SITE survey. APP

SITE SURVEY REPORT

Falls Risk Assessment

Prepared for	Ashgrove Court, Lancaster (fictional)
Date	16 Sep 2026
Site	Ashgrove Court, Lancaster
Prepared by	T. Nwosu

FORM

Falls Risk Assessment

1. The person

Project	Ashgrove Court, Lancaster: falls risk assessment (completed example)
Home or service	Ashgrove Court
Name or reference of the person	Resident ref AC-117
Room or address	Room 12, ground floor
Date of assessment	16 Sep 2026
Assessed by, and role	T. Nwosu, senior carer
Where do they live?	A care home
Why now?	After a fall

> This form does not give a score. NICE guideline NG249 (recommendation 1.1.1) says: do not use falls risk prediction tools to predict a person's risk of falling. NICE recommends a comprehensive falls assessment that identifies the person's individual risk factors, each of which is then addressed. This form records those factors and the actions agreed.

> NICE recommends offering a comprehensive falls assessment and comprehensive falls management to people in hospital inpatient settings and residential care settings (recommendation 1.1.7).

> Several of the checks on pages 3 and 4 are clinical examinations. Record who carried each one out at the end of page 4, and refer to the GP or falls service for any you are not trained to do.

2. Falls history

Falls in the last year	2
Date of the most recent fall	14 Sep 2026
What happened? Where, when, doing what, and any injury	Found sitting on the floor beside the bed at 03:10, on the way to the toilet without the walking frame. Bruise to the left hip, seen by the GP the next day, no treatment needed.
Were they injured in a fall and needed medical treatment?	No
Did they lose consciousness?	No
Were they unable to get up on their own?	Yes
Are they living with frailty?	Yes

Are they worried about falling?	Yes

3. Individual risk factors

Cardiovascular examination, including lying and standing blood pressure	No concern
Alcohol use	No concern
Cognition and mood	No concern
Signs of delirium	No concern
Diet, fluid intake and weight loss	No concern
Dizziness	No concern
Footwear and foot condition	Concern
What is the concern?	Wears loose backless slippers at night
Functional ability, and their own concerns about falling	Concern
What is the concern?	Says she is scared of falling and has stopped walking to the lounge

4. More risk factors

Gait, balance, mobility and muscle strength	Concern
What is the concern?	Unsteady when turning, leaves the frame by the chair
Hearing	No concern
Long-term conditions that affect daily life, such as arthritis, dementia, diabetes or Parkinson's disease	Concern
What is the concern?	Arthritis in both knees, stiff first thing
Neurological examination	Not assessed
Osteoporosis risk	Not assessed
Urinary continence	Concern
What is the concern?	Gets up to the toilet two or three times a night
Vision	Concern
What is the concern?	Eye test overdue, glasses not worn at night
Date of the last medication review	20 May 2026

Medication review	Concern
What is the concern?	No review since the two falls, GP asked to review

> For people in residential care, NICE recommends a structured medication review to identify any medicines that may increase the risk of falls and to consider adjusting them (recommendation 1.3.21).

Who carried out the blood pressure, neurological and other clinical checks, and their role	Lying and standing blood pressure: T. Nwosu, senior carer, trained by the home. Neurological examination and osteoporosis risk not done here, referred to the GP.
Factors with a concern	7
Not assessed	2

5. Their room and surroundings

Call bell within reach, and they know how to use it	Yes
Bed and chair at a height they can get up from	Yes
Lighting, including at night on the way to the toilet	Poor
Floor clear of clutter, loose rugs and trailing leads	Yes
Walking aid within reach and in good condition	No
Glasses and hearing aids within reach and worn	No
What needs changing?	No light on the way to the en suite at night. Walking frame left by the armchair, out of reach from the bed. Glasses left in the drawer at night.

6. Actions and review

Actions 1: Medication, osteoporosis and neurological checks

Risk factor	Medication, osteoporosis and neurological checks
What will be done?	Ask the GP for a medication review after two falls, and to assess osteoporosis risk and carry out the neurological examination, which were not done here.
Referral	GP
Who	T. Nwosu
By when	23 Sep 2026

Done on	22 Sep 2026
Outcome	GP reviewed her medicines and did the neurological check. Osteoporosis assessment booked

Actions 2: Gait, balance and fear of falling

Risk factor	Gait, balance and fear of falling
What will be done?	Refer for strength and balance work. Staff to walk with her to the lounge each afternoon.
Referral	Physiotherapist
Who	C. Hardy, unit manager
By when	30 Sep 2026
Done on	29 Sep 2026
Outcome	Physiotherapist assessed her. Exercise plan added to the care plan

Actions 3: Night-time toilet trips

Risk factor	Night-time toilet trips
What will be done?	Fit a night light to the en suite route. Frame placed by the bed at night. Continence assessment requested.
Referral	Continence service
Who	Maintenance and night staff
By when	21 Sep 2026
Done on	19 Sep 2026
Outcome	Night light fitted. Continence assessment booked for 8 October

Actions 4: Vision and footwear

Risk factor	Vision and footwear
What will be done?	Book an eye test. Glasses on the bedside table at night. Family to bring in closed-back slippers.
Referral	Optician
Who	C. Hardy
By when	9 Oct 2026
Could the person take part in and agree to this plan?	Yes

Has the plan been discussed and agreed with the person, and their family or representative where appropriate?	Yes
Review date	14 Oct 2026

> Review after any fall, and whenever their health, medicines or surroundings change.

Assessor name	T. Nwosu, senior carer
Assessor signature	
The person, or who signs for them	M. Kerr, daughter, signing at the resident's request
Their signature	