

Name \_\_\_\_\_

Issue 1:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# RISK ASSESSMENT 3

## Sight, Hearing and Communication

**Risk Assessment Objectives: To ensure that Name has maximum Stimuli Assess the following and comment below**

Tick box if relevant

Name has [full] [Partial] [no sight]

Name [needs] [does not need] glasses [never] [occasional] [always]

Name has [Full] [Partial] [No Hearing] Comment below

Name [does] [does not] need a [Hearing Aid] [Hearing Devices]

**Communication: Assess the following and comment below**

Name [Can] [Cannot] converse and communicate in a fashion, [Making] [Partially Making] [Not Making] their needs felt, they responds well to yes and no answers to questioning

Name stays in the [lounge] [bedroom] [Other] by day, [watching Television] or [listening to the radio] [Reading] Social Networking [ ]

[Other Activity] [No Activity]

### PERSONAL STATEMENT

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### 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	[ ]	Red
09	3rd 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 3* *Sight, Hearing and Communication*

**OUTCOME:** Everyone knows how **Name** communicates and how to communicate with Name

### ASSESSMENT

- Name is able to understand speech
- Name's hearing and sight is OK, periodic checks and observation required
- Name will let staff know if I do not want to do something by firmly "Disagreeing"
- Name was able to take full part in their review. Name will attend all reviews, and contributed their views and opinions throughout the meeting.
- Name like to be called **Name**
- Name is also able to express their wishes by using total communication.

### HOW YOU COMMUNICATE

#### Name communicated verbally

Name needs time with a support worker to communicate their views preferences, wishes and fears. This takes more time than just a simple conversation. Name also needs to be asked directly questions which need an answer, they do have the confidence/ability to state the need. Name needs to be asked about their activities, whereabouts and life needs. Further, staff need to know Name's whereabouts throughout her occupancy.

### SUPPORT NEEDED

- Name** knows what activities are arranged and needs to be supported at all times
- Speech must be clear, and simple sensible sentences used, also, staff should allow name time to process the information given and ask me only one question at a time
- When a new member of staff starts at their home, they will be introduced by existing staff, this gives them the chance to get to know them, on their terms.
- Name also has meetings with their manager or Keyworker to discuss their feelings about the new member of staff.
- Name** has \_\_\_\_\_ hour a week 1-1 support system, staff ensure there is no form of neglect or offence to themselves or others

### SPECIFIC OUTCOME / ACTIONS TO ACHIEVE

- Name** communicate with staff, family but needs encouragement to engage
- Name needs support to** communicate with people outside their staff team and family.
- Name** is able to communicate with support to shop keepers, members of the public and other professionals

Signed \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Review Monthly