Purposeful visiting report

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| Name and role of visiting professional |  | Date |  |
| Child or young person name |  | Time |  |
| Overview of visit | Choose an item. | Venue |  |

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| Visit within timescales? | Yes[ ]  [ ]  No |
| If no, state reason |  |

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| Where was the child or young person seen? E.g. bedroom, lounge, taken out, etc. |  |

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| Was the child or young person seen alone?If there were other people present during the visit please state whom and job positions, if applicable |  |

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| CommunicationHow are the staff communicating with the child or young person?Are they using their preferred method of communication?What is their preferred method of communication?Is their preferred method of communication successful?Do you have any identified areas of concern? |  |

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| Visit recordWhat issues were discussed?What is the child or young person’s views, wishes and feelings?Observations of the child or young person, staff and environment?How does the child or young person present; are they healthy, clean, happy?Any non-compliance, engagement issues with the child or young person?Any additional information? Such as activities they undertook since last visitAnalysis of the visit and the impact on the child or young person’s lived experience and care planningWhat is working well?What are you worried about?What needs to happen? |  |

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| Overview of setting or provision from the visitComment on rooms, environment, meals etc.Any comments made by the children or young people about the staff or environment?Is the recording of records up to date and available to review on visit? Please note the time they were last reviewedIs medication being administered appropriately? If medication is being administered covertly e.g. put into the child’s food/drink is there the correct authorisation for this.(please ask to see the written evidence from the named medical practitioner if this is a medical decision.) |  |

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| Reviewing of documents |

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| Document name | Seen | Not seen |
| Individual care plan |[ ] [ ]
| Daily logs |[ ] [ ]
| Incident reports |[ ] [ ]
| Medical logs |[ ] [ ]
| Regulatory reports |[ ] [ ]
| Risk assessment |[ ] [ ]
| Visiting log |[ ] [ ]

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| Additional information |

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| If you have seen the regulatory reports, please specify which reports and the quality of information |  |

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| Any identified risk factors or vulnerabilities highlighted on this visit for either the child, young person or the provision?If, as a result of the visit, the assessment concludes that the child or young person’s welfare is not adequately safeguarded and promoted by the placement, please record the next stepsDoes it need to be escalated to your line manager?Please refer to the children’s home regulation guidance where appropriate |  |

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| Visiting professional’s signature |  |
| Date of signature |  |