**F1 Falls and Environment Risk Assessment**

**Appendix 1**

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| **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.

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| Date |  |  |  |  |  |  |  |  |
| Initials |  |  |  |  |  |  |  |  |