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-complexdischarge/

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

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Home Assessment Form for Child/Young People (CYP) with complex <u>needs/ on</u> 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.

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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 \boxtimes 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 | t Demog | graphics | s (for more de | tailed info | ormation | please refer to LTV S | Service referral form) | |
|--|----------|-----------|-----------------|---------------------------------------|---------------|------------------------|------------------------|---|
| Name of child/ YP: | | / YP: | | | | Address: | | |
| Date of birth: | | | | · · · · · · · · · · · · · · · · · · · | Address: | | | |
| NHS number: Date of assessment: | | | | | | | | |
| Home visit and form completed by: | | | | | | | | |
| | | | | | | | | |
| Presen | nt at | | | | | | | |
| assess | sment: | | | | | | | |
| | | | | | | | | |
| Aims o | of Home | Assess | sment | | | | | • |
| | To ass | ess hor | ne environmen | t for suitat | oility as a d | discharge destination. | | |
| | To ass | ess equ | ipment already | / in situ in | home env | rironment. | | |
| | To ass | ess hor | ne environmen | t for suitat | oility of pot | tential equipment requ | iired for discharge. | |
| | Other | (specify) | : | | | | | |
| Housin | ng histo | ry | | | | | | • |
| Proper | ty | 🗌 hou | se | | | floor flat | other (specify): | |
| type: | | 🗌 bun | galow | | | floor maisonette | | |
| Tenure: *E.g. Housing owner occupied Association private ren | | e rented | local authority | other (specify)*: | | | | |
| Housing Officer contact details: (name, email & contact number) | | | | | | | | |
| Who else lives at this address? (name, relationship) | | | | | | | | |

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| A | | 4 | | | | | | | | |
|--|----------------|----------------------------|---|-------------|-------------------------|-----------------------|---------------|-----------|-----------------------|---|
| Are there this addre | | sat dog | s 🗌 d | ats | 🗌 ot | her (s | pecify): | | | |
| Property a | access | | | | | | | | | • |
| Parking – on street: | | m t | to property | | rmit | rmit allocated spaces | | | | |
| Parking – off street: | | m te | o property | | permit allocated spaces | | | | | |
| Front acce | | level [|] steps nur | nber | _) | | nt of steps | | Min. widthcm | |
| Rear acce | SS: | level |] steps (nu | mber |) | heigl | nt of steps | cm | Min. widthcm | |
| Doors and | k | Width appro | priate for b | uggy/ whee | elchai | ir | | | | |
| gates | | Width | (| cm | | | | | | |
| | Comme How m | ent on: any levels; h | | | | | | | | |
| Layout: | many r | ooms on ead | | | | | | | | |
| | | umber and n of the bedi | rooms | | | | | | | |
| | | throoms | | | | | | | | |
| Heating: | C cent | ral heating | 🗌 sto | rage heate | ers | | gas fires | 🗌 electri | ic heaters I log fire | |
| - | | nent – Room | where chi | ld/YP will | sleep | כ | | | | 1 |
| Access (fr entrance): | | level | ☐ steps | (number _ |) | heigl | nt of steps | cm | Min. widthcm | |
| Flooring | | 🗌 carpet | | 🗌 woo | d | | 🗌 ru | ıgs/mats | | |
| Flooring: | | laminate/ | lino/tiles | 🗌 bare | e/con | crete | | | | |
| Lighting: | | ceiling | | 🗌 lam | p (for | night | care) | | | |
| | | cot/heigh | t adjustable | bed | 🗌 h | oist | 🗌 tre | olley | | |
| Equipmen | | ☐ wall plug |] wall plug sockets (number) | | | | | | | |
| Facilities: | | seating (f | seating (for night carer) | | | | | | | |
| | | space to | space to access cot/bed from both sides | | | | | | | |
| *suitability | of equip | ment and am | ount of elec | trical equi | omen | t to b | e discussed v | with comr | nunity nursing team | |
| - | | nent – bathro | oom | | | | | | | |
| Access (from entrance): | | | Min. widthcm | | | | | | | |
| Election | | 🗌 carpet | carpet wood rugs/mats | | | | | | | |
| Flooring: | | 🗌 laminate | e/lino/tiles | 🗌 bare | e/con | crete | | | | |
| Equipment*/ | | shower | | | | | | | | |
| Facilities: | | 🗌 mobile l | oath | 🗌 bath | n seat | t or sı | upportive sho | wer chair | wet room shower | |
| *suitability | of equip | ment to be di | scussed wit | th commun | nity nu | ursing | team. | | | |
| Physical environment – toilet (closest to where child/YP will sleep) | | | | | | | | | | |
| Access (fr | rom chil | d's bedroom | ı): | | el | | 🗌 ste | ps (numb | er) | |

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| Flooring: | □ carpet □ wood □ rugs/mats | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Flooring. | laminate/lino/tiles bare/concrete | | | | | | | |
| Physical environme | nt – toilet (closest to play/living room) | | | | | | | |
| Access (from child's play/living room for carer): | | | | | | | | |
| | □ carpet □ wood □ rugs/mats | | | | | | | |
| Flooring: | □ laminate/lino/tiles □ bare/concrete | | | | | | | |
| Physical environme | nt – kitchen | | | | | | | |
| Access from entrance: | Image: level Image: steps (number) height of stepscm Min. widthcm | | | | | | | |
| Flooring: | □ carpet □ wood □ rugs/mats | | | | | | | |
| | Iaminate/lino/tiles bare/concrete | | | | | | | |
| Physical environme | nt – general safety | | | | | | | |
| Electricity payment: | billed direct debit prepayment key/card | | | | | | | |
| Smoke alarms: | Number and location - | | | | | | | |
| Carbon monoxide alarms*: | Number and location - | | | | | | | |
| *should be fitted if the | ere is gas in the property | | | | | | | |
| Safety advice: | Building's insurance (and mortgage as required) | | | | | | | |
| | Fire Brigade | | | | | | | |
| Utilities: | Electricity, gas, water | | | | | | | |
| | Other, specify: | | | | | | | |
| Condition of proper | ty (general impressions, is there any damp, mould, what is the state of repair) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Parent/Guardian/Ch | ild/YP views | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Recommendations | | | | | |
|------------------------------------|------------------------------------|----------------|--|--|--|
| Issue arising from Home Assessment | Action Points (By when; inc date) | Responsibility | | | |
| 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) | b) | |
| 6. | | a) | | a) | | |
| | | b) | | b) | | |
| 7. | | a) | | a) | | |
| | | b) | | b) | | |
| 8. | | a) | | a) | | |
| | | b) | | b) | | |
| Summary | | | | | | |
| Suitability for discharge: | ☐ suitable with mi | inor adaptation | suitable with major adapta | ation | unsuitable | |
| Requirements: | adaptation prior | to discharge | planning permission | | 🗌 grant | |
| Comments: | | | | | | |
| | | | | | | |
| | essment Form | completed | | | | |
| Name: | essment Form | completed | Job Role: | | | |
| Name: Email: | | | Job Role: Telephone: | | | |
| Name: Email: Consent fo | r copies of for | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: | r copies of for | | Job Role: Telephone: | | | |
| Name: Email: Consent fo Team: Parents/Care | r copies of for N | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT | r copies of for N rs V service | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT Hospital Cons | r copies of for N rs V service sultant | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT Hospital Cons Community P | r copies of for N rs V service sultant | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT Hospital Cons Community P GP | r copies of for N rs V service sultant 'aediatrician | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT Hospital Cons Community P GP Children's Co | r copies of for N rs V service sultant aediatrician | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT Hospital Cons Community P GP Children's Co Council Hous | r copies of for N rs V service sultant 'aediatrician | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT Hospital Cons Community P GP Children's Co Council Hous | r copies of for N rs V service sultant 'aediatrician mmunity Nurses ing Department | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT Hospital Cons Community P GP GP Children's Co Council Hous | r copies of for N rs V service sultant 'aediatrician mmunity Nurses ing Department | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT Hospital Cons Community P GP GP Children's Co Council Hous | r copies of for N rs V service sultant 'aediatrician mmunity Nurses ing Department | rm to be se | Job Role: Telephone: nt to | | | |
| Name: Email: Consent fo Team: Parents/Care Children's LT Hospital Cons Community P GP GP Children's Co Council Hous | r copies of for N rs V service sultant 'aediatrician mmunity Nurses ing Department | rm to be se | Job Role: Telephone: nt to | | | |

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Notes/considerations for completing the Home Assessment Form

| Housing history | / |
|---|--|
| Property type: | 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.): | 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 enviro | nment – from the street to the property's front door/entrance |
| Parking – on street & off street: | 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: | Which would be the most appropriate access for the child into the home environment?Is it necessary for discharge? |
| Layout: | |
| Child's bedroom | - Where are these rooms in the property? |
| Bathroom | - 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? |
| Kitchen | - What are the needs of the carers (access to hand hygiene facilities and toilets for |
| Toilet | example)? |
| Heating | Poor heating increases the risk of damp.Use of electrical sockets. |
| Physical enviro | nment – child's bedroom |
| Access (from entrance): 1 | How does the child access their room? |
| Flooring: | 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: | Good lighting is essential for cares Night carer requires a lamp in order to not disturb child yet manage cares |
| Equipment*/Fac | |
| Cot 2 | 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? |

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| 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)? |
| | 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 enviro | nment – bathroom |
| Access (from entrance) and flooring: 3 | 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*/Fac | cilities: |
| 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? |
| | nment – 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 enviro | nment – 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: 4 | - Are there any trip hazards (rugs, wires, etc.) e.g. for night carers? |
| Physical enviro | nment – 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? |
| <u>L</u> | |

| Physical environment – general safety | | | | | |
|---|--|----|--|--|--|
| Electricity: Billed and direct debit payment is essential (prepayment is not suitable). | | | | | |
| Safety | Safety | | | | |
| No toxic materials within reach | E.g. cleaning agents, medicines, toiletries. | | | | |
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| Corner guards | For when child is cruising. | | | | | | |
|---|---------------------------------------|---|---|--|--|--|--|
| Appliance safety catches on cooker | Oven, hob switches | Oven, hob switches and microwave. | | | | | |
| Drawer and cupboard locks | To contain sharp ar | nd heavy objects. | | | | | |
| Stair gates | These may also be | useful to stop movement between rooms. | | | | | |
| Fire brigade | | ailable to provide an environmental assessme ad prioritise the household in the event of a lo | | | | | |
| Insurance and mortgage companies | | occasion mortgage) companies need to be no gen in use in the property. | otified of ventilator | | | | |
| Energy suppliers and water board | Notify suppliers tha supply issue. | t a technology dependent child is resident in | the property in case of a | | | | |
| Ambulance directive | Ordinarily this is a r | Ordinarily this is a matter of process during discharge, but it is important to check. | | | | | |
| Recommendati | ons - example | S | | | | | |
| Issue Arising from Hon | ne Assessment | Action Points (including date) | Responsibility | | | | |
| 1, 3 & 4. Rugs on floor and the bathroom pres 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. | | | | |

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