$\label{lem:suitability} \mbox{ Appendix 6} - \mbox{ Simplified Homecare Suitability and Needs Checklist } \\ \mbox{ Home suitability and needs assessment}$

| Situation Description/Scope of Risk (Use minimum patient identifiable | | | | | | | |
|---|------|---|---------|------------------------------|-----|-------|-------|
| Risk Category | Ris | ks Identified | l | | Red | Amber | Green |
| Medicines: e.g. safe storage, storag temperature, cross contamination | e | | | | | | |
| Clinical: e.g. infection prevention, appropriate ancillaries, competent use of equipment | | | | | | | |
| Access (delivery & nursing): e.g. steps, parking, street lighting | | | | | | | |
| H&S (delivery & nursing): e.g. slips and trips, electrical, smoking, pets. | | | | | | | |
| Risks to patients introduced by homecare services equipment and ancillaries | | | | | | | |
| Safeguarding: cultural sensitivity, disability, other occupants | | | | | | | |
| Patient confidentiality: privacy, clinical records, unauthorised persons receiving and/or opening deliveries | | | | | | | |
| Other (give full description) | | | | | | | |
| Measures already in place to manage identified risks | | | | Measures effective Yes/No | Red | Amber | Green |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Further measures to be put in place to control identified risks | | | By whom | When | Red | Amber | Green |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Risk assessment performed by Print name and sign | Date | Risk assessment approved by Print name and sign | | | | | Date |
| | | | | | | | |
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^{*}RAG Status = Red — unacceptable risk, Amber — acceptable risk, Green — no significant risk identified