**F1 Falls and Environment Risk Assessment**

**Appendix 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the person we are supporting:** | **D.O.B:** | **Date risk assessment conducted:** | | | |
| **Bedroom / Bathroom** | | | **Y** | **N** | **N/A** |
| 1. Is the bed height able to be adjusted so as to aid transfers? | | |  |  |  |
| 2. Is the bed provided with guard rails? If Dols is required? | | |  |  |  |
| 3. Is the flooring in the bedroom free of defects? | | |  |  |  |
| 4. Is the floor covering in the bedroom a different colour from the wall? | | |  |  |  |
| 5. Are bathrooms free from stored materials that could cause a tripping risk? | | |  |  |  |
| 6. Is the door of the bathroom shower room able to be opened and closed easily by the person we support? | | |  |  |  |
| 7. Is there adequate lighting in the bedroom areas? | | |  |  |  |
| 8. Is there a system in place to ensure spillages are cleaned up without delay? | | |  |  |  |
| 9. Is the bathroom / shower / toilet floor the same level? | | |  |  |  |
| 10. Are appropriate toilet aids (as required by the individual) raisers free from defects? | | |  |  |  |
| 11. Is the bedroom free from unnecessary furniture? | | |  |  |  |
| 12. Are foot stools easily moveable for the person we support? | | |  |  |  |
| **Passageways** | | | **Y** | **N** | **N/A** |
| 1. Are floor coverings a different colour to the walls? | | |  |  |  |
| 2. Are there hand rails in place? | | |  |  |  |
| 3. Are passages well light? | | |  |  |  |
| 4. Are the passageways wide enough to allow two people to pass safely? | | |  |  |  |
| 5. Are the passageways free from tripping hazards such as cables? | | |  |  |  |
| 6. Are passageways free from different levels? | | |  |  |  |
| **Dining room / Lounges** | | | **Y** | **N** | **N/A** |
| 1. Are floor coverings free from defects? | | |  |  |  |
| 2. Is there adequate lighting? | | |  |  |  |
| 3. Is the dining furniture arranged so that the risk of tripping for the person we support is minimised? | | |  |  |  |
| 4. Is there a system in place to ensure any spillages are cleaned up without delay? | | |  |  |  |
| 5. Is the dining area free from stored materials which may cause a hazard? | | |  |  |  |
| 6. Are any cables positioned carefully so that they do not cause a trip hazard? | | |  |  |  |
| 7. Is specialist furniture free from defects? | | |  |  |  |
| **Lifts** | | | **Y** | **N** | **N/A** |
| 1. Is the floor in the lift free from defect? | | |  |  |  |
| 2. Are suitable hand rails fitted in the lift? | | |  |  |  |
| 3. Are call bells easily accessible? | | |  |  |  |
| 4. Does the lift stop level to the floor? | | |  |  |  |
| 5. Is the lift provided with adequate lighting? | | |  |  |  |
| **External** | | | **Y** | **N** | **N/A** |
| 1. Is a winter maintenance programme in place that monitors footpaths and walkways? | | |  |  |  |
| 2. Are footpaths free from different levels? | | |  |  |  |
| 3. Are footpaths free from trip hazards? | | |  |  |  |
| 4. If there is a ramp is this free from defects and slipping? | | |  |  |  |
| 5. If there is a ramp does this have hand rails? | | |  |  |  |
| 6. Is there suitable external lighting? | | |  |  |  |

**Any identified risk must be written up a falls risk assessment plan and information added to the person centred care plan.**

Date:

Signature of person who conducted the assessment:

To be reviewed/updated after the person we support falls.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |
| Initials |  |  |  |  |  |  |  |  |