

## Risk & Vulnerability Assessment

This assessment must be completed before the service starts. Care & Support staff completing this must refer to **CS04a Risk & Vulnerability appendix 4 (Assessment guidance)**.

<b>Supported person's details:</b>	
<b>Name:</b> Ann O'Nomous	<b>ARK service:</b> Southhouse (Edinburgh South)
<b>Address:</b> 1a Main Street, Edinburgh EH1 1AA	<b>Phone/Email:</b> 0131 123 4567 anon@hotmail.co.uk

<b>Referrer's details:</b>	
<b>Name:</b> Jane White	<b>Position:</b> Social worker – Adult Learning Disability Team, City of Edinburgh council
<b>Address:</b> Social Work Office, Random Street, EH2 2BB	<b>Phone/Email:</b> 0131 234 5678/07701 123 456 Jane.white@edin.gov.uk

<b>Consent and capacity:</b>	
The individual (or legal proxy) is aware of this assessment: <b>[Yes]</b>	
The individual has contributed to this assessment: <b>[Yes]</b>	
Decision-making powers are held by another person: <b>[Yes]</b>	
Detail orders and/or guardianship in place: <i>(e.g., welfare guardianship, appointeeship, power of attorney, s.47, CTO, MAPPA)</i>	
Welfare guardian: City of Edinburgh council social work department – John Green Financial guardian: Susan Brown – McHaggis solicitors	
There is a copy of any guardianship/intervention order held in the service: <b>[Yes]</b>	

<b>Communication needs:</b>	
(If <b>yes</b> , give details: note historical and current risks, who may be harmed and how)	
<p><b>[Y]</b> Verbal communication: <i>Ann needs processing time and can find it difficult to get her words out. Staff must give Ann time to finish her sentence and not interrupt. If staff don't do this, it could cause Ann to become anxious</i></p> <p><b>[N]</b> Written communication:</p> <p><b>[N]</b> Visual aids required:</p> <p><b>[N]</b> Environmental factors:</p>	
Further information about this can be found: see Good Life Support Plan (communication)	

**Behaviour of Concern:**

(If **yes**, give details: note historical and current risks, who may be harmed and how)

[N] There is a requirement for physical intervention:

[Y] Issues in engaging with other services or support: *Ann sometimes refuses support to meet her basic needs and will lie in bed for prolonged periods (in a soiled bed, without food or drink). This could affect her mental wellbeing and risks malnutrition, skin infection and breakdown, dehydration and social isolation*

[N] Substance use/abuse:

[N] Risk-taking behaviours:

[N] Exploitative behaviours:

[N] Harassing behaviours:

[Y] Isolating behaviours: *Ann sometimes does not leave her house for days and this can isolate her from her community, friends and family. This may affect her mental health. Staff encourage Ann to get out and about daily.*

[N] Antisocial behaviour:

[N] Offending behaviour:

[N] Violence and/or aggression:

Further information about this can be found:

**Sensory needs:**

(If **yes**, give details: note historical and current risks, who may be harmed and how)

*Any sensory sensitivities identified should be supported by a full sensory profile from CLDT (OT/SALT)*

[Y] Under/oversensitivity to noise: *Ann finds prolonged conversation very overwhelming, which can make her anxious. Ann often demonstrates feeling anxious through pulling at her hair and pacing rapidly. It is best for Ann to leave for somewhere quiet.*

[N] Under/oversensitivity to touch:

[N] Under/oversensitivity to taste:

[N] Under/oversensitivity to lighting:

[N] Under/oversensitivity to smells:

[N] Under/oversensitivity to pain:

Further information about this can be found: see Sensory profile in Good Life documentation

### Personal care:

(If **yes**, give details: note historical and current risks, who may be harmed and how)

[Y] Scalding: *Ann's shower has a temperature control. Staff should still check the temperature before Ann checks by testing it with her hand to avoid scalding.*

[Y] Bathing/showering: *Ann can be reluctant to shower. This has an affect on her ability to socialise as well as her mental health. Getting her nails done after a shower can often be a good motivator to wash*

[Y] Dressing: *Ann needs staff to allow her to pick from 2 pieces of clothing on what she would like to wear that day. She has a specific order that she puts her clothes on. Offering too many options could result in Ann becoming 'stuck'.*

[Y] Personal appearance/hygiene: *Ann needs full support from staff with her personal care and support. It's important to Ann to look smart and to be told she looks smart, failure to support Ann to look smart would impact negatively on her mental health.*

[Y] Nail care: *Ann needs staff to file her nails regularly. Without this support Ann would be at risk of ingrowing nails, fungal and bacterial infections.*

[Y] Dental care: *Staff should brush Ann's teeth twice daily. Without this support Ann would be at risk of dental decay, gum disease and pain.*

[Y] Continence: *When Ann lies in bed for a long time, she may not use the toilet. This could lead to infection and bedsores. Staff will seek advice from the GP/NHS24 if Ann has refused to get out of a soiled bed for 12 hours or more*

Further information about this can be found: All personal care routines are in Good Life Support Plan

### Medication:

(If **yes**, give details: note historical and current risks, who may be harmed and how)

[Y] Able to self-medicate: *Ann does not have the ability to administer all prescribed medication therefore would be at risk of missing medication, over or under medicating therefore requires full staff support to maintain her health and wellbeing. Ann has a covert medication pathway in place.*

[Y] Storing medication: *Ann does not understand the importance of safe storage of medication or expiry dates and would be at risk of spoiling medication by storing it inappropriately therefore*

*requires full staff support.*

**[Y]** Ordering medication: *Staff re order all medication for Ann, Ann would be unable to do this herself which could result in a breakdown in health if Ann was not to receive the correct medication.*

**[Y]** Able to understand what medication is for: *Ann is unable to understand what her medication is for and needs full support with medication to ensure that she remains healthy.*

Further information about this can be found: MAR chart and Good Life Support Plan

### **General health:**

(If **yes**, give details: note historical and current risks, who may be harmed and how)

**[Y]** Mobility: *Ann may not leave her bedroom for long periods of time and this impacts on her mobility as she is not walking or using her limbs and can find it difficult to stand at times. The O.T and physio have been asked to reassess Ann to assist with this and to give advice to her staff on how to minimise the risk of Ann not walking for long periods of time and using her muscles. Ann not accessing the community or other activities within in is home can lead to her mental health deteriorating and social isolation.*

**[N]** Sexual health:

**[Y/N]** Able to make/attend health appointments: *Ann requires staff support to make health appointments and support her to attend, without this support Ann's health and wellbeing would be at risk.*

**[N]** Physical health issues that impact wellbeing:

**[N]** Communicable diseases including Blood Borne Viruses:

**[N]** Able to express emotional/physical pain:

**[Y]** Mental health Issues that impact on wellbeing: *Ann has OCD and staff follow strict routines with Ann to maintain her mental health. Ann can lie in her bed for prolonged periods of time resulting in social isolation.*

**[Y]** Triggers/factors that negatively affect mental health: *Routine, structure and control are important to Ann and any challenges or changes to these factors can trigger a decline in Ann's mental health. Staff should ensure they are aware of Ann's routines to ensure that Ann maintains good mental health.*

**[Y]** Indicators of deteriorating mental health: *There may be times when Ann will refuse to get out of bed, and will lie in a soiled bed. Ann may also refuse to eat or drink and become tired. If after 24 hours Ann has not gotten up, staff should call NHS24.*

**[N]** Suicide attempts/suicidal threats or ideation:

**[Y]** History of/current issues of self-harm: *Ann will lie in her bed for prolonged periods of time despite being physically able. Ann will also refuse to eat or drink. This can lead to malnutrition, dehydration, skin break down, infection, cross infection and social isolation.*

Further information about this can be found: Please see Good Life Support Plan

### **Eating and drinking:**

(If **yes**, give details: note historical and current risks, who may be harmed and how)

**[Y]** Diagnosis relating to food/dietary requirements: *Ann will refuse to eat. Ann requires foods to be slow cooked, cut into mouth size pieces and for foods to be served with plenty of gravy or sauce to ensure that Ann doesn't choke.*

**[Y]** Weight maintenance: *Ann will refuse to eat. Staff to monitor Ann's weight, to ensure that Ann's BMI does not fall below 20 (9st 7lbs), to ensure she maintains a healthy diet and lifestyle and liaise with all health professionals if it was to fall below this in particular her dietician. Should her weight not be monitored and concerns highlighted this could lead to prolonged support measures being implemented.*

**[Y]** Able to prepare/cook food: *Ann can become obsessed by certain foods therefore she has a 2 week menu planner in place which she helps to compile. Staff prepare all Ann's meals as she is unable to cook for herself, Failure to follow her menu plan can raise Ann's anxieties and potentially lead to malnutrition.*

**[Y]** Able to eat/drink independently: *Ann will refuse to eat and drink although physically able to do so. Staff should never share their food with Ann but eating with her at the table helps to motivate her to eat. Staff to call GP if she has refused fluids or food for 24hrs. Staff offer food and fluids regularly in Ann's bedroom when she is unable to leave her bedroom to maintain her weight and to prevent malnutrition and dehydration. Fluids or Food must not be given when Ann is lying down as this could result in her choking.*

Further information about this can be found:

### **Spirituality/relationships:**

(If **yes**, give details: note historical and current risks, who may be harmed and how)

**[N]** Relationships with family:

**[Y]** Relationships with friends: *Due to Ann not leaving her flat for periods of days at a time Ann may find it difficult to maintain relationships with friends. Staff encourage Ann to access the community daily and to go to events as much as possible to keep this contact to maintain relationships and prevent social isolation.*

**[N]** Relationship with partner:

**[N]** Able to attend to spiritual needs independently:

Further information on this can be found:

### Finances

(If **yes**, give details: note historical and current risks, who may be harmed and how)

**[N]** Matters relating to debts/loans/arrears/fines:

**[Y]** Able to manage benefits: *The social work department are welfare guardians and a solicitor is her financial guardian. Without this support Ann would be at risk of losing benefits.*

**[Y]** Able to manage bills/invoices: *Ann has no understanding of bills and requires full staff support to ensure he does not fall into arrears*

**[Y]** Difficulties with general financial management: *Ann does not have the capacity to manage her own finances and requires full staff support to budget and carry out banking. Without this support Ann would be at risk of financial abuse.*

Further information about this can be found: Please see Good life Support Plan 'my finances'

### Household/tenancy

(If **yes**, give details: note historical and current risks, who may be harmed and how)

**[Y]** House cleaning: *Ann is unable to carry out most household tasks without prompting or full staff support. Without staff support Ann would not be aware of the need to clean her home and would be at risk of poor household hygiene.*

**[Y]** Laundry: *Ann would be unable to recognise when items required to be laundered without prompting from staff but with a great deal of support is able to contribute a little to the laundry. Ann's clothes and bedding will often be soiled and may refuse to be changed. There is a risk of infection, cross infection should Ann not accept support from staff*

**[Y]** Home Maintenance: *Ann is unable to recognise home maintenance issues and does not know how to keep her home free from hazards without full staff support.*

**[Y]** Reporting repairs: *Ann does not have the ability to recognise where repairs are required and how these can be resolved. This could result in a risk to Ann's safety within her home.*

**[Y]** Able to shop (household and food): *Staff do Ann's shopping on a Sunday when Ann is out with her mum and dad as busy shops can impact negatively on her mental health.*

**[Y]** Able to understand/respond to fire safety: *Ann would not respond appropriately if there was a fire in her home. Ann may be stuck or refuse to get up. Although Ann would be able to leave her home physically when well, fire permitting, in the event of a fire she would not be able to alert the fire service. There is a risk of burns, smoke inhalation and fatality.*

**[Y]** Able to keep home safe and secure: *Ann has assistive technology to alert staff if she leaves her home without staff support as she would leave the property unlocked which would place her at risk of burglary.*

Further information about this can be found:

### **Taking part in the community:**

(If yes, give details: note historical and current risks, who may be harmed and how)

**[Y]** Road safety: *Ann has no road concept about road safety and requires support from staff at all times when out in the community to ensure that Ann is safe. Without this support Ann would be at risk of becoming the victim of a road traffic collision.*

**[N]** Public transport:

**[Y]** Engaging in social activities: *At present Ann is refusing to leave her bedroom. Ann needs full support from staff to engage in activities. Without this support he would be at risk of social isolation and a decline in her mental health.*

**[N]** Engaging in employment/training:

**[N]** Neighbour complaints or disputes:

**[N]** Experiencing harassment/feeling unsafe in local area:

Further information about this can be found:

### **Child protection:**

(If yes, give details: note historical and current risks, who may be harmed and how)

**[N]** The individual presents a risk to children:

**[N]** Child protection issues that place the individual at risk:

*(For example: the individual puts themselves in compromising positions that might leave them open to allegations like keeping the company of younger people, or inviting them into their house)*

Further information about this can be found:

### **Other identified risks:**

(If **yes**, give details: note historical and current risks, who may be harmed and how)

Further information about this can be found:

<b>Completed by (name and role):</b>	David Black
<b>Date of completion:</b>	12.09.2020
<b>Signature:</b>	<i>signature</i>
<b>Manager (name and signature):</b>	Laura Grey <i>signature</i>
<b>Date of sign-off by manager:</b>	15.09.2020

<b>Next review date:</b>	11.03.2021
<b>New risks identified/updates:</b>	10.10.2020 – new risk identified re: isolating behaviours