

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
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# NHS Western Isles

## Occupational Therapy Department

### Policy

### Joint Policy for Provision of Adaptations

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
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Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

## Contents

<b>1</b>	<b>Introduction.....</b>	<b>3</b>
<b>2</b>	<b>Policy Statement.....</b>	<b>3</b>
<b>3</b>	<b>Policy .....</b>	<b>3</b>
<b>4</b>	<b>Accountability and Responsibilities .....</b>	<b>21</b>
<b>23</b>	<b>Implementation, Education, Training, Monitoring and Reviewing.....</b>	<b>21</b>
23.1	Implementation .....	21
23.2	Education and Training .....	21
23.3	Monitoring and Reviewing .....	21
<b>24</b>	<b>References .....</b>	<b>21</b>

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		<b>Page 2 of 22</b>	Owner: Ron Culley
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Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

## 1 Introduction

- 1.1 Scottish Government Guidance on the provision of equipment and adaptations to local authorities and NHS Boards in 2009 states that “The purpose of an adaptation is to modify a disabling environment in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families. Adaptations can also improve confidence, skills and mobility and reduce symptoms. They can form part of a range of options available to people experiencing a disabling environment.
- 1.2 The definition of an “aid or adaptation” means any alteration or addition to the structure, access, layout or fixtures of accommodation, and any equipment or fittings installed or provided for use in accommodation, for the purpose of allowing a person to occupy, or to continue to occupy, the accommodation as their sole or main residence.

## 2 Policy Statement

- 2.1 Access to assessment and provision should be fair and consistent, be focused on individual outcomes and enablement, have service users listened to, have a say, be respected and responded to, and be reliable. There should be no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief. Health boards and local authorities have responsibilities under equality legislation for ensuring that discrimination does not occur and for promoting equality of opportunity. They are also subject to a proactive duty to promote race, disability and gender equality.

## 3 Policy

### Legislative Framework

- 3.1 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.

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Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		Page 3 of 22	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
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Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

- 3.2 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.
- 3.3 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.
- 3.4 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.
- 3.5 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.
- 3.6 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.
- 3.7 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.

### **Housing (Scotland) Act 2006**

- 3.8 The main purpose of the Act is to address problems of condition and quality in private sector housing, as well as setting out the requirements for delivering disabled adaptations. The ‘Scheme of Assistance’ replaced what was previously known as the Home Improvement Grants.

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Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
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3.9 Part 2 of this Act sets out the detail of the Scheme of Assistance for housing purposes. This allows local authorities to provide assistance to home owners to undertake adaptations to the property.

3.9.1 Section 72 requires a local authority to publish a statement of the criteria it has set to decide whether to provide assistance and in what form. The statement must also include any circumstances in capping the costs of any works undertaken via the grant.

3.9.2 Section 73 states that the local authority must provide assistance to the owner of a house in relation to works required to make a house suitable for a disabled person. In relation to the provision of standard amenities (toilet, bath or shower, wash hand basin or sink) this assistance must be in the form of a grant.

3.9.3 Section 75 states that the grant cannot be given retrospectively after works have started.

3.9.4 Section 76 states that the local authority may not limit the approved expense available in the case of grant funding for adaptations for a disabled person.

3.9.6 Section 77 relates to the means testing of grants. Everyone will get 80% of the costs covered by a mandatory grant. If an owner is in receipt of certain benefits they will receive 100% grant to cover the costs of work undertaken.

3.9.7 Section 84 states that the local authority must record the provision of the grant in the appropriate land register – General Register of Sasines or Land Register of Scotland.

3.9.8 Section 88 prevents the local authority from awarding a further grant for the same work for which a grant was previously approved (for example, a replacement stairlift).

3.10 Local authorities have their own local policies on the assistance they provide so the help available will vary depending on where you live.

### **Public Bodies (Joint Working) (Scotland) Act 2014**

3.11 Following the introduction of the Public Bodies (Joint Working) (Scotland) Act 2014, there has been a change in the way private sector housing adaptation grants are administered by the local authority, however, this does not change the way they are accessed by the public.

3.12 A tenant in the social rented sector (either local authority or housing association) can apply for grant in the same way as an owner or private sector tenant. However, the Government has made it clear that such applications should be the exception.

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Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

3.13 Finally, it is important to be aware that the local authority has a duty to meet the needs of a disabled person where these needs have been assessed as being above the local eligibility threshold. This means that if other funding is not available, the local authority is still required to meet the individual's needs, whether through an adaptation or some other solution.

3.14 Each year, housing associations receive funding from the Scottish Government's housing agency to pay for adaptations to their properties to make them more suitable for disabled people. Most housing associations will request an occupational therapist report from the local Social Services department.

3.15 Health boards and local authorities should bear in mind that a carer providing regular and substantial care has the right to an assessment of their own needs as a carer. Under the Community Care and Health (Scotland) Act 2002, NHS Boards have developed Carer Information Strategies. These strategies, in place since May 2007, should improve carer identification, information and training to help carers continue in their caring role.

#### 4. **Assessment**

4.1 The person must be resident in the Outer Hebrides.

4.2 The adaptation must be at that person's only or main residence.

4.3 The adaptation/equipment must be necessary and appropriate to the person based on assessment of need and risk.

4.4 Maintenance and repairs of adaptations in private property are the responsibility of the home owner – exceptions are stairlifts, step lifts, and through floor lifts and ceiling track hoists.

4.5 Assessment of individual circumstances underpins provision.

4.6 Assessment should reflect the comprehensive needs of the individual and the needs of carers and take into account both current and long term needs.

4.7 Prior to recommendation of an adaptation or equipment provision the following points should be borne in mind:-

4.7.1 Therapeutic intervention – the process of normal recovery, ongoing rehabilitation, teaching of new methods or compensatory techniques may eliminate the need for adaptation or equipment.

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Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
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- 4.7.2 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.
- 4.7.3 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.
- 4.7.4 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.
- 4.7.5 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.
- 4.7.6 Where a client declines to consider any of the options (i) to (v) above, it is unlikely that the adaptation request can be progressed.
- 4.7.7 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.
- 4.7.8 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).
- 4.8 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.
- 4.9 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.

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Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		Page 7 of 22	Owner: Ron Culley
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- 4.10 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).

## 5. Decision Making

- 5.1 Assessment and recommendations may be discussed with other Occupational Therapists/ Department of Social and Community Services/ Development Department/ Care and Repair/ Hebridean Housing Partnership/ Registered Social Landlord (RSL) staff. Joint visits may be carried out. Technical advice will be sought.
- 5.2 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.**
- 5.3 The client will be provided with a written assessment if requested.
- 5.4 The Occupational Therapist will include clear advice as to the specific requirements of the client and will continue to provide advice throughout the planning process and completion of the work.

## 6. Confidentiality

- 6.1 It may be necessary to share relevant 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.

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## 7. **Finance**

7.1 Financial assistance may be obtained from the following sources:-

- 7.1.2 Adaptations Grant assistance available from Housing Services, Development Department (CnES) for adaptations to private property.
- 7.1.3 Hebridean Housing Partnership/Registered Social Landlords.
- 7.1.4 OT budget for minor adaptations to private property.
- 7.1.5 Community Care Grants through the Social Welfare Fund. Initial contact is through the Citizens Advice Bureau.
- 7.1.6 The client's own resources (including funds received from compensation payouts).
- 7.1.7 Charitable bodies.
- 7.1.8 NHS Western Isles (for specific cases only).

## 8. **PROCEDURES**

### **MAJOR ADAPTATIONS**

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

#### **For housing rented from a Registered Social Landlord (RSL):**

- 8.1 Assessment by the Occupational Therapy Service and recommendations based on the criteria.
- 8.2 Where necessary, medical information is requested from the General Practitioner with client consent.
- 8.3 Investigation of alternatives to adaptations is carried out i.e. provision of equipment, move to more suitable accommodation.
- 8.4 Recommendations for adaptations are made to the Registered Social Landlord in writing.
- 8.5 Regular meetings are held between the Occupational Therapy Service and Registered Social Landlord to discuss adaptations and monitor progress.

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Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		<b>Page 9 of 22</b>	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

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**For privately owned property:-**

- 8.6 Assessment by the Occupational Therapy Service and recommendations based on the criteria.
- 8.7 Where necessary, medical information is requested from the General Practitioner with client consent.
- 8.8 Investigation of alternatives to adaptations is carried out i.e. provision of equipment, move to more suitable accommodation.
- 8.9 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. It should be noted that applicant are responsible for meeting any shortfall between the cost of works and the grant award themselves. Care and Repair may also assist in making applications for funding requests to charitable bodies when necessary. The person can opt to progress the application themselves without support from Care and Repair.
- 8.10 The Occupational Therapist will liaise with the client, CnES, Care and Repair and builders as required.

**For privately rented houses**

- 8.11 Assessment by the Occupational Therapy Service and recommendations based on the criteria subject to funding being available.
- 8.12 Where necessary, medical information is requested from the General Practitioner with client consent.
- 8.13 Investigation of alternatives to adaptations is carried out i.e. provision of equipment, move to more suitable accommodation.
- 8.14 Written permission to carry out the adaptation must be obtained from the property owner/landlord, including any agreement for the landlord to restore the property to its original state should the person later vacate the property, should the landlord wish to do so.
- 8.15 Proof of tenancy must be provided.
- 8.16 Responsibility for any shortfall will be clarified and agreed i.e. will the landlord or tenant meet funding shortfall between grant amount and actual cost. Charitable funding can also be considered.

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Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

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## 9. **MINOR ADAPTATIONS**

9.1 Minor adaptations can be recommended by the Occupational Therapy Service. All cases will be prioritised and subject to funding availability.

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

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

- 9.2 Assessment by the Occupational Therapy Service and recommendations based on the criteria
- 9.3 Where necessary, medical information is requested from the General Practitioner with client consent.
- 9.4 Written requests are made from the OT service to the registered social landlord in line with criteria.
- 9.5 The RSL will then instruct the work subject to funding being available.

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

- 9.6 Assessment by the Occupational Therapy Service and recommendations based on the criteria, subject to funding being available and a maximum cost of £900.
- 9.7 Where necessary, medical information is requested from the General Practitioner with client consent.
- 9.8 Funding is available annually through the Minor Adaptations budget provided by CnES. A letter is sent from the Occupational Therapy Service to a local builder/joiner specifying the work to be carried out and instructing them to proceed if the work can be done within the specified costs. Alternatively, the family can take responsibility for the work, but in these circumstances material costs only will be reimbursed.

### **For privately rented houses**

- 9.9 Assessment by the Occupational Therapy Service and recommendations based on the criteria, subject to the funding being available and at the maximum cost of £900.
- 9.10 Where necessary, medical information is requested from the General Practitioner with client consent.
- 9.11 Written permission to carry out the adaptation must be obtained from the property's owner/landlord.
- 9.12 Funding is available annually through the Minor Adaptations budget provided by CnES.

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Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

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9.13 A letter is sent from the Occupational Therapy Service to a local builder/joiner specifying the work to be carried out and instructing them to proceed if the work can be done within the specified costs.

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

### **10. ACCESS**

#### **10.1 Intercom and Door Unlock Systems**

The client has severely restricted mobility and is unable to open/close the main access door and is alone for significant periods of time.

#### **10.2. 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. In cases where off street parking is provided in the development of a Registered Social Landlord it is the responsibility of the RSL to provide an appropriately located reserved parking space.

#### **10.3. Ramps**

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, subject to annual review.

Only one entrance will normally be ramped.

In some circumstances provision of a ramp may be contra-indicated.

Where the client is able to walk short distances and negotiate steps with assistance, a ramp will only be provided in exceptional circumstances.

#### **10.4. Steps and Rails**

- Rails can be provided to assist with external or internal steps/stairs to assist the client to climb them safely where there is a high risk of falls and where an alternative option of completing the essential task is not available.

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Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

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- Grab rails will be provided indoors in the following circumstances: Rails at toilets, showers or baths to ensure independence and safety in activities of daily living where there is a high risk of injury to self or carers.
- 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.
- Rails in corridors will not normally be provided.

#### 10.5. Access Paths

Access Paths may be provided in the following circumstance:

- Where the client is a wheelchair user and a path is required to facilitate access to the vehicular access.
- The maximum length of eligible path is 30 metres long x 1.50m wide.

#### 10.6. Other access/external issues

Assistance may be available in the following circumstances:

- Safe play fencing for disabled children may be considered where a high risk has been identified and the proposals meet the child's identified needs e.g. non-climb fencing. The maximum area of fencing will not exceed the existing footprint of the house and the surfacing of the play area is not eligible for grant assistance.
- Assistance with outdoor sheds for NHS provided powered wheelchairs may be supplied, where appropriate storage and power supply are inadequate within the accommodation or outside in a garage.

#### 10.7. Items which cannot be supported:

- Repairs to broken or uneven surfaces of paths and steps.
- Paths and steps around the property.
- Improved external lighting.
- Driveways or access roads.
- Cattle grids/external gates.
- Storage for mobility scooters.

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## 11 BATHING

11.1 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.

### Bath Lifts

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

11.3 Ordinary bath aids have been tried and proved to be unsuitable for the client's degree of functional loss.

11.4 The provision will enable the client to remain independent in personal care or make it easier for carers to assist with personal care.

11.5 The client or carer is able to take responsibility for charging the equipment following the manufacturer's instructions.

11.6 The client must be able to transfer on to the bath lift safely.

11.7 The powered bath lift is preferred to an over bath shower if the client requires to soak in the bath e.g. incontinence.

11.8 A powered bath lift will be issued on temporary loan if the client is receiving palliative care.

## 12. Overbath Showers

12.1 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 is not recommended but where these are in use by a client and function satisfactorily they will not be replaced.

12.1.1 Bath equipment has been considered/tried and is inappropriate due to the client's degree of functional loss.

12.1.2 Client preference alone cannot be the only factor for this provision.

12.1.3 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

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Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		Page 14 of 22	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
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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.

### 13. Level Access Shower / Wetroom

13.1 Level access shower to include half height doors, curtain, seating for shower will be provided according to assessed need, grab rails and thermostatically controlled shower unit,

or

13.2 Wetroom with appropriate accessories as above.

13.2.1. The provision will enable the client to remain/become independent in personal care.

13.2.2 The provision will enable the carer to deliver personal care.

13.2.3 Bath equipment has been considered/tried and is inappropriate due to the client's degree of functional loss.

13.2.4 Client has been assessed as being unable to access existing facilities.

13.2.5 Client preference alone cannot be the only factor in this provision.

13.2.6 A shower would not normally be removed and replaced with a bath.

### 14 TOILETING

#### 14.1 Additional Standard Toilet

14.1.1 The client's functional ability to reach the existing toilet is severely restricted due to the nature of their disability.

14.1.2 Where access to existing toilet cannot be provided by stair rails, stairlift or ramp.

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		<b>Page</b> 15 of 22	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

- 14.1.3 There is a permanent medical condition which severely affects frequency/urgency of need and the client's mobility is impaired.
- 14.1.4 Where the client's need is urgent/frequent and there are several other occupants of the home.
- 14.1.5 A commode or chemical toilet has been considered and is 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.

## 14.2 Special Toilet with integral Bidet and Drier

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

## 14.3 Combined Toilet/Shower Unit

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

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		Page 16 of 22	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

## 15. LIFTS

### 15.1 Types of Lift

- 15.1.1 Stairlift - for use standing; with seat for use sitting.
- 15.1.2 Vertical through floor home lift - with seat; for wheelchair use.
- 15.1.3 Short rise lift (platform lift) - internal; external.

## 16 Criteria for Lifts

### 16.1 Stairlifts

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

### 16.2 Vertical through floor home lift

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

### 16.3 Short rise lift (Platform lift): Internal + External

- 16.3.1 Provided where there is insufficient space to provide a ramp of appropriate gradient to reach essential areas of the home e.g. toilet.
- 16.3.2 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 must be achieved.
- 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 / installed.

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		Page 17 of 22	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

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.
- Cognitive impairment that is likely to deteriorate.

## 17. CEILING TRACK HOISTS

- 17.1 The client is unable to weight bear and has severely limited function making transfers a problem.
- 17.2 Mobile hoists, mobility 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.
- 17.3 The provision will reduce the risk of injury to carers.
- 17.4 Stairlifts and ceiling track hoists in private sector housing will be serviced and maintained via the CnES Servicing Contract. The Development Department, CnES will inform the Technical Services Department of new stairlift and ceiling track hoists installations.

### Considerations

- 11.1 The provision is dependent on structural feasibility.

## 18. 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.

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		<b>Page</b> 18 of 22	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

### 18.1 Washing and Toilet Facilities

- The client meets the criteria for the facility (see criteria for toilet and showers).
- The client has extreme difficulty in negotiating stairs and the prognosis indicates that there will be deterioration of function in the future.
- 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 for other household members.
- The existing facilities are not accessible and cannot be reasonably adapted to make them suitable for the disabled person.

### 18.2 Additional Space in Kitchens

- The client is a permanent wheelchair user or a user of one of the larger types of walking equipment and would need to use the kitchen routinely to prepare and cook food and can no longer access the facilities.
- Alternative kitchen facilities need to be provided because the kitchen space is compromised as a result of encroachment by additional adaptations.

### 18.3 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.

### 18.4 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.

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		<b>Page</b> 19 of 22	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

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

- 18.5.1 Consideration has been given to the possibility of installing a stairlift or vertical lift (see relevant criteria).
- 18.5.2 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 bed sitting 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).
- 18.5.3 Where there are two reception rooms one would generally be expected to be used as a bedroom, unless there is sufficient provision with the remaining living room.
- 18.5.4 For provision of additional bedroom/living space the individual would usually have multiple disabilities and complex management/care needs.
- 18.5.5 Where the request is for an additional bedroom to meet the care of someone who has not previously lived in the household, work would only usually proceed where provision of an additional bedroom is the only solution to the person remaining in the community. The house to be adapted must be the sole residence of the person for whom the adaptation is to be carried out.
- 18.5.6 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.
- 18.5.7 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.

## 19 Safe Spaces

19.5 Assessment and advice will be given on the provision of safe spaces. Criteria for the provision of a safe space are the following:

- 19.5.1 Challenging behaviour – self harm, harm to others, smearing/soiling.

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		Page 20 of 22	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

- 19.5.2 Disturbed sleep patterns.
- 19.5.3 Psychological features e.g. severe anxiety.
- 19.5.4 Family stress.
- 19.5.5 Known to Social Communication Team.
- 19.5.6 Predictable routine and visual strategies already established.
- 19.5.7 Indication that sensory strategies such as weighted blanket, deep pressure, heavy work are helpful.
- 19.5.8 Environmental adjustments e.g. calm colours, distraction free already in place.
- 19.5.9 Where quiet area has worked and is used in school, evidence that this strategy can be transferred in another environment e.g. home.

## 20 Accountability and Responsibilities

- 20.1 It is the responsibility of all Partners to ensure the aims and arrangements developed through the Adaptation Policy are communicated to staff and managers to ensure effective implementation.
- 20.2 Decision making on aspects of the policy must be agreed by the Partners and proactively managed to ensure an equitable service.

## 21 Implementation, Education, Training, Monitoring and Reviewing

### 21.1 Implementation

This is a review of an existing policy which supports practice across a range of agencies including NHS Western Isles Health Board, Comhairle nan Eilean Siar, Hebridean Housing Partnership and Care and Repair. All partners were involved in the review and wider consultation took place before approval of the policy.

### 21.2 Education and Training

There is a requirement that the staff in all of the Partnership agencies involved in the implementation of the policy fully understand its implications for their working practices, including joint working practice.

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		Page 21 of 22	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson

Department: Occupational Therapy	Title: Joint Policy for Provision of Adaptations	
Refer to Other Documents:	Supersedes: Policy And Practice On Provision Of Equipment And Adaptations September 2013	
Warning -Uncontrolled When Printed The Current Version is Held in The Document Management System		

### 21.3 Monitoring and Reviewing

The Occupational Therapy Services Manager in collaboration with the Partner agencies will monitor and review the policy.

### 22 References

Scottish Government: Guidance on the Provision of Equipment and Adaptations  
<http://www.jitscotland.org.uk/action-areas/equipment-and-adaptations/>  
Scottish Government: Adaptations, Aids and Equipment Advice Note:  
[www.gov.scot/Resource/0047/00476043.pdf](http://www.gov.scot/Resource/0047/00476043.pdf)

Date Approved: 30.06.17	Review Date: (max 2 yrs) June 2019	Version: 4 Draft:	Author: Sonja Smit
Content Approval By & Date: Integrated Joint Board Senior Management Team 06.03.17 NHS Western Isles Policy and Review Group 31.05.17 Care Governance Committee, CnES 30.06.17 CnES Corporate Management Team 28.07.2017		<b>Page 22 of 22</b>	Owner: Ron Culley
Approval for Use within NHS Western Isles Health and Social Care Department			Reviewers: Sonja Smit, Janet Gordon, John Maciver, Ian Watson