

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT / SUPPORT PLAN 6

Mobility And Dexterity/Risk of Falls

Risk Assessment Objectives: Minimise the Risk of Falling

Tick box if relevant

- Ambulant Y [] N [] Needs Help [] Not very Ambulant []
- Eyesight Good [] Not Good [] Glasses []
- Hearing Good [] Not Good [] Hearing Aid []
- Safe in Environment [] Lounge [] Corridor []
- Bedroom [] Bath [] with support Y [] N []
- Unsafe in Environment [] Lounge Corridor Bedroom Bath
Possible Medication Fall Implication Y [] N [] If Y - ? - Review
- Arthritic Joints Y [] N [] Postural Hypo-tension Y [] N []
- Anxiety Panic Attacks Y [] N []
- Can/not walk, needs [] does not need [] help to move from bed-chair-table etc., does [] does not [] need help with moving [] transferring [] handling [] limited and needs a great deal of care and support Y [] N []

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

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Outcome Name is safe and get about on their own as much as they can

ASSESSMENT

- Name** is able to get around by themselves both inside and outside their home.
- Name** enjoys the safety of their home environment where they can come and go as they wishes
- Name** accesses the wider community where requested or required with support from staff
- Name** can access the local shops unsupported, depending on her requirements.
- If **Name** need staff support when they go out, they can access staff within their support plan remit

SUPPORT NEEDED

- Name** does not require assistance to access the community facilities
- Name** is always courteous and never abusive , rude or violent

SPECIFIC OUTCOMES/ ACTIONS TO ACHIEVE

- To access and participate in new activities
- Meet new people and improve their social skills and improve their confidence
- Ensure that **Name** is aware and up to date on road and pavement safety.
- Access the community more often participate in new activities
- Name** to access the local shop unsupported this will help to build self-esteem, and promote their independence.
- Name** has already begun to access the local community unsupported.

Signed _____

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Review Monthly