

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT 2

Diet and Weight, Including Dietary Preference

Risk Assessment Objectives; Maintain healthy lifestyle and Nutrition

Tick box if relevant

- Preferred Diet: Name [Likes all Food] [Certain Foods] [Special Diet] [Other] _____
- Preferred Beverages: Name Likes: _____
- Food dislikes: _____
- Drinks Dislikes: _____
-
- Weigh [Daily] [Weekly] [Monthly] [Other] and Record
-
-
-
-
-

PERSONAL STATEMENT

RISK ASSESSMENT THROUGH CONCERN LEVELS

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

Severity	Concern level	Tick Box for Concern level	Concern by colour
10	Safeguarding concerns	[]	
09	3rd 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 _____

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SUPPORT PLAN 2

Diet and Weight, Including Dietary Preference

Outcome Name eats foods which are good for them. Name is supported to plan and prepare their own meals.

ASSESSMENTS

- Name** wishes to be self-managing to prepare and cook their meals.
- Name** likes to eat alone, unless there are people they know around them at the dining table.
- Name** is able to eat her meals without staff support, they do not suffer from eating difficulty
- Name** has no cultural or religious food requirements.

SUPPORT NEEDED

- Name** does need staff to help them prepare a balanced and nutritional
- Name** eats well but does put on weight.
- Name** needs to be reminded about hand hygiene on a regular basis, pre and post meal
- Name** need staff present when using any hot objects or appliances.
- Staff ensure that **Name** prepares all their meals in accordance with the food hygiene regulations

SPECIFIC OUTCOME / ACTIONS TO ACHIEVE

- Prepare all meals
- Learn to cook main meals without supervision
- Learn to cook main meals with little staff support
- Make more appropriate choices about the food they want
- Name** enjoys cooking
- Name** requires staff support to cook meals due to hot surfaces and sharps.

Signed _____

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Review Monthly

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Review Monthly

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