|  |  |
| --- | --- |
| Form Completed By: | **Date:**  |
| **Participant Name**: | **DOB:** |
| **Address:**   | Contact Number: |
| **This assessment would be completed in conjunction with the participant/nominee****Type of Residence:** House; Unit; Private Rental; Office of Housing; Aged Care Facility; Caravan Park |
| How did you get the information to fill out this form?* Responses from participant/nominee
* Direct observation
* Written records
* Responses from workers
 | **Q.1 Was the participant involved in the assessment?*** Yes
* Declined Reason:
* Unable Reason:
 |
| **Q.2 Does the participant live alone?** * Yes If yes, complete Q.3
* No If no, **print & complete pages 1-6 only** Section 1-5. Do not complete pages 7 -12, Section 6.
 | Q.3 Will only 1 support worker assist the participant, and no other, on a continual basis?* Yes If yes, why: K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png Participant preference K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png Worker availability

 If yes, print & complete pages 1-12 which includes Section 6* No If no, print & complete pages 1-6 which include Section 1-5
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. ACCESS TO PROPERTY** | **Yes** | **No** | **Details/Actions**Attach photos if relevant - CCF-01 Consent Form | **Risk Outcome / Team Leader to Complete** refer to p.6 low, moderate, high, extreme or n/a |
| 1. Is the street sign visible?
 |  |  |  |  |
| 1. Is there difficulty finding property or number?

*e.g. descriptive marker*  |  |  |  |  |
| 1. Is the house obscured from the street?

*e.g. question outdoor environment*  |  |  |  |  |
| 1. Is there difficulty or a distance to a car park? *e.g. closest parking*
 |  |  |  |  |
| **ACCESS TO PROPERTY (con’t)** | **Yes** | **No** | **Details/Actions** | **Risk Outcome** |
| 1. Is the gate difficult to open?

*e.g. other access available* |  |  |  |  |
| 1. Is there a shared driveway?
 |  |  |  |  |
| 1. Which door is used for entry?

If ‘Other’, please define: |  |  | *Front / Side / Rear* |  |
| 1. Are there uneven and/or dangerous paths on entry to door?
 |  |  |  |  |
| 1. Are there any dangerous or slippery steps?
 |  |  |  |  |
| 1. Is the participant able to open door?
 |  |  |  |  |
| 1. Is there difficulty with mobile phone reception?

Is there a working landline? |  |  |  |  |
| **2. HAZARDS** | **Yes** | **No** | **Details/Actions** | **Risk Outcome** |
| 1. Is there adequate lighting inside?
 |  |  |  |  |
| 1. Are the gas and electric appliances well maintained?
 |   |  | *May need to contact rental agent* |  |
| 1. Are there any fire hazards?
 |  |  |  |  |
| 1. Are smoke detectors present and maintained?
 |  |  | *May need to contact rental agent* |  |
| 1. Are there any trip or slip hazards in the home?
 |  |  |  |  |
| **HAZARDS (con’t)** | **Yes** | **No** | **Details/Actions** | **Risk Outcome** |
| 1. Have hazards associated with showering, sponging and toileting been considered? *e.g. manual handling/ slips trips and falls/biological hazards/humidity, etc.*
 |  |  |  |  |
| 1. Are there any manual handling risks with bed transfers? *e.g. on and off the bed, wheelchair manoeuvrability, hoists*
 |  |  |  |  |
| 1. Are there any known infectious illnesses in the house? *e.g. Gastro, Measles, Chicken pox, Covid*
 |  |  |  |  |
| 1. Other hazards?
 |  |  |  |  |
| **3. ANIMALS / PETS** | **Yes** | **No** | **Details/Actions** | **Risk Outcome** |
| 1. Does the participant have any pets/animals around the residence?
 |  |  |  |  |
| 1. Are there any animals with open access to the front of the property?
 |  |  |  |  |
| 1. Can the animals be restrained (put in a room or outside during a visit)?
 |  |  |  |  |
| **4. OCCUPANTS** | **Yes** | **No** | **Details/Actions** | **Risk Outcome** |
| 1. Does the participant, or do other occupants smoke?
 |  |  |  |  |
| 1. Are there particular religious or cultural sensitivities to be aware of?
 |  |  |  |  |
| 1. Does the participant speak English? (If no, is an interpreter required)?
 |  |  |  |  |
| 1. Have communication methods with the participant been established?
 |  |  |  |  |
| 1. Are there any other occupants or visitors likely to be present during home visits?
 |  |  |  |  |
| 1. Are there any known weapons or firearms in the house? If yes, what sort of weapons? Are they secure?
 |  |  |  |  |
| 1. Is there any drug use which could present a danger to our support staff?
 |  |  |  |  |
| **5. HISTORY** | **Yes** | **No** | **Details/Actions** | **Risk Outcome** |
| 1. Does the participant, or other occupants have a history of violent or aggressive behaviour? *e.g. domestic violence, elder abuse or family violence?*

Will the violent/ aggressive person be present at the visit (if it is not the participant)? |  |  |  |  |
|

|  |
| --- |
|  **SUMMARY OF RISK FACTORS** Attach photos if relevant – CCF-01 Consent Form |
| **NOTES/SUMMARY section 1-5**  |

|  |
| --- |
| **Person completing risk assessment: Team Leader:** |
| **Signature of person completing assessment:** | **Date:** |

 |

**Complete risk assessment over the page – p.6**

**Admin/Team Leader to complete:**

* complete risk matrix p.6 (circle risk assessment outcome)
* check that CCF-01 or CCF-57 consent form is current? (only if taking photos)
* CCF-19 original placed in participants file
* copy given to participant/nominee
* electronic copy saved to participants folder
* consult supports manager if risk assessment outcome is moderate, high or extreme

**Home Visit Risk Assessment Matrix**

|  |  |
| --- | --- |
|  **LIKELIHOOD** | **CONSEQUENCE –** how severely could it hurt someone or how ill could it make someone? |
| How likely is it to be that bad? | **Insignificant** first aid treatment only | **Minor** minor medical attention required | **Moderate** medical attention and several days recuperating | **Major** long term illness or serious injury/disability | **Extreme** death or cause permanent disability or ill health |
| **Rare** highly unlikely to occur in next 5 years | **Low**  | **Low**  | **Moderate**  | **Moderate**  | **High**  |
| **Unlikely** not likely to happen in next 12 months, but slight possibility it will | **Low**  | **Low**  | **Moderate**  | **High**  | **High**  |
| **Occasionally** 50/50 chance of happening within a year | **Low**  | **Moderate**  | **High**  | **High**  | **Extreme**  |
| **Likely** could happen in next 6 -12 months | **Low**  | **Moderate**  | **High**  | **Extreme**  | **Extreme**  |
| **Almost certain** could happen anytime**,** probably many times a year | **Low** | **Moderate**  | **High**  | **Extreme**  | **Extreme**  |

**Risk Assessment Outcome – circle outcome and proceed with visit as follows:**

**LOW** Visit acceptable. Ensure control options are followed e.g. PPE/training

**MODERATE** Visit should only proceed after consultation with manager & team leader.

The risks should be reviewed to take into account all the hazards involved.

The risks must be reduced prior to the visit – if in doubt, re-classify as High Risk.

**HIGH** Visit must only proceed with **manager/team leader approval.** The risks associated with the visit must be re-assessed & other options considered.

**EXTREME** Immediate action required by manager/team leader

**Stop here**. Only continue to Section 6 if the participant lives alone & is supported by one individual support worker, and no other.

|  |
| --- |
| **6. HOME ALONE – complete if participant lives alone & is supported by one individual support worker, and no other.**Kyeema is required to assess, for each participant who (1) lives alone and (2) is assisted with Daily Personal Activities (personal supports) by a sole worker. This section focuses on specific risk factors relating to isolation, communication and mobility, that the NDIS Commission requires providers to assess. If participant does NOT live alone, proceed to page.8 |
| **A. PERSONAL CONTACT, SUPPORT AND RELATIONSHIPS** Assess how regularly contact (of any kind) and face to face contact occurs. |
| **6.1** **Personal support network** * Immediate family
* Extended family
* Friends
* Neighbours, community

members whom participantis well acquainted with | Frequency of contact *daily, weekly, fortnightly, monthly**daily, weekly, fortnightly, monthly**daily, weekly, fortnightly, monthly**daily, weekly, fortnightly, monthly* | Level of face to face contact*none/almost never, rarely, sometimes, most of the time, always**none/almost never, rarely, sometimes, most of the time, always**none/almost never, rarely, sometimes, most of the time, always**none/almost never, rarely, sometimes, most of the time, always* |
| **6.2** Other service providers* Personal care providers
* Other NDIS providers
* Health professionals
* Others:
 | Frequency of contact*daily, weekly, fortnightly, monthly**daily, weekly, fortnightly, monthly**daily, weekly, fortnightly, monthly**daily, weekly, fortnightly, monthly* | Level of face to face contact *none/almost never, rarely, sometimes, most of the time, always**none/almost never, rarely, sometimes, most of the time, always**none/almost never, rarely, sometimes, most of the time, always**none/almost never, rarely, sometimes, most of the time, always* |
| **6.3** **Overall assessment for contact with support network (**can be completed when back in the office)* frequent contact (at least fortnightly), contact is face-to-face most of the time. LOW
* regular contact (more than once per month), contact is face-to-face at least 50% of the time. LOW
* irregular contact (less than once per month), contact is usually unscheduled and occurs via telephone or technology most of the time. MODERATE
* some contact (less than every 6 months), contact is face-to-face some of the time. HIGH
* very little contact of any kind and no face-to-face contact. HIGH/EXTREME
 | **Risk Outcome** enter: low, moderate, high, extreme |
| **B. COMMUNICATION -** verbal and non-verbal, use of communication devices. Assess the level of difficulty performing tasks. |
| **6.4 Verbal communication**Understands meaning of simple spoken messages☐ Yes ☐ No ☐ N/AUses words to produce simple spoken messages to express need or want☐ Yes ☐ No ☐ N/ANon-speech vocal expression i.e. when aware another person in proximity; vocalising in response to speech☐ Yes ☐ No ☐ N/A | **Difficulty and/or assistance required** * *no difficulty / no assistance required*
* *minor difficult, needs assistance occasionally*
* *significant difficulty more than 50% of time, usually requires assistance*
* *no difficulty / no assistance required*
* *minor difficult, needs assistance occasionally*
* *significant difficulty more than 50% of time, usually requires assistance*
* *no difficulty / no assistance required*
* *minor difficult, needs assistance occasionally*
* *significant difficulty more than 50% of time, usually requires assistance*
 |
| **6.5** **Communication devices** – *e.g communication boards, special computer software, cochlear implants or hearing aids etc** Yes (no assistance required)
* Yes (assistance required to use)
* No
 | **Difficulty and/or assistance required** * *requires use to communicate more than 50% of the time*
* *needed for communication all the time*
* *n/a*

  |
| **6.6 Non-verbal communication**Understands meanings conveyed by gestures, symbols or drawings, body language and/or reads lips☐ Yes ☐ No ☐ N/A | **Difficulty and/or assistance required*** *unable or extreme difficulty or most of the time, always requires assistance*
* *no difficulty / no assistance required*
 |
| Conveys messages by using intentional movements of body e.g. facial gestures (smiling, frowning, blinking), arm and hand movements or postures (e.g. pointing to receive attention or object) ☐ Yes ☐ No ☐ N/A | * *unable or extreme difficulty or most of the time, always requires assistance*
* *no difficulty / no assistance required*
 |
| Conveys meaning by using signs and symbols (e.g. icons, Bliss Board), drawing or diagram☐ Yes ☐ No ☐ N/AUnderstands meaning of messages conveyed through written language eg. **texting** (including Braille)☐ Yes ☐ No ☐ N/A | * *unable or extreme difficulty or most of the time, always requires assistance*
* *no difficulty / no assistance required*
* *unable or extreme difficulty or most of the time, always requires assistance*
* *no difficulty / no assistance required*
 |
| Understands messages in formal sign language ☐ Yes ☐ No ☐ N/AConveys meaning with formal sign language☐ Yes ☐ No ☐ N/A | * *unable or extreme difficulty or most of the time, always requires assistance*
* *no difficulty / no assistance required*
* *unable or extreme difficulty or most of the time, always requires assistance*
* *no difficulty / no assistance required*
 |
| **6.7 Overall assessment: Verbal communication** * minor difficulty (less than 25% of time) LOW
* moderate difficulty – requires assistance or device 25-50% of the time MODERATE
* significant difficulty (more than 50% of the time HIGH/EXTREME
 | **Non-verbal communication** * minor difficulty (less than 25% of time) LOW
* moderate difficulty – requires assistance or device 25-50% of the time MODERATE
* significant difficulty (more than 50% of the time) HIGH/EXTREME
 | **Reliance on communication devices or others*** minor difficulty (less than 25% of time) LOW
* moderate difficulty – requires assistance or device 25-50% of the time MODERATE
* significant difficulty (more than 50% of the time HIGH/EXTREME
 |
| **C. MOBILITY** Participants ability to move around in day to day life. Assess level of difficulty the participant experiences performing these activities and reliance on mobility equipment (where relevant). |
| **6.8 Mobility** Moves into / out of body position and from one location to another e.g. out of chair to lie in bed☐ Yes (without assistance) ☐ Yes (requires assistance)☐ No Walks and moves around e.g. walking between rooms in a house☐ Yes (without assistance) ☐ Yes (requires assistance)☐ No  | **Difficulty and/or assistance required*** difficulty less than 25% of time, requires assistance from time to time
* significant difficulty more than 50% of time, usually requires assistance
* unable or extreme difficulty, always requires assistance
* difficulty less than 25% of time, requires assistance from time to time
* significant difficulty more than 50% of time, usually requires assistance
* unable or extreme difficulty, always requires assistance
 |
| **6.9 Devices to assist mobility**Requires equipment for transfers (e.g. in/out of bed, sit to standing) ☐ Yes ☐ No Requires use of wheelchair to move ☐ Yes ☐ No Requires uses of cane, crutches or walker / mobility scooter☐ Yes ☐ No Requires use of specialised bed (e.g. fowler bed, hydraulic bed, pressure mattress)☐ Yes ☐ No  | **Level of reliance on mobility equipment*** uses but no assistance is required to operate
* assistance required some of the time
* assistance required more than 50% of time
* assistance required all the time
* uses but no assistance is required to operate
* assistance required some of the time
* assistance required more than 50% of time
* assistance required all the time
* uses but no assistance is required to operate
* assistance required some of the time
* assistance required more than 50% of time
* assistance required all the time
* uses but no assistance is required to operate
* assistance required some of the time
* assistance required more than 50% of time
* assistance required all the time
 |
| **6.10 Overall assessment:** **Physical mobility** – refer to 6.8* use of equipment occasionally required, negligible impact on day to-day mobility if participant unable to use equipment LOW
* moderate difficulties less than 50% of time, participant sometimes needs assistance to move around home or in community MODERATE
* significant difficulties more than 50% of time, participant usually needs assistance to move around home or in community HIGH
* extreme difficulty – requires assistance from another person or use of equipment most or all of the time EXTREME
 | **Reliance on equipment or others** – refer to 6.9* use of equipment occasionally required, negligible impact on day to-day mobility if participant unable to use equipment LOW
* moderate difficulties less than 50% of time, participant sometimes needs assistance to move around home or in community MODERATE
* significant difficulties more than 50% of time, participant usually needs assistance to move around home or in community HIGH
* extreme difficulty – requires assistance from another person or use of equipment most or all of the time EXTREME
 |
| **7.0 SUMMARY OF RISK FACTORS** Attach photos if relevant – CCF-01 Consent Form |
| **NOTES/SUMMARY** section 6 |
| 7. Summary of Risk Factors – from section 6 only**Factors considered in this assessment** | **Assessment***As recorded in overall assessment for each risk category**Support Network 6.3, Communication 6.7, Mobility 6.10* | **Risk Outcome***Calculate risk rating according to risk rating criteria p.9* low, moderate, high, extreme |
| **Contact with support network** 6.3Level of face-to-face contact with personal support network and/or other providers:**Communication** 6.7VerbalNon-verbalReliance on devices or others**Mobility** 6.10Physical mobilityReliance on equipment or others | Enter overall assessment from 6.3*frequent, regular, irregular, some contact, very little contact*Enter each overall assessment 6.7*minor, moderate, significant**minor, moderate, significant**minor, moderate, significant*Enter each overall assessment 6.10*occasional, moderate, significant, extreme**occasional, moderate, significant, extreme, n/a* | *low, moderate, high, extreme**low, moderate, high, extreme**low, moderate, high, extreme**low, moderate, high, extreme**low, moderate, high, extreme**low, moderate, high, extreme, n/a* |

|  |
| --- |
| **Person completing risk assessment: Team Leader:** |
| **Signature of person completing assessment:** | **Date:** |

**Team Leader/Admin** to complete for participants who are **home alone and supported by one support worke**r:

* CCF- 90 Home Alone – Communication, Monitoring and Supervision Plan
* FF-09 Home Alone with Sole Worker Service agreement

**Admin/Team Leader to complete:**

* complete risk matrix p.12 (circle risk assessment outcome)
* check that CCF-01 consent form is current? (only if taking photos)
* copy placed in file /folder in supports manager’s office
* copy given to participant/nominee
* electronic copy saved to participants folder
* consult supports manager if risk assessment outcome is moderate, high or extreme

**Home Visit Risk Assessment Matrix**

|  |  |
| --- | --- |
|  **LIKELIHOOD** | **CONSEQUENCE –** how severely could it hurt someone or how ill could it make someone? |
| How likely is it to be that bad? | **Insignificant** first aid treatment only | **Minor** minor medical attention required | **Moderate** medical attention and several days recuperating | **Major** long term illness or serious injury/disability | **Extreme** death or cause permanent disability or ill health |
| **Rare** highly unlikely to occur in next 5 years | **Low**  | **Low**  | **Moderate**  | **Moderate**  | **High**  |
| **Unlikely** not likely to happen in next 12 months, but slight possibility it will | **Low**  | **Low**  | **Moderate**  | **High**  | **High**  |
| **Occasionally** 50/50 chance of happening within a year | **Low**  | **Moderate**  | **High**  | **High**  | **Extreme**  |
| **Likely** could happen in next 6 -12 months | **Low**  | **Moderate**  | **High**  | **Extreme**  | **Extreme**  |
| **Almost certain** could happen anytime**,** probably many times a year | **Low** | **Moderate**  | **High**  | **Extreme**  | **Extreme**  |

**Risk Assessment Outcome – circle outcome and proceed with visit as follows:**

**LOW** Visit acceptable. Ensure control options are followed e.g. PPE/training

**MODERATE** Visit should only proceed after consultation with manager & team leader.

The risks should be reviewed to take into account all the hazards involved.

The risks must be reduced prior to the visit – if in doubt, re-classify as High Risk.

**HIGH** Visit must only proceed with **manager/team leader approval.** The risks associated with the visit must be re-assessed & other options considered.

**EXTREME** Immediate action required by manager/team leader