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Title: Occupational Therapy - Provision of Equipment and Minor Adaptations – staff guidance

Aim / Summary: To ensure that there is a consistent approach to the provision of equipment and minor adaptations across the County.

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Please include any supporting documents

1. Occupational Therapy – recommending major adaptations – staff guidance
2. Disabled Facilities Grants Contribution Fund Staff Guidance
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Amendments



Occupational Therapy - Provision of Equipment and Minor Adaptations – staff guidance

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1 Relevant Legislation

Section 2 of the Chronically Sick and Disabled Persons Act 1970 gives local authorities a duty to arrange for one or all of a wide range of services where they are satisfied that they are necessary to meet the needs of permanently disabled persons resident in their area. This includes “the provision of assistance for that person in arranging for the carrying out of any works of adaptation in his/her home or the provision of any additional facilities designed to secure his/her greater safety, comfort or convenience.” The Act, and other relevant legislation, is summarised in good practice guidance issued by the Department for Communities and Local Government, "[Delivering Housing Adaptations for Disabled People: A Good Practice Guide \(June 2006\)](#)".

In order to fulfil this duty the Council can provide equipment, and can arrange and fund minor adaptations in private properties (i.e. owner/occupier and privately rented), for eligible people. See the [ICES staff guidance](#) for more information.

Public sector home adaptations are the responsibility of the Housing Authority/Housing Association, who can use their own housing budgets to fund adaptations. **Please note:** the provision of adaptations in public sector accommodation is subject to local agreements and policies.

1.1 Eligibility for equipment and adaptations funded by the Council

The Council is allowed to take its resources into account when setting its eligibility criteria. This is set out in "[Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care](#) (April 2010), generally referred to as FACS.

Anyone applying to the Council for equipment and minor adaptations will only be eligible if their needs are assessed as posing a critical or substantial risk to their independence. See [Eligibility and Fair Access to Care Services](#) for the local staff guidance on eligibility. The exception to this is people who are referred to START reablement services.

Decisions about eligibility for social care support funded by the Council must be recorded in Framework. Occupational therapists must clearly record their clinical reasoning for the risk level chosen and the recommendations they make. The most cost effective solution to the person's needs must always be considered first.

1.2 Funding

The [Community Care \(Delayed Discharges etc\) Act \(Qualifying Services\) \(England\) Regulations 2003](#) state that items of equipment must be provided free of charge where the person is assessed as eligible under the local eligibility criteria.

Eligible people have the option of having a direct payment to buy their own equipment. See [Personal Budgets for Community Equipment – Staff Guidance](#).

Minor adaptations are those that cost up to £1,000, including the cost of buying and fitting the adaptation, and should also be provided free of charge. In Nottinghamshire the current funding limit at which minor adaptations are provided free to service users is £250. However, this is flexible and adaptations that cost between £250 and £1,000, and are required to meet essential and eligible needs, will be considered on a case by case basis. Line manager's discussion and agreement is required, and reasons for the decision must be clearly documented in case notes.

Generally adaptations that cost more than £1,000 are the responsibility of district and borough council housing providers through a Disabled Facilities Grant (DFG). See [Occupational Therapy - Recommending Major Adaptations - Staff Guidance](#).

1.3 Continuing health care

When assessing someone with significant health needs, consider the [continuing health care criteria](#).

2 Provision of equipment

See the ICES catalogue for details of available equipment. The list is not exhaustive and some items will need to be ordered as specials. Please refer to ICES catalogue for details of all stock items.

2.1 Equipment and minor adaptations that the Council does not provide

The Council does not provide:

- standard items of household equipment, such as tables and chairs.
- adaptations or pieces of equipment that could be seen as a means of restraint or containment, for example, locks on doors, special chairs or harnesses.
- equipment that is readily commercially available and accepted as not specialist disability equipment such as stair gates, fire guards, fridge locks, window or cupboard locks.
- minor items, for example, kitchen gadgets and easi-reachers, unless the need is identified as part of re-ablement intervention (START).

2.2 People who are not eligible for equipment and minor adaptations

The following people will not be eligible for equipment and adaptations, funded by the Council:

- people who have a short-term need arising from a temporary impairment, such as a fractured leg or total hip or knee replacement, where long-term need cannot be determined. The Disability Discrimination Act 1995 states that for an impairment to be substantive the effect of the impairment is likely to last, or to have lasted, for twelve months. The exception to this is people referred to START for a re-ablement service. See below for further information.
- people with a degree of physical impairment which does not cause them any significant difficulty with their daily lives.
- people with medical health needs only, for example, support with pressure care.
- people who need an occupational therapy assessment prior to for discharge from hospital (including private hospitals). Safe discharge from a hospital is not the

responsibility of the Council; it is a core duty of care for the hospital that is discharging the person.

- people who are resident in care homes, except in circumstances set out in the staff guidance on the provision of equipment into community day care, registered care homes non nursing care and registered care homes nursing care.

2.3 Equipment and minor adaptations for people with more than one home

Section 2 of the Chronically Sick and Disabled Persons Act 1970 states that services are for the provision of the disabled person, and it provides for the "assistance for that person in arranging for the carrying out of any works of adaptation in his home or the provision of any additional facilities designed to secure his greater safety, comfort or convenience". It does not specify or imply the provision of such assistance in another person's home. Therefore, equipment and minor adaptations will only be provided for the disabled person's main home, except in the following circumstances at the discretion of the team manager:

- if regular respite care is being provided as part of an agreed support plan.
- in the case of shared care arrangements within Nottinghamshire, when consideration may be given to providing equipment and minor adaptations to both properties.

Equipment can only be used in the location where the assessment took place. It can not be relocated to another house, taken on holiday or into a care home.

2.4 Ownership of equipment

Ownership is often the starting point for determining who is responsible for servicing, repairing, removing and relocating equipment. If a service user owns the equipment, including equipment provided using a Disabled Facilities Grant, the County Council does not service, maintain, repair or remove it. The only exception to this rule is a ceiling track hoist funded through a Disabled Facilities Grant.

2.5 Public information

See:

- the [equipment and adaptations page](#)
- the [social care publications list](#) for fact sheets available to service users and carers.

3 Responding to initial requests for social care support

All new requests for support will be received by the Customer Service Centre. Calls will be responded to in the following ways.

3.1 Triage

The initial response will be to assess the seriousness of the person's situation. If the person appears to be at high risk of harm, the referral should be passed to the Intake Team, which is part of the Adult Access Service.

If the person appears to have low or moderate risks to their independence, he/she should be directed to other sources of support, such as the Handy Persons

Adaptations Scheme (HPAS) or places where he/she can purchase their own equipment. The person can be referred to the [equipment and adaptations page](#) on the Internet for details of where to get the information they need. The purpose of this is to avoid costly assessments for the Council and to avoid delays for the person in receiving a straightforward decision.

Some people will be referred straight to the START re-ablement service. Others may need an assessment.

A formal decision about eligibility can only be made after an assessment, so a phone based or face to face assessment must be offered if:

- it appears that the person has substantial or critical risks to their independence
- the person requests a formal assessment.

3.2 START Re-ablement Services

The START service aims to maximise the independence of people referred for personal care services, thus preventing or reducing the need for ongoing support and residential care. The Occupational Therapy service has a key role within START.

The national eligibility guidance is not applied to START as re-ablement is a preventative service and takes place before a formal assessment of need.

People referred to START who are at risk of becoming disabled and dependent if their needs are not promptly addressed can be provided with equipment and minor adaptations from ICES if the provision will minimise or eliminate the individual's need for longer term support.

People referred to START who are clearly not eligible for ongoing support, but who request or would benefit from equipment and adaptations, should be given information about the Handy Persons Adaptations Scheme (HPAS), the Everyday Living Equipment Scheme and the online Equipment Directory. See the [equipment and adaptations page](#).

Non-ICES equipment such as long handled sponges, sock aids etc, can be provided to all recipients of START if the equipment will minimise or terminate the input of START's support workers. This equipment does not have to be returned.

People in receipt of START who are likely to require long term occupational therapy support will be referred to a district team for a full assessment and equipment and adaptations will be provided, if necessary, as part of their support plan.

3.3 Phone based assessment

Non-complex cases will be assessed over the telephone by the Intake Team, which is part of the Adult Access Service and a decision will be made about whether the person is eligible for equipment or adaptations. When carrying out a phone based assessment, the caller must be informed that their assessment is taking place so that they freely choose the telephone option. The assessment must cover:

- the service user's opinion as to what their needs are;

- consideration of the full spectrum of the service user's potential needs, including social, recreational and leisure needs. See: *R v Haringey LBC ex p Norton (1997)*
- the particular risk factors that the service user faces as well as their aptitudes, abilities and access to existing social support networks;
- what outcomes/services the service user wants, and their preferences as to how those outcomes are to be achieved;
- whether there is any carer who may potentially be entitled to an assessment under the Carers (Recognition and Services) Act 1995 or the Carers and Disabled Children Act 2000;
- any associated health or housing difficulties that the service user may have. If such difficulties exist a referral to the health or housing authority must be made. The assessment is not concluded until any response has been fully considered.

A face to face assessment must be offered if:

- it is not possible to complete the assessment over the phone
- the person requests a face to face assessment.

The service user should also be advised of their right to:

- have a written copy of the assessment and/or care plan, which can be posted to them; and
- make representations /use the complaints procedures if they believe that social care support has been unreasonably refused.

4 Face to Face assessments

The occupational therapy assessment episode in Framework contains a list of possible assessments, including a fast track assessment, a moving and handling assessment and an occupational therapy specialist assessment. Staff are expected to choose the one that is most appropriate for the person's situation. Face to face assessments will be completed by the district teams in the person's own home and a decision on eligibility for equipment and adaptations will be made following the assessment. A face to face assessment is most likely to be carried out with a person who:

- is likely to benefit from an occupational therapy assessment and has permanent and substantial disabilities, **and**
- is not fully independent in, and has significant difficulty with, essential activities of daily living, **and**
- has needs which are not being adequately met, **or**
- is caring for another person (friend, family member or neighbour) and is unable or unwilling to sustain the current level of support.

When undertaking an assessment the occupational therapist must look at the whole of the service user's situation rather than just a single functional aspect. For example:

The person might also need advice about education/employment, leisure opportunities or benefits and may have other needs that should be referred to primary health care, the local housing department or a voluntary organisation

If the person appears to be at high risk of harm, occupational therapy staff should plan to ensure the rapid provision of equipment or alternative ways in which needs can be safely met.

A copy of the assessment and the support plan must always be offered to the disabled person.

4.1 First contact checklist

[A First Contact check list](#) should be offered if the disabled person has not previously been in receipt of any services. Although this is only applicable to people aged 60 and over, it is good practice to follow the same check list for all service users to ensure needs are identified and people are signposted or referred to other appropriate services.

4.2 Risk Assessments

A risk assessment must be completed if a change in the service user's circumstances results in sudden or emerging risks which might impact on the appropriateness of the current support plan.

5 Timescales for assessment & delivery of support

The Council has guidance on [timescales for assessment and the delivery of support](#), which must be followed.

6 Reviews

Reviews should be recorded using the review episode in Framework.

6.1 Planned Review

Use this option for service users who are in need of regular monitoring or who have complex equipment that should be reviewed regularly. Decisions as to whether to implement a planned review programme and its timescales are made on a case by case basis but could typically include people:

- with life limiting conditions likely to deteriorate rapidly
- with chronic long term disability also likely to deteriorate
- in receipt of equipment such as hoists and slings, rotundas, stand aids and highly specialist seating solutions.

6.2 Unscheduled Review

Use this when the service user is previously known and an assessment has been recorded but a change in need or circumstances is being reported. The service user must also be in receipt of a service funded by the County Council. The previous assessment should be no later than one year ago. Typical examples might be when equipment is no longer meeting needs or is broken and in need of replacement, but a simple exchange isn't possible (catalogue or supplier changes often create this need).

7 Support for unpaid family carers

The occupational therapist's role in respect of carers is to assist the carer to meet the needs of the person they care for. Unpaid family carers have the right to an

assessment of their own needs; see [staff guidance on carers: completing an assessment of need](#). Carers assessed as eligible for support will be offered a personal budget to meet defined outcomes. See the [staff guidance on carers personal budgets](#). Carers who do not meet the eligibility criteria must be offered advice and guidance about other sources of support, including where to buy equipment.

Occupational therapists must take the needs of carers into account when assessing the needs of the service user and may provide, for example, advice about safe ways to move the person they care for, along with any equipment and adaptations that the service user might be eligible for. A copy of the moving and handling risk assessment must be given to the service user and anyone caring for them. A demonstration of the use of equipment must be carried out, especially on the introduction of uncommon or new equipment. Ongoing support should be offered to unpaid family carers if required.

Occupational therapists will not issue equipment where it appears that the carer does not have the appropriate skills to use it.

Further information about the Council's support for unpaid family carers can be found on:

- the Intranet – see the [Carers Information](#) page.
- the Internet – see [Social Care Support for Carers](#).

8 Moving and handling assessments and training

Only qualified occupational therapists who have completed the 3 day basic training (introduction and equipment) and attend refresher training every 18 months are considered competent to carry out moving and handling assessments with service users.

Moving and handling assessments should be undertaken where a service user has moving and handling difficulties as a result of partial, unpredictable or non- weight-bearing ability.

The assessment should include a determination of how many carers are needed to carry out moving and handling tasks safely as this will inform commissioners of support packages.

A review of the service user's moving and handling needs should always be done if there is deterioration in their mobility. Occupational therapists may decide to place service users with deteriorating conditions on “ongoing reviews”.

8.1 Moving and handling advice for private or agency carers employed using a personal budget

If a service user decides to employ private carers using a personal budget he/she must be made aware that they are responsible for providing safe systems of work for his/her employees, which includes the provision of moving and handling training. The occupational therapy service can assist by providing moving and handling advice for equipment provided by the Council, but no formal training can be offered to carers

employed in this way. The need for moving and handling training should be included as a cost in the personal budget and service users should refer to their direct payment support service for advice about who to employ.

Care agencies are responsible for the health and safety of their staff, including for moving and handling training. County Council occupational therapy staff will demonstrate safe use of equipment provided by the Council to a designated representative of the care agency, who will then be responsible for dissemination of this information to work colleagues.

8.2 Moving and handling advice for care home staff

Advice and/or training on moving and handling are the responsibility of the care home according to the needs of their registered client group. See the Integrated Community Equipment Service's [staff guidance on the provision of equipment in care homes](#). The home should provide the appropriate numbers of hoists and other moving and handling equipment dependent on the needs and numbers of their residents. The Council's occupational therapy staff will not meet rehabilitation needs in a care home. County Council staff are also not responsible for the health and safety or moving and handling training needs of the care home staff.

However, if the County Council provides a non-standard piece of equipment, a "special", for a care home resident, council staff should provide instructions on how to use it safely.

In situations where moving and handling concerns in a Nottinghamshire care home result in safeguarding issues, Council staff will help to investigate the concerns, but will not provide instruction or equipment unless the need is for a "special" as set out above. In relation to requests relating to safeguarding issues in care homes from other local authorities, see the [NCC safeguarding policy and procedure](#).

Moving and handling concerns about a specific individual should trigger a review, which should look at whether the care home is still able to meet the needs of the resident.

9 Hoists

See [staff guidance on recommending major adaptations](#) for information about ceiling track hoists.

9.1 Rotundas/Light weight turner

This should be considered as the first option to promote, enable or maintain the independence of service user's or to assist carers. The assessment should take into consideration any significant variable abilities especially due to the ability to weight bear.

9.2 Mobile hoists - electrical or manual

Hoists should be considered where independent transfers are not possible, the service user is non weight bearing and other moving and handling equipment proves unsuccessful. Careful consideration of the risks to the carer must be given. The decision about whether to provide a manual or electrical mobile hoist is dependent on

the individual needs/circumstances of the service user and /or their carer. Both types of hoist are fit for purpose and each has different benefits.

9.3 Stand aid Hoists

Consider:

- weight bearing capacity (movement against gravity and some resistance, as when lifting the leg whilst sitting and downward pressure is put on the knee).
- when choosing a suitable model, the person's ability to adopt a symmetrical position as stand aids differ in their ability to accommodate asymmetrical postures.
- shoulders and hips – joint stability, pain, risk of dislocation, range of movement – the ability to flex at the hip
- feet must be able to be positioned on the footplate
- the person must be able to comprehend and co-operate
- knees must be able to be blocked and should be at no more than 90° - pain, arthritis. Prosthesis and callipers may mean pressure if not being applied appropriately.
- the person's height when choosing a suitable model, as stand aids differ in their ability to safely lift people of small stature.
- the environment - as with any hoist it must be sufficiently adjustable to fit around the relevant furniture. Very low chairs may be unsuitable – tendency to drag the person – careful trial is needed. Consider chair raisers.

Check list for testing suitability below:

- person's opinion – degree of comfort
- facial expression and body language
- position – if upright are they within their base area?
- is the system drag lifting under the armpits?
- is the person weight bearing?
- are their knees supported?
- do the feet remain flat on the footplate?
- colour of the hands – radial pulse
- carers' ability to secure and hook slings and to check person is always safely positioned within them

9.4 Gantry hoists

Gantry hoists are normally issued when a hoist is urgently required, usually for a limited time, and there is insufficient circulation space for a mobile hoist. They can also be used in circumstances where a service user is 'resident' in bed and there is no under bed clearance to facilitate the use of a mobile hoist.

10 Guidelines for minor adaptations

Categorising an adaptation as minor or major is based on cost, including buying and fitting. See section 1.2 above. Minor adaptations must always be considered before a Disabled Facilities Grant.

10.1 Stair rails, grab rails, horizontal rails

Rails may be provided if they could alleviate a person's mobility problems. Only one entrance will normally be considered for rails unless there is a clearly defined need,

such as access to washing lines and dustbins, if these can only reasonably be reached via another entrance. However, staff should consider whether the facilities can be moved closer to the first adapted entrance before considering a second.

The [Handy Persons Adaptations Scheme](#) (HPAS) will fit grab rails and other minor adaptations that cost up to £250 at a service user's request.

Grab rails will not be provided for exercise or treatment purposes.

The Council expects people to have a banister or hand rail on the stairs and will only fit a second stair rail to assist with safe use of the stairs.

Guide rails will be considered in essential areas if the person is blind or partially sighted.

10.2 Door handles and door closing mechanisms

These may be provided if a person has difficulty using existing mechanisms as a result of their disability. A door handle or lock may be changed, for example from a knob to a lever, or re-positioned.

10.3 Changes to doors and doorways

These changes should be considered if a person is unable to get through the doorway to get in and out of a room where access is essential. If changes to more than one doorway are needed, the person may have to apply for a Disabled Facilities Grant.

10.4 Toilets raised on plinths

These may be provided if increasing the height of the toilet will enable the person to get on and off independently and a raised toilet seat is not appropriate. Consider how this would impact on other family members and the future use of a wheeled glide about or toilet/shower chair.

10.5 Ramping

Ramping may be provided if:

- a person's mobility is dependent on the use of a wheelchair (indoors / outdoors) **and**
- the person qualifies for a NHS chair **or**
- the person, or anyone caring for them, is at risk from the current method of access.

Ramps will not be provided for privately purchased scooters, unless the above criteria are met.

Only one entrance will be considered for a ramp unless there is a clearly defined need for another entrance to be adapted. Only the entrance which is the easiest, most appropriate to need and most cost-effective will be adapted.

The ramp must be built to meet current specifications with appropriate safety features.

10.6 Kitchen adaptations

Minor adaptations to a kitchen may be provided if:

- a person is wheelchair dependent and requires extra space for manoeuvring, lowered worktops or other specialist modifications to taps or facilities.
- people are ambulant but have difficulty reaching to the top of wall units or the bottom of base units they would be expected to store frequently used items within reach.

The extent of the adaptation will be dependent on the role of the person. For example, if the person is not capable of meal preparation but needs facilities for drinks/snacks the provision might be no more than alteration or provision of a single work surface. Adaptations costing more than £1,000 may require a recommendation for a Disabled Facilities Grant.

10.7 Door entry systems

These are systems with intercom and door unlatching facilities.

These may be considered:

- if key safes have been judged inappropriate
- to enable the person to independently answer and unlatch the door
- if there is no potential for an improvement in mobility via physiotherapy services.

The service user should live alone or be alone for large parts of the day. The service user's mental capacity must be considered and the risks assessed.

10.8 Door opening devices

These may be considered if a service user is physically unable to open and close the door and requires access to and from the property or a regularly used room within it. This type of device should be considered as part of an environmental control system where appropriate.

The service user should live alone or be alone for large parts of the day.

11 Environmental control systems

Environmental control systems are funded by the local Clinical Commissioning Groups (CCG).

Joint visits between CCG assessor and an occupational therapist are advisable. It is the responsibility of the Council to pay for the associated essential electrical and joinery work required to install of the equipment. This could include additional power points, changing of door locks to Yale type model, bed or curtain controls or a door closer. If the person lives in social housing property owned by a local council, it is the

responsibility of the social housing provider to pay for the associated essential
electrical and joinery work required to install of the equipment.