

Home Visit Checklist Supporting Guidance

Why do we conduct a Home Visit Checklist?

The MND Association is committed to ensuring the safety of our staff and volunteers and undertaking the Home Visit Checklist is an integral part of this.

The Home Visit Checklist supports the identification of any possible risks related to the people, environment and tasks when undertaking a home visit. It allows us to put measures in place to avoid or mitigate possible risks or make alternative arrangements for support.

The Home Visit Checklist should also be used to review if existing mitigation measures are adequate and if not, prompt consideration of what else could reduce the risks. It is not exhaustive and should be used to prompt consideration of what types of situations may be encountered.

Tips for completing the Home Visit Checklist

The Home Visit Checklist should be completed by the relevant staff member prior to the first home visit and as part of a dynamic risk assessment when changes have occurred within the home environment. Given the nature of our work at The Association, it is recognised that Community Support Co-ordinators are most likely to be carrying out this piece of work. However, there are times that other staff members will be the first to visit a home environment and the same process should be applied.

The Checklist should be completed with information obtained by undertaking an internal systems check and information directly from person that will be visited, prior to the visit.

Internal system check

Checking internal recording systems for information is an essential part of the checklist. Relevant recording systems include MrC and Raiser's Edge. Internal systems should be checked to determine if there is any relevant information or if there is a safeguarding note alert. If there is a safeguarding note alert, please check in with the Safeguarding Team or your Designated Safeguarding Manager to obtain further information about the concern.

Obtaining information directly from the individual to be visited

Having a direct conversation with the person being visited, or a family member/ friend of the person being visited is necessary prior to the visit to ensure that we have all the accurate information needed to assess safety. This will usually be a telephone call but may be another communication method depending on the individual's communication needs.

To help the individual to understand your questioning, you should explain that you are required to ask some questions before a visit can take place as part of getting to know them and to ensure everyone is safe.

Most of the question will hopefully feel comfortable to ask as part of the conversation to plan the visit (i.e "What type of property do you live in? Will anyone else be in?")

Some questions may feel less comfortable, but explaining that these questions are an essential part of keeping everyone safe can be a helpful approach.

Rationale for the questions that are asked

The Home Visit Checklist has been put in place to try and ensure the safety of everyone when working in home environments. Included below are the questions from the Home Visit Checklist, accompanied by The Association's rationale for asking each question.

Physical factors	Purpose
1. Are there any accessibility issues? e.g. 2 nd floor residence, overgrown footpaths, building works being undertaken, limited exterior lighting, limited parking close by etc	To identify any physical hazards that may impact on an individual's ability to offer support. If we are aware in advance of any accessibility considerations, then we can plan the most appropriate option of support without putting anyone at risk. The impact of accessibility risks will be different dependent on the needs of individual volunteers and staff e.g. mobility considerations, sight considerations, transport links.
2. Are there pets in the property? e.g. ones that need securing or that could potentially cause an allergic reaction e.g. cat	To identify any pets and discuss any risks they may present based on the information provided. The impact of risks around pets will be different dependent on the needs of individual volunteers and staff e.g. we have to be mindful of allergies and phobias in addition to any direct risks that a pet may present.
3. Are there any other physical factors that should be noted?	To identify any physical factors that haven't been covered in the above two questions. This allows for capturing any answers that are more nuanced or additional information that has been shared by the pwMND or a family member. E.g. we may not ask directly about hoarding, but an individual may share information about a particular risk factor such as this.
Social factors	Purpose
1. Will any other persons be present at the visit? e.g. family members, carer etc. Anything that we should be particularly aware of e.g. partner with dementia, sickness in the household etc	To identify the occupants of the home environment and who we can expect to be present when conducting any home visits. There may be risk considerations around individuals that support the pwMND. This may involve health risks e.g. a person with a communicable illness who will be present on your visit, or someone presenting a physical or emotional risk e.g. a perpetrator of domestic abuse lives in the household.
2. Does anyone smoke/vape?	To identify if we need to ask individuals to refrain from smoking/ vaping when in the household. The impact of smoke inhalation may be especially significant for some staff and volunteers e.g. those with respiratory health conditions, but everyone has the right to work in a smoke free environment.
3. Are there any demographic, lifestyle, ethical or religious factors we should be aware? E.g. times/days to avoid.	To identify any time and day considerations that may impact on when home visits can take place. Although not always linked to risk, conversations that focus on this can help to formulate positive working relationships. Discussing this can identify busy times in the household e.g. if several people attend on a certain day for a certain activity then this may put a home worker at increased risk.
4. Are any other professionals currently involved in support to you or any members of your household? E.g.	To identify the current support in place and any risks that may be being managed through this support. This can help with our risk mitigation e.g. if we know that a social worker is involved due to domestic abuse then we know that the risk level is high enough for statutory

<p>Housing worker, Occupational Therapist, Social Worker</p>	<p>services to be involved and it may change our approach to our work. Equally, it may help to mitigate risk by presenting an opportunity to do joint home visits with another professional.</p>
<p>5. Any other social factors that should be noted?</p>	<p>To identify anything else of note that the previous four questions have not included. There may not be additional risk factors identified but there may be additional mitigations that have come out of the conversation e.g. a family member who provides a lot of support but doesn't live in the household. This person may be a useful point of contact.</p>

Process

The relevant staff member should undertake the Home Visit Checklist prior to a home visit taking place. The staff member will be responsible for gathering the information relevant through an internal systems check and via a telephone assessment with the individual being visited. This is covered in the first part of the Home Visit Checklist form.

The first home visit should be conducted by two people, this should include at least one staff member. However, in some exceptional circumstances this could be two volunteers. Exceptional circumstances must be agreed with a Head of Regional Services and Partnerships or relevant line manager if not within Services and Partnerships.

The initial visit cannot take place unless two people are present. If the second person is running late e.g. caught in traffic, the visit should wait until both are present. If one person can no longer make the visit e.g. due to sickness or a car break down, the visit should be postponed until two people can attend. The pwMND will need to be informed of any changes to the planned visit.

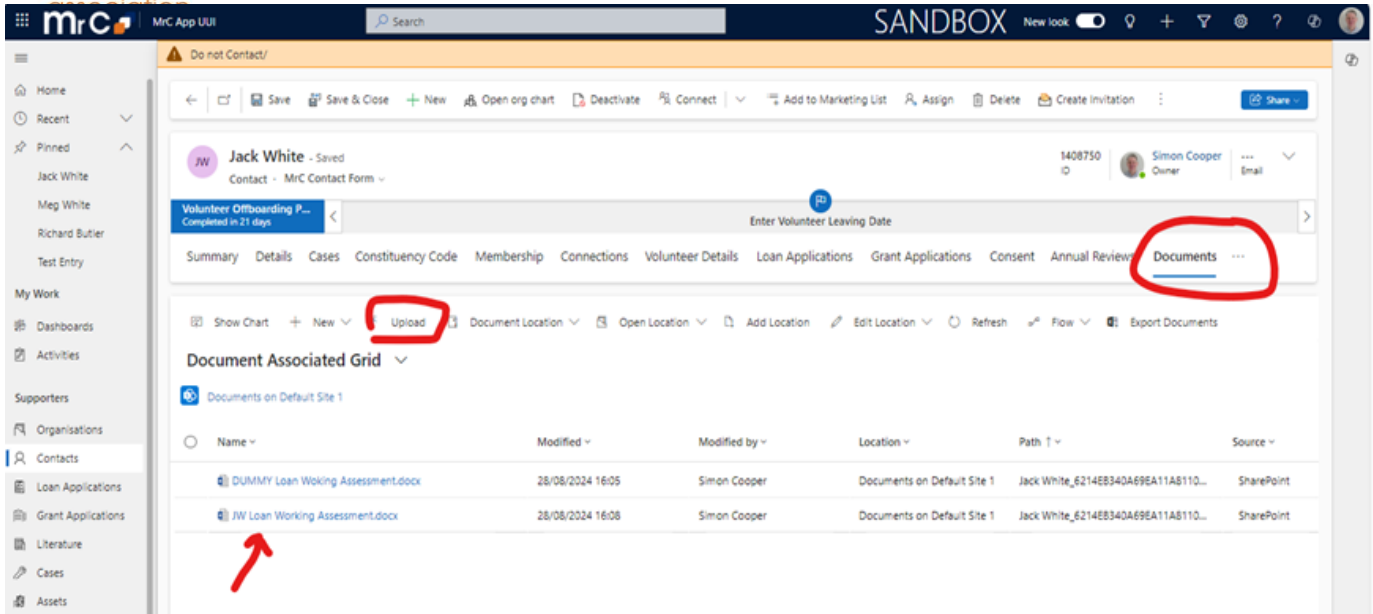
The staff member is also responsible for reviewing the Home Visit Checklist. An initial review should be completed after the first visit to ensure that the information is correct. This is covered in the second part of the Home Visit Checklist form. The Home Visit Checklist should then be reviewed if there are any changes in the home environment e.g. a house move, changes to people who live in the property.

Storing the Home Visit Checklist

Once the Home Visit Checklist has been completed, please follow the below process:

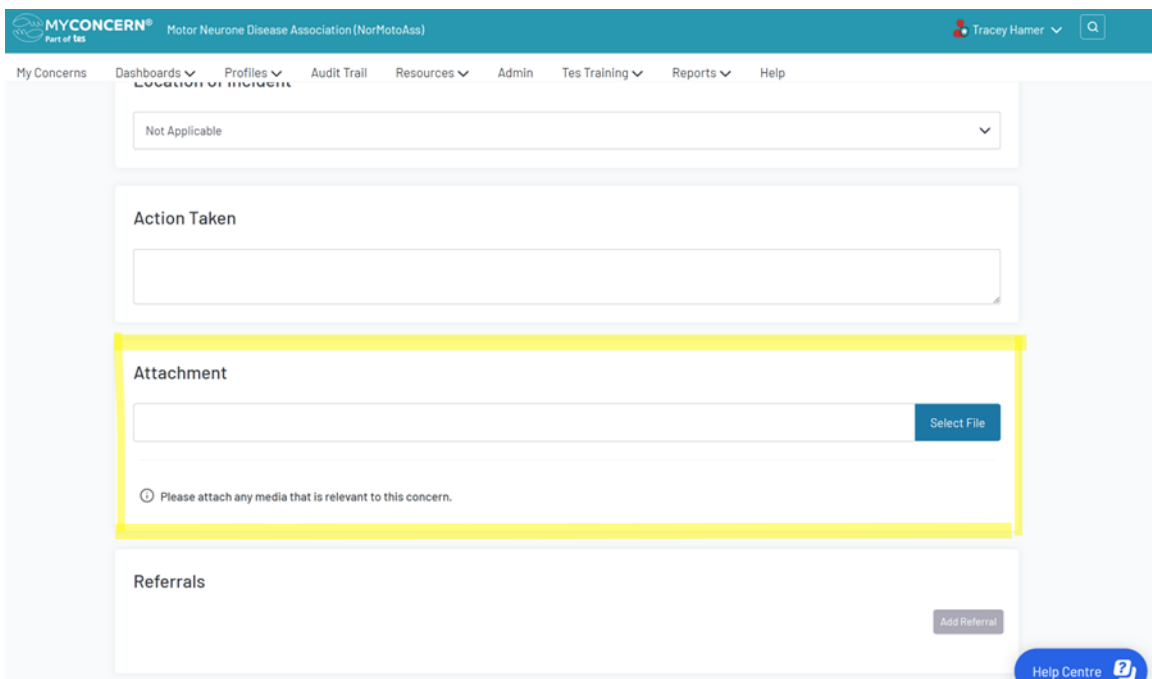
Home visit checklist that has not identified risks or where risks can be mitigated as part of the general approach

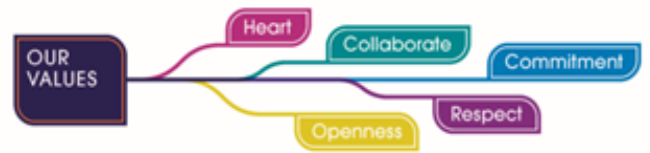
- Find the individual's contact record on Mr C
- Click on the ellipsis (three dots)
- Select Documents
- Select upload to add in the document



Home Visit Checklist that has identified safeguarding concerns

- Escalate this to your Designated Safeguarding Manager as included in the Home Visit Checklist form
- Add an overview of the information as a new safeguarding concern on MyConcern
- Add the Home Visit checklist as a document as part of logging the safeguarding concern.
- Examples of this may include domestic abuse within the household, neglect to children due to the circumstances of the home environment, complexities of other medical conditions within the household that cause physical or verbal aggression.





Home Visit Checklist that has identified Health and Safety Concerns

- Escalate to the Facilities Manager as included in the Home Visit Checklist form.
- Examples of this may include the building being in a dangerous state of repair with exposed electrics, trailing cables etc or the person is a hoarder with rubbish everywhere and an environment which is considered a potential health hazard to anyone visiting.
- Once discussed and completed, store on Mr C as per the above process.

Home Visit Checklist that has identified Service-Based Concerns

- Escalate to the Head of Services and Partnerships in your region as included in the Home Visit Checklist form
- Examples of this may include challenges around boundaries of the support that can be provided. There may be instances where you do not feel it meets a safeguarding concern but still have worries that are appropriate to discuss.
- Once discussed and completed, store on Mr C as per the above process.

Flowchart Process

