RISK ASSESSMENT · UNITED KINGDOM · 2026

Care Home Moving & Handling Risk Assessment

UK template for a person-centred moving and handling risk assessment under MHOR 1992, CQC Regulation 12 and the Care Certificate — hoists, slings, repositioning, bariatric care.

A care home moving and handling assessment is a person-centred document — one per resident, kept in the care plan and reviewed whenever the resident's mobility, weight or cognitive status changes. It sits under the Manual Handling Operations Regulations 1992 for staff safety and under CQC Regulation 12 (safe care and treatment) for resident safety. The two duties are interlocked: the assessment must protect both the staff member doing the handling and the resident being handled. This template covers transfers, repositioning, hoisting, sling selection, falls recovery, bariatric care and the specific cognitive-and-behavioural factors that distinguish care-home handling from acute-hospital handling.

Document structure a reviewer expects

1. **Resident identification and consent**
   Name, DoB, current weight, MCA capacity record, named relative / advocate if no capacity.
2. **Mobility and cognitive status**
   Recognised mobility scale score, cognitive status, communication needs, behavioural triggers.
3. **TILEO assessment**
   Task, Individual handler requirements, Load (the resident), Environment (room, equipment), Other factors.
4. **Handling plan by activity**
   Bed-to-chair, chair-to-toilet, repositioning in bed, falls recovery, bathing / showering — staff numbers, equipment, sequence, verbal cues.
5. **Equipment specification**
   Hoist make / model / LOLER cert / next inspection; sling manufacturer / model / colour-coded size / SWL.
6. **Bariatric considerations**
   Where resident weight exceeds the home's standard equipment SWL, name the bariatric equipment, the increased staff numbers and any structural floor-loading reference.
7. **Skin integrity and pressure care**
   Reposition schedule, Waterlow score, pressure-relief equipment, skin inspection record.
8. **Falls history and response**
   Falls in last 12 months, post-fall protocol (do not lift until clinical assessment), emergency-lift equipment if available.
9. **Staff competence**
   Care Certificate Standard 13 (moving and handling), annual refresher dates, hoist-and-sling sign-off for the specific equipment.

10. **Review triggers**
Weight change, mobility change, hospital discharge, fall, skin breakdown, behavioural change — and annual review minimum.

Common reasons reviewers reject this document

- Generic template — reads like a construction manual-handling form rather than a person-centred plan.
- No MCA capacity record — consent for hoisting / handling not documented.
- Sling specified by colour only, no manufacturer / model / SWL.
- Hoist LOLER certificate expired or not referenced.
- Assessment not updated after a fall, hospital admission or significant weight change.
- Care Certificate Standard 13 evidence missing for the named handlers.

UK regulation reference

Manual Handling Operations Regulations 1992 (as amended) SI 1992/2793

The statutory framework — avoid / assess / reduce for any manual handling, including handling of people.
https://www.legislation.gov.uk/uksi/1992/2793/contents/made

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) SI 1998/2307

Regulation 9 — six-monthly thorough examination for hoists and ceiling tracks used to lift people.
https://www.legislation.gov.uk/uksi/1998/2307/contents/made

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 — Regulation 12 SI 2014/2936

The CQC duty of safe care and treatment — the person-centred companion to MHOR.
https://www.legislation.gov.uk/uksi/2014/2936/regulation/12/made

Mental Capacity Act 2005 2005 c.9

Consent and best-interest decisions where the resident lacks capacity — must be cross-referenced in the assessment.
https://www.legislation.gov.uk/ukpga/2005/9/contents

HSE — Moving and handling in health and social care HSE sector guidance

The sector-specific guidance on people-handling, sling inspection and post-fall protocol.
https://www.hse.gov.uk/healthservices/moving-handling.htm

Frequently asked questions

How often does a per-resident moving and handling assessment need to be reviewed?
Whenever there is a change in the resident's weight, mobility, cognitive status or skin integrity — and immediately after any fall, hospital admission, hospital discharge or significant behavioural change. As a minimum, annually. A document untouched for 12 months is a routine CQC adverse finding.

Can a single assessment cover all residents in the home?
No. Each resident requires a person-centred assessment in their care plan. A home-wide manual-handling policy is necessary but does not replace the per-resident document. CQC Regulation 12 is explicit on person-centred care.

Who is competent to write a care home moving and handling assessment?
A registered nurse, an experienced senior carer with Care Certificate Standard 13 plus a recognised people-handling qualification, or an external occupational health / moving-and-handling adviser. The home manager retains accountability for the document being signed off.

What's the inspection regime for hoists and slings?
Hoists and ceiling tracks are LOLER reg 9 thorough examination every six months. Slings are commonly inspected on the same six-monthly cycle plus visual pre-use inspection by the carer before every lift. The home keeps a register of both with next-due dates.

Does the assessment need to address bariatric residents differently?
Yes. Where the resident's weight exceeds the standard SWL of the home's hoist or the floor / bed loading rating, the assessment must name the bariatric equipment, the increased staff numbers and (where relevant) the structural floor-loading certification for the room.

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