Safeguarding Adults Review (SAR)

'Fire safety'

Commissioned by

West of Berkshire Safeguarding Adult Board

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1. Introduction

1.1. In May 2023 West of Berkshire Safeguarding Adults Board ['WBSAB' or 'Board'] commissioned a safeguarding adults review to better understand how to protect adults at risk of suffering serious harm or death in a fire. Previously, following recommendations from the Coroner in 2015 and WBSAB's 'Margaret' SAR,[1] the Board and partner agencies have worked to highlight the increased fire safety risks to adults with care and support needs and encourage anyone to take a preventative approach to fire safety. This included introducing a Multi-agency Risk Management framework (MARM).

1.2. Sadly, in September 2022 a local resident (who for the purposes of anonymity we have called 'Joan') suffered life changing injuries in a fire at her sheltered accommodation. She has since died of her injuries. Prior to the fire, she was receiving support from the community mental health team. She was known to smoke and required emollient creams. A review of her case by WBSAB's case review group found good multi-agency safeguarding practice to minimise risk. She had appropriate equipment in situ including fire retardant sprays, consistent advice had been provided regarding the increased risk smoking posed and regular assessments of her capacity had been completed. To further highlight opportunities for improved practice, WBSAB developed a webpage to bring together all relevant local information on fire risk awareness.

1.3. In February 2023 WBSAB received notification of the death of another elderly lady with care and support needs following a fire in her home. For the purposes of anonymity, we have used the pseudonym 'Maisie'. The cause of her death was smoke inhalation and carbon monoxide. Prior to her death she was supported by family and paid carers (employed via direct payments). She had 5 visits a day and a pendent alarm through which she could contact her family. In 2021 carers were advised to place the pendant out of her reach overnight to avoid frequent disturbances. In 2022, the Care agency completed a risk assessment and adult social care reviewed her care. Both these assessments considered fire safety, but neither referred for RBFRS's safe and well visit as one had been completed in 2020.

1.4. Whilst both these cases would not necessarily meet the criteria for a mandatory SAR (because there was evidence in both cases that agencies had considered fire safety issues and sought external expert advice (including from Royal Berkshire Fire and Rescue Service), WBSAB exercised their discretionary powers (under s44(4) Care Act 2014) to better understand what more could be done to socialise fire safety within the public consciousness and practitioners providing services to adults with care and support needs.

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2. Scope of Review

Purpose of a Safeguarding Adult Review and parallel processes

2.1. This review was conducted using a Learning Together methodology to produce system learning. The purpose of undertaking a Safeguarding Adult Review (SAR) is not to apportion blame, undertake human resources duties or to establish how someone died. It is to establish whether there are lessons to be learned from the circumstances of the case about the way in which local professionals and agencies work together to safeguard adults, review the effectiveness of procedures (both multi agency and those of individual organisations) and inform and improve local interagency practice by acting on learning.

[1] Margaret was a heavy smoker, who was seriously injured following a fire within sheltered accommodation. The 7-minute briefing is available at: https://sabberkshirewest.co.uk/wp-content/uploads/2023/04/margaret-practice-note-v10-2.pdf

2.2. Prior to this review a fire safety report, completed on behalf of Royal Berkshire Fire and Rescue Service by West Midlands Fire and Rescue service concluded the death was accidental. The Inquest into Maisie's death is scheduled to take place following the completion of this review.

Involvement of Maisie's family and professionals in this review

2.3. Maisie's family and her carers were devasted by her death and, though invited to take part in this review, understandably felt unable to do so. Given that preliminary reviews of both Maisie and Joan's cases identified good fire safety awareness by statutory agencies, the focus of this review has been to look beyond whether agencies met their individual statutory duties in either case, to exploring what, if any, were the social and organisational factors that made it harder or easier for practitioners to proactively safeguard, within and between agencies.

2.4. The review benefitted from support of a panel of representative from WBSAB partner agencies for their oversight and support in coordinating the provision of information, namely relevant investigation reports, local policies and summaries of action taken by relevant partners to improve fire safety practice. The following agencies supported this review:

- Royal Berkshire Fire and Rescue Service ['RBFRS']
- Thames Valley Police ['TVP']
- Reading Borough Council
- Wokingham Borough Council
- West Berkshire Borough Council
- Berkshire Healthcare
- Royal Berkshire NHS Trust

2.5. In addition, multi-agency learning events took place with front-line practitioners representing community mental health teams, occupational therapists, nurses, hospital discharge teams, intermediate care, social work teams, safeguarding and MASH staff, police and fire services. A further learning event was held with senior managers who oversee frontline services.

2.6. WBSAB and the reviewer are grateful to all who generously and openly supported this review and wish to express our sincere condolences to Joan and Maisie's family, friends and practitioners who cared about and for them both.

Themes

2.7. The WBSAB have requested the following themes are explored within this review:

- Is the right information about fire risk accessible for adults at risk, members of the public, health and social care practitioners and commissioned services?
- How can the system work together to dynamically monitor changing risk, where either the risk remains high or is likely to escalate?
- How do SAB partners employ Technology Enabled Care (TEC) to manage fire risks?
- When a Direct Payment is used, how does the system ensure that the wellbeing and safety of the individual remains central to decision making?

3. Previous activity by WBSAB partners to reduce fire risk

3.1. As detailed above, WBSAB has published information on fire safety so that local tools for assessing fire safety risk and referral pathways for accessing support are centrally located. In addition to the collective enterprise by WBSAB members, each member of the SAB is required to co-operate to assist with identifying the lessons learnt and apply those lessons to future

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cases.[2] Set out below are the actions taken by relevant partner agencies in response to the 'Margaret' SAR report and following the two further deaths.

3.2. Royal Berkshire Fire and Rescue Service ['RBFRS'] reported they completed an independent fire safety audit in February 2020. They have also developed a range of fire safety brochures,[3] including risks linked to the use of emollient creams (also available in other languages) and fire risk briefing note for dissemination across partner agencies and the public. They have revised their Adults at risk ['ARP'] training[4] and provided this directly to several relevant teams and agencies, including APEX (a local care agency), Care Quality Officers, the Provider's Forum and senior commissioning staff, Berkshire Healthcare NHS. The Fire service also offer safe and well visits.[5] Since the covid lockdowns in 2020, RBFRS has revised the way in which they prioritise safe and well visits to take into account higher risk factors. They also now monitor which partner agencies or discipline (e.g. social care, health, emergency response colleagues, family or friends) are submitted referrals and have tasked their prevention managers to promote this across partner agencies so that they see an increase in referrals from partner agencies by 10% each year. This preventative target and close monitoring provide the fire service an opportunity to better evaluate where there may be gaps in training so that awareness materials and direct offers can be targeted more carefully to maximise the impact given their limited resource.

3.3. Wokingham Borough Council reported that in October 2022 their adult social care department sent an all-staff email to raise awareness of tools to support fire safety risk management. In November 2022, during safeguarding week, they prioritised the fire services ARP training for staff. 50 Wokingham providers also attended fire safety sessions. The Adult Safeguarding Practice Manual is being revised so within every contact consideration is given to fire risk. The revised manual will consolidate all relevant information which should alert paid carers to risk, requiring practitioners to escalate their concerns if actions do not mitigate the risk of a fire casualty. Conscious that they do not currently have a formal mechanism for commissioners to monitor individual care plans where fire risk isn't mitigated, Adult social care and RBFRS are completing a scoping exercise to assess the feasibility of regular reviews of those at highest risk from fires. Staff involved in this review also reported their Intelligent Purchasing referral process is also being reviewed to enable mitigation through assistive technology.

3.4. West Berkshire Borough Council reported that fire safety training was mandatory for all practitioners who attend residents' homes (including adult social care staff) and that this must be refreshed each year. There is also an offer for free fire safety training for all commissioned social care provider staff. In addition, partners are directed to the WBSAB website for guidance and advised to access to policy and protocols to respond to risks.

3.5. Reading Borough Council reported 46 staff attended ARP training in March 2023. They also promoted this training to all providers via newsletter and contact with Quality Assurance Officers. Embedded forms within the adult social care electronic case recording system 'Mosaic' have revised to include prompts re fire safety at assessment and review of any care and support needs. Working with RBFRS they have arranged for reciprocal training between staff who assess and provide all social care equipment to adults at risk so that this team (the NRS) are aware of the fire risks associated with some equipment and can support adults, their carers and families to mitigate those risks and so that RBRFS staff conducting safe and well visits are equally aware of available equipment and assistive technology that might be available to further mitigate fire safety concerns.

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[2] Care Act 2014, 44(5)
[3] The fire safety brochures are available at: https://www.rbfrs.co.uk/your-safety/fire-safety-advice-and-brochures/
[4] More details of this programme, including a link to book onto the free training is available here: https://www.rbfrs.co.uk/your-safety/arp/
[5] Details of what this involves and how to book a safe and well visit (as a member of the public or referring agency) are available here: https://www.rbfrs.co.uk/your-safety/safety-at-home/book-a-safe-and-well-visit/

3.6. Royal Berkshire Trusts report they have updated guidance on their intranet and internet sites, detailing steps to manage fire safety risk within wards. These also identifies additional risk factors, to enable this knowledge to transfer into community settings. The Fire safety leads also confirmed they raise risks re emollients with Trust fire Marshalls. In addition, the Trust has mandatory fire safety training and offer ARP training to their staff.

3.7. Berkshire Healthcare have also provided guidance on Nexus regarding fire safety, including when and how to refer to RBFRS. Fire safety training is now mandatory for all staff and they regularly remind clinical staff of the need to access ARP training. The Trust held an immersive theatre event with RBFRS and mental health inpatients services exploring additional risk facing adults with severe mental health conditions and publish updates in their clinical newsletter around fire risks, recent cases of concern, increased risks with emollients and signposting to RBFRS as well as ARP programme. This has also been shared in Patient safety and quality meetings across Berkshire.

3.8. Thames Valley Police's internal 'knowzone' and external websites provides guidance on safeguarding responses for attending officers. This does provide broad advice to officers attending the scene to refer safeguarding concerns to the relevant local authorities and explore all risks, call handlers are advised to explore if there are fire safety concerns. But currently their processes do not expect police officers concerned about fire safety to refer the matter directly to the Fire services, instead this must go through the local authorities' safeguarding referral process.

4. Analysis of current risk mitigation practice

Is the right information regarding fire risk accessible for adults at risk, members of the public, health and social care practitioners and commissioned services?

4.1. Numerous SARs into fire deaths nationally[6] and national fire incident reports has identified that older adults (namely those 65 or older) with care and support needs, particularly those who already exhibit self-neglecting behaviours or have reduced ability to meet their care needs due to frailty and immobility are more likely to die in fires. In the year ending March 2023 there were 259 fire related fatalities (a decrease of 5% from 2022) and 6,155 non-fatal casualties (2,599 requiring hospital treatment).[7]

4.2. Over the five years to 2020, 70% of all fatal dwelling fires happened in a living room, followed by the bedroom (though in some of these incidents the living room was being used as a bedroom). The predominant source of ignition at fatal fires is smoking related (32% of all fatal fires), with a further 14% involving matches and candles. Heating and cooking equipment accounted for less than 10% each as the source of ignition for fires where there were fire related fatalities. The main contributory factors of a fire fatality are:

- how able the person was to respond to the fire (i.e. were they mobile; were they awake; were they impaired by drugs or alcohol);
- how early the fire is discovered, how quickly fire service is called and the arrival time/ response of the fire service;
- the materials involved in the fire (smoking, non-retardant bedding and pressure relieving mattresses, clothing or hoist materials, emollient creams all increase risk);
- the size and construction of the room/building; and

[6] A search of the national SAR library (undertaken in July 2023 in preparation for this review) referenced 123 cases where fire was the cause of harm and a further 328 cases where issues regarding fire safety checks contributed to death or serious harm.

[7] This reflects a downward trend between 1982, when figures we first reported, to 2015. Since this time the number of fire-related fatalities has fluctuated. A fire-related fatality is defined as a death that would not have occurred but for the fire. This data is taken from Home Office national statistics available at:https://www.gov.uk/government/statistics/fire-and-rescue-incident-statistics-england-year-ending-march-2023/fire-and-rescue-incident-statistics-england-year-ending-march-2023 (accessed 14.08.23)

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- the proximity of the victim to the fire.

4.3. RBFRS staff spoke of the need to include within learning briefings, their ARP training and reflective practice sessions the wider narratives that sit behind lessons learnt from fire incident reporting. They felt there were opportunities to learn not just from SARs, but also from the national repository of Inquests into preventable fire deaths (collated by the London Fire Brigade). They also felt it would be beneficial to report who attends (and perhaps more importantly which agencies routinely do not send attendees) to ARP training sessions. Their fire prevention officer offered to prepare vignettes for case discussions across partner agencies and provider services, registered social landlords etc. so that key messages were more easily disseminated.

4.4. RBFRS also no longer allocate officers to complete safe and well visits on a 'first come; first served' basis but rather prioritised by way of higher risk factors. To facilitate this, all requests for safe and well visits must now be made via the online portal[8] as this enables the service to accurately assess the level of vulnerability and risk. The portal asks a series of questions, which are linked to a risk assessment matrix that produces a 'score' enabling the service to target resources to those at highest risk. RBFRS staff were keen to share the information that sits behind their online risk assessment matrix, particularly because that will encourage the wider public, professionals accessing people's homes and others to actively look for indicators of higher risk. Practitioners asked, however, for contact details of prevention officers so they could also make direct calls to discuss challenging cases prior to referral or if the referral did not result in a successful visit. RBFRS explained their risk assessment matrix is, in itself, dynamic as it is developed from fire incident reports so will reflect the changing nature of fire casualties. They explained they would update their ARP training and webpages to include the 'triangle of fire risk' upon which the risk assessment matrix is based so all practitioners from any discipline are better informed. By way of an example, senior fire incident responders spoke of the significant increase in fires they have seen recently caused by self-igniting lithium batteries. Often, because this are left to charge in hallways (especially if charging e-scooters) that will cut off vital escape routes. It also hampers fire services ability to quickly access the property if a rescue is needed. RBFRS colleagues explained the content of their ARP training is frequently updated to reflect learning from fire incident reports and, as such, there are real benefits for practitioners from all disciplines attending this on a regular basis.

4.5. As noted in section 3 above, whilst many of the partner agencies involved in this review had provided access to ARP training for their staff none of the practitioners attending the learning events had attended the ARP training within the last 12 months. Only one could remember fire safety being discussed as a topic within team meetings. There remains no expectation that awareness of the National Fire Chief's Person Centred Risk Assessment[9] or RBFRS 'tip sheets' form part of mandatory training or induction for staff carrying out assessment functions or providing treatment or care within a person's own home.

4.6. Though there was evidence of attempts to mitigate fire risk for Joan and Maisie, in both cases there was over-reliance on 'lead' safeguarding agencies or care management processes to manage risk that requires more frequent risk analysis than that which can be delivered through annual review processes. Those care or treatment review processes are primarily focused on reducing risks more frequently associated with achieving the 10 social care outcomes detailed within the Care Act eligibility criteria and minimising a deterioration in the adult's health. Given the high caseloads and conflicting priorities for frontline staff allocated a 'task orientated' activity (such as an assessment or the provision of a specific form of treatment) and the limited opportunity for those practitioners to follow up, there is real benefit of widening the expectation

[8] Accessed via https://www.rbfrs.co.uk/your-safety/safety-at-home/book-a-safe-and-well-visit/
[9] Available at: https://www.nationalfirechiefs.org.uk/write/MediaUploads/Specialised%20Housing%20Guidance/HRA%20Resources/Vulnerable_people_checklist_NFCC.pdf

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for members of the public, practitioners from emergency responders and all those who provide support to adults at risk in their own homes to alert RBFRS of cases directly rather than raise this in the first instance as a safeguarding concern.

4.7. There was recognition that more could be done to improve fire safety awareness, so this is embedded into contracts with social care providers delivering daily care, including those providing support via direct payments. For example, Councils and ICBs should include person-centred fire risk assessment training as a mandatory requirement within provider contracts and request compliance data as part of any contract monitoring process, similar to expectations that provider staff have been trained to recognise and report safeguarding concerns or understand their manual handling responsibilities. Given the risk indicators set out at 4.2 above, care providers and relevant partner agencies should also be empowered to pro-actively protect staff too from the trauma and distress caused by coming upon a fire death. Linking safe fire practices to the duty of care that is owed to the adult at risk as well as to employees will, they argued, further enhance good practice. Carers should be encouraged by their employers, relevant partners, policy and risk management processes to challenge or refuse to facilitate unsafe practice, e.g. providers should make clear to staff that they should not leave an adult who is immobile and without the ability to respond to a fire with a naked flame. Such organisational support is essential if, as is increasingly likely, providers too will be held to account if this is linked to good safeguarding practice.[10]

How can the system work together to dynamically monitor changing risk, where either the risk remains high or is likely to escalate?

4.8. Practitioners gave concrete examples of dynamic monitoring of fire safety at key ‘reachable moments’, i.e. when an adult at higher risk because of their frailty or additional care and support needs comes to the attention of partner agencies. For example, practitioners spoke of changes made to the adult social care’s ‘front door’ and hospital discharge pathways so that each assessment now includes a check regarding fire safety and, if issues are identified, a referral to is made to RBFRS for a safe and well visit. Those attending learning events spoke with confidence that this formed part of their usual practice as it has been incorporated into assessment, review or discharge planning paperwork. However, whilst this can and does appear to trigger consideration of a referral to RBFRS for a safe and well visit, greater coordination is required so that this is not simply a ‘tick-box’ within the checklist but results in those at higher risk accessing specialist advice from RBFRS officers.

4.9. RBFRS explained they had set themselves a challenging target of visiting all those identified by their online referral portal as at highest risk within 72 hours. In 2022/23 RBFRS set a challenging target to complete very high risk and high-risk referrals within the dedicated timeframes on 90% of occasions, they achieved this in West Berkshire in 49.1% of occasions in 2022/23. Given the resources required for RBFRS staff conduct home visits and the specialist input that such a service can provide, RBFRS want to see a year-on-year improvement of between 5-10% for successful access on referral. This will require input from all partner agencies so that there is coordination to ensure access at the adult at risk’s property. RBFRS officers it is important that (within the referral) there is clarity on when the person will be available at their address as a person-centred approach is required so the adult at risk needs is involved in risk identification and so they too (and their carers) can inform the safety plan.

4.10. Practitioners also spoke highly of bespoke training provided by RBFRS for those working to support adults with enduring and severe mental health issues. In particular, practitioners praised an immersive theatre event within a local mental health in-patient setting as it highlighted additional risks and needs associated with enduring poor mental health, as coping

[10] Increasingly Coroners are using their legal duties under reg28 of the Coronial (Investigations) regulations 2013 to request providers confirm actions taken to prevent future deaths.

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strategies may include smoking or substance use that can increase risks of fire fatalities. Whilst some partners commented on useful guidance an additional support available to assist mitigate higher risks associated with substance misuse[11], Mental health practitioners explained that fire safety is not as well embedded within their assessment and review processes as it could be and accepted that having a designated question within their assessment or review framework would likely improve preventative practice in the future.

4.11. RBFRS staff confirmed that, as part of any safe and well visit, their officers will consider if follow up through a further visit is needed. Part of their procedure enables officers to schedule further visits (within 3. 6 months and/or a year) if this could be beneficial to ascertain if the advice has been followed. They explained that they use this mechanism frequently when concerns regarding cluttering or poor maintenance of the home identified higher risks of fatal fires.

4.12. Community nurses explained that they also consider fire safety as part of their assessment, but that cannot currently provide an automatic 'flag' or notification of high-risk indicators to other health professionals as they do not currently have electronic prescribing. The ICB, working with local authorities and primary care networks may want to explore how shared access to key health information may build in opportunities to reduce risks alerting prescribers to high-risk indicators (e.g. history of smoking or accidental fire) so that this can be considered when prescribing emollients or flammable equipment in line with the making every contact count behavioural change approach.

4.13. Likewise, police colleagues recognised that some Police forces (e.g. Merseyside police) hold information regarding fire safety advice on their external websites, but this is not currently available on Thames Valley Police's public website. Their representative on the review panel reported they will be exploring the viability of making direct referrals the Fire and Rescue Service, as well as whether any amendments / additions to existing operational guidance or the external Thames Valley Police website are needed. They explained it can be difficult to prioritise fire safety training for all officers, given competing priorities for the police, but that simplifying the process for making an online referral and providing clear and easy to access guidance for frontline police officers would assist. Staff from social care advised that it would be hugely beneficial to avoid duplication and speed up triage of other safeguarding matters if police officers were able to directly refer to RBFRS rather than submitting a referral (via the s42s42 safeguarding concerns).

4.14. Partners understood that there may be situations where s42 safeguarding or MARM processes would provide a forum to agree a multi-agency response to high-risk cases where advice and support had not mitigated risks, but felt that it was important that any practitioners delivering care, treatment or support to adults at risk should be aware of how to utilise either the safeguarding process or MARM effectively. For example, partner agencies working with Joan recognised the risk her continued smoking posed and whilst they had no legal powers to prohibit her from smoking in her own home, were able through multi-agency discussions to ensure there were sufficient safety measures in place so that risks to other vulnerable tenants was avoided. They felt carers should have highlighted to family members that placing her pendant away from her reach at night increased risk to her and so should have prompted a discussion regarding the duties to ensure someone was safe, including if a fire were to break out. They felt there was a missed opportunity and that, had the family been reminded of the fire safety risk alternative safety measures (such as having the smoke alarm directly linked to the careline) could have been put in place. Theoretically, if family or the adult at risk refused to take necessary steps to mitigate fire safety risks, then this could either trigger a referral under s42 Care Act to address the safeguarding issues or be escalated under care

[11] Such as the blue light approach as advocated by Alcohol Change UK. More details are available at: https://alcoholchange.org.uk/help-and-support/training/for-practitioners/blue-light-training/the-blue-light-project

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management processes to senior managers or for legal advice to explore, across relevant organisations, what should be done. If, failing such interventions, the risk remains senior managers and panel explained, the frontline staff from any agency should then invoke the MARM process to ensure all possible legal powers have been exhausted. This would then enable senior managers from relevant partner organisations to review the case and put in place arrangements for monitoring and reviewing the case as deemed necessary and proportionate.

4.15. They highlighted real challenges posed for all agencies where, as in Joan's case, the risks are identified and support offered but where the adult does not accept advice, so risk mitigation is unsuccessful. Whilst all those involved in this review recognised the importance of collaboration with the adult, their informal support network, carers and wider safeguarding partners, they asked for improved clarity within policy and current processes, including safeguarding and risk management processes so that the emphasis on choice, control and assumed capacity does not inadvertently overshadow consideration of whether the adult at risk can, in an emergency, protect themselves. This is important in the context of safeguarding functions because it is the 'ability to protect themselves' and rather than the capacity to make decisions that is the basis for safeguarding legal duties under s42 Care Act 2014. This duty sits alongside a general duty to carry out all social care functions in a way that promotes an adult's wellbeing.[12] The 'wellbeing principle' includes a focus on personal dignity, choice and control, but there '*is no hierarchy, and all should be considered of equal importance when considering 'wellbeing' in the round*'.[13] As such, equal weight should be attributed to duties to protect life (protected under article 2, Human Rights Act 1998) so that any practitioner carrying out public functions where risk to life is real and imminent has a clearer understanding of partner agencies the wider legal framework that can be employed to reduce fire risk. Practitioners explained that currently the WBSAB self-neglect protocol addresses similar risks and complexities but is largely silent on fire risks. WBSAB should urgently review this to incorporate fire safety, this forms the basis for recommendation 3.

4.16. During discussions practitioners highlighted inconsistencies regarding information sharing responsibilities also act as a barrier to effective interventions. Presently RBFRS' online portal requires the adult's consent before the referral can progress. This directly conflicts with the core message within the adult safeguarding policy that there is not requirement to secure the adult's consent to share information if there is an imminent risk to life or wider public interest. RBFRS explained that this had already been identified as a barrier to effective multi-agency work to minimise risks and steps were already in process to amend this as part of the on-line referral pathway. Whilst their IT department work to rectify this, RBFRS asked that, where there are issues regarding the adult's consent, any referrer ticks the relevant box to confirm consent so they can submit the referral but explains later on the form (within the comments section) what the issue is regarding consent and confirm access arrangements. The Board should seek assurance that this has been rectified and ask all partner agencies to review their information sharing protocols and safeguarding policies to ensure clarity for frontline staff, carers and members of the public. Equally, WBSAB may wish to produce a flowchart/ decision tree that more clearly explains the relevant questions and legal considerations regarding information sharing to support frontline practice, including what to record and report so staff can rely on organisational support with challenging, complex or high-risk cases. This forms the basis for recommendation 2 and 5

4.17. In the interim, senior managers highlighted there are opportunities to build into the current infrastructure wider permissions for providers to make use of existing shared risk management processes or to conduct joint visits with RBFRS so that the adult, carer and family members responsible for arranging daily care have relevant advice and can assess necessary

[12] S1 Care Act 2014
[13] Section 1.6 Care and Support Guidance, DHSC available at: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#general-responsibilities-and-universal-services

equipment or support to minimise risk. For example, the ICB and Council contracts could also contain an expectation that care providers utilise escalation processes (e.g. through the safeguarding policy and MARM process) if, despite risk identification behaviour change does not reduce risk so that a shared risk management plan is in place. In addition, senior managers suggested fire safety practice would be much improved if RBFRS put their advice to the adult (or their carer) in writing and if they have concerns that an adult with care and support needs would be unable to protect themselves in a fire, their advice was routinely shared this with the council's adult social care department.

4.18. During discussions with the reviewer, practitioners and senior managers expressed concern that there were significant limitations of statutory bodies to prevent against fire risk within a person's own home, even if there are wider risks to the public. Whilst legislative changes following the Grenfell tragedy now require on 'responsible persons' to carry out fire safety risk assessments[14] these only apply in high rise buildings or multi-occupied residential buildings.

How do Board partners employ Technology Enabled Care (TEC) to manage fire risks?

4.19. Practitioners involved in the review stated they knew to recommend that the smoke alarms were linked automatically to a call centre if a person was bed-bound or might otherwise be unable to raise an alarm so that, if necessary, fire services could be called out more urgently. However, because that service has a cost for adults they did not believe this was a fool proof mechanism to reduce risk. Practitioners also confirmed they had been involved in multi-agency case discussions (including with the RBFRS) where the use of necessary equipment to manage health or social care needs increased fire risks. Whilst most practitioners were aware that RBFRS could make available fire-retardant bedding, there was a lack of clarity both among frontline practitioners and senior managers involved in this review about how adults at high risk could access specialist fire preventative equipment such as personalised misting systems or who would fund/ supply that equipment and in what circumstance. They also questioned whether free equipment, that the council has a duty to provide under the Care Act, routinely includes equipment that would minimise fire risks?

4.20. As noted above Reading Borough Council has taken steps to ensure better coordination by ensuring their TEC provider and RBFRS train together to identify mitigation opportunities that TEC could provide. This good practice should be replicated across WBSAB areas, but RBFRS should also amend their on-line portal so that this prompts referrers to consider if TEC or equipment could prevent harm from a fire. This is addressed in recommendation 1.

4.21. Presently access to technology enabled care in the West of Berkshire is managed via adult social care. There was an understanding among those involved in this review that other partners (including those, e.g. district nurses who had more regular contact with adults who are likely to be at high risk due to frailty or care needs) refer any cases to adult social care if they felt equipment or TEC may be required to reduce risks or request RBFRS complete a visit. RBFRS are then required to make a further referral to adult social care for relevant TEC or equipment. Again, practitioners and senior managers felt there were opportunities to improve practice if more agencies and practitioners working directly with adults at higher risks of fatal fires could promptly allocate necessary TEC, rather than build in an additional referral process. They felt this was particularly important for adults who are not currently directly supported by Councils under the Care Act, for example those in receipt of NHS Continuing Healthcare or supported via GP social prescribers, district nursing or Community Mental Health teams.

[14] Fire Safety (England) Regulations 2022

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When a Direct Payment is used, how does the system ensure that the wellbeing and safety of the individual remains central to decision making?

4.22. Reading Borough Council confirmed that have included information regarding fire safety into their Direct Payment factsheet for adults and family carers. This should be routinely provided to anyone who may request or qualify for direct payments. Again, this good practice should be replicated across WBSAB areas.

4.23. Practitioners explained that, whilst the purpose behind granting direct payments is to enable an adult (or a suitable person if the adult is unable) to have greater control over how they manage their care needs, fire safety should still form part of any review process and consideration should be given at the point when direct payments are agreed or reviewed as to how any identified risk would be managed. Practitioners and senior managers felt there was sufficient guidance currently to empower decision makers to refuse direct payments as a deployment method if there were fears that fire safety risks would not be addressed adequately.

4.24. There was agreement, however, that it can prove much more difficult (due to the more remote monitoring arrangements) to keep those at higher risk on practitioners 'RADAR' as a person's ability to respond to fire risk may change rapidly. During discussions parallels were drawn to the oversight commissioners retain for ensuring safe, protective care under Deprivation of Liberty Safeguards or how hospital managers retain legal responsibility under the Mental Health Act to provide oversight that care is provided in line with obligations under the Human Rights Act. Ultimately, this requires clarity for those managing direct payments (including family/carers managing them on behalf of an adult at risk) to monitor this, comply with any instructions given by TEC providers to maintain the equipment and ensure any changes were notified to social care at any subsequent review. WBSAB partners may wish to include a specific prompt on any review/ renewal of direct payments each year to ask specific questions about whether there has been any concerns/ issues with TEC or if changes to conditions might increase fire risks so that there is a clear focus each year on whether direct payments remain the safest deployment method to meet the adult at risk's needs.

5. System Findings and recommendations

System finding:

Presently, WBSAB safeguarding policy, fire awareness webpage and MARM protocol provides a basis for developing a more system-wide approach to safeguarding those at higher risk of a fatal fire, but this is not embedded within partner agencies or provider services better placed to provide daily risk assessment or mitigation.

Changes made to RBFRS online portal for safe and well visits should enable practitioners from all partner agencies to make appropriate referrals and ensure swifter triage so that adults at higher risk of a fatal fire or casualty are offered person-centred advice within a short time frame. But currently there are no clear mechanisms to provide organisational support or oversee the governance of those multi-agency processes to mitigate fire safety risks.

Recommendation 1: Improvements made to the social care front door, safeguarding adult's triage and hospital discharge pathway should be replicated within mental health settings, for emergency first responders (e.g. ambulance and police) and provider services as this will further embed the identification of fire risks. To enhance a preventative approach to fire safety WBSAB should provide clear guidance on its webpages of common fire safety equipment or TEC, which agencies are responsible for the different types of preventative support and how to apply for that support.

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Recommendation 2: RBFRS should amend their online referral process to add an additional option to refer without consent even if the adult has not provided consent and include specific questions regarding access arrangements and if requests for equipment or TEC have already been made. RBFRS should also provide data to WBSAB on which partner agencies submit referrals via the online portal and whether there are gaps in providing details re access. WBSAB could then seek assurance from agencies with low referrals rates of the steps those agencies are taking to increase fire safety awareness within their workforce.

Recommendation 3: WBSAB should amended their self-neglect policy to include considerations regarding fire safety risks.

Recommendation 4: Given the higher risk of fatal fires or casualties involving adults with care and support needs and the complexity for frontline practitioners mitigating risks when adults have capacity and refuse preventative support, WBSAB should develop a flowchart to explain the relevant questions and legal considerations regarding fire safety and information sharing to support frontline practice, including what to record and report (either through care management processes, s42 concerns or (if those have been unsuccessful in reducing risk) through the MARM process. This will support frontline staff, by ensuring they have appropriate organisational support with challenging, complex or high-risk cases. WBSAB may want to explore if strengthen data from partner agencies (e.g. indicators about who is referring concerns or initiating multi-agency protection planning) will enable the partnership to '*hold partners to account and gain assurance of the effectiveness of its arrangements*'[15] by demonstrating positive practice change in response to this SAR.[16]

Recommendation 5: Partners should explore a practical, lawful way to share information with RBFRS on those at highest risk who are known to adult social care so that safe and well visits (and equipment) can be targeted to those most at risk.[17] WBSAB should explore if regional or national SAR recommendations to improve outcomes would be more achievable if Fire Services were given legal powers to apply for Fire Safety Prevention Orders, similar to legal powers environmental health officers have to prevent harm or public nuisance.

Recommendation 6: Partner agencies should provide assurance that they have revised internal safeguarding policies to include reference to the MARM and update protocols and guidance in referencing this SAR report or fire safety to explain the distinction between capacity and someone's ability to stay safe in response to fire risk.

Recommendation 7: WBSAB partners should review their training offer to ensure that this includes lessons from this review regarding the importance of exploring the adult's awareness of risks to themselves, the public and carers. Commissioners should provide assurance that this is now required within all contracts for new services. Monitoring should be robust, with commissioners identifying KPIs (e.g. audits of capacity assessments or MARM/s42 concerns, provider use of MARM or escalation protocols etc) that could evidence improvement in practice.

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[15] Pg 14.139 Care and Support Guidance

[16] Triangulating data from RBFRS on which agencies refer for safe and well visit will assist commissioners better understand training needs of their providers.

[17] This is routinely done in other parts of the UK with fire services. There are also mechanisms in place to notify utility companies (Gas, Water, Electricity) of vulnerable residents who would be a high risk if access to energy was restricted so that they can consider vulnerability when carrying out their functions.

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6. Glossary

ARP	Adult at risk training
APEX	APEX Care Agency
NRS	Joint Berkshire Equipment Service
RBFRS	Royal Berkshire Fire and Rescue Service
TVP	Thames Valley Police
SAR	Safeguarding Adults Review
WBSAB	West of Berkshire Safeguarding Adults Board

Statement from NRS Healthcare- TEC service – November 2023

Reading council consulted with NRS healthcare Theale after a vulnerable person died in a fire in Reading.

The management team at NRS Theale had a meeting with Reading, the Berkshire Commissioning manager Ray Marshall and Berkshire fire brigade, to review what could be done to mitigate this kind of tragedy happening again.

The conclusions from this meeting were to agree a free fire awareness training programme available to all Berkshire prescribers and NRS Theale team members by Berkshire fire brigade.

It was agreed whenever TEC monitored lifeline equipment is being installed that NRS trusted assessors would install linked smoke detectors where appropriate.

NRS introduced a new smoke detector that links direct to a monitoring centre in cases where a lifeline is not required.

NRS TEC training to new prescribers now includes a section on fire awareness that has been approved by Berkshire fire brigade.

Paul Callaway, Service Manager, NRS Berkshire

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