| **Risk to Consider** | **Further Comments** | **Risk – Low/High** |
| --- | --- | --- |
| Is the person already known to Adult Social Care? | If seen recently by yourself or other professionals and/or known to services | Low Risk |
| If not known to services/needs have changed/safeguarding concerns/ not seen for 3 months or more | High Risk |
| What is the nature/purpose of your visit? | Initial assessment | High Risk |
| Planned Review | Low Risk |
| Reassessment due to change in need/deterioration – extent of deterioration to be considered | Further Information Required |
| Review due to improvement | Low Risk |
| Safeguarding concern evident / welfare check | High Risk |
| Where has the information come from? | Individual concerned – consider could they be over/under exaggerating their needs | Further Information Required |
| Professional who has seen the individual | Low Risk |
| Professional who has not visited the individual | High Risk |
| Family member who is known to support the individual | Low Risk |
| Family member who there has been no contact with before  Are there any inconsistencies in the information you have? | Further Information Required  Further Information Required |
| Does the person have mental capacity? | No and they have no family/advocate | High Risk |
| No – however they are well supported/represented, such that their view/wishes (including prior views/wishes) can be accurately collated? | Low Risk |
| Yes – able to make all decisions and communicate them. | Low Risk |
| Unknown | Further Information Required |

|  |  |
| --- | --- |
| **Professional Decision** | **Rational for Decision** |
| Home visit required |  |
| Home visit not required |  |