

Check this template against your local regulations and your own policies before you use it.

Business _____ Location _____ Date _____

Home visit safety Before regular visits start, and whenever the client's situation changes

TASK	NOTES	INITIALS
Before the visit		
☐ Read the client's file for known risks, and tell someone where you're going		
☐ Check the client knows you're coming, and when		
Access and parking		
☐ Check there's safe parking close by, with good lighting after dark		
☐ Check the path, steps and entrance are safe, with handrails where needed		
☐ Check how to get in, such as a key safe, and who else has access		
People and pets		
☐ Note who lives at or visits the home, and any risk of aggression		
☐ Note any pets, and ask for them to be secured during visits		
☐ Note any smoking in the home, and ask the client not to smoke during visits		
Inside the home		
☐ Check for trip hazards, such as loose rugs, cords and clutter		
☐ Check the lighting, heating and hot water are working		
☐ Check smoke alarms are fitted and working		
☐ Check the bathroom and toilet are safe to use, with rails where needed		
☐ Note any signs of hoarding, pests, mold or unsafe living conditions		
Equipment and manual handling		
☐ Check hoists, beds, wheelchairs and aids are in good repair and serviced		
☐ Check there's enough space to use equipment and assist the client safely		
☐ Note any task needing two workers or extra equipment		
Lone working and emergencies		
☐ Confirm the check-in and check-out system for each visit		
☐ Check there's mobile phone signal, or another way to call for help		
☐ Note the client's emergency contacts and what to do if they don't answer the door		
Follow-up		
☐ Record the risks and the agreed controls in the client's care or support plan		
☐ Tell every worker who visits about the risks before their first visit		
☐ Set a date to review the assessment		

Completed by _____ Checked by (manager) _____ Date _____ Notes _____