



TOTAL FIRE GROUP LTD

Fire Risk Assessment

Conducted at:

Village 135
3 Hollyhedge Court Road
Wythenshawe
Manchester
M22 4GW



15 January 2025



Certificate Number	LS	0396580
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Life Safety Fire Risk Assessment
Silver Approved Scheme
CERTIFICATE OF CONFORMITY



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

SCHEDULE		
Part 1	NSI Life Safety Fire Risk Assessment Silver Approved Organisation	
	Total Fire Group Ltd	
	BAFE Registration Number	
	NSI 00330	
Part 2	Name of Client	
	Wythenshawe Community Housing Group Limited	
Part 3	Address of premises for which the fire risk assessment was carried out	
	Village 135, 3 Hollyhedge Court Road, Wythenshawe, Manchester, M22 4GW	
	Part or parts of the premises to which the fire risk assessment applies	
	The common parts and communal areas only.	
Part 4	Brief description of the scope and purpose of the fire risk assessment	
	In compliance with Article 9(1) of the RRFSA 2005.	
Part 5	Effective date of the fire risk assessment	15/01/2025
Part 6	Recommended date for review of the fire risk assessment	15/01/2026

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

Signed (for and on behalf of the issuing Approved organisation)	
Job Title	Senior Fire Safety Consultant
Date	22/01/2025

Life Safety Fire Risk Assessment Silver is an Approval Scheme of Insight Certification Ltd, Sentinel House, 5 Reform Road, Maidenhead, Berkshire. SL6 8BY
BAFE, Bridges 2, The Fire Service College, London Road, Mbreton-in-Marsh, GL56 0RH

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

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

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

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

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

Note.

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

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TERMS AND CONDITIONS OF BUSINESS

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

This fire risk assessment is in accordance with the full Terms and Conditions provided with our quotation that should be read in full. The risk assessment should not be relied upon by any person other than the customer/client named herein. i.e. if the premises are sold to a third party. This fire risk assessment is made without prejudice to any requirements made by Local Authority, Building Control or by the local Fire Authority. Fire assessment and evaluation of risk is a dynamic and evolving process. The Assessment that we have prepared is based on the appearance of the premises/building, number of employees, internal layout and information provided on **Wednesday, 15 January 2025**

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

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

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

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

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

Contact Details

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1.0 Fire Risk Assessment Details

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

Wythenshawe Community Housing Group Limited

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

and relates only to the premises of:

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

Responsible or Accountable person(s):

Wythenshawe Community Housing Group (WCHG) as the owner and having overall control within the premises.

Person(s) consulted and landline contact number:

Tom Porter (Building Safety Officer for WCHG) and Yasher Raza. 0161 946 9581.

Fire Risk Assessor:

Gary Hutchinson BEng(Hons) Fire Engineering, MIFireE, Tier 3 Nationally Accredited Fire Risk Assessor 0140

Validated by:

Mark O'Meara DMS, Eng Tech, MIFireE, MIFSM, Tier 3 Nationally Accredited Fire Risk Assessor 0143

Date fire risk assessment was conducted:

Wednesday, 15 January 2025

Time:

1000

Date of last FRA or FRA Review (if known)

29 Jan 2024

Suggested date for next review:

January 2026

Fire risk assessment limitations:

A type 3 (Non-Destructive) Fire Risk Assessment (using the latest NFCC guidance document Fire Safety in Specialised Housing) has been completed with access available to flats 62, 83, 104 and 124. Guest rooms were occupied and not

accessed. A significant number of other flats have also been accessed by TFG consultants at the time of previous fire risk assessments and consultations.

There was no access to any loft space or roof void. The premises has flat roofs and for the purpose of this inspection, it was advised that there are no accessible roof spaces.

A sample of false ceiling tiles throughout the premises common parts were lifted to assess the compartmentation above and a small sample of areas which had been cut out of the plasterboard ceiling and not yet replaced as a part of ongoing works were also accessible.

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

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

All services or penetrations traversing fire-resisting compartments were not confirmed as being sufficiently fire-stopped with fire-resisting material. Any locations that have been identified are highlighted in section 9. Where fire compartments/fire dampers/ceiling voids were considered inaccessible for safety reasons and could not be physically accessed or were outside the visual range of the assessor, technical 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. Type 4 invasive compartmentation and fire-stopping work is complete and in the process of being signed off by Galliford Try (GT) which encompasses the whole premises.

There were no outstanding notices of deficiencies/enforcement action from the enforcing authority.

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

Note

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

2.0 General Premises Details

2.1 Number of floors:

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

2.2 Approximate building footprint:

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

2.3 Details of Construction and Premises:

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

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

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

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

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

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

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

are provided in the hallway. Doors leading to the habitable rooms in the apartment are free swing FD20/30 fire doors and each flat is provided with self-contained interlinked BS5839-6 smoke and heat detectors to LD1 standard, which are linked to the care call system and monitored 24 hours a day. Extraction vents are provided in the bathrooms and kitchens which connect directly to the outside atmosphere without traversing compartment walls or floors. The as-built plans previously seen indicate the layout of all flats is similar and following extensive surveys and remediation work since occupation in 2017 it can be reasonably assumed that the construction standard of 60 minutes fire resistance has been implemented. The guest bedrooms have no cooking facilities with bathrooms only provided.

A life safety sprinkler system is installed and has been commissioned.

Areas of the external wall systems, including window spandrel panels have been replaced and are awaiting final sign-off from the contractors at the time of the FRA.

2.4 Occupancy/Purpose Groups

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

2.5 Approximate maximum and minimum number of persons:

281 (Residents and staff)

270 (Residents in 135 two-bed apartments)

2.6 Approximate maximum number of employees at any one time:

Daytime - 11 consisting of up to 6 Premier Care staff and 5 WCHG staff.

At night a minimum of 2 Premier Care and 1 WCHG staff are present.

2.7 Maximum number of members of the public:

135 (Based on 1 visitor per apartment)

2.8 Occupants at Special Risk:

<i>Sleeping occupants</i>	
Persons familiar with the premises	Yes
Persons unfamiliar with the premises	Yes
<i>Occupants with disabilities</i>	
Mobility-impaired	Yes
Hearing-impaired	Yes
Learning difficulties	Yes
Occupants in remote areas	No
Others	Yes
Comments	
<p>The premises is an extra care sheltered housing scheme and some of the residents of the flats have a range of disabilities but are familiar with the means of access and egress which are used on a regular basis. All residents are assessed prior to occupation and on an ongoing basis to confirm this type of residence is suitable.</p> <p>Current guidance on required fire safety standards in sheltered housing is detailed in the NFCC Fire Safety in Specialised Housing Guide, which indicates in Part B Key Points that the recommendations in the guide for sheltered schemes are based on the assumption that residents 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. WCHG provides information and regularly reminds tenants of the fire procedures by providing monthly newsletters and where necessary encouraging new tenants to have a home fire safety check by the local Fire Service. Where residents are identified as being particularly vulnerable then Person-Centred Fire Risk Assessments (PCFRA) are undertaken (as detailed in current NFCC guidance) and suitable additional risk reduction measures are implemented following those assessments. At the time of this assessment, the premises operates on a stay-put strategy only evacuating the common areas and the apartment involved in fire. Personal Emergency Evacuation Plans (PEEPs) are in place for persons who would require assistance from the fire/care team to evacuate.</p> <p>Guest bedrooms are provided, two in block B and two in block C.</p>	

2.9 Fire Loss Experience

None reported or evidence seen.

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

There are a number of remedial works recently completed that are awaiting sign-off from the main contractors.

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: Tolerable.

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

However, there are some findings in this report that are assessed individually as moderate however, due to the current level of fire protection measures and their management the overall risk is considered to be 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 slight harm.

Risk to Property: Tolerable

A fire should normally be able to be confined to its room/flat of origin until the arrival of the Fire and Rescue Service. Active automatic sprinkler installation means the overall risk to the property is considered tolerable.

Risk to Business Continuity:

N/A


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

4.0 Dangerous, Flammable, Combustible Materials & Substances

IDENTIFYING THE FIRE HAZARDS

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



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

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

5.0 Interior Furnishings

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


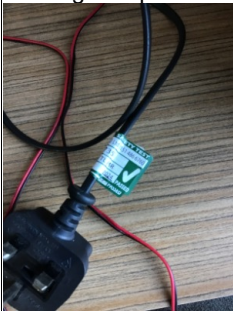
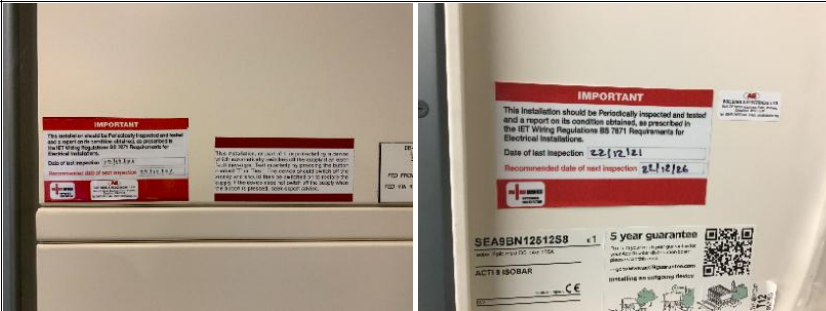

5.0 Interior Furnishings: Finding(s)




Ref	FINDINGS	
	None.	
Ref	RECOMMENDATIONS	
	None.	
Ref	COMMENTARY	
5.2	 <p>Some artificial plants and curtains were seen in various locations including at the end of and in the corners of corridors, however certification dated 06/2019 was previously provided to our assessor which evidenced that samples of these had been tested by 'Greenplants Group Ltd' which evidenced that each sample met the requirements for Type B performance in BS5867-2:2008.</p>	
5.3-5.4	<p>A sample of labels was observed indicating the furniture to be of a reputable fire retardant standard. All furniture seen was found to be in good condition and free from any rips and tears. Upholstered chairs and occasional tables are located in lift lobbies which are separated from the protected escape corridors by self-closing fire-resisting doors and alternative exit routes are provided from the corridors. These chairs are provided to assist residents whilst they wait for the lift or for transport. There were no obvious sources of ignition within the lift lobbies and the stairs are protected by AOVs and smoke detection.</p> 	

6.0 Heating and Electrical Appliances

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


6.0 Heating and Electrical Appliances: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.

Ref	COMMENTARY
6.0	 <p>The washers and dryers in the communal laundries appeared to be clean and in good condition with clean filters at the time of this fire risk assessment. It was communicated that residents are expected to clear the filters, however cleaners also assist with this.</p>
6.1, 6.20	<p>The building is provided with a biomass heated, hot water central heating system. The biomass room itself is located in a detached building on the site of the nearby high rise block, Hollyhedge Court, and was not accessed.</p>
6.5	<p>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 2024.</p> 
6.6	 <p>Mains electrical system testing is required and is included in a 5-year programme. All records are stored on the WCHG data systems. Evidence was seen that the mains electrical intakes had been tested and checked in accordance with BS 7671 by AB Building and Electrical Ltd during November/December 2021. Electrical testing is carried out at the recommended frequencies within the flats in addition to within common areas.</p>
6.7	<p>There is a policy in place preventing the use of personal portable electrical equipment within the common areas.</p>
6.10-6.11	<p>It is assumed appliances are fitted with the correct fuses and have been PAT tested. The site manager is available to deal with any localised failure of portable equipment if required.</p>
6.16	<p>Some rooms containing electrical hazards are not signed as such, however this is a residential property and residents do not have access to these rooms. Access is restricted to certain members of staff who carry keys/fobs for these rooms and control access.</p>
6.17-6.18	<p>The kitchen has been contracted out to a private company and it was confirmed a separate fire risk assessment has been carried out for areas under their control. Any findings are shared with the Building Management. A label on the ductwork extraction system indicated that professional cleaning is carried out periodically.</p> 

6.19		<p>As previously indicated CO2, a fire blanket, and wet chemical firefighting equipment is provided in the kitchen of the Hub.</p>
6.21	 	<p>The lightning protection systems are maintained and serviced periodically by PTSG. Records are held electronically on WCHG internal systems.</p>
6.22	<p>At the time of this fire risk assessment, no other sources of heat, such as candles, cigarettes or unauthorised domestic appliances were seen within the common areas and there are no solar panel systems installed on this site.</p>	

7.0 Persons at Risk		
7.1	Does the actual occupancy of the premises/building conform with the occupancy figures contained in the relevant guide for the type of premises/purpose group?	Yes
7.2	Are the management/responsible person(s) aware of the occupancy restrictions for all rooms within the premises? i.e. function rooms, bars, conference facilities	Yes
7.3	Have the requirements of the Equality Act 2010 (permanent or temporary disabilities) for ALL persons been assessed and complied with where reasonable?	Yes
7.4	Have all disabled staff members been consulted and where agreed PEEPs been prepared?	N/A
7.5	Have standard PEEPs or PCFRAs been prepared for all relevant persons and visitors that may reasonably be expected to resort to the premises?	Yes
7.6	Are disabled refuges provided?	Yes
7.7	Are members of staff trained in the evacuation of disabled or mobility impaired persons?	Yes
7.8	Are fire evacuation drills conducted at least annually, taking into account all employees, shift and casual workers, visitors and contractors where appropriate?	Yes
7.9	Are the results recorded? (People involved, time taken, learning outcomes).	No
7.10	Is the access of relevant persons controlled at all times? i.e. are public, visitors & contractors required to sign in?	Yes
7.11	Are relevant persons made aware of the fire and health and safety procedures on arrival? (i.e. fire procedure/building plan adjacent to signing in book etc.)	Yes
7.12	Are notices in place to inform of restricted access areas?	Yes
7.13	Are there designated fire marshals where appropriate for all areas to ensure all relevant persons are accounted for following an emergency?	Yes
7.14	Is sleeping accommodation provided for the staff, public, temporary residents etc.? (Hotels, boarding houses, probation hostels etc.).	Yes

7.0 Persons at Risk: Finding(s)	
Ref	FINDINGS
	Observation
7.8-7.9	<p>The stay-put strategy has been reintroduced since the last recorded fire drill which did not include all staff. There is no documentary evidence of a future programme of fire drills.</p> <p>Management should be confident that all staff nominated with a specific duty/role in the event of a fire alarm are able to carry out that role efficiently irrespective of the time of day to ensure the safety of relevant persons. Any member of the care team or WCHG staff not fully conversant with the emergency procedure and their part in any investigation or evacuation from fire may place relevant persons at risk of harm.</p>
	Recommended Actions
7.8-7.9	<p>Practice fire drills should be programmed at suitable times to allow all relevant staff including care staff with investigation and evacuation roles to take part. In order to ensure all staff have the opportunity to take part and practice their roles, a number of practice fire drills (some unannounced in advance) should take place to confirm the evacuation training is fully understood by all concerned. It is recommended observers are nominated to witness and provide feedback following the fire drills to enhance and confirm any learning points.</p> <p>Each fire drill should be fully recorded to include the names of staff taking part. All staff trained in the evacuation procedures should take part in a practice fire drill at least once annually. Where the procedures are instigated that turn out to be a false alarm, those staff responding to the false alarm should be recorded and may be considered as part of their annual fire drill. It is not necessary to include residents in fire drills but may do so where residents are agreeable to make the drill more realistic.</p>
Ref	RECOMMENDATIONS
	None.

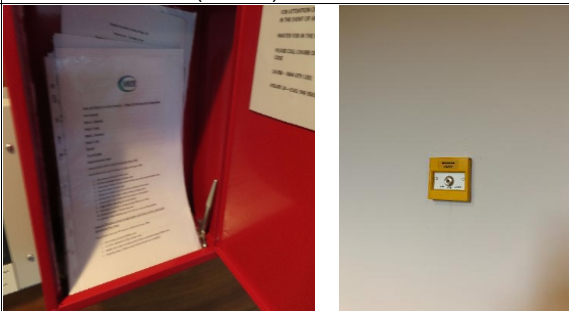
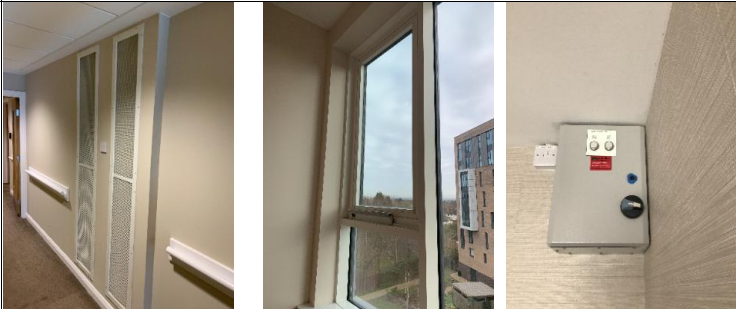
Ref	COMMENTARY
7.0	This Fire Risk Assessment is provided as part of the duties imposed on the responsible person under the Fire Safety Order (FSO). The level of risk to an individual within their own flat in which the FSO is considered not to apply (except for certain exceptions) does not directly influence the overall risk to life for the parts covered by the FSO. Any risk identified to an individual should be reduced to as low as reasonably practicable (ALARP) in conjunction with the PCFRA identification and implementation procedures.
7.0	<p>For information; The individual resident's flats fall outside the scope of the Fire Safety Order. Where vulnerable residents have been identified within their own home, Wythenshawe Community Housing Group as part of their legal obligations liaises with each of the resident's individual care provider, family and social services to ensure that a suitable 'care package' is provided which meets the resident's individual needs. It is difficult to be specific on each package since the resident may or may not agree to such care interventions in their own home. The local community fire safety department will also engage with vulnerable residents as part of their risk reduction strategies and can offer valuable advice and assistance in home safety. Where relevant persons are unable to self-evacuate the following areas should be considered:</p> <ul style="list-style-type: none"> • 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. • Encouraging and reinforcing no smoking within the resident's dwelling or parts of the dwelling, e.g. bedroom. • Ensuring all electrical appliances are subject to PAT testing. • Provision of fire retardant furniture, bedding, curtains etc. <p>The newly provided automatic sprinklers can be considered a significant risk reduction measure when assessing vulnerable residents in their own home as part of an overall package of risk reduction measures. As with private dwellings or individual flats in other social housing, the Fire Safety Order was not envisaged to extend intrusively into private dwellings and impose unnecessary burdens on such providers of these dwellings.</p>
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 m ² 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 m ² 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 any furniture or obstructions for their full width across the exits and on approach.
7.3, 7.5, 7.7	<p>The processes undertaken in relation to vulnerable persons include:</p> <ol style="list-style-type: none"> 1. Completing an initial person-centred fire risk assessment (PCFRA) checklist with every resident. 2. If a vulnerability is identified then a full PCFRA is undertaken using the example template observable within the NFCC Fire Safety in Specialised Housing Guidance. 3. Where a resident is found to require assistance to evacuate, a personal emergency evacuation plan (PEEP) is formulated for the resident in question. 4. Monthly pull cord checks are undertaken within resident flats, which would enable any change in resident circumstances/capabilities to be identified.
7.3, 7.5, 7.7	<p>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 (Personal Emergency Evacuation Plans) are formulated where necessary. Upon identifying any vulnerable persons in case of fire, a Person Centred Fire Risk Assessment is carried out and risk reduction measures implemented where necessary, prior to any PEEPs.</p> <p>A review of all PEEPs is made on a regular basis and updated where necessary.</p> <p>Further to the remediation works and reverting back to a stay-put strategy, staff have engaged with residents and a new residents handbook is shortly to be distributed with further fire safety information to explain and confirm the fire evacuation strategy and 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 apartments. A resident's regular newsletter also provides updates and information on the fire safety measures and evacuation procedures in place and information about the Building Safety Team and how to report/discuss any fire safety concerns.</p>
7.4	There are currently no disabled staff members who work on the premises and would require assistance to evacuate.
7.6	<p>Staircases contain disabled refuge communications at each floor level. Disabled communications panels are located in the foyer areas of the Hub (for Blocks A and B) and the foyer of Block C (for Blocks C and D). An additional disabled refuge communications panel is provided by the ground floor corridor fire exit from Block A.</p> 
7.7	Additional evacuation chairs have been provided as previously recommended. Each alternative escape staircase is now provided with at least one chair. Evacuation chair training is provided to staff who would be expected to use the equipment. This was provided by WCHG's Health and Safety Officer, who has received formal training and holds certification to evidence this. Refresher training for use of the evacuation chairs should continue to be provided on a periodic basis.

7.8	Fire evacuation training records were observed to have been carried out for blocks C and D on 07/03/2024, however the fire strategy has recently reverted back to a stay put strategy and a fire evacuation practice drill is due to take place to ensure <u>all</u> WCHG and care staff are familiar with the fire procedures irrespective of the time of day or night.
7.8	Article 15 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to establish and where necessary give effect to appropriate procedures including safety drills to be followed in the event of serious and imminent danger to relevant persons and where necessary nominate a sufficient number of competent persons to aid evacuation. Article 22 of the Regulatory Reform (Fire Safety) Order 2005 requires, where two or more responsible persons share or have duties in respect of the premises to cooperate with each other so far as necessary to comply with the requirements of the order. They must take all reasonable steps to inform the other responsible persons concerned of the risk to relevant persons.
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.
7.12	Restricted areas are kept locked at all times.
7.13	The WCHG scheme management on site previously stated that several members of staff have been trained as Fire Marshals, including 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 all the trained staff are known to the management team.
7.14	Two guest rooms are provided on each of the ground floors of blocks B and C. These are all of the same layout consisting of the entrance door opening into a bedroom area, off which is an en-suite. There is BS5839-1 and BS5839-6 automatic detection in the bedroom area. There are patio doors from each guest bedroom directly to outside which had the key left in the door and notices on the back of the guest bedroom entrance doors which instruct persons to evacuate on activation of the fire alarm system.

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

8.0 Means of Escape: Finding(s)

Ref	FINDINGS
	Observation
8.7	An electric mobility scooter is parked outside the entrance door to apartment 126. There is growing evidence that fires start and involve mobility scooters. Where these are parked within escape routes any outbreak of fire is likely to place relevant persons at risk of harm.
	Recommended Actions
8.7	Inform the resident that the mobility scooter should not be left in the corridor and arrange for the scooter to be removed from the corridor. There is a dedicated scooter parking area by the main entrance and where necessary other forms of mobility aids should be used between the apartment and the scooter parking area.
Ref	RECOMMENDATIONS
	Observation
8.11	The store room on the Block B Cedar ground floor corridor accessed only by staff where the cleaners are based has a metal door leading to outside which is kept locked. There is an exit sign in the vicinity of the door indicating it as an exit door. This door is not required as an emergency exit as the existing two directions of escape along the protected corridor are within the recommended escape travel distances.
	Recommended Actions
8.11	The exit sign above the door may be blanked off/removed to avoid any confusion by occupants.

Ref	COMMENTARY
8.1	<p>On each floor of Block D the long corridor between the rear staircase and the door into the lift lobby is approximately 33m in length and is not sub-divided. However, this has been accepted for the following reasons:</p> <ol style="list-style-type: none"> 1. The building was designed and built to the regulations within Approved Document B Volume 1, which were the regulations in place for this type of building at the time, and the current arrangement is considered acceptable within these regulations. 2. A life safety sprinkler system has been commissioned within the residential flats which significantly reduces the potential for a fire to develop and spread from a resident flat onto these corridors. 3. There is currently staff presence 24 hours a day to assist any residents who require aid to evacuate. 4. Persons who are particularly vulnerable or at risk will be identified via completion of PCFRAs, with risk reduction measures introduced where appropriate. 5. A comprehensive and well-understood fire evacuation plan and procedure is in place. <p>In future, where PCFRAs identify a significant number of persons who are highly vulnerable on the same floor of Block D, the more recently published NFCC Fire Safety in Specialised Housing Guidance may be consulted with regards to the implementation of additional safety measures, e.g sub-dividing corridor fire doors.</p>
8.2	<p>Previously identified, the ground floor corridor of Block D which adjoins the stair had no means of smoke ventilation. A manual opening vent (window) has been installed as previously recommended which is operated by a square end key available in the secure information (red fire) box.</p>
8.2	 <p>It has been confirmed and evidence was seen that the windows at the end of the residential corridors are provided with manually operable locks/catches which can be opened if required by the Fire Service. The T Key that enables this process is located in the SIB, located in the entrance foyers, for use by fire crews.</p>
8.2	 <p>Staircases are provided with Automatic Opening Vents (AOVs) at their head, which are tested weekly by maintenance staff and serviced every six months by Dyer Environmental Controls Ltd. Corridors are provided with either AOV windows at their end or, where landlocked, smoke shafts which are linked to the fire alarm and which are also tested and serviced. Certain corridors have manually operable windows provided as opposed to AOVs which is in line with current guidance where two escape staircases are available. The AOV control panel at the head of the main stairs in Redwood appeared in the off position with no lights illuminated as previously observed. However, it has been confirmed that no lights should be illuminated because during works a couple of years ago, the original control panel motherboard was removed and the housing retained. DH Mechatronics mounted a new D+H motherboard inside the original panel housing and the new motherboard is not connected to the LED's on the front of the existing panel.</p>
8.5	<p>Whilst a stay put strategy is in place, it is expected that the evacuation of residents from common areas may take longer than that usually expected, this due to the nature of the older person's and any potential vulnerabilities.</p>
8.6	<p>The roof garden area above the Hub (Skylark Terrace) was observed and keys are provided on hooks by each entrance door. This has been a long-standing measure and at each annual fire risk assessment the keys have always been noted as being available as recommended. The keys on hooks remain a suitable precaution for the exit doors. The procedure when opening the garden is to unlock both doors of the garden to provide alternative exits, however, this is not essential as there is a substantial distance between the escape routes within the open air and any fire is highly unlikely to present a significant risk to persons on the roof garden. The correct keys were observed to be in position by each door. Additionally, suitable fire alarm sounders are in position on the exterior walls of the roof garden. Residents would be aware of the fire alarm sounding in the building.</p>
8.7	<p>As detailed in Section 5, there are some items of furniture stored on the corridor escape routes, however these are well managed. It is confirmed all escape routes are walked daily and an electronic record made of the outcome.</p>
8.7	<p>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.</p>
8.8, 8.10	<p>Some rooms adjoining the main Hub area, such as the wellbeing room, salon and staff office, are inner rooms to the Hub area. However, there is suitable provision of automatic detection in the Hub, in addition to vision panels enabling clear view of the escape routes.</p>

8.11, 8.13



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

8.11, 8.18-8.19



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

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

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




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






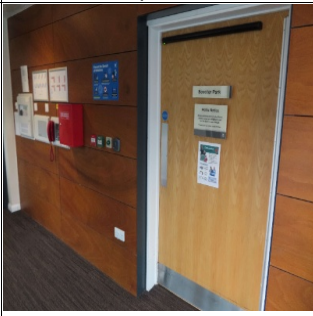

9.0 The Confinement of Fire



9.1	Are all escape routes and compartments protected by fire resistant walls and doors where required?	Yes
9.2	Where required, are the compartment walls of top floor compartments extended through the roof void and suitably sealed at the roof?	Yes
9.3	Is there a procedure for monitoring and maintaining existing fire resisting construction and fire stopping, in particular, pre-contractual agreements prior to any alterations work on site?	Yes
9.4	Is there a procedure in place to regularly check the condition of fire resisting doors and doorsets?	Yes
9.5	Are all fire doors self-closing, kept locked shut where appropriate and in good condition?	No
9.6	Are all fire doors fitted with smoke seals and intumescent strips where required?	No
9.7	Is there reasonable limitation of linings to escape routes that might promote fire spread?	Yes
9.8	From a non-invasive inspection, is there potential for fire and smoke spread through routes such as doors, walls, vertical shafts, service ducts, service penetrations, venting systems, cavities, and voids?	No
9.9	Have there been any structural alterations within the past 12 months?	Yes
9.10	Were the requirements of the Building Regulations followed and a completion certificate issued?	N/A
9.11	Are all ducts fitted with effective fire dampers where required?	Not Known
9.12	Are all fire exits underneath and within 1.8m horizontal or 9m vertically of any external escape stair, fire resisting and self-closing?	N/A
9.13	Is glazing within the above distances fire resisting and fixed shut?	N/A
9.14	Is there a procedure for all premises/areas to be checked at the end of a working period for potential fire hazards?	Yes
9.15	Are the premises free from risk posed by adjacent properties? (Uncontrolled fly tipping, overgrown vegetation or poor housekeeping)	Yes
9.16	Are there any other premises features or hazards that could affect fire development or spread?	No
9.17	Is there potential for fire and smoke spread into the premises from an external fire?	No
9.18	Does basic security against arson by outsiders appear reasonable?	Yes
Automatic Hold Open Devices		
9.19	Are any fire doors fitted with automatic door release devices?	Yes
9.20	Are the devices fitted to any critical doors? e.g. onto stairs in a single staircase building	No
9.21	Is smoke detection provided within the area located near to the door release device? (Consider to L3 standard?)	Yes
9.22	Are all non-self-contained devices linked to the fire alarm system and released on actuation?	Yes
9.23	Are any self-contained, acoustically actuated door hold open devices fitted?	No
9.24	Are all devices tested regularly and the results recorded? (At least once a week)	Yes
9.25	Are all doors released at night or when the area is unoccupied?	No
9.26	Are all devices tested in accordance with the manufactures relevant standard to ensure satisfactory operation?	Yes
External Wall Systems		
9.27	Has the risk of external fire spread been considered? Consider external cladding, wall systems, external render and balconies.	Yes
9.28	Has there been any previous examination of the building's external wall system or cladding? If yes provide details.	Yes
9.29	Has the information on the EWS or any changes to it, been sent to the Fire and Rescue Service?	Yes




9.0 The Confinement of Fire: Finding(s)

Ref	FINDINGS
	Observation
9.5	<p>Previously identified finding, the metal fixing for the drop-down seal on the base of the cross corridor door indicated on the plan remains loose preventing the door from closing fully and allowing the strip and seals to engage fully. In the event of a fire, smoke may spread beyond the door and place relevant persons at risk of harm. This finding was identified on the previous annual fire risk assessment and signed off as actioned however it remains outstanding despite the interim quarterly fire door check.</p> 
	Recommended Actions
9.5	Arrange for a competent person to secure the metal fixing and ensure the door closes fully.
	Observation
9.6	<p>Previously identified, the cross corridor fire doors in the Redwood ground floor corridor have an excessive gap that may allow smoke to spread along the corridor which may place relevant persons at risk of harm in the event of a fire. This finding was identified on the previous annual fire risk assessment and signed off as actioned however it remains outstanding despite the interim quarterly fire door check.</p> 
	Recommended Actions
9.6	Arrange for a competent person to adjust the seals/door to ensure a suitable smoke seal is maintained.
	Observation
9.6	<p>Previously identified, the cross corridor fire doors indicated on the plan have an excessive gap that may allow smoke to spread along the corridor which may place relevant persons at risk of harm in the event of a fire. This finding was identified on the previous annual fire risk assessment and signed off as actioned however it remains outstanding despite the interim quarterly fire door check.</p> 
	Recommended Actions
9.6	Arrange for a competent person to adjust the seals/door to ensure a suitable smoke seal is maintained.

Observation	
9.6	<p>The combination ambient smoke strip and fire seal is missing from the top of the door frame to the care staff break room. In the event of an outbreak of fire within this room it may not be contained placing relevant persons at risk of harm.</p> 
Recommended Actions	
9.6	<p>Arrange for a competent person to install a new strip and seal and to ensure the door closes fully under the action of the self closing device.</p>
Ref	RECOMMENDATIONS
Observation	
9.5	<p>The fire-resisting doors between the Hawthorn tank room and the boiler room have a loose fitting overhead self-closing device that is catching on the door as it is opened. If left the self-closing device is likely to become damaged/detached.</p> 
Recommended Actions	
9.5	<p>Arrange for a competent person to securely attach the self closing arm device to allow the door to open and close fully.</p>




Ref	COMMENTARY
9.1, 9.5-9.6	 <p>The apartments accessed are fitted with self-closing FD30s flat entrance doors. The doors were on free-swing self-closing devices which were confirmed to be linked to the BS5839-1 and BS5839-6 fire alarm systems in the flat. Internal rooms within the apartment were also fitted with FD30 notional doors. A suitable type of letter plate is fitted half way down the main access door to the flats. These have spring-loaded and sealed flaps both internally and externally. It is assumed that all the access doors to the apartments/flats in the premises are of the same standard.</p>
9.1, 9.5-9.6	 <p>It was identified that the doors to both the mobility scooter stores are of an FD30s standard and the scooter stores are quite large, often containing more than 6 scooters on charge at any one time. However, the doors do not open directly onto an escape route, but rather into the entrance lobbies at the front, therefore there is at least two FD30 door separation between each scooter room and any escape corridor serving flats. This was considered acceptable by our consultant, as a fire in the scooter rooms would be quickly detected, are sprinkler protected, 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 2 door separation detailed above is in place. Staff are on site 24 hours a day and any alarm activations are quickly investigated.</p>
9.1, 9.8	 <p>Galliford Try (GT) and Tenos have been working closely for an extended period of time in order to carry out a type 4 compartmentation and fire stopping survey throughout the premises. There have been a number of surveys carried out since the construction was finished in 2017 with the latest carried out by Tenos, following which it was identified that a full building survey was required. This has been carried out by GT, with GT applying the fire-stopping works where any breaches or deficiencies are identified. Our assessor was informed that this work is complete, however, the completed works are still to be checked before sign off by GT. A certificate/statement is to be issued on completion together with the information recorded electronically of locations and materials used for ongoing maintenance and inspection.</p>

9.5	<p>WCHG has confirmed to our assessor that they have begun the process of carrying out quarterly communal area fire door checks and annual flat entrance door checks. These are uploaded onto an online system, where identified deficiencies may subsequently be acted upon. Aspects of a door checked include:</p> <ul style="list-style-type: none"> • 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. <p>Other opportunities, such as when flats become vacant or change tenancy, are also used to inspect the condition of compartmentation and to undertake fire safety improvements where necessary.</p> <p>Note Regulation 10 of the Fire Safety (England) Regulations 2022 gives further advice on additional information about fire doors to be given to residents.</p> <p>https://www.gov.uk/government/publications/fire-safety-england-regulations-2022/fact-sheet-fire-doors-regulation-10</p>
9.5	<p>The fire-resisting doors to the refuse storage rooms have had power-assisted opening devices fitted to assist the residents when navigating the small spaces within the lobbies to the refuse rooms. They are operated by presenting a key fob to open the doors that remain open for a suitable time to allow the refuse to be deposited and then close automatically. There are fail-safe exit buttons internally and it is understood the devices are linked to the fire alarm and are disabled if a fire alarm activation occurs.</p> <div data-bbox="236 750 715 1059">  </div>
9.5-9.6	<p>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.</p>
9.9-9.10, 9.27	<p>The replacement of the external wall materials identified as combustible is completed including the spandrel panels. GT has issued initial supporting records for Tenos comment and sign-off.</p>
9.11	<div data-bbox="236 1200 890 1435">  </div> <p>Bathroom and kitchen ventilation in the flats accessed vented into the ceiling of the flat. No common ventilation ductwork between the apartments was observed throughout the buildings. Ventilation grilles can be seen on the outside walls of the buildings which appeared to be in line with each flat. Both Keith Bryant (Project Manager for Galliford Try) and a WCHG building consultant met by a previous TFG fire risk assessor have confirmed that the ventilation ducting passes through the ceiling cavities direct to outside and is independent to each apartment.</p>
9.11	<p>On earlier fire risk assessments fire dampers were confirmed to be fitted in ductwork that traverses fire-resisting construction and fire compartments. However, It was not confirmed at the time if there are any fire damper inspections carried out. WCHG has confirmed to our consultant that WCHG FM have placed an order with MBS specialist contractor to undertake a fire damper survey and requested MBS further comment in order to establish if the further measures identified represent 'Best Practice' now or Legislative requirements at the time of original install.</p>

9.16	 <p>Adjoining the lift lobbies sandwiched between blocks C and D are communal rooms which may be used by residents for meetings, relaxation etc. Section 4.4.3.3 of the original fire strategy completed for the building recommended that these lounge areas should be separated from the lift lobbies by fire-resisting construction, as they were likely to contain kitchen areas. On the first and third floors, no sources of ignition are present in these lounge areas, however on the second floor lounge (known as the Falcon Room) a fridge and kettle are provided, which may be considered refreshment facilities as opposed to a kitchen. These items are PAT tested and the area is well managed. There are also cross corridor doors incorporating construction which DOES continue to true ceiling height between this room and corridors serving flats. The provision of choices for direction of escape means that persons would not have to pass through this lobby to escape in the event of a fire, instead having the option to proceed in the opposite direction. The absence of fire-resisting construction above the false ceiling between this room and the adjoining lift lobby is therefore not to present a significant risk to life.</p>	
9.18	External CCTV is located around the building's perimeter.	
9.18	Waste bins are stored internally in specified sprinklered refuse rooms which are lobby separated from corridor escape routes.	
9.25		<p>Electromagnetic corridor doors held open on auto door release devices are not released at night to allow the free movement of the residents, 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.</p>
9.27		<p>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 storage of combustibles on the balconies is closely controlled, with access through the patio doors opening onto the balcony also controlled.</p>
9.28-9.29	The original external wall material determined not to comply with the latest recommendations has been replaced with material conforming to A1 or A2 and is awaiting sign-off from the principal contractor.	

10.0 Automatic Fire Detection

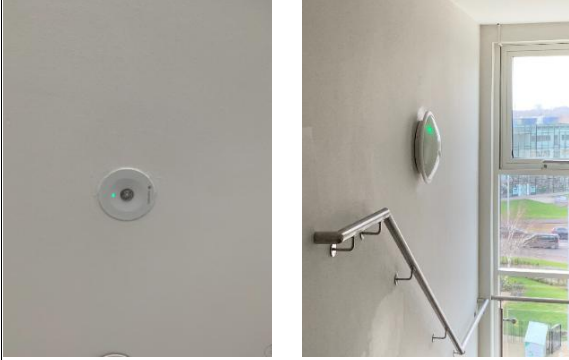
10.1	Where a fire alarm system is required has one been provided?	Yes
10.2	Is there suitable provision of automatic detection within the flats?	Yes
10.3	Is there a procedure in place to ensure fire detection within residents' flats are routinely checked, to ensure they have not been tampered with?	Yes
10.4	Is it possible to define the detection system category? (L1- L5 etc.)	Yes
10.5	Is the automatic fire detection suitable for the risk and premises type?	Yes
10.6	Does the system conform to standards appropriate to the purpose group for the premises/building use? i.e. BS 5839 Pt. 1 or BS 5839 Pt. 6 etc.	Yes
10.7	Are sufficient call points and detectors provided?	Yes
10.8	Can the alarm be raised without placing anyone at risk?	Yes
10.9	Are all call points visible, unobstructed?	Yes
10.10	Are all fire alarm sounders of the same type, giving the same alarm signal? The signal should be distinct from all other alarms or signals in the workplace to avoid confusion.	Yes
10.11	Where required does the system have a voice alarm? i.e. large places of assembly	N/A
10.12	Can the alarm be heard throughout all areas of the premises?	No
10.13	Has a suitable fire zone plan been provided adjacent to the fire panel where necessary? i.e. complex premises or care homes	Yes
10.14	Is the fire alarm system under a regular maintenance programme by a qualified fire alarm engineer?	Yes
10.15	Are there systems in place to ensure the system is tested weekly from a different call point?	Yes
10.16	Are all fire alarm tests, faults and maintenance schedules recorded?	Yes

10.0 Automatic Fire Detection: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
10.0	Sprinkler flow devices are temporarily disconnected from the fire alarm due to a number of false alarms. Further investigations into the causes are being made.
10.1-10.2, 10.4-10.8	 <p>The system now installed within each apartment appears to conform to BS 5839-6 to at least Grade D, category LD1 standard, with multi-sensor detectors installed in all habitable rooms except the kitchen area, where a heat detector is provided. The systems are linked to the 'Dect' care call phones with each member of care staff carrying a receiver and call point in the reception/office.</p> <p>A fully addressable BS 5839-1 fire detection and warning system is installed within the common areas, which appears to be to a minimum of L2 standard, with a linked heat detector and separate sounder located in the hallway of each flat. 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. Work is ongoing to re-configure the fire warning system to enable the communal area sounders within escape corridors and staircases to remain silent on activation in support of the stay-put strategy. The Hub and other communal rooms and work spaces will retain active sounders to alert persons in those areas in the event of a fire.</p>
10.1, 10.13	 <p>Fire alarm panels are provided in the entrance foyer to the Hub and the entrance foyer to Block C. A repeater panel is provided by the ground floor corridor exit from Block A. Suitable fire alarm zone plans are provided adjacent to each alarm panel in the blocks, with the exception of the repeater panel in Block A.</p>
10.2	It was previously confirmed that the free swing flat entrance doors default to the closed position on activation of the BS5839-6 detectors within the resident flats.
10.8	A full evacuation can be manually activated at the fire panel by staff or the FRS. This procedure has previously been verbally agreed between Fire Safety Inspecting Officers from GMFRS and Ms Amanda Seals (Senior Manager of V135).
10.9	 <p>The manual call point by the ground floor corridor fire exit in Block A was previously obstructed at the time of the last assessment. The curtain rail to keep the edge of the curtain away from the call point has been adjusted.</p>
10.14-10.16	Fire alarm maintenance procedures are in place with regular weekly tests carried out by staff and recorded digitally by the WCHG facilities management team. The alarm system is under a regular servicing maintenance schedule carried out by the alarm engineers from Complete Fire. It was previously confirmed that all staff take part in the fire alarm tests on a rotational basis to ensure familiarity with interpreting and operating the fire control panels and Dect phone system.

11.0 Emergency Escape Lighting


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



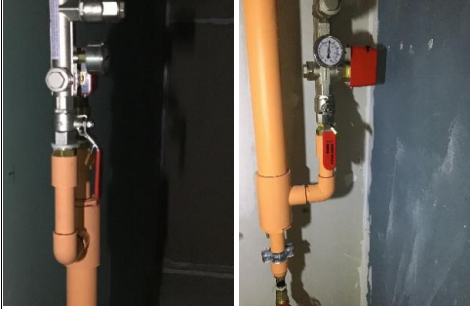

11.0 Emergency Escape Lighting: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
11.1-11.4	 <p>Emergency Lighting is installed throughout and the provision is considered suitable and appeared in good condition where seen. This is included on corridor escape routes, in communally used areas used by the residents and externally by final exits.</p>
11.5-11.6	<p>Annual inspections of the emergency lighting systems are undertaken by a qualified engineer from an appointed contractor. The emergency lighting system is also tested monthly by WCHG facilities management staff in accordance with current standards and records kept digitally. Any faults are reported through the appropriate channels.</p> <p>For information, it is recommended that the emergency lighting is tested in accordance with BS 5266, Emergency Lighting and would typically include:-</p> <ul style="list-style-type: none"> • 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 last 3-hour discharge test was carried out on 25/03/2024. • The test results ought to be appropriately recorded.

12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations

Firefighting Equipment		
12.1	Where appropriate are adequate numbers of fire extinguishers provided? Consider floor area, special risks, minimum travel distance of 30m.	Yes
12.2	Are the correct types of extinguishers provided for the risks?	Yes
12.3	Are all extinguishers installed and sited in accordance with current guidance?	Yes
12.4	Are appropriate checks carried out on a monthly basis?	Yes
12.5	Are all extinguishers serviced by a qualified engineer every 12 months?	Yes
Firefighting and Firefighter Facilities		
12.6	Are firefighting and firefighter facilities provided, tested and maintained? (Dry/wet rising mains, SIB's, wayfinding signage)	Yes
12.7	Are all systems fully operational and functional?	Yes
12.8	Are all security devices functional? (Sprinkler valves, wet & dry rising mains padlocked etc.)	No
12.9	Where sprinklers are fitted are all heads clear of obstructions (500mm clear of stock) and functional?	Yes
12.10	Where firefighting shafts or fire mains are provided are the locations of the inlets/outlets in line with current guidance?	Yes
Firefighting Lifts		
12.11	Are lifts provided for the use of firefighters or evacuation?	Yes
12.12	Are all lift controls functional, tested and maintained?	Yes
12.13	Are any defects to the lift(s) reported to the Fire and Rescue Service? (defects that would affect or impact firefighting operations)	Yes
Facilities and Systems		
12.14	Is there an Emergency Alert System (EAS) for use by the Fire and Rescue Service? If the EAS is not in accordance with BS8629 can it be adapted to provide an EAS on the floor of fire origin, selected floors, or full evacuation? Please provide details.	N/A
12.15	Have up to date floor and building plans been provided to the Fire Service in electronic format, detailing key building information, location of firefighting facilities and equipment?	Yes
12.16	Where appropriate, has a Secure Information Box (SIB) been provided with up to date info, and access keys? Is it in a suitable secure location for access by the Fire Service?	Yes

12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	Observation
12.8	<p>The main sprinkler stop valves in the Cedar and Hawthorn tank rooms are not secured. This was raised at the time of the fire risk assessment as the isolation valves on each floor of each block have now been secured. The Building Safety Officer made contact with Argus the company who maintains the system to confirm the main stop valves are to be secured at the next maintenance visit.</p> 
	Recommended Actions
12.8	<p>A check should be made following the next sprinkler maintenance visit that all the main stop valves have been secured open by a padlock. In the interim period the tank rooms should be kept secured from unauthorised persons as is current practice and a weekly check made on the position of the valves.</p>

Ref	COMMENTARY
12.1-12.3	 <p>Portable firefighting equipment would not be generally sited in the corridors to flats as this may pose a risk to residents leaving their flat on fire and returning with a fire extinguisher, placing them at increased risk as they are not trained. However, the premises is staffed 24 hours a day, with trained staff responding to any fire alarm and the current availability of fire fighting equipment is considered suitable. The accommodation area extinguishers are generally sited in stairwells and not in the immediate vicinity of flat entrance doors. The firefighting equipment is in the form of water (or foam) and CO2 stations throughout. Such extinguisher points are also provided in higher risk areas such as refuse rooms, electrical rooms and the like.</p>
12.4-12.5	<p>Monthly visual checks of firefighting equipment are undertaken, with records held digitally by WCHG. The firefighting equipment is also serviced annually by a competent person, with this last having been carried out in 09/2024.</p> 
12.8	<p>A sample of sprinkler stop valves was observed to be locked in the open position. This was a previously identified finding where valves were not secured from accidental isolation or tampering. A weekly visual check is made of the stop valves and the pressure gauges.</p> 
12.9	<p>Whilst the type 4 compartmentation and fire stopping have been carried out on the premises, WCHG has taken the opportunity to install a life safety sprinkler system throughout each flat and also in high-risk common areas (e.g. refuse rooms, the Hub, kitchen etc.).</p>
12.10	 <p>Firefighter dry rising mains are located in each block, so as to provide a firefighting facility due to the size and layout of the blocks. The inlets are located on the external façade and the outlets are located at each level of one of the staircases per block. The dry rising mains are subject to periodic service and inspection by a competent person, with records held centrally by WCHG.</p>

12.11-12.13 A firefighting lift is installed in the staircase serving Block B. A declaration of conformity issued to WCHG at the time of the lift's installation was provided to our assessor which indicates that the lift was installed in accordance with BS EN 81-72:2003 relating to firefighters lift. Cundall Lifts has also surveyed the lift provisions, which have been compiled in a Lift Compliance Review issued to WCHG. Although indicated as a firefighting lift in the declaration of conformity, Cundall has expressed that this may not have met every standard required to be considered a true firefighting lift, e.g. the lift control panel does not have water ingress protection and some components are not IP rated. It is noted that the Cundalls Lift Compliance Review referred to the standards within BS EN 81-72:2020 as opposed to the standards in place when the lift was installed, which may account for the aforementioned areas of discrepancy. Retrospective upgrading of the firefighting lift is not mandatory. WCHG facilities confirm the following is carried out:

- Weekly Complete fire carry out fire alarm checks and that the lifts are 'grounding'.
- Monthly Allied carry out a full service and Promaster is updated with the information – this is what feeds into the powerBi reports.
- 6 monthly Allianz carry out an insurance inspection
- Spot checks carried out by Cundalls





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






13.0 Fire Safety Signs and Notices

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

13.0 Fire Safety Signs and Notices: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.

Ref	COMMENTARY
13.1-13.4	 <p>The provision of directional and fire exit signage throughout the building was found to be satisfactory and in good order at the time of this fire risk assessment. See recommendation 8.11.</p>
13.6	 <p>Assembly point signs are provided by final exits, instructing persons where to assemble dependent upon their location within the building.</p>
13.6-13.8	 <p>Fire action notices are displayed in appropriate locations, such as in staff work areas and service rooms and also on the inside of the apartment/flat entrance doors, so as to remind the staff and residents. Suitable action notices were also 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 communal areas inside the premises, however, TFG has previously been informed that the reason for this was the constant presence of staff on site 24 hrs per day and the fact that any alarm activation would be attended and managed by the staff present.</p>
13.10	 <p>Although not all fire exits have 'Fire Exit Keep Clear' signage affixed to the external side, those that do not are not at risk of being blocked due to these being set back from areas where blockage could occur (e.g. on raised pavement areas). No blockage of these exits was observed at the time of this fire risk assessment.</p>

13.10		
13.11		<p>Suitable 'Do Not Use in the Event of Fire' signage was provided adjacent to the lifts.</p>
13.12		<p>Fire Assembly Point signs are displayed in the appropriate locations.</p> <p>"No Smoking" signs are displayed as required by The Smoke Free (Premises and Enforcement) Regulations 2006. The only smoking allowed is within the resident's own flats. There is no smoking allowed within any communal area or circulation space.</p>

14.0 General Fire Safety Procedures

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

14.0 General Fire Safety Procedures: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
14.3-14.4	There have been occasional instances of false alarms within the last year, with these recorded in emails to WCHG managers. Any reports of fire or false alarms are 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.
14.7	The Wythenshawe Community Housing Group V135 Senior Manager is the nominated person on-site responsible for ensuring that the fire precautions are implemented and managed correctly on behalf of WCHG who have the overall responsibility.
14.8	The local Fire and Rescue Service (GMFRS) have visited on a number of occasions and continue to visit in order to carry out familiarisation, for the gathering of operational information, community visits to advise residents on home fire safety and fire protection officers have also regularly visited to advise on any current requirements. WCHG continue to liaise with the fire service on a regular basis.
14.11	Staff are on site 24 hours a day to ensure Fire Service access.

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

15.0 Fire Safety Management: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
15.1	WCHG employ competent and approved persons to carry out works, maintenance and servicing of their preventative and protective fire safety measures.
15.2	WCHG have in place a Senior Manager for the building, who is assisted by members of the facilities management and building safety team. The Hub Kitchen is operated by on contract by a private company who carry out an independent fire risk assessment of the area within their control. It was confirmed the findings of the independent fire risk assessment are shared with WCHG building management. The findings of this FRA are also be shared with the catering company where applicable.
15.3-15.5	All staff including care staff have received fire procedure verbal training with a record maintained. Records of verbal fire training were not observed on this occasion. All staff and residents have been informed of the evacuation procedures.
15.6-15.7	All approved contractors are provided as part of the service level agreement and are expected to 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.
15.10-15.11	A list of fire marshals is not displayed as it was considered that this would not serve any purpose. The fire marshals are controlled by and known to all the WCHG management. Training is provided along with suitable means of identification.
15.12	The fire assembly points have been designated as the rear Car Park area for Oak and Hawthorn and the front garden area for Redwood and Cedar. However during inclement weather, and providing any fire incident is remote from the Hub, it is the opinion of our assessor that residents could assemble in the central Hub lounge/dining area (with alternative exits to the outside) and await further instructions during a full fire evacuation.
15.14	The fire safety and evacuation plan is located in a wallet for any persons to access within the main staff office by the Hub.
15.15	The premises are staffed 24 hours per day.

16.0 Fire Evacuation Plan

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

16.0 Fire Evacuation Plan: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
16.1-16.2	<p>The fire-resisting construction of the sprinklered flats means an outbreak of fire is likely to be contained within the flat of origin. Other residents are in a reasonably safe place within their own flat while a fire in an adjacent flat is dealt with. Therefore a "stay put" policy is suitable. The escape corridors and stairs currently provide fire warning along with the remaining communal areas and work rooms however, this is programmed to be reconfigured to have no warning devices sounding in the escape routes to support the stay-put strategy.</p> <p>The communal areas are evacuated on the sounding of the fire alarm. Please see the suggested emergency plans which should be brought to the attention of individual tenants.</p>
16.1-16.2	<p>The Fire Safety Order requires that there should be a suitable emergency action plan for the premises. The Fire Safety (England) Regs 2022, also requires the Responsible Person to display and communicate the fire actions to all residents. Fire safety instructions must be provided in a conspicuous part of the building. The instructions must be in a comprehensible form that residents can reasonably be expected to understand and should cover the following:</p> <ul style="list-style-type: none"> • The evacuation strategy for the building (e.g. stay put or simultaneous evacuation); • Instructions on how to report a fire (e.g. use of 999 or 112, the correct address to give to the fire and rescue service, etc.); • Any other instruction that informs residents what they must do when a fire has occurred. <p>In addition, these instructions should be provided to residents when first occupying their flat and reissued to all existing residents at periods not exceeding 12 months.</p> <p>Residents ought to have a clear understanding of what actions should be taken should a fire occur. It is not implied that those not directly involved who wish to leave the building should be prevented from doing so.</p>

Fire Emergency Plan: General

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

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

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

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

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

Persons **must not place themselves at risk.**

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

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

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

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

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

Fire Emergency Plan FLATS

STAY PUT POLICY

GENERAL ADVICE TO RESIDENTS

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

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

AT ALL TIMES

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

IF A FIRE BREAKS OUT IN YOUR FLAT

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

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

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

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

CALLING THE FIRE SERVICE

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

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

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

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

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

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

THE ABOVE PROCEDURE SHOULD BE COMMUNICATED TO EACH RESIDENT.

17.0 Risk Analysis, Priority Ratings and Fire Risk Ratings

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

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

Priority 1 (P1)	A serious breach of the Fire Safety Order which if not actioned would significantly increase the risk of fire or injury. Failure to reduce the risk could result in substantial injury to relevant persons. Actions or omissions of this nature would normally constitute an offence liable to enforcement or prosecution actions by the Fire Authority. The time scales given are normally short – from immediate up to one month .
Examples include:	Blocked or locked fire exits, serious breaches of life safety fire resistance, ineffective fire doors, insufficient or complete failure of fire alarm, emergency lighting or smoke venting systems.
Priority 2 (P2)	A lesser breach of the Fire Safety Order or property risk, which if not resolved may present a risk of fire or injury. Failure to reduce the risk could result in a moderate injury to relevant persons. Compliance may still be required to satisfy enforcing authorities but longer time scales are given, such as 2 to 4 months .
Examples include:	Breaches in compartmentation. Firefighting equipment missing or defective, minor defects to the fire alarm or emergency lighting systems.
Priority 3 (P3)	Poor practices or features that whilst not presenting a serious risk would detract from the overall impact on the fire safety provisions within the premises. Also includes provision or practices and features that are preferable over and above the minimum standards required under the Fire Safety Order. Time scales are variable and could be up to 12 months . The acts or omissions would normally be tolerable but actions should still be implemented to maintain the risk level at a tolerable level.
Examples include:	Missing or incomplete fire signage, incomplete maintenance logs.

The fire risk assessment process involves an assessment of the likelihood of an event (generally outbreak of fire) combined with an assessment of the severity should the event be realised, the severity being classified as negligible, tolerable, moderate, substantial or intolerable. Each 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 are given an overall **Life** and **Property** risk rating based on the expert opinion, experience and training of the fire safety consultant conducting the assessment.

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

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

Based upon the 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

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

18.0 Summary of Findings

Ref	Hazard or Defect	Action Required	Hazard Priority	Risk Rating	Action By	Review Date	Contractor Completed
7.8-7.9	The stay put strategy has been reintroduced since the last recorded fire drill which did not include all staff. There is no documentary evidence of a future programme of fire drills.	In order to ensure all staff have the opportunity to take part and practice their roles, a number of practice fire drills (some unannounced in advance) should take place to confirm the evacuation training is fully understood by all concerned.	P2	Moderate			
8.7	An electric mobility scooter is parked outside the entrance door to apartment 126.	Inform the resident that the mobility scooter should not be left in the corridor and arrange for the scooter to be removed from the corridor.	P1	Moderate			
9.5	The metal fixing for the drop down seal on the base of the cross corridor door indicated on the plan is loose and prevents the door from closing fully.	Arrange for a competent person to secure the metal fixing and ensure the door closes fully.	P1 - previously identified	Moderate			
9.6	The cross corridor fire doors indicated on the plan have an excessive gap that may allow smoke to spread along the corridor.	Arrange for a competent person to adjust the seals/door to ensure a suitable smoke seal is maintained.	P1 - previously identified	Moderate			
9.6	The cross corridor fire doors indicated on the plan have an excessive gap.	Arrange for a competent person to adjust the seals/door to ensure a suitable smoke seal is maintained.	P1 - previously identified	Moderate			
9.6	The combination ambient smoke strip and fire seal is missing from the top of the door frame to the care staff break room.	Arrange for a competent person to install a new strip and seal and to ensure the door closes fully under the action of the self closing device.	P2	Moderate			

19.0 Recommendations

Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
8.11	The store room on the Block B Cedar ground floor corridor where the cleaners are based has a metal door leading to outside which is kept locked. There is an exit sign in the vicinity of the door indicating it as an exit door. This door is not required as an emergency exit as the existing two directions of escape along the protected corridor are within the recommended escape travel distances.	The exit sign above the door may be blanked off/removed to avoid any confusion by occupants.	Tolerable	
9.5	The fire resisting doors between the tank room and the boiler room have a loose fitting overhead self closing device that is catching on the door as it is opened. If left the self closing device is likely to become damaged/detached.	Arrange for a competent person to securely attach the self closing arm device to allow the door to open and close fully.	Moderate	
12.8	The main sprinkler stop valves in the Cedar and Hawthorn tank rooms are not secured. This was raised at the time of the fire risk assessment as the isolation valves on each floor of each block have now been secured. The Building safety officer made contact with Argus the company who maintain the system to confirm the main stop valves are to be secured at the next maintenance visit.	A check should be made following the next sprinkler maintenance visit that all the main stop valves have been secured open by a padlock. In the interim period the tank rooms should be kept secured from unauthorised persons as is current practice and a weekly check made on the position of the valves.	Moderate	

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 identifying 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 FINDING.

20.0 Commentaries

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

Appendix

HH ground



1 The Confinement of Fire - 9.9-9.10, 9.27



2 The Confinement of Fire - 9.6



3 Automatic Fire Detection - 10.9



4 Means of Escape - 8.17

No Image

5 Fire Fighting Equipment, Facilities, Systems & Fixed Installations - 12.8



6 The Confinement of Fire - 9.6



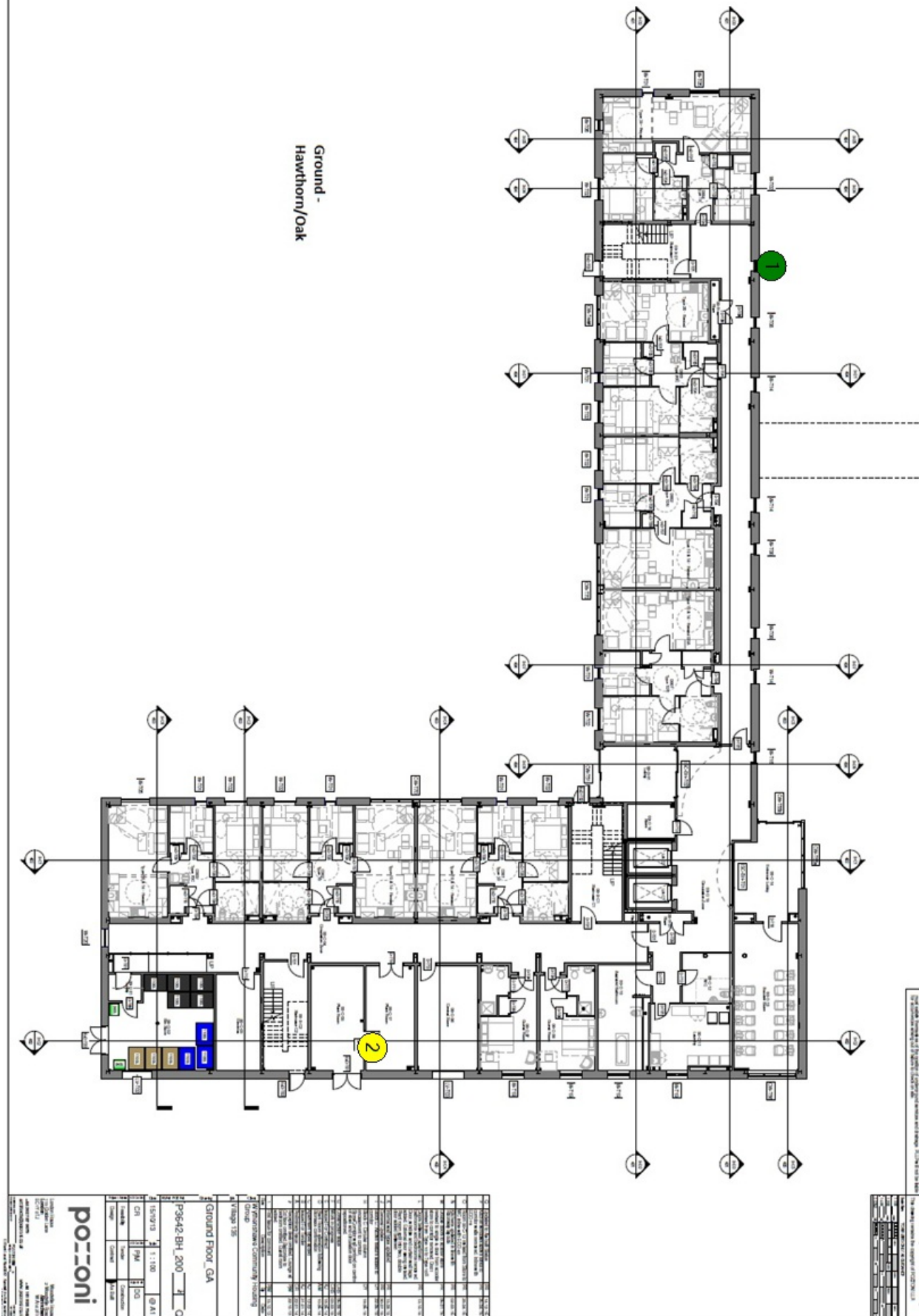
7 Means of Escape - 8.11

No Image

8 The Confinement of Fire - 9.5



BH Ground

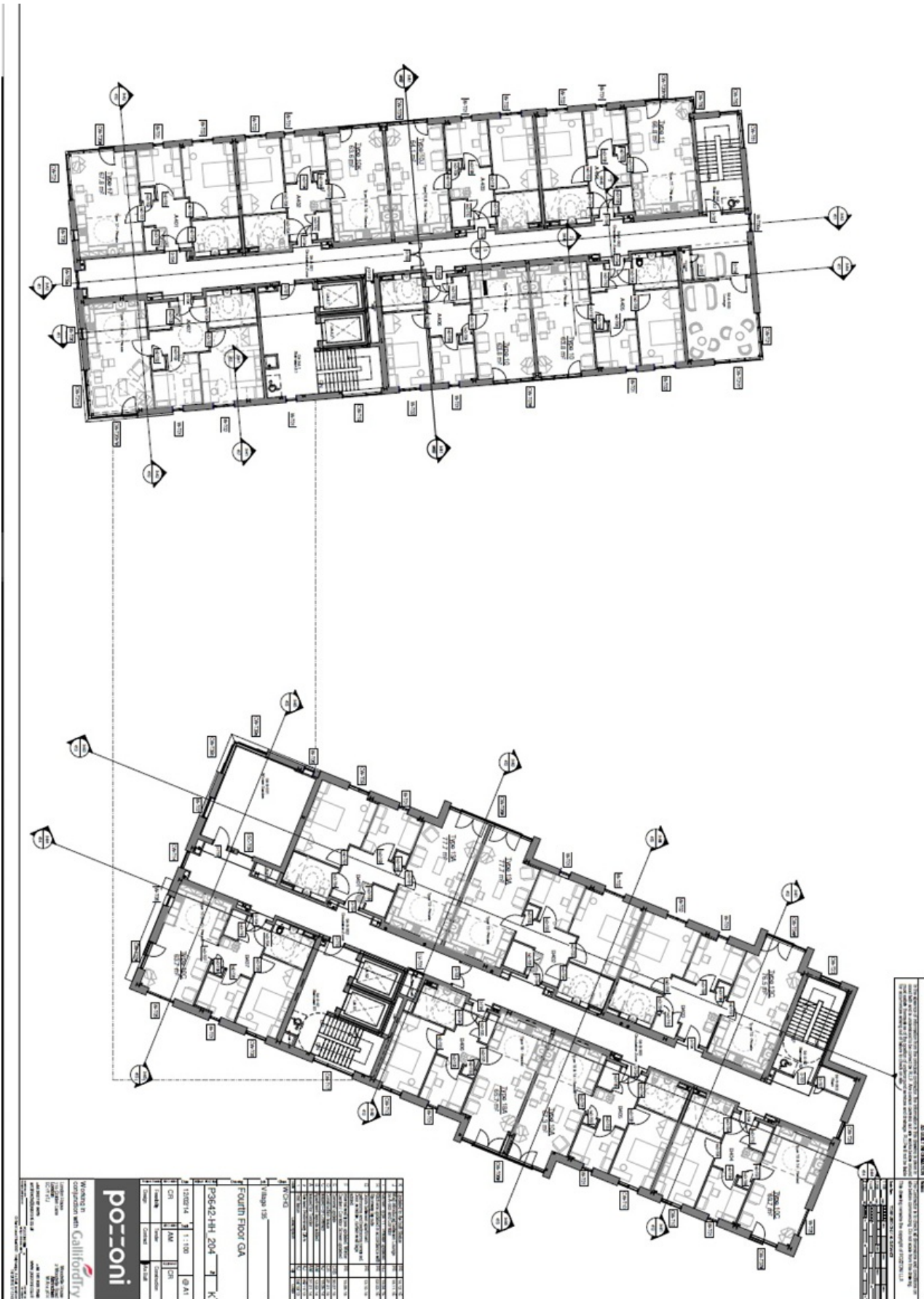


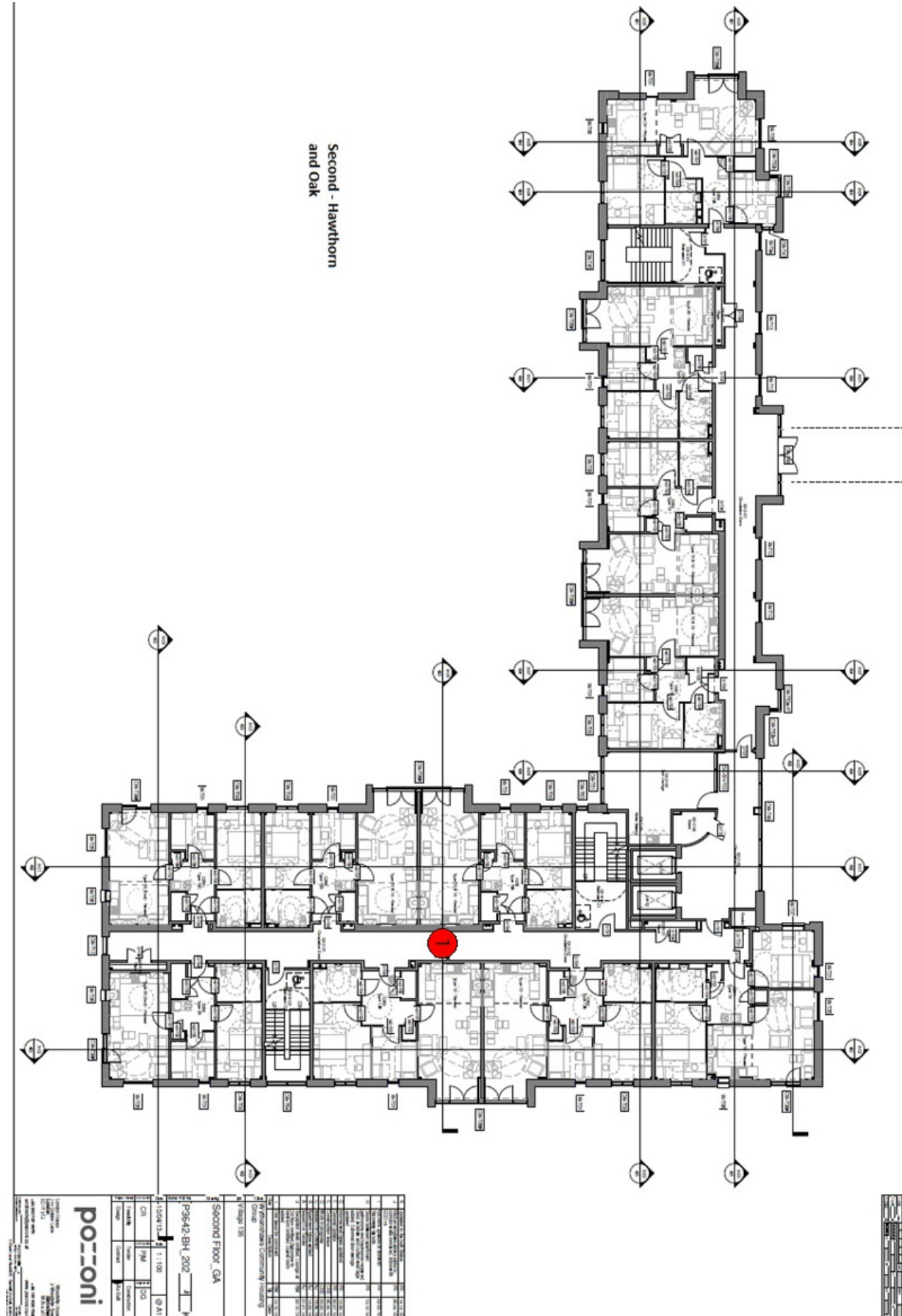
1 Means of Escape - 8.2



2 The Confinement of Fire - 9.5



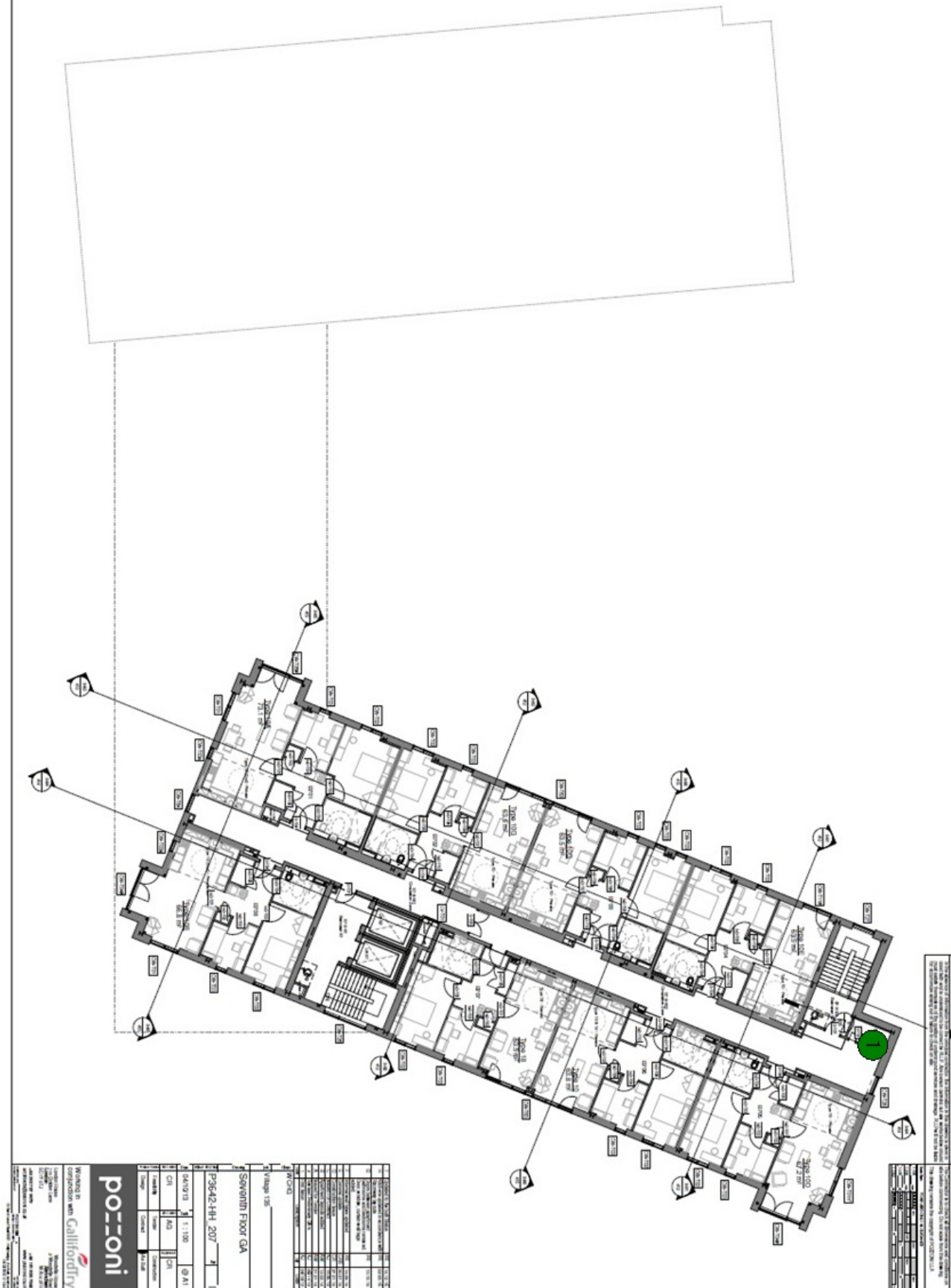




1 The Confinement of Fire - 9.5



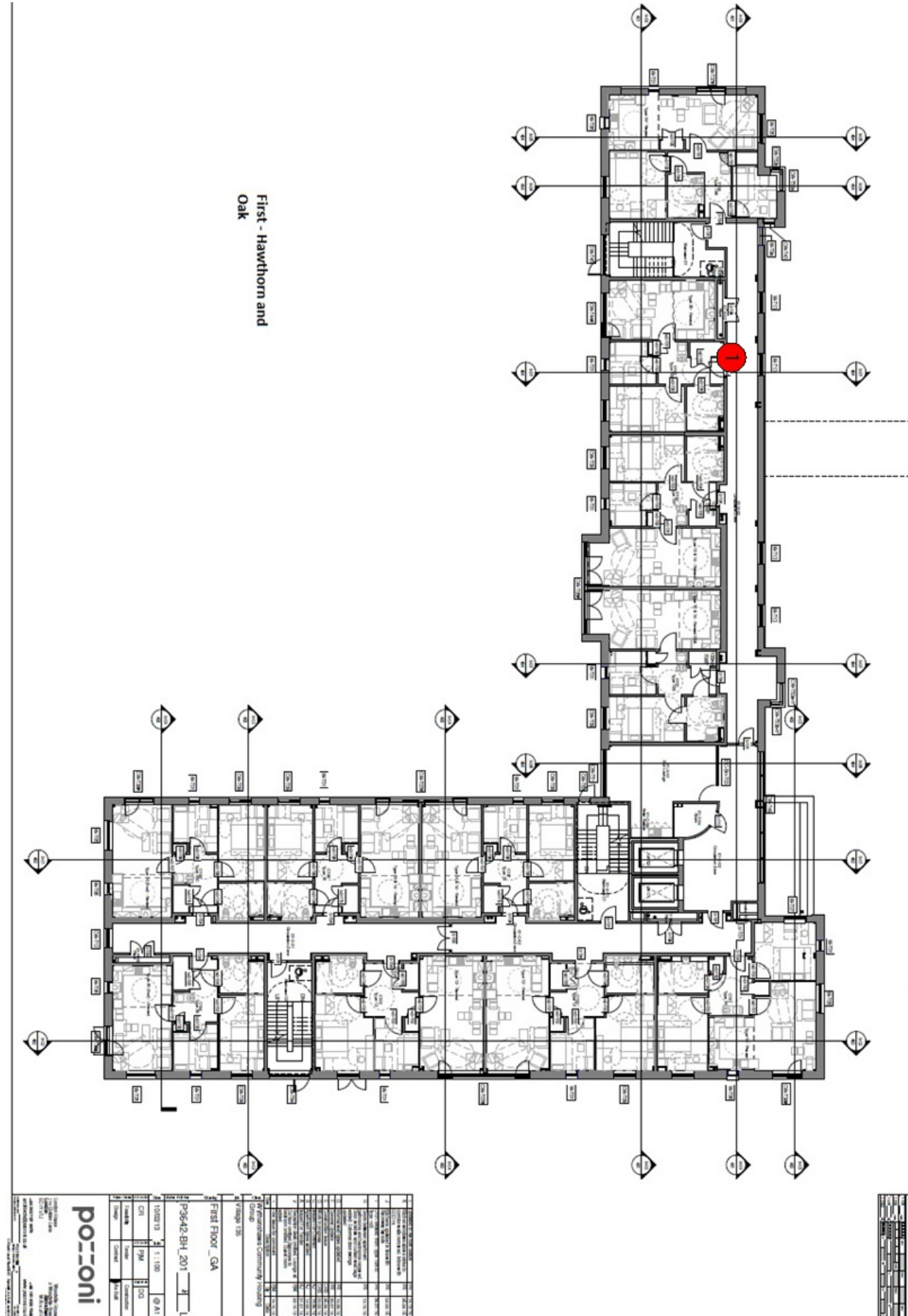
HH 7th



1 Fire Fighting Equipment, Facilities, Systems & Fixed Installations - 12.8



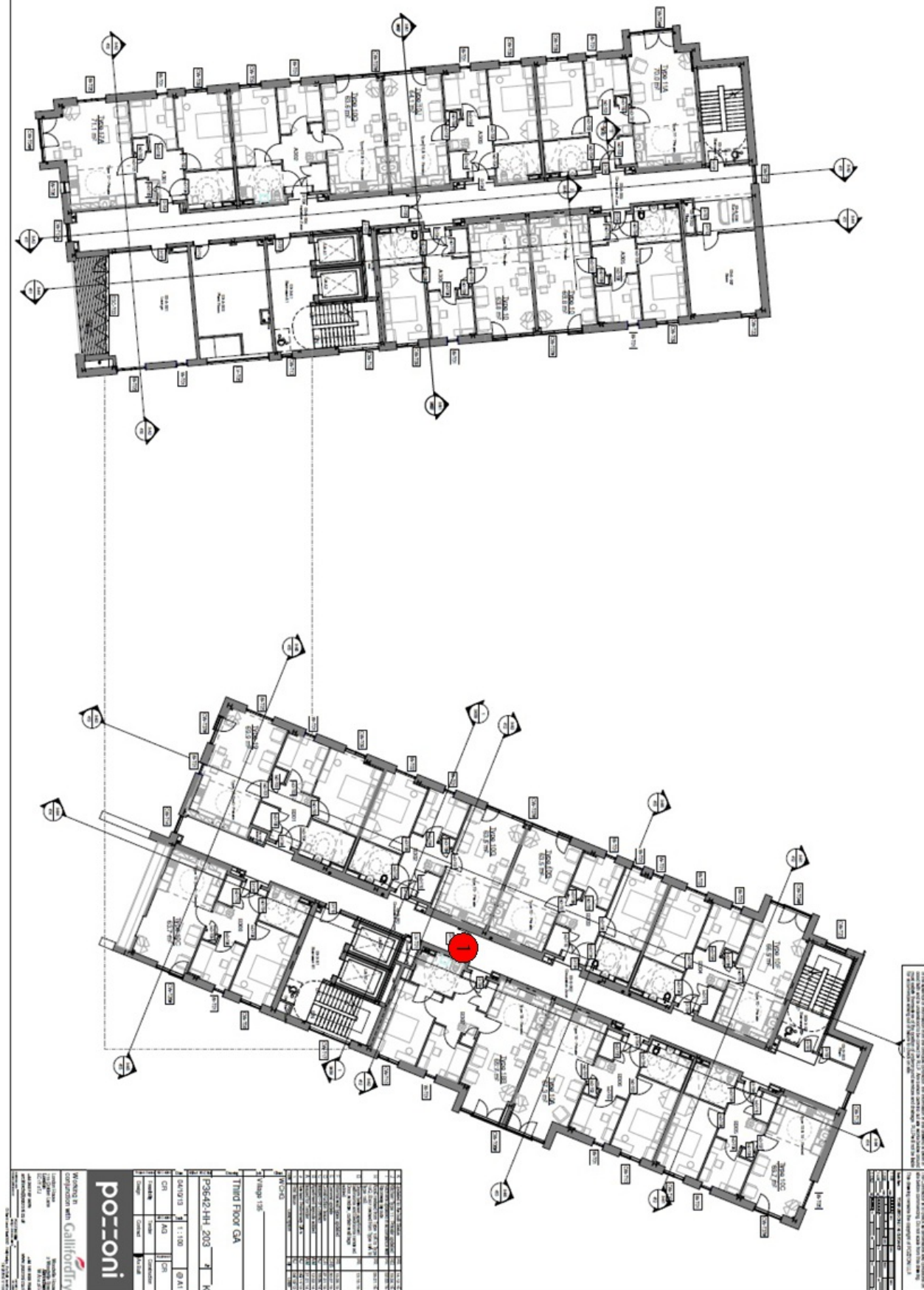
BH 1st



1 Means of Escape - 8.7

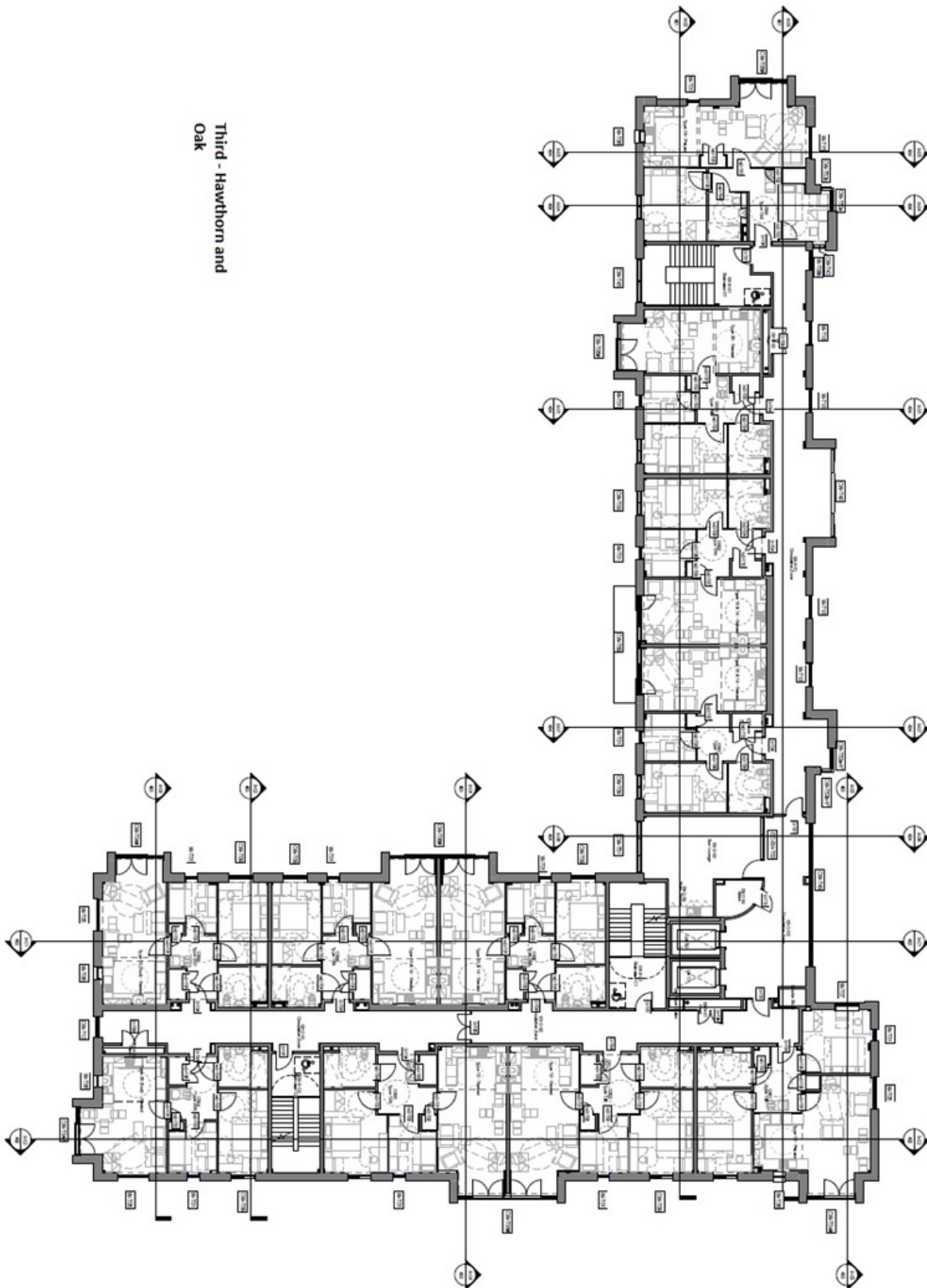


HH 3rd



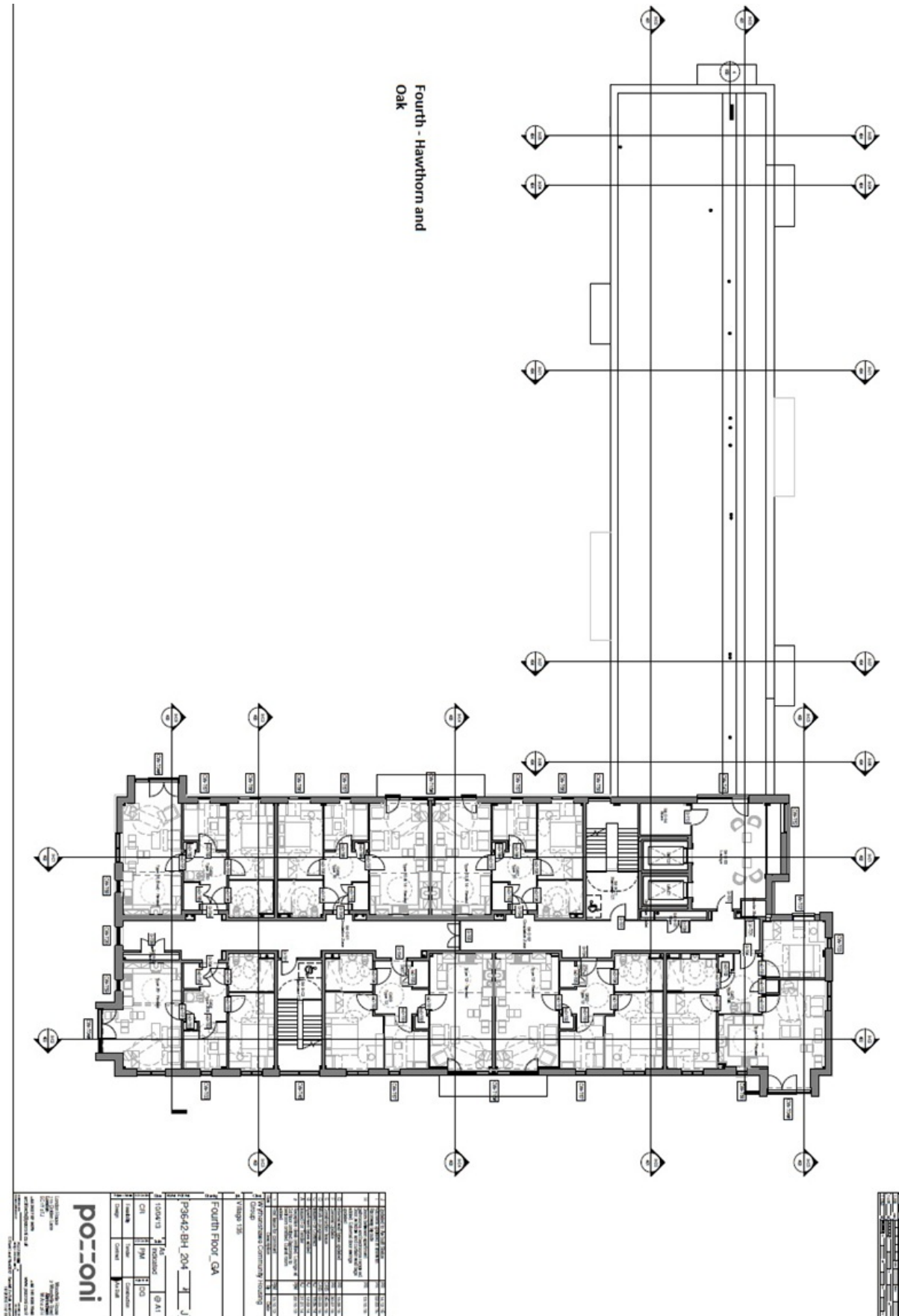
1 The Confinement of Fire - 9.6

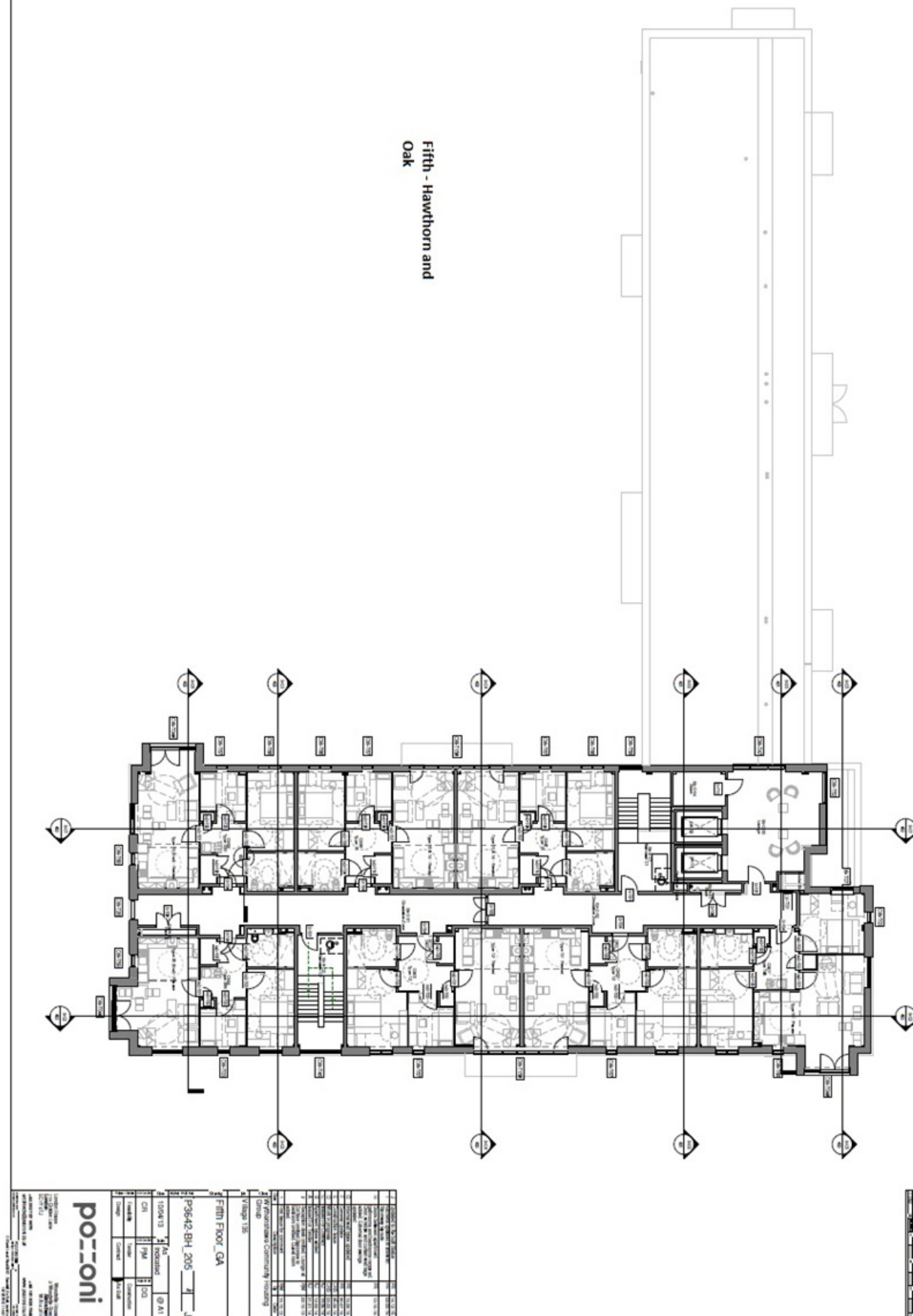




Third - Hawthorn and Oak

[illegible]





HH 1st

