Appendix 5 — Home Suitability and Needs Assessment Checklist

This template can be adapted to the relevant therapy being prescribed.

This template provides suggested areas for consideration when undertaking a risk assessment. It is intended for use by relevant stakeholders including Homecare Providers and Clinical Teams. For use in conjunction with local risk assessment processes.

Suggested therapy areas where a risk assessment may be appropriate: HPN, chemotherapy, IV antibiotics, desferrioxamine etc

Home suitability and needs assessment checklist for _____

Patient Information					
Patient name		Date of birth		Preferred name	
NHS number		Names of other inhabitants at this address, and relationship		Language spoken in home	
Address to be discharged to (if different)		Telephone numbers	Home: Mobile: Work:		
Name(s) of up to four people who are authorised to sign for receipt of medicines					
Gender	☐ Male ☐ Female	Cultural/religious considerations		Pets	
Does the patient have any preference to be treated by a male or female nurse? (if patient not present on home review — this to be picked up within the hospital)				☐ Male ☐ Female ☐ No preference	
Is the accommodation?	☐ Owner occupied ☐ Privately rented ☐ Council Tenants ☐ Other (please specify)				
Location Information					
Are there parking facilities available?	☐ Yes ☐ No	Is there public transport nearby?		☐ Yes (please specify) ☐ No	
Are there any location risk factors for this property?	☐ Yes (please specify) ☐ No				
Is there ample street lighting?	☐ Yes ☐ No	Are there stairs to the accommodation — if yes state the number of stairs/ flights or if there is a lift	☐ Yes ☐ No ☐ Lift	No. of external stairs/flights: No. of internal stairs/flights:	

Delivery Information			
Are there any restrictions on delivery times?	☐ Yes (please specify) ☐ No	Describe the delivery reception area?	☐ Communal front door ☐ Own front door
How will the delivery driver/nurses gain access to the property?	☐ Doorbell ☐ Door knocker ☐ Intercom ☐ Other — please specify	What is the width of the door? What is the height of the door?	cm cm
Do you want a key holding service?	☐ Yes ☐ No If Yes please specify: ☐ Homecare Provider to hold key ☐ Other (i.e. neighbour). Please state the key holder's name and address		
Does the patient perceive any problems with deliveries/nursing visits e.g. neighbours?	☐ Yes. Please specify ☐ No		

Type of home			
Type of accommodation	☐ House	State number of floors	
	☐ Flat	State which floor it is on	
	☐ Bedsit	How many levels is the flat over?	
	☐ Bungalow		
	☐ Other		

In the home					
Electricity	From a visual inspection, do there appear to be any exposed wires in the room where the fridge will be placed?	☐ Yes ☐ No	If yes, please give details.		
	Ask the patient to confirm whether the electricity is from a generator	☐ Yes ☐ No	Ask the patient to confirm whether the electricity is provided by a coin/card operated meter?	☐ Yes ☐ No	
Heating	☐ Gas ☐ Electric ☐ Emergency card if credit/coin operated ☐ Portable heater		Water	Is the water supply from:	☐ Mains ☐ Own water tank ☐ Shared water tank ☐ Well
Is there a smoke alarm?	☐ Yes ☐ No				
Flooring	Are there any tripping hazards within the area where the staff will be working?		☐ No ☐ Yes — if yes, please use tick boxes below;		
Any other comments			☐ Loose carpet/floorboards ☐ Exposed cables/tubing ☐ Rugs ☐ Uneven steps ☐ Other		

Assessment of treatment areas				
Fridge	Is a fridge required?			☐ Yes ☐ No
	Is there space for a fridge?			☐ Yes ☐ No
	Where will the fridge be located?			
	What size space is available for the fridge to be installed?	Width		
		Depth		
	If the fridge is to be located in an out building, please state whether the fridge can remain in the out building during the winter months and if not, the alternative options			
	What is the distance between the nearest electric socket and where the fridge will be located?		Can the electric socket be accessed?	☐ Yes ☐ No
	Is an extension lead required?	☐ Yes ☐ No	If yes, inform the patient or carer that they will need to buy an extension lead that is compliant with the BS standard.	

Ancillary Items	Where will the ancillary items be stored?	
	Is it adequate space?	☐ Yes ☐ No
	Is it clean and dry?	☐ Yes ☐ No
	Can items be stored safely to protect vulnerable adults/children?	☐ Yes ☐ No
If patient is a child	Does the child have a bedroom to themselves?	☐ Yes ☐ No
	Are there cot sides (if applicable)?	☐ Yes ☐ No
	Are there any other issues?	☐ Yes (please specify) ☐ No

Procedure Room	Where will the procedures take place?	
	Is there anything in the room that is likely to prevent the procedure from being completed?	☐ Yes (please specify) ☐ No
	Where will the patient/nurse/carer wash their hands?	
	Is there easy access for the patient to wash their hands?	☐ Yes ☐ No
	Is there hot running water?	☐ Yes ☐ No
	Is the water supply from single taps or a mixer tap?	☐ Single ☐ Mixer
	Is there enough room to undertake the procedure safely?	☐ Yes ☐ No (please specify)
Comments:		

After connection	
Will the patient need to move between floors while connected to_____?	☐ Yes ☐ No
Will it be appropriate for the patient to use an appropriate drip stand or will they need a rucksack?	

Any further comments/suggestions

Is the accommodation suitable for a patient on_____?	☐ Yes ☐ No (please specify)

Date of visit		Designation	
Print name		Signature	
Print name of assessing health board/trust or homecare provider			

If there are any remedial issues please complete the action plan below:			
Issue identified	Action needed	Responsible person	Date completed

DISCLAIMER

The information contained in this document is provided in good faith and is believed to be correct at the time it was completed. In addition, *[add supplier name]* understand that the health board/trust will use the information provided to plan the provision of treatment. However, neither *[add supplier name]* nor its employees accept any liability for (1) the accuracy, adequacy, reliability or completeness of the information provided and (2) any loss or damage caused arising from the use of the information provided. Any reliance placed on such information is therefore strictly at the health board/trust's own risk.