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|-----------------|---|-------------|---|-------------------|
| Document Name | Home Environmental Risk Assessment & Risk Management Plan | | | |
| Document Number | 7.1 | | | |
| Issue Date | Revision | Review Date | Policy Owner | Signature |
| 01/01/2026 | 01 | 01/01/2029 | Emily Boyd on behalf of Silvergrove Home Care | <i>Emily Boyd</i> |

A home environmental Risk Assessment should be completed prior to the delivery of services and a Risk Management Plan must be put in place.

This Risk Assessment must be discussed with the Home Support Worker before they are required to attend the Service Users' home.

Service User Details

| | |
|--------------------|--|
| Service Username | |
| Address | |
| Date of Assessment | |
| Assessed By | |
| Review Date | |

1. Home Environmental Risk Assessment

Access to Property (paths, steps, lighting, parking)

| Hazards Identified | Risk Level (L/M/H) | Comments |
|--------------------|--------------------|----------|
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Entrance & Exit Safety (doorways, locks, emergency exits)

| Hazards Identified | Risk Level (L/M/H) | Comments |
|--------------------|--------------------|----------|
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Internal Walkways (trip hazards, rugs, clutter, cables)

| Hazards Identified | Risk Level (L/M/H) | Comments |
|--------------------|--------------------|----------|
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Stairs (handrails, lighting, non-slip surfaces)

| Hazards Identified | Risk Level (L/M/H) | Comments |
|--------------------|--------------------|----------|
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Bathroom Safety (grab rails, non-slip mats, water temperature)

| Hazards Identified | Risk Level (L/M/H) | Comments |
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Kitchen Safety (appliance safety, fire risks, storage)

| Hazards Identified | Risk Level (L/M/H) | Comments |
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Bedroom Safety (bed height, access, mobility aids)

| Hazards Identified | Risk Level (L/M/H) | Comments |
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Electrical Safety (exposed wires, overloaded sockets)

| Hazards Identified | Risk Level (L/M/H) | Comments |
|--------------------|--------------------|----------|
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Fire Safety (smoke alarms, fire blanket/extinguisher)

| Hazards Identified | Risk Level (L/M/H) | Comments |
|--------------------|--------------------|----------|
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Manual Handling Risks (hoists, transfers, equipment condition)

| Hazards Identified | Risk Level (L/M/H) | Comments |
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Infection Control (cleanliness, waste disposal, pets)

| Hazards Identified | Risk Level (L/M/H) | Comments |
|--------------------|--------------------|----------|
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Medication Storage (safe, secure, appropriate storage)

| Hazards Identified | Risk Level (L/M/H) | Comments |
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Safeguarding Risks (environmental or social concerns)

| Hazards Identified | Risk Level (L/M/H) | Comments |
|--------------------|--------------------|----------|
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Other Identified Risks

| Hazards Identified | Risk Level (L/M/H) | Comments |
|--------------------|--------------------|----------|
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Risk Rating Matrix

Use the following guide to assign a risk level:

| Risk Level | Definition | Action Required |
|------------|---|--|
| Low | Minimal risk, unlikely to cause harm. | Monitor and maintain safe practice. |
| Medium | Potential to cause harm if not addressed. | Implement controls within agreed timeframe. |
| High | It is likely to cause serious harm or incident. | Immediate action required before service begins. |

2. Risk Management Plan

For each identified risk, outline control measures and actions to minimise risk:

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|----------------------|--|
| Risk Identified | |
| Control Measures | |
| Person Responsible | |
| Timescale for Action | |
| Review Date | |
| Status/Completed | |

3. Compliance Statement

This Home Environmental Risk Assessment and Risk Management Plan has been completed in line with relevant HSE service specifications for Safer Better Healthcare / National Standards for Residential Care Settings for Older People in Ireland.

It supports safe delivery of care in the service user's home environment, ensuring risks are identified, assessed, and controlled prior to commencement of service.

4. Sign Off

| | |
|---|------|
| Assessor Signature | Date |
| Service User / Representative Signature | Date |
| Manager Approval (if required) | Date |