

**Adult Care Risk Assessment and Management Plan**

**Lincolnshire County Council**

**Person Details**

Name:
AIS no.:
Address:

**Assessors Details**

Name:	Role:
Team:	Date of risk assessment:

## Risk Assessment

Are there concerns that the person does not have mental capacity to understand the presenting risk(s) covered in this assessment and plan?

Carry out the 2 stage capacity test required by the Mental Capacity Act 2005. See Code of Practice Chapter 4 for further information.

**Stage 1** - Is there an impairment of, or disturbance in the functioning of a person's mind or brain?

If so

**Stage 2** - Does that impairment or disturbance mean that the person is unable to understand/weigh up and make the decision in question at the time it needs to be made, and communicate their decision by any means?

Using the information available, both present and historical, and your professional judgement and experience, assess the risks which the person faces.

What is the high or severe risk? What harm could potentially happen?	Risks to/from				Does the person appear to lack capacity to understand the risk?		Is a mental capacity assessment required?	
	To self	To others	From others	Environment	Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No

Details of capacity assessment and findings. Include details of any Lasting Power of Attorneys.

Is there evidence to suggest that the risks are likely to continue, repeat or escalate? Please detail:

What has been the negative impact on the person's independence, health and wellbeing by the risk being taken/accepted?

What are the positive benefits to the person by the risk being taken/accepted?

The person's view/understanding of the risk. If the person lacks capacity, state their representative's view.

Assessor's views (consider capacity; past history; attitude to risk; motivational levels).

Views of carers/other people/organisations contributing to the risk assessment (state who and their involvement with the person).

Which other organisations have been, or should be, involved in managing these risks? (e.g. Police - has the person, or people, involved in the risks had any previous relevant involvement with the Police? Fire and Rescue; Ambulance Service; NHS; support organisations).

## Risk Management Plan

What is in place now to assist managing the risk?

Action Plan - Identified additional measures/actions to be put in place. Include the person responsible and target date for completion.

Action Plan - Who needs to be informed/involved? Include the person responsible and target date for completion.

Action Plan - How will the measures be monitored? Include the person responsible and target date for completion. Also, include dates of any monitoring activity/reviews.

Action Plan - What are the evacuation/contingency plans in place? Include the person responsible and target date for completion.

Where support has been declined and/or the person has not agreed with actions/elements of the action plan, record reasons and offers of support. Consider LCCs Duty of Care to the person and others. Record any actions taken contrary to the person's wishes.

If a decision has been made not to support the risk/decision/choice, please detail how the decision was made and by whom:

Is this a second or subsequent assessment? If so, please indicate the dates and in what ways it is different from previous assessments.