



**OCCUPATIONAL THERAPY SERVICES  
IN THE WESTERN ISLES**

**POLICY AND PRACTICE ON PROVISION OF  
EQUIPMENT AND ADAPTATIONS**

<b><u>Section 1</u></b>	<b><u>General Conditions and Procedures</u></b>	<b><u>Page</u></b>
	Legislative Framework	3
	Basic Guidelines for provision of equipment and adaptations	4
	Assessment	4
	Decision making	5
	Confidentiality	5
	Finance	6
	<b><u>Procedures</u></b>	
	Major adaptations	6
	Minor adaptations	7
<b><u>Section 2</u></b>	<b><u>Criteria for Adaptation/Equipment</u></b>	
	Access:	
	1. Intercom and door unlock systems	8
	2. Disabled Parking	8
	3. Ramps	8
	4. Steps and rails	8
	5. Access paths	9
	6. Other access issues	9
	Bathing:	
	1. Bathlifts	9
	2. Overbath showers	10
	3. Level access shower	11
	4. Low access shower	11
	Toileting:	
	1. Additional Standard Toilet	11
	2. Special Toilet	12
	3. Combined toilet/shower unit	12
	<b><u>General Alterations or Extensions to Living Space</u></b>	
	1. Washing and toilet facilities	12
	2. Additional space in kitchens	13
	3. Re-design/adaptations of facilities in an existing kitchen	13
	4. Additional living accommodation	13

**Lifts**

- |  |    |
|--|----|
| 1. Stairlifts                              | 14 |
| 2. Vertical through floor home lift        | 14 |
| 3. Short rise lifts: internal and external | 14 |

**Ceiling Track Hoists**

15

**Section 3 Provision of Equipment**

- |                      |    |
|----------------------|----|
| 1. Chairs            | 16 |
| 2. Leisure Equipment | 16 |
| 3. Kitchen equipment | 16 |

**Section 4 Contact Details for Departments/Services**

17

**OCCUPATIONAL THERAPY SERVICES IN THE WESTERN ISLES**  
**POLICY AND PRACTICE ON PROVISION OF EQUIPMENT AND ADAPTATIONS**

**SECTION 1: GENERAL CONDITIONS AND PROCEDURES**

The main purpose of providing equipment or adaptations is to increase or maintain functional independence for people with permanent and substantial disabilities and to assist their carers. The level of provision will be determined following assessment by an Occupational Therapist.

**Legislative Framework**

The National Health Service (Scotland) Act 1978 (“the 1978 Act”) requires Scottish Ministers to promote a comprehensive and integral health service to improve the physical and mental health of the people of Scotland and to provide or secure services for the prevention, diagnosis and treatment of illness. There is also a general duty to promote the improvement of physical and mental health. The discharge of these functions is essentially delegated to health boards. Their duties under the 1978 Act includes duties to provide medical, nursing and other services.

The Social Work (Scotland) Act 1968 (“the 1968 Act”) places a general duty on local authorities to promote social welfare (Section 12 of the 1968 Act) by making available advice, guidance and assistance. There are also specific duties to assess needs and decide whether those needs call for the provision of services, which essentially means services under Part II of the 1968 Act. Local authorities have the lead responsibility for co-ordinating the assessment of all community care needs, on an inter-agency basis.

Section 2 of the Chronically Sick and Disabled Persons Act 1970 is effective in Scotland through the Chronically Sick and Disabled Persons (Scotland) Act 1972. It applies to any chronically sick and disabled person, to whom section 12 of the 1968 Act applies, or if the person is under 18 years of age, to any disabled child to whom section 2 of the Children (Scotland) Act 1995 applies.

Sections 22 and 29 of the Children (Scotland) Act 1995 also places a duty on local authorities to provide services that promote and safeguard the welfare of children.

The Education (Additional Support for Learning) (Scotland) Act 2004 introduced a single structure for meeting the needs of children who require additional support to ensure they can make the most of their education.

Local authorities have a duty to assess the needs of any person for whom they may have a duty or power to provide community care services and, under the Housing (Scotland) Act 2006, mandatory assistance may be available to adapt their home, depending on the assessment of need.

The Data Protection Act 1998 is the legislation that governs the release of personal information to individuals. The purpose of this Act is to protect individuals from unauthorised disclosure, or misuse, of the information held about them by organisations. The Act concerns itself with individual privacy and with ensuring that information held about individuals remains confidential and is not released to the public. It is not a ‘freedom of information act’ nor can it be used to force disclosure of material relevant to legal claims against a social care authority.

### **Basic Guidelines for Provision of Equipment and Adaptations**

- 1) The person for whom adaptations/equipment are being considered is a 'disabled person' in terms of the Disability Discrimination Act 1995.  
*"Disability is defined as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".*
- 2) The person must be **resident** in the Western Isles.
- 3) The adaptation must be at that person's **only or main residence**.
- 4) The adaptation/equipment must be **essential** to the person because of the nature of their disability.

### **Assessment**

- Assessment of individual circumstances underpins provision. Adaptations should not normally be carried out without prior specialist assessment.
- Assessment should reflect the comprehensive needs of the individual and the needs of carers and take into account both current and long term needs.
- Prior to recommendation of an adaptation or equipment provision the following points should be borne in mind:-
  - (i) Therapeutic intervention – the process of normal recovery, ongoing rehabilitation, teaching of new methods or compensatory techniques may eliminate the need for adaptation or equipment.
  - (ii) Unless the assessor considers it clearly inappropriate to do so, all adaptations, particularly major, should be preceded by trial of removable, re-useable equipment, where such equipment is available, technically feasible, and offers a cost-effective solution.
  - (iii) The possibility of a "move" to more suitable housing will be discussed with all applicants at an early stage. Where this is readily available, and no other factors contra-indicate a move, such as the disruption of established support networks, or increased isolation of the disabled person, major permanent adaptations to property may not be recommended.
  - (iv) Adaptations should only be considered where the applicant can reasonably be expected to enjoy increased independence and an improved quality of life, for a significant period (at least six months) following completion of the work.
  - (v) In the case of people with deteriorating conditions, often where prognosis is uncertain, care should be taken to be as honest in decision making as possible, bearing in mind the unfortunate possibility of the assessor holding more information about condition and prognosis than the applicant. It may be necessary, in some circumstances, to make a judgement to proceed rapidly with an alteration in order to afford the applicant as much use of it as possible. Likewise, it may be necessary to

delay work where it is clear that the applicant will be unable to make use of the adaptation. (see ii).

- (vi) The assessor will consult with other professionals, such as GP or consultant, to ensure that sufficient background information informs recommendations. Permission will be sought from the client prior to consulting their GP.
  - (vii) Where there is a suitable room which is used as a second sitting/dining room or bedroom for a non-permanent family member, adaptations will not be considered.
- Adaptations and equipment may be provided where they increase or maintain safety and functional independence, dignity and self-esteem, and assist in protecting existing relationships.
  - A consensus over the type of assistance to be provided will be sought with the client, carer, other members of the household and other appropriate agencies.
  - Where the client or their representative wish to have an alternative adaptation other than the assessor's recommendation then assistance may be offered provided:
    - The adaptation will meet the client's current and long-term needs.
    - The difference in cost will be met by the client (e.g. the lowest estimated cost of providing a stairlift being offset against the cost of a ground floor extension).

### **Decision making**

Assessment and recommendations may be discussed with other Occupational Therapists/line manager/Social Work/Development Services staff. Joint visits may be carried out. Technical advice will be sought.

In complex cases where a Single Shared Assessment has been completed, the assessment and recommendations may be discussed with the other professionals involved. The decision to provide adaptations or equipment rests with the OT service. No commitment can be given by another agency.

The client will be provided with a written assessment where requested.

The Occupational Therapist will include clear advice as to the specific requirements of the client and will continue to provide advice throughout the planning and completion of the work.

### **Confidentiality**

It may be necessary to share information regarding a client's health or social circumstances with other staff, departments or agencies. All such information will be treated with respect and will be imparted only on a 'need to know' basis. There may be occasions when it is not appropriate to share information in which case the funding agency may not be aware of the reasons behind recommendations. All personal data will be processed in line with the principles of the Data Protection Act 1998.

## **Finance**

Financial assistance may be obtained from the following sources:-

1. Grant assistance through the Development Services (CnES) for adaptations to private property.
2. Hebridean Housing Partnership/Registered Social Landlords.
3. OT budget for minor adaptations to private property.
4. Community Care Grants from Department of Work and Pensions.
5. The client's own resources.
6. Charitable bodies.

## **PROCEDURES**

### **MAJOR ADAPTATIONS**

The procedure for the major adaptation of a property is as follows:-

#### **For housing rented from a Registered Social Landlord:**

1. Assessment by the Occupational Therapy Service and recommendations based on the criteria.
2. Where necessary, medical information is requested from the General Practitioner with client consent.
3. Investigation of alternatives to adaptations is carried out i.e. transfer of tenancy, provision of equipment, move to more suitable accommodation.
4. Recommendation is made to the registered social landlord in writing.
5. Regular meetings are held between the Occupational Therapy Service and Registered Social Landlord to discuss adaptations and monitor progress.

#### **For privately owned property:-**

1. Assessment by the Occupational Therapy Service and recommendations based on the criteria.
2. Where necessary, medical information is requested from the General Practitioner with client consent.
3. Investigation of alternatives to adaptations is carried out i.e. provision of equipment, move to more suitable accommodation.
4. Recommendations for provision of an Adaptations Grant may be made through Western Isles Care and Repair. Care and Repair can act on an applicant's behalf as their agent and they will obtain quotations for the recommended works and submit the completed grant application paperwork to the Comhairle. They may also assist in making applications for any funding requests to any charitable bodies, however, it should be noted that clients usually have to pay any shortfall themselves.

5. The Occupational Therapist will liaise with the client, CnES, Care and Repair and builders as required.

**For privately rented houses**

1. Assessment by the Occupational Therapy Service and recommendations based on the criteria.
2. Where necessary, medical information is requested from the General Practitioner with client consent.
3. Investigation of alternatives to adaptations is carried out i.e. transfer of tenancy, provision of equipment, move to more suitable accommodation.
4. Written permission from the owner/landlord is required.
5. Length of tenancy must be verified.
6. Responsibility for any shortfall to be clarified and agreed i.e. will the landlord or tenant meet any shortfall between grant amount and actual cost.

**MINOR ADAPTATIONS**

Funding is available through the Occupational Therapy budget. A letter is sent to a local builder/joiner specifying the work to be carried out and asking to proceed if the work can be done within specified costs. The client can nominate a preferred tradesman or family can take responsibility for the work.

The procedure for minor adaptation of a property is as follows:-

**For housing rented from a Registered Social Landlord:**

1. Assessment by the Occupational Therapy Service and recommendations based on the criteria.
2. Where necessary, medical information is requested from the General Practitioner with client consent.
3. Written requests are made from the OT service to the registered social landlord in line with criteria.

**For privately owned property:-**

1. Assessment by the Occupational Therapy Service and recommendations based on the criteria.
2. Where necessary, medical information is requested from the General Practitioner with client consent.
3. Funding is available through the Small Adaptations budget. A letter is sent to a local builder/joiner specifying the work to be carried out and asking to proceed if the work can be done within specified costs. The client can nominate a preferred tradesman or family can take responsibility for the work.

**For privately rented houses**

1. Assessment by the Occupational Therapy Service and recommendations based on the criteria.
2. Where necessary, medical information is requested from the General Practitioner with client consent.
3. Written permission from the owner/landlord is required.

**SECTION 2 : CRITERIA FOR ADAPTATIONS/EQUIPMENT**

**ACCESS**

**1. Intercom and Door Unlock Systems**

- The client has severely restricted mobility and is unable to reach the front door.
- The client is alone for significant periods of time.

**2. Disabled Parking**

- Where a reserved parking space is essential for a disabled vehicle a recommendation may be made to the Technical Services Department to mark out a space where appropriate.

**3. Ramps**

- For non self - propelling wheelchair users, where the client is able to walk short distances and negotiate steps with assistance, a ramp will not usually be provided. However, frequency of use, ability of carer to move the wheelchair, and number of steps may make the ramp necessary.
- For self - propelling wheelchair users and those unable to negotiate the steps a ramp will be provided where feasible.
- Temporary ramps may be provided where the use is expected to be short-term or where the inside of the house is not suitable for a wheelchair.
- Both front and back entrances will not normally be ramped unless there is no reasonable access from front to back of the house.
- In some circumstances provision of a ramp may be contra-indicated.

**4. Steps and Rails**

- Rails can be provided to assist with external or internal steps/stairs to assist the client to climb them safely.
- Steps can be altered to reduce the rise or extend the tread to ease safe access.
- Normally only one access to the home will be altered.

## 5. Access Paths

- Where the client is able to walk short distances with/without assistance.
- Where the client is a wheelchair user and a path is required to facilitate access to the vehicular access.
- Where the existing path is likely to put the client at risk or exacerbate the medical condition.
- The maximum length of eligible path is 30 metres long x 1.50m wide.

## 6. Other access issues

- Access to clothes drying area may be improved where required by the disabled person.
- Paths around the property will not normally be provided but some external paths for access and exercise may be considered.
- Improved external lighting will not normally be provided.
- Driveways or access roads will not normally be provided.
- Cattle grids/external gates will not normally be provided.
- Safe play areas for disabled children may be considered where significant risk has been identified and the proposals meet the child's identified needs e.g. non-climb fencing, paving.
- Assistance with outdoor sheds for powered wheelchairs may be considered:
  - where appropriate storage and power supply are inadequate within the accommodation or outside in garage; and
  - where the client's mobility is so impaired that the use of a powered chair is essential.

## BATHING

The aim of any provision will be to enable the client to remain or become independent in personal care or to assist carers to manage more easily and safely.

### 1. Bath Lifts

Powered bath lifts may be considered for a client if the following criteria apply :-

- a) Ordinary bath aids have been tried and proved to be unsuitable for the client's degree of functional loss. It is necessary for the client to try basic equipment before proceeding to more complex provision (assuming it is safe to do so).
- b) The provision will enable the client to remain independent in personal care or make it easier for carers to assist with personal care.
- c) The client or carer must be capable of realising the importance of keeping the equipment charged up.

- d) The client must be able to transfer on to the bath lift safely.
- e) The powered bath lift is preferred to an over bath shower if the client requires to soak in the bath e.g. incontinence or skin condition.

### **Considerations**

- The bath should be of an appropriate size/shape to accommodate the bath lift. (Bathmasters can be used in a corner bath if necessary).
- The battery must be regularly charged.
- Where there are other occupants of the home, ensure that the bathlift can be safely removed and stored.
- A powered bathlift may be issued on temporary loan if the need is urgent, pending the provision of other facilities.

Where the client is terminally ill a bath lift is the preferred solution.

## **2. Overbath Showers**

The provision and installation of a shower over the bath to be used either seated or standing. The shower will be thermostatically controlled and meet BSI standards. The use of mixer shower taps/fittings is not recommended but where these are in use by a client and function satisfactorily they will not be replaced.

- (a) Bath equipment has been considered/tried and is inappropriate due to the client's degree of functional loss.
- (b) Clients must be encouraged to try all feasible options. Client preference alone cannot be the only factor for this provision.
- (c) The bath may be retained because:-
  - The client is able to transfer on to a bath board/swivel bather.
  - It is impractical to remove the bath due to the physical layout and size of the bathroom and the client can manage the transfer for the foreseeable future.
  - Medical management problems exist e.g. double incontinence, stoma care.
  - Where the prognosis indicates an urgent need, overbath showers are generally quicker to install and cause less disturbance.
  - Other family members wish to retain the bath.
  - Where a bath lift would be suitable but other occupants are unable to remove/store the lift.
  - Where a bath lift is not available.

### **3. Level Access Shower**

Specialist shower cubicle with integral level access to include half height doors, curtain, wall fixed seat, grab rails and thermostatically controlled shower unit,  
or

Wet room with appropriate accessories as above.

- (a) The provision will enable the client to remain/become independent in personal care.
- (b) Bath equipment has been considered/tried and is inappropriate due to the client's degree of functional loss.
- (c) The user is likely to become, or already is sufficiently disabled to be either wheelchair bound or unable to step into an ordinary shower cubicle or a low access shower cubicle.
- (d) Clients must be encouraged to try all feasible options. Client preference alone cannot be the only factor in this provision.

#### **Considerations**

- In most circumstances the client will need to sit whilst showering. Consideration must, therefore be given to the type of seat and the provision of adequate space.
- A shower would not normally be removed and replaced with a bath.

### **4. Low Access Shower**

- The criteria are similar to those above but the client is, and likely to remain, able to cope with a small step into the shower.
- These showers are preferred for installation on an upper floor of a house or in an upstairs flat.
- Where technical problems prevent installation of a level access shower and the client can manage the step for the foreseeable future.
- These are provided infrequently in order to avoid having to repeat work due to unpredictable changes in client's circumstances.

## **TOILETING**

### **1. Additional Standard Toilet**

- (a) The client's functional ability to reach the existing toilet is severely restricted due to the nature of their disability.
- (b) Where access to existing toilet cannot be provided by stair rails, stairlift or ramp.
- (c) There is a permanent medical condition which severely affects frequency/urgency of need and the client's mobility is impaired.

- (d) Where the clients need is urgent/frequent and there are several other occupants of the home.
- (e) A commode or chemical toilet have been considered and are inappropriate due to problems emptying or lack of privacy.

### **Considerations**

- Functional limitation of carer to assist client in reaching existing facilities.
- Family considerations.
- Safety and dignity of client.

### **2. Special Toilet with Bidet and Drier**

- The client is unable to maintain proper hygiene after toileting due to degree of functional loss.
- The provision would give the client an appreciable degree of independence and privacy in toileting.
- Where the client finds it unacceptable for carers to assist with personal cleaning.
- The client has tried a special toilet and finds it an acceptable solution.
- A portable bidet does not meet the need.

### **3. Combined Toilet/Shower Unit**

- The criteria for an additional toilet and shower are met but limitations of the accommodation and/or family considerations preclude the provision of separate facility.
- The client's prognosis requires a short term solution and subsequent removal.

## **GENERAL ALTERATIONS OR EXTENSIONS TO LIVING SPACE**

**Note:** For application for general alterations or extensions particular attention must be paid to the criteria outlined in the first section of this report. Any alteration must be essential to meet the needs of a disabled person and not just a desirable improvement. The contents of any alteration or extension will be confined to that section of the property principally used by the disabled person and will not be provided as a general house improvement.

### **1. Washing and Toilet Facilities**

- a) The client meets the criteria for the facility (see criteria for WC and showers).
- b) The client has extreme difficulty in negotiating stairs and the prognosis indicates that there will be deterioration of function in the future.

- c) It is not technically feasible to install a stairlift or vertical lift, or it is not appropriate due to the client's functional ability or a safety hazard
- d) for other household members.
- e) The existing facilities are not accessible and cannot be reasonably adapted to make them suitable for the disabled person.

## **2. Additional Space in Kitchens**

- a) The client is a permanent wheelchair user or a user of one of the larger types of walking equipment.
- b) The client is able, interested and likely to use the kitchen to prepare and cook food for themselves or family members.
- c) Alternative kitchen facilities need to be provided because the existing kitchen space is required on technical grounds or due to its positioning, for conversion to WC/Shower room for the disabled person.

## **3. Redesign/adaptation of facilities in an existing kitchen**

The extent of adaptations will depend on whether the client is the predominant kitchen user. Access should be available to an appropriate height work surface and the facilities to use a kettle and the sink. Any adaptation will take into account the needs of other users of the kitchen, e.g. family or carers.

## **4. Additional Living Accommodation**

Grants to provide additional living accommodation may be supported but there is no mandatory requirement for assistance for this type of work in the Housing (Scotland) Act 2006. Grant to provide extensions will only be considered where a case meets the required criteria set out below and cannot otherwise be provided or contained within the existing house or an alternative, more cost effective solution cannot be achieved.

This should include investigating a move to more suitable, alternative accommodation. Otherwise, the following will apply:

- (a) Consideration has been given to the possibility of installing a stairlift or vertical lift (see relevant criteria).
- (b) There is only one reception room (living or dining room) on the ground floor and there is more than one person in the household or a single bedsitting room is not appropriate due to care or private needs. If two separate rooms have previously been converted into a "through" room it is reasonable to expect the adaptation to involve restoring the property to provide two rooms again (to achieve a separate bedroom).
- (c) Where there are two reception rooms one would generally be expected to be used as a bedroom, unless there is insufficient provision with the remaining living room/dining room for the client and household members.

- (d) For provision of additional bedroom/living space the individual would usually have multiple disabilities and complex management/care needs.
- (e) Where the request is for an additional bedroom to meet the care of someone who is not normally a member of the household, work would only normally proceed where provision of an additional bedroom is the only solution to the person remaining in the community.
- (f) Where a client's family wish to make more complex adaptations a proportion of the cost will be given for the essential works required due to Disability.

The amount of eligible expense for additional living accommodation will be calculated in strict accordance with the Comhairle's policies on cost limited works and may not necessarily cover the whole cost of the works.

## **LIFTS**

### **Types of Lift**

1. Stairlift - for use standing; with seat for use sitting; for use in wheelchair.
2. Vertical through floor home lift - with seat; for wheelchair use.
3. Short rise lift - internal; external.
4. Use of an external lift shaft on an existing building may be possible, but will only be considered where all other options have been exhausted. (BS1 documents must be complied with).

### **Criteria for Lifts**

#### **1. Stairlifts**

- (a) The client's functional ability to climb the stairs is severely restricted due to the nature of their disability
- (b) It is medically contra-indicated for the client to climb the stairs, even with additional stair rails

#### **2. Vertical through floor home lift**

- (a) Provided for those for whom stairlifts are contra-indicated.
- (b) Provided where it is not technically possible to fit a stairlift.
- (c) Provided where it will reduce the need for transfers for the wheelchair user and increases their independence.

#### **3. Short rise lift: Internal + external**

- (a) Provided where there is insufficient space to provide a ramp of appropriate gradient to reach essential areas of the home e.g. W.C.
- (b) Provided it is a cheaper option than ramp provision.

### **Considerations**

- Re-housing to more suitable accommodation should always be considered as an alternative to installing any form of lift.
- Health and Safety/Building Standards/Fire regulations affecting the proposed installation e.g. minimum stair widths.
- Existence of more than one living room and bathroom facilities downstairs. It may be effective to provide a shower/WC downstairs if there is a bedroom but no bathroom facilities there.
- Where client lives alone, or is alone for long periods, the installation of an alarm/telephone to summon help in an emergency should be considered. Links to Faire will be encouraged.
- A coin operated meter or swipe card meter on the electricity supply presents a hazard and will preclude installation of a lift until an alternative payment method has been provided.
- Where the installation will be on a party wall of a semi-detached or terraced house, neighbours should be consulted, owing to possible noise factors.
- Contra-indications for stairlifts:
  - progressive conditions which will affect transfer to stairlift.
  - poor sitting/standing balance.
  - quickly deteriorating conditions.
  - client is confused, or spatial orientation problems are present.
  - severe epilepsy.
  - children with multiple disabilities.
  - anxiety factor unresolved by trial use.

### **CEILING TRACK HOISTS**

- (a) The client is a wheelchair user or is confined to bed and has severely limited function making transfers a problem.
- (b) Mobile hoists, monkey poles, and other lifting equipment have been considered and are inappropriate due to the degree of functional loss, capacity of carers, or lack of space.
- (c) The provision will increase the client's independence in transfers.
- (d) The provision will support the carers by reducing the physical exertion of transferring the client.

### **Considerations**

- The provision is dependent on structural feasibility. At times the construction of the existing ceiling may preclude the fitting of a hoist.
- Room layout - position of bed, toilet/separate tracks in bedroom, bathroom.

- Risk - Safe use of the hoist by carers or client requires assessment and training under disability procedures.

### **SECTION 3. EQUIPMENT PROVISION**

The Community Equipment Service (CES) provides Health and Community Care funded equipment on loan to residents of the Western Isles. The equipment provided ranges from toilet equipment (e.g. raised toilet seat), bathing equipment (e.g. bath board, bath lift, tap rail), to moving and handling equipment (e.g. mobile hoist) and hospital beds.

The equipment can be accessed by requesting an assessment by the Occupational Therapy Service and/or Community Nursing service.

The equipment should be returned when no longer required. Uplift of the equipment can be arranged by contacting the following services:

- Community Equipment Service: 07811179380
- OT service: (01851) 708287 (Lewis and Harris); or  
(01870) 602425 (Uist and Barra)
- Faire: (01851) 701702

Where a client wishes to purchase equipment themselves, information will be provided.

#### **1. Chairs**

- (a) Specialist seating for children to use in their own home on recommendation of an Occupational Therapist.
- (b) High chairs for adults are not normally supplied. The exception is short term loan following hip replacement surgery. Advice can be offered on purchase of a suitable chair.
- (c) Chairs can often be raised or adjusted to increase independence
- (d) Advice and information will be provided by the OT on riser/recliner chairs and possible sources of funding e.g. an application to the DSS for a Community Care Grant.

#### **2. Leisure Equipment**

Advice on leisure aids e.g. gardening tools can be given but they will not normally be supplied.

#### **3. Kitchen Equipment**

Advice will be given on suitable items which clients are encourage to purchase themselves if they are part of standard kitchen requirements.

**CONTACT DETAILS FOR DEPARTMENTS/SERVICES**

- **Occupational Therapy Service**, Western Isles Hospital, Macaulay Road, Stornoway, HS1 2AF, (01851) 708287
- **Faire**, Dun Eisdean ,Westview Terrace, Stornoway, Isle of Lewis, HS1 2LD, tel (01851) 701702
- **Community Nursing Service**: Contact through your GP practice
- **Western Isles Care and Repair**: 41A Point Street, Stornoway, Isle of Lewis HS1 2XF, tel (01851) 704347
- **Department of Social and Community Services**, Comhairle nan Eilean Siar, Sandwick Road, Stornoway, HS1 2BW, tel (01851) 703773
- **Private Sector Housing**, Comhairle nan Eilean Siar, Sandwick Road, Stornoway, HS1 2BW, tel (01851) 709489