**Member Health Check**

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership Number:** |  | **Charity Name:** |  |
| **Completed By:** (Please give name of person completing this form) | **The Almshouse Association** | |  |
| **Charity –** Please see below notes | |  |

**Notes:**

* To complete this form, please mark ‘Met’, ‘Partly met’ or ‘Not met’ for each question. Please use the Member Health Check Guidance Notes for assistance with the questions and how to score. Please add any notes to the Notes/Action column.
* Please mark N/A against any question you feel is not relevant to your charity. The Almshouse Association will review these questions and re-score if necessary and send back a revised score.
* The ‘Risk’ column is for internal use only by The Almshouse Association.
* If the charity is completing this form, please email to [admin@almshouses.org](mailto:admin@almshouses.org). One of our team will review the scores and respond with any suggestions that would help increase your score.

**Member Health Check**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Governance & Trustee Body** | **Met** | **Partly**  **met** | **Not**  **met** | **N/A** | **Risk** (TAA internal use) | **Notes/Action** |
| The trustee body is constituted as set out in the governing document.  Please provide how many trustees appointed at present | 3 | 2 | 1 | N/A | 1-2 = High |  |
| All residents are qualified as beneficiaries as per the governing document | 3 | 2 | 1 | N/A | 1 = Low |  |
| The Charity has recorded: -   * Minutes of Board and Committee Meetings * AGM minutes (if applicable) | 3 | 2 | 1 | N/A |  |  |
| Have all trustees read and understood the Governing Document and know where it is located? | 3 | 2 | 1 | N/A | 1 = Low |  |
| A succession plan is in place to replace current trustees retiring or stepping down | 3 | 2 | 1 | N/A | 1 = Medium |  |
| Are there any conflicts of interest, if so, is a policy in place to manage them? | 3 | 2 | 1 | N/A |  |  |
| If the charity employs staff, is there a staff management and performance procedure in place with appropriate HR policies? | 3 | 2 | 1 | N/A |  |  |
| Are all trustees/staff registered on the AA website? | 3 | 2 | 1 | N/A |  |  |
| **TOTAL** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Buildings** | **Met** | **Partly**  **met** | **Not met** | **N/A** | **Risk** (TAA internal use) | **Notes/Action** |
| Are there currently any vacant almshouse dwellings you are having difficulty filling? | **No vacancies**  3 |  | **Vacancies**  1 | N/A | 1 = Medium |  |
| An annual building Risk Assessment is completed e.g. slips or trip hazards | 3 |  | 1 | N/A | 1 = Low |  |
| Current Insurance policies are in place and cover is index linked | 3 | 2 | 1 | N/A |  |  |
| Are EPCs arranged for dwellings when there is a change of occupancy if the EPC has expired? | 3 | 2 | 1 | N/A | 1 = Low |  |
| Has the charity had a quinquennial in the past 5 years? | 3 |  | 1 | N/A |  |  |
| Quinquennial actions have been met or planned from last report? | 3 | 2 | 1 | N/A |  |  |
| Do you carry out property inspections on all residents’ properties on a regular basis? | **Every 6-12 months**  3 | **Every 12-24 months**  2 | **24 months or more**  1 | N/A |  |  |
| **TOTAL** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Health & Safety/Policies** | **Met** | **Partly**  **met** | **Not**  **met** | **N/A** | **Risk**  (TAA internal use) | **Notes/Action** |
| Gas and / or electric safety certificates are up to date | 3 | 2 | 1 | N/A | 1 = Low |  |
| Legionella Risk Assessment is up to date | 3 |  | 1 | N/A |  |  |
| Fire risk assessment has been completed and is reviewed annually for all communal areas | 3 | 2 | 1 | N/A |  |  |
| Do you have a current Health & Safety Policy, is this reviewed on a regular basis? | 3 | 2 | 1 | N/A |  |  |
| Do you have a current Data Protection Policy that is adhered to, is this reviewed on a regular basis? | 3 | 2 | 1 | N/A |  |  |
| Do you have a current Safeguarding Policy, is this reviewed on a regular basis? | 3 | 2 | 1 | N/A |  |  |
| **TOTAL** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Residents** | **Met** | **Partly**  **met** | **Not**  **met** | **N/A** | **Risk**  (TAA internal use) | **Notes/Action** |
| All residents have signed Letters of Appointment which are reviewed regularly (e.g. every 3-5 years) | 3 | 2 | 1 | N/A | 1= High |  |
| All residents have a copy of the Residents Handbook | 3 | 2 | 1 | N/A |  |  |
| Residents’ homes have adequate heating systems installed (cold, damp or mould present) | 3 | 2 | 1 | N/A | 1 = High |  |
| Do you have a current complaints procedure which is reviewed on a regular basis? | 3 | 2 | 1 | N/A |  |  |
| Are any residents in WMC arrears? | **No**  3 |  | **Yes**  1 |  |  |  |
| Does a representative of the charity check in on residents regularly? | **Every 6-12 months**  3 | **Every 12-24 months**  2 | **Never**  1 |  | 1 = High |  |
| **TOTAL** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Finances** | **Met** | **Partly**  **met** | **Not**  **met** | **N/A** | **Risk**  (TAA internal use) | **Notes/Action** | |
| Financial control of funds e.g., bank accounts with at least two signatories | 3 |  | 1 | N/A | 1 = Medium |  | |
| Has the charity’s annual return, including any required accounts for the latest financial year, been submitted to the Charity Commission within 10 months of the charity’s year end? | 3 |  | 1 | N/A | 1 = Low |  | |
| If the charity is incorporated, were its accounts submitted to Companies House within 9 months of its year end? | 3 |  | 1 | N/A |  |  | |
| Does the charity complete an annual budget using TAA Specimen Outline Budget or equivalent? | 3 |  | 1 | N/A |  |  | |
| The charity has unrestricted funds in reserves to cover cash payments made in a year | 3 | 2 | 1 | N/A |  |  | |
| Does the charity have ‘cash and bank’ balances that cover at least 3 months’ expenditure (see income and expenditure account) | 3 |  | 1 | N/A | 1 = High |  | |
| Does the charity set aside funds into ERF & CMF? | 3 | 2 | 1 | N/A |  |  | |
| Is the WMC reviewed regularly and at a level that ensures the charity’s ongoing viability? -Please state the current WMC | 3 | 2 | 1 | N/A | 1 = High |  | |
| **TOTAL** |  |  |  |  |  |  | |
| **OVERALL TOTAL**  **(Without questions to residents scores)** |  | | | **35 – 69 = Poor (Requires improvement)**  **70 – 104 = Average (Good)**  **105 = Excellent** | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Questions to Residents**   **(Ideally questions should be put to at least 2 residents)** | **Very much** | **A bit** | **Not really** | **Notes/Action** |
| The residents feel positively towards the almshouse.  This may be shown in the language used by the resident when asked:  How do you feel about your home here?  This is very subjective. You will know if the feeling of living in the almshouses includes phrases such as: | | | | |
| *It feels like home* | 3 | 2 | 1 |  |
| *It feels safe in their home* | 3 | 2 | 1 |  |
| *Enjoy neighbours company* | 3 | 2 | 1 |  |
| *Feel a sense of security* | 3 | 2 | 1 |  |
| *Love living here* | 3 | 2 | 1 |  |
| *It feels warm and secure environment* | 3 | 2 | 1 |  |