

HEALTHY HOME ASSESSMENT

Appointment Date: _____

Time: _____ : _____

Date of referral:		Completed by:	Neil Fryer – Caseworker
Case No:	CA -	Client No:	CL – CL -

PERSONAL DETAILS:			
Mr/Mrs/Miss/Ms	Name:	Date of Birth:	Age:
Address		Telephone: <i>(Contact name if different to client)</i>	
Any other occupants?			
Referred by:			
Contact info:			
Reason for referral:			

TO BE COMPLETED WITH CLIENT

HEALTH & WELLBEING:		
Long term health conditions	Yes/No	
Mobility issues	Yes/No	
Sensory impairments (vision/hearing)	Yes/No	
Had a fall inside house in last 12 months	Yes/No	
Carer / Support in place Cleaning/general chores/gardening	Yes/No	
Independent – e.g. Bus/Train/Shopping	Yes/No	
Does client have 'Lifeline'	Yes/No	Comments – Leaflet re Progress (Other providers available)
Ethnicity		

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BENEFITS & PENSIONS			
Attendance Allowance		PIP	
State Pension		Disability Living Allowance (Care / Mobility)	
Pension Credit		Council Tax Benefit	
Private Pension		Employment Support Allowance	
Other		None	
OTHER COMMENTS/OBSERVATIONS:			

PROPERTY DETAILS:							
Type	Detached	Semi	Terrace	House	Bungalow	Flat	Other
Tenure	Owner/ Occupier	Private Tenant	LA Tenant	Shared Ownership	Housing Association Name:		Other

HOME SECURITY		
Is a Key Safe available?	Yes/No	£60
General - 5-lever locks / UPVC multi Locking system/ additional security? Chain / spyhole <small>Approx. £3-£4 & £4-£5</small>		
OTHER COMMENTS/OBSERVATIONS:		

FIRE SAFETY		
Are smoke alarms working in property? <small>How old / Correct locations / Recently Tested</small>	Yes/No	Approx. £12 each
Is there a carbon monoxide monitor?	Yes/No	Approx. £20 each
Do fire and heaters appear to be in good working order and safely used?	Yes/No	
Any overloaded electrical sockets? <small>Block Adaptors / Extension Leads</small>	Yes/No	
OTHER COMMENTS/OBSERVATIONS:		
Refer to Lancs Fire & Rescue	<input type="checkbox"/>	

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STAYING WARM		
Does home have working central heating? If no, describe heating arrangements	Yes/No	
Has central heating been serviced last 2 years?	Yes/No	
Does the client use programmes controls?	Yes/No	demonstrate how to use them if required/possible
Is the property insulated (Loft &/or Cavity)? Does the client experience draughts	Yes/No	
OTHER COMMENTS/OBSERVATIONS:		
<p>Refer for CHiL (info provided) <input type="checkbox"/></p>		

Are there any areas the client has particular concern with in the home?	Yes/No	

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GENERAL SAFETY INSIDE THE HOME		
Bathroom / Kitchen / Living room(s) / Bedroom(s)		
Would any area benefit from grab rails or other aids? Bathing/showering Using Toilet Getting in/out of bed Chair raisers Perching Stools Trolley	Yes/No	
Additional handrail (s) required on stairs?	Yes/No	£80 approx. if private can be available at no cost on LCC A&A
Improvements required to:- Lighting Flooring Obstacles/trip hazards /trailing wires	Yes/No	
Does property appear to be in good structural condition?	Yes/No	
Any Evidence of mould or damp?	Yes/No	
OTHER COMMENTS/OBSERVATIONS:		
<p align="center">Refer to Falls Team/OT <input type="checkbox"/></p>		

Are there any existing adaptations or equipment in place? e.g. Zimmer/Rollator Grab Rails Toilet Frame/Raiser Perching Stool Bed Lever Outdoor Rail 2 nd Stair Rail Chair Risers Shower Stool/seat etc	Yes/No	Note equipment/adaptations

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GENERAL SAFETY OUTSIDE THE HOME:		
Assisted Bins Service required?	Yes/No	
Improvements required for safe access into property?	Yes/No	Grab rails / handrails / steps / ramps
Improvements required for safety of paths and surfaces?	Yes/No	
Improvements required to exterior lighting?	Yes/No	
OTHER COMMENTS/OBSERVATIONS:		

REFERRALS (let the client know if you think they could benefit from any of the following referrals)			
Falls Team <input type="checkbox"/>	Lancashire Carers <input type="checkbox"/>	LCC Social Services (OT) <input type="checkbox"/> 0300 123 6720	Age UK/Age Concern <input type="checkbox"/>
LFRS <input type="checkbox"/> 0800 169 1125	Citizens Advice <input type="checkbox"/>	Assisted technology Provider <input type="checkbox"/> Progress Lifeline 01772 678910	Local Council <input type="checkbox"/>
CHiL <input type="checkbox"/>	Safe Trader <input type="checkbox"/>	Mobility Aids & Equipment <input type="checkbox"/>	Housing Association <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			
Client provided information to enable them to self-refer <input type="checkbox"/>			

CLIENT CONSENT:	
I confirm the above information and give my consent to Preston Care & Repair to record my details and where applicable and only as agreed share with other agencies as discussed in order for me to access services and advice: <input type="checkbox"/>	
Signed (Client):	Date: / / 2021

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FURTHER HOME IMPROVEMENT AGENCY ACTIONS:		
Handyperson visit required?	Yes/No	
Referral required to Technical Service?	Yes/No	
Further Caseworker Assistance?	Yes/No	

Details:

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Risk Assessment					
Client Name & Address:					
Hazard	Risk Rating			Control Measures	Who is at Risk
	Low	Med	High		
General Environment (Security of technician/caseworker/ Van, equipment etc).				Ensure Van is secure and if appropriate park so that you can drive away without reversing or turning. Lone Worker Policy	Technician Case Worker
Potential for violence, abuse, general safeguarding concerns.				No lone visits, Lone worker policy	Technician Case Worker Client
Dogs/other animals.				Isolate animal if possible. Consult with owner and assess.	Technician Case Worker
Cleanliness of environment for working – infections etc				Use gloves and ensure that all equipment and clothing is cleaned after use. Clean cuts immediately.	Technician Case Worker
Entrance and exit routes clear and able to carry equipment and materials.				Assess easiest route and consult owner reference removal of obstacles or clearing of route.	Technician Case Worker
Other hazards – Describe:					
OVERALL RATING					
Low Risk	No Further action required.				
Medium Risk	Ensure that control measures are in place and if necessary review whilst carrying out the job.				
High Risk	DO NOT proceed until management have been consulted and other control measures have been considered and put in place.				
Other Comments/Concerns					
Name:	Neil Fryer				
Signature:	Date: / / 2021				

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OFFICE USE ONLY:

Rockwood Score (Include a D if required)			
1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are amongst the fittest for their age		6 Moderately Frail – People need help with all outside activities & with keeping house. Inside they often have problems with stairs and need help with bathing and night need minimal assistance (cuing, standby) with dressing.	
2 Well – People who have no active disease symptoms but are less fit than category 1. Often they exercise or are very active occasionally, e.g. seasonally		7 Severely Frail – Completely dependent for personal care from whatever cause (physical or cognitive). Even so they seem stable and not at high risk of dying (within 6 months)	
3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.		8 Very Seriously Frail – Completely dependent, approaching the end of life, they could not recover even from a minor illness.	
4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.		9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.	
5 Mildly Frail – These people often have more evident slowing and need help in high order IADLs (finances, transport, heavy housework, medications). Typically mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.		Scoring fragility in people with dementia the degree of frailty corresponds to the degree of dementia:- Mild Dementia ; forgetting details / repeating questions Moderate Dementia ; recent memory impaired although can remember past life. Can do personal care with prompting. Severe Dementia ; Cannot do personal care without help	

<p>Case Manager:-</p> <p>Update client info <input type="checkbox"/> Update & Upload HHA <input type="checkbox"/></p> <p>Scan and save HHA <input type="checkbox"/> Create Case Actions / Tasks <input type="checkbox"/></p>	<p>Signposting on Case:</p> <p style="text-align: right;"><input type="checkbox"/></p> <p style="text-align: right;"><input type="checkbox"/></p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>Other actions:</p> <p>HIA initiated <input type="checkbox"/> <input type="checkbox"/></p> <p>Order Equipment on spread sheet <input type="checkbox"/></p> <p>External referrals Initiated <input type="checkbox"/></p>	
<p>Signed: _____ Date: / / 2021</p>	

Date	Action(s)	Update	Diary