**Appendix F**

Sample risk assessment

CONFIDENTIAL

Name of resident …………………………………………………………………..

Address ………………………………………………………………………

Date of assessment …………………………… Completed by ………………………………………….

Date by which assessment should be reviewed …………………..

# Walking

|  |  |  |  |
| --- | --- | --- | --- |
| Is the person: | Indoors | Outdoors | Notes |
| able to walk unaided? |  |  |  |
| able to walk with some assistance? |  |  | Describe assistance below |
| able to walk with substantial assistance? |  |  | Describe assistance below |
| unable to walk? |  |  |  |
| able to use stairs? |  |  |  |
| Description of assistance, eg walking frame, assistance from partner |
| Hazards and potential hazards in the home and outside | Actions to take to reduce hazards | Target date | Completion date |
|  |  |  |  |
|  |  |  |  |

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# Cooking

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the resident able safely to: | All the time | Most of the time | Some of the time | Not at all |
| select correct equipment and utensils? |  |  |  |  |
| get out pots and pans? |  |  |  |  |
| operate the cooker and/or hob? |  |  |  |  |
| fill pans with water? |  |  |  |  |
| take uncooked food from storage to the food preparation area? |  |  |  |  |
| prepare food for cooking, cut vegetables etc? |  |  |  |  |
| understand cooking times? |  |  |  |  |
| move pans from the hob and drain water? |  |  |  |  |
| move food from the oven to the serving area? |  |  |  |  |
| transfer cooked food to the plate? |  |  |  |  |
| move plate and cutlery to the dining area? |  |  |  |  |
| move condiments to the dining area? |  |  |  |  |
| clear away after finishing the meal? |  |  |  |  |
| wash and dry up? |  |  |  |  |
| put away plates and cutlery? |  |  |  |  |
| make a hot drink? |  |  |  |  |
| Hazards and potential hazards | Action to take to reduce hazards: | Target date | Completion date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Getting dressed and undressed, daily activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the resident able safely to: | Every day | Most days | Some days | Not at all |
| get up? |  |  |  |  |
| get dressed properly? |  |  |  |  |
| take medicines at the right time? |  |  |  |  |
| use the toilet |  |  |  |  |
| take a bath or shower? |  |  |  |  |
| use the TV and/or radio? |  |  |  |  |
| read books or magazines? |  |  |  |  |
| get out and about? |  |  |  |  |
| get undressed? |  |  |  |  |
| get into bed? |  |  |  |  |
| understand finances/ pay bills? |  |  |  |  |
| understand the need for security by locking doors and windows as appropriate? |  |  |  |  |
| operate the heating correctly? |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Hazards and potential hazards | Action to take to reduce hazards: | Target date | Completion date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The aim of this risk assessment is to identify residents who might need more support, either from the charity, or from external sources such as the social services authority. There is no formula for deciding when the social services authority should be involved, the person completing the form needs to make a judgement as to when the resident might be at risk of harm without intervention.