**Oxfordshire County Council**

**Shared Lives Scheme - Home Risk Assessment Form**

To be completed as part of the Carer Assessment process and then ongoing as part of carers’ Annual Reviews and Support and Monitoring. It is a requirement that these assessments are checked and updated at least annually by the Shared Lives Carer –and more often if there are any changes to the property.

**Name:**

**Address**:

**Date you completed this checklist:**

**Shared Lives Social Worker who supports you**:

**Reason for completing the checklist**:

***By signing this Risk Assessment you are agreeing the contents are accurate and that you are aware of your responsibilities’ under The Health and Safety At Work Act 1974***

In brief these are to reduce the risk to your service users of:

* physical harm and injury
* illness
* trauma and mental health problems
* abuse or neglect
* damage to relationships and personal reputations
* damage to property, or loss of this (including theft)
* death.

and that you have personal responsibility for:

* maintaining your home adequately
* working safely and efficiently;
* following instructions for using any special equipment that you need, so that you and they stay safe;
* using protective clothing and other protective equipment where necessary;
* reporting any accidents or dangerous occurrences that have led to injury or damage, or which could do so;
* assisting in any investigations of accidents, in order to prevent the same thing happening in the future;
* following agreed procedures for safe working.

**2. Utilities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Things to check** | **Yes** | **No** | **Action to be taken** |
| Are your gas appliances safe and serviced regularly? |  |  |  |
| If you offer long term placements you are required to provide the Scheme with a “landlords Gas Safety Certificate” annually. Has this been done in the current year?  |  |  |  |
|  Are there any trailing leads or extension cables that could be caught or tripped over? |  |  |  |
| Is your fuse box fitted with RCD switches? |  |  |  |
| Is a TMV3 fitted and serviced annually? |  |  |  |
|  Can the hot water temperature be controlled to prevent scalding? |  |  |   |

**3. Emergency procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Things to check** | **Yes** | **No** | **Action to be taken** |
| Do you have smoke detectors fitted? |  |  |  |
| Do you maintain and test them weekly? (you need to record and initial each check) |  |  |  |
| Do you have a carbon monoxide detector in your home which is checked regularly?  |  |  |  |
| Do you have an accessible first aid box? |  |  |  |
| Do you know how to deliver emergency first aid and when and how to summon help? |  |  |  |
| Have you a ‘planned’ escape route and procedure in the case of an emergency? |  |  |  |
| Would the client be able to exit the property in the case of a fire? |  |  |  |
| Is everyone in the household aware of this plan? |  |  |  |
| Are all exit doors easily opened day and night in an emergency? (E.g are keys easily available)  |  |  |  |
| Are you aware of/do you have emergency telephone numbers readily available? E.g. GP, EDT |  |  |  |

**4. Domestic safety**

| **Things to check** | **Yes** | **No** | **Action to be taken** |
| --- | --- | --- | --- |
| Is the property suitable for the number of people who will be living/ staying there? |  |  |  |
| Do all rooms have good ventilation? |  |  |  |
| Do client or family members smoke in the home? |  |  |  |
| Are you able to control the temp in all rooms.? |  |  |  |
| Do windows pose any risks? Eg opening not restricted |  |  |  |
| Do you have any smoking arrangement? (specific rooms, outside areas, etc) |  |  |  |
| Do any pets live in the home? |  |  |  |
| Is there adequate lighting in the home? |  |  |  |
| Do you have any rules about locked doors, gates? |  |  |  |
| Do you have any ‘out of bounds’ areas? |  |  |  |
| Are any machinery, tools and garden equipment stored safely? |  |  |  |
| Do you have any ponds, garden features that could cause a hazard? |  |  |  |
| Is the condition of the floor coverings safe? E.g. any loose rugs or trailing flexes? Are stairs safe? E.g. is there a handrail? |  |  |  |
| Does placement of the furniture/equipment allow free movement? |  |  |  |
| Are all furniture and soft furnishings safe and undamaged? |  |  |  |
| Are substances being used for cleaning considered safe? COSHH |  |  |  |
| Are all cleaning fluids and other substances kept in their original containers and in a safe place? |  |  |  |
| Are there facilities for waste disposal?  |  |  |  |
| State type of heating. Is heating adequate, safe and guarded? |  |  |  |
| Are open fires protected by a fireguard? (gas fires etc.) |  |  |  |
| Do all doors fit closely? (e.g. Does the SU’s door close/fit adequately for privacy etc) ? |  |  |  |
| Are flammable items e.g. fluids, stored away from sources of ignition? |  |  |  |
| Do electrical appliances appear in good working order?  |  |  |  |

**5. Kitchen and food**

|  |  |  |  |
| --- | --- | --- | --- |
| **Things to check** | **Yes** | **No** | **Action to be taken** |
| Is it obvious when your cooker or hobs are on? |  |  |  |
| Does the cooker have a “cool” door? |  |  |  |
| Are cooking facilities adequate and do they appear in good working order? |  |  |  |
| Are kitchen work-surfaces and flooring kept clean and in good condition? |  |  |  |
| Is food appropriately stored and the fridge and freezer kept at a safe temperature? |  |  |  |
| Are you and your household aware of the correct methods of food handling and hygiene? |  |  |  |

**6. Medication and health**

|  |  |  |  |
| --- | --- | --- | --- |
| **Things to check** | **Yes** | **No** | **Action to be taken** |
| Do you handle or administer any medication?  |  |  |  |
| Is medication in a Dosette box, which has been filled by a professionally qualified person? |  |  |  |
| Do you keep records of medication? |  |  |  |
| Do you have a safe and secure place in which to store medications?  |  |  |  |
| Are you aware of procedures for handling blood, urine or any body fluids? |  |  |  |
| State if protective clothing is required for personal care/household tasks e.g. plastic aprons, rubber gloves. |  |  |  |
| Do you aid a service user by moving or handling? (If so is an assessment needed)? |  |  |  |
| Are you aware of the correct methods for moving and handling? |  |  |  |
| Is there an unmet need for equipment? If so please specify. |  |  |  |
| Please list any specialist equipment used by service users – is maintenance required? |  |  |  |

**7. General**

|  |  |  |  |
| --- | --- | --- | --- |
| **Things to check** | **Yes** | **No** | **Action to be taken** |
| Are you aware of your responsibilities under health and safety policies and procedures? |  |  |  |
| Have you identified any other risks? |  |  |  |
| Have you identified any learning needs? |  |  |  |
| Is access to the home adequate, e.g. path/driveway/ steps (safe at night)? |  |  |  |
| Is lighting around/outside the home adequate? |  |  |  |
| Is the locality of the property a problem? |  |  |  |
| Are there adequate parking facilities? |  |  |  |

**8. Comments and notes**

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|  |

Signature of Shared Lives Carer(s):

Date: