**Environment Risk Assessment**

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| Name of Service User |  |
| Location of Risk Assessment |  |
| Date of Assessment: |  |
| Assessment Review Due Date: |  |
| Assessor's Name:  |  |
| Job Title: |  |

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| Are there any identifiable hazards associated with attending and returning from the locality? Please specify:  |
| Client t lives on busy road care workers to be mindful when parking and to make sure when getting out of their car they must by and park with driver's door on the pavement side |

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| **Utilities** |  |  |
| *Company* | Location of emergency cut off In the premises | Telephone (Inc Code) |
| *Gas supplier:*  | Outside of the property**If YOU smell gas dial 0800 111 999 0345 052 0000 immediately DO-NOT SWITCH L1GHT$ ON OR OFF. OPEN WINDOWS, FRONT AND BACK DOORS IF POSSIBLE** |  |
| Electricity supplier:  | Hallway  |  |
| Water Supplier: |   |  |

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| **External** (please tick as appropriate) | Yes | No | Other |
| Overgrown entrance? |  |  |  |
| Pathways uneven or broken? |  |  |  |
| Entrance steps worn or broken?  |  |  |  |
| Entrance area cluttered  |  |  |  |
| Handrails fitted? |  |  |  |
| Street/house lighting?  |  |  |  |
| Outside toilet |  |  |  |
| Other: |  |
| **Control Measure:** (Action taken to minimise Risk) |  |
| Are there any other risks that potentially could cause harm to others or fire? If yes, please detail and specify action taken to minimise risk: |  |
| **Internal** ( Please tick as appropriate) | Yes | No | Other |
| Worn, torn, loose, mat or carpet? |  |  |  |
| Slippery or wet flooring |  |  |  |
| Insufficient ventilations? |  |  |  |
| Multi-plug adapters |  |  |  |
| Unguarded fires |  |  |  |
| Clothes or furniture to close to fire |  |  |  |
| Portable heaters |  |  |  |
| Furniture steady and secure? |  |  |  |
| Suitable height for bed /chair? |  |  |  |
| Fire Hazards? |  |  |  |
| Frayed electrical cables? |  |  |  |
| Others: |  |  |  |
| **Control Measure:** (Action taken to minimise Risk)  |  |
| Are there any other risks that potentially could cause harm to others or fire? If yes, please detail and specify action taken to minimise risk: |  |

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| **Bathroom** ( Please tick as appropriate) | Yes | No | Other |
| Pull cord on lights and heaters? |  |  |  |
| Handrail on bath and toilet? |  |  |  |
| No slip mat in bath/shower? |  |  |  |
| Other: |  |  |  |
| **Control Measure:** (Action taken to minimise Risk)  |  |
| Are there any other risks that potentially could cause harm to others or fire? If yes, please detail and specify action taken to minimise risk: |  |

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| **Hall/ Stairs / Landing** (Please tick as appropriate) | Yes | No | Other |
| Loose stair rods? |  |  |  |
| Loose Hand rail |  |  |  |
| Insecure carpets |  |  |  |
| Loose items placed on stairs |  |  |  |
| Steep or awkward stair way |  |  |  |
| Others: |  |  |  |
| **Control Measure:** (Action taken to minimise Risk)  | **NOT IN USE ALL CARE PROVIDED IN THE LOUNGE AREA DOWNSTAIRS** |

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| Are there any other risks that potentially could cause harm to others or fire? If yes, please detail and specify action taken to minimise risk: |  |

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| **Kitchen (please tick as appropriate)**  |  |  |  |
| Loose rugs?  |  |  |  |
| Frayed electrical cables?  |  |  |  |
| Metal pot handles?  |  |  |  |
| Heavy items on high shelves?  |  |  |  |
| Unsafe cleaning products? |  |  |  |
| Incorrect food storage in fridge? |  |  |  |
| Other:  |  |  |  |
| **Control Measure:** (Action taken to minimise Risk)  |  |
| Are there any other risks that potentially could cause harm to others or fire? If yes, please detail and specify action taken to minimise risk: |  |

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| **Other Living Areas** |
| Other issues identified: |  |

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| **Bedroom** |
| Other issues identified:  |  |

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| Have any risk been identified with the chosen lifestyle of the service user e.g. smoker?If yes, how have these been managed and recorded |

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| **Fire Risk Assessment** |
| Identify who is at risk if there is a fire:  |  |
| Would they be able to evacuate the property? |  |
| If there is a fire, staff must take the following actions: |  |
| Are smoke alarms in situ on each floor level: If no, detail what actions have been taken? e.g. referral made to local community fire service. |  |
| Who is responsible for ensuring the smoke alarm/s are regularly tested? Family |  |
| **Additional Awareness** |
|  | Yes | No |  Control Measure:(Action taken to minimize Risk) |
| Are there adequate toilet facilities? |  |  |  |
| Are there adequate washing and drying facilities |  |  |
| Are facilities clean and well maintained? |  |  |
| Is the temperature comfortable? |  |  |
| Is lighting sufficient in all areas? |  |  |
| Can all room be well ventilated |  |  |
| Can all household chemicals, solvents , etc ne stored safety (COSHH) |  |  |
| Are all labels and instructions clearly legible? |  |  |
| Are chemical commodes being used? |  |  |
| Do relatives, pet , etc share the accommodation? |  |  |
| Are they a threat to health and well-being |  |  |
| Are there any hazards from gardens, out-houses, etc? |  |  |
| Are children present in the house where care is delivered? |  |  |

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| **Assessment carried out by ( print name)** |  |
| Signature: |  |
| Date: |  |
| Date next review due: |  |