

## NHS LEWISHAM CCG/LONDON BOROUGH OF LEWISHAM

### GUIDELINES ON RISK ASSESSMENT FOR SMOKING IN CARE HOMES

#### 1.0 The Context

- 1.1 A tragic fatality at a care home in Lewisham in 2016, caused by an incident of a resident smoking, led to a Safeguarding Adult Review. The Lewisham Safeguarding Adults Board completed a review of all the considerations involving residents smoking in care homes.
- 1.2 The recommendations made by the review included that the Lewisham health and social care authorities should, *“Initiate joint work with the London Fire Brigade and care providers in the borough on risk assessment – specifically to include fire, smoking, immobility, wheelchair use and first aid – to establish mutually clear and consistent standards and expectations.”*
- 1.3 NHS Lewisham CCG and Lewisham Council have worked along with health, social care, public health, London Fire Brigade and public service partners to devise robust guidelines for the risk assessment and safe management of residents smoking in care homes, to be applied consistently across the borough.

#### 2.0 Expectations

- 2.1 It is the Council & the CCG’s expectation that all care homes have a policy and related procedures detailing how smoking is to be managed in the home and that these include arrangements or agreements for staff and members of the public. The policy and procedures should reflect as a minimum the requirements set out in this document; fire safety arrangements relating to smoking, the procedure for the supervision of service users who smoke based upon the individual risk assessments. It should also specify the arrangements to manage and control smoking materials, and for the safety of staff and members of the public.
- 2.2 Procedures should include fire safety arrangements related to smoking and the procedure for supervision of service users who smoke, based upon the outcome of their individual risk assessments. Information should also be available on the arrangements for the management and control of all smoking materials.
- 2.3 A sample safe smoking risk assessment document has been added for ease of reference (attached as appendix 1) & for providers to adapt if necessary.

### **3.0 Introduction**

- 3.1 Smoking in care homes presents a challenge of balancing the choice of some residents to smoke against the risk of the harm that this activity potentially poses to themselves, other residents, staff, visitors and to the home in general.
- 3.2 The advice of public health authorities is that people who smoke should be encouraged and supported to give up smoking. The London Borough of Lewisham public health has developed a stop smoking service and has provided information and guidance on local services [click here](#) (appendix 2), also a PDF document at the end of this document which states the clinic times and the free-phone number (appendix 3).
- 3.3 The London Fire Brigade further advises that, if people do choose to smoke, it is safer to vape than to smoke tobacco.
- 3.4 However, in the event that a resident of a care home chooses to smoke, the home has a responsibility to provide a safe designated area where the resident will be permitted to smoke, to ensure that adequate safety controls are in place there and to minimise the risks or detriment to the resident, other residents, staff and visitors.
- 3.5 Where an individual (resident) residing in a registered residential care or nursing home chooses to smoke, it is important that appropriate arrangements are in place to facilitate this in a way that ensures the safety of the service user and those sharing the accommodation. The care home should carry out, implement and regularly review risk assessments appropriate to the individual resident and the environment of the home.
- 3.6 In some circumstances, residents may be capable of retaining smoking materials, including matches and lighters, and of managing their smoking activities safely with different levels of supervision. In many other circumstances, service users may lack the capacity to do this safely.
- 3.7 This guidance provides an overview of the key areas that should be taken into consideration when service users choose to smoke. It aims to assist registered providers to implement appropriate arrangements, which are safe but do not unreasonably restrict service users from smoking.
- 3.8 For further information on fire safety in care homes, visit:

[www.london-fire.gov.uk/safety/the-workplace/residential-care-homes](http://www.london-fire.gov.uk/safety/the-workplace/residential-care-homes)

<https://www.london-fire.gov.uk/safety/carers-and-support-workers/caring-for-smokers/>

## **4.0 Legislation**

- 4.1 Every care home should develop a policy and associated procedures in respect of any residents, staff and visitors who wish to smoke whilst on their premises. It is a legal requirement (*Smoke-free (Premises and Enforcement) Regulations 2006*) that staff and visitors are not permitted to smoke within the building. In most care homes, this will also apply to residents; however, there may be circumstances (e.g. where an immobile resident who is unable to access the exterior of the care home wishes to smoke) where this may need to be considered. The care home is not obliged to provide facilities for staff and visitors who wish to smoke, but may do so provided that these are external to the building (<https://www.gov.uk/smoking-at-work-the-law>).
- 4.2 The Care Quality Commission, the independent regulator of Health & Social Care in England ensures essential standards are met and have guidance on safe care and treatment ( <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment>).

## **5.0 Risk assessment and care planning**

- 5.1 The risks presented by residents smoking need to be incorporated into the care home's overall fire risk assessment, which should designate those areas where residents are permitted to smoke. An individual risk assessment should be carried out for every resident who chooses to smoke, as part of their overall care plan.
- 5.2 Individual risk assessments should be carried out by a trained competent staff member who is familiar with the resident and their needs, and also with the safety procedures of the home. This should ideally be done at the time of admission to the home of any resident who is known to smoke, or as soon as possible afterwards.
- 5.3 All smoking risk assessments should take into account the resident's mental capacity, their physical and medical condition and capabilities, and should involve their family members and/or any advocates, where possible. In the event that the resident does not have capacity, a best interest meeting should be held and documented.
- 5.4 The risk assessment should also give particular consideration to service users who smoke with specific needs, as they may be at increased risk of harm.
- 5.5 The risk assessment must also identify the physical precautions as well as management arrangements such as the appropriate level of supervision (as outlined in **6.1.5**) necessary to ensure that the service user can smoke without presenting danger to themselves or others.

- 5.6 The risk assessment should be signed by the resident (or, if they do not have capacity, by a family member or advocate) and by the staff member who carried it out; it should then be endorsed by a senior member of staff or a manager. It should stipulate the frequency with which the risk assessment is to be reviewed, and the resident should be continually monitored for changes in condition or capabilities that would require the assessment to be reviewed earlier or no later than monthly or sooner if changes occur.
- 5.7 There should be reporting mechanisms in place for near misses/accidents/a need for review of the risk assessment.
- 5.8 The risk assessment should form the basis of an individual care plan for the resident's smoking, including clear instructions for the staff who will be caring for the resident, both generally and whilst they are smoking.

## **6.0 Individual risk assessments**

- 6.1.1 Individual risk assessments should consider the following:-

- 6.1.2 Is the resident able to make their own decisions regarding whether/when/where/in what location they smoke?

If the answer is yes, the home must ensure that these decisions are safe, both for the resident, and for other residents and staff, and that appropriate safety measures are in place. *A resident with capacity has the right to make what the home or health and social care professionals might regard as an unwise decision to smoke (even frequently), provided that the decision is clearly documented, and that appropriate measures can be put in place for the avoidance of risk or detriment to other people.*

If the answer is no, then the home should hold a best interest meeting with a family member and/or representative to decide how the resident's wish to smoke can most safely be accommodated.

- 6.1.3 How often, and at what times of day, does the resident wish to smoke, and in what location(s) is it safe and permissible for them to do so on each occasion? *e.g. how many staff are on duty at those times, and carrying out what tasks (e.g. late evening, meal times); is it safe for a resident to smoke in the garden during daylight hours, but not in darkness?*

6.1.4 What are the resident's preferred location(s) for smoking?

In a designated area within the home, or is it only safe and permissible for them to smoke outside (in a garden or courtyard), and is there a suitable area with seating and shelter available? Is the location clearly visible to staff on duty at all times? *This may depend on the layout of the home, as well as the resident's mobility and capacity, whether the risk is considered low and whether suitable equipment is available.*

*Any designated internal location(s) should be clearly identified, and this activity should not be allowed to affect other residents or staff, other than any staff who have been officially deputed to monitor the resident. (If a staff member has been deputed to monitor a resident smoking within the building, their signed agreement to this should be obtained, as they are temporarily forgoing their legal right to work in a smoke-free environment).*

If a resident is permitted to smoke inside the home, there are additional considerations to be taken into account. These include furnishings, curtains, medicines (including creams), oxygen cylinders, electrical equipment (including sockets and cables), sources of heat (e.g. radiators, portable heaters), the nearness and working order of fire alarms and smoke detectors, ventilation, the condition and efficacy of fire doors (and whether they are always kept closed), the ease of staff observation, the nearness of designated escape routes and the resident's mobility and capacity.

6.1.5 What level of supervision by staff will the resident require whilst smoking? (1) constant - 1 to 1 supervision, (2) frequent –supervision in the smoking area (3) occasional – supervision from a distance with a check during every smoking episode.

This will also largely depend on the resident's mental capacity, state of health and physical capabilities (including manual dexterity), sense of safety and awareness of hazard (to themselves and in general), and non-concordant with care and advice; also the number of staff on duty who are otherwise task-free at those times of day when the resident usually wishes to smoke. *This may require consideration of a resident's request to smoke, and the right of other residents and staff to remain safe and in a smoke-free environment.*

6.1.6 How will the resident's access to cigarettes and sources of ignition be managed?

Is it safe for the resident to retain either or both at any time, whilst smoking or not at all; are staff required to retain them at all times? Does

the resident smoke alone, or in the company of other residents and/or staff?

- 6.1.7 What fire safety hazards, precautions and equipment are in place at the designated smoking location(s), and are staff aware of them and how to act, if necessary?
- 6.1.8 Are fire extinguishers close at hand and in working order, and are staff trained and experienced in using them? *This will include the control of any potential sources of ignition in the vicinity, e.g. the resident's clothing (including footwear), furniture, any petroleum-based creams, any other nearby potential sources of fire or heat.*
- 6.1.9 Are fire-retardant aprons available and worn, are ashtrays provided and regularly emptied?
- 6.1.10 Is there a designated escape route from the smoking area, and is it accessible to the resident (unassisted, or with the appropriate level of assistance, depending on their mobility and cognition)? Are first aid supplies readily available at the location, and are staff trained and experienced in applying them? It is expected that all staff are to have basic awareness of first aid training at all times and appropriate numbers of staff should have completed the First Aid at Work 3 day qualification course.
- 6.1.11 Any specific condition or care needs that the resident might have, e.g. dementia, mental health, learning & physical disabilities, visual or sensory impairment, restricted mobility, wheelchair user, respiratory problems, continence management, which may impact on their safety whilst smoking.

## APPENDIX 1

### SAMPLE SAFE SMOKING RISK ASSESSMENT (Adapted from BUPA's Safe Smoking Risk Assessment document)

<b>RESIDENT NAME:</b>	<b>D.O.B.:</b>
<b>ROOM NO:</b>	

**Circle Yes or No Answers**

1. COGNITION AND CAPACITY			
1.1 Does the resident experience any cognitive impairment?	<b>Yes</b>	No	
If Yes please circle related impairment:			
Memory	Visual Processing	Body Awareness	Communication
Non Concordance with care and advice	Decision making	Awareness of Hazards	
1.2 Is the resident able to understand and communicate the risks associated with smoking?	Yes	<b>No</b>	
1.3 Does the resident have the capacity to make an informed decision on risks of not wearing a smoking apron?	Yes	<b>No</b>	
2. COMMUNICATION			
2.1 Does the resident have any identified communication impairment?	<b>Yes</b>	No	
If Yes please circle related impairment:			
Speech	Language	Wears glasses	Wears hearing aids
2.2 Is resident able raise an alarm, if there is a problem when smoking?	Yes	<b>No</b>	
	Indoors	Outdoors	
3. PHYSICAL ABILITY			
3.1 Does the resident experience difficulties with balance when smoking?	<b>Yes</b>	No	
If yes please circle related impairment:			
	Sitting	Standing	
3.2 Does the resident experience any involuntary or repetitive movements while smoking?	<b>Yes</b>	No	
3.3 Is the resident able to safely and securely hold a cigarette?	Yes	<b>No</b>	
4. SMOKING TECHNIQUE			
4.1 Is the resident able to use a lighter safely to ignite a cigarette?			

<b>Observation Outcomes- please circle</b>		
• Holds lighter safely?	Yes	<b>No</b>
• Light cigarette away from face?	Yes	<b>No</b>
• <i>Can control lighter and flame?</i>	Yes	<b>No</b>
4.2 Can the resident safely control and manage a lit cigarette and when being extinguished?		
<b>Observation Outcomes- please circle</b>		
• Alert/aware at all times?	Yes	<b>No</b>
• Does not have drowsy/ sleep episodes?	Yes	<b>No</b>
• Does not forget they are smoking?	Yes	<b>No</b>
• Does not burn own clothes, furniture etc.?	Yes	<b>No</b>
• Use an ashtray safely?	Yes	<b>No</b>
• Extinguish cigarette safely?	Yes	<b>No</b>
<b>5. CLINICAL RISKS</b>		
5.1 Is the resident prescribed oxygen (cylinder or concentrator)?	<b>Yes</b>	No
5.2 Does the resident have any paraffin or petroleum based creams or ointments, sprays or oils applied (Includes lip balms)?	<b>Yes</b>	No
5.3 Is the resident prescribed sedatives, hypnotics, analgesics or any psychiatric medications?	<b>Yes</b>	No
<b>6. CLOTHING</b>		
6.1 Does the resident consent to wearing a smoking apron?	Yes	<b>No</b>
6.2 Are there any historical burn marks on residents clothing?	<b>Yes</b>	No
<b>7. RISK MANAGMENT</b>		
<b>7.1 Identified Risk Areas</b>		
Risk areas where the YES or NO is highlighted in <b>RED</b> have been selected on this form, require the risk assessor, to consider how these risks will be minimised.		
<b>All RED responses should be considered for inclusion in residents Smoking Care Plan</b>		
<b>7.2 Smoking Supervision</b>		
Supervision must be provided for all residents who smoke. Following completion of this risk assessment, the risk assessor must decide on the level of supervision required, to ensure resident's safety and to minimise risk hazard/s.		
<b>Supervision Levels</b>		
(Circle chosen supervision level)		
1 to 1 supervision		
(Staff member to be in attendance at all times in designated smoking area.)		
Frequent		
(Staff member to observe resident frequently in designated smoking area.)		
Occasional		
(Staff to check resident on occasions during every smoking episode in designated smoking area)		
<b>All issues agreed in 7.2 must be recorded in residents Smoking Care plan</b>		



7.3 Has the resident been offered advice and/or support about smoking cessation?  
Yes      No

**FINAL DECISION**

8.1 Resident is safe to smoke in care home’s designated areas, with agreed level of supervision and has agreed to wear a smoking apron?  
Yes      No

8.2 Resident would like to smoke at specified times of day:  
**(Write specified times during day)**  
**AM:** **PM:**  
*This is agreed in accordance with current home staffing levels at requested times of smoking*

8.3 Resident requires assistance to smoke **(please circle relevant need)**

Assistance to light a cigarette

Smoking materials to be stored safely by staff

To have smoking apron applied

Assistance to be taken to designated smoking areas

**All issues agreed in 8.1,8.2 & 8.3 must be recorded in residents Smoking Care plan**

8.4 Resident is **not safe** to smoke at this time. Yes

8.5 Where a resident lacks capacity to make or understand this decision and continues to want to smoke, a ‘Best Interest Decision’ must be made and recorded. This should include evidence of multi-disciplinary involvement whilst taking residents choice into account and exploring alternative solutions. **(Please record details on Page 4)**

8.6 Evidence of discussion with family. NOK/ Advocate of smoking risk assessment and smoking risk assessment care plan.

Signature/s	Relationship to Resident	Date
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**RISK ASSESSMENT APPROVALS**

Risk Assessor’s Signature	Job Title	Date
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Home Managers Signature	Date
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**RISK ASSESSMENT REVIEWS**

Review Date	Was a change identified	Section Amended (circle number)	Additional Details	Sign & Print Name
	Yes - No	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8		
	Yes - No	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8		
	Yes - No	1 – 2 – 3 – 4 – 5 – 6 – 7 – 8		

	Yes - No	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8		
	Yes - No	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8		
	Yes - No	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8		
	Yes - No	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8		
	Yes - No	1 - 2 - 3 - 4 - 5 - 6 - 7 - 8		

'BEST INTEREST' DECISION	
List of Attendees	Relationship to Resident
<b>List Discussion Points</b>	
<b>'Best Interest' Decision Made</b>	
<b>Chair's Signature</b>	<b>Date</b>

## APPENDIX 2

### Opportunities to quit smoking in Lewisham:

Lewisham Stop Smoking Service has helped 16,000 people quit smoking and helps anyone who wants to stop smoking and who lives, works, or studies in Lewisham.

#### Services to help quit

##### Local support sessions

Free, friendly, practical support and advice on medications to support is offered. The support is free and all medications are available on prescription. Clinics are held in GP practices, pharmacies, Lewisham Hospital, and in community venues.

Anyone who wants to quit smoking Lewisham can book an appointment to see a stop smoking advisor at one of several [clinics in Lewisham](#) that will offer free support and [medication on prescription](#) to help you quit.

##### Online quit smoking tool

Lewisham Stop Smoking Service have developed a quit tool that anyone who is registered with a Lewisham GP can use from their phone, tablet or PC. The tool is:

- simple to use
- helps to work out the best treatment for the quitter
- texts the quitter when they may need moral support or a boost to help them on their journey to quit smoking.



To access the online stop smoking tool, click [here](#)

##### Specialist support

The Stop Smoking Service can arrange for you to have specialist support if you are:

- [pregnant](#)
- [using mental health services](#)
- [going into/currently in hospital](#).

Smokers who are finding it difficult to quit will benefit from seeing an advisor face to face and getting weekly support from the specialist team.

##### Participation in National campaigns

- [National-no-smoking-day](#) – second Wednesday in March
- [Stoptober](#) – every October

##### Contact

To book into a clinic you can contact us on **0800 0820 388** or email [quit@smokefreelewisham.co.uk](mailto:quit@smokefreelewisham.co.uk) and we'll arrange an appointment for you.



[Lewisham Stop Smoking Service](#)

Tel: 0800 0820 388

Email: [quit@smokefreelewisham.co.uk](mailto:quit@smokefreelewisham.co.uk)

## APPENDIX 3

### Clinic Times – London Borough of Lewisham



A4 Clinic times  
poster September 20