**Risk Assessment for Home Visits**

**Things to Consider**

# Who and how is the person getting in touch, what is the purpose of the contact?

Where has the information come from, the person themselves or a third party?

* this is an important factor to consider;
* if a third party, there may be a risk of over or under reporting about the issues raised; and
* if the person themselves has made contact, is there a risk that they are overstating their level of independence?

Are there any inconsistencies in the information you have? i.e. different people communication different things about the situation?

# Background

Is the person already known to Adult Social Care? Have you met the person?

When was the last time you (or another team member) saw them? Who else knows the person?

Who else has had recent face to face contact with the individual?

* This could be colleagues or other professionals e.g. commissioned providers, health colleagues etc. Attempt to gain an update from them.

# Capacity – with reference to the MCA 2005 and Code of Practice

Does the person have the mental capacity to engage in the intervention / assessment/review process at the point in time?

Are they able to articulate their views on the issues being considered?

If they don’t have mental capacity, are they well supported/represented, such that their view/wishes (including prior views/wishes) can be accurately collated?

# Issues

Are there any safeguarding concerns raised (about the individual or a provider of support)?

Is there a legal / statutory requirement?

Have there been any changes in circumstance? How significant has the change been?

Is it a predictable change, or unexpected?

What are the current risk factors? Please outline these.

Are there any conflicts between people involved in the situation?

How significant is the event/issue that the assessor is dealing with – e.g. small change to a care and support plan versus significant event?

Have concerns been raised about the person’s home environment? Clutter, hoarding etc.

If they can, is the person engaging in the assessment/review/care planning process or not?

Is the individual requesting a visit? Are they aware of the potential risks?

# Types of Contact

Have you agreed with the person the circumstances when you will see them face to face or contact them virtually?

Does the person have any communication issues that would require face to face contact, for example a hearing impairment?

# Face to Face

## Unannounced Visits

There will be circumstances for example, high risk safeguarding concerns, when an unannounced visit is required to ensure the person’s safety or ascertain their views.

Can this be carried out by another agency for example a Police welfare check, or jointly with police or health colleagues?

Where there are high risk safeguarding matters these should not be delegated to another agency.

Ensure staff safety, explore if two staff need to attend.

Take protective infection-prevention precautions as necessary according to Public Health advice.

## Planned Home Visit

There will be circumstances when a home visit is required but can be arranged with the individual in advance. Ensure appropriate people can attend e.g. family member

# Remote

Telephone (including tele conferencing to enable multiple people to engage) and /or email.

# Technology

Would the use of technology better able the person to engage in the process?

Undertaking a virtual visit, using video conferencing technology. This could include speaking with more than one person on the call. You could ask for a tour of the person’s home if there are concerns about their environment.

Prepare in advance – where possible/appropriate, send the person information about the things you will want to discuss, and (especially if it is a more formal discussion/meeting) some clarity as to how the meeting will be organised.

Is there a specific health/care plan which would contraindicate the use of technology (e.g. for people with specific mental health conditions, engaging in face to face discussions rather than technology may be part of their recovery plan)?

# Blended Approach

Can a blended approach be adopted, with most interaction being via technology, complimented by ‘one off’ face to face interactions?

# Reviews

Who needs to be involved?

Can this be carried out through video conference? (Can include people regardless of geographical distance).

When was the last time you met the person face to face? (2 years as a suggested minimum timescale for seeing people on a face to face basis).

# Formal Meetings

Technology can support professionals who might have struggled to engage to attend.

Would a blended approach with some people meeting in person and others joining via technology work?

The skills for chairing and contributing to on line/telephone meetings are different – plan in advance and ensure everyone attending understands how the meeting will function and flow.

# Current Environment

There may be factors which may mean face to face visits should be reduced, for example

* Covid-19;
* seasonal flu;
* adverse weather; or
* system pressures.

These should be included in your risk assessment and decision.

# Covid-19 Security Considerations

Face to face contact – the need to ensure social distancing and/or use of PPE.

Subject to the persons’ needs, the weather, and issues of confidentiality, can any of the visit be conducted outside – e.g. with the person at their doorway and the worker on the drive/in the garden.