

EAST AYRSHIRE COUNCIL

SOCIAL WORK COMMITTEE : 23 MAY 2002

PROGRESS REPORT ON ADAPTATIONS SERVICE

Joint Report by the Director of Homes & Technical Services & Educational and Social Services

1. PURPOSE

- 1.1 To provide Committee with details of the revised policy, procedures and eligibility criteria for specific elements of the Council's Adaptation Service and to seek approval for implementation.

2. BACKGROUND

- 2.1 Social Work Committee of 8th November 2001 agreed a progress report on the Adaptation Service and remitted the Director of Educational and Social Services and Director of Homes and Technical Services to return to Committee with revised eligibility criteria.
- 2.2 It is clear that the provision of equipment and adaptations shows that vulnerable clients can continue to live safely in their own homes and is an essential service.

3. PROGRESS

- 3.1 The Adaptation Service is managed jointly between the Departments' of Homes and Technical Services and Educational and Social Services.
- 3.2 The responsibility for assessment rests within the legislative framework for community care. Funding is provided via the Housing Revenue Account, and delivery of the Adaptations Service is managed by the Department of Educational and Social Services on behalf of the Department of Homes and Technical Services.
- 3.3 Occupational Therapy staff have a key role in completing assessments of individual need and in providing adaptations. To improve current arrangements, the following has been put into place:
 - A continuous professional development framework has been established for staff
 - The recruitment and retention of staff policy has resulted in the secondment of staff to specialist training courses.
 - Occupational Therapy Service Performance Management framework has been implemented. A monthly meeting structure has been developed to ensure regular management information and monitoring of service performance.

- A practice document entitled “Occupational Therapy Policy, Procedures and Practice Guidance” has been developed over the past 18 months by the Occupational Therapy staff and managers. This document contains the policy and eligibility criteria, as outlined at section 4 within this report.

It also contains specific procedures and practice guidance on the fitting of specialist equipment, and information/advice on current best practice. The document has been completed in loose-leaf format to enable sections to be updated in line with changes in practice and policy.

4. ELIGIBILITY CRITERIA

4.1 The Occupational Therapy Policy, Procedures and Practice Guidance document includes eligibility criteria for the provision of equipment or adaptations. In particular;

- Priorities for assessment, such as people who are awaiting hospital discharge
- Refined eligibility criteria, this will reflect significant and high need
- Re-defined categories which will inform provision, such as serious risk .
- Rationale for non-provision, this provides guidance to staff and service users where provision would not be considered e.g. showers would not be provided where individuals can bathe with the assistance of equipment or support.

See full document Eligibility Criteria and Guidance Equipment and Adaptations - May 2002 attached at Appendix 1

5. INTERIM CONTRACT ARRANGEMENTS

5.1 Policy & Resources Committee approved the contract arrangements for the Adaptation Service on 24th November 1998.

5.2 Following a meeting with the Director of Homes & Technical Services, the Head of Social Work and the Head of Administrative and Legal Services, agreement was reached to seek the approval of the Social Work Committee to extend the existing contracts to 30 June 2003 on the basis of the current terms.

5.3 Prior to the end of the present calendar year the Council will be invited to consider strategic options for the future procurement of property maintenance services to council houses and other public buildings after June 2003. This will include the arrangements for carrying out adaptation works to meet assessed community care needs.

6. FINANCIAL IMPLICATIONS

6.1 An average of £24,000 per annum has been achieved in income for this service.

6.2 COSLA has been asked to draw together a common charging framework across Scotland and have highlighted that East Ayrshire Council are one of three councils currently charging for equipment and adaptations. (See paper on Charging Policy)

6.3 The anticipated introduction of free personal care in July 2002 will not impact adversely on the service.

7. POLICY IMPLICATIONS

7.1 The recommendations contained within this paper are consistent with national policy, and outline a clear Council policy position for the provision of adaptations.

8. PERSONNEL IMPLICATIONS

8.1 As agreed at Committee on 24th November 1998, the core staffing posts relating to the adaptations service continue to be funded, and are as detailed below;

- 2 Technicians
- 1 Administrative Assistant
- 2 Clerical Assistants

9. RECOMMENDATIONS

9.1 It is recommended that Social Work Committee:

- (i) approves the policy and eligibility criteria for the provision of equipment and adaptations as set out in section 4 of this report;
- (ii) note the procedural guidance and arrangements being put into place; and
- (iii) approve the extension of the existing contracts until 30 June 2003 as set out in section 5.

John Mulgrew
Director of Educational and Social Services
13 May 2002

JD/JK
Enc (1)

LIST OF BACKGROUND REPORTS

Nil

A copy of the Occupational Therapy Service Policy, Procedures and Practice Guidance will be available at the members' information point.

**For further information please contact:
Morven Gemmill, Manager Independent Living, telephone 01563 554889**

IMPLEMENTATION OFFICER : JACKIE DONNELLY

**Eligibility
Criteria &
Guidance**

**Equipment &
Adaptations**

May 2002

CATEGORIES GENERAL

CAT A – URGENT

- Serious risk to service user if adaptation is not provided.
- Adaptation is essential to facilitate planned discharge.
- Adaptation is essential in preventing admission into institutional care.
- Adaptation allows access to toileting facilities.
- Individual will be able to carryout essential activities of daily living i.e. feeding/toileting (where no immediate support is available).
- No temporary alternative solutions can be made.

For example

Older person, living alone with a known history of falls would be a Category A for adaptations which would improve transfer safety, e.g. handrails, bannister, toilet frames.

CAT B – FACILITATES INDEPENDENCE

- Risk to service user or carer if adaptation is not provided.
- Provision will alleviate pressure on carer.
- Individual needs assistance with most activities of daily living.
- Adaptation is needed to increase independence and reduce input from care support services.

For example

An adult with physical care needs who cannot access the bath. The relative is an ageing parent with a heart condition. Provision of a shower would enable the service user to bathe independently and reduce stress and risk to the carer.

CAT C – DESIRABLE

- No risk to individual or carer if adaptation is not provided.
- Adaptation would allow individual to carryout activities, but currently has support services to do so.
- Adaptation will improve service users quality of life.

For example

Older person who has slight joint difficulty. The person lives with family who are able to undertake domestic activities. However provision of a handrail would enable the older person to undertake light duties safely.

NON PROVISION (GENERAL)

- Repairs to existing facilities, such as handrails, paths, fences and gates, faulty or inadequate wiring.
- Maintenance of any adaptations in the private sector, unless otherwise agreed and documented.
- Repairs of faults, which come under the defects liability on newly, built property.
- Removal of the adaptation and reinstatement of the property unless a specific agreement is reached and recorded at the time of installation. NB if adaptations are installed through a home improvement grant then they are recorded on the title deeds of the property and as such cannot be removed.
- Replacement of old or damaged furniture.
- Redecoration resulting from installation of adaptation.

SHOWER AND BATHROOM ADAPTATIONS

DEFINITION:

This provides for works of any significant and/or structural nature to an existing shower/bathroom in order to provide more appropriate bathing and/or showering facilities, and/or easier use of the toilet and washhand basin. Example may be;

1. Reposition/modification of existing fittings to make facilities accessible, (including widening of doors).
2. Installation of specialist equipment.
3. Over bath shower.
4. Level Access Shower
5. Wet Floor Shower room
6. Enlargement/relocation of bathroom

ALTERNATIVES TO PROVISION

1. Simple or major specialised bathing equipment
2. Minor structural works e.g. re-hang bathroom door, sliding door, different basin to increase access, handrails.
3. Portable/chemical toilet/commode.

As a general rule shower installations will only be considered where alternative bathing aids fail to meet the individuals bathing needs. However some specific exceptions apply:

The individual has a medical condition where daily showering is required e.g. colostomy care, certain skin conditions, or where bathing may be contra indicated e.g. where the individual has epilepsy and would be at risk bathing.

Shower Specifications

Team Leaders have a copy of the service specifications in relation to each shower option, staff should be familiar with these and be able to request alternatives to the specifications where required.

If necessary, joint visits should be undertaken with the contractor to check feasibility and highlight changes to the spec.

TYPES OF SHOWER

Over Bath Showers

This option should be considered for individuals with no/limited functional difficulty but who have a need for a shower or where the individual can transfer into the bath with appropriate equipment but submersion in water is not advised e.g.

Colostomy Care

Incontinence care (bladder or bowel)

Individuals who are immuno-suppressed

Skin care

An over bath shower may also be recommended for medical conditions where the individual requires to soak but rinsing off is also required.

Step In Shower

Unable to use powered bath lift

Can negotiate steps

Bathroom is up stairs

The individual's condition is unlikely to deteriorate

Level Access Showers

Individual unable to negotiate step but are mobile

Individuals who can sit in the shower area with appropriate seating

Wet Floor Shower Room

This relates to the removal of a bath and installation of a level wet floor area with a slight run towards a draining point, installation of a thermostatically controlled shower.

This option is considered where;

The individual is a wheelchair user

The individual is likely to be a wheelchair user in the future

The individual cannot sit in flexion and requires to use a shower trolley.

CRITERIA FOR PROVISION

1. The guidelines regarding assessment have been followed and the general guidelines are met.
2. The service user's functional ability is unlikely to improve in relation to his/her ability to utilise the existing facilities. Such improvement may be expected through the natural course of events or the anticipated outcome of proposed surgical intervention or a rehabilitation programme.
3. The service user's medical condition is exacerbated by the lack of suitable bathing/showering facilities.
4. Limitation of mobility prevents the service user's safe and essential use of existing facilities, even with the provision of specialist bathing equipment.
5. The service user/carer is at risk when using the existing facilities even with assistive equipment.
6. The service user uses a wheelchair and is unable to access existing facilities safely.
7. The service user cannot maintain personal hygiene with existing facilities or with assistive equipment.

8. The service user is dependent upon a carer for bathing even with assistive bathing equipment, and the provision of adaptations would facilitate independence.
9. The carer is at risk assisting the service user with existing facilities and the proposed adaptations would significantly alleviate this.
10. The service user intends to use, and is capable of using, the proposed adaptations.

POINTS TO CONSIDER

1. The proposed adaptations will conform to current building regulations and will receive official building authorisation.
2. The adaptations proposed will meet all foreseeable future needs.
3. The service user's home can be made suitable for his/her assessed needs and it is likely therefore that the service user will not seek/require alternative accommodation.

CONTRA-INDICATIONS TO PROVISION

1. The service user/carers does not have sufficient cognitive and/or functional ability to use the facility safely.
2. The service user is unlikely to make any significant use of the adaptations proposed.
3. The adaptations proposed will not make any significant difference to the service user's level of independence and/or the carer's needs.
4. The service user may gain relief from immersion in hot water e.g. arthritic conditions (although social work provision does not include treatment facilities)
5. If the service user is unable to operate the controls they should be positioned for carer's convenience. Tap and water outlet can be separated if required.
6. The needs of other members of the household should be considered.
7. Sufficient space should be available for transfers, drying etc.
8. If the provision results in a continuing need for a carer, ensure the service user will accept assistance and establish the source of this assistance.
9. The shower area should be able to withstand the fitting of grabrails and a wall mounted shower seat if appropriate.
10. Ensure that the size and material of a shower tray will be able to accommodate chair/shower chair/stool.
11. Consider appropriate seating for showers.
12. Adjustable height basins and smaller corner ones can be considered.
13. The location and type of taps should be considered – lever/mixer; front/back/side.
14. Consider the optimum transfer height from a wheelchair to the bath/toilet.

STATUTORY REQUIREMENTS

Meet appropriate building regulations criteria.

CATEGORIES FOR PRIORITISATION OF SHOWER ADAPTATIONS

CAT A – URGENT

- Serious risk to service user if adaptation is not provided.
- Non provision will exacerbate the individuals medical condition.
- Medical condition indicates the need e.g. epilepsy
Note medical conditions do not, on their own merit constitute a high category.

CAT B – FACILITATE INDEPENDENCE

- Risk to service user/carer if adaptation is not provided.

CAT C – DESIRABLE

- No criterion applicable.

ADDITIONAL TOILET FACILITIES

DEFINITION

An addition to a service user's home which provides essential toileting facilities. This may include:

1. Standard
2. Toilet with integral wash/dry facility
3. Wash/dry addition to standard toilet.

ALTERNATIVES TO PROVISION:

1. Refer to continence advisor
2. Commode
3. Stairlift
4. Bidet – portable or fixed

CRITERIA FOR PROVISION:

1. The guidelines regarding assessment have been followed and the general guidelines are met.
2. Medical condition contraindicates negotiating stairs to an upstairs toilet facility, and the provision of a stairlift etc will not meet the service user's toileting needs.
3. Service User has urgency/frequency of micturition, which is severe and untreatable. In addition to locomotor problems.
4. Service user cannot safely reach existing facility.
5. Distance to existing facility is prohibitive.
6. Service User's functional ability prevents independent use of current facility, and the adaptation would give the person an appreciable degree of independence and restore dignity.
7. Service User is experiencing difficulty in maintaining personal hygiene due to inability to use existing facilities.
8. Service User or carer is at risk from the current method of toileting.

9. Commode provision has been considered as inappropriate.

POINTS TO CONSIDER

1. The environment can accommodate the proposed alterations.
2. That the design and layout of the accommodation could be considered suitable or could be feasibly adapted to meet the long-term foreseeable needs of the service user.
3. A ground floor toilet should not be considered where the only bedroom accommodation is upstairs, similarly an additional toilet is not installed upstairs when the bathroom is on the ground floor.
4. If provision is on ground floor of a house and service user cannot negotiate stairs, washing/bathing facilities must also be addressed in relation to the service user's needs.
5. Access to drainage may dictate the site and/or the need for a macerator pump.
6. Service user's inability to operate toilet and attend to personal hygiene may indicate wash/dry toilet facilities.
7. No external hot water services for automatic wash/dry toilet facilities.
8. If providing wash/dry facilities local bye-laws must be considered.
9. There may be a medical need for keeping the genital area clean which will indicate the provision of a wash/dry toilet.
10. Planning regulations usually require a lobby between a toilet and kitchen.
11. If in the foreseeable future a wheelchair, mobile or ceiling tracking hoist, will be required ensure design accommodates these additions
12. It is preferable not to use a close coupled toilet if a chair is to be wheeled over the toilet. It can also be useful if space permits to position the toilet forward to facilitate transfer.

CAT A – URGENT

- Serious risk to service user/carer if adaptation is not provided.
- Individual will be able to carry out essential activity of daily living i.e. toileting (where no immediate support is available).
- No temporary alternative solutions can be made.
- Non provision will exacerbate medical condition.

CAT B – FACILITATE INDEPENDENCE

- Risk to service user/carer if adaptation is not provided.

CAT C – DESIRABLE

- Adaptation is needed to increase independence and reduce input from care support services.

NON PROVISION

- To meet the accommodation requirements of people within a household.

SPECIALIST TOILETS

CRITERIA FOR PROVISION

- Individual is unable to maintain proper hygiene after toileting due to degree of functional loss.
- Provision will give individual an appreciable degree of independence.
- Medical need to maintain hygiene of genital area.

CATEGORIES FOR PRIORITISATION OF SPECIALIST TOILETS

CATEGORY A

- Medical need to maintain hygiene.
 - Inability to maintain hygiene has led to break down of skin and/or recurrent infections.

CATEGORY B

- Functionally unable to maintain personal hygiene but skin is not compromised.

CATEGORY C

- No criterion applicable

ADDITIONAL BEDROOM FACILITY

DEFINITION:

This provides an addition to a service users home, which provides an essential sleeping area.

TYPES:

Bedroom
Bedsit

ALTERNATIVE TO PROVISION

1. Conversion/change of function of existing space.
2. Re-housing
3. Stairlift/vertical lift
4. Modification of existing accommodation/facilities

CRITERIA

1. It is not possible/appropriate to provide vertical/stairlift access to the existing bedroom. See criteria for lift provision.
2. There is only one reception room (living room or dining room) on the ground floor, and there is more than one person in the household.
3. Where there have been previously two separate rooms which have been converted into a through room, the expectation would be that the room would be restored to its previous condition (as part of the adaptation), thus providing two rooms again, one of which would be used as a bedroom for the person with care needs.
4. Above applies, but the remaining reception room cannot reasonably be expected to be used as a dining/living room, because of the size of the household, including the person with needs.
5. Where there is more than one public room, consideration must be given to utilising one of them for sleeping accommodation.
6. The need is to provide additional space for a person with complex care and management needs.

ADDITIONAL BEDROOM FACILITY

CRITERIA FOR PROVISION

- Additional bedroom space is needed to provide for a person with complex care and management needs.
- It is not appropriate to provide vertical/stair lift access to the existing bedroom.
- There is only one reception room on the ground floor and there is more than one person in the household. Where there have been previously two separate rooms which have been converted into a through room, the expectation would be that the room would be restored to its previous condition (as part of the adaptation), thus providing two rooms again, one of which could be used as a bedroom for the person with care needs.
- Above applies but the remaining reception room cannot reasonably be expected to be used as a dining/living room, because of the size of the household, including the person with needs.
- Individuals with complex care needs who are sharing a bedroom with another because there is no alternative and where additional space is needed.
- Where there is a medical need for a sterile environment.

CATEGORIES FOR PRIORITISATION OF ADDITIONAL BEDROOM

The guidance would determine provision, against a context of managing complex care.

NON PROVISION

- The department will not support applications where there is an overcrowding issue, or provide separately contained accommodation needs of relatives.
- The department will not consider extensions to Council tenancies.
- The existing facilities can be altered to accommodate the needs of the service user.
- Where a service user has poor/limited prognosis alternative provision to meet their needs will be sought.

CONSIDERATIONS

- 1 Where possible, bedroom facilities should be incorporated with the existing dwelling, and rehousing, where possible should be considered.
1. The department cannot support applications where there is an overcrowding issue, or to provide separately contained accommodation for relatives.

3. Applicant has to share bedroom with others because there is no alternative and this results in a need to provide space for a person with complex care needs.

KITCHEN ADAPTATIONS

DEFINITION:

This provides for works of a significant and structural nature, which facilitate the preparation and cooking of food by the individual.

THE NATURE OF DEPARTMENTAL PROVISION:

1. Modification of existing kitchen units
2. Rearrangement of kitchen.
3. Installation of specially designed kitchen units.
4. Enlargement/relocation of kitchen.

CRITERIA FOR PROVISION

1. The service user's need for kitchen adaptations is an essential one which relates wholly to the disability and which cannot be met by assistive devices, smaller works or kitchen reorganisation. Any adaptation proposed should be appropriate to the service user and should not be carried out solely in order to accommodate new kitchen appliances or furniture.
2. Written permission is obtained from the owner of the property if this is not the service user.
3. The Service User's functional ability is unlikely to improve in relation to his/her ability to prepare and cook food in the foreseeable future. Such improvement may be expected through the natural course or the anticipated outcome of proposed surgical intervention or a rehabilitation programme.
4. The Service User is registered as visually impaired and requires specialised facilities.
5. The service user has significantly reduced upper limb range or movement which inhibits the essential use of existing facilities.
6. The service user is at risk when using the existing facilities.
7. The service user uses a wheelchair or requires to sit while preparing meals.
8. The service user is the individual in the household mainly responsible for the preparation and cooking of meals.
9. The service user intends to use, and is capable of using, the proposed facilities.
10. The service user is currently dependent upon a carer and the provision will facilitate independence.

NON-PROVISION

Alternative white goods will not be provided but advice may be given regarding purchase and possible sources of funding.

CONTRA-INDICATIONS

1. The service user does not have sufficient cognitive and/or functional ability to use the facility safely.
2. The service user is unlikely to make any significant use of the adaptations proposed.
3. The adaptations proposed will not make a significant difference to the service user's level of independence.

POINTS TO CONSIDER

1. That the proposed adaptations conform to current building regulations and will receive official building authorisation.
2. The service user's home can be made suitable for his/her assessment needs and it is likely therefore that the service user will not seek/require alternative accommodation.
3. If the service user has a deteriorating condition a flexible design may be required.
4. Pull-down storage units require a steady grip for both pull-down and return operations in order to control the spring mechanism.
5. All doors to cupboards and appliances should open in the direction of approach.
6. Mobile storage units are invaluable and can be used to great advantage when transferring hot dishes from the oven.
7. To maximise the use of corner units, rotating carousels can be fitted but these reduce the amount of storage and cannot take excessively heavy loads.
8. Pull-out units give easier access to the storage at the back of shelves and cupboards.
9. Space for wheelchair foot plates is required under surfaces, alternatively have open access units.
10. Kitchen sinks – check bowl depth in relation to the use of the sink, also any wheelchair clearance required underneath. Sink bowl should be insulated to prevent burns.
11. Taps may need to be lever action with a high swan neck. Swivel mixer taps should be placed in such a position to allow for pots to be filled on the drainer or worktop to minimise lifting and facilitate movement along a worktop.
12. To allow maximum manoeuvrability under the sink for a permanent wheelchair user, between 900mm and 1200mm clear width should be left. The waste pipe should be fitted at the back of the sink or to one side.
13. Service users with sensory impairments will require use of colour, texture, audible signals, suitable lightable etc.
14. Consider service user's preferred position for kitchen activities.
15. Where possible plumbing and electrical installations should be linked by worktop.

16. Once a design is suggested it is a useful exercise to analyse some relevant kitchen tasks in relation to access, manoeuvrability, convenience, storage and efficiency with the service user.
17. The service user's own fridge, freezer, washing machine etc will normally be accommodated in the kitchen design. Alternatives cannot be provided but appropriate advice may be given on private purchase and possible sources of funding, if appropriate.
18. When designing a wheelchair height kitchen consider the height requirements of any non disabled household members.
19. Access to power points – service user's arm reach should be considered.
20. Major electrical appliances require a worktop to be sited at 900mm height. This will provide a worktop at standing height.
21. Where units are opposite to one another a central turning space of 1100-1200mm should be left for a standing person and 1500-1700mm for a wheelchair user.
22. Consider the position of a waste bin.
23. Consider repositioning the washing machine etc elsewhere in the house to create more space in the kitchen.

STATUTORY REQUIREMENTS

1. Meet appropriate building regulations criteria.
2. BS 6222 – Part 1 (1982): Specification for co-ordinating dimensions.
Specification for strength requirements and methods of test for fitted kitchen units.
Part 3 (1988) Specification for performance requirements for durability of surface finish.
Part 4 (1988) Code of practice for protection, storage and installation of fitted kitchen units.
3. BS 3456: Domestic and similar electrical installations.
4. BS 7671: Wiring regulations for installation of electrical appliances.
5. Current edition of I.E.E. and E.E.C. electrical regulations.

CATEGORIES FOR PRIORITISATION OF KITCHEN ADAPTATIONS

CAT A

- Where the current provision prevents safe preparation of meals and there is no available support.

CAT B

- Provision would alleviate pressure on carers/relatives.

CAT C

- No provision

PROVISION OF EXTENSIONS

DEFINITIONS:

An addition to a service user's home which provides essential living space.

An extension would be considered on the basis that the existing facilities cannot be accessed. Overcrowding alone would not be a consideration for the provision of an extension.

TYPES:

Any combination of the following:

Toilet

Bedroom

Bathroom/Shower room

Kitchen

ALTERNATIVES TO PROVISION

1. Stairlift/through floor lift
2. Modification of existing accommodation/facilities
3. Conversion change of function of existing space within dwelling
4. Rehousing

CRITERIA FOR PROVISION

REFER TO THE APPROPRIATE CRITERIA AND PROCEDURAL DOCUMENT FOR PROVISION OF ADDITIONAL FACILITIES I.E. KITCHEN, BATHROOMS ETC.

IN ADDITION THE FOLLOWING CRITERIA APPLY:

1. Extensions are not normally considered for LA and housing associations property when alternative accommodation can be offered.
2. That all other options are considered, including a move to more suitable accommodation.

3. The existing facilities cannot be altered to accommodate the needs of the service user.
4. Sufficient space is available for proposed work.
5. There are no existing rooms which could be utilised.
6. The proposed extension will conform to current building regulations and will receive official building authorisation.
7. The proposed extension is for sleeping/living/toileting purpose and NOT therapeutic or leisure purposes.

CONTRA-INDICATIONS

1. If the dwelling is in an extremely poor state of repair, it may not be considered reasonable and practicable to carry out alterations.
2. When the service user is considering moving as a feasible option.
3. A service user with poor/limited prognosis should be considered for alternative provision to meet his/her needs.

POINTS TO CONSIDER

PLEASE REFER TO THE APPROPRIATE CRITERIA AND PROCEDURAL DOCUMENT FOR PROVISION OF ADDITIONAL FACILITIES, IN ADDITION:

1. Discuss with the service user arrangements for furniture – storage or disposal.
2. The extension design must incorporate features which meet long term needs or accommodate future provision e.g. ceiling tracking hoists.
3. When planning an extension, the needs of other members of the household should be considered.
4. Soft furnishings and fitted furniture e.g. wardrobes are not considered. Inform the service user of this and consider approaching charities for these, if appropriate.
5. Arrangements for any temporary accommodation, and/or toilet, facilities during the building stage should be discussed and arranged before the building work begins.
6. Check the plans thoroughly ensuring sufficient space is allowed for turning circles for wheelchair use, width of halls and doorways, and that new floor height is level with existing.
7. Architects can be asked to draw a sketch of the proposed changes showing furniture layout at a scale of 1:20 for discussion.

8. Consider whether sufficient space has been allowed for specialised equipment e.g. shower trolleys.
9. Listed building complications.

CATEGORIES FOR PRIORITISATION OF EXTENSIONS

The guidance would determine provision, against a context of managing complex care.

OVERHEAD (CEILING) TRACK HOISTS

DEFINITION

Lifting equipment operated either manually or electrically which facilitates the transfer of a person from one area to another. The equipment can be operated by the individual or by a carer. The individual is transported in a sling (s) suspended from a track fixed to the ceiling or an overhead gantry. Motors can be fixed or be removable where more than one track is installed. Lifts can be mains or battery operated and can be ceiling or wall mounted.

THE NATURE OF PROVISION

Structural alterations are considered in general to be adaptations, with the hoist considered to be equipment.

Tracking hoists installed as part of special needs housing units are the responsibility of the housing provider.

TYPES

Single straight/curved ceiling fitted track.
Multi-directional ceiling fitted track.
Gantry of a frame track.
Track supported on wall brackets.
Ceiling track with motorised lift and manual travel.
Ceiling track with motorised lift and travel.
Ceiling track with portable motor.
Ceiling track with battery operated motor.

ALTERNATIVES TO PROVISION

Mobile hoist.
Portable seat lifter.
Monkey pole.
Transfer board.
Transfer disc/turntable.
Mattress elevator
Leg lifter
Bed rails

Specialised bed/chair.

CRITERIA

1. The guidelines regarding assessment have been followed and the general guidelines have been met.
2. The service user's need is an essential one which relates wholly to his/her disability and which cannot be met by any of the alternatives already listed above. These alternatives would be unsuitable because of the extent of the service user's ability; the capacity of the carer to cope with the alternative and/or the environment is unsuitable. Any hoist proposed must be appropriate for and meet the service user's and/or carer's needs.
3. The service user is a wheelchair user and/or is confined to bed. He/she has severely limited function of his/her legs resulting in significant transfer problems.
4. The service user's prognosis indicates that this is required for a minimum period of 6 months and order to assist in transfer/lifting activities.
5. The service user is unable to make independent transfer safely and/or without excessive physical effort.
6. The service user/carer is using unsafe methods if no alternative is available.
7. The carer is unable to manoeuvre a mobile hoist because of physical limitations.
8. The use of hoist equipment is acceptable to the service user/carer.
9. The service user is currently dependant upon a carer and the provision will facilitate independence and enable him/her to effect independent transfers.
10. The service user/carer has demonstrated his/her ability to manage the slings and mechanisms safely.
11. The service user is trained in the safe usage of the equipment.

CONTRA-INDICATIONS:

1. The service user and/or carer would be unable to use the hoist safely.
2. The service user is unlikely to make any significant use of the facility.
3. The service user is able to utilise any of the alternatives listed.
4. Structural limitations preclude the installation.
5. The track hoist should not be used as a method of transportation between rooms which are not directly adjacent.

POINTS TO CONSIDER

1. Single piece slings are more appropriate but where two piece slings are an option they should not be considered for service users with certain conditions such as:

2. Grand Mal epilepsy

3. Extensor spasms
4. Very low muscle tone
5. Confusional states

6. Provision may be inappropriate for people in the latter stages of terminal illness due to the time from assessment to supply.
7. Portable motors should not be provided where the carer is frail.
8. Due to the layout of the property it may be more appropriate to provide separate tracks in more than one room rather than one continuous track throughout.
9. Travel can be noisy, particularly on concrete beams, therefore consider neighbours in flats or terraced houses. This problem may be resolved by mounting the track on a support beam or gantry.
10. Wall mounted brackets may be utilised when ceilings cannot accommodate standard fittings. An engineer (usually a company representative) will advise on the structural feasibility.
11. The distance of the track from the wall is determined by a service users position in bed or chair. Clearance of approximately 1000mm is usually considered adequate.
12. A pre-payment meter (either card or coin) is potentially hazardous and should be changed. If this is not possible, the service user/carer should be aware of the hazard and be advised to check power available on each occasion prior to using the hoist.
13. The hoist should include a manual mechanism for use in power failure. Consideration should be given to areas that have frequent power failures
14. If the track is to run to an adjacent room from the doorway requires to be changed to full height.
15. A battery-operated motor, which recharged in the "store" position eliminates the need for recoil leads.
16. The manufacturer should be consulted before an alternative make of sling is considered.
17. A sling may be difficult to use in a close fitting seat.
18. An additional sling should be provided to allow for laundering.
19. If a service user uses the hoist unattended a pendant alarm should be provided.
20. Where the service user lives alone assessment should indicate that the individual has both functional and cognitive ability required to use the hoist safely.
21. Confirmation of medical diagnosis and prognosis where necessary.
22. Consider the hoist options available and visit with company representatives (these are usually lift engineers, please check).
23. Arrange demonstration and trial of comparable tracking hoists, with carer present.
24. Complete assessment report.
25. Follow SDD 40/85 or Improvement Grant procedures as appropriate, and advise service user of appropriate procedures.
26. Consider any additional equipment required.
27. Ensure that the service user/carer has been instructed fully on the use of the tracking hoist and has demonstrated safe usage of it with either the installer and/or O.T. **before** it is used independently.

28. Follow up visit to check on the safe usage of equipment, in particular safe transfers and fitting. Confirm that the service user/carer knows the correct point of contact in case of a breakdown of the hoist.

CATEGORIES FOR PRIORITISATION OF OVERHEAD (CEILING) TRACK HOISTS

The guidance would determine provision, against a context of managing complex care.

PROVISION OF RAMPS

DEFINITION:

An inclined surface used to facilitate access/exit thereby negotiating the requirement for steps.

THE NATURE OF DEPARTMENTAL PROVISION:

In the private sector a permanent ramp is usually concrete and the HIG procedure should be followed.

ALTERNATIVES TO PROVISION:

- | | | | |
|----|--------------------|---|---|
| 1. | Re-housing | } | To be considered <u>prior</u> to ramp consideration. |
| 2. | Half-step | | |
| 3. | Stairclimber | } | Where a ramp is not feasible. |
| 4. | Steplift/porchlift | | |
| 5. | Rehousing | | |

CRITERIA

1. The service user is expected to require the ramp for a minimum period of six months.
2. The service user's need for ramp provision is an essential one which relates wholly to his/her disability and which cannot be met by smaller works. Any adaptation proposed should be appropriate to the client's assessed needs.
3. The service user's functional ability is unlikely to improve in relation to his/her ability to negotiate steps. Such improvement may be expected through the natural course of events or the anticipated outcome of proposed surgical intervention or a rehabilitation programme.
4. Climbing steps would exacerbate the service user's medical condition or cause his/her health to deteriorate.
5. The service user is dependent upon the use of a wheelchair for indoor/outdoor use.
6. The service user is able to use the ramp safely; either independently or with an attendant.

7. The service user and/or attendant is at serious risk when using the current method for negotiating steps.
8. The service user intends to use the ramp regularly, e.g. day care, hospital appointments.
9. The service user is currently dependent upon a carer and the provision will facilitate independence or minimise the risk for carers.
10. The service user is isolated and/or wishes to utilise the facilities to which a ramp will provide access.

CONTRA-INDICATIONS

1. The service user and/or carer would be unable to use the ramp safely.
2. The service user is unlikely to make any regular use of the facility, i.e. weekly use for social activities.
3. The space available is insufficient to install a ramp, which would meet the recommended specifications for minimum gradient, width, kerbs, handrails etc. (see attached) and remain within the boundaries of the client's property.
4. Permission for the installation of the ramp is not forthcoming.
5. The service user does not have a wheelchair and medical need has not been determined by Health or social care staff.
6. The ramp would not be installed where there are unresolved access problems to the home.

POINTS TO CONSIDER

1. Ramps will be provided at only one entrance to the property. Discussion with the service user together with considerations regarding viability will determine which entrance is appropriate.
2. Service Users with bilateral above knee amputation will require a shallow gradient as their centre of gravity will be altered.
3. If a concrete ramp bridges the existing damp course the builder should ensure that the problem is remedied.
4. Thresholds may need to be removed or replaced by flexible thresholds or storm bars. Alteration to doors may also be required.
5. A combination of steps and ramp may be required to meet the safety and mobility needs of others particularly if the entrance is one common to a number of other dwellings.
6. It will be necessary to consult with and receive permission from other householders/neighbours who share ownership in the property.
7. Ensure that the doorway is sufficiently wide to allow the wheelchair to be propelled through it.
8. Thought should be given to the possibility that the service user may in the future change to a different model or type of wheelchair e.g. a motorised outdoor one.
9. White line may be required on the edges of landings to indicate changes of levels for people with a visual impairment.
10. Manholes and tobies must not be covered by permanent concrete ramps as access is required at all times. Resiting may be an alternative.

11. If windows open above the ramp advise the service user of this.
12. If evacuation is necessary a retaining wall may be required.
13. Written permission is obtained from the owner of the property if this is not the service user.

PORTABLE RAMPS

Portable ramps are rarely provided but may be considered for terminally ill service user's. In these circumstances the following should be considered

1. These are items of equipment which should be used solely in accordance with the manufacturer's instruction. A copy of these must be given to the service user/carer.
2. Minimum gradient requirements should be adhered to on provision.
3. Check the weight of portable ramps and consider whether they can realistically be moved easily and regularly.
4. Contact the manufacturer regarding the maximum gradient allowable for the portable ramp.
5. Portable ramps will not be provided to addresses other than the service user's own home.
6. Portable ramps should not be used where they will obstruct public footpaths.

STATUTORY REQUIREMENTS

1. Building Regulations (1991) – Part M (1992 Edition) for public buildings can be related to private dwellings for design and construction.
2. Common Law includes liability under Occupier's Liability Act 1948 for safety to neighbours/public and others who may use the entrance.
3. BS 5588 Fire Regulations 1988 Part 8 Code of Practice for means of escape for disabled people.

NON PROVISION

- The individual does not have a wheelchair and health or social care staff has not determined medical need.
 - The service user is unlikely to use the ramp regularly.
 - Ramps will not be provided for use with privately purchased wheelchairs/scooters.

CATEGORIES FOR PRIORITISATION OF RAMP INSTALLATION

CAT A

- The service user/carer are at serious risk using the current method of accessing their home.

CAT B

- The individual is dependent on a carer to assist with access to their home.

CAT C

- The individual is socially isolated, as assistance is needed to access their property.
- The individual would use the ramp at least monthly.

PROVISION OF STAIRLIFTS

DEFINITION

Responsibility for the assessment of need lies with the Social Work department. Assessments and recommendations will only be carried out by qualified Occupational Therapists. (Subject to a competency framework for Occupational Therapy Assistants)

Staff should be conversant with the range of lifts and the specification agreed within the Stairlift specification documents which are used for tendering purposes.

Alternatives to provision should be considered and discussed at supervision with Team Leader.

CRITERIA

- Assessment and provision of adaptation guidelines are met.
- Provision would restore safety, or independence.
- Provision would reduce carer stress.
- Alternative housing has been considered where appropriate.
- Alternative use of existing living space has been considered
- The individual has extreme difficulty climbing the stairs, and their health and/or safety is at serious risk.
- And/or the diagnosis contra-indicates the individual negotiating the stairs.

PROCESS

1. Recommendation to proceed with stairlift installation has been discussed with the Team Leader.
2. Undertake a site survey with approved contractor to determine suitability of home for lift installation.
3. Trial on stairlift to assess transfer skills, and cognitive requirements are met or evidence from functional assessment that all relevant cognitive and loco-motor requirements are met
4. Complete AD1 (see Adaptation process)
5. Check visit
6. Ensure individual data recorded and emergency contact arrangements are in place in the event of a break down.

CONTRA-INDICATIONS

1. Aggressively progressive conditions e.g. motor neurone disease.
2. Epilepsy with grand mal seizures.
3. Marginal transfer skills.
4. Limited short term memory

Therefore staff must identify potential difficulties and discuss with team leader prior to recommendation.

A device which transports service user from one level to another, by either in sitting or perching position.

POINTS TO CONSIDER

1. If the electrical supply includes a pre-payment (e.g. card or coin) meter this is potentially hazardous and should be changed, unless a battery-operated stairlift is to be installed. If this is not possible, the individual/carer should be aware of the hazard and be advised to check power available on each occasion prior to using the lift.
2. If structural alterations are required, an architect may need to be consulted.
3. If the proposed stairlift is the only communal access in a property of multiple occupation, a fire officer and the local environmental health officer must be consulted regarding the feasibility of the installation.
4. On curved track stairlifts it is important to check the plans for position and height of seat and footrest at the top and bottom as this may vary considerably.
5. Advise the individual of the breakdown and service arrangements (see standard letters).
6. Installation of stairlifts in households with small children or people who have a sensory impairment must be considered regarding safety.
7. Newel posts can be structural to the property and therefore should not be altered or removed without specialist advice.
8. Open tread staircase risers may be required to be filled in before the installation of a stairlift, specialist advice should be sought.
9. An application for a community alarm may be considered if the individual lives alone and meets the eligibility criteria.
10. Stairlift suppliers are not responsible for the professional assessment for the suitability of a stairlift for a particular individual

11. Individuals who have, for example, uncontrolled epilepsy or children with multiple disabilities, and all risks associated with the use of a stairlift should be balanced against benefits, which would be gained by the provision.

SELECTION OF TYPE OF STAIRLIFT

1. Suitability of stairlift for the needs of a service user.
2. **Choose a stairlift that is suitable not only at the time of purchase, but that, if the service user is suffering from a progressive disorder, will still be suitable as their needs change.**
3. Consider the best position of the user on the stairlift, i.e. standing, sitting or seated in a wheelchair.
4. Determine any limits to the ability of the user to rise from a sitting position at a given height or to step onto a raised platform.
5. If the transfer of the user from a wheelchair to a seat on a chair carriage and vice versa is considered, ensure that this movement is within his/her physical capacity and can be accomplished safely at the upper and lower landings.
6. Consider the direction the user will face when travelling on the stairlift and be aware of any problems this might cause (e.g. sideways travel on a stairway in a house is not possible where the user has knees fixed in flexion.)

CONTROLS

1. Note any need to position the controls for the benefits of the individual with limited upper limb function.
2. Identify any difficulties in operating the constant pressure switches and discuss alternative forms of constant pressure switches with the manufacturer/contractor.
3. Consider the provision of attendant controls if the user cannot manage independently, or if it is inadvisable for the user to do so.
4. Specify a lockable on/off switch if it is necessary to restrict the use of the stairlift and prevent the possibility of potential accidents.
5. Note that the lockdown emergency stop button or stop switch should be used to prevent the carriage being called by another person whilst the user is getting on or off.
6. Consider the necessity of alternative postural moulds and fixation harnesses.

SUITABILITY OF THE STAIRWAY AND ITS APPROACH

1. Seek expert advice if the stairway is not a straight flight.
2. Check the amount of clearance between the stairs and the edge of any ceiling intersection.
3. Potential trapping areas such as bannisters and recesses should be flush and smooth.

4. Consider the space available for getting on and off the lift, especially where a wheelchair platform carriage is to be used.
5. Ensure that the width of the stairway:
6. Will leave sufficient free stairway, after the rails have been fitted to enable the stairs to be used normally.
7. Will, where necessary, accommodate the wheelchair.
8. Also confirm that foldaway components are necessary.
9. Ensure that the carriage or rails will not obstruct passageways, or prevent opening of doors, access to cupboards, etc. and that vacant landing(s) do not present a hazard in the form of associated projections, holes or pits.
10. Ascertain that adequate lighting of the stairway landing will be available at all times.
11. Ensure that the stairway or stairway wall is of sound construction to ensure adequate fixing of the stairlift.
12. Fire safety

HOUSEHOLD ELECTRICITY SUPPLY

Ensure that an electrical supply, that does not include a prepayment meter is provided.

OPERATING INSTRUCTIONS

1. Ensure that as a purchaser, the correct and safe use of the stairlift is demonstrated, and instructions given to you.
2. Ensure that the correct use of the stairlift is explained and demonstrated to the user at the time of installation. In addition, ensure that written instructions are given to the user, covering normal operation and breakdown.
3. Advise the user to keep the written instructions in a safe place, together with any emergency service telephone numbers.

Maintenance

Follow the manufacture's guidance about maintenance, which should only be undertaken by a competent person. A service contract should be obtained.

BREAKDOWNS

1. Service User's are familiar with the council's helpline number.
2. Ensure that a nominated member of the household has been instructed to undertake the correct hand-winding procedure in the case of a breakdown.
3. Ensure that the user is advised whom to contact in the event of a breakdown.

SPECIAL CONSIDERATIONS FOR THOSE LIVING ALONE

1. Consideration should be given to the desirability of an alarm system that would alert a dependable assistant, or summon help beyond the bounds of the household.

2. Ensure that this alarm would not depend upon mains power supply and would be capable of being operated by the user at any point throughout the travel of the stairlift.
3. Community alarm.

CHANGE OF USE

Any change in the use of the stairlift should be discussed since certain alterations may be necessary; examples of such changes are:

- Change of type and weight of wheelchair
- Change of user functional abilities
- Change of user
- Installation at another site.

CATEGORIES FOR PRIORITISATION OF STAIRLIFTS

CAT A

- There is serious risk to the service user/carer negotiating the stairs.
- No temporary alternative is available.
- The individual needs to use the stairs frequently to access essential facilities.
- The medical condition indicates provision e.g. chronic heart disease.

CAT B

- The individual has difficulty on the stairs but does not need to use the stairs frequently to access facilities.
- Alternative provision can be made on a temporary basis.

THROUGH FLOOR LIFTS

All assessment and adaptation guidelines are followed.

All stairlift provision conditions are met.

TYPES:

Wheelchair model

Seated model

Totally enclosed car and enclosures at each level.

Lift with partially enclosed car and enclosure at upper level.

Lift with partially enclosed car and enclosures at each level.

Lift with partially enclosed car and no enclosures.

Motor or hydraulic drive.

ALTERNATIVES TO PROVISION

Change of usage of existing ground floor room.

Minor adaptations / provision of equipment in existing ground floor rooms.

Stairlift

CONTRA-INDICATIONS

1. Installation would cause excessive stress on the service user / carer.
2. The individual's diagnosis indicates risk of injury in a confined space, e.g. severe athetosis.
3. Claustrophobia of service user/attendant.
4. The environment cannot accommodate this equipment due to design and / or structure.
5. If the prognosis is poor consider the effects on the family of this equipment in the future.

POINTS TO CONSIDER

1. Any other household members who require to use the lift.
2. If assistance from carer required, consider safe transfers and additional weight.
3. The safety of young children should be addressed in relation to enclosures.
4. Enclosure doors may be sliding or folding and may require the fitting of an automatic door opener.
5. Ensure the width of the door opening allows the wheelchair to be self-propelled is required.
6. Manufacturers will supply call phones, which can be provided instead of a pendant alarm.
7. Hydraulically driven lifts have a facility to lower if breakdown occurs whereas motor driven lifts have to be hand cranked to ground level.
8. All efforts should be made to enable the service user to operate all controls independently.
9. Consider the noise of the lift in relation to the design/structure of the property.
10. If the house is a listed building, check with the Planning Department.
11. Careful consideration needs to be given to the service users/carers ability to use the lift safely in cases of epilepsy or confusional states.
12. The weight of the service user is critical in determining appropriate model of lift. Where a wheelchair and/or attendant will accompany the individual, the weight of these must also be known. It is essential that an accurate current weight check be made.

CATEGORIES FOR PRIORITISATION OF THROUGH FLOOR LIFTS

Follow prioritisation of stairlifts

DROPPED KERB AND/OR HARD STANDING

DEFINITION

This is a section of dropped kerb to give a permanent access between the service user's house and road way to form a parking area in the garden.

CRITERIA

1. The guidelines regarding assessment have been followed and the general guidelines are met.
2. The individual is not due for major surgical intervention, which will significantly improve their condition.
3. The individual has substantial difficulty in mobilising from home to vehicle.
4. Service user and/or carer is at risk using present between home and vehicle where provision would facilitate independence.
5. Service user is dependent upon carer to move between home and vehicle where provision would facilitate independence.
6. Where road traffic regulations prohibits the establishment of a parking bay in reasonable proximity to the home cannot be achieved.

POINTS TO CONSIDER

1. Permission is required from the Council's Roads Department for dropping a kerb.
2. Planning permission should be obtained (if required) for the formation of driveways and/ or hardstandings

PROCESS

Follow adaptation guidelines for Local Authority or owner/occupier.

CATEGORIES FOR PRIORITISATION OF DROPPED KERBS/HARDSTANDING

CATEGORY A

- The individual has substantial difficulty in mobilising from home to vehicle and the use of a wheelchair is not an option.

CATEGORY B

- The service user and their carer are at risk using the present method and provision would promote safety and independence.

CATEGORY C

- No criterion applicable

NON PROVISION

- Construction of a lowered kerb will not be considered if there is already one within a reasonable and negotiable distance from the individuals home.

HANDRAIL PROVISION

DEFINITION

Installation of a single or double handrails facilitates safe mobility over external steps leading to the door or path of a service users home. Handrails may be installed over common entries. Where there are four or more steps and no alternative support methods the responsibility for provision of a single handrail lies with the Department of Homes and Technical Services. Following assessment of need, steps up to and including four steps are the responsibility of Social Work.

POINTS TO CONSIDER

Automatic provision service operates within both localities for service users who have a requirement for a handrail set against a specific eligibility criteria. Staff should refer to the Team Leaders, Reception Services for further guidance in this area.

CRITERIA

1. The service users need is essential
2. Consideration is given to the permission from other tenants where the common access is of an owner occupier nature.
3. The service users functional abilities are unlikely to improve in relation to his/her mobility.
4. The service user has reduced lower limb range of movement which inhibits the safe mobility on the stairs.

POINTS TO CONSIDER

The provision in general relates to provision of a single rail at the front and rear access to property. Staff should be familiar with the service specification, guage of rail etc. Provision of double rails is considered where the service user has limited mobility in an upper limb.

Staff should advise individuals of the type of rail which will be installed as per the spec, and that ornate or painted rails are not provided.

CRITERIA FOR PROVISION

- The individual is unable to access their home safely, either independently or with an attendant, without a handrail.
- Single rails will generally be installed unless the individual has an identified need for double support.

CATEGORY A

- Where service user lives alone and is at serious risk on stairs.

CATEGORY B

Service user/carer requires assistance to mobilise safely on stairs.

CATEGORY C

No criteria applicable.

NON PROVISION

- Rails will normally only be provided at the principle most accessible entrance.

PROVISION OF BANNISTERS

DEFINITION

A Bannister is an internal rail fixed to the wall leading from ground floor to upper floors.

CRITERIA

All service users should have at least one bannister within their home. This is considered an essential fitting by both local authority and housing associations and would not therefore require to be funded via Social Work.

Provision of an additional bannister may be required where the service user has limited upper limb function or lower limb function. Installation of double bannisters may be contra-indicated for service users with angina due to the additional work of the pectoralis major muscles.

CATEGORY A

- Serious risk to service user and/or carer
- Provision is essential to facilitate discharge from hospital.
- Service user lives alone and has known difficulties or is alone for significant periods of the day.

CATEGORY B

- Provision will alleviate pressure on carers
- Provision will promote independence.

CATEGORY C

- No criteria applicable.

PROVISION OF SAFETY GATES/FENCING

In exceptional circumstances, safety gates at the top of the stairs or fencing in garden areas may be considered.

Generally this is where the individual has limited safety concepts and would be at risk of falling on stairs or from traffic on a road.

Staff should discuss such scenarios with their Team Leaders prior to actioning.

For example, children with ADD

CRITERIA FOR PROVISION

- Only provided in exceptional circumstances and only in respect of children.

INTERCOM AND DOOR ENTRY SYSTEMS

DEFINITION

An internal unit linked to a receiver, which is located by the outside door. The yale lock can be released by a switch on the unit. Internal units can be fitted in one or two rooms.

CRITERIA

1. The general considerations prefacing this document are met.
2. Service user should possess the functional and cognitive skills to use the equipment. If not, they may be more vulnerable than with an ordinary lock.
3. Access for care services is essential.
4. The service user is left alone for long periods each day.
5. The service user is a wheelchair user and/or confined to bed. He/she has severely limited function of the lower limbs resulting in significant mobility problems.
6. The service user is unable to independently and safely mobilise to the front door in a reasonable period of time.
7. The service user must be able to access the door to make it secure overnight.
8. The service user is unable to facilitate access for essential carers on a daily basis.

POINTS TO CONSIDER

1. The service user/carer should be aware this provision is not a security device and that doors should be securely locked overnight.

2. Where service users have a hearing impairment they may not be able to allow access to appropriate callers.
3. Service user's would not be able to address I.D. issues prior to letting callers into their own home.

SHEDS/POWERED SUPPLY FOR POWERED WHEELCHAIRS

CRITERIA FOR PROVISION

- The wheelchair has been provided by the NHS
- There are no appropriate facilities that already exist internally or externally.
- The powered wheelchair is essential due to restricted mobility.

NON PROVISION

- Where private purchase by individual has created need for provision.

AGENDA