

Your Logo would look nice here

Client's Risk Assessment

Retain a copy of this Assessment on the Client's Personal File

Surname:	Forenames:	Title:	Height:	Weight: (Kg)
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Pre-Authorised Restrictions on independence (if any)

Client limitations	Authorising Signature	Print name and role of person authorising	Date
Not to be left unsupervised			
Not to be unsupervised outside home			
Not to undertake financial matters			
Not to self-administer/access medication			

Additional Comments

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Area of Concern	Question	Identify any significant hazards and who is at risk	List Existing controls	Is the control adequate? If no, list hazard for review
<p>Slips, trips and falls</p>	<p>Has this Client fallen before?</p> <p>Is there anything about this Client, and his/her condition which makes them more prone to the possibility of a slip, trip or fall? Is the equipment in good working order, properly maintained and safe in itself? Does the Client need equipment, which they do not currently have? Does the environment pose any risk to this Client?</p>			
<p>Administration of Medicines</p>	<p>Does the Client use medicines/drugs on a prescribed/unprescribed basis? Are any classified as “controlled drugs”? Is the Client capable of complete or partial self-administration?</p>			
<p>Chosen Lifestyle</p>	<p>Are there any risks posed by the Client’s wishes to do more for himself/herself than he/she is capable of managing? Are these risks potentially to other people, as well as himself/herself?</p>			
<p>Abuse/Exploitation</p>	<p>Is the Client vulnerable, in any way to abuse or exploitation?</p>			
<p>Risks to others</p>	<p>Are there any aspects of the Client’s behaviour, condition, disabilities etc which are known and might pose a potential risk to other people? Is the individual prone to uncontrolled aggression? What triggers the aggressive conduct?</p>			

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Area of Interest	Subject	Identify any significant hazards and who is at risk	List Existing controls	Is the control adequate? If no, list hazard for review
Wandering/Absconding	Any instances of the Client wandering around, or going missing?			
Alcohol/Drug/Substance Abuse/Misuse	Any evidence of abuse/misuse of alcohol or drugs which might cause the Client, or others, harm?			
Infection controls	Is there a risk of cross infection?			
Environmental conditions	Is there anything about the immediate environment which poses any special risks?			

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Significant Hazards which are not adequately controlled

Significant Hazard	Severity	Existing inadequate control	What Action is Needed?	Responsible person	Target date	Review date

Severity Codes

1 - **Immediate** (within 24 hours) 2 - High (within one week) 3 - Medium (within one month) 4 - Low (within 6 months, or as soon as practicable)

Review

Hazard	Target date	Date Reviewed	Progress towards completion	New Target Date	Next Review Date	Name/Sig

This section is about the Client's mobility status, including ability to weight bear. Other relevant factors include pain, disability, spasm, fatigue or general tendency to fall. Also consider problems with comprehension and co-operational behaviour.

The Client has full mobility and is fully capable of all daily tasks without the need for assistance.
 √ if applicable.

The Client requires assistance, and is assessed as follows:

Task	Is assistance required?	How is assistance given?	Is this adequate?	If no, describe the recommended method, or aid which represents the safest and most appropriate control	Number of care workers required to assist with recommended method
Walking/Use of stairs					
Sitting					
Standing					
Going to the toilet					
Bathing/showering					

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Task	Is assistance required?	How is assistance given?	Is this adequate?	If no, describe the recommended method, or aid which represents the safest and most appropriate control	Number of care workers required to assist with recommended method
Into bed					
Out of bed					
Transfer to chair					

Describe the Client's own view of the assistance to be given

Describe any special needs or issues which may be relevant to the Client's other carers or family members

Where equipment is supplied by the Client/other organisation, (e.g. Wheelchair, walking frame. Hoist, stair lift etc) provide details including service arrangements

Review: When is this assessment to be reviewed? Who is responsible?

Assessment completed by (Name and Position):

Date:

Signature:

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Company/Organisation Name registered with the CQC

This is a model only. Amend according to your needs.

Review

This Client Risk Assessment is subject to review, either on a regular basis, or when circumstances/needs have changed. The date of the next scheduled review is:

	Date	Date	Date
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The following changes have been made to the Risk Assessment, as a result of each review

Restrictions on Independence			
Hazards			
Client Assistance			
	Print Name Signature Date	Print Name Signature Date	Print Name Signature Date