

Appendix C – Home Assessment Form for Children / Young People (CYP) with complex needs/ on Long Term Ventilation (LTV)

This document can be used for any child with complex medical needs including Long Term Ventilation.

This is a working document. Please make sure you are using the latest version by checking the version number and date updated below. The latest version of the document is available here <https://www.wellchild.org.uk/10-principles-for-complex-discharge/>

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|---------|-----------|
| Version | 2 |
| Updated | June 2021 |

Review date: 2022

Home Assessment Form for Child/Young People (CYP) with complex needs/ on Long Term Ventilation (LTV) guidance note.

Definition:

A home visit is completed to risk assess the CYP's home environment ensuring it is safe and suitable to meet their physical, medical and developmental needs prior to discharge home.

Professionals completing the visit:

The home assessment form should be completed by an occupational therapist depending on the local area, this could be the hospital occupational therapist or the social services occupational therapist from the local area. Which occupational therapist completes the visit should be negotiated locally. Ideally the home assessment would be undertaken jointly by an OT and a member of the nursing team.

There may be situations when the named nurse/community nurse completes the home screening visit due to an occupational therapist not being available or a joint visit is required. This being the case, it is recommended that the nurse and occupational therapist liaise and discuss the case before the visit and that this form is used. Once the visit is completed, the OT and nurse should liaise again to discuss the outcomes of the visit. The occupational therapist and nurse can then make recommendations based on their clinical reasoning of the outcome of the visit.

The decision to complete a home visit should involve an MDT discussion. The consultant will be responsible for providing information as to the medical stability of the Child/ Young Person.

The named child/YP's nurse/discharge coordinator will be responsible for:

Managing the end to end discharge process. This includes collating information that will be relevant for discharge such as the CYP's developmental needs in relation to their LTV need, oxygen requirements, onward referrals specifying community nursing requirements to meet patient needs. The nursing team in conjunction with the MDT and family will consider housing needs, making recommendations on the suitability of their current property with considerations of potential future accommodation needs.

Preparation for visit:

Ensure that the family are fully aware of the reason for the visit. Terms should be explained to the family prior to the visit such as "a room for the child/YP". This can be any room within the property that has been assessed as being suitable for the child/YP to reside in. This may not be a "bedroom" within the property.

Home Assessment Form for Children/Young People (CYP) on Long Term Ventilation (LTV)

This form should be used to guide the assessment of the suitability of the home environment for a child with complex/ LTV needs. Take a measuring tape and camera along with the form. Tick the boxes for the areas you have seen within the property.

Check boxes for items you have observed in the environment.
To check boxes double click the appropriate box and choose '**checked**'

Any issues that arise should be noted numerically in this right hand column, then details can be added to '**recommendations**' at the end of this form (see example sheet).



| Patient Demographics (for more detailed information please refer to LTV Service referral form) | | | | |
|--|---|---|---|--|
| Name of child/ YP: | | Address: | | |
| Date of birth: | | Date of assessment: | | |
| NHS number: | | | | |
| Home visit and form completed by: | | | | |
| Present at assessment: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Aims of Home Assessment | | | | |
| <input type="checkbox"/> | To assess home environment for suitability as a discharge destination. | | | |
| <input type="checkbox"/> | To assess equipment already in situ in home environment. | | | |
| <input type="checkbox"/> | To assess home environment for suitability of potential equipment required for discharge. | | | |
| <input type="checkbox"/> | Other (specify): | | | |
| Housing history | | | | |
| Property type: | <input type="checkbox"/> house | <input type="checkbox"/> _____ floor flat | <input type="checkbox"/> other (specify): | |
| | <input type="checkbox"/> bungalow | <input type="checkbox"/> _____ floor maisonette | | |
| Tenure: <small>*E.g. Housing Association</small> | <input type="checkbox"/> owner occupied | <input type="checkbox"/> private rented | <input type="checkbox"/> local authority | <input type="checkbox"/> other (specify)*: |
| Housing Officer contact details: (name, email & contact number) | | | | |
| Who else lives at this address? (name, relationship) | | | | |
| | | | | |
| | | | | |

| | | | |
|--|--|--|--|
| | | | |
| Are there any pets at this address? | <input type="checkbox"/> dogs | <input type="checkbox"/> cats | <input type="checkbox"/> other (specify): |
| Property access | | | |
| Parking – on street: | _____m to property | <input type="checkbox"/> permit | <input type="checkbox"/> allocated <input type="checkbox"/> good availability of spaces |
| Parking – off street: | _____m to property | <input type="checkbox"/> permit | <input type="checkbox"/> allocated <input type="checkbox"/> good availability of spaces |
| Front access: | <input type="checkbox"/> level <input type="checkbox"/> steps number _____) | height of steps _____cm | Min. width _____cm |
| Rear access: | <input type="checkbox"/> level <input type="checkbox"/> steps (number _____) | height of steps _____cm | Min. width _____cm |
| Doors and gates | Width appropriate for buggy/ wheelchair Width _____ cm | | |
| Layout: | Comment on: How many levels; how many rooms on each level; number and location of the bedrooms and bathrooms | | |
| Heating: | <input type="checkbox"/> central heating | <input type="checkbox"/> storage heaters | <input type="checkbox"/> gas fires <input type="checkbox"/> electric heaters <input type="checkbox"/> log fire |
| Physical environment – Room where child/YP will sleep | | | |
| Access (from entrance): | <input type="checkbox"/> level <input type="checkbox"/> steps (number _____) | height of steps _____cm | Min. width _____cm |
| Flooring: | <input type="checkbox"/> carpet <input type="checkbox"/> wood <input type="checkbox"/> rugs/mats <input type="checkbox"/> laminate/lino/tiles <input type="checkbox"/> bare/concrete | | |
| Lighting: | <input type="checkbox"/> ceiling <input type="checkbox"/> lamp (for night care) | | |
| Equipment* Facilities: | <input type="checkbox"/> cot/height adjustable bed <input type="checkbox"/> hoist <input type="checkbox"/> trolley <input type="checkbox"/> wall plug sockets (number _____) <input type="checkbox"/> space for all equipment & carers <input type="checkbox"/> seating (for night carer) <input type="checkbox"/> storage for consumables <input type="checkbox"/> space to access cot/bed from both sides | | |
| *suitability of equipment and amount of electrical equipment to be discussed with community nursing team | | | |
| Physical environment – bathroom | | | |
| Access (from entrance): | <input type="checkbox"/> level <input type="checkbox"/> steps (number _____) | height of steps _____cm | Min. width _____cm |
| Flooring: | <input type="checkbox"/> carpet <input type="checkbox"/> wood <input type="checkbox"/> rugs/mats <input type="checkbox"/> laminate/lino/tiles <input type="checkbox"/> bare/concrete | | |
| Equipment*/ Facilities: | <input type="checkbox"/> bath <input type="checkbox"/> shower cubicle <input type="checkbox"/> over-bath shower <input type="checkbox"/> mobile bath <input type="checkbox"/> bath seat or supportive shower chair <input type="checkbox"/> wet room shower | | |
| *suitability of equipment to be discussed with community nursing team. | | | |
| Physical environment – toilet (closest to where child/YP will sleep) | | | |
| Access (from child's bedroom): | <input type="checkbox"/> level <input type="checkbox"/> steps (number _____) | | |

| | | | | |
|---|---|---|--|---------------------|
| Flooring: | <input type="checkbox"/> carpet | <input type="checkbox"/> wood | <input type="checkbox"/> rugs/mats | |
| | <input type="checkbox"/> laminate/lino/tiles | <input type="checkbox"/> bare/concrete | | |
| Physical environment – toilet (closest to play/living room) | | | | |
| Access (from child's play/living room for carer): | | <input type="checkbox"/> level | <input type="checkbox"/> steps (number ___) | |
| Flooring: | <input type="checkbox"/> carpet | <input type="checkbox"/> wood | <input type="checkbox"/> rugs/mats | |
| | <input type="checkbox"/> laminate/lino/tiles | <input type="checkbox"/> bare/concrete | | |
| Physical environment – kitchen | | | | |
| Access from entrance: | <input type="checkbox"/> level | <input type="checkbox"/> steps (number _____) | height of steps _____ cm | Min. width _____ cm |
| Flooring: | <input type="checkbox"/> carpet | <input type="checkbox"/> wood | <input type="checkbox"/> rugs/mats | |
| | <input type="checkbox"/> laminate/lino/tiles | <input type="checkbox"/> bare/concrete | | |
| Physical environment – general safety | | | | |
| Electricity payment: | <input type="checkbox"/> billed | <input type="checkbox"/> direct debit | <input type="checkbox"/> prepayment key/card | |
| Smoke alarms: | Number and location - | | | |
| Carbon monoxide alarms*: | Number and location - | | | |
| *should be fitted if there is gas in the property | | | | |
| Safety advice: | <input type="checkbox"/> Building's insurance (and mortgage as required) <input type="checkbox"/> Fire Brigade | | | |
| Utilities: | <input type="checkbox"/> Electricity, gas, water <input type="checkbox"/> Other, specify: | | | |
| Condition of property (general impressions, is there any damp, mould, what is the state of repair) | | | | |
| | | | | |
| Parent/Guardian/Child/YP views | | | | |
| | | | | |

| Recommendations | | |
|---|---|-----------------------|
| <i>Issue arising from Home Assessment</i> | <i>Action Points (By when; inc date)</i> | <i>Responsibility</i> |
| 1. | a) | a) |
| | b) | b) |
| 2. | a) | a) |
| | b) | b) |

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| | | |
|----|----|----|
| 3. | a) | a) |
| | b) | b) |
| 4. | a) | a) |
| | b) | b) |
| 5. | a) | a) |
| | b) | b) |
| 6. | a) | a) |
| | b) | b) |
| 7. | a) | a) |
| | b) | b) |
| 8. | a) | a) |
| | b) | b) |

Summary

| | | | |
|-----------------------------------|---|---|-------------------------------------|
| Suitability for discharge: | <input type="checkbox"/> suitable with minor adaptation | <input type="checkbox"/> suitable with major adaptation | <input type="checkbox"/> unsuitable |
| Requirements: | <input type="checkbox"/> adaptation prior to discharge | <input type="checkbox"/> planning permission | <input type="checkbox"/> grant |

Comments:

Home Assessment Form completed by (signed)

| | | | |
|---------------|--|-------------------|--|
| Name: | | Job Role: | |
| Email: | | Telephone: | |

Consent for copies of form to be sent to

| Team: | Name: | Address: |
|--|-------|----------|
| <input type="checkbox"/> Parents/Carers | | |
| <input type="checkbox"/> Children's LTV service | | |
| <input type="checkbox"/> Hospital Consultant | | |
| <input type="checkbox"/> Community Paediatrician | | |
| <input type="checkbox"/> GP | | |
| <input type="checkbox"/> Children's Community Nurses | | |
| <input type="checkbox"/> Council Housing Department | | |
| <input type="checkbox"/> Child Development Service | | |
| Other: | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

Notes/considerations for completing the Home Assessment Form

| Housing history | |
|--|--|
| Property type: | <ul style="list-style-type: none"> - What floor the child will be living on in a house? - What floor their flat is on? - What level they will live on if in a maisonette? |
| Tenure: | Any adaptations that need to be made in preparation for discharge or looking to the future will need the consent of the owners, leaseholders and/or managers of the property. |
| Housing Officer contact details: | Name, contact number and email. |
| Specify (e.g. lease, named officer, etc.): | <ul style="list-style-type: none"> - The name of the local authority - Reference number - Length of lease - Any other contacts the parents/carers have with them to smooth the process going forwards. |
| Who else lives at this address? | Other residents might also have needs which impact on the flexibility of the home environment to the needs of a child with ventilation. |
| Are there any pets at this address? | Pets may affect the staff that are able to work in the home environment e.g. allergies. |
| Physical environment – from the street to the property’s front door/entrance | |
| Parking – on street & off street: | <ul style="list-style-type: none"> - How will the child manage a transfer from a car to the property? - Is there a private drive? - Could there be an allocation of a specific and/or disabled parking space? |
| Front & rear access: | <ul style="list-style-type: none"> - Which would be the most appropriate access for the child into the home environment? - Is it necessary for discharge? |
| Layout: | |
| Child’s bedroom | <ul style="list-style-type: none"> - Where are these rooms in the property? - Could adaptations to routines be made for discharge e.g. fill a mobile bath from the kitchen and negate the need to navigate an additional floor? - What are the needs of the carers (access to hand hygiene facilities and toilets for example)? |
| Bathroom | |
| Kitchen | |
| Toilet | |
| Heating | <ul style="list-style-type: none"> - Poor heating increases the risk of damp. - Use of electrical sockets. |
| Physical environment – child’s bedroom | |
| Access (from entrance): 1 | How does the child access their room? |
| Flooring: | <ul style="list-style-type: none"> - Ease of movement of equipment (cot, chair, hoist) - Laminate flooring is easy to clean but carpet can be good for children when they start to play independently on the floor and are learning to crawl. |
| Lighting: | <ul style="list-style-type: none"> - Good lighting is essential for cares - Night carer requires a lamp in order to not disturb child yet manage cares |
| Equipment*/Facilities: | |
| Cot 2 | <ul style="list-style-type: none"> - Does it need collapsible sides on 1 side or both sides? - Does it need to be accessed on 1 side or both sides? - Does it need to be profiling (adjustable angle)? - Does it need to be compatible with a pressure mattress? - Does it need to be quickly height adjustable? - Whose needs are being addressed and therefore who provides the cot? |

| | |
|--------------------------|---|
| Trolley | - On wheels with brakes or free-standing? |
| Hoist | - Is a hoist required for discharge? - What is already in the home environment? - When did the hoist have its last service? - Are the carers trained to use a hoist? |
| Seating | - Is there a high-back chair for a night carer to sit in? |
| Wall plug sockets | - Are there enough wall sockets for the electrical equipment required (see equipment list)? |
| Storage | - Is there enough storage in the room for the consumables (see equipment list)? |
| Space | - Is the side of the cot or the head of the cot against a wall? - Is there enough room for all other needs (manual handling, storage)? |

Where a child has Long Term Ventilation needs it would be useful to take the Equipment for your child document (Appendix F) for the child on the Home Assessment visit.

Physical environment – bathroom

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|---|---|
| Access (from entrance) and flooring: | Even if it is agreed that the child will not need to access this room collecting this information will be useful to plan for the long-term environment. |
|---|---|

Equipment*/Facilities:

| | |
|-------------------------|--|
| Bath | - What is it made of? - What is its condition? - Is there a suitable hoisting system as necessary? - Is the child suitable to be bathed? - Do you have waterproof covers for the ventilator? |
| Shower cubicle | - Is there suitable access for a carer to shower the child? |
| Over-bath shower | - What equipment is in situ in order for the child to be able to use this facility? |
| Bath seat | - Does the child have seating needs that are a consideration when bathing? - Where is a seat going to be positioned? |
| Mobile bath | - Where is it stored? - How is it filled and emptied? |

Physical environment – kitchen

| | |
|--------------------------------|---|
| Access (from entrance): | - What is access like for lone carers? - Where is the location in relation to the room the child will usually be in? |
| Flooring: | - Rugs may be a trip hazard. - Again, it might be useful to collect information to plan for the long-term environment. |

Physical environment – toilet (closest to bedroom)

| | |
|---|---|
| Access (from child's bedroom for carer): | - Describe the toilet that is nearest to where the child will sleep - What is access like for lone/night carers? |
| Flooring: | - Are there any trip hazards (rugs, wires, etc.) e.g. for night carers? |

Physical environment – toilet (closest to play/living room)

| | |
|---|---|
| Access (from child's bedroom for carer): | Describe the toilet that is nearest to where the child will be cared for during the day as this may be different from where they sleep. |
| Flooring: | Are there any trip hazards (rugs, wires, etc.) e.g. for night carers? |

Physical environment – general safety

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|--|--|
| Electricity: | Billed and direct debit payment is essential (prepayment is not suitable). |
| Safety | |
| No toxic materials within reach | E.g. cleaning agents, medicines, toiletries. |

| | | |
|--|---|---|
| Corner guards | For when child is cruising. | |
| Appliance safety catches on cooker | Oven, hob switches and microwave. | |
| Drawer and cupboard locks | To contain sharp and heavy objects. | |
| Stair gates | These may also be useful to stop movement between rooms. | |
| Fire brigade | Local service is available to provide an environmental assessment, plan emergency evacuation route and prioritise the household in the event of a local emergency. | |
| Insurance and mortgage companies | Insurance (and on occasion mortgage) companies need to be notified of ventilator equipment and oxygen in use in the property. | |
| Energy suppliers and water board | Notify suppliers that a technology dependent child is resident in the property in case of a supply issue. | |
| Ambulance directive | Ordinarily this is a matter of process during discharge, but it is important to check. | |
| Recommendations - examples | | |
| <i>Issue Arising from Home Assessment</i> | <i>Action Points (including date)</i> | <i>Responsibility</i> |
| 1, 3 & 4. Rugs on floor in child's bedroom and the bathroom present a falls hazard to carers. | a) Discussed at Home Assessment and they will be removed from these rooms by 1 week. | a) Parents. |
| 2. Cot in situ has 1 drop-down side and is manually height adjustable. | a) Liaison with Care agency regarding the Health and Safety Needs of their carers who will be caring at the cot-side by 1 week. b) Liaison with community equipment store regarding availability of profiling cot by 1 week. | a) Community Nurse. b) Occupational Therapist. |