

CENTRA ASSESSMENT MATRIX

General	
Is there a working outgoing telephone line in property	
Is there working power socket within 3m of outgoing telephone socket?	
Does the Service user require a key safe?	
Personal - Falls	
Does the Service User have a history of falls?	
Has Service User lost confidence following a fall?	
Is the Service User fearful of being alone?	
Does the Service User have a history of night time falls?	
Does the Service User have a history of falls in the bathroom?	
Are falls as a result of poor lighting?	
Has the Service User suffered loss of consciousness?	
Has the Service User spent a long time on the floor following a fall?	
Personal - Does the Service User purposefully walk (wander)	
During the daytime?	
During the Night time?	
Is the service User unable to find their own way home?	
Personal - Inactivity	
Unable to transfer themselves safely?	
Is there a risk that they will not get out of bed?	
Is a normal bed used?	
Is a normal chair used?	
Serious health issues?	
Personal - Health Changes	
Epilepsy?	
Movement seizure?	
Sudden loss of consciousness?	
Personal - Medication Adherence	
Needs prompts?	
General Prompts	
Is prompt needed during activity?	
Daily prompt?	
Multiple prompts?	
Personal - Safety and Security	
Leaves property unsecured?	
Allows strangers into property?	

Environmental - Fire / Flood	
Is a smoker?	
Inappropriate use of appliances?	
Mobility issues?	
Does not remember to turn taps off?	
Environmental - Carbon Monoxide	
Has a gas supply?	
Has an open wood burning fire?	
Environmental - Unignited Gas	
History of leaving unignited gas?	
Gas cooker/fire?	
Environmental - Temperature Extremes	
Inappropriate use of heating?	
Unaware of room temperature?	
Has a respiratory condition?	
Has a heart condition?	
Sensory Impairment	
Hard of Hearing?	
Wears hearing aids?	
Poor sight?	
Heavy sleeper?	
Alerting Carers - Care Alerts/Pagers	
Does the person live alone?	
Is there a live-in carer?	
Is there carer stress?	
Is the carer having sleepless nights?	