



TOTAL FIRE GROUP LTD

Fire Risk Assessment (Review)

Conducted at:

Village 135
3 Hollyhedge Court Road
Wythenshawe
Manchester
M22 4GW



22 February 2021









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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. 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, 22 February 2021**

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.



Part 2: References and Methodology Index

A. Extracts from RRO (FS) 2005 Articles Part 2 - Fire Safety Duties:

- Article 8 Duty to take general fire precautions
- Article 9 Risk assessment
- Article 10 Principles of prevention to be applied
- Article 11 Fire safety arrangements
- Article 12 Elimination or reduction of risks from dangerous substances
- Article 13 Fire-fighting and fire detection
- Article 14 Emergency routes and exits
- Article 15 Procedures for serious and imminent danger and for danger areas
- Article 16 Additional emergency measures in respect of dangerous substances
- Article 17 Maintenance
- Article 18 Safety assistance
- Article 19 Provision of information to employees
- Article 20 Provision of information to employers and the self-employed from outside undertakings
- Article 21 Training
- Article 22 Co-operation and co-ordination
- Article 23 General duties of employees at work
- Article 37 Fire-fighters' switches for luminous tube signs etc.
- Article 38 Maintenance of measures provided for protection of fire fighters



Part 2: References and Methodology Index continued

- B. The Fire Safety (Employees Capabilities) (England) Regulations 2010
- C. Fire Safety Management
- D. Information on Fire Alarm Systems
- E. Information on Fire Fighting Equipment and Training
- F. Information on Emergency Lighting
- G. Information on Fire Safety Signs and Notices
- H. Frequency Checks, Fire Safety Maintenance Log
- I. Working with contractors
- J. The Electricity at Work regulations 1989
- K. Personal Emergency Evacuation Plan Examples
- L. FRA Review Information
- M. Review Checklist



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

Wythenshawe Community Housing Group 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

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1.0 Fire Risk Assessment Details

Responsible person(s):
Wythenshawe Community Housing Group as owner and as having overall control in the premises.
Person(s) consulted and landline contact number:
Ms Amanda Seals, (Senior Manager.) 0161 946 9581 Kevin Rosevere, (Project Manager)
Fire Risk Assessor:
David Hilliard GIFireE, FS Dip L4. MIFSM, NAFRA (Tier 3 Nationally Accredited Fire Risk Assessor 0266)
Audited by:
Garry Dutton BEng(Hons) Fire Engineering, MIFSM, (Tier 3 Nationally Accredited Fire Risk Assessor 097)
Date fire risk assessment was conducted:
Monday, 22 February 2021
Time:
10:00
Date of last FRA or FRA Review (if known)
24 Jul 2020
Suggested date for next review:
February 2022
Fire risk assessment limitations:



A type 3 (Non-Destructive) Fire Risk Assessment Review (using the latest NFCC guidance document Fire Safety in Specialised Housing,) has been completed with access available to flats 127 & 134 which were empty and void at the time of this FRA. Two Guest Bedrooms were also entered and seen. The MHCLG guidance has also been considered.

Due to the Covid-19 Pandemic and increased current restrictions, no further flats were accessed in order to minimise any contact and to avoid any further or unnecessary face to face discussion with residents. Face masks were worn by all parties and social distancing observed throughout.

There was no access to any loft space or roof void. The premises have flat roofs and for the purpose of this inspection, it was advised that there are no accessible roof spaces. There was no access to the ceiling hatches at the top of the staircases as these were locked and no key was available. Many false ceiling tiles throughout the premises common parts were lifted to assess the compartmentation above. There was no lift motor room to access and all plant rooms, mains electrical intake rooms and ancillary service rooms that were identified, were opened and seen. A selection of service risers were also opened and seen. There was no access made to the scooter room in block A as the door was locked. The project manager accompanied our assessor during the course of his visit.

The assessment of the fire performance of the external wall construction and cladding is excluded from this fire risk assessment. Where commented on, advice is given to obtain a separate assessment as recommended in current MHCLG consolidated advice note (CAN) January 2020 and the Fire Industry Association (FIA) Guidance note June 2020.

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

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

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

Note

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



2.0 General Premises Details

2.1 Number of floors:

Hub - 2 storeys with roof garden.

Block A, Redwood is 5 storeys approximately 12.9 m top floor height.

Block B, Cedar is 8 storeys approximately 22.5 m top floor height.

Block C, Hawthorn is 6 storeys approximately 16.1 m top floor height.

Block D, Oak is 4 storeys approximately 9.7 m top floor height.

2.2 Approximate building footprint:

Blocks A & B (Redwood and Cedar) 2300m² Blocks C & D (Oak and Hawthorn) 1300m² Total area of site = 3600m²

2.3 Details of Construction and Premises:

Village 135 is 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 between the two sites.

At the centre of the development is a double-height ground floor communal Hub and roof garden linking two apartment blocks, A (Redwood) and B (Cedar). Block A consists of 31 apartments over five storeys and Block B with 50 apartments over eight storeys, with the ground floor containing plant rooms, landlords service areas, and two guest apartments.

The linked site on the opposite side of Hollyhedge Road consists of two blocks, C (Hawthorn) and D (Oak) with C comprising 38 apartments over six storeys and block D with 16 apartments over four storeys.

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. Access by residents into the apartment blocks is controlled by access keys/fobs. The roof garden and other communal spaces are for residents' 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 hours on-site care staff is available. The original "stay put" fire strategy was revoked and changed to simultaneous evacuation on a block by block basis as an interim measure due to non-compliant cladding systems with the fire alarms and staff procedures configured accordingly.

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

The apartments previously accessed are all similar in layout with FD30s entrance doors on free swing automatic self-closing devices linked to the fire alarm. A heat detector and sounder is linked to the common fire alarm system and provided in the hallway. Doors leading to the habitable rooms in the apartments are free swing FD20/30 fire doors and each flat is provided with a self-contained interlinked BS 5839, Pt. 6 smoke and heat detector / alarms, which are linked to the care call system and monitored 24 hours a day. Extraction vents are provided in the bathrooms and kitchens which connect directly to the atmosphere without traversing compartment walls or floors. The as-built plans previously seen indicate the layout of all flats is similar and it can be reasonably assumed that the construction standard of 60 minutes fire resistance has been implemented, due to the recent passive fire surveys and remedial works carried out by independent specialists.

The guest bedrooms have no cooking facilities with bathroom only provided.



2.4 Occupancy/Purpose Groups

The premises are classed as Purpose Group 2b Residential (other) as defined by Building Regulations Approved Document B 2006 Table D1.

2.5 Approximate maximum number of persons:

282 (Residents and staff)270 (Residents in 135 two bed apartments.)

2.6 Approximate maximum number of employees at any one time:

12 consisting of up to 6 care staff and 6 WCHG staff. At night a minimum of 2 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:

	.	.,
	Persons familiar with the premises	Yes
	Persons unfamiliar with the premises	Yes
Occupants with disabilities		
	Mobility-impaired	Yes
	Hearing-impaired	Yes
	Learning difficulties	Yes
	Occupants in remote areas	No
	Others	Yes

Comments

The premises is a sheltered housing/extra care scheme and it is possible that the residents of the flats may have a range of disabilities, but will be familiar with the means of access and egress which is used on a regular basis. Current guidance on required fire safety standards in sheltered housing/extra care schemes are 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/extra care schemes are based on the assumption that normally 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. However, it was stated that there are some residents who require assistance to evacuate, but 24 hour care staff are aware of these residents and are fully practiced in the emergency evacuation procedures which are in place. Appropriate PEEPs have been formulated.

It is not known if new tenants who occupy the flats have any disabilities, but an assessment towards their ability to react to a fire within the premises is undertaken when first taking up residence and regularly reviewed. Residents are encouraged to have a health and wellbeing check carried out by Greater Manchester Fire and Rescue community support staff.

Regular talks are provided for the residents which cover all aspects of the emergency procedures.

There are four guest apartments located on the ground floor, two in Cedar and two in Hawthorn. Each has a fire procedure posted within the apartment on the action to take on hearing the fire alarm. Permission is required to book the guest apartment and any person with a significant disability is likely to be identified and any relevant PEEP produced.

The latest MHCLG guidance for residential buildings below 18m highlights the risk of external fire spread should be considered to take into account the vulnerability of residents, Remedial actions may be required in buildings below 18m previously considered compliant under the Building Regulations where there is a risk to the health and safety of residents, see the significant finding at Section 9.13.

2.9 Fire Loss Experience

None reported or evidence seen.



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 good and the building has a good standard of fire alarm and automatic detection in the common areas and flats. There is more than one direction of travel from most points within the building to a place of safety and entry to the building is controlled. However, there are a number of significant findings with an individual moderate risk rating and therefore the overall risk to life is considered to be moderate at this present time.

It was also reported that some of the residents would not be able to self evacuate from their own dwelling without assistance from carers and therefore, the risk to life for that / those residents is considered to be substantial.

However, when the significant 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. The recent information regarding the exterior cladding means a fire may be able to spread further than necessary and affect more of the property, as such the overall risk to the property is considered as moderate. A substantial amount of remedial fire stopping and fire door upgrade work has taken place since initial construction and resolving the issues with the cladding will reduce the overall risk for the property to tolerable.

Risk to Business Continuity:

N/A

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



	4.0 Dangerous, Flammable, Combustible Materials & Substance	ces
IDENTIF	YING 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 sited where they will not affect the means of escape or pose a fire hazard?	Yes
4.9	Is all combustible waste removed on a regular basis?	Yes
4.10	Is the frequency of waste removal adequate?	Yes

4.0	Dangerous, Flammable, Combustible Materials & Substances: Finding(s)
Ref	SIGNIFICANT 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 the apartment. This information regarding medical Oxygen users is also held on an information sheet for any attending fire crews attention.
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 falling into the above categories or regulations of significant quantities, are stored or known to be used inside the premises.
4.8-4.10	The refuse bins are stored at the ground floor level internally with secure external access doors provided.



	5.0 Interior Furnishings	
5.1	Are all interior furnishings made from fire resisting materials? (The Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended in 1989 & 1993))	Yes
5.2	Where appropriate are they retreated with flame retardant chemicals (theatre curtain etc.) or made from inherently flame retardant materials?	N/A
5.3	Are all items located away from ignition sources?	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	SIGNIFICANT FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
5.1, 5.4	All soft furnishings seen in the common areas are relatively new and a sample of labels were observed indicating the furniture to be of a fire retardant standard. All furniture seen was found to be in good condition and free from 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. There is no furniture currently in the corridors where direct access into the apartments is provided.



	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 walkways or escape routes free from trailed cables?	Yes
6.15	Are cables free from mechanical damage?	Yes
6.16	Do signs indicate all electrical hazards?	Yes
6.17	Are reasonable measures taken to prevent fires as a result of cooking?	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 lifts, 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	SIGNIFICANT FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
6.1	The building is provided with a biomass heated, hot water central heating system.
6.5	It was noted that Portable Appliance Testing (PAT) is regularly carried out on an annual basis as organised by Wythenshawe Community Housing Group. Test labels on some appliances indicated testing was last carried out during April 2020.
	It is highlighted that not all electrical devices need to be the subject of an annual portable appliance test (PAT). The Health and Safety Executive (HSE) advocates a proportionate, risk-based approach to the maintenance of portable electrical appliances within the workplace. This guidance is simple and easy to follow and can be found on the HSE website "Maintaining Portable Electrical Equipment in a low risk environment".
6.5	The mobility scooter chargers in both scooter storerooms have labels indicating they are subject to a periodic PAT test as previously recommended.



The mains electrical installations will be due for re-test during 2021 and the residential apartments in 2026. A label on a mains electrical installation in one intake room indicated that the mains electrical equipment had been tested in accordance BS 7671, during November 2018.



A similar label within a flat indicated that the residential installations had been tested during November 2020, in accordance with BS 7671.





There is a policy in place preventing the use of personal portable electrical equipment within the common areas. One piece of equipment authorised for use (karaoke machine) has undergone a PAT test.

8.10-6.11 It is assumed appliances are fitted with the correct fuses as they are relatively new and have been PAT tested. The site manager is available to deal with any localised failure of portable equipment.

6.18 Kitchen staff previously confirmed that the kitchen extraction filters are regularly removed and cleaned and that the extraction ductwork is routinely cleaned by a professional contractor on a scheduled basis. This was confirmed by the project manager at the time of this FRA.

Filters above the range in the commercial kitchen.



Appropriate types of extinguishers (Wet Chemical and CO2) are available and wall mounted in the commercial kitchen area.





The automatic opening ventilators for smoke control are annually serviced and tested by a specialist contractor (Dyer Environmental) with records held by WCHG facilities department. The vents are observed weekly during the alarm tests by the facilities team. This was confirmed by the scheme manager Amanda Seals.

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.

6.21 The lightning protection systems are serviced periodically. Records are held electronically on WCHG internal systems.



6.20

At the time of this fire risk assessment, no other sources of heat, such as (e.g. candles, cigarettes or domestic appliances,) were seen within the common areas.



	7.0 Persons at Risk Audit	
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. been prepared where disabled members of the public or visitors 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 Audit: Finding(s)
Ref	SIGNIFICANT FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
7.0	This Fire Risk Assessment Review 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).
7.0	The individual resident's flats fall outside the scope of the fire safety order. Where vulnerable residents have been identified within their own home, it is recommended that Wythenshawe Community Housing Group identifies the extent of their legal obligations to each resident and where possible liaise 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, cooker, toaster etc. Enforcing a no smoking policy within the residents dwelling. Ensuring all electrical appliances are subject to PAT testing. Provision of fire retardant furniture, bedding, curtains etc.
	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 dwellings.



7.14	Two guest rooms are provided on each of the ground floors of blocks B and C.
	some care team staff and that suitable procedures were in place to respond to a fire emergency. However, no Fire Marshal list was on display as the trained staff are known to the management team.
7.12 7.13	Restricted areas are kept locked at all times. WCHG scheme management on site stated that several members of staff have been trained as Fire Marshals, including
7.10-7.11	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.
7.8-7.9	provider. It was confirmed by the scheme manager that regular fire drills for staff are carried out periodically and recorded. Records of fire drills were not observed by our consultant on this occasion.
1.6-1.1	are located. The location of the nearest two evacuation chairs is displayed by the communications point in each disabled refuge not provided with an evacuation chair as previously recommended. Evacuation chair training for staff has been arranged and is due to take place by way of refresher training by an external
7.6-7.7	premises. Following a PCRFA, the information should be made available to the Fire and Rescue Service on arrival at the premises by keeping it in a 'premises information box', which can only be unlocked by the Fire and Rescue Service or unlocked remotely by a Telecare ARC at the main entrance. The NFCC guide is available at the following link: housing-guidance As an independent living environment, reliance on "assistance" from the fire service to evacuate as part of the escape strategy cannot and should not be relied upon. There may be unknown factors which could lead to a delay which would place persons expecting assistance to be placed at risk of harm especially in the absence of permanent staff. Regular reviews on the health and mobility of the residents should be carried out to determine their needs and whether they are able to respond to the fire alarm and self-evacuate. In the event of persons being assessed as "unable to evacuate without assistance" more enhanced fire protection measures, or utilising care staff to assist or suitable alternative accommodation in conjunction with family and social services ought to be obtained where their needs can be addressed. Where enhanced evacuation procedures are implemented, staff should be suitably trained and procedures tested with trial evacuations to confirm the procedures are suitable with the available staff. When a resident becomes so vulnerable in the event of a fire that they are no longer suited to this type of accommodation, it would be more appropriate that they are accommodated in a care home, where sufficiently trained staff can provide assistance in the event of a fire. A number of "Evacuation chairs" have been provided and strategically placed in escape stairs where disabled refuges
	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 for escape) The guidance for independent living sheltered schemes is based on the assumption that residents are able to escape unaided from their own flat 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 promises.
7.5-7.8	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, Wythenshawe Community Housing Group should consider whether additional fire safety measures are necessary or if the existing
7.5	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 the mobility or capacity to respond to the emergency procedures are assessed and PEEPs formulated where necessary. In identifying any vulnerable persons in case of fire, a Person Centred Fire Risk Assessment is carried out and risk reduction measures implemented where necessary. Prior to the previous fire risk assessment review in February 2020, a review of all PEEPs has been made and updated. Further to the findings regarding the external cladding systems, staff have engaged with all residents to explain the reasons for the scaffolding and confirmed the fire evacuation procedures. To reduce the risk of an outbreak of fire further, all personal electrical equipment has been subject to a PAT and all residents advised not to smoke in their apartment.
7.2	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 1.5 m² per person, the Hub is considered to safely accommodate up to 280 persons depending on furniture layout. All normal and emergency exits should remain clear of obstructions for their full width. There are currently no disabled staff members.



	2.2.=	
	8.0 Escape	
8.1	Do travel distances meet the criteria given in the relevant HM Government guide and recognised industry norms and guidelines?	Yes
8.2	Are there a sufficient number of exits of suitable width from each area/room for the persons present?	Yes
8.3	Can you ordinarily expect the Fire Service to arrive in the event of a fire whist the fire is in the room of origin?	Yes
8.4	Can you expect the premises to be evacuated within the standard times for the type of construction?	Yes
8.5	Are all escape routes available and accessible at all times?	Not Known
8.6	Are all escape routes and stairways free from undesirable items? (E.g. portable heaters, cooking appliances, furniture, coat racks, vending/gaming machines, photocopiers, mirrors.	Yes
8.7	Do any inner rooms exist?	Yes
8.8	Are vision panels provided between the inner room & access room and is it adequate?	Yes
8.9	If the vision between the inner room and the access room is inadequate is smoke detection provided within the access room?	Yes
8.10	Are all emergency exits doors unlocked and available at all times when the premises are occupied?	Yes
8.11	Are all final exit doors checked (opened) on a regular basis? Are the outcomes recorded?	Yes
8.12	Is the door furniture provided appropriate for the purpose group of the premises i.e. public buildings, licensed premises etc.?	Yes
8.13	Are floor and stairway surfaces in good condition and free from slip and trip hazards?	Yes
8.14	Do all final exits lead to a place of safety?	Yes
8.15	Are external escape paths clear of obstructions?	Yes
	Electronic Door Release Devices	
8.16	Are all escape doors free from electro-mechanical door locks devices?	No
8.17	Are all escape doors free from electro-magnetic door locks devices?	No
8.18	Where electronic/electrical door control devices are fitted do they meet the installation criteria given in BS 7273 Pt. 4 2015	Yes
8.19	Do entry control devices conform to the category of actuation for the purpose group that the particular premises/building currently operates within?	Yes
8.20	Is the emergency operation of the door lock stated by appropriate signage?	Yes
8.21	Have all persons in the assessment area received instructions on how the devices operate in the event of an emergency?	Yes



	8.0 Escape: Finding(s)
Ref	SIGNIFICANT FINDINGS
Itel	Observation
8.5	It could not be confirmed during the course of this FRA if the windows at the end of the residential corridors were fitted with AOVs. The manual opening handles had been removed and it was assumed that this was for safety reasons. The windows appeared to be fitted with a type of pneumatic stay or damper to prevent the windows from slamming. The corridors ought to be able to be ventilated and during an emergency persons would be placed at risk of harm if smoke could not be vented from the common escape routes on the corridors. Photos show windows at the end of some corridors and the absence of opening handles.
	Recommended Actions
8.5	The responsible person/s ought to confirm that the windows on the residential corridors can be remotely opened during an emergency for the purposes of smoke ventilation or that they are suitably fitted with Auto Opening Vents linked to the smoke detection or take remedial actions to remedy the findings.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
8.5	The roof garden area above the Hub (Skylark Terrace) was observed to be unlocked and keys are provided on hooks by each entrance door. The procedure when opening the garden is to unlock both doors of the garden to provide alternative exits. Albeit 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, as with the last review, to be in position by each door and this was demonstrated by the project manager. 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.
8.5	As previously identified; It was confirmed and evidence was provided that following a site survey during May 2020 by Dyer Environmental, none of the AOVs or Smoke Shafts are provided with electromagnetic holding devices.
8.5	Staircases are provided with Automatic Opening Vents (AOVs) at the top level which are tested weekly by maintenance staff. Some corridors are provided with smoke shafts which are linked to the fire alarm and which are also occasionally tested. Other corridors have manually openable windows or automatic opening windows at the end. See the finding above at 8.5
8.5	Article 14 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to ensure that emergency routes and exits can be used as quickly and safely as possible.
8.5, 8.10, 8.16-8.18	The main entrance doors are provided with a sliding power assisted opening mechanism. Assurance was provided that these are linked to the fire alarm and open the doors upon its activation. A 'Green Box' emergency override is also installed adjacent to the doors and opens the doors when activated. Some final exit doors from the common areas are provided with magnetic 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 and which releases the locks, allowing the doors to be pushed open if required. Examples of Green Box overrides adjacent to exit doors.
8.6	The corridors and escape routes were observed to be free and clear from any obstructions and unauthorised combustible materials, a very high standard of housekeeping was seen to be maintained.
8.11	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 dealt with immediately.



	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	Are all fire doors self-closing, kept locked shut where appropriate and in good condition?	Yes
9.3	Are all fire doors fitted with smoke seals and intumescing strips where required?	Yes
9.4	Do wall & ceiling linings meet the required surface spread of flame classes? e.g. Class O on escape routes	Yes
9.5	Have any breaches in the fire resistance (walls, floors and doors) been fire stopped with appropriate fire resisting materials?	No
9.6	Have there been any structural alterations within the past 12 months?	No
9.7	Were the requirements of the Building Regulations followed and a completion certificate issued?	N/A
9.8	Are all ducts fitted with effective fire dampers where required?	Yes
9.9	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
9.10	Is glazing within the above distances fire resisting and fixed shut?	N/A
9.11	Is there a procedure for all premises/areas to be checked at the end of a working period for potential fire hazards?	Yes
9.12	Are the premises free from risk posed by adjacent properties? (Uncontrolled fly tipping, overgrown vegetation or poor housekeeping)	Yes
9.13	Has the risk of external fire spread been considered? Consider external cladding, wall systems, external render and balconies.	Yes
9.14	Are there any other premises features or hazards that could affect fire development or spread?	Yes
9.15	Are the premises secure from any potential fire hazards outside susceptible to arson attack that could affect the building?	Yes
	Automatic Hold Open Devices	
9.16	Are any fire doors fitted with automatic door release devices?	Yes
9.17	Are the devices fitted to any critical doors? e.g. onto stairs in a single staircase building	No
9.18	Is smoke detection provided within the area located near to the door release device? (Consider to L3 standard?)	Yes
9.19	Are all non-self-contained devices linked to the fire alarm system and released on actuation?	Yes
9.20	Are any self-contained, acoustically actuated door hold open devices fitted?	No
9.21	Are all devices tested regularly and the results recorded? (At least once a week)	Yes
9.22	Are all doors released at night or when the area is unoccupied?	No
9.23	Are all devices tested in accordance with the manufactures relevant standard to ensure satisfactory operation?	Yes

	9.0 The Confinement of Fire: Finding(s)	
Ref SIGNIFICANT FINDINGS		
	Observation	
9.5	It was seen that there is a hole in the compartment wall, above the door adjacent to the lifts, leading between the two blocks, (Oak and Hawthorn) where cables pass through on Level 3 and which has not been fully sealed. This would allow the products of combustion to travel further than is necessary and affect the escape routes, placing persons at risk of harm. Hole on either side of compartment wall not correctly sealed.	
	Recommended Actions	
9.5	The hole or gap ought to be suitably made up and sealed by using appropriate fire resisting materials on both sides of the compartment wall.	



Observation

9.13 As previously identified; Following guidance from the Ministry of Housing Communities and Local Government (MHCLG), investigations into the external cladding system are underway. An analysis of the materials used with regard to their combustibility and flame-retardant properties along with specific installation and positioning has been carried out by Tenos Fire Safety Engineers, who have recommended that further investigations are carried out by the specialist contractors on the following:

- · Zinc cladding
- HPL Prodema cladding
- Spandrel panels
- · External wall insulation materials
- · Cavity barriers and fire-stopping

Blocks A & B are treated as a single building under the Building Regulations and should conform fully to the recommendations for residential buildings with a top floor over 18m in height.

Blocks C & D top floors are less than 18m in height and parts of the external cladding system may have conformed to the recommendations. However, the latest MHCLG guidance recommends the risk of external fire spread should be considered for all residential buildings regardless of top floor height.

Whilst many of the provisions in the Approved Document B (ADB) for means of escape from flats with a top storey below 18m are applicable to sheltered housing, the nature of the occupancy may necessitate some additional fire protection measures as to those recommended in ADB. This is reiterated in the MHCLG guidance where combustible materials prohibited in buildings over 18m are deemed suitable in low rise buildings and still present a risk to residents who may require substantial assistance to evacuate in the event of a fire. Therefore, because it has been confirmed that some residents in Blocks C or D require substantial assistance to escape, a similar standard of materials used in remediating the external wall cladding system should be specified for Blocks C & D to that of Blocks A & B.

The current investigations by specialist contractors are likely to determine the remedial measures required. Because of the current potential for external fire spread a "Stay Put" strategy may expose residents to increased risk of harm from a fire. The previously recommended and instigated interim measure of whole block full evacuation on 2nd knock/confirmation of fire is considered a suitable interim measure to reduce the risk of harm to all relevant persons.









Recommended Actions

9.13 On completion of the investigations by specialist cladding contractors, any recommendations should be fully implemented.

It is likely the same cladding system materials are used on Blocks C & D as those on A & B and should WCHG require the "Stay Put" fire strategy to be implemented on completion of the remedial measures, it is highly recommended that Blocks C & D are examined and included in the remedial measures being implemented for Blocks A & B.

Observation

9.14

It was seen that some wiring above the false ceiling in the Scooter Store of Oak and Hawthorn blocks has not been correctly secured in place. Lots of loose wiring coils were seen. A fire within the scooter store or ceiling space, caused by an electrical fault, could place persons at risk of harm and present a risk to fire fighters if the cables were to drop. Photos show insecure wiring within the ceiling void of the scooter store.







Recommended Actions

9.14 WCHG ought to arrange for a suitably qualified person to survey the ceiling void and carry out remedial works, so as to ensure that the wiring and any electrical apparatus is correctly fixed in place and does not present a hazard.

	ensure that the wiring and any electrical apparatus is correctly fixed in place and does not present a hazard.		
Ref	RECOMMENDATIONS		
	None.		
Ref	COMMENTARY		



9.1-9.3 It was seen that the apartments that were previously accessed and the apartments accessed this time were fitted with a self-closing FD30s fire door of a good standard. The doors are linked to the alarm system on auto self-closers. Internal rooms within the apartment were also fitted with a good standard of FD30 notional doors. A suitable type of letter plate is fitted below the midway point, half way down the main access door to the flats, these have sprung 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.

9.1-9.3 It was identified that the door to the mobility scooter store in Oak and Hawthorn is that of an FD30s standard, but the scooter store is quite large and contains more than six scooters that are on charge. However, the door does not open directly onto an escape route, but rather into the entrance lobby at the front. This was considered acceptable by our consultant, as a fire in the room would be quickly detected and should not pose any significant risk to life for the residents within the blocks as alternative escape routes would be available to the sides and rear and the main entrance foyer is lobbied.

It is assumed that the door to the scooter store in Redwood and Cedar is to the same standard and it was seen that the same conditions also apply in this block as the scooter store is in the lobby of the entrance foyer.

Door to scooter store in Oak and Hawthorn entrance lobby.



9.1, 9.5 It was noted and seen in many areas that remedial compartmentation and fire stopping works have been carried out since the initial construction phase, by Air Fire Control during November 2017 and Allied Protection Services during April 2018. Many areas above the false ceilings, in service rooms and in riser shafts, where pipes and services pass through compartment walls / ceilings, were seen to have been fire stopped and appropriately compartmented with fire resisting materials.

Photos show some examples of remedial fire stopping throughout the premises















9.2	Fire door checks are currently carried out on a periodic basis by the facilities staff. It is important that a doorsets' fire resistance performance is measured and is routinely and professionally assessed; Recently released recommendations from the Grenfell Phase 1 inquiry recommends inspecting self-closers every 3 months. This is considered onerous based on the occupant profile and the level of day to day management and interaction with the residents and should be
	done as part of at least a six monthly programme of planned preventive maintenance. These inspections are aimed at identifying defects such as:
	 missing or ineffective self-closing devices and door seals (defective or missing self-closing devices should be replaced as a high priority)
	 damaged doors or frames or incorrect repairs removal of locks/fittings without suitable repairs to the integrity of the doors
	 poorly fitting doors caused by distortion or shrinkage, or because of wear and tear newly fitted, but inappropriate, door furniture
	 doors that have been replaced using non-fire-resisting types.
	Flat entrance doors should be included in this programme. Where leasehold flats are involved, this will only be possible if there is the legal right of access, by means of a condition within the lease to carry this out. It is recommended that any new leases include such a condition.
	Other opportunities, such as when flats become vacant or change tenancy, should be used to inspect the condition of compartmentation and to undertake fire safety improvements where necessary.
	Where defects are reported, it is important that action is taken within an appropriate timescale and that they are not simply left to the next inspection.
	Further advice on routine inspection and maintenance of fire-resisting doors can be found in BS 8214 and LGA guidance Fire Safety in Purpose Built Flats section 82. https://www.local.gov.uk/fire-safety-purpose-built-flats
9.2	Apartment 124 in Oak, the entrance door of which is left in the open position to allow easy access and egress for the disabled resident. This is considered suitable because the door is controlled by a free-swing self-closing device and on activation of the automatic fire warning system the door will automatically close. Should the occupant require assistance, the procedure is for care staff to respond and assist without taking personal risk.
9.2	As previously identified; The threshold gap at the base of the entrance door to apartment 117 has been adjusted and was found to be suitable at the time of this FRA. It has been closed down to that similar to other entrance doors.
9.2	As previously identified; The door defects in Block C, Hawthorn refuse room, inner lobby door not closing fully and Bock B, Cedar refuse room, inner door wedged open, the outer door not closing fully, have all been repaired / rectified during April 2020 and were seen to be in good condition and closing fully during the time of this FRA.
9.3	As previously identified; The cross corridor door on the 4th floor in Hawthorn has been repaired and the combined intumescent strip and smoke seal down the centre fitted into place.
9.5, 9.13- 9.14	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.
9.7, 9.13	For Information:- A report by Tenos on matters of compliance of external cladding with Building Regulations has been produced and following recommendations, contractors are in the process of opening up areas of the façade to check
	material combinations and presence of cavity breaks etc, against as-build details. Observations so far have revealed deficiencies and issues with foam insulation, Prodema and HPL cladding combinations, spandrel panelling and missing or defective cavity breaks. Interim measures have been verbally suggested and implemented and are further
	documented in this and the previous fire risk assessment review. When the full extent is known remedial measures are
	to be taken to ensure compliance with current Building Regulations approved guidance. This was confirmed to be still the case by Kevin Rosevere (Project Manager for WCHG) and examples of the ongoing investigations by Tenos were shown
	to our assessor during the course of this FRA. Photos show examples of where investigations are taking place within the cladding and insulation.
	The test strict of the testing place within the diagrams and the testing place within the diagrams.



9.8 No common ventilation ductwork between the apartments was observed throughout the buildings. However, some ventilation grills can be seen on the outside walls of the buildings, that appear to be in line with and to vent from the kitchen's and bathroom's extraction systems within the flats. This was confirmed to be the case by the project manager.

Under Regulation 38 (formally 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 should include the design and fire protection measures incorporated into the ventilation systems.

If there are reasons to suspect the fire resistance within the building has not been sufficiently maintained then the responsibility to provide this technical information rests with the duty holder / responsible person.

Example of vents and grills on external walls of the buildings.





9.13 MHCLG guidance:-

9.13

Although the Expert Panel's advice does not explicitly cover all types of external wall systems for residential buildings below 18m, the risk of external fire spread should be considered as part of the fire risk assessment for these buildings. The expert panel recommends the fire risk assessment should take into account a number of factors other than height and material type, including the vulnerability of residents, location of escape routes, and the complexity of the building.

Whilst materials used on residential buildings with a top storey below 18m may be deemed to comply, the original design fire strategy indicated a "Stay Put" strategy was to be the basis for the building design. The latest findings regarding the cladding systems used indicated that there is a likelihood that the external wall may assist in fire spread that is likely to affect more than one apartment. The "Stay Put" strategy is predicated on the assumption that an outbreak of fire in an apartment should be contained and other neighbouring residents are safe to remain in their apartments. This is now less likely due to the cladding system employed. (The current building evacuation procedure on 2nd knock mitigates against external fire spread ensuring persons are warned of fire and need to evacuate at the earliest opportunity.) Therefore, a Stay Put strategy is no longer valid.

Remedial actions may be required in the buildings below 18m formerly deemed to comply with the Building Regulations where there is a risk to the health and safety of residents. With regard to the current interim simultaneous evacuation procedure, the following is assessed:

- The vulnerability of residents- there is a range of abilities amongst the residents from those who are fit and able to self-evacuate to ones who need substantial assistance from staff.
- Location of escape routes- these are relatively simple and straightforward with stairs provided with disabled refuge
 points and communications systems. A fire spreading externally is unlikely to affect more than one exit staircase in
 the early stages of a fire and prior to the arrival of the F&RS. A fire is unlikely to spread internally due to the
 compartmentation.
- The complexity of the building- the layout of the common escape routes from apartment entrance doors provide for two directions of escape with several intermediate areas of relative safety which allow for extended evacuation times.

Village 135 is unlike a high rise residential tower block in that staff are present 24 hours a day. A comprehensive fire detection and warning system linked to staff handsets and an off-site alarm receiving centre (ARC) is installed throughout which provides an immediate indication for staff to respond in accordance with the latest fire strategy. All apartments have now been fitted with common fire alarm sounders to provide the requisite sound levels within each apartment.

It was confirmed by Amanda Seals and Kevin Rosevere at the time of this fire risk assessment that the invasive investigations into the cladding are ongoing and that eventually all the problematic cladding identified would be removed and replaced with an appropriate and suitable kind. This programme of replacement has begun. It was also stated that the ACM cladding that was previously fitted on the 'PODs' has been replaced throughout the premises, with a non combustible type, which complies to current building regulations.



9.13	It was noted that there are two balconies on the Cedar block, adjacent to the roof top garden area, but it was made clear that the use of these is controlled by the premises management team and access is only allowed at certain times. Residents do not have general access to these areas. No sources of ignition are allowed on these areas and the balconies were seen to be free of any combustibles at the time of this FRA. Balconies on the Cedar Block adjacent to roof top garden.
9.14	The bin compound to the apartments is a secure area. All waste sites are regularly cleared with lockable bin stores used. All waste is collected on a weekly basis. The area is monitored with CCTV and weekly inspections undertaken by the Site Officer.
9.14	The car park adjacent to Block B now has barriers and markings to prevent cars from parking in close proximity to the façade of the building, as previously recommended. Cars parked away from Block B.
9.14	As previously identified; All the areas that were identified as having unauthorised combustible storage, such as in the lobby leading to the Block B refuse room and the electrical switch room in Block B Cedar, have now all been cleared and were seen to be free and clear of any combustible items at the time of this FRA.
9.22	Doors held open on auto door release devices are not released at night, but the doors are routinely tested and are linked to the fire alarm system. Detectors were seen to be in place in close proximity to the doors on the corridors.



	10.0 Fire Alarm System		
10.1	Is the premises provided with a fire alarm system?	Yes	
10.2	Is it possible to define the alarm system category? (L1- L5 etc.)	Yes	
10.3	Is the fire alarm or category suitable for the risk and premises type?	No	
10.4	Does the system conform to standards appropriate to the purpose group for the premises/building use? i.e. BS 5839 Pt. 1 or BS 5839 Pt. 6 etc.	Yes	
10.5	Are sufficient fire alarm call points and detectors provided?	No	
10.6	Can the alarm be raised without placing anyone at risk?	Yes	
10.7	Are all call points visible, unobstructed?	Yes	
10.8	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	
10.9	Where required does the system have a voice alarm? i.e. large places of assembly	N/A	
10.10	Can the alarm be heard throughout all areas of the premises?	Yes	
10.11	Has a suitable fire zone plan been provided adjacent to the fire panel where necessary? i.e. complex premises or care homes	Yes	
10.12	Is the alarm system under a regular maintenance programme by a qualified fire alarm engineer?	Yes	
10.13	Are there systems in place to ensure the system is tested weekly from a different call point?	Yes	
10.14	Are all fire alarm tests, faults and maintenance schedules recorded?	Yes	

	10.0 Fire Alarm System: Finding(s)
Ref	SIGNIFICANT FINDINGS
	Observation
10.3, 10.5	It was noted that in the flats / apartments accessed, only a single BS 5839, Part 6 type smoke detector was fitted within the main hallway of the flats and an interlinked heat detector in the kitchens. It is believed that this is the common form of detection in all the flats / apartments throughout the premises.
	See NFCC Fire Safety In Specialised Housing; Section 83; para 83.18, 83.20, 83.21, 83.22 & 83.23 Fire Safety In Specialised Housing
	If a fire occurs in one of the flats and the internal doors are closed for example, the fire would have to develop before any smoke reached the smoke detector in the hallway of the flat. This would significantly delay detection and increase the risk of serious injury to the occupant(s). It may also delay their time to escape by some degree and therefore place them at risk of harm. Consideration ought to be given to the frailty of some residents. Photo shows current single type of smoke detector fitted in the hallway of flats.
	Recommended Actions
10.3, 10.5	The Fire Safety Order does not normally apply to the inside of private dwellings such as flats: Current guidance advises that within sheltered housing and extra care properties, it would be necessary to upgrade the detection in the flats as a matter of course, so that they each comply and meet the standard given in a BS 5839, Part 6, Grade D system, with LD1 or LD2 category of cover. See Commentary 10.3, 10.5 below.
	This means that there would be an interlinked optical smoke detector in each habitable room as well as the hallway of the flat, (excluding bathrooms and toilets) with a heat detector in the kitchen. These detectors are interlinked, mains wired and should have their own independent backup power supply.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
Ref	COMMENTARY



The system installed within each apartment appears to conform to BS 5839, Part 6; 2013 to at least Grade D, category LD3 standard, with a heat detector located in the kitchens and a smoke alarm in the hallways of each flat. The system is linked to the "Dect" care call phones with each member of care staff carrying a receiver and call point in the reception/

A fully addressable BS 5839, Part 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. 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.

10.3, 10.5 **Detectors in Flats:**

10.10

Current guidance strongly recommends that all circulation spaces within independent living flats, in sheltered or extra care schemes, are fitted with interlinked smoke detection that is local to the flat. This category of fire alarm system LD1, (mentioned above) within the flats would provide the best standard of life protection for the residents of the flats and ought to be the standard found throughout the building, however, it must be noted that the alarm system must continue to also be linked directly to the Telecare / Warden Alert system, to ensure that any alarm activations within the flats are responded to appropriately and immediately. This standard is recommended due to the infirmity of many of the residents, as it should provide them with a decreased detection time and allow for a greater chance of escape.

Note:- This standard and category of detection within the flats / apartments was introduced by the NFCC Specialised Housing Guide during 2017, when this building was already under construction. It is recommended as the best standard so as to provide the optimum level of life cover and should be regarded as the ultimate goal to aim for, for all existing sheltered and extra care schemes.

The automatic fire detection and warning system cause and effect has been updated as previously recommended. The updated cause and effect was not available to view by our consultant at the time of this review.

The updated cause and effect was verbally confirmed to achieve the following:

- on activation of an apartment (local) smoke alarm, sounders operate in the apartment of activation and staff receive a notification at the DECT panel and mobile handsets
- on activation of the common fire alarm system, staff receive a notification at the DECT panel and mobile handsets
- on activation of the full alarm in Block A, the evacuation sounders in A and the Hub sound
- on activation of the full alarm in Block B, the evacuation sounders in B and the Hub sound
- activation in the Hub, the evacuation sounders in A & B + Hub sound
- on activation of the full alarm in Block C, the evacuation sounders in C & D sound and the fire panel in the Hub provides an audible warning
- on activation of the full alarm in Block D, the evacuation sounders in C & D sound and the fire panel in the Hub provides an audible warning

A full evacuation can be manually activated at the fire panel by staff or the F&RS. This procedure has previously been verbally agreed between Fire Safety Inspecting Officers from GMFRS and Ms Amanda Seals.

The common fire alarm system has been extended to provide Part 1 sounders inside the hallway of the apartments, so as to achieve 75dB at the bedhead, as recommended to support the simultaneous evacuation in each block. (This would not be a requirement of the system under a Stay Put strategy and is considered an interim measure until external cladding/insulation replacement). Care staff are trained to assist mobility-impaired residents of the affected zone/s. As an interim measure, the existing staff, on confirmation of a fire, assist (where necessary) residents in the vicinity of the confirmed fire to commence evacuation of the affected block. Priority is given first to the affected floor level, progressing to the floor above, until all floors above have been evacuated. One member of staff remains at the fire panel to meet and inform the fire service on arrival.

On activation of a smoke detector in an apartment and notification to staff on the Dect phones, the person in charge at the fire alarm panel remains in contact with investigating care staff to confirm the cause ASAP. Should the communication be lost before confirmation of cause, the full alarm is activated and the fire service called.

The Fire and Rescue Service are summoned without delay on one of the following events:-

- On confirmation of fire via the social alarm communication system, or
- No response from the resident via the social alarm communication system, or
- · Activation of a manual fire alarm call point, or
- Activation of an automatic heat/multi-sensor detector in the entrance hall of an apartment which is connected to the building's common (BS 5839 Part 1) fire alarm system.
- Loss of communication between staff member in charge and investigating staff.

10.11 Suitable fire alarm Zone Plans are provided adjacent to each alarm panel in the blocks.





Fire alarm maintenance procedures are in place with regular weekly tests carried out by staff and recorded in the fire log book. The alarm system is under a regular six monthly maintenance and testing schedule carried out by the alarm engineers from MONO. 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. The AOVs are tested weekly along with the fire alarm, the weekly test are recorded.



11.0 Emergency Escape Lighting		
11.1	Has the provision of emergency lighting been considered? Working hours, windowless areas, open access areas>60m2, toilets>8m2.	Yes
11.2	Is emergency lighting provided in accordance with guidance relevant to the purpose group for the premises? (BS5266, ADB Table 9)	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	SIGNIFICANT FINDINGS		
	None.		
Ref	RECOMMENDATIONS		
	None.		
Ref	COMMENTARY		
11.1	Emergency Lighting is installed throughout and the provision is considered suitable and appeared in good condition where seen.		
11.5-11.6	Annual inspections of the Emergency Lighting systems are undertaken by a qualified engineer from an appointed contractor. The EL system is also tested monthly by maintenance staff in accordance with current standards and records kept in the fire log book. Any faults are reported through the appropriate channels.		
	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 recorded in a suitable log book. 		



	12.0 Fire Fighting Equipment, Systems & Fixed Installation	าร
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?	No
	Fixed Installations	
12.6	Are any fixed firefighting installations provided? (Sprinkler systems, local gas flooding etc.)	Yes
12.7	Are all systems fully operational and under a maintenance programme?	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?	N/A
12.10	Are firefighting shafts with dry or wet mains provided?	Yes

	12.0 Fire Fighting Equipment, Systems & Fixed Installations: Finding(s)
Ref	SIGNIFICANT FINDINGS
	Observation
12.5	It was noted that the Extinguishers on Level 3 of Oak and Hawthorn, adjacent to the lifts, had not been tested or checked by an engineer within the last 12 months. Equipment that is not suitably tested or checked could fail to operate correctly and this would place persons at risk of harm during an emergency.
	Recommended Actions
12.5	WCHG ought to arrange for the extinguisher to receive an appropriate service by a qualified person as soon as practicable.
Ref	RECOMMENDATIONS
	None.



Ref	COMMENTARY
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 where not trained. However, the premises are staffed 24 hours a day, with trained staff responding to any fire alarm and the current availability of fire fighting equipment is considered suitable.
12.4-12.5	All of the extinguishers seen, (with the exception of the finding above,) were checked and serviced annually by a qualified engineer from Manchester Working Ltd. They are checked monthly by the facilities staff and the results recorded. The last annual test / service date was done in February 2021. Record of extinguisher testing.
12.5	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.
12.5	As previously identified; The extinguishers in the Hawthorn refuse room and the main electrical intake room, on the ground floor of block B Cedar, have now been tested and serviced by a competent person.
12.6, 12.10	Fire fighter dry rising mains are located in each block, so as to provide a fire fighting facility due to the size and layout of the blocks. The dry risers are tested annually.



	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.?	Yes
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

	13.0 Fire Safety Signs and Notices: Finding(s)	
Ref	SIGNIFICANT FINDINGS	
	None.	
Ref	RECOMMENDATIONS	
	None.	
Ref	COMMENTARY	
13.1-13.3	All the current fire safety 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 entry doors, so as to remind the staff and residents. Suitable action notices were also seen on the inside of Guest Bedrooms. Residents are also made aware of the fire procedures by regular updates from the management team. It was also noted that there are no fire action notices by the manual call points within the common / communal areas inside the premises, but the scheme manager stated 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. Photo shows fire action notice on the inside of a flat entry door.	
13.11	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.	



	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	Do all staff understand the need to report any potential fire hazards?	Yes	
14.7	Has a person(s) been given the overall responsibility for fire safety related matters and management?	Yes	
14.8	Have the fire service inspected the premises within the last 12 months?	Yes	
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	Are all important documents that may affect business continuity stored in fire resisting containers?	Yes	
14.12	Is adequate access provided for fire service vehicles in the event of an emergency?	Yes	

	14.0 General Fire Safety Procedures: Finding(s)	
Ref	SIGNIFICANT FINDINGS	
	None.	
Ref	RECOMMENDATIONS	
	None.	
Ref	COMMENTARY	
14.1-14.4	There have been no reports of any fires within the past 12 months. 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, the Fire Risk Assessment should be reviewed to identify if any further risk reduction measures are necessary.	
14.3	Some false alarms have previously occurred within apartments due to cooking and residents have been informed of the measures to help reduce the occurrence of false alarms. Due to the staff investigation procedures in place there has been no escalation and the fire service has not been unnecessarily called.	
14.7	The Wythenshawe Community Housing Group scheme manager is the nominated person on-site responsible for ensuring that the fire precautions are implemented and managed correctly on behalf of WCHG who have the overall responsibility.	
14.8	The local Fire and Rescue Service have visited on a number of occasions to carry out familiarisation visits 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 requirements following the Grenfell tower block fire. WCHG continue to liaise with the fire service on a regular basis whilst the ongoing remedial works take place, regarding the exterior cladding systems. See Section 9.13	
14.11	The important files and documents that would enable continuity are stored securely in the scheme manager's office near the entrance foyer. The scheme manager also stated that many of these records and files are also backed up electronically and stored remotely on WCHG's own computer data systems.	



	15.0 Fire Safety Management	
15.1	Are there an adequate number of competent persons and arrangements (under Article 18 of the RRFSO) in place to assist the responsible person in the management and implementation of the preventative and protective measures? (safety assistance)	Yes
15.2	Have all staff been trained in how to call the Fire Service, use of fire extinguishers, evacuation procedures and basic fire awareness?	Yes
15.3	Do all new employees receive basic fire procedure and induction training on the date of appointment?	Yes
15.4	Are records of fire safety training kept?	Yes
15.5	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
15.6	Is a "permit" to work procedure in place for contractors etc.?	Yes
15.7	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	
15.8	Are fire marshals required to take charge of a fire incident and liaise with the Fire Service where required?	Yes
15.9	Is there a list of fire marshals displayed in all locations where required?	N/A
15.10	Are systems in place to provide identification for fire marshals during an emergency where required?	Yes
15.11	Has a suitable fire assembly point been designated? (i.e. free from traffic hazards, radiated heat and free movement away from the premises)	Yes
15.12	Do the premises require a fire plan in order to evacuate?	Yes
15.13	Are there clearly defined written procedures to be followed in the event of a fire in the form of an emergency plan?	Yes
15.14	Is a fire plan displayed throughout the premises where required?	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	SIGNIFICANT FINDINGS	
	None.	
Ref	RECOMMENDATIONS	
	Observation	
15.13	As previously identified; During the previous meetings to discuss the fire procedure following the installation of fire alarm sounders in all apartments and the intention following the removal of the external cladding/insulation, it is envisaged a return to a stay-put fire strategy would be implemented. Currently the minimum number of staff (2 care staff and one from housing management) are available on a 24-hour basis. The care staff are instructed to respond to a fire alarm activation and assist with the evacuation of vulnerable residents in the affected area. The housing manager coordinates and meets with the fire and rescue service (FRS) on their arrival to provide up to date information. On the reintroduction of a Stay-Put fire strategy, it is envisaged that the provision of 24-hour cover by housing management would not be required providing emergency information is available on the arrival of the FRS.	
	Recommended Actions	
15.13	Continue to re-evaluate and constantly monitor by way of practicing fire drills for the care & housing management staff so as to ensure suitable levels of staff are always available whilst a simultaneous evacuation strategy remains in force Prepare (high level) vulnerable person information that is kept up to date for use by the FRS. The information should be kept in a secure box/location known to the FRS. The information should include but not be limited to, the location of vulnerable persons, the assistance that may be required, the block, the floor and apartment number. Arrange for a consultation with the local fire safety inspecting officer to discuss the findings within this fire risk assessment review, in particular, with the view to reverting back to a Stay-Put strategy and the reduction of housing management staff at that time.	
Ref	COMMENTARY	
15.1	WCHG employ competent and approved persons to carry out works, maintenance and servicing of their preventative and protective fire safety measures.	



15.2-15.4 All staff including care staff have recently received fire marshal training with a record maintained on their personal file. Records of fire marshal training were not observed this time, but assurance of this was provided by the scheme manager Amanda Seals. All staff and residents have recently been informed of the evacuation procedures, the reasons for and the health and safety requirements surrounding any scaffolding erected for the investigation of the cladding systems. This was also followed up with a door knock on all residents doors to ensure all have been informed. During the door knock, the apartment entrance doors were checked and all portable electrical equipment in each apartment and smoke alarms were tested by Friday 14th February 2020. This current situation and liaising with the occupants continues and is still in place. Previously confirmed, all approved contractors are provided as part of the service level agreement and are expected to 15.5-15.6 have been vetted to satisfy these requirements. Any work carried out by contractors that affects the fire compartmentation for the installation of cables and pipework is carried out by approved contractors who are instructed to provided before and after photos along with the methods and materials used to fire stop any holes on completion. At the time of this fire risk assessment review it was reported that Galliford Try (construction contractors) are continuing with survey work throughout the whole premises and remedial fire stopping works are carried out were necessary. A list of fire marshals is not displayed as it was considered that this would not serve any purpose. The fire marshals are 15.9-15.10 controlled by and known to all the WCHG management. Training is provided along with suitable means of identification. These were seen by our consultant at the time of this FRA. 15.11 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, 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

Fire Strategy - STAY PUT v Simultaneous evacuation Village 135 and legal duty to provide sufficient staff.

Stay Put

15.13

a full fire evacuation.

The consequences to residents of a fire within their own accommodation in specialised housing are no greater than for those of similar vulnerability living in other forms of housing. In any block of flats, it is important to distinguish between the concepts of evacuation and rescue. In extra care housing, only the flat of fire origin needs to be evacuated (at least in the first instance). If a resident of that flat is unable to evacuate themselves, rescue by the fire and rescue service may, ultimately, be necessary. This is no different from the situation that would arise if that resident were living in a flat in a general needs block or a bungalow, nor does this imply any failure of the emergency plan for the premises. Widespread evacuation of extra care housing should not normally arise. If it does become necessary, this may reflect a failure in compartmentation, necessitating involvement of the fire and rescue service.

Compartmentation requires a higher standard of fire resistance than that normally considered necessary simply to protect the escape routes. This is to ensure that a fire should be contained within the flat of fire origin. Accordingly, residents of those flats remote from the fire are safe to stay where they are. Indeed, in the majority of fires in blocks of flats, residents of other flats never need to leave their flats.

This is the essence of the 'stay-put' strategy that underpins the fire safety design. Accordingly, the evacuation strategy is such that only those at immediate risk need to escape, i.e. those within the flat of fire origin, but those remote and unaffected by the fire can remain in their flats.

However, inevitably, fires do occur in which, for operational reasons, the fire and rescue service decides to evacuate residents from other flats in the building. Fortunately, these are rare. In specialised housing blocks, the time it takes to evacuate other residents is likely to be longer than in the case of general needs blocks. For this reason, the early attendance of the fire and rescue service is especially important in the case of specialised housing. This highlights a key difference between specialised housing blocks and those used for general needs accommodation. In extra care housing, remote monitoring of fire alarm signals forms a significant part of the fire strategy for such accommodation. In extra care schemes, in which it is normally the case that care staff will be present on a 24-hour basis, there are insufficient staff to effect evacuation of all residents. While undoubtedly any member of staff present at the time of fire would, to the extent that they are trained to assist a resident in moving away from danger, there is no suggestion that they can effect evacuation of all other residents, particularly after the smoke has entered the escape routes. However, they can play a vital role in filtering out false fire alarm signals, so indirectly facilitating the more extensive use of smoke detectors, and, subject to early enough warning of fire, might be able to assist a resident to leave a flat in which there is a fire, while not putting themselves at undue risk.

The role of the fire and rescue service does not extend to the routine evacuation of buildings. However, in buildings designed and maintained to ensure the safety of a 'stay-put' strategy, the need for evacuation of residents beyond accommodation within which the fire starts should not arise. As in the case of a single-family dwelling house, evacuation of a severely mobility impaired resident in whose accommodation the fire starts is, effectively, a rescue operation, which is the role of the fire and rescue service. Similarly, if a fire is such that evacuation of disabled residents beyond accommodation in which the fire starts becomes essential, this too involves operations akin to rescue. It follows from the above considerations that, where, in specialised housing, nominated staff are not on duty on a 24-hour basis to provide information to fire-fighters on their arrival about residents who cannot reliably evacuate themselves, fire-fighters should have ready access to this information on arrival in a secure location. There should be procedures for keeping the information up to date and ensuring that firefighters are aware of both the availability of the information and the means for accessing it rapidly on attendance. The information should form a high level (not detailed) indicating block/floor/apartment number and assistance required of the vulnerable residents who may not be able to self-evacuate.

Due to external wall cladding system and the potential for a fire to breach the compartmentation a simultaneous evacuation strategy is currently in operation.

Simultaneous Evacuation

The role of the fire and rescue service does not involve routine evacuation of premises. Accordingly, in specialised housing with a simultaneous evacuation strategy, management of evacuation is not the responsibility of the fire and rescue service. If assistance is required for evacuation of residents beyond the accommodation in which fire starts, this



should be provided by staff on the premises, though the fire and rescue service may be involved in the rescue of a person in whose accommodation a fire occurs. The fire and rescue service may also assist with evacuation if it is not completed by the time of their attendance. The minimum number of staff required to assist in an evacuation will be determined by factors such as:

- The numbers of vulnerable residents unable to self-evacuate to a place of "relative safety"
- The location of vulnerable residents
- The level of competence of staff gained through experience and evacuation training
- The construction and standard of fire compartmentation within the premises

Simultaneous evacuation is typically not applied to extra care housing unless there is inadequate compartmentation to support a 'stay-put' strategy. In purpose-built blocks of flats, experience has shown that most residents do not need to leave their flats when there is a fire elsewhere. Indeed, in some circumstances, they might place themselves at greater risk, or hinder fire-fighting operations, when they do so. As most sheltered and extra care housing schemes are, effectively, purpose-built blocks of flats, a 'stay-put' strategy is applicable for this type of accommodation on remediation of the external wall cladding/insulation system.

In extra care housing with a simultaneous evacuation strategy, characteristics of residents need to be taken into account to ensure that, if residents cannot evacuate themselves, sufficient assistance to evacuate is available without the need for intervention by the fire and rescue service. There is a need to consider the evacuation capabilities of residents who are in accommodation other than that in which a fire occurs. Sufficient assistance should be available at all material times to ensure the safe evacuation of residents beyond the accommodation in which the fire starts, without the assistance of the fire and rescue service, unless all such residents can evacuate by themselves.

As previously identified; The fire safety and evacuation plan has now been updated and placed available in a wallet for any persons to access, within the main office, on the ground floor of reception.

Fire Safety Plan on display in the main office.



15.15 The premises are staffed 24 hours per day.



	16.0 Fire Emergency Plan				
16.1	Do the premises have a fire procedure/emergency plan and is it suitable for the numbers of staff and the processes carried on within the premises?	Yes			
16.2	If the premises operates a "stay put" policy, is this suitable?	No			
16.3	In multi-occupied buildings do all the fire /emergency plans complement each other?	N/A			

Def	CICNIFICANT FINDINGS						
Ref	SIGNIFICANT FINDINGS None.						
Ref	RECOMMENDATIONS						
	Observation						
16.2	As previously stated; The Stay Put (stay safe) fire strategy as originally designed, continues to be not fit for purpose, due to some of the materials used in the construction of the external façades. This has previously been revoked and a simultaneous evacuation strategy implemented, as an interim measure. **Recommended Actions**						
16.2 Ref	Following the survey of the materials used in the build up of the façades, all the recommendations made by the specialist contractors / fire engineering consultants, should be fully implemented prior to any return to a Stay Put fire strategy. COMMENTARY						
16.1	For simultaneous fire evacuation purposes, the following areas are to be considered as full evacuation zones on manual call point (MCP) activation or 2nd Knock, (two automatic detectors.)						
	Area of activation of MCP or double knock	Area of simultaneous full evacuation					
	Hub including salon, kitchen, offices and rooms overlooking the hub at 1st floor	Hub + Blocks A + B					
	Apartment in Block A	Hub + Block A					
	Common area in Block A including staff only areas	Hub + Block A					
	Apartment in Block B	Hub + Block B					
	Common area in Block B including staff only areas	Hub + Block B					
	Apartment in Block C	Block C + D					
	Apartment in Block D	Block C + D					
	Common area in Block C or D including staff only areas	Block C + D					
The premises is currently operating on a Full Evacuation policy for the affected zones / buildings, managed staff members. However, the premises has been designed to support a Stay Put policy and a Full Evacuation may not be convenient or may prove awkward for some of the elderly residents. It would also prove difficult service to deal with a fire in a flat, if residents are in the process of evacuating when the fire service arrive. It clear to our consultant by the WCHG management, that the long term plan is to return the premises to a State once all the findings and remedial works have been completed, especially with regards to any problem clade external façades of the buildings.							
	Two example evacuation notices are provided below for information, one for the general communal areas and one for resident information, re Full Evacuation and these should be communicated to all the occupants or staff concerned.						



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, Staff and Visitors should move quickly and calmly to the nearest exit.

Only fight the fire if it is small (no more that 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, Staff and Visitors 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 FULL EVACUATION

GENERAL ADVICE TO RESIDENTS

The evacuation plan for this building requires all residents to proceed to the assembly point when the communal fire detection and alarm system sounds. (IF FITTED) or a fire is discovered in the building.

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.
- Raise the alarm by using a 'break glass' call point. (IF FITTED)
- Alert your neighbours IF SAFE TO DO SO
- CALL THE FIRE SERVICE.

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

- You must also leave IMMEDIATELY if smoke or heat affects your home, or if you are told to do so by the fire service.
- If you are in any doubt, get out.

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:

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 required fire resistance, ineffective fire doors, insufficient or complete failure of emergency lighting or fire alarm systems.
Priority 2 (P2)	A lesser breach of the Fire Safety Order which if not resolved would 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 two months or longer.
Examples include:	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. The acts or omissions would normally be tolerable but actions should still be implemented to reduce the risk level to a negligible level.
Examples include:	Logbooks not completed or up to date, fire extinguishers not wall mounted.

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 significant finding identified has been given an appropriate risk rating, which is then prioritised accordingly on the action plan.

Once all the significant findings have been identified the premises is given an overall 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.		
Where the present systems, facilities or management procedures are reasonably satisfactory at the 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 the review stage.			
Moderate Risk The present systems, facilities or management is unsatisfactory in some areas. Where a fire could and the available time needed to evacuate may be reduced by the speed of the development of fire 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.			
Where the combination of severity and probability is high and urgent action must be taken to risk. Where a fire is likely or highly likely to occur and the spread of fire development would be the available escape time would be substantially reduced. Premises identified with substantial will normally require the provision of considerable resources in the form of equipment, training and management to mitigate the risks.			
Intolerable Risk Where the combination of severity and probability is such that extreme harm or death will on is a real threat of an outbreak of fire. Action must be taken to immediately reduce the risk, in tolerable level. If this cannot be achieved, then consideration must be given to prohibiting or use of all or part of the premises until such risks can be reduced. Reassessment is required 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 significant 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

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



18.0 Summary of Findings

FRARef	Hazard or Defect	Action Required	Hazard Priority	Risk Rating	Action By	Review Date	Contractor Completed
8.5	end of the residential corridors were fitted with AOVs. The manual opening handles had been removed and it was assumed that this was for safety reasons.	on the corridors can be opened during an emergency for the purposes of smoke ventilation or that they are suitably fitted with AOVs linked to the smoke detection or take remedial actions to remedy the findings.	P2	Moderate			
9.5	It was seen that there is a hole in the compartment wall, above the door adjacent to the lifts, leading between the two blocks, (Oak and Hawthorn) where cables pass through on Level 3 and which has not been fully sealed.	Make up and seal the hole or gap by using appropriate fire resisting materials on both sides of the compartment wall.	P2	Moderate			
9.13	Following guidance from the Ministry of Housing Communities and Local Government (MHCLG), investigations into the external cladding system have begun and are continuing at the time of this FRA. See Section 9.13 for full details.	Should WCHG require the "Stay Put" fire strategy to be implemented on completion of the remedial measures it is highly recommended that Blocks C & D are examined and included in the remedial measures for Blocks A & B.	P2 - previously identified		Amanda Seals		
9.14	It was seen that some wiring above the false ceiling in the Scooter Store of Oak and Hawthorn blocks has not been correctly secured in place. Lots of loose wiring was seen.	Arrange for a suitably qualified person to survey the ceiling void and carry out remedial works, so as to ensure that the wiring and any electrical apparatus is correctly fixed in place.	P2	Moderate			
10.3, 10.5	It was noted that in the flats / apartments accessed, only a single BS 5839, Part 6 type smoke detector was fitted	Current guidance advises that within sheltered housing and extra care properties, it would be necessary to upgrade the detection in the flats as a	P2	Moderate			
12.5	It was noted that the Extinguishers on Level 3 of Oak and Hawthorn, adjacent to the lifts, had not been tested or checked by an engineer within the last 12 months.	Arrange for the extinguisher to receive an appropriate service by a qualified person as soon as practicable.	P3	Moderate			



19.0 Recommendations

FRARef	Observation	Recommended Action	Risk Rating	Contractor Completed
15.13	During the previous meetings to discuss the fire procedure following the installation of fire alarm sounders in all apartments and the intention following the removal of the external cladding/insulation, it is envisaged a return to a Stay Put fire strategy would be implemented.	See full recommendations and commentary 15.13.	Moderate	
16.2	The Stay Put (stay safe) fire strategy as originally designed is currently not fit for purpose.		Tolerable	09 Apr 2020

The recommendations above are issues which have been observed by the Total Fire Group Ltd Consultant and which in their opinion do not constitute a breach of the Regulatory Reform (Fire Safety) Order 2005 which deals with life safety in relation to all relevant persons. The recommendations are designed to assist the responsible person in identify areas where the required life safety systems are showing signs of deterioration, fair wear and tear etc. so that the business can budget for future replacements, repairs etc. In addition, there may be areas where the consultant believes the business is vulnerable from fire in terms of property protection or business continuity and therefore has included recommendations for the client to consider or investigate further.

IT IS FOR THE RESPONSIBLE PERSON TO DETERMINE WHETHER THE USE OF THE PREMISES, THE NATURE OF THE OCCUPANTS, THE PROPERTY PROTECTION, DAY TO DAY OPERATIONS AND THE FIRE SAFETY MANAGEMENT WOULD BE ENHANCED BY THE IMPLEMENTATION OF ANY RECOMMENDATIONS. THEY DO NOT CONSTITUTE A SIGNIFICANT FINDING.



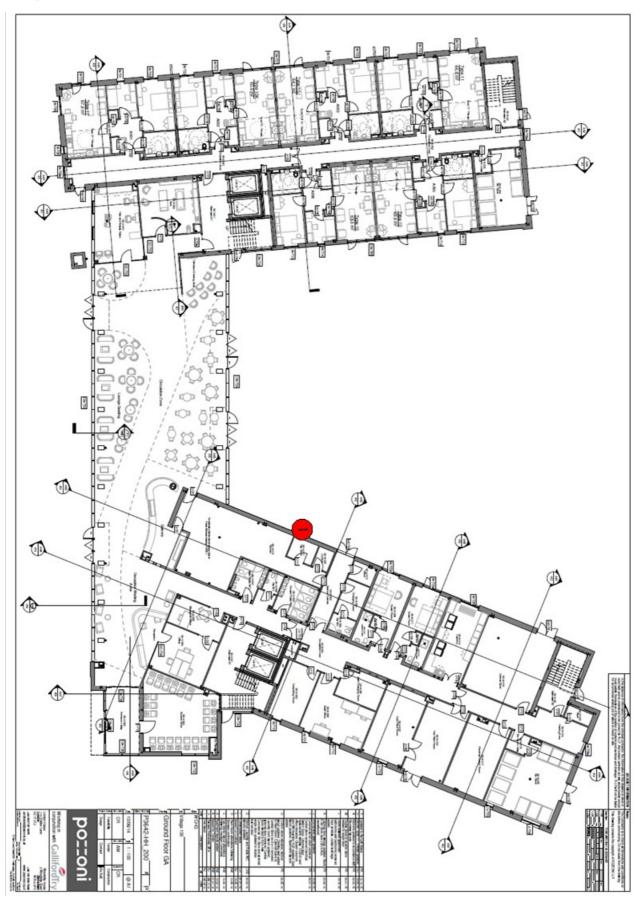
20.0 Commentaries

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



Appendix

HH ground



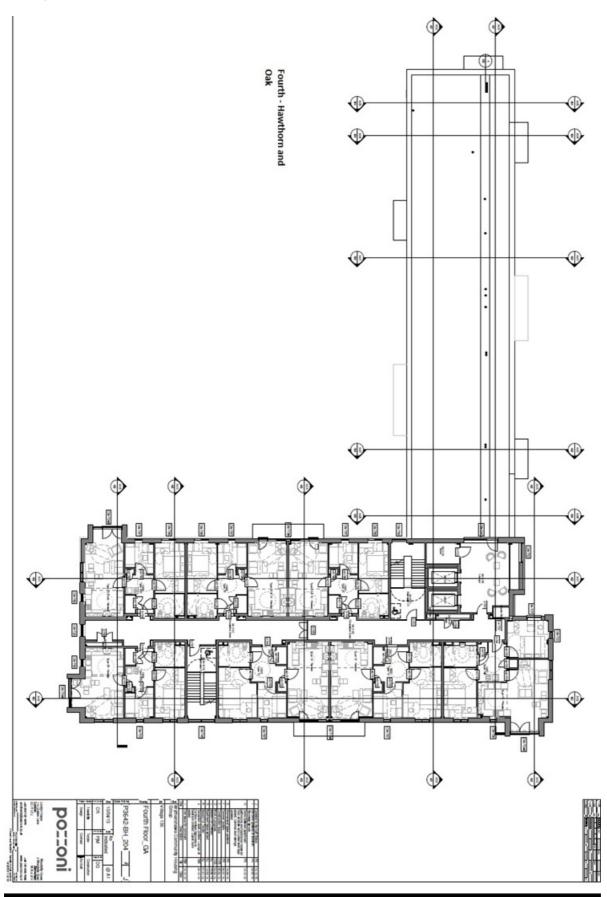


1 The Confinement of Fire - 9.13



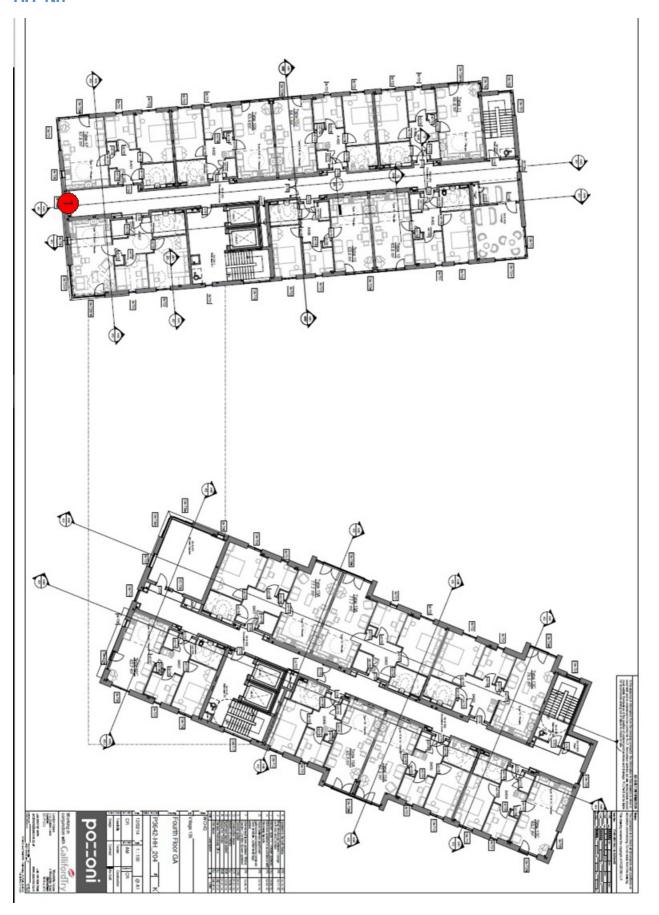


BH 4th





HH 4th



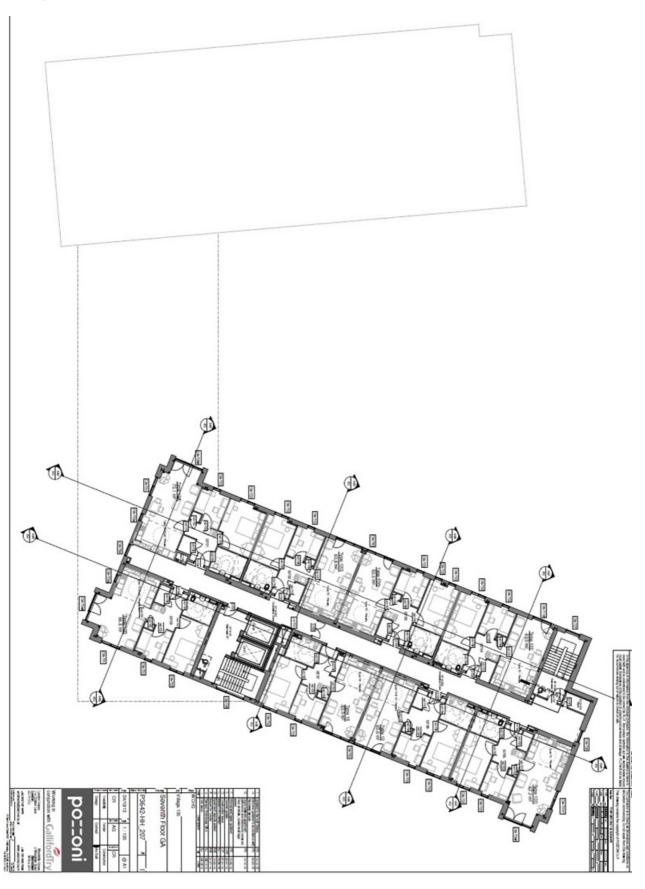


1 Escape - 8.5



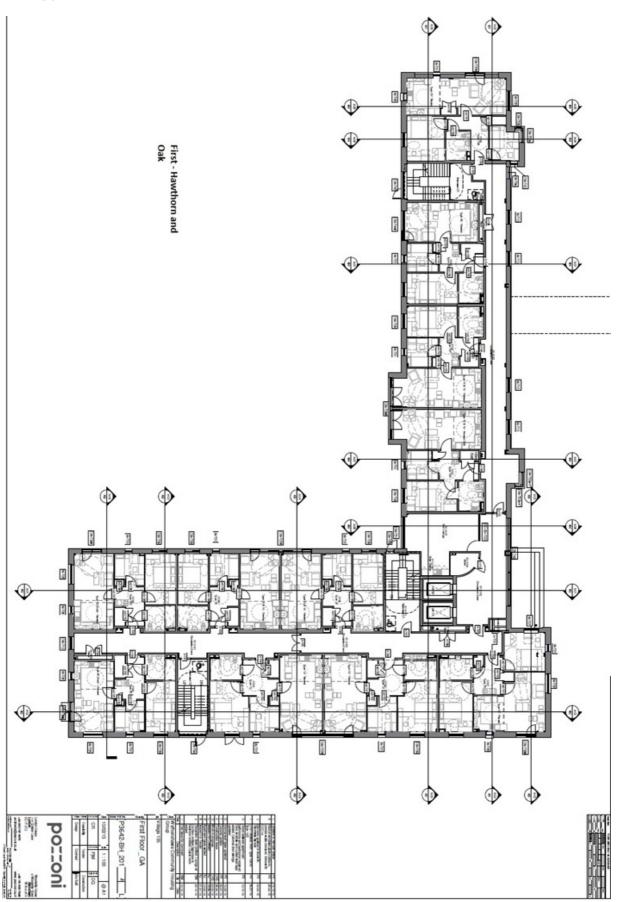


HH 7th



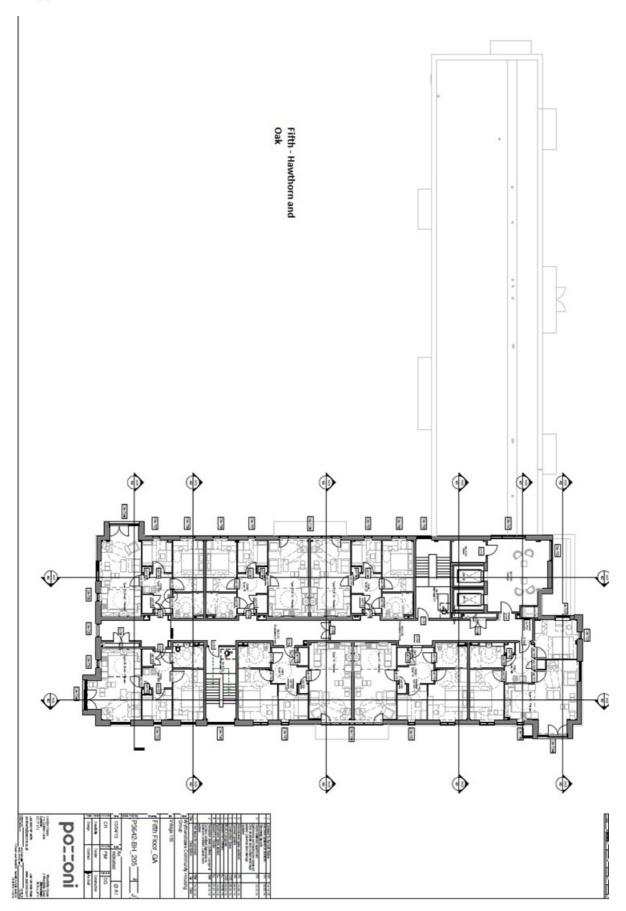


BH 1st



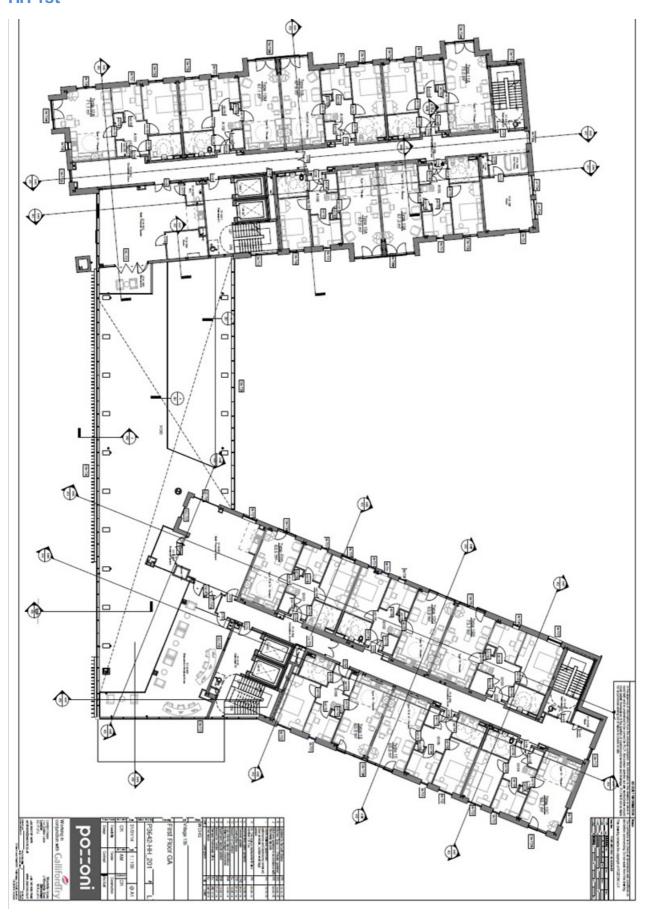


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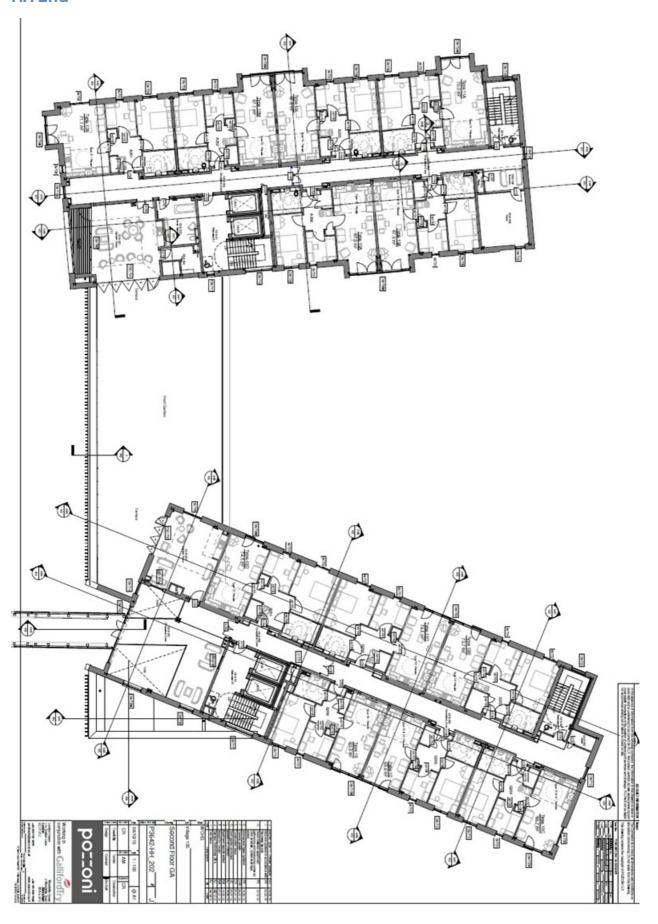


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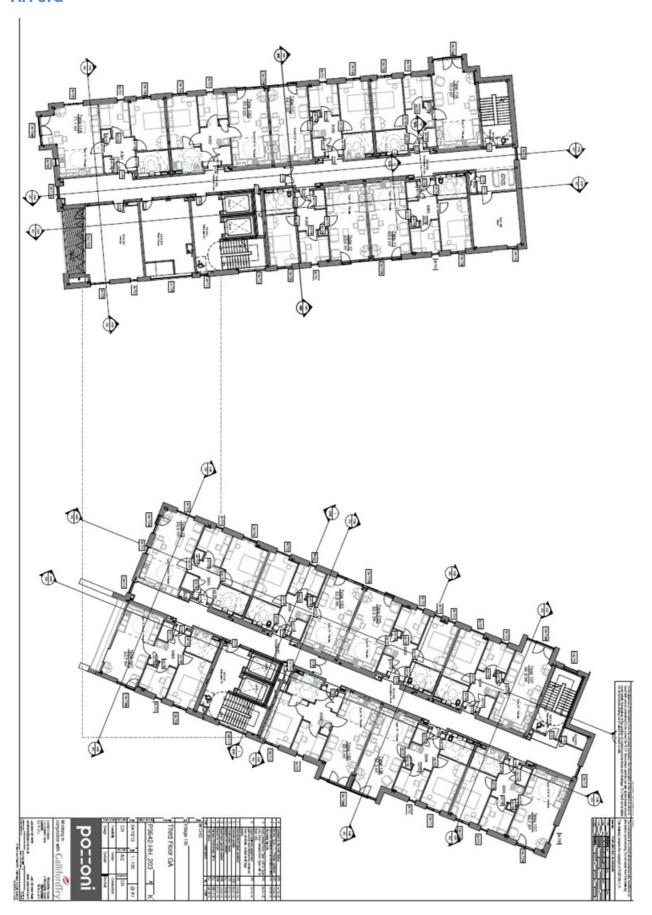


HH 2nd



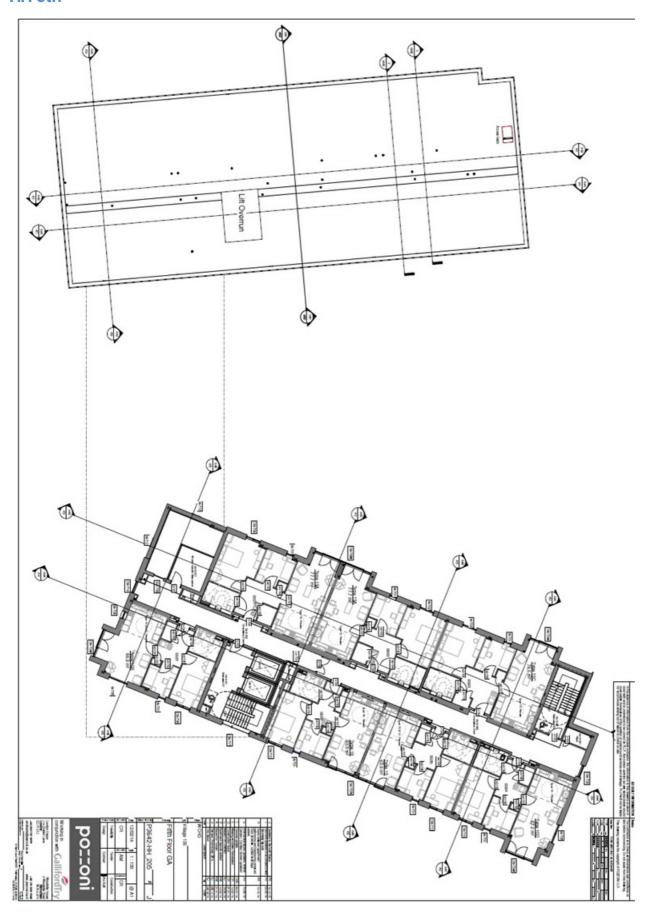


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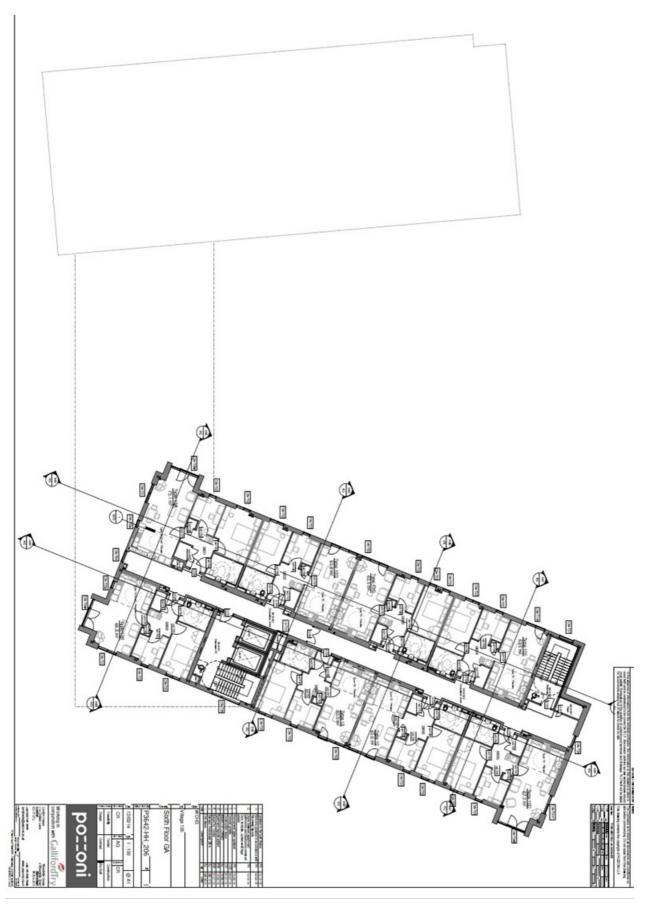


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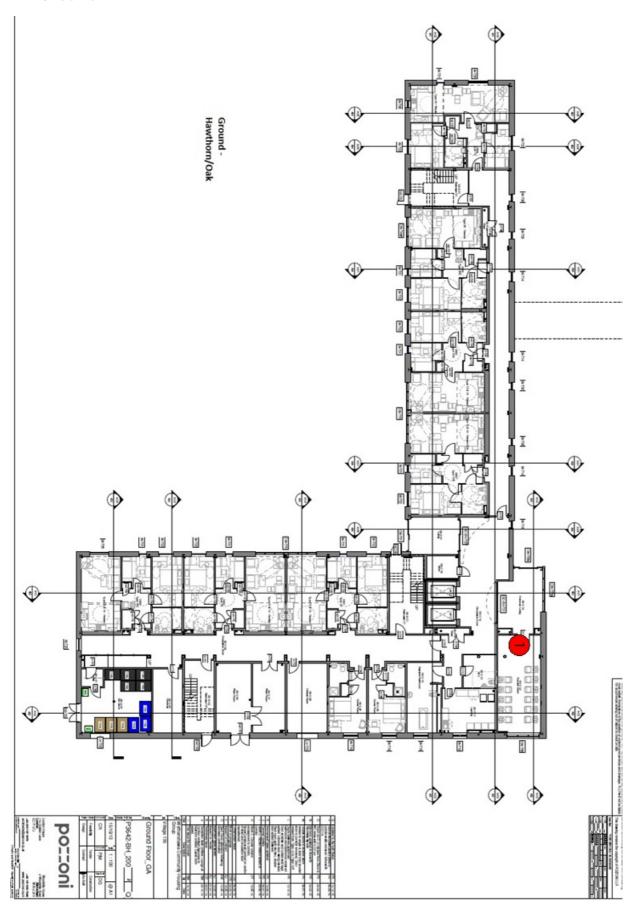


HH 6th





BH Ground



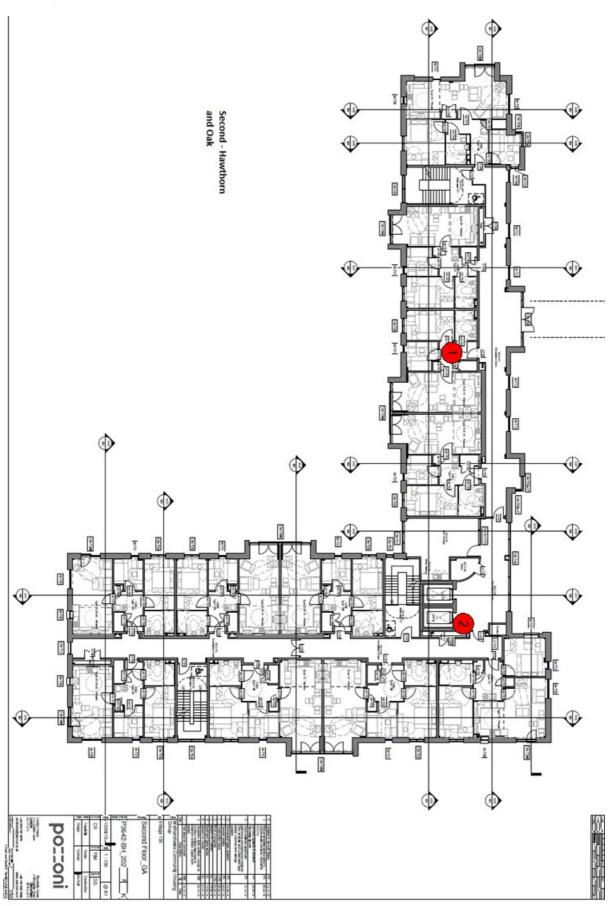


1 The Confinement of Fire - 9.14





BH 2nd

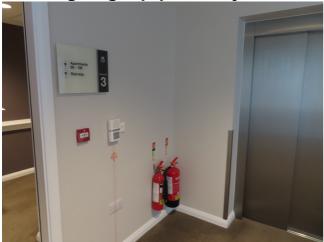




1 Fire Alarm System - 10.3, 10.5

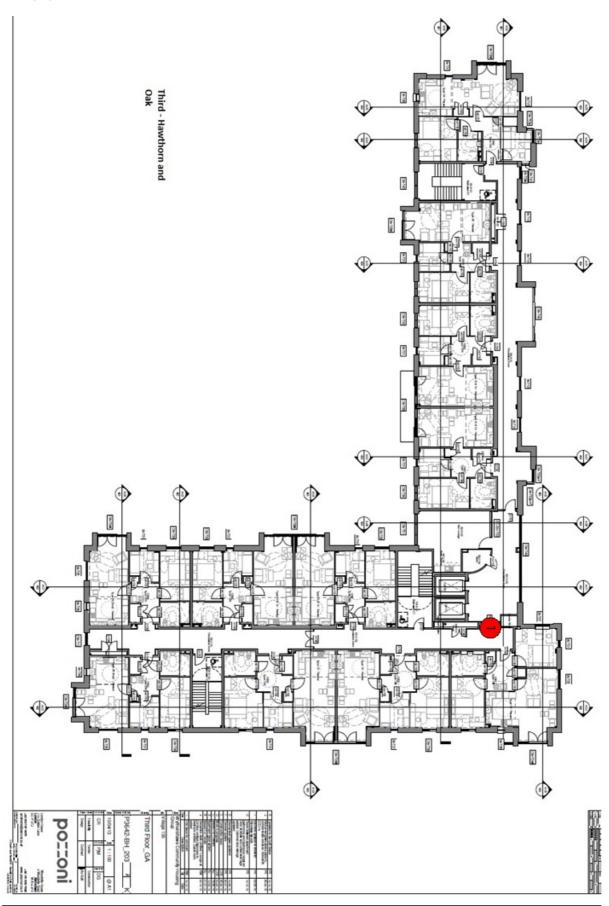


2 Fire Fighting Equipment, Systems & Fixed Installations - 12.5





BH 3rd





1 The Confinement of Fire - 9.5

