

Safeguarding Incident - Care Worker On-going Risk Assessment

A: DETAILS OF CARE WORKER INVOLVED IN THE ALLEGED INCIDENT

Surname:	First Name:
Full time / Part time:	Contracted Hours / Week:
JOB POSITION:	Employment Start Date:

B: DETAILS OF INCIDENT

Date of Incident:	
Persons Involved:	
Location where Incident took place:	
DETAILS OF INCIDENT:	

C: SUITABILITY RISK ASSESSMENT OF CARE WORKER FOR ON-GOING CARE DUTIES

	YES	NO	Comments
Were the Care Worker's original employment documentation checks (DBS clearance, job history and experience etc) satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Care Worker undergone adequate training in Safeguarding issues relevant to the service user base (e.g., Dementia, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Care Worker been the subject of working Spot Audits by their supervisors in line with Company policies, and were these Audits satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Care Worker regularly appraised for job performance by their immediate line supervisor to identify skill gaps and the need for training?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Care Worker been the subject of previous incidents or allegations involving service user Safeguarding?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Organisation established complete confidence in the Care Worker's ability to satisfactorily fulfil their duties while working alone with a service user?	<input type="checkbox"/>	<input type="checkbox"/>	
FUTURE RISKS: Can Protective Measures or other Safeguards be put into place by the Organisation, and if so what are they?	<input type="checkbox"/>	<input type="checkbox"/>	

Signature: _____ Date: _____
(Domiciliary Care Services Manager)