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/

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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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