatives been considered?	N/A
6.5	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?	No
6.17	Are reasonable measures taken to prevent fires as a result of cooking?	Yes
6.18	Are filters changed and ductwork cleaned regularly?	Yes
6.19	Are suitable extinguishing appliances available?	Yes
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	The washers and dryers in the communal laundries appeared to be clean and in good condition, with clean filters at the time of this fire risk assessment. It was previously communicated that residents are expected to clear the filters, and cleaners also assist with this.
6.1, 6.20	It is understood that the building is provided with a biomass-heated, hot water central heating system. The biomass rooms are located in buildings at the side of the high-rise blocks, and were not accessed. It is said that Blocks A and B share their supply with Hollyhedge Court high rise, and Blocks C and D share their supply with Benchill Court high rise, both of which are owned and managed by WCHG.
6.5, 6.10	A sample of electrical items within the premises confirmed that PAT testing has been carried out for the premises, with the last test date being 04/2025. 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."
	The equipment in the care team's office and staff rooms is maintained by themselves, and from a sample check were last tested on 08/2025.
	WCHG have confirmed via their standard responses that systems are in place to ensure portable electrical appliances are tested, repaired and maintained regularly.
6.6	WCHG have confirmed via their standard responses that the property's electrical system undergoes electrical safety checks. From a sample check on the labels viewed on site, noted that the latest tests were undertaken on 04/10/2023 and are next due on 04/10/2028.
6.7	It is understood that there is no written procedure policy in place preventing the use of personal portable electrical equipment within the common areas. However, contractors are instructed to cut off any plugs to failed items to prevent them from being used.
6.10-6.11	It is assumed that appliances are fitted with the correct fuses and have been PAT tested. The site manager is available to deal with any localised failure of portable equipment if required.
6.13	The following are simple risk reduction measures to reduce possible ignition sources to as low as reasonably practicable, and staff should be made aware as necessary: • Unplugging low usage appliances when not in use. • Remove any unwanted appliances. • Any damaged or electrically unsafe items should be replaced. • 'Daisy chaining' of extension leads should be prohibited. • Limit the use of extension leads to the minimum necessary and, where practicable, provide additional fixed sockets instead of using extension leads. • Combustible materials should not be stored on or in close proximity to trailing leads, plugs, portable heaters and electrical appliances. • Personal electrical appliances should be subject to control.
6.16	Some rooms containing electrical hazards are not signed as such. However, this is a residential property, and residents do not have access to these rooms. Access is restricted to certain members of staff who carry keys/fobs for these rooms and control access.
6.17-6.18	A label on the ductwork extraction system located in the Bistro kitchen indicated that professional cleaning is carried out periodically, and was last cleaned/inspected on 14/01/2025. The kitchen Bistro is managed by a private company, but it is understood that WCHG would maintain the ducting. WCHG have confirmed via their standard responses that filters and ductwork are cleaned regularly.
	
6.19	As previously indicated, CO2, a fire blanket, and wet chemical firefighting equipment are provided in the kitchen of the Hub.
6.20	WCHG have confirmed via their standard responses that legal or other requirements for testing, maintenance & record keeping are complied with for equipment such as hoists, escalators, air handling systems, heating boilers, pressure vessels, etc. Documentation was not viewed on this assessment.
6.21	Lightning protection is provided on the building. WCHG have confirmed via their standard responses that where a lightning protection system is installed, it is checked and maintained. Documentation was not viewed on this assessment.
6.22	At the time of this fire risk assessment, no other sources of heat, such as candles, cigarettes or unauthorised domestic appliances, were seen within the common areas, and there are no solar panel systems known to be installed on this site. Portable radiators/heaters may be in use, but appeared to be incorporated in the PAT regime and were uncovered.

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	Yes
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?	Yes
7.7	Are members of staff trained in the evacuation of disabled or mobility impaired persons?	Yes
7.8	Are fire evacuation drills conducted at least annually, taking into account all employees, shift and casual workers, visitors and contractors where appropriate?	Yes
7.9	Are the results recorded? (People involved, time taken, learning outcomes).	Yes
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?	Yes
7.14	Is sleeping accommodation provided for the staff, public, temporary residents etc.? (Hotels, boarding houses, probation hostels etc.).	Yes

7.0 Persons at Risk: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	Observation The vulnerability list notes that there are 52 residents noted to occupy the building as of February 2025 who are non-mobile and would require full assistance in an evacuation. However, the person consulted advised that all residents can get out of their flats unaided, except 1 who would require full assistance, and that some residents may struggle with the stairs and would have to wait in the temporary waiting spaces/refuges for assistance. The vulnerability list contained within the SIB doesn't appear to reflect the current information given.
7.3, 7.5	Recommended Actions It is recommended that the information provided on the vulnerability list is updated, and regularly updated thereafter, to ensure the most up-to-date information is being given to attending fire crews.
	Observation Fire drills are now undertaken, but the documentation wasn't fully clear whether it included all communal areas, and whether organisations such as the care staff, hairdressers, day or night staff, etc., were involved in the drills.
7.8-7.9	Recommended Actions It is recommended that fire drills include all relevant communal areas and all relevant staff/organisations, including care staff with investigation and evacuation roles to take part, irrespective of the time of day or night. In order to ensure all staff have the opportunity to take part and practice their roles, fire drills (some unannounced in advance) should take place to confirm the evacuation training is fully understood by all concerned. It is recommended that observers be nominated to witness and provide feedback following the fire drills to enhance and confirm any learning points. Each fire drill should be fully recorded to include the names of staff taking part. All staff trained in the evacuation procedures should take part in a practice fire drill at least once annually. Where the procedures are instigated that turn out to be a false alarm, those staff responding to the false alarm should be recorded and may be considered as part of their annual fire drill. It is not necessary to include residents in fire drills, but one may do so where residents agree to make the drill more realistic.

Ref	COMMENTARY
7.0	This Fire Risk Assessment is provided as part of the duties imposed on the responsible person under the Fire Safety Order (FSO). The level of risk to an individual within their own flat, in which the FSO is considered not to apply (except for certain exceptions), does not directly influence the overall risk to life for the parts covered by the FSO. Any risk identified to an individual should be reduced to as low as reasonably practicable (ALARP) in conjunction with the PCFRA identification and implementation procedures.
7.0	For information; The individual resident's flats fall outside the scope of the Fire Safety Order. Where vulnerable residents have been identified within their own home, Wythenshawe Community Housing Group, as part of their legal obligations, liaises with each of the resident's individual care provider, family and social services to ensure that a suitable 'care package' is provided which meets the resident's individual needs. It is difficult to be specific on each package since the resident may or may not agree to such care interventions in their own home. The local community fire safety department will also engage with vulnerable residents as part of their risk reduction strategies and can offer valuable advice and assistance in home safety. Where relevant persons are unable to self-evacuate, the following areas should be considered: • Rehousing the residents to more suitable accommodation. • The provision of staff 24/7 to assist the residents to safety if required. • Removal of ignition sources, matches, lighters, candles, cookers, toasters, etc. • Encouraging and reinforcing no smoking within the resident's dwelling or parts of the dwelling, e.g. bedroom. • Ensuring all electrical appliances are subject to PAT testing. • Provision of fire retardant furniture, bedding, curtains, etc. The automatic sprinklers may be considered a significant risk reduction measure when assessing vulnerable residents in their own homes as part of an overall package of risk reduction measures. As with private dwellings or individual flats in other social housing, the Fire Safety Order was not envisaged to extend intrusively into private dwellings and impose unnecessary burdens on such providers of these dwellings.
7.0	WCHG has no responsibilities for the persons present from a staff training or fire procedure perspective, other than for WCHG-appointed contractors who are accompanied at all times by support staff. WCHG will discharge its responsibilities under the Regulatory Reform (Fire Safety) Order 2005 by ensuring the areas under its control are suitable and sufficient for the risk presented. It is each company's responsibility to complete a Fire Risk Assessment bespoke to their occupancy to ensure arrangements for their staff/residents/visitors are satisfactory.
7.2	Article 22 of the Order requires co-operation and coordination between responsible persons, and therefore, all responsible persons should work together to ensure suitable and sufficient standards are achieved and maintained. From the original fire strategy report, the occupancy of the communal Hub space is based on a floor space factor of 1.5 m² per person. However, the initial proposal for the kitchen serving this area is designed for up to 100 persons. Based on the floor space and the 1m² per person, the Hub is considered to safely accommodate up to 220 persons, depending on furniture layout (floor space factor is 220m², with x4 final exits at a minimum of 850mm door width). All normal and emergency exits should remain clear of any furniture or obstructions for their full width across the exits and on approach.



7.3, 7.5 Independent living sheltered housing is intended for people with a particular set of needs. While fire safety design in such buildings includes consideration of the implications of these needs for means of escape and other fire safety measures, it cannot cater for situations where, due to changing circumstances, a person is unable to respond to the fire warning system or self-evacuate. In circumstances where vulnerabilities are known or become apparent, the responsible person(s) should consider whether additional fire safety measures are necessary or if the existing measures are actually suitable for the residents.

The primary tool for establishing relevant risk reduction measured for residents identified as vulnerable is via Person-Centred Fire Risk Assessment (PCFRA), as detailed in NFCC guidance Fire Safety in Specialised Housing. This should not be confused with a PEEP (Personal Emergency Escape Plan, which may include the provision of some form of assistance to be alerted or escape).

The guidance for independent living sheltered schemes is based on the assumption that residents are able to escape unaided from their own flats and can make their way to a place of safety using the common means of escape.

Support plans and risk assessments should be completed when residents move in and reviewed periodically on a formal basis; additional fire safety measures can be implemented/recommended where necessary when identified during the assessment of a resident. Where necessary, a home fire safety check by the local community fire safety officers may be arranged.

Where residents are identified as vulnerable, NFCC guidance provides recommendations to housing providers for suitable risk reduction measures for vulnerable residents in their properties using the PCFRA. This guidance also provides advice on suitable additional fire protection facilities and gives advice on reducing the impact of fire in the flat/building. The outcomes of the PCFRA will assist the Responsible Person to formulate an effective emergency plan for those premises. Following a PCFRA, information should be made available to the Fire and Rescue Service on arrival at the premises by keeping it in a 'secure information box', which can only be unlocked by the Fire and Rescue Service or unlocked remotely by a Telecare ARC at the main entrance.

7.3, 7.5, 7.7 The processes undertaken in relation to vulnerable persons below are understood to be current, which include:

1. Completing an initial person-centred fire risk assessment (PCFRA) checklist with every resident.
2. If a vulnerability is identified, then a full PCFRA is undertaken using the example template observable within the NFCC Fire Safety in Specialised Housing Guidance.
3. Where a resident is found to require assistance to evacuate, a personal emergency evacuation plan (PEEP) is formulated for the resident in question.
4. Quarterly pull cord checks are undertaken within resident flats, which would enable any change in resident circumstances/capabilities to be identified.

7.3, 7.5, 7.7 Residents are constantly monitored by staff and undergo a well-being check when necessary and at periodic intervals. During the well-being check, any issues regarding mobility or capacity to respond to the emergency procedures are assessed, and PEEPs (Personal Emergency Evacuation Plans) are formulated where necessary. Upon identifying any vulnerable persons in case of fire, a Person Centred Fire Risk Assessment is carried out and risk reduction measures implemented where necessary, before any PEEPs.

A review of all PEEPs is made regularly and updated where necessary.

Further to the remediation works and reverting to a stay-put strategy, staff have engaged with residents. Noted in the previous FRA is that to reduce the risk of an outbreak of fire further, all personal electrical equipment has been subject to a PAT, and all residents have been advised not to smoke in their apartments. Our assessor has not been made aware of any changes to this process.

Residents of the flats may have a range of disabilities, but will be familiar with the means of access and egress which are used regularly. New residents ought to be encouraged to have a home fire safety check by the local Fire Service. 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.

7.4 There are currently no disabled staff members who work on the premises and would require assistance to evacuate. If in the future, disabled staff members are to be working at the premises, appropriate PEEPs should be put in place.

7.5, 7.10-7.11 Disabled persons are welcome as visitors to the premises. Visitors are likely to be on the premises for a relatively short period, and staff cannot possibly be expected to train for all potential disabled persons who may visit. It is therefore considered appropriate that in the event of a fire, staff would advise visitors of any emergency and follow the visitor's advice as to how to escort them from the building whilst reassuring them at the same time.

The resident's visitors are under the guidance of the resident, as they are free to enter via the automatic door control system.

Visitors and staff are required to sign in, and fire safety information is available at reception in the main foyer area. Access for contractors is controlled by WCHG.

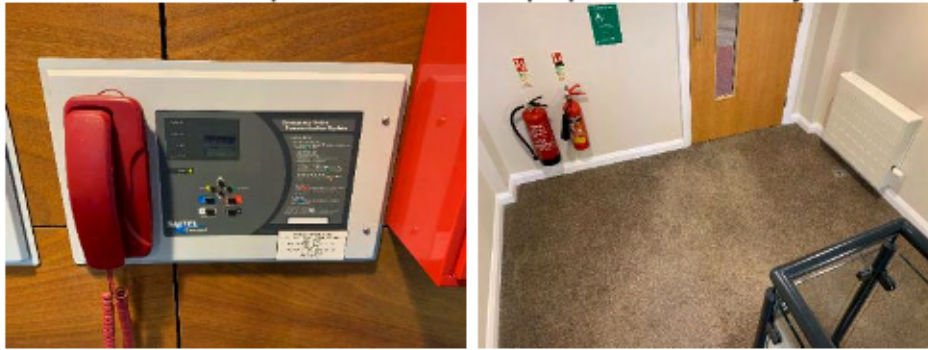
- 7.6 Staircases contain disabled temporary waiting space/refuge communications at each floor level. Disabled communications panels are located in the foyer areas of the Hub (for Blocks A and B) and the foyer of Block C (for Blocks C and D). An additional disabled temporary waiting space/refuge communications panel is provided by the ground floor corridor fire exit from Block A.

These systems are referred to in BS9991, and note that for all specialised housing accommodation types, when deciding on the dimensions of protected stairways and corridor zones, provision should be made for adequate temporary waiting space/refuge space for occupants to await further progressive evacuation in managed buildings. This may include the provision of refuges in accordance with BS9999, which follows below.

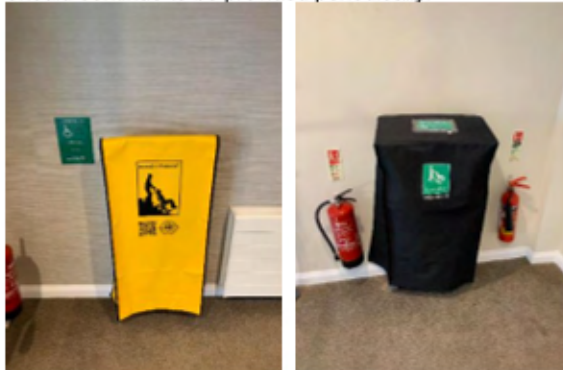
A temporary waiting space/refuge should be of sufficient size both to accommodate a wheelchair and to allow the user to manoeuvre into the wheelchair space without undue difficulty. To accommodate the wide variety of wheelchairs in use, including powered wheelchairs, the space provided for a wheelchair in a temporary waiting space/refuge should be not less than 900mm x 1400mm, allowing for manoeuvring. The areas on the landings appear to be above these measurements. The door width opening into the temporary waiting space/refuges should have a clear opening of not less than 850mm. The EVC should comply with BS5839-9 and consist of Type B outstations which communicate with a master station. The building is fitted with outstations in the staircases, and a master station is located in the foyer areas on both sides of the building.

The wheelchair space should not reduce the width of the escape route, and where the wheelchair space is within a protected stairway, access to the wheelchair space should not obstruct the flow of persons escaping.

Temporary waiting spaces/refuges should only ever be treated as temporary waiting areas, where disabled people can wait until they can complete their evacuation to a place of ultimate safety. Temporary waiting spaces/refuges should not be used as a place to leave disabled people to await rescue by the fire and rescue service.



- 7.7 Each alternative escape staircase is provided with at least one chair, for use by those who require assistance using the stairs in the event of a fire. It is understood that staff are trained in their use. Refresher training for the use of the evacuation chairs should continue to be provided periodically.



- 7.7 There is a minimum of 4 Premier Care and 1 WCHG staff present during the night.

- 7.8-7.9 The previous FRA raised an issue concerning no documentary evidence of a future programme of fire drills, and in order to ensure all staff have the opportunity to take part and practice their roles, they should be practising fire drills (some unannounced in advance) to confirm the evacuation training is fully understood by all concerned. The previous FRA action was signed off as complete on 03/04/2025, with comments against the action stating that a drill could not be completed while the fire alarm works were being completed. Works have now been complete and fire procedures changed, and a drill was scheduled for the week commencing 31/03/2025. Documentation was viewed on site, noting the latest drill to be 04/09/2025 with the Bistro Cafe as the main location, and it noted everyone was evacuated out to the assembly point. Total evacuation time was noted to be 2 minutes, and 14 people were involved.

- 7.8-7.9 Care staff are the responsibility of the organisation that employs them, and any training requirement will be imposed by them.

- 7.8-7.9 Current guidance on required fire safety standards in sheltered housing are detailed in Fire Safety in Specialised Housing, which indicates in 91.6 - While fire drills and practice evacuations are used in many commercial buildings to reinforce fire awareness training, it is often neither practical nor necessary to carry them out in sheltered and extra care housing, even if there is a communal fire alarm system. However, residents in sheltered housing may benefit from, for example, being invited to discuss a pre-planned scenario that is incorporated into a residents' meeting (e.g. a coffee morning) and used as an opportunity to check their understanding of the actions to be taken in the event of a fire.

- 7.12 Restricted areas are kept locked at all times.

- 7.13 See section 15.

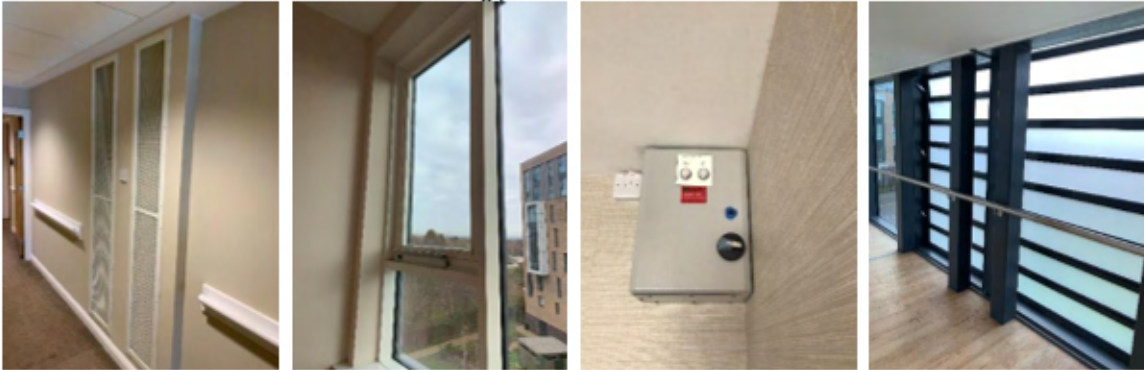
- 7.14 Two guest rooms are provided on each of the ground floors of blocks B and C. Although no access was gained on this occasion, it was previously noted that these are all of the same layout, consisting of the entrance door opening into a bedroom area, off which is an en-suite. There is BS5839-1 and BS5839-6 automatic detection in the bedroom area. There are patio doors from each guest bedroom directly to the outside, which had the key left in the door and notices on the back of the guest bedroom entrance doors which instruct persons to evacuate on activation of the fire alarm system. It is reasonable to assume the same layout and provisions haven't changed.

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?	No
8.6	Are all escape routes available and accessible at all times?	Yes
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?	Yes
8.9	Are vision panels provided between the inner room & access room and is it adequate?	Yes
8.10	If the vision between the inner room and the access room is inadequate is smoke detection provided within the access room?	Yes
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?	No
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?	Yes
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
None.	
Ref	RECOMMENDATIONS
None.	

Ref	COMMENTARY
8.1	On each floor of Block D (Oak), the long corridor between the rear staircase and the door into the lift lobby is approximately 33m in length and is not subdivided. Also, the flats in the middle of Block B (Cedar), flat 36, for example (same flat location on each floor), have 9.5m or more travel distance to the nearest fire door/staircase. This is the same in Block D (Oak) for flats in the middle flat, where they have 15m to travel to the nearest fire door/staircase. However, these have been accepted for the following reasons: 1. The building was designed and built to the regulations within Approved Document B Volume 1, which was the design guidance document in place for this type of building at the time, and the current arrangement is considered acceptable within this document. 2. A life safety sprinkler system has been commissioned within the residential flats, which significantly reduces the potential for a fire to develop and spread from a resident flat onto these corridors. 3. There is currently a staff presence 24 hours a day to assist any residents who require aid to evacuate. 4. Persons who are particularly vulnerable or at risk will be identified via completion of PCFRAs, with risk reduction measures introduced where appropriate. 5. A comprehensive and well-understood fire evacuation plan and procedure are in place. In future, where PCFRAs identify a significant number of persons who are highly vulnerable on the same floor of the above locations in the blocks, the more recently published NFCC Fire Safety in Specialised Housing Guidance may be consulted with regard to the implementation of additional safety measures, e.g., subdividing corridor fire doors.
8.2	Retained for historical purposes: Previously identified, the ground floor corridor of Block D, which adjoins the stairs, had no means of smoke ventilation. A manual opening vent (window) has been installed as previously recommended, which is operated by a square-end key available in the secure information (red fire) box. 
8.2	The windows at the end of the residential corridors are provided with manually openable locks/catches which can be opened if required by the Fire Service. The T Key that enables this process is located in the SIB, located in the entrance foyers, for use by fire crews.
8.2	Staircases are provided with Automatic Opening Vents (AOVs) at their head. WCHG has confirmed, as part of their standard responses, that AOVs are subjected to regular service and maintenance. Documentation was not viewed on this assessment. Corridors are provided with either AOV windows at their end or, where landlocked, smoke shafts which are linked to the fire alarm and which are also tested and serviced. Certain corridors have manually openable windows provided, as opposed to AOVs, which is in line with current guidance where two escape staircases are available.
The walkway bridge that links the blocks also has openable windows throughout, should this area need to be ventilated.	
Retained for historical purposes - The AOV control panel at the head of the main stairs in Redwood appeared in the off position with no lights illuminated, as previously observed. However, it has been confirmed that no lights should be illuminated because during works a couple of years ago, the original control panel motherboard was removed and the housing retained. DH Mechatronics mounted a new D+H motherboard inside the original panel housing, and the new motherboard is not connected to the LEDs on the front of the existing panel.	
	
8.2	A ventilation opening is not provided in the lift lobby area for Blocks C/D on lower floors up to floor 3. However, the staircase lobbies are provided with ventilation as expected. This is considered to be low risk.
8.5	The property is currently operating on a Stay Put policy for the flats. Only the common areas would be evacuated during the initial stages of an emergency, including any affected flats. Whilst a stay put strategy is in place, it is expected that the evacuation of residents from common areas may take longer than that usually expected. This is due to the nature of the older persons and any potential vulnerabilities.

- 8.6 The roof garden area above the Hub (Skylark Terrace) was observed, and keys are provided on hooks by each entrance door. This has been a long-standing measure, and at each annual fire risk assessment, the keys have always been noted as being available as recommended. The keys on hooks remain a suitable precaution for the exit doors. The procedure when opening the garden is to unlock both doors of the garden to provide alternative exits; however, this is not essential as there is a substantial distance between the escape routes within the open air, and any fire is highly unlikely to present a significant risk to persons on the roof garden. The correct keys were observed to be in position by each door. Additionally, suitable fire alarm sounders are in position on the exterior walls of the roof garden. Residents would be aware of the fire alarm sounding in the building.



8.6-8.7 **Lithium Batteries - Electric scooters, bikes, and mobility scooters.**

With the increased use of e-bikes and e-scooters comes a corresponding fire safety concern associated with their charging and storage. The use of these products is expected to continue to rise. Some fire services and fire investigators have seen a rise in e-bike and e-scooter battery fires. On occasions, batteries can fail catastrophically, they can 'explode' and/or lead to a rapidly developing fire.

Precautions when charging:

- Follow the manufacturer's instructions when charging and always unplug your charger when it's finished charging.
- Ensure you have working smoke alarms. If you charge or store your e-bike or e-scooter in a garage or kitchen, ensure you install detection, heat alarms, rather than smoke detectors, for these areas is recommended.
- Charge batteries whilst you are awake and alert, so if a fire should occur, you can respond quickly. Don't leave batteries to charge while you are asleep or away from home.
- Always use the manufacturer-approved charger for the product, and if you spot any signs of wear and tear or damage, buy an official replacement charger for your product from a reputable seller.
- Do not cover chargers or battery packs when charging, as this could lead to overheating or even a fire.
- Do not charge batteries or store your e-bike or e-scooter near combustible or flammable materials.
- Do not overcharge your battery – check the manufacturer's instructions for charge times.
- Do not overload socket outlets or use inappropriate extension leads (use uncoiled extensions and ensure the lead is suitably rated for what you are plugging into it).
- In the event of an e-bike, e-scooter, or lithium-ion battery fire, do not attempt to extinguish the fire. Get out, stay out, and call 999.

Precautions with storage:

- Avoid storing or charging e-bikes and e-scooters on escape routes or in communal areas of a multi-occupied building. If there's a fire, it can affect people's ability to escape.
- Responsible Persons should consider the risks posed by e-bikes and e-scooters when they are charged or left in common areas such as means of escape, bike stores, and mobility scooter charging rooms. They may wish to offer advice to residents on the safe use, storage, and charging of these products.
- Store e-bikes and e-scooters, and their batteries in a cool place. Avoid storing them in excessively hot or cold areas.
- Follow the manufacturer's instructions for the storage and maintenance of lithium-ion batteries if they are not going to be used for extended periods of time.

The batteries work by moving lithium particles between a negative and a positive electrode to charge and discharge. To allow those particles to move easily, they're suspended in pressurised cells inside the batteries filled with volatile and flammable chemicals. The movement of the particles causes heat as the battery is charged and discharged. If the battery was badly designed or improperly used, or improperly installed, that heat can ignite the chemicals, causing flames or explosions. Damage to the thin walls that keep the different parts of the battery separate can also lead to short circuits and a corresponding heat build-up.

- 8.7 The previous FRA raised a finding concerning an electric mobility scooter being parked outside the entrance door to apartment 126. The previous FRA action has been signed off as complete on 22/01/2025 with a note against the action stating that the Housing Management team spoke to the resident to reiterate that mobility scooters must not be parked in the corridor. The person consulted advised that the caretaker is on top of this and does a regular walk around throughout the day. Residents have received letters and are told not to park their scooters in the communal areas. At the time of this assessment, no scooters were found parked in the communal areas.
- 8.7 As detailed in Section 5, there are some items of furniture stored on the corridor escape routes, and these are well managed. It is confirmed that all escape routes are walked daily. Documentation was not viewed on this assessment.
- 8.8, 8.10 Some rooms adjoining the main Hub area, such as the wellbeing room, salon and staff office, are inner rooms to the Hub area. However, there is a suitable provision of automatic detection in the Hub, in addition to vision panels, enabling a clear view of the escape routes.

8.11 The previous FRA raised a recommendation concerning the fact that the store room on the Block B Cedar ground floor corridor, accessed only by staff, where the cleaners are based, has a metal door leading to the outside, which is kept locked, and that there is an exit sign in the vicinity of the door indicating it as an exit door. It further noted that this door is not required as an emergency exit, as the existing two directions of escape along the protected corridor are within the recommended escape travel distances. The previous FRA action has been signed off as complete on 07/02/2025, with notes against the action stating that the sign had been removed by HG Maintenance.

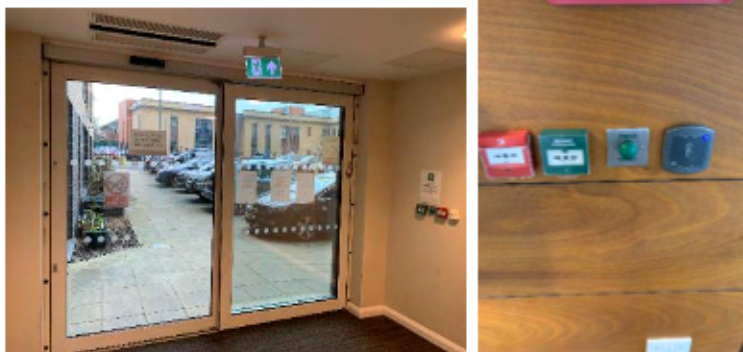
8.11, 8.13 Final exits from the building are, in the majority, either electromagnetically secured with a suitable override or provided with push pad-type opening devices.

Some of the doors from the Bistro cafe area are key-operated/locked, but there are designated escape routes that have push pads in the same area, which is considered to be acceptable.



8.11, 8.18-8.19 Certain final exit doors are provided with a sliding power-assisted opening mechanism. Assurance was provided that these are linked to the fire alarm and open upon its activation. A 'Green Box' emergency override is also installed adjacent to the doors and opens the doors when activated.

Some final exit and restricted access doors in the common areas are provided with electromagnetic locks and power-assisted openers. They are linked to the fire alarm and release upon its activation. They are also provided with a 'Green Box' emergency override device in accordance with current guidance, which releases the locks, allowing the doors to be pushed open if required. The call points and release buttons were also shielded to prevent accidental actuation.



8.12 A weekly means of escape check is carried out by staff and recorded. Domestic and maintenance staff are moving around the common areas throughout the premises each day and any maintenance issues are reported and dealt with immediately.

8.15, 8.18 The external gates from the community hub area and surrounding the block has push to exit buttons and no emergency overrides. However, our assessor considers this to be low risk due to persons being able to use alternative routes and being able to move away from the building at a reasonable distance.

- 8.17 The door leading externally by flat 1 in Block A is electromechanically secured and operated by a fob from the outside and a green push button internally, together with a fail-safe emergency box with a frangible cover. This door is intended for exit and access by residents of the block. At the build stage, an illuminated emergency exit sign was fitted above the door, indicating it as an emergency exit. The door is not provided with the recommended emergency-type release devices normally expected for an emergency exit door. However, the door is not required as part of the emergency exit strategy as there is sufficient provision of exits within recommended travel distances, which may be used if this door is unavailable. Also, only a very small number of persons would attempt to use this exit for evacuation purposes due to the presence of other nearby exits. To alter the security devices on this door to provide security from the outside and simple manual devices internally to conform to the current guidance is considered excessive and not reasonably practicable, given the very small reduction in risk to life that would be achieved. Other electronically controlled exit doors are regularly serviced.



- 8.22 Residents use the exits daily and are familiar with the operation of the door locks and override buttons to gain egress from the building.

9.0 The Confinement of Fire

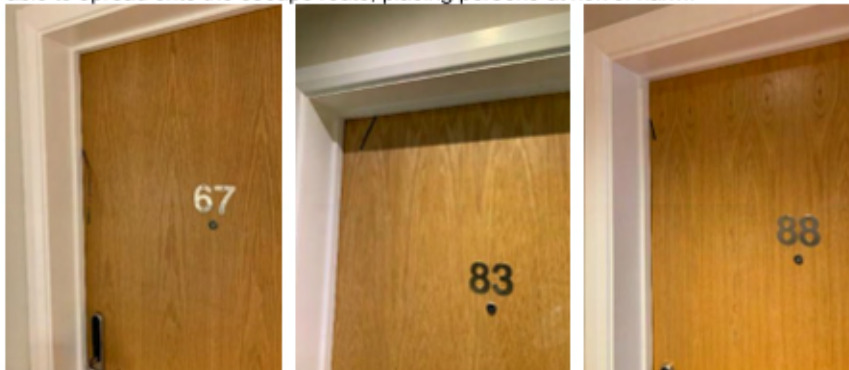
9.1	Are all escape routes and compartments protected by fire resistant walls and doors where required?	Yes
9.2	Where required, are the compartment walls of top floor compartments extended through the roof void and suitably sealed at the roof?	Yes
9.3	Is there a procedure for monitoring and maintaining 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?	Yes
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?	Yes
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?	No
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?	Yes
9.20	Are the devices fitted to any critical doors? e.g. onto stairs in a single staircase building	No
9.21	Is smoke detection provided within the area located near to the door release device? (Consider to L3 standard?)	Yes
9.22	Are all non-self-contained devices linked to the fire alarm system and released on actuation?	Yes
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)	Yes
9.25	Are all doors released at night or when the area is unoccupied?	No
9.26	Are all devices tested in accordance with the manufactures relevant standard to ensure satisfactory operation?	Yes
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 Several communal fire doors had deficiencies that were identified on this assessment. The types of issues include: • Doors do not fully self-close into their rebates. • Doorsets that had large gaps that exceeded the recommended tolerances (typically 3-4mm for smoke stopping doors). • Doors that had missing or damaged intumescent fire and cold smoke seals. • A door was noted to have unsealed voids in the door edges, a damaged architrave and gaps between the architrave and surrounding structure (this was isolated to the refuse room on the ground floor for block C (Hawthorne) and D (Oak)). Where fire doors are not self-closing, have holes/gaps, or have missing/damaged components, fire or other products of combustion may be able to spread onto the escape route, placing persons at risk of harm. Note: A full list of issues (17 separate issues identified) was handed over to the onsite caretaker for specific locations and the type of issue. It must be noted that the doors checked on this assessment were a sample of the doors within the building, and there may be other doors with similar issues that have not been picked up due to a sample check. Example pictures of the issue identified:  Recommended Actions 9.1, 9.5-9.6 As part of the building fire door audits that are undertaken by a competent person, any deficiencies identified should be rectified. Remediation works should include ensuring intumescent fire and cold smoke seals are installed/replaced where required, doors/self-closing devices adjusted to enable doors to fully close unaided, gaps reduced to tolerable levels, and gaps filled with fire-rated material to the same standard as the doors. Observation 9.5 The stairway door in Block C (Hawthorne) on the 4th floor, opposite flat 107, stuck in the open position on the carpet when tested. Where fire doors do not self-close, fire or other products of combustion may be able to spread onto the escape route, placing persons at risk of harm.  Recommended Actions 9.5 It is recommended that the flooring/door/self-closing device be adjusted to ensure the door fully closes into its rebates unaided by persons.

Observation

- 9.6 Although the doors were not accessed in the open position, flats 67, 83 and 88 seemed to have a smoke seal damaged and hanging down in front of the doors. Where fire doors have damaged components, fire or other products of combustion may be able to spread onto the escape route, placing persons at risk of harm.



Recommended Actions

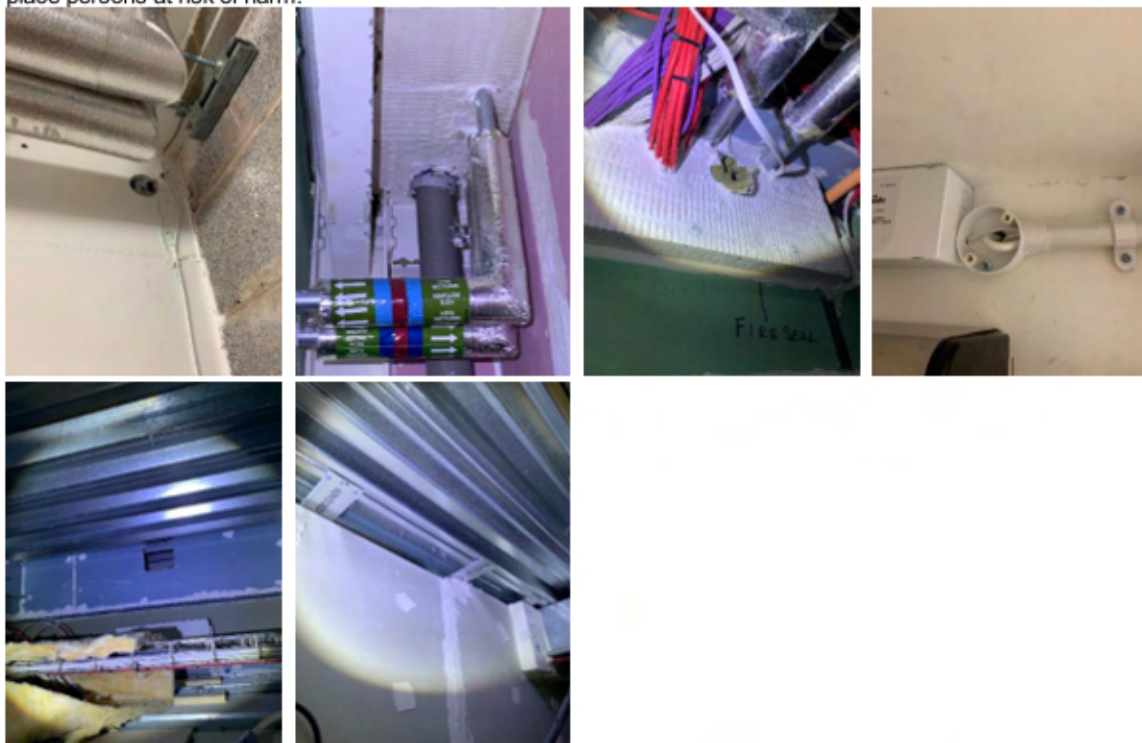
- 9.6 It is recommended that the identified doors be checked to ensure the intumescent fire and cold smoke seals are intact and in good condition. Where they are not, these should be replaced, like-for-like.

Observation

- 9.8 A few areas were identified to have inadequate/missing fire stopping around penetrations in fire-resisting/compartment walls. These included:

- The boiler room in Block B (Cedar) had a couple of unsealed penetrations, above the entrance door to the block, and in the sprinkler tank adjacent room, where red cabling has breached existing fire stopping and has not been sealed.
- The bin refuse room in Block B (Cedar) had a cable penetration in the ceiling (however, it may have been sealed in the void space above, but this could not be confirmed).
- The riser shaft in Block B (Cedar) had red cabling breaching existing fire stopping in a few areas.
- The riser shaft in Block D (Oak), next to flat 122, had a pipe collar with damaged seals and loose and hanging down.
- The riser shaft opposite the laundry room on the ground floor of Block D (Oak) had unsealed breaches in existing fire stopping.
- The refuse room on the ground floor for block C (Hawthorne) and D (Oak) has cables in the trunking junction box that are not sealed to the communal area above the entrance door on the inside.
- Breaches were observed above false ceilings in the firefighting shaft on walls adjacent to a flat located on the 7th floor lift lobby area.

It must be noted that the areas checked on this assessment were a sample within the building. Breaches in fire resisting construction that are not suitably fire stopped could lead to a fire spreading beyond the compartment of fire origin and place persons at risk of harm.



Recommended Actions

- 9.8 It is recommended that the areas identified are opened and checked, and any breaches found should be suitably fire stopped to provide 60 minutes of fire resistance.

Observation

- 9.8 The riser for the kitchen extraction in Block B (Cedar) runs through a shaft, and there does appear to be missing fire stopping on the inside of the shaft walls where cables run and other areas where plasterboarded edges haven't been sealed or are missing and damaged. This shaft opens into flat corridors. Breaches in fire resisting construction that are not suitably fire stopped, or areas that are not adequately compartmented, could lead to a fire spreading beyond the compartment of fire origin and place persons at risk of harm.



Recommended Actions

- 9.8 It is recommended that the riser shaft for the kitchen extraction in Block B be opened and checked to ensure it is adequately compartmented and fire stopped to achieve 60 minutes of fire resistance.

Ref

RECOMMENDATIONS

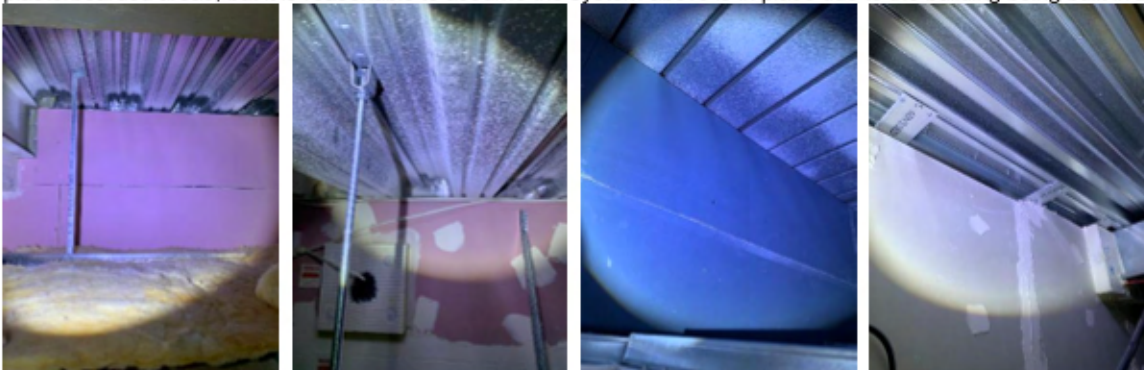
Observation

- 9.16 Some of the stores contain plant and electrical equipment, and combustible items were found stored in proximity to and up against them. Plant and electrical equipment can be a potential source of ignition if combustible materials are within reach and stored against them.

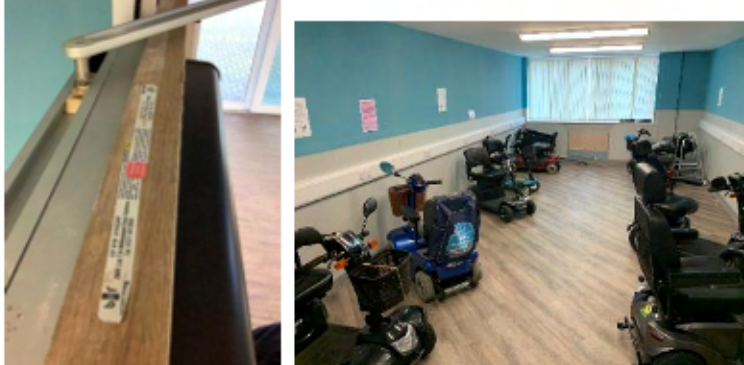


Recommended Actions

- 9.16 It is recommended that a clearance space be kept around plant/electrical equipment to prevent the risk of ignition. Typically, a 1m clear zone is considered appropriate around the equipment, unless the manufacturer's guidance requires more.

Ref	COMMENTARY
9.1	There are window-glazed units that separate the firefighting shaft from the lobby areas in Block B (Cedar) on the 1st and 2nd floors (includes the area to the walkway bridge). These windows appear to be fire-rated with the stamp on the glazing stating Vetrotech Saint-Gobain Int.Ag - ContraFlam 120. There are also other glazing units that are adjacent to the community hub area and other rooms on upper floors, and glazing units next to other doors, such as those on the Mezzanine room and Goldfinch room, which all appear to be fire rated glazing. 
9.1-9.2	The roofs of the building are flat, and therefore, there are no roof void compartmentation considerations needed for the top floors.
9.1-9.2, 9.8	Some areas were viewed from a sample check above false ceilings, where the plasterboard walls fall short of the floor slab above, and have not been fully sealed around this area on the outer layer of the plasterboard. However, although this has not been confirmed, this appears to be the commonly known deflection head system and is very common in newly built buildings complying with Approved Document B. In many constructions, slight movements from thermal expansion, seismic activity, or differential settlement require that a movement joint be provided, especially at the head of the wall junction where a plasterboard fire compartment wall meets an adjoining element such as a floor in this scenario, and as noted in Approved Document B it states that compartment walls should be able to accommodate deflection of the floor, when exposed to fire. There were, however, other areas that had these areas fire stopped and sealed. If there are any doubts about this system, then WCHG should seek confirmation on the system arrangement to ensure adequate compartmentation exists behind the plasterboarded areas, but it is reasonable to assume the system above is in place due to the building being built in 2017. 
9.1, 9.5-9.6	The apartments accessed are fitted with self-closing FD30s flat entrance doors. The doors were on free-swing self-closing devices, which would be linked to the BS5839-1 and BS5839-6 fire alarm systems in the flat. Internal rooms within the apartment were also fitted with FD30 notional doors. A suitable type of letter plate is fitted halfway down the main access door to the flats. These have spring-loaded and sealed flaps both internally and externally. It is assumed that all the access doors to the apartments/flats in the premises are of the same standard. Communal, and store/riser fire doors appeared to be similar in nature to the above, to either an FD30/60s standard. Test evidence of all of the fire doors performance was not available. 

- 9.1, 9.5-9.6 It was identified that the doors to both the mobility scooter stores are of an FD30s standard and the scooter stores are quite large, often containing more than 6 scooters on charge at any one time (15 noted in one on this assessment). However, the doors do not open directly onto an escape route, but rather into the entrance lobbies at the front; there is at least two FD30 door separations between each scooter room and any escape corridor serving flats. This was considered acceptable by our consultant, as a fire in the scooter rooms would be quickly detected, they are sprinkler protected, and alternative escape routes would be available to the sides and rear, and the 2-door separation detailed above is in place. Staff are on site 24 hours a day, and any alarm activations are quickly investigated.



- 9.1, 9.5-9.6 The Nightingdale room has bi-folding doors that open into the main hub area on the ground floor. These do not appear to be fire rated doorsets. However, there is a fire doorset at the entrance to the room that appears to be adequate and is kept locked shut when not in use. It is understood that the bi-folding doors are also kept in the closed position when the room is not in use. Our assessor considers this to be low risk.



- 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, 9.8 A sample inspection of areas above the false ceilings, inside cupboards and riser shafts throughout the property was conducted, and it was viewed that compartmentation works have been completed. However, see 9.8's finding.

Retained information for historical purposes: Galliford Try (GT) and Tenos have been working closely for an extended period of time in order to carry out a type 4 compartmentation and fire stopping survey throughout the premises. There have been several surveys carried out since the construction was finished in 2017, with the latest carried out by Tenos, following which it was identified that a full building survey was required. This has been carried out by GT, with GT applying the fire-stopping works where any breaches or deficiencies are identified. Our assessor was informed that this work is complete; however, the completed works are still to be checked before sign-off by GT. A certificate/statement is to be issued on completion, together with the information recorded electronically of locations and materials used for ongoing maintenance and inspection.

Examples pictures from this assessment:



- 9.3 WCHG confirmed in their standard responses that for major works with the programmed investment team, a third-party auditor is engaged to carry out a survey. For other works, a permit system is about to be put into place so compartmentation penetrations can be monitored.

9.4 As noted in WCHG standard responses, there are no formal inspections on communal fire doors for buildings under 11m, except for the Village, which has all 4 blocks and the hub checked due to the connection with block B. The flats under 11m will just have repairs or issues reported by the neighbourhood officers or cleaning team, who are in and out, but again, there is nothing formal.

The offices have informal checks, which the Facilities manager is looking to formalise at some point and record, but we have more colleagues who require fire door inspection training first.

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 Ventro or Fire Door UK.

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 fire-resisting doors to the refuse storage rooms have had power-assisted opening devices fitted to assist the residents when navigating the small spaces within the lobbies to the refuse rooms. They are operated by presenting a key fob to open the doors that remain open for a suitable time to allow the refuse to be deposited and then close automatically. There are fail-safe exit buttons internally, and it is understood that the devices are linked to the fire alarm and are disabled if a fire alarm activation occurs.



9.5-9.6 The previous FRA raised separate findings and recommendations concerning a mixture of fire doors issues, which include the below:

- The metal fixing for the drop-down seal on the base of the cross corridor door, previously indicated on the plans, was loose, preventing the door from closing fully and allowing the strip and seals to engage fully.
- The cross-corridor fire doors in the Redwood ground floor corridor had an excessive gap.
- The combination ambient smoke strip and fire seal was missing from the top of the door frame to the care staff break room.
- The cross-corridor fire doors previously indicated on the plan have an excessive gap.
- The fire-resisting doors between the Hawthorn tank room and the boiler room had a loose-fitting overhead self-closing device that was catching on the door as it was opened.

However, the previous FRA actions have all been signed off as complete on 07/02/2025, with notes advising that the works are complete, and some have evidence attached to the actions. The works are noted to have been completed by HG Maintenance. However, see the above finding for multiple other door issues identified on this visit.

- 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 commonly 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.

- 9.9-9.10, 9.27 The person consulted advised that the replacement of the external wall materials identified as combustible has been completed, including the spandrel panels.

As noted in their standard responses, since WCHG took ownership of the buildings, the Asset and Investment team undertake all 'Major works' with Project Managers to oversee any structural alterations and utilise planning, building control and CDM Principal Designers. Noted in the Asset Management Strategy to comply with all regulatory requirements. There is also a major works standard suite of contract documents and a checklist that the project managers need to review to check for standards required.

- 9.11 Within the flats accessed the venting arrangements appear to be that of a re-circulation unit in the void space to vent throughout the flat and then direct to the outside. These do not appear to be shared with other flats. Ventilation grilles can be seen on the outside walls of the buildings, which appear to be in line with each flat.

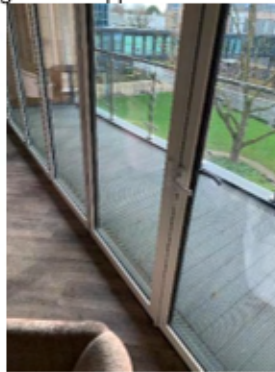
Retained information for historical purposes: Both Keith Bryant (Project Manager for Galliford Try) and a WCHG building consultant, who met with a previous TFG fire risk assessor, have confirmed that the ventilation ducting passes through the ceiling cavities directly to the outside and is independent of each apartment.

Example pictures from a void space accessed above a flat:



- 9.11 On earlier fire risk assessments, fire dampers were confirmed to be fitted in ductwork that traverses fire-resisting construction and fire compartments. However, it was not confirmed at the time whether any fire damper inspections were carried out. WCHG had confirmed to our previous consultant that WCHG FM have placed an order with MBS specialist contractor to undertake a fire damper survey and requested MBS further comment in order to establish if the further measures identified represent 'Best Practice' now or Legislative requirements at the time of original install. Although documentation for this was not viewed during this assessment, previous findings have been signed off as complete with notes stating that MBS confirmed VSS will be carrying out the fire damper testing/servicing at Site: Wythenshawe Village 135, and that once complete and certification received, they will add an asset in Promaster to be added to their PPM schedule. It is reasonable to assume that these are now added to their PPM schedule for continued maintenance.
- 9.11 Under Regulation 38 (formerly 16B) of the Building Regulations, the designer/principle contractor is required to handover, to the end user, "as built" information regarding the systems and protection measures for the safe operation of the building. This information was not available to the consultant at the time of the fire risk assessment. It should include the design and fire protection measures incorporated into the ventilation system. 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.
- 9.11 WCHG confirmed, as part of their standard responses, that all ducts are fitted with effective dampers where known and required.

- 9.16 Adjoining the lift lobbies, sandwiched between blocks C and D, are communal rooms which may be used by residents for meetings, relaxation, etc. The previous FRA noted that, section 4.4.3.3 of the original fire strategy completed for the building recommended that these lounge areas should be separated from the lift lobbies by fire-resisting construction, as they were likely to contain kitchen areas. On the first and third floors, no sources of ignition are present in these lounge areas. On the second floor lounge (known as the Falcon Room), a fridge and kettle are provided, which may be considered refreshment facilities as opposed to a kitchen. These items are PAT tested, and the area is well managed. There are also cross-corridor doors incorporating construction which DOES continue to true ceiling height between this room and corridors serving flats. The provision of choices for direction of escape means that persons would not have to pass through this lobby to escape in the event of a fire, instead having the option to proceed in the opposite direction. The absence of fire-resisting construction above the false ceiling between this room and the adjoining lift lobby is therefore considered to be low risk.
- 9.18 External CCTV is located around the building's perimeter.
- 9.18 Waste bins are stored internally in specified sprinklered refuse rooms, which are lobby separated from corridor escape routes.
- 9.19, 9.25 Electromagnetic door hold-open devices were fitted to the cross-corridor fire doors, which are understood to be integrated with the fire alarm system. Doors will close on detection of smoke in the vicinity of any held-open doors. It is understood that there is no timer fitted to the fire alarm interface that would automatically release the doors at night. These were confirmed to be checked during the weekly fire alarm tests.
- The Bistro kitchen doors are on magnetic hold-open devices, and there is heat detection in the kitchen area. This would not usually be acceptable; however, staff advised that all doors are kept shut when the kitchen is not in use, the kitchen doesn't open up into flat corridors and is in the main hub area, and there are alternative escape routes.
- 9.27 It was noted that there are two balconies on the Cedar block, adjacent to the rooftop garden area. The use of these areas is controlled by the premises management team, and access is only allowed at certain times. It is understood that residents do not have general access to these areas. Sources of ignition should not be permitted in these areas, and the storage of combustibles on the balconies should be closely controlled, with access through the patio doors opening onto the balcony also controlled. The current arrangements appeared to be controlled.



9.27-9.29

The person consulted advised that the original external wall material, determined not to comply with the latest recommendations, has been replaced with material conforming to A1 or A2. This documentation was not viewed or given to our assessor. However, the current fire strategy document in section 7 notes the following:

Tenos Fire Safety Engineering was commissioned to attend Village 135 to undertake an inspection and produce an initial draft report, which included commenting on the presence or otherwise of defects and deficiencies related to the original design and construction of the external walls.

The original external wall material of blocks A and B was determined not to comply with the latest recommendations/Regulations and has been replaced with material conforming to European Classification A2-s1, d0 or Class A1, classified in accordance with BS EN 13501-1:2007+A1:2009A1 and is awaiting sign-off from the principal contractor at the time of writing. Although Regulation 7(2&3) does not apply to the external walls of Blocks C & D, the replacement of the external wall materials was also carried out with the same specifications.

A number of external wall materials have been replaced, together with the inspection and installation/replacement of cavity barriers and spandrel panel fire barriers. The replacement external wall materials include:

- Zinc cladding
- 2mm aluminium cassette in light and Anthracite grey
- Prodema Prodex "Rustik" rainscreen
- Anthracite grey aluminium louvres
- Anodised Aluminium Brise Soleil
- Rockpanel Woods (A2-s1-d0)
- Zinc Quartz Standing seam

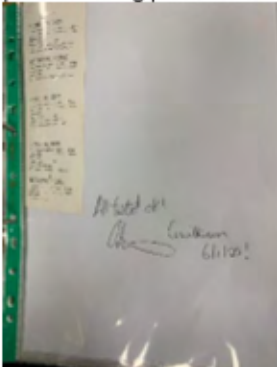
As noted in their standard responses, any requirements to undertake further inspections on External Wall systems or cladding are passed to a project manager in the Investment Team to engage a competent and qualified consultant to carry out an assessment and provide a report. Also noted is that all EWS information requested by the fire service (HRBs) is sent on a regular basis.



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.	Not Known
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?	Not Known
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?	No
10.16	Are all fire alarm tests, faults and maintenance schedules recorded?	Yes

10.0 Automatic Fire Detection: Finding(s)

Ref	FINDINGS
10.15	Observation The fire alarm system doesn't appear to be tested weekly at different call points, as call point 64 is the only call point that appears to be tested. The testing documentation is noted on a plain piece of paper with every fire alarm ticket log. Failing to test all call points in rotation may result in the system not operating as required in the event of a fire, raising the potential for persons being placed at risk of harm. 

10.15	Recommended Actions It is recommended that all call points be included when testing the fire alarm system. Testing one call point per week would be acceptable.
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Ref	RECOMMENDATIONS
10.1-10.6, 10.12	Observation The scope of the Regulatory Reform (Fire Safety) Order 2005 does not cover the internal parts of the flats. The residents from the flats accessed, advised that the automatic fire alarm and warning system that is installed throughout the premises sounds throughout the premises, including within the flats. A sounder within a flat was found covered over (see separate recommendation) to reduce the sound it makes, and the zonal floor plans observed seem to suggest that each floor is a zone, and in that zone it also covers all flats on that floor, which may suggest that the fire alarm system is not configured for a stay put strategy. Recommended Actions It is recommended that the configuration of the fire alarm system be confirmed and double-checked against the cause and effect to ensure it supports a stay put strategy. See 10.1-10.6, 10.12 commentary for further details. Note: If the system does not support a stay put strategy, then the system should be re-configured to do so, and the zonal floor plan should be updated to reflect the stay put strategy. Observation Access was gained into flat 117 to find that the communal fire alarm sounder was covered over to reduce the sound when the device is activated during fire alarm tests, as the resident advised that the device is very loud. Advice was given on the day to remove it. Note: See 10.1-10.6, 10.12's recommendation on confirmation of the fire alarm configuration.

10.2	
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10.2	Recommended Actions It is recommended that the device be uncovered and the resident advised not to tamper with fire safety provisions within the flat.
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Ref	COMMENTARY
10.0	There is a telecom/warden system present throughout the building and within the flats that were accessed. It is reasonable to assume all flats have this provision. It is understood that the system is monitored and goes through to a 24-hour, remotely monitored centre (Chubb). The person consulted advised that pull cords are checked and tested regularly as part of the flat checks, with quarterly pull cord checks. The person consulted advised that residents also have a handset in their flats that can be used.
10.1-10.2, 10.4-10.8	The system now installed within each apartment appears to conform to BS 5839-6 to at least Grade D, category LD1 standard, with either optical smoke or multi-sensor detectors installed in all habitable rooms except the kitchen area, where a heat detector is provided. The systems are linked to the 'Dect' care call phones, with each member of care staff carrying a receiver and call point in the reception/office. A fully addressable BS 5839-1 fire detection and warning system is installed within the common areas, which appears to be to a minimum of L2 standard, with a linked heat detector and separate sounder located in the hallway of each flat. This may be confirmed within the installation and commissioning certificate issued at the time of installation. It was stated that the automatic fire detection and warning system installed in the common areas sounds an alarm to initiate a simultaneous evacuation of all the common areas within the individual block of activation. It was previously stated that work was ongoing to reconfigure the fire warning system to enable the communal area sounders within escape corridors and staircases to remain silent on activation in support of the stay-put strategy. The Hub and other communal rooms and work spaces will retain active sounders to alert persons in those areas in the event of a fire. However, see the above recommendation, as it appears that activations occur within the flats as well as the communal areas.
	
10.1, 10.6- 10.7	The scope of the Regulatory Reform (Fire Safety) Order 2005 does not cover the internal parts of the flats. Current guidance within the document NFCC specialised housing guidance recommends that automatic fire detection is installed in all flats in accordance with BS 5839-part 6 with a category LD1. It is acknowledged that this level of fire detection is not required for compliance with building regulations and may not be found within existing sheltered housing. However, this level of detection is strongly recommended for all new sheltered housing, upgrading of existing sheltered housing and when existing fire detection within flats is replaced. This standard should also be regarded as an ultimate objective for all existing sheltered housing. The building appears to meet this objective.
10.1-10.6, 10.12	Below are extracts from the NFCC Specialised Housing Guidance issued in May 2017: There has been considerable confusion as to the appropriate fire warning strategy for sheltered and extra care housing. This has often resulted in a communal fire alarm system, similar to that installed in a hotel, in which, when a fire is detected by a fire detector within the flat or common parts, an alarm signal is given throughout the premises, including every flat. Such an arrangement contradicts the 'stay put' strategy adopted in sheltered housing, in which, when a fire is detected in one flat, there is no need for occupants of other flats to evacuate, nor do they do so in the event of the detection of fire in the common parts. Not only does this cause confusion, but it is wholly unreasonable to expect residents to remain within their flat for any length of time while fire alarm sounders are operating within their flat. Fire alarms for sheltered housing schemes are now included in the current fire safety guidance, BS 5839 6. Fire detection and fire alarm systems for buildings – Part-6: Code of practice for the design, installation, commissioning and maintenance of fire detection and fire alarm systems in domestic properties. In general, the design of sheltered housing is very similar to the design of purpose-built flats, and each flat is an independent, fire-resisting compartment, within which a fire is expected to be contained. This facilitates a stay-put policy, in which only the occupants of the flat of fire origin need to evacuate, while it is safe for other residents to remain within their own flats. However, as in general needs flats, a stay-put policy is predicated on the assumption that the fire and rescue service will attend and extinguish the fire. It is also assumed that, if necessary, the fire and rescue service will instruct residents, in flats that might ultimately be affected by the fire, to evacuate. In the case of sheltered housing, residents might be slower to evacuate if required to do so and accordingly, there is a need to compensate for this by earlier attendance of the fire and rescue service. On activation of any device, the monitoring centre will contact the fire service to attend the premises. The accepted standard for fire alarms in a sheltered housing scheme is smoke/heat detection in the common means of escape and all rooms (other than flats) off the escape route, with a sound level of not more than 45dB within the flats. Individual flats should be provided with independent BS 5839 Pt 6 systems consisting of a minimum of smoke detection in the circulation space and heat detection in the kitchen to give a local alarm with both systems monitored.

- 10.1, 10.13 Fire alarm panels are provided in the entrance foyer to the Hub and the entrance foyer to Block C. A repeater panel is provided by the ground floor corridor exit from Block A. Suitable fire alarm zone plans are provided adjacent to each alarm panel in the blocks, except the repeater panel in Block A.



- 10.2-10.3 The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022 came into force on 1 October 2022. From that date, all relevant landlords must:

- Ensure at least one smoke alarm is equipped on each storey of their homes where a room is used as living accommodation. This has been a legal requirement in the private rented sector since 2015.
- Ensure a carbon monoxide alarm is equipped in any room used as living accommodation which contains a fixed combustion appliance (excluding gas cookers).
- Ensure smoke and carbon monoxide alarms are repaired or replaced once informed and found to be faulty.

- 10.8 It is understood that a full evacuation can be manually activated at the fire panel by staff or the FRS. The previous FRA confirmed that this procedure had previously been verbally agreed upon between Fire Safety Inspecting Officers from GMFRS and Ms Amanda Seals (Senior Manager of V135).

- 10.9 Manual call points appeared to be visually unobstructed at the time of this fire risk assessment.

- 10.10, 10.12 It was advised that the fire alarm system can be heard throughout the whole property, and all sounders are the same. See the above recommendation. The system was not tested by the assessor whilst on-site.

- 10.14-10.16 WCHG has confirmed via their standard responses that fire alarm systems are under a regular maintenance programme by a qualified fire alarm engineer, there are systems in place to ensure the system is tested weekly from a different call point (however, see the above finding), and that all fire alarm tests, faults and maintenance schedules are recorded.

It was previously confirmed that all staff take part in the fire alarm tests on a rotational basis to ensure familiarity with interpreting and operating the fire control panels and Dect phone system.

- 10.15 Article 17 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to provide a suitable system of maintenance for any facilities, equipment and devices so that they are maintained in good working order.

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
11.1-11.4	Emergency Lighting is installed throughout, and the provision is considered suitable and appears in good condition where seen. This is included on corridor escape routes, in communally used areas used by the residents and externally by final exits. It was not possible to ascertain the exact level of illumination of the emergency lighting, but the coverage appeared to be satisfactory, and the installation is assumed to comply with relevant standards.
11.5-11.6	WCHG confirmed in their standard responses that routine checks are carried out in accordance with the appropriate standard to which the system conforms.

For information, it is recommended that the emergency lighting is tested in accordance with BS 5266, Emergency Lighting and would typically include:-

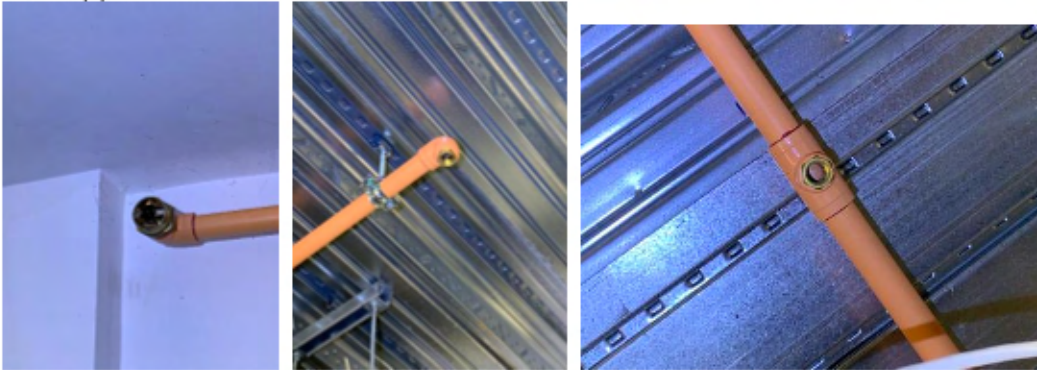
- A visual check.
- A monthly function test of each unit with a "fishtail" test key.
- An annual test by a suitably qualified and competent person.
- The test results ought to be appropriately recorded.

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?	Yes
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?	Yes
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.	N/A
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?	Not Known

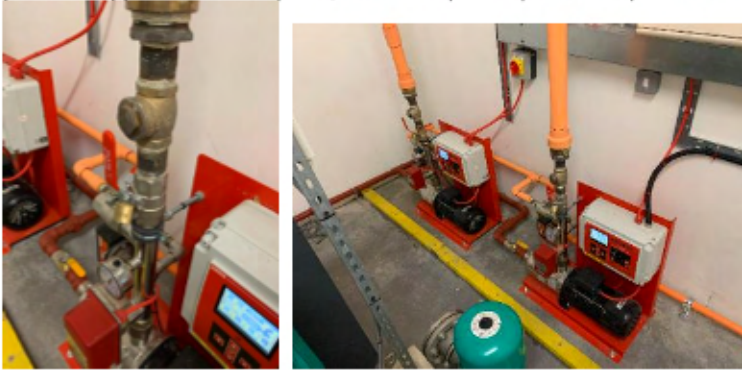
12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations: Finding(s)

Ref	FINDINGS
	Observation 12.16 At the time of the fire risk assessment, the Secure Information Box (SIB) was provided with information, but this didn't appear to be fully updated, and in line with current guidance, as some information appeared to be missing for the likes of the external wall system. The information for the fire evacuation procedures appears to meet that of a PHE strategy and not the current stay put strategy. Failure to provide up-to-date information may delay firefighting operations, which could place persons at risk of harm.
	Recommended Actions 12.16 It is recommended that the Emergency Response Pack (ERP) information is checked and updated within the SIB to ensure it complies with The Fire Safety (England) Regulations 2022. Note: The FIA Code of Practice for the Provision of Premises Information Boxes in Residential Buildings can be used for this to ensure the SIB comply with the England Regulations 2022. This is to assist the local fire and rescue services in planning for and operational response to a fire.

Ref	RECOMMENDATIONS
	Observation 12.9 The electric room and bin refuse, both in Block B (Cedar), have sprinkler pipework in here that doesn't appear to have the sprinkler heads in place, and the pipework appears to be dry with no water present, as this could be seen. It was not clear if this arrangement was suitable, as it has been advised that a life safety sprinkler system is installed, so there is an assumption that the pipework would be water-filled.
	
	Recommended Actions 12.9 It is recommended that a competent person attend the site to check the system, ensuring the sprinkler head locations are appropriate.

Ref	COMMENTARY
12.1-12.3	Portable firefighting equipment would not be generally sited in the corridors to flats as this may pose a risk to residents leaving their flat on fire and returning with a fire extinguisher, placing them at increased risk as they are not trained. However, the property is staffed 24 hours a day, with trained staff responding to any fire alarm, and the current availability of firefighting equipment is considered suitable. The accommodation area extinguishers are generally sited in stairwells and not in the immediate vicinity of flat entrance doors. The firefighting equipment is in the form of water (or foam) and CO2 stations throughout. Such extinguisher points are also provided in higher risk areas such as refuse rooms, electrical rooms and the like.
	
12.4-12.5	WCHG have confirmed via their standard responses that appropriate checks are carried out on a monthly basis for firefighting equipment, and that all firefighting equipment is serviced by a qualified engineer every 12 months, with this last having been carried out in 09/2025.
	
12.6	Although not specific to the property, the fire strategy notes that fire hydrants are located near the entrance to Block B car park and on Brownley Road near the entrance to Hollyhedge Court Tower block.
12.6-12.8	Firefighter dry rising mains are located in each block, so as to provide a firefighting facility due to the size and layout of the blocks. The inlets are located on the external façade, and the outlets are located at each level of one of the staircases per block. WCHG have confirmed that where firefighting and firefighter facilities are provided, these are tested and maintained, which includes dry/wet risers, sprinklers, secure information boxes, and wayfinding signage.
	

- 12.8 The previous FRA raised a finding concerning the main sprinkler stop valves in the Cedar and Hawthorn tank rooms not being secured, and should be secured open by a padlock. The previous FRA action was signed off as complete on 06/02/2025 with comments against the finding, noting that Argus returned and locked off all the levers in all blocks. On this assessment, padlocks appeared to be in place, and a sample of sprinkler stop valves was observed to be locked in the open position.



- 12.9 **Retained information for historical purposes:** Whilst the type 4 compartmentation and fire stopping have been carried out on the premises, WCHG has taken the opportunity to install a life safety sprinkler system throughout each flat and also in high-risk common areas (e.g. refuse rooms, the Hub, kitchen, etc.).
- 12.11-12.13 A firefighting lift is installed in the staircase serving Block B. Other lifts are noted to be passenger lifts.

The previous FRA confirmed that a declaration of conformity issued to WCHG at the time of the lift's installation was provided, which indicated that the lift was installed in accordance with BS EN 81-72:2003 relating to firefighters' lifts. It was previously confirmed that Cundall Lifts has also surveyed the lift provisions, which have been compiled in a Lift Compliance Review issued to WCHG. Although indicated as a firefighting lift in the declaration of conformity, Cundall has expressed that this may not have met every standard required to be considered a true firefighting lift, e.g. the lift control panel does not have water ingress protection, and some components are not IP rated. It is noted that the Cundalls Lift Compliance Review referred to the standards within BS EN 81-72:2020 as opposed to the standards in place when the lift was installed, which may account for the aforementioned areas of discrepancy. Retrospective upgrading of the firefighting lift is not mandatory.

WCHG confirmed as part of their standard responses that lift controls are functional, tested and maintained, and that there is a policy to report any defects to the lifts to the fire and rescue service. This is undertaken on the Building Safety Management System

Block B Cedar LH lift is installed as a firefighting lift and labelled.



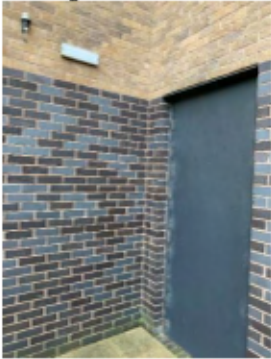
- 12.14 New residential high-rise buildings proposed after 1 December 2022 require Emergency Alert Systems (EAS); however, this provision is not retrospective. However, WCHG may want to consider this as part of any future upgrades/refurbishments within the high-rise block B.
- 12.16 WCHG has confirmed via their standard responses that the Secure Information Box (SIB) that has been provided have up to date info, and access keys. However, see the above finding.
- 12.16 The Fire Safety (England) Regulations were enacted under Article 24. Failure to comply with any requirement or prohibition imposed by regulations made, or having effect as if made, under article 24 may be considered an offence.

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?	Yes
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?	Yes
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?	Yes
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?	Yes
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?	No

13.0 Fire Safety Signs and Notices: Finding(s)

Ref	FINDINGS
13.10	Observation The areas outside the lifts on some of the floors in Block B (Cedar) were missing a 'Do Not Use Lift In The Event of Fire' sign, and the dry riser inlet located on the front of Block D (Oak) was missing. If residents use the lift in a fire situation, they may become trapped, putting them at risk of harm. Also, missing signage on dry risers may delay firefighting operations, also placing persons at risk of harm.   Recommended Actions It is recommended that a "Do Not Use Lift In The Event of Fire" sign be displayed at each level, and a dry riser inlet sign be displayed on the identified inlet.
13.15-13.16	Observation Wayfinding signage has been installed to indicate floor levels and flat locations in the communal corridors to the upper floors in Block B (Cedar), which are deemed acceptable as they are all visible and in good condition. However, this doesn't appear to fully align with the guidance, as the wayfinding signage to assist attending firefighters in the identification of flat locations within staircase 2 of the block is not provided on the correct floor level where the flats are located. Although the lower floors state what is located on the floor above, the absence of wayfinding signage on the correct floors may disorientate and delay firefighters in reaching the required area of the building, placing persons at risk of harm. Note: Wayfinding signage not fully in line with the recommendations in current guidance has been raised on previous FRAs, and the action has been signed off as complete with notes stating the following: 19/07/24 Updated 15/07/24 Spoke with GMFRS, Paul Watson. I explained the comments in the FRA that signage may not strictly comply with approved Document B; however, he asked if every floor had signs and emergency lighting. I confirmed the village did, and he said that was acceptable. No action is needed at the present time; it may need revisiting if legislation changes.   Recommended Actions If the fire service has previously confirmed that this arrangement is suitable, then confirmation in writing should be sought, or the following action is required. It is recommended that wayfinding signage be provided in the staircase areas identified, which will adequately assist attending firefighters in identifying flat locations within the building. Such signage should be clearly visible in low light or smoky conditions, and it may be prudent to provide such signage at a low level as well due to the possibility of smoke layers. Note: All floor identification signs should be supplemented by flat indicator signs, which provide information relating to the flats accessed on each storey.
Ref	RECOMMENDATIONS
	None.

Ref	COMMENTARY
13.1-13.4	The provision of directional and fire exit signage throughout the building was found to be satisfactory and in good order at the time of this fire risk assessment.
13.6-13.8	Fire action notices are displayed in appropriate locations, such as in staff work areas and service rooms and also on the inside of the apartment/flat entrance doors, so as to remind the staff and residents. Suitable action notices were also previously seen on the inside of guest bedrooms. Residents are also made aware of the fire procedures through regular updates from the management team. It was also noted that there are no fire action notices by the manual call points within the communal areas inside the premises; however, TFG has previously been informed that the reason for this was the constant presence of staff on site 24 hrs per day and the fact that any alarm activation would be attended and managed by the staff present. 
13.10	Although not all fire exits have 'Fire Exit Keep Clear' signage affixed to the external side, those that do not, are not at risk of being blocked due to these being set back from areas where blockage could occur (e.g. on raised pavement areas). No blockage of these exits was observed at the time of this fire risk assessment. 
13.10	Suitable 'Do Not Use in the Event of Fire' signage was provided adjacent to the lifts. However, see the above finding.
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.
13.11	Assembly point signs are provided by final exits, instructing persons where to assemble, depending on their location within the building.
	
13.11	External Fire Assembly Point signs are displayed in the appropriate locations.
13.12	"No Smoking" signs are displayed as required by The Smoke Free (Premises and Enforcement) Regulations 2006. The only smoking allowed is within the residents' own flats. There is no smoking allowed within any communal area or circulation space.
13.15-13.16	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.

13.15-13.16 On-site observations showed that some form of wayfinding signage has been installed, which is not quite in line with current guidance (see the above finding).

Note: Signage wasn't fully checked against the current guidance, e.g. correct text sizes and font, but it is reasonable to assume the installed signage meets the requirements within the guidance, except for the issues noted.



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?	No
14.4	Where necessary has any action been taken to prevent reoccurrence?	Yes
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?	No
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
14.1-14.5	Since the previous fire risk assessment was undertaken, there have been no 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 premises, the Fire Risk Assessment should be reviewed to identify if any further risk reduction measures are necessary.
14.3-14.4	There have been occasional instances of false alarms within the building. The person consulted advised that the Fire brigade came out last week due to a false alarm on detectors for flats 90 and 97 in blocks C and D. Residents weren't in to advise/confirm through the telecare system if there was a fire or not. The person consulted advised that the scheme logs a job and investigates to prevent recurrence.
14.6-14.7	WCHG have confirmed, as part of their standard responses, that there is a fire policy for the premises/organisation that clearly defines the roles and responsibilities of who will contribute to overall fire safety management. Also confirmed is that there are procedures in place to inform relevant persons of the need to report any potential fire hazards.
14.7	The Wythenshawe Community Housing Group V135 Senior Manager is the nominated person on-site responsible for ensuring that the fire precautions are implemented and managed correctly on behalf of WCHG, who has the overall responsibility, along with Premier Care. This would be a shared responsibility. Other independent entities, such as Cafe staff and the hairdresser/beauty salon staff, would also share some responsibility under their areas of control.
14.8	Article 22 of the Regulatory Reform (Fire Safety) Order 2005 requires, where two or more responsible persons share or have duties in respect of the premises, to cooperate with each other so far as necessary to comply with the requirements of the order. They must take all reasonable steps to inform the other responsible persons concerned of the risk to relevant persons. It is understood that the local Fire and Rescue Service (GMFRS) have visited on several occasions and continues to visit in order to carry out familiarisation, for the gathering of operational information, community visits to advise residents on home fire safety and fire protection officers have also regularly visited to advise on any current requirements. WCHG continue to liaise with the fire service regularly.
14.11	Staff are on site 24 hours a day to ensure Fire Service access.

15.0 Fire Safety Management

15.1	Are there an adequate number of appointed competent persons and arrangements (under Article 18 of the RRFSSO) 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?	Yes
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?	Yes
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)	Yes
15.13	Do the premises require a written fire emergency plan detailing the roles and responsibilities in order to safely evacuate?	Yes
15.14	Where required, is the fire emergency plan displayed on the premises?	Yes
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
15.0	The kitchen has been contracted out to a private company. Although this was not advised on this assessment, previous FRAs have confirmed that a separate fire risk assessment has been carried out for areas under their control, and any findings are shared with the building management. However, this documentation was not viewed on this assessment, and the person consulted advised that all independent entities within the building would follow the WCHG fire risk assessment and emergency procedures.
15.1-15.2	WCHG employ competent and approved persons to carry out works, maintenance and servicing of their preventative and protective fire safety measures. WCHG have confirmed via their standard responses that all staff have undertaken fire safety awareness courses and competence, or via fire mitigation frameworks, to ensure preventative and protective measures are undertaken. Also confirmed is that WCHG have Accountable Persons for their stock.
15.1-15.2, 15.6-15.7	It should be noted that work on fire protection systems ought to be carried out in accordance with the relevant standards for the system being repaired/installed. The person carrying out such alteration/installation has a duty to take general fire precautions to ensure the premises remain safe under Article 5 (3) of the Regulatory Reform Fire Safety Order 2005, so far as the requirements relate to matters within their control, during any installation, repair and maintenance.
15.3-15.5, 15.9	WCHG have confirmed via their standard responses 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, Assure24 ring the fire brigade. Fire Marshals have had training under the Health & Safety Team. Regular fire drills take place in the offices/centres and are documented by the Health & Safety Team.
15.6-15.7	WCHG have confirmed via their standard responses that there are systems and procedures in place to control any new work, alterations or repairs to the premises, so that no fire hazards are introduced. Also advised is that there is a permit-to-work system and tenant alteration requests in place.
	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 work has finished, to check for any hot spots. As fires are more frequent during refurbishment and/or alteration, it is important that any additional risks are evaluated, particularly when the building is occupied. Contractors have a duty to carry out a risk assessment and inform the client of any findings and of the remedial measures identified.
15.9-15.11	A list of fire marshals is not displayed as it was considered that this would not serve any purpose. The fire marshals are controlled by and known to all the WCHG management. Training is provided along with suitable means of identification.
15.12	The fire assembly points have been designated as the rear Car Park area for Oak and Hawthorn and the front garden area for Redwood and Cedar. However, during inclement weather, and providing any fire incident is remote from the Hub, it is the opinion of our assessor that residents could assemble in the central Hub lounge/dining area (with alternative exits to the outside) and await further instructions during a full fire evacuation.
15.14	The fire safety and evacuation plan is located in a wallet for any person to access within the main staff office by the Hub.
15.15	The premises are staffed 24 hours per day. WCHG have confirmed via their standard responses that there are procedures for calling out key staff during fire-related emergencies outside of normal working hours. The senior manager on call will be notified. If something very serious happens, 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?	Yes

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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16.1-16.2 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 should be taken should a fire occur.

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 The fire-resisting construction of the sprinklered flats means an outbreak of fire is likely to be contained within the flat of origin. Other residents are in a reasonably safe place within their own flat while a fire in an adjacent flat is dealt with. Therefore, a "stay put" policy is suitable. The escape corridors, stairs and flats are said to currently provide fire warning along with the remaining communal areas and work rooms; however, see section 10's finding. It is noted that, on activation of the common fire alarm, persons in corridors or in communal facilities (hub, laundry, etc.) would be expected to evacuate the building by their nearest exit to the fire assembly point. An example general simultaneous evacuation fire plan is included below for the communal areas (hub, laundry, etc.) as well as an example resident's fire plan, 'stay put', which ought to be communicated to each resident.

However, there are deficiencies identified relating to the passive fire protection measures (see findings in Section 9) which may impact on the containment of fire from the area/compartments of fire origin. Currently, it is deemed that there is an increased risk to life for occupants whilst a 'stay put' policy remains. The overall risk to life is detailed in Section 3.

The emergency plans should be brought to the attention of individual tenants.

Note: The scheme reverted to a stay put strategy in 2025.

16.3 All organisations occupying the building would follow the same fire procedures within the building, as noted above. It is understood that all staff and residents have been informed of the evacuation procedures.

Fire Emergency Plan: General

On confirming that a fire exists raise the alarm, by operating the nearest break glass call point.

Ensure the fire service is summoned by dialling 999 stating Fire at:

Village 135, 3 Hollyhedge Court Road, Wythenshawe, Manchester, M22 4GW

All persons should move quickly and calmly to the nearest exit.

Only fight the fire if it is small (no more than the size of a waste paper bin) AND if trained and it is safe to do so, with the appropriate fire extinguisher. If the fire is larger than a waste paper bin close the door to the fire.

All persons **must not place themselves at risk.**

Close all doors behind you to contain the fire and prevent the spread of smoke and toxic fumes.

Proceed to your designated assembly point or well clear of the building and away from any approach road likely to be used by emergency vehicles.

Ensure a roll call of all members of your department is taken to establish if all persons are accounted for.

Liaise with the fire service officer on arrival, giving details of number of persons unaccounted for, the location and extent of the fire.

Do not re-enter the building until authorised to do so by a Fire Service Officer.

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:

Village 135, 3 Hollyhedge Court Road, Wythenshawe, Manchester, M22 4GW

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 significantly 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
9.1, 9.5-9.6	Several communal fire doors had deficiencies that were identified on this assessment. See 9.1, 9.5-9.6 for further details on the types of issues identified.	As part of the building fire door audits that are undertaken by a competent person, any deficiencies identified should be rectified.	P2	Moderate			
9.5	The stairway door in Block C (Hawthorne) on the 4th floor, opposite flat 107, stuck in the open position on the carpet when tested.	It is recommended that the flooring/door/self-closing device be adjusted to ensure the door fully closes into its rebates unaided by persons.	P1	Substantial			
9.6	Although the doors were not accessed in the open position, flats 67, 83 and 88 seemed to have a smoke seal damaged and hanging down in front of the doors.	It is recommended that the identified doors be checked to ensure the intumescent fire and cold smoke seals are intact and in good condition. Where they are not, these should be replaced, like-for-like.	P2	Moderate			
9.8	A few areas were identified to have inadequate/missing fire stopping around penetrations in fire-resisting/compartment walls. See 9.8 for further details on their locations.	It is recommended that the areas identified are opened and checked, and any breaches found should be suitably fire stopped to provide 60 minutes of fire resistance.	P2	Moderate			
9.8	The riser for the kitchen extraction in Block B (Cedar) runs through a shaft, and there does appear to be missing fire stopping on the inside of the shaft walls where cables run and other areas where plasterboarded edges haven't been sealed or are missing and damaged.	It is recommended that the riser shaft for the kitchen extraction in Block B be opened and checked to ensure it is adequately compartmented and fire stopped to achieve 60 minutes of fire resistance.	P2	Moderate			
10.15	The fire alarm system doesn't appear to be tested weekly at different call points, as call point 64 is the only call point that appears to be tested.	It is recommended that all call points be included when testing the fire alarm system. Testing one call point per week would be acceptable.	P1	Moderate			
12.16	At the time of the fire risk assessment, the Secure Information Box (SIB) was provided with information, but this didn't appear to be fully updated and in line with current guidance, as some information appeared to be missing.	It is recommended that the Emergency Response Pack (ERP) information is checked within the SIB to ensure it complies with The Fire Safety (England) Regulations 2022.	P1	Moderate			
13.10	The areas outside the lifts on some of the floors in Block B (Cedar) were missing a 'Do Not Use Lift In The Event of Fire' sign, and the dry riser inlet located on the front of Block D (Oak) was missing.	It is recommended that a "Do Not Use Lift In The Event of Fire" sign be displayed at each level, and a dry riser inlet sign be displayed on the identified inlet.	P2	Moderate			

13.15-13.16	Wayfinding signage doesn't appear to fully align with the guidance, as the wayfinding signage to assist attending firefighters in the identification of flat locations within staircase 2 of Block B is not provided on the correct floor level where the flats are located. If the fire service has previously confirmed that this arrangement is suitable, then confirmation in writing should be sought, or the following action is required. It is recommended that wayfinding signage be provided in the staircase areas identified, which will adequately assist attending firefighters in identifying flat locations within the building.	P3	Moderate
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19.0 Recommendations

Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
7.3, 7.5	The vulnerability list notes that there are 52 residents noted to occupy the building who are non-mobile and would require full assistance in an evacuation. However, the person consulted advised differently. The vulnerability list contained within the SIB doesn't appear to reflect the current information given.	It is recommended that the information provided on the vulnerability list is updated, and regularly updated thereafter, to ensure the most up-to-date information is being given to attending fire crews.	Substantial	
7.8-7.9	Fire drills are now undertaken, but the documentation wasn't fully clear whether it included all communal areas, and whether organisations such as the care staff, hairdressers, day or night staff, etc., were involved in the drills.	It is recommended that fire drills include all relevant communal areas and all relevant staff/organisations, including care staff with investigation and evacuation roles to take part, irrespective of the time of day or night.	Moderate	
9.16	Some of the stores contain plant and electrical equipment, and combustible items were found stored in proximity to and up against them.	It is recommended that a clearance space be kept around plant/electrical equipment to prevent the risk of ignition. Typically, a 1m clear zone is considered appropriate around the equipment, unless the manufacturer's guidance requires more.	Moderate	
10.1-10.6, 10.12	The automatic fire alarm and warning system that is installed throughout the premises sounds throughout the premises, including within the flats.	It is recommended that the configuration of the fire alarm system be confirmed and double-checked against the cause and effect to ensure it supports a stay put strategy. See 10.1-10.6, 10.12 commentary for further details.	Moderate	
10.2	Access was gained into flat 117 to find that the communal fire alarm sounder was covered over to reduce the sound when the device is activated during fire alarm tests, as the resident advised that the device is very loud.	It is recommended that the device be uncovered and the resident advised not to tamper with fire safety provisions within the flat.	Moderate	
12.9	The electric room and bin refuse, both in Block B (Cedar), have sprinkler pipework in here that doesn't appear to have the sprinkler heads in place, and the pipework appears to be dry with no water present, as this could be seen. It was not clear if this arrangement was suitable.	It is recommended that a competent person attend the site to check the system, ensuring the sprinkler head locations are appropriate.	Moderate	

20.0 Commentaries

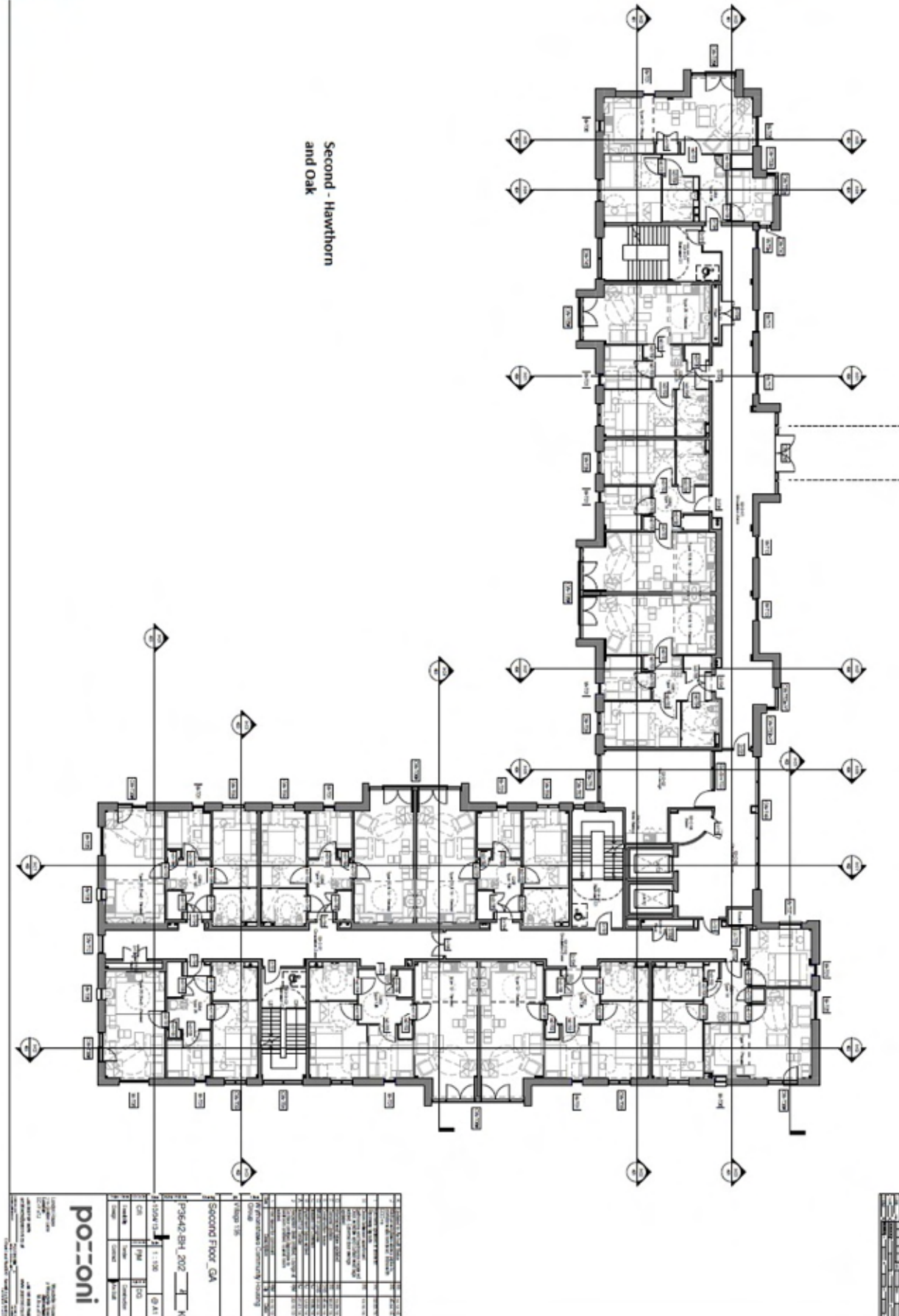
Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
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THERE WERE NO COMMENTARIES.

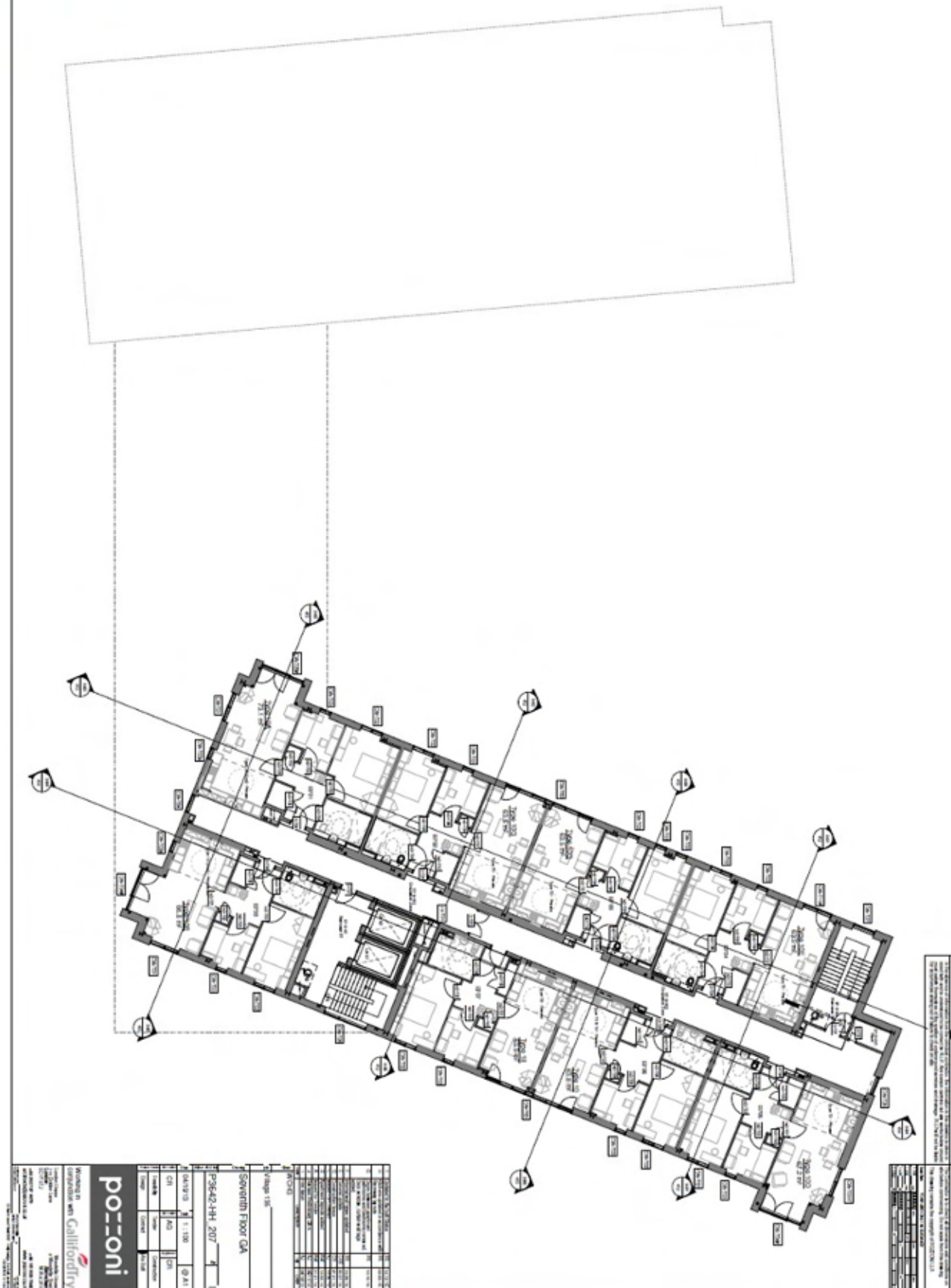


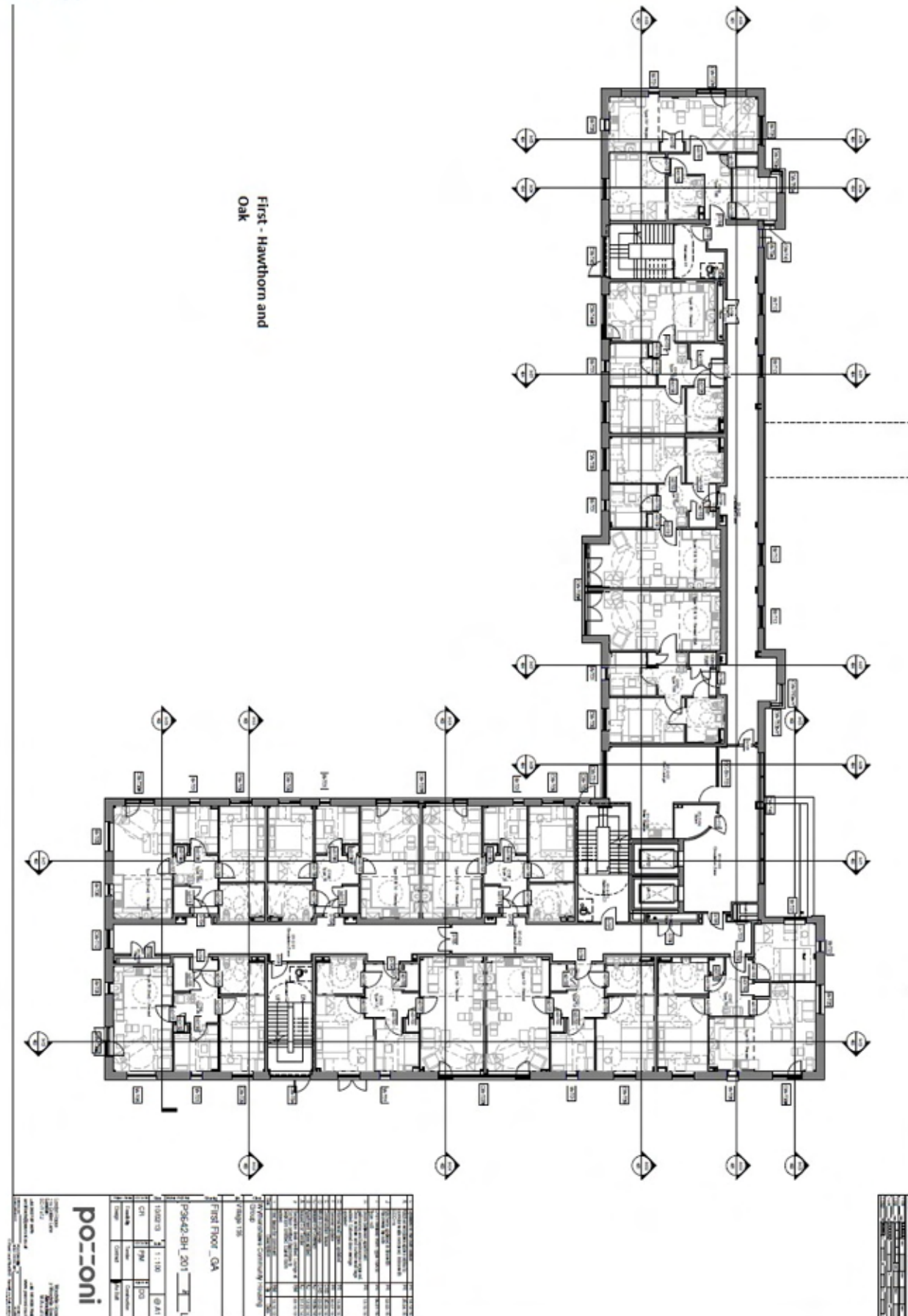
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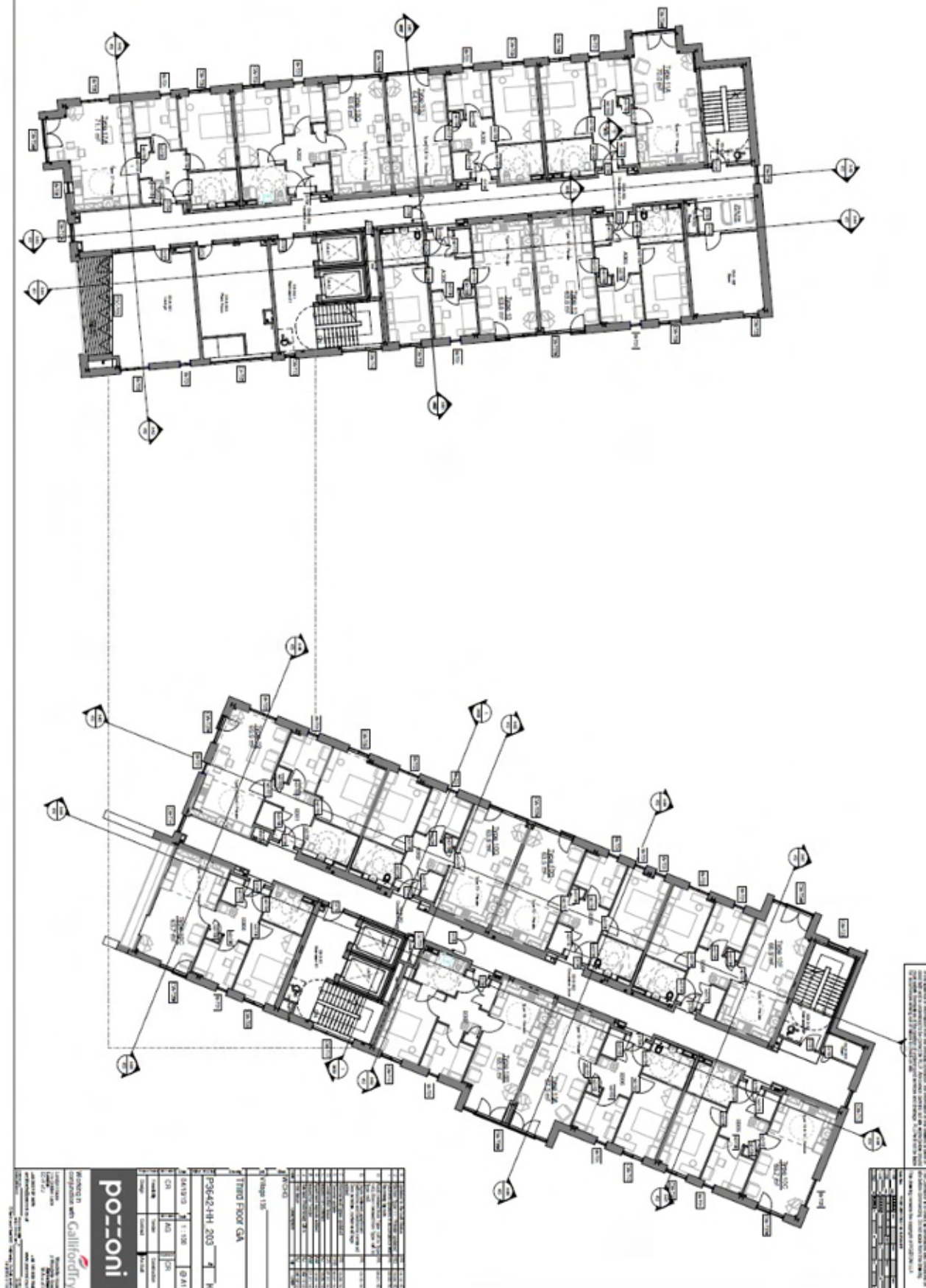
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and Oak



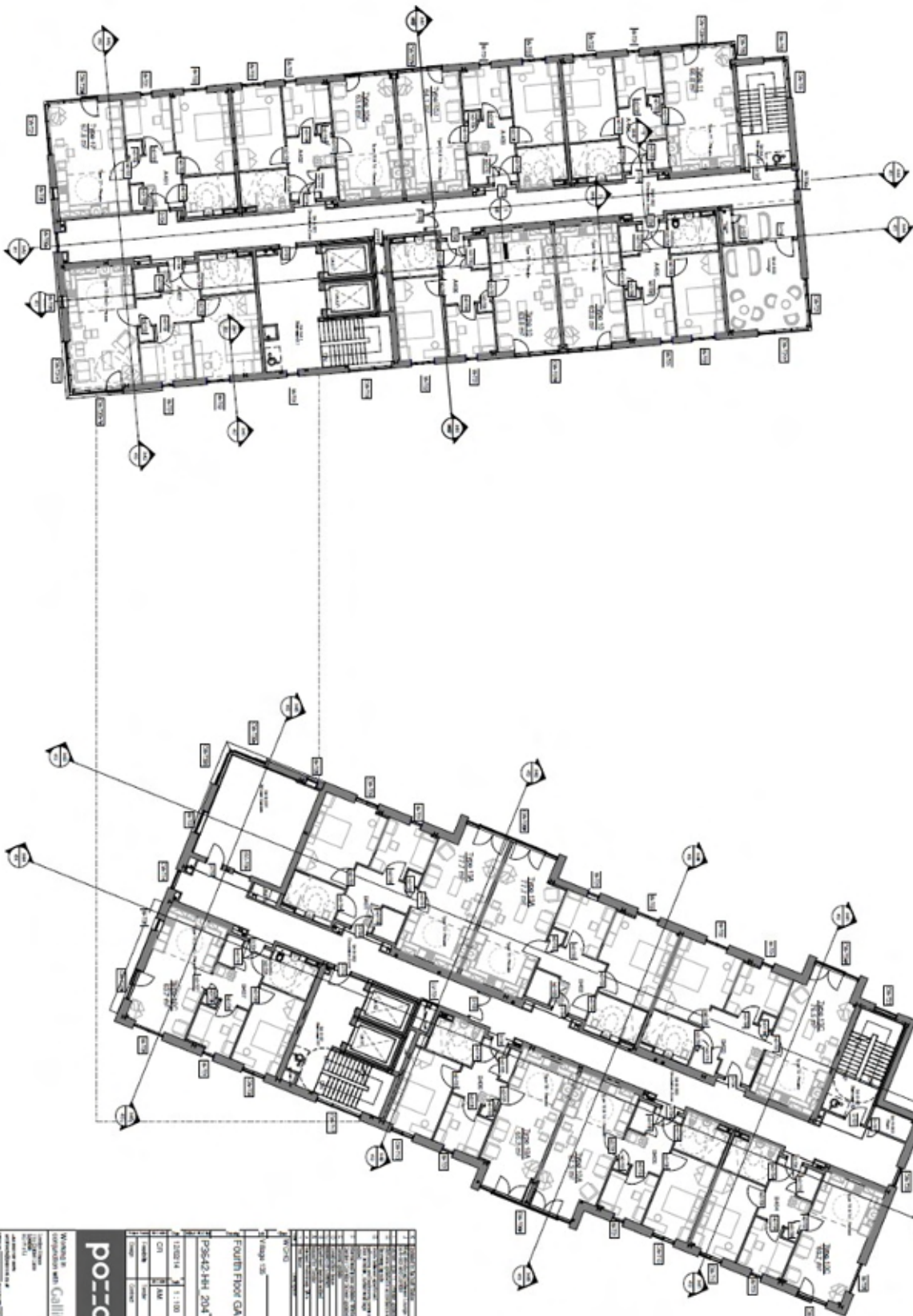
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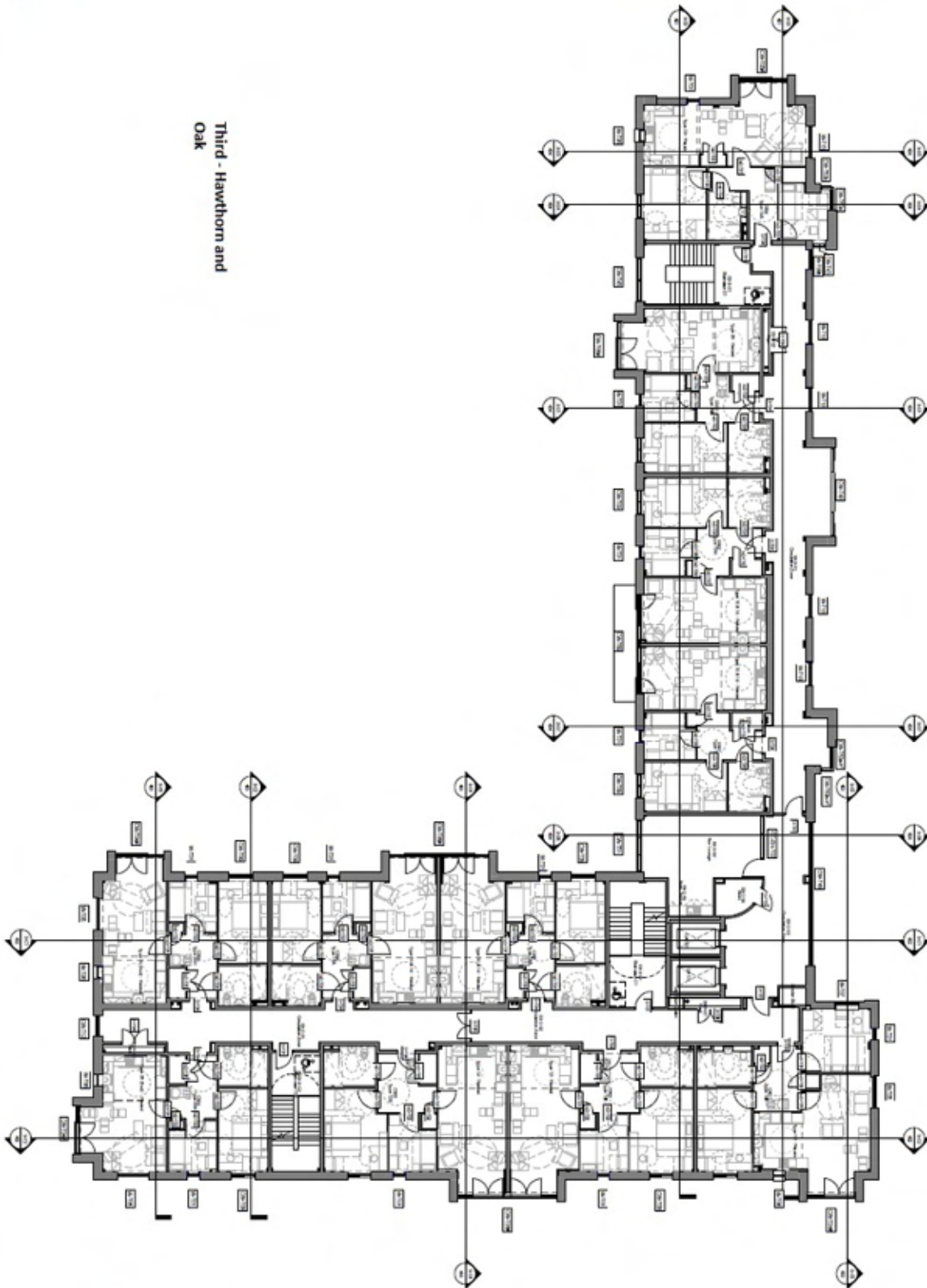


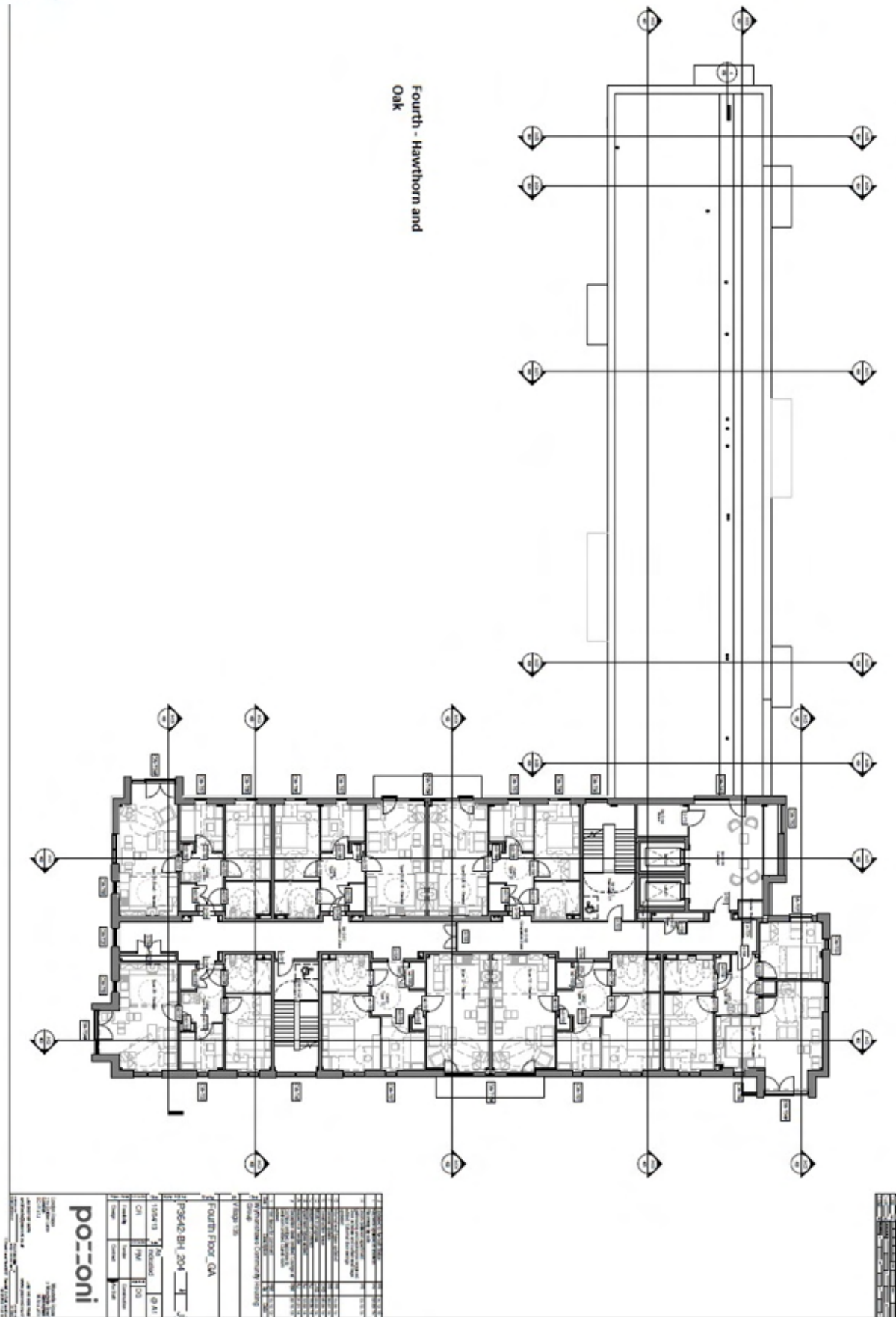
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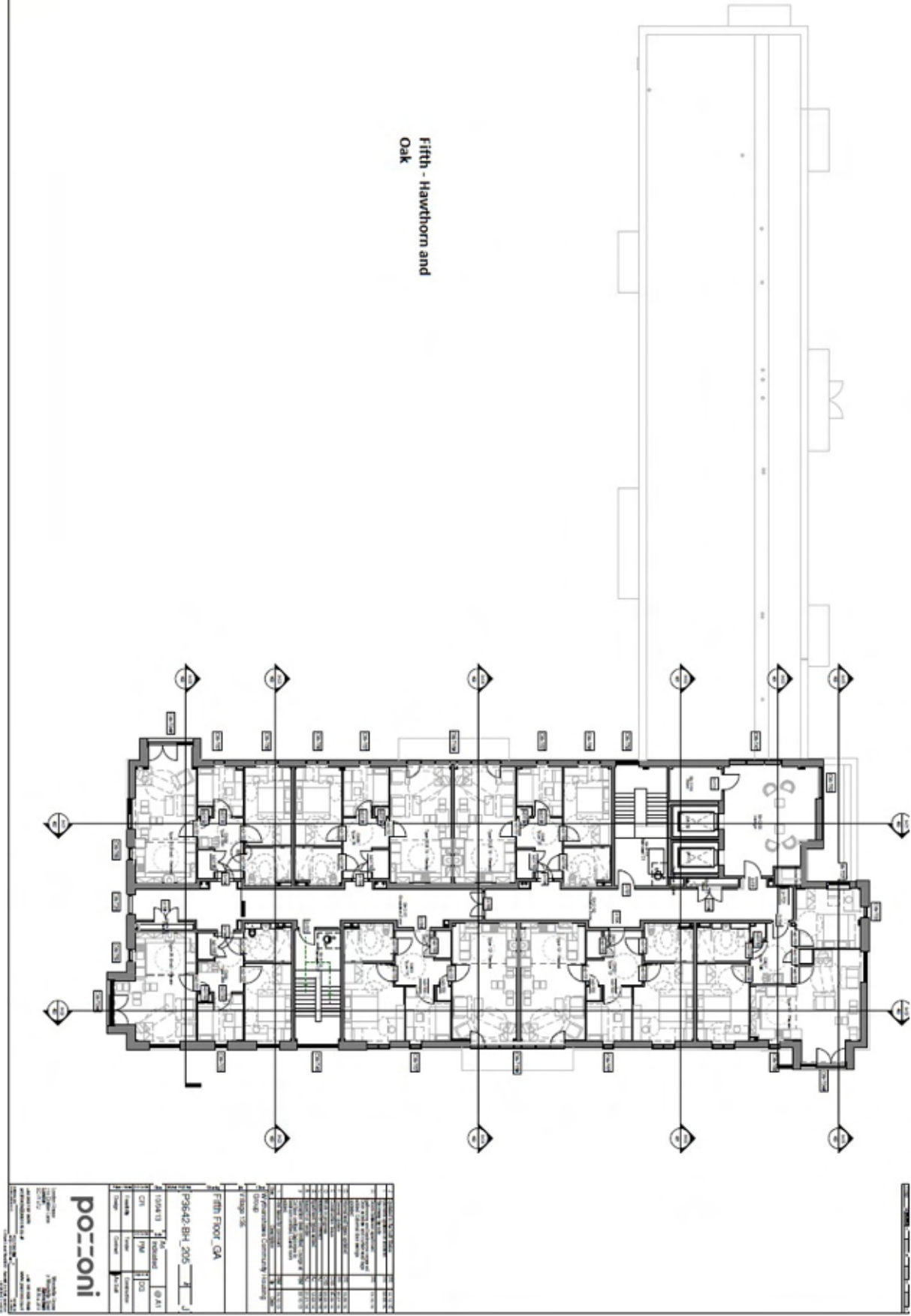
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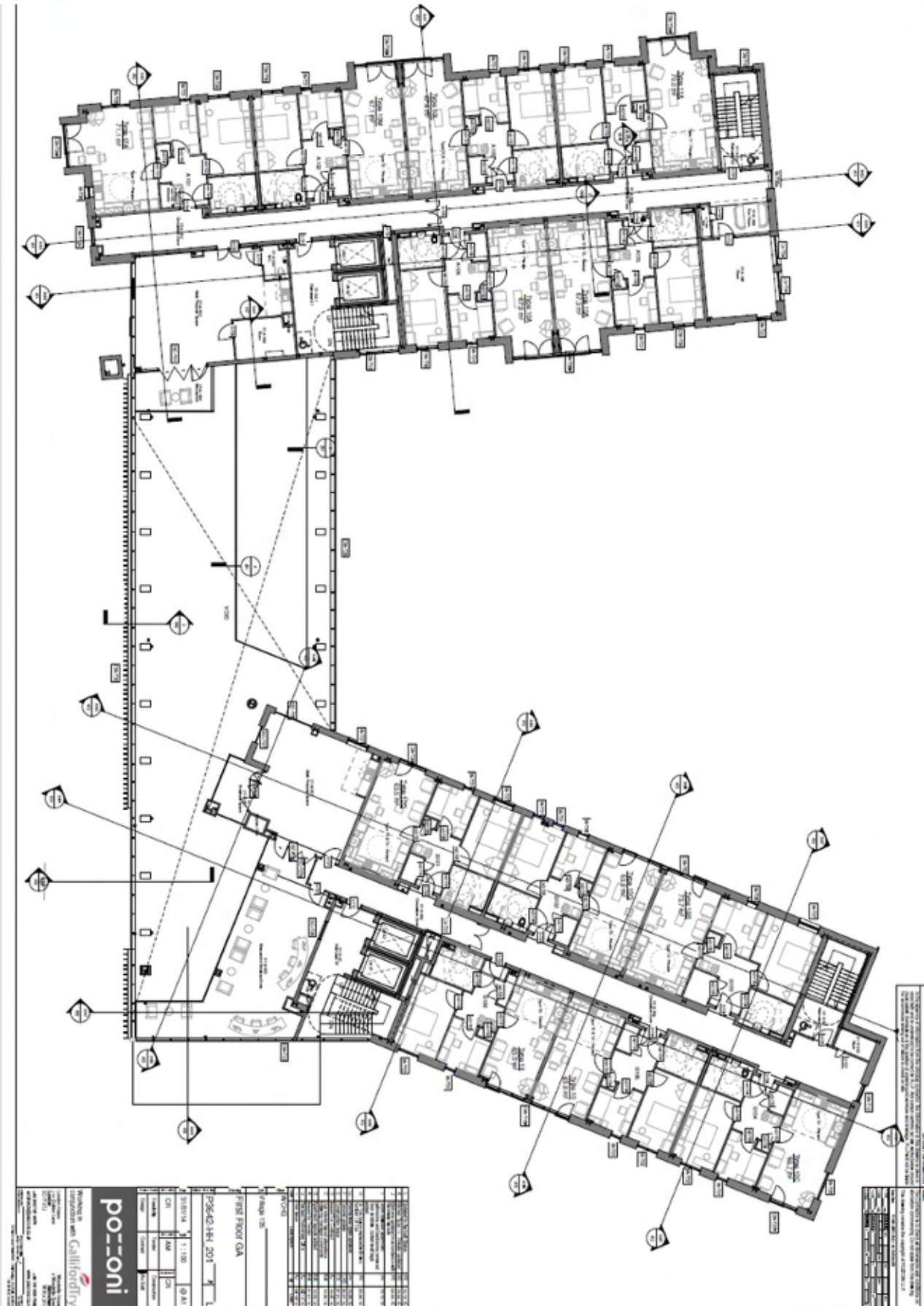
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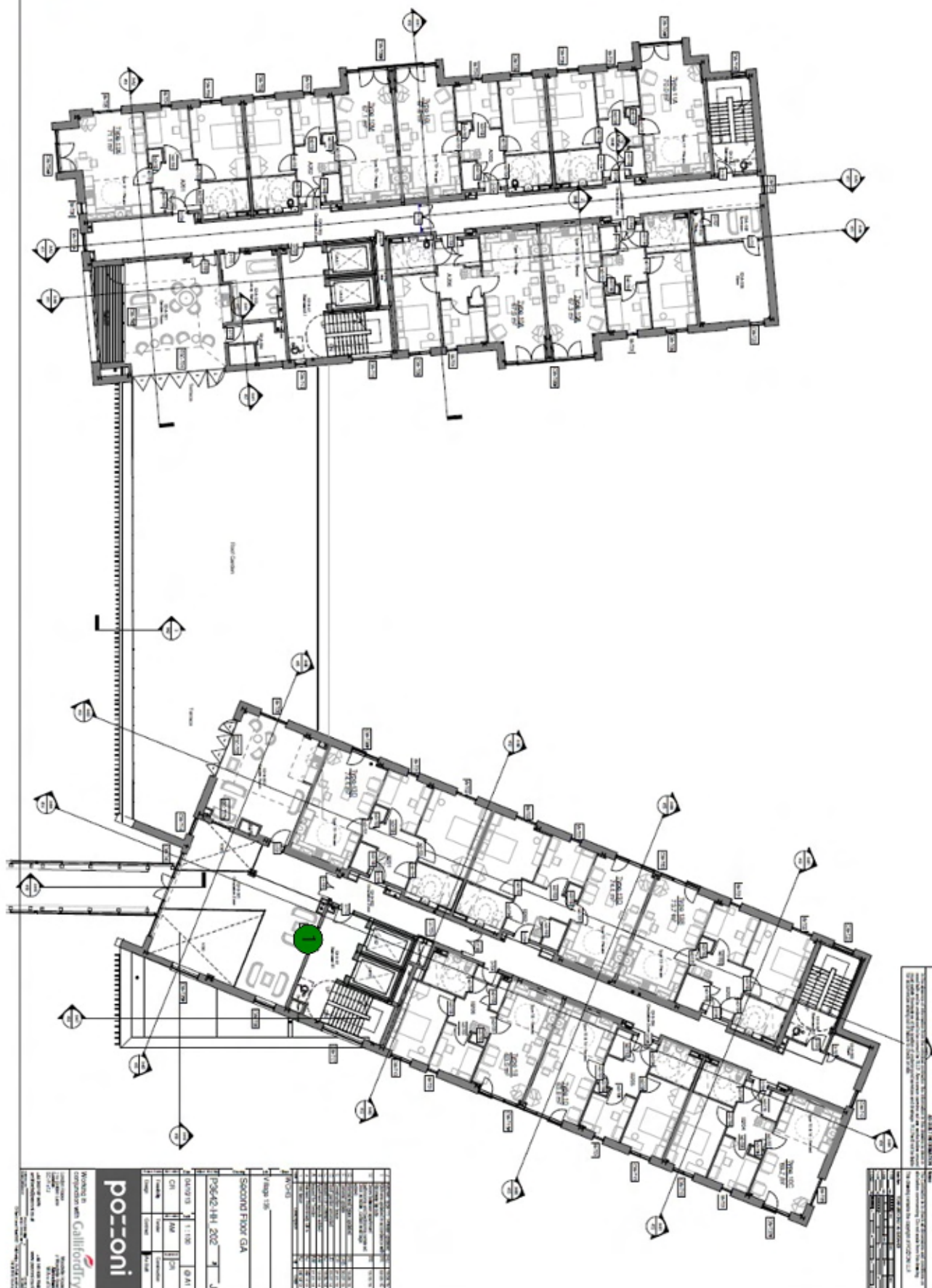
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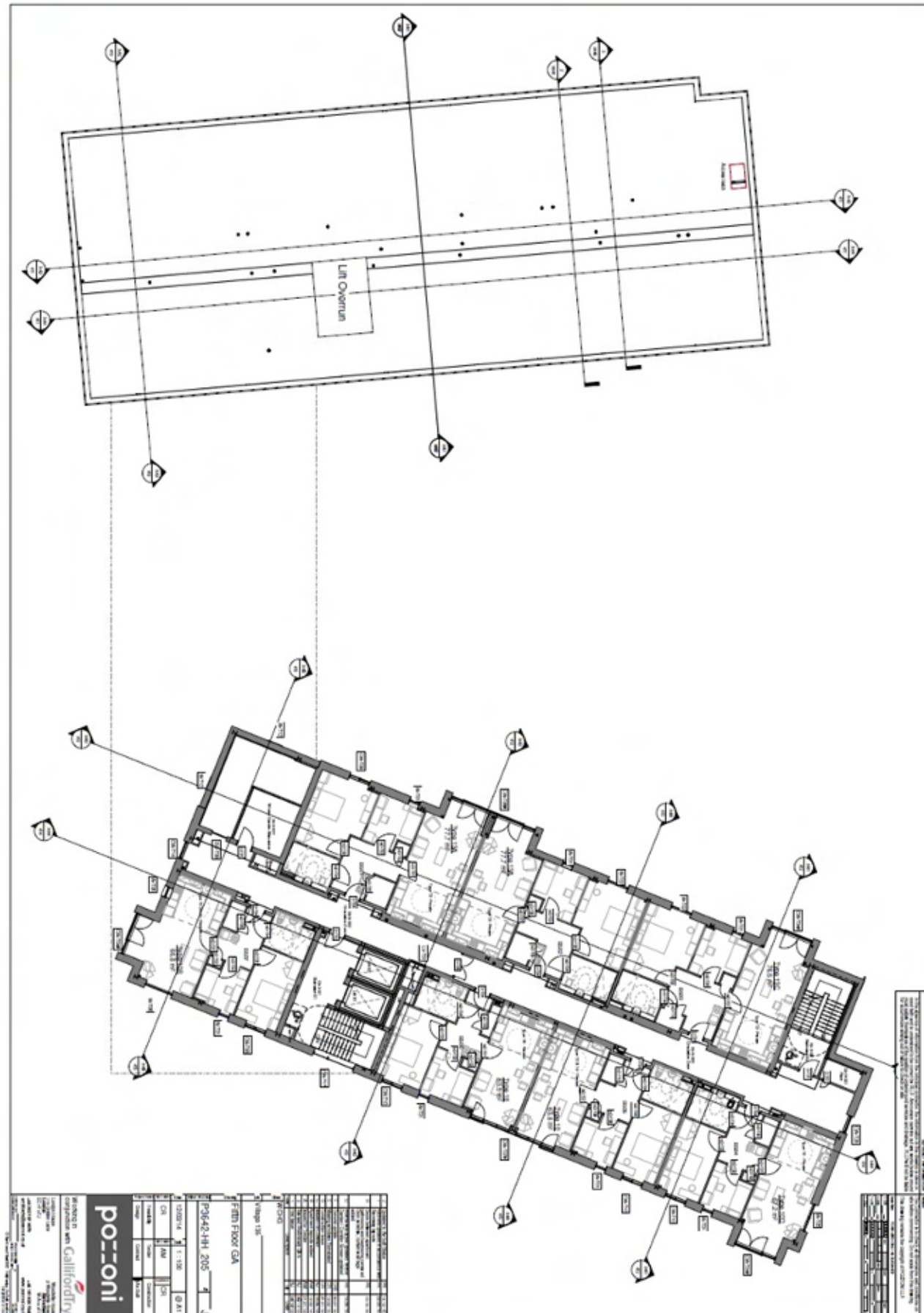


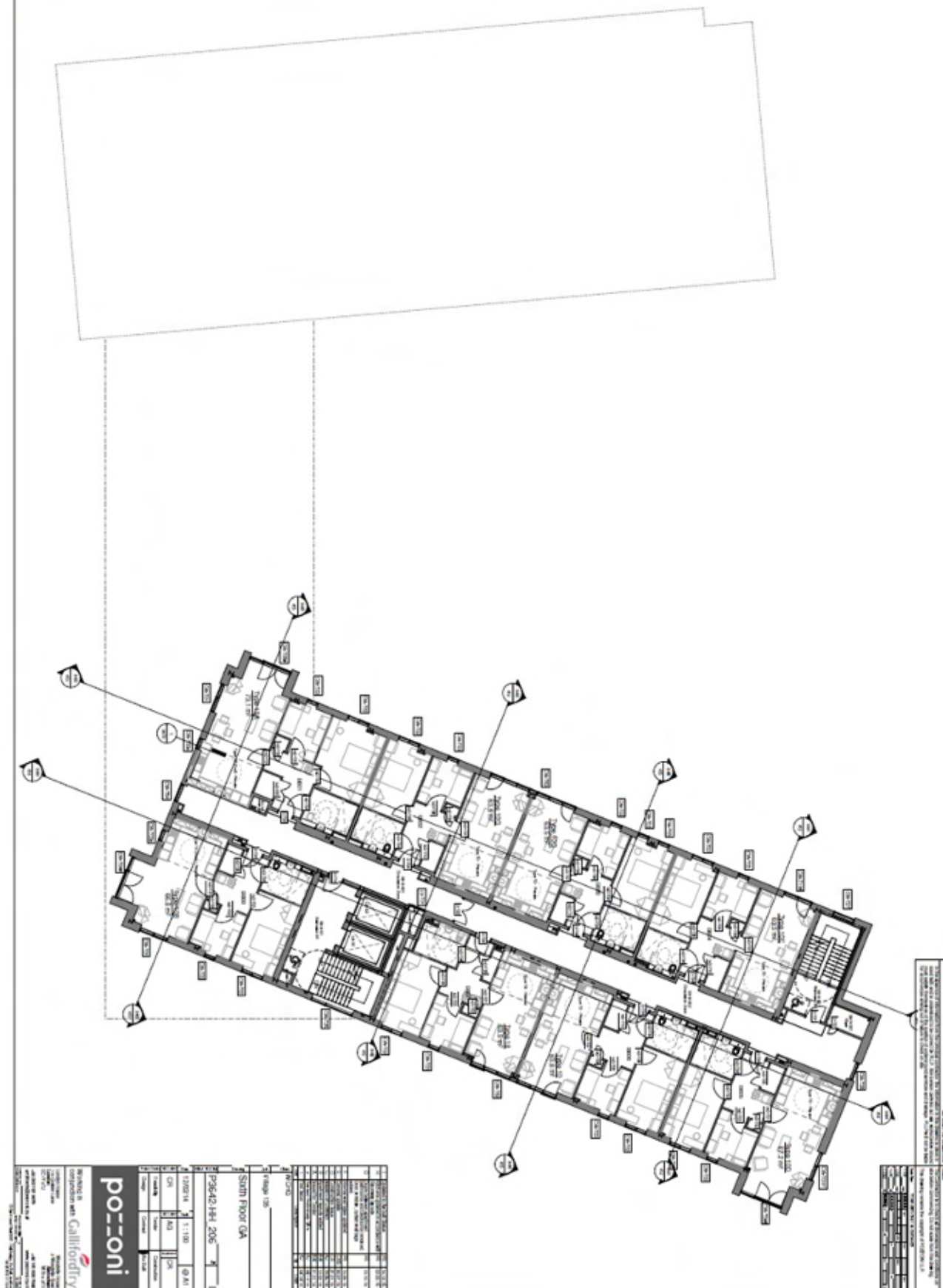
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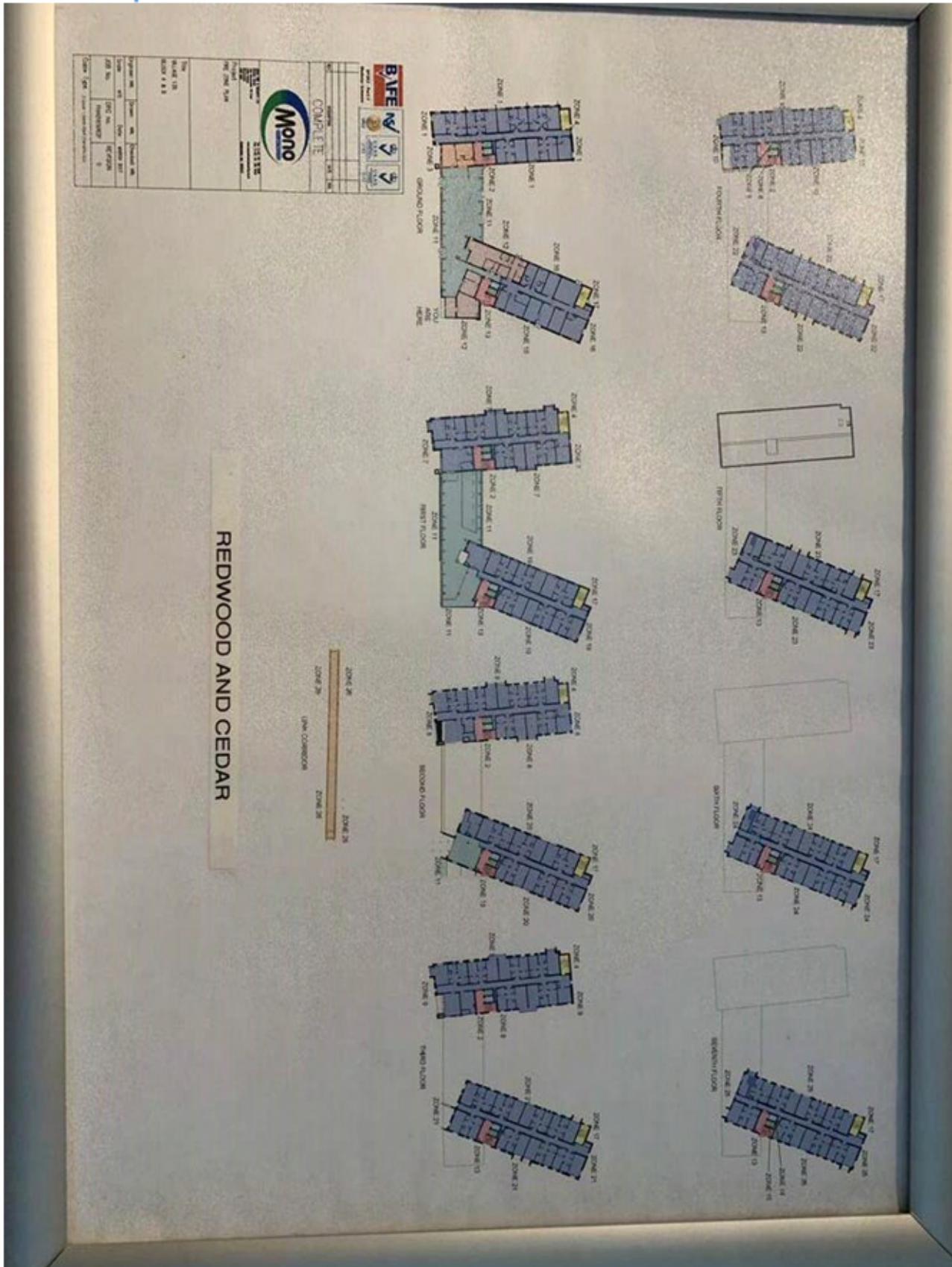
1 The Confinement of Fire - 9.1







Zonal floor plan for Blocks A and B



Zonal floor plan for Blocks C and D

