

Risk Assessment - Workplace Environment (Service User's Property)

Service User / Prospective Service User: _____ Reference No: _____

This Form provides a Risk Assessment schedule which must be undertaken for a new Domiciliary Care Client or Service User. In addition to establishing potential hazards that may be apparent for the service user within their own property, it will also provide a profile of hazards in what is effectively the workplace environment for the Care Worker.

RISK ASSESSMENT OF THE SERVICE USER'S PROPERTY or WORKPLACE ENVIRONMENT

Using the following check-lists, assess each potential area of hazard or risk, and decide the "degree of risk" as LOW, MEDIUM or HIGH:

1. MOVING SAFELY AROUND THE PROPERTY or WORKPLACE ENVIRONMENT
2. SECURITY & EMERGENCIES
3. ELECTRICITY & ELECTRICAL APPLIANCES
4. GAS, HEATING & FIRELIGHTING FACILITIES
5. CLEANING, WASHING & LAUNDERING FACILITIES
6. THE KITCHEN, FOOD HANDLING & MEALS
7. MEDICATION
8. GARDENS & EXTERIOR FEATURES

1 MOVING SAFELY AROUND THE PROPERTY or WORKPLACE ENVIRONMENT:					Service User Reference:	
Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
1	Are floors / stairs damaged, uneven or slippery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are stair rods, clips or other carpet fixings secure and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are there loose mats or rugs on polished floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are floors / stairs free from clutter and obstacles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are floorboards in sound condition; i.e. not damaged, uneven or broken / missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are floor coverings clean and in sound condition; i.e. not holed or dangerously worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is there space for a hoist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are there loose wires or flexes trailing across floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are banister rails / handrails secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are hallways and landings adequately lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Assessments carried out by: _____					Date(s): _____	

1 MOVING SAFELY AROUND THE PROPERTY or WORKPLACE ENVIRONMENT:					Service User Reference:	
Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
11	Do internal doors open and close properly, and lock where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Does the positioning of furniture present undue hazard or risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Does the positioning of furniture block access to electrical sockets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Is furniture in sound condition and free from damage (broken springs, sharp projections etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Are furniture castors in sound condition; i.e. not broken or stuck which may impede movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Are special grab rails or handles fitted where necessary, and if so are they safe and secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Is the bath / shower cubicle fitted with a rubber mat or other non-slip surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Are door catches, locks and bolts easily reached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19	Are light switches easily reached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20	Are curtains torn or hanging off their runners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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1 MOVING SAFELY AROUND THE PROPERTY or WORKPLACE ENVIRONMENT:					Service User Reference:	
Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
21	Are shelves, cupboards, light bulbs etc easily reached without undue stress, strain or hazard, for example, the need to use a step-stool or brush extensions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22	Are there any undue infection control issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23	If there are pets, what are they?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24	What arrangements are in place to control pets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25	Are there any perceived risks to Care Workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26	Are there any special concerns regarding the behaviour of the service user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27	Does the service user need any walking aids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28	Does the service user have a history of drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29	Does the service user have a history of violence or aggression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30	Is the Care Worker able to get out of the property quickly in the case of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Risk Assessments carried out by: _____					Date(s): _____	

2 SECURITY & EMERGENCIES:

Service User Reference

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
1	Do all external windows close properly and lock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Do all external doors, including patio doors, close properly and lock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are patio doors fitted with security bolts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Do windows or doors have cracked or broken glass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is there a front door key hanging on a string through the letter-box?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is there an external door key kept under a rock, plant pot etc in the garden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is the front door fitted with a safety chain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is there an intruder alarm, and is it working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are external security lights working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are the electrical fuses easily reached in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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2 SECURITY & EMERGENCIES:

Service User Reference

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
11	Is the gas main supply tap easily reached in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Does the service user sleep in a room with a gas fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Is the mains water stopcock easily reached in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	If needed, are step ladders available, and are they in a safe and sound condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Are cigarette butts discarded into waste bins instead of ashtrays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Where fitted, are smoke alarms working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Where fitted, are household carbon monoxide detectors working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Are milk deliveries easily and safely reached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19	Are postal deliveries easily and safely reached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20	Are telephones kept connected to the jackplug sockets, and are they working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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3 ELECTRICITY & ELECTRICAL APPLIANCES:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
1	Is the mains fuse-box easily reached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is the mains fuse-box of the "trip-switch" type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Where the mains fuse-box is not of the "trip-switch" type are the mains fuses in sound order; i.e. not cracked, proper fusewire rating used etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are all electrical equipment and appliances working properly, as far as it is able to tell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Do any electrical appliances (irons, toasters, kettles etc) have broken or cracked plugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Do any electrical appliances have bare wires protruding from the plug or appliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are electrical switches and sockets easily reached for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are electrical sockets overloaded with multiple appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are electrical sockets cracked, damaged or discoloured, indicating burns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are appliances such as TVs left plugged in when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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3 ELECTRICITY & ELECTRICAL APPLIANCES:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
11	Are there any portable electrical appliances (fires etc) in the bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	If extension leads are used, is there evidence of damage, joins or overheating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Are there any RCDs (electrical circuit breakers) available for use with hazardous appliances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Do these check-points apply also to any powered garden equipment that may be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Are electric towel rails used in bathrooms secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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4 GAS, HEATING & FIRELIGHTING APPLIANCES:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
1	Is the environment comfortably warm and free from draughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is the environment well ventilated, particularly where portable gas heaters are used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are the fireplace and surrounds in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are open fires allowed to go out, or are they kept lit during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are open fires safely guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are portable fires safely guarded and kept away from furniture and fittings such as curtains etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are free-standing portable fires kept as far to the centre of a room as possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are bottled gas supplies stored in a safe place, but also easy to reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Can gas bottles within portable heaters be replaced easily and safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are chimneys and flues regularly swept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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4 GAS, HEATING & FIRELIGHTING APPLIANCES:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
11	Are gas fires free from surrounding soot, or does the flame burn blue (orange or yellow flames are a sign of carbon monoxide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Is there easy access to coal bunkers / coal or log supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Is there safe and adequate means of transporting coal, logs etc through to the fireplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Are gas pilot lights on boilers and portable fires lit and regularly checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Does the service user know what to do if a pilot light goes out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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5 CLEANING, WASHING & LAUNDERING FACILITIES:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
1	Is the environment generally kept in a clean and hygienic state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Is there evidence of pets fouling floors, furniture or fittings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Could any pets be considered to be harmful to Care Workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Is there evidence of pest infestation, as may be indicated by mouse droppings, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is the environment heavily polluted with tobacco smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Would such an environment possibly cause problems to Care Workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is household waste regularly put into waste bins and not left to accumulate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is household waste regularly bagged up for disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Can the service user access the dustbin, and are dustbins regularly emptied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are household detergents / bleaches / cleaners etc readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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5 CLEANING, WASHING & LAUNDERING FACILITIES:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
11	Are spray polishes and aerosols readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Are these substances kept stored in safe locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Are these substances easily reached when required by adults, but not by children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Are these substances properly labelled; i.e. bleaches etc not kept in old lemonade bottles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Are caustic and corrosive chemicals stored safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Do instructions for use clearly show how to deal with spillages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Do instructions for use include First Aid procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18	Are there adequate facilities for measuring out and diluting hazardous substances, as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19	Is there a washing machine / spin drier / tumble drier, and are these appliances in sound working order, as far as it is able to tell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20	Is there an electric iron, and is it in sound working order, as far as it is able to tell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Risk Assessments carried out by: _____

Date(s): _____

6 THE KITCHEN, FOOD HANDLING & MEALS:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
1	Is the kitchen, including cupboards and larders, kept clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are all fresh foodstuffs stored in a safe and hygienic manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are all tinned and packaged foodstuffs stored in a safe and hygienic manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are all refrigerated and frozen foodstuffs stored in a safe and hygienic manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Is the refrigerator regularly defrosted, or is it caked with ice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is the freezer regularly defrosted, or is it caked with ice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is there evidence of frozen food having been thawed out, and then re-frozen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is there evidence of foodstuffs kept for consumption that are past their "sell by" date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Are gas / electric hobs working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	Are there any tea-towels or kitchen cloths etc hanging over the gas hob to dry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Date(s): _____

6 THE KITCHEN, FOOD HANDLING & MEALS:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
11	Are there oven gloves available for handling hot dishes etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	Are saucepan handles protruding over the edge of the hob?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	Are kitchen appliances in sound working order, as far as it is able to tell?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	Do the electrical features referenced in section 3 appear to be safe for each appliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	Are kitchen knives stored safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	Is there an adequate supply of cling-film or foil-wrap with which to wrap and preserve snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17	Can kitchen cupboards be safely reached without the need for steps, or standing on chairs etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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7 MEDICATION:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
1	Is the service user taking any medication, and if so is there a medication regime on record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are all drugs and medicines kept in a cool, dry place, and in their original containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are drugs or medicines requiring low temperature storage kept in the refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are ALL drugs and medicines clearly labelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are all drugs and medicines within their expiry dates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Are there proper facilities (Sharps boxes) for the disposal of syringes for those clients that inject?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Is there evidence of out-dated or unwanted drugs and medicines left lying around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Is the service user able to open all drugs and medicines containers easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Does the service user have adequate supplies of First Aid materials such as band-aids, bandages etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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8 GARDENS & EXTERIOR FEATURES:

Service User Reference:

Observation		Perceived Degree of Risk			Action that may be needed	Outcome & Follow-up
		LOW	MED	HIGH		
1	Are outside paths and drives uneven, damaged or slippery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	Are outside paths overhung with shrubs, making access difficult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Are outside paths poorly lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Are outside steps uneven, damaged or slippery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	Are outside steps too steep, making access difficult for the service user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Is there evidence of loose roof tiles etc that present a hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Are exterior doors in a sound condition, and secure from the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	Are there handrails / guide-rails fitted on steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Is rubbish / household waste left to accumulate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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