# PHSSL CARE LIMITED

## CONTROLLED POLICY

# E03 – FIRE SAFETY POLICY

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| **Policy Reference** | E03 |
| **Version** | 1.0 |
| **Policy Owner** | PHSSL Care Limited |
| **Approved By** | Lade Awosika, Director |
| **Approval Method** | Approved electronically |
| **Approval Date** | September 2026 |
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| **Status** | Controlled Document |
| **Applies To** | All PHSSL Care Limited staff, workers and relevant contractors |
| **Supersedes** | New policy |

### 1. Purpose

PHSSL Care Limited is committed to reducing the risk of fire and protecting people receiving care, staff, visitors and others from avoidable harm. This policy sets out how fire hazards will be identified, assessed, recorded and managed when PHSSL Care Limited delivers care in people's own homes, supported living settings and any premises used by the organisation.

### 2. Scope

This policy applies to all employees, agency workers, temporary workers, volunteers, students and relevant contractors acting on behalf of PHSSL Care Limited. It applies to care delivery, assessments, visits, office activities and any other work activity where fire safety may affect people receiving care or staff.

### 3. Policy Statement

Fire safety will be managed proportionately to the setting and the person's needs. Staff must remain alert to fire hazards, follow agreed risk-control measures, know what to do in an emergency and report concerns promptly. PHSSL Care Limited will not assume control of a person's private home, but fire risks that may affect safe care delivery will be considered within assessment, care planning and staff-safety arrangements.

### 4. Legal and Regulatory Framework

This policy will be applied with regard to relevant legislation, regulation and guidance, including the Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; Regulatory Reform (Fire Safety) Order 2005 where applicable; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulations 12, 15 and 17; and current CQC, government and fire-and-rescue guidance. The Fire Safety Order applies

to relevant non-domestic premises and workplace duties; it does not automatically make PHSSL Care Limited responsible for the fabric or general fire precautions of a person's private domestic home.

### 5. Fire Risk Assessment

Fire risks relevant to the delivery of care must be considered during initial assessment and reviewed when circumstances change. Assessment should consider, as applicable: smoking; candles or naked flames; cooking; heaters; electrical equipment and overloaded sockets; oxygen or other flammable materials; mobility or cognitive impairment; sensory impairment; medicines or emollient products that may increase fire risk; hoarding or blocked routes; the availability and condition of alarms; and the person's ability to recognise danger and leave the property safely. Identified controls must be proportionate, person-centred and recorded in the care plan or relevant risk assessment.

### 6. Smoke and Carbon Monoxide Alarms

Staff should remain alert to whether suitable alarms appear to be present and functioning where this is relevant to safe care. Government home-fire guidance recommends working smoke alarms and regular testing. Staff must not disable, cover or remove alarm batteries. If an alarm is absent, damaged, repeatedly sounding, apparently defective or unsuitable for a person's sensory needs, staff must report the concern to the manager so that the person, representative, landlord, housing provider or relevant fire and rescue service can be contacted as appropriate. Carbon monoxide concerns must also be escalated where relevant.

### 7. Escape Planning and People Requiring Assistance

Where a person may have difficulty responding to or escaping from a fire because of mobility, cognition, sensory impairment or other needs, the care plan and risk assessment must record the support relevant to PHSSL Care Limited's role. In supported living or other settings where a formal Personal Emergency Evacuation Plan (PEEP) is required, staff must know and follow it. Escape routes should be kept as clear as reasonably practicable. Staff must not create arrangements that depend on unsafe manual handling or place staff at unreasonable risk.

### 8. Prevention During Care Visits

Staff must work in ways that minimise fire risk. This includes using electrical or care equipment only as trained and intended; not overloading sockets; keeping heat sources away from combustible materials; following oxygen and emollient safety instructions; using cooking equipment safely; and observing no-smoking requirements during care activity. Any unsafe equipment, damaged wiring, scorch marks, persistent burning smell, blocked escape route or other significant hazard must be reported immediately.

### 9. Smoking, Vaping, Candles and Naked Flames

A person's rights and choices must be respected while foreseeable risks are managed. Where smoking, vaping, candles, incense or other naked flames create a risk to the person or staff, this must be assessed and appropriate controls agreed. Staff must not smoke or vape while providing care or inside a person's home. Where oxygen is in use, staff must follow the supplier's fire-safety instructions and ensure that smoking or naked flames are not permitted near the equipment.

### 10. Oxygen, Emollients and Other Higher-Risk Materials

Oxygen supports combustion and can greatly increase fire severity. Staff must follow prescribed and supplier instructions for oxygen use, storage and positioning and report unsafe practices. Paraffin-containing and paraffin-free emollient residues on clothing, bedding or dressings can increase flammability; staff must follow current safety advice, keep such materials away from flames and heat sources and ensure relevant risks are reflected in the care plan.

### 11. What Staff Must Do if Fire or Smoke Is Discovered

The priority is life safety. Staff must raise the alarm, call 999 as soon as it is safe to do so, support the person to leave if this can be done safely and in accordance with the agreed emergency plan, and move to a place of safety. Staff must not put themselves at serious risk, re-enter a burning property or attempt firefighting unless they are trained, it is safe

and doing so is consistent with local arrangements. The fire and rescue service must be given relevant information, including known risks such as oxygen cylinders or anyone who may still be inside.

### 12. After a Fire or Fire-Related Incident

Any fire, smoke incident, significant alarm activation, evacuation or serious fire-safety concern connected with PHSSL Care Limited's service must be reported promptly to management and recorded under the Accident, Incident and Near-Miss Reporting Policy. Management will consider safeguarding, Duty of Candour, CQC notification, RIDDOR or other statutory reporting requirements where applicable. Care plans and risk assessments must be reviewed and learning actions tracked to completion.

### 13. Supported Living and Shared Premises

Where PHSSL Care Limited provides care in supported living accommodation, responsibility for accommodation and fire precautions may be shared with landlords, housing providers, building managers or other organisations. Responsibilities must be clear and relevant information shared appropriately. Staff must follow the building's fire procedures and report defects or concerns through both PHSSL Care Limited and the responsible premises route. Care and accommodation arrangements must remain appropriately separate.

### 14. PHSSL Offices and Other Workplaces

For premises under PHSSL Care Limited's control, the organisation will ensure that applicable fire-safety duties are addressed, including a suitable and sufficient fire risk assessment, clear escape routes, appropriate alarms and fire-fighting equipment, emergency arrangements, staff information and training, maintenance and testing, and review of identified actions. Visitors and staff who may need assistance in an emergency will be considered in evacuation planning.

### 15. Training and Competency

Staff will receive fire-safety information and training appropriate to their role and work setting, including prevention, alarm raising, evacuation, calling emergency services and reporting concerns. Additional instruction will be provided where a person's needs or the setting create specific risks. Managers must ensure staff understand relevant local fire procedures before deployment where these are required.

### 16. Staff Responsibilities

All staff must read and follow this policy; follow individual care plans, risk assessments and local fire procedures; remain alert to hazards; avoid unsafe practices; report defects and concerns without delay; participate in required training; and act promptly and safely in an emergency. Staff must never knowingly obstruct escape routes, disable fire-safety equipment or ignore a serious fire risk.

### 17. Management Responsibilities

Management will ensure that relevant fire risks are assessed and reviewed; staff receive suitable information, instruction and training; significant concerns are escalated to the person, representative, landlord, housing provider, fire and rescue service or other responsible body as appropriate; incidents are investigated and learned from; and organisational premises meet applicable fire-safety requirements.

### 18. Monitoring and Audit

Compliance will be monitored through care-plan and risk-assessment reviews, spot checks, supervision, training records, incident and near-miss analysis, complaints, safeguarding information and governance audits. Repeated or serious concerns will be escalated and corrective actions recorded and followed through.

### 19. Related PHSSL Policies

- E01 Health and Safety Policy
- E02 Accident, Incident and Near-Miss Reporting Policy
- D07 Positive Risk-Taking and Risk Management Policy

- D04 Moving and Handling Policy
- D03 Infection Prevention and Control Policy
- D02 Medicines Management Policy
- B01 Safeguarding Adults Policy
- B02 Safeguarding Children and Young People Policy
- B05 Mental Capacity, Consent and Best-Interest Decision-Making Policy
- A03 Business Continuity and Emergency Planning Policy
- A06 Duty of Candour Policy

## 20. Review and Document Control

This controlled policy will be reviewed at least annually, and sooner following significant fire incidents, changes in legislation or guidance, changes to service delivery, audit findings or identified learning. The current approved electronic version is the controlled master. Printed or locally saved copies are uncontrolled unless specifically issued and recorded as controlled copies.

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| **Approved by** | Lade Awosika |
| **Position** | Director |
| **Approval method** | Approved electronically |
| **Approval date** | September 2026 |
| **Next review date** | September 2027 |