

Person Centred Approaches Subgroup
Learning Disabled Service users
Choice and Involvement in Cooking Assessment

This form is to be used when assessing the level of LD Service Users ability to be involved in the preparation of food. Over the last two years individuals within Speak Out advocacy groups have raised issues around lack of choice and control over food and cooking in residential homes.

Service user focus groups highlighted the lack of experience people with learning disabilities have had in food preparation and cooking. It was clear that many people had not had the experience of handling ingredients, chopping and preparing food and using a cooker. It may not be possible or appropriate to fully involve the person in all aspects of meal preparation. This form is intended to assist staff in identifying which activities may be suitable for the person.

This tool is not intended to replace a risk assessment process for identified activities but serves to suggest areas of possible involvement

Name of Service user:	Service:
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Area of Concern	Yes	Partially	No	Suggested Options for Involvement	YES	NO
1. The person has reduced mobility and is unable to stand safely at a cooker/ worktop				Can this person be supported from a sitting position to stir hot food safely brought to them or contribute from the surface of their wheelchair or the kitchen table?		
2. The person has reduced dexterity and is unable to stir hot food safely				Can the food be safely stirred using hand-over-hand techniques?		
				Can the person be supported to switch-on kitchen appliances (Blenders, Processors, Mixers etc) and contribute in this way?		
				Is it possible for the person to be safely involved stirring cold foods such as cake mixes, rice salad etc?		

Area of Concern	Yes	Partially	No	Suggested Options for Involvement	YES	NO
				Can the person put cold, pre-prepared ingredients together in a bowl/saucepan prior to cooking?		
3. The person has reduced dexterity and is unable to cut/chop meat and vegetables independently				Can the food be safely cut using hand-over-hand techniques?		
				Is there a mechanical aid that can be used to enable better involvement?		
				Can they add ingredients chopped by others into the recipe?		
				Can they be supported to measure ingredients adding individually or by the spoonful to achieve the correct weight?		
				Can they stir or mix instead?		
				Can the person be helped to unpackage processed foods putting them onto a baking tray for example?		
4. The person has a sight impairment				Can they be supported to select and check the quality of ingredients for the meal (eg feeling and smelling the apples for an apple-pie)?		
				Can they enjoy participating by smelling and touching pre-cooked ingredients?		
				Can they be supported hand-over-hand to stir, mix, measure or cut ingredients?		

Area of Concern	Yes	Partially	No	Suggested Options for Involvement	YES	NO
				Can they turn on or off a mechanical aid used to help prepare the meal?		
				Can the person be helped to unpackage processed foods (eg. putting them onto a baking tray)?		
				Can they be supported to stir a saucepan feeling the steam/heat and smelling the progress of the meal?		
5. The person has poor personal hygiene or is prone to coughing over ingredients				Can staff overcome this by supporting the person to wash their hands and use protective clothing?		
				Could they select/pass the items to be peeled or prepared by others?		
				Could the person be supported to prepare just their own vegetables?		
				Can they be supported to turn on/off cooking equipment?		
				Can the person be helped to unpackage processed foods putting them onto a baking tray for example?		
6. The person has limited motor control and involuntary movements				Can they be supported to choose which vegetables might be cooked from a simple choice of two?		
				Can they be supported to choose the quality of items to be cooked by touch or smell?		

Area of Concern	Yes	Partially	No	Suggested Options for Involvement	YES	NO
				Can they be supported to turn on/off cooking equipment?		
				Can they be involved by participating in the atmosphere of the kitchen during meal-preparation?		
7. Other						
8. Other						

Have there been any reported incidents/concerns related to this person that could affect as decision to involve them in such activities?

YES	NO
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If yes please describe:

As identified above list the possible activities that the person can be supported in:

Activity	Is further risk assessment needed?	Support Level required (eg 1:1, 1:2 etc)

If there are no activities listed what are the blocks to supporting this person?

Signed:

Service Manger:

The Person:

Senior Manager:

Other: (State relationship to the person)

Date:

Reviewed: