

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT 1

Personal Support and Physical Well-being

Risk Assessment Objectives: Maximise Life Values and self esteem

- Maintain Personal Hygiene, Care of Clothes and Important Items
- Respect and Maintain Privacy and Dignity
- Give Name as much independence as realistically possible
- Ensure Confidentiality of Information at all Times
- Promote Well-being
- Address Name in their preferred Manner and preferred Name
- Minimise the effects of Incontinence
- Give Medications as Prescribed Observe for Changes in circumstances that may lead to a change in Medication or Care/Support Needs
- Have Regular Reviews with Professionals regarding the Name's Needs
- Maintain Physical Health

PERSONAL STATEMENT

RISK ASSESSMENT THROUGH CONCERN LEVELS

IF THE SCORE IS BETWEEN 7-10 THESE MUST BE AN ESSENTIAL ACTION PLAN

Severity	Concern level	Tick Box for Concern level	Concern by colour
10	Safeguarding concerns	[]	Red
09	3 rd Party Intervention concerns	[]	
08	Destabilising concerns	[]	
07	Escalating concerns	[]	
06	Concerning concerns	[]	Yellow
05	Moderate Concerns	[]	
04	Medium concerns	[]	
03	Minimal concerns	[]	Light Yellow
02	Trivial concerns	[]	
01	No concerns	[]	

ACTION PLAN

1. _____
- _____
- _____
- _____

Signed _____

Date: ____/____/____

Review Monthly

Name _____

Issue 1:

Date: ____/____/____

SUPPORT PLAN 1

Personal Support and Physical Well-being

OUTCOME: Name is supported to stay well and all their health needs are regularly looked at.

ASSESSMENT

- Name** is underweight/normal/overweight, see support plan
- Name** must/need not be accompanied on journeys to college, but otherwise is able to travel freely, visits to town etc.
- Name** is self-medicating when needed
- Name** does not/smoke/s, but there are no specific issues with this

Name does not take medication at present

Name has to have a GP arranged

Name has to have an Optician to be arranged

Name has to have a dentist arranged,

Name has to have a chiropodist to be arranged

Name is due a dental check-up every 6 months

SUPPORT NEEDED

- Name's** medical information is kept in the office at Meadow Court, it is in a file labelled (Name) In the file there is all the information needed about their health needs.
- Name** can tell staff if and when they are in pain or discomfort.
- Name** is able to access all medical facilities, however, they requires staff support to get there and for staff to gather information of any ongoing after care.

SPECIFIC OUTCOME/ ACTIONS TO ACHIEVE

- To ensure Name maintains their well being**
- Name** likes to access the local and town shops
- Name** can catch a bus, using their bus pass

Signed _____

Date: ____/____/____

Review Monthly