

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT 15 *Managing your Home*

Risk Assessment Objectives: To enable Name to manage their personal surroundings

Tick box if relevant

- Name** can clean their room safely
- Name** washes their plates and utensils safely.
- Name** completes their laundry with safety
- Name can help** to prepare and cook her meals safely.

- Address the amounts of equipment and help **Name** store or remove the excess
- Minimise disorganisation, encourage kitchen hygiene
- Work with **Name** to manage their anxiety/stress when having to remove items they may wish to keep
- Name** must ensure shower is clean and safe, water is not left on floor for slipping on
- Help **Name** maintain cleanliness at all times

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	[]	
09	3 rd Party Intervention concerns	[]	
08	Destabilising concerns	[]	
07	Escalating concerns	[]	
06	Concerning concerns	[]	
05	Moderate Concerns	[]	
04	Medium concerns	[]	
03	Minimal concerns	[]	
02	Trivial concerns	[]	
01	No concerns	[]	

ACTION PLAN

1. _____

Signed _____

Date: ____/____/____

Review Monthly

Name _____

Issue 1:

Date: ____/____/____

SUPPORT PLAN 15

Managing your Home

Outcome: Name is supported to do things for myself around his home.

ASSESSMENT

- Name** can clean their room regularly with support
- Name** washes their plates and utensils after meals.
- Name** completes their laundry with staff assistance.
- Name to be asked to** help to prepare and cook their meals.

SUPPORT NEEDED

- When cleaning their room or helping with the dishes/laundry **Name** requires assistance with handling cleaning chemicals
- Name** needs staff to get cleaning chemicals out as they are locked away for Name's safety reasons
- Name** needs support to ensure when they use the washing machine and tumble drier correctly and do not use too much washing powder and washing up liquid when they wash the dishes.

SPECIFIC OUTCOMES / ACTIONS TO ACHIEVE

- For **Name to** be more Proactive and be more independent with support around the house
- Promote **Name's** independence by encouraging them to clean their bedroom and bathroom and change their bedding
- Name'** is helped in looking after their home.
- Name'** is helped to learn life skills such as completing their laundry, cooking, cleaning their room is learning responsibility which in turn is empowering their and promoting their self esteem
- Name'** will be completing these tasks under staff supervision.
- For **Name to** be more Proactive and be more independent with support around the house

Signed _____

Date: ____/____/____

Review Monthly