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Occupational Therapy Professional Guidance

For the Provision of Housing Adaptations

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Contents

This document provides guidance to Health and Social Care Northern Ireland (HSCNI) Occupational Therapy Services regarding the clinical assessment and prescription of environmental adaptations. Such adaptations are prescribed by Occupational Therapy to enable the service user to maximise functional independence and minimise the impact of their disability upon their daily occupational performance.

The premise of this guidance is firmly based upon the comprehensive and robust Occupational Therapy assessment, clinical reasoning, option appraisal and professional decision making to inform appropriate interventions which may include the prescription of environmental adaptation.

The three broad stages of adaptation provision are outlined below:

Clinical Assessment

Completed by a designated competent Occupational Therapist with the appropriate knowledge and skills

Clinical Prescription/Recommendation

Completed and approved in line with Occupational Therapy governance framework. Recommendations may be made in collaboration with Housing Providers who can help to determine the technical feasibility of proposed works.

Provision of Adaptation

Based on the Occupational Therapy prescription and provided by relevant Housing Provider/Estates Services.

The relevant law in Northern Ireland is contained in a number of statutes (Appendix 1). Those referenced are not an exhaustive list but seek to highlight the primary legislation that should help to inform and govern practice. Adaptation provision is aligned to a range of policies and strategies that aim to promote independence and social inclusion by ensuring people with disabilities can live and be cared for at home. Accessible environments contribute to that aim.

Figure 2 provides an overview of the statutory responsibilities and roles.

- Primary Legislation - Chronically Sick and Disabled Persons (NI) Act 1978 (CSDPA)
- Statutory responsibilities are reflected in the Memorandum of Understanding 2017 - Department of Health (DoH) and Department of Communities (DoC) (Updated 2023)

- CSDPA places the Statuatory Duty to identify the need for housing adaptations for service users on the HSCNI Trusts
- Housing Order (2003) references Housing Providers referring to the relevant authority (HSC Trust) to determine needs.

- HSCNI Trusts Chief Executive delegates the duty of identification of the needs for housing adaptations to the Occupational Therapy Service.

- The Occupational Therapy service ensures proficiently trained and experienced therapists assess and prescribe adaptations that will enhance the Occupational Performance potential of the service user with cases being managed within clear governance frameworks and in accordance with assessed needs.

- Occupational Therapy make prescriptions to relevant services/agencies (eg. Trust estates, Northern Ireland Housing Executive (NIHE) Grants Department and Housing Providers) in order to carry out the recomendation if technically feasible, practical and reasonable. If not then the Housing Provider/NIHE Grants requires to liaise with Occupational Therapy to provide a suitable solution.

Figure 2 – Overview of Statutory Responsibilities and Roles

Within this area of practice, the ultimate aim of Occupational Therapy intervention is to enhance the independent functioning and occupational engagement of the service user in completing essential every day activities within their environment.

Although Occupational Therapists have a crucial role to play in the assessment of adaptations it should also be recognised that this is only a part of the interventions that they employ to enable service users to achieve their occupational goals.

The following are agreed clinical practice principles, aimed at ensuring a consistent regional Occupational Therapy approach to the decision making process in relation to establishing the need for environmental adaptation prescription:

1. A comprehensive Occupational Therapy assessment is required. The assessment will identify the impact of the service users permanent and lasting disability and how they engage in key occupational performance tasks. Prescriptions are not made based on diagnosis alone. The Therapist will liaise with any disciplines/agencies involved to gain a holistic picture of the service users' needs.

2. It is important that the Occupational Therapist engages with the multidisciplinary team (MDT), service user and carers involved in order to fully consider the clinically assessed needs, option appraisal and care planning in respect of any potential prescription. In some circumstances, option appraisals must evidence to what extent alternative interventions/therapies have been fully explored and utilised before environmental adaptations are considered.

3. Following assessment, the Occupational Therapist will identify if intervention is required based on clinical reasoning, evidence based practice guidance and regionally agreed criteria within the framework of the Trust Governance policies and procedures. Prescriptions of environmental adaptations will be considered in order to facilitate the service users access to all essential facilities to/from and within the home as required to meet their daily routine and role requirements i.e. living room, bedroom, kitchen/dining area, toilet and bathroom.

4. The Occupational Therapy assessment must take into account the service users current and long term needs in so far as is reasonable to predict. Appropriate and additional medical and clinical information is often required to establish long term needs.

5. Following assessment of need consideration must be given towards the service users preferred options and principles of equity, equality, best interest of service user, least restrictive practices and deprivation of liberty safeguards.

6. It is important that the adaptations process is fully explained to the service user at as early a stage as appropriate and possible by the Occupational Therapist, including:

    a. Following assessment of need any prescription considered is decided upon in partnership with the service user
    b. The complexity of the process
    c. The multi-agency involvement
    d. Potential time scales
    e. Potential for means testing

7. In circumstances where the service user has a life limiting condition the time factor and the amount of disruption caused in the completion of an effective solution needs to be considered and discussed thoroughly with the service user and Housing Provider.

8. The Occupational Therapist will consider all suitable options as part of the assessment process to include:

    a. Internal footprint of the property is considered in the first instance. This may include repurposing, reconfiguration or internal adaptation of existing accommodation and/or provision of equipment.
    b. If existing accommodation cannot meet assessed needs an external adaptation will be considered potentially alongside internal changes.
    c. Alternative housing, rather than adaptations may be considered. Occupational Therapists may engage with Housing Providers to assist in this process.
    d. Where there is more than one solution which address the identified needs of the service user, the most cost effective option should be recommended.

9. In complex casework, collaborative working with Housing Providers is necessary. This may be required prior to prescription and include joint visits/panel discussions with appropriate Housing Providers in order to determine technical feasibility, possible compromises or to discuss alternative housing options.

10. The guidance does not override the responsibility of the Occupational Therapist to exercise their clinical judgement and to make decisions

appropriate to the circumstances of each service user and their environment. This document aims to help guide, inform and provide consistency to the decision making process.

1. Each HSCNI Trust has clinical governance frameworks to support the environmental adaptations assessment and prescription process.
2. Major adaptations, regardless of tenure, must be authorised by an agreed approving officer within the HSCNI Trusts. This approving officer must assure themselves on behalf of the relevant HSCNI Trusts Chief Executive that the recommendation is evidence based and meets the legislative requirements, general practice principles and guidance included in this document and has been progressed through the agreed process.
3. Housing Adaptations documentation between HSCNI Trusts and Housing Providers must comply with the Interdepartmental Housing Adaptations Design Toolkit. Link below.

www.nihe.gov.uk/my-housing-executive/adaptations/adaptations-design-communications-toolkit

1. The Occupational Therapist can only assess and make prescriptions for essential facilities for service users who are registerable disabled under the CSDPA.
   The following works are not eligible for adaptation funding and will not be prescribed by the Occupational Therapy Service:

   a) Adaptations that would result in a separate independent living solution within a home.
   b) Assistance for household maintenance issues. This is the responsibility of the homeowner or landlord.
   c) Adaptations to address occupancy/overcrowding issues.
   d) Prescriptions for separate designated space for sole use of carers, either formal or informal.
   e) Storage accommodation for privately purchased equipment.
   f) Specific identification of the type of housing required (eg. Apartment, bungalow).

2. Consideration of the service users care needs in terms of space for carers to safely deliver support with the service users essential activities of daily living needs to be included in the Occupational Therapy assessment.

3. The requirement for decanting should be considered in consultation with service users, Housing Providers and social services. Decanting may occur during periods of major and potentially disruptive adaptations that may pose health and safety risks for service users and their families - as determined by construction, design and management regulations - interim accommodation may need to be considered. Please refer to the Department of Health/Department for Communities for further information in relation to relevant decant policy.

4. Occupational Therapy prescription and subsequent adaptations can only be provided at the service users only or primary residence. Special consideration may be given to:

    a. Fostering/dual custody arrangements on a case by case basis and in collaboration with carers, social services and the relevant Housing Provider.
    b. Service user moving to a relative's home in order to receive care.

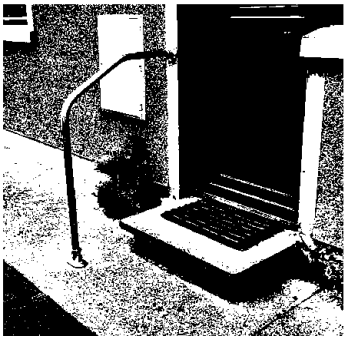
All of the above guidance and principles must be applied in considering any of the following options in Section 3.

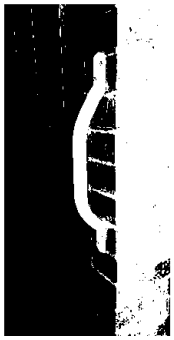
SECTION 3
PRACTICE GUIDANCE AND CONSIDERATIONS
EXTERNAL ACCESS AND FACILITIES

For technical specifications regarding clinical recommendations please refer to Housing Adaptations Design Toolkit.

Can be viewed at the following link:

www.nihe.gov.uk/my-housing-executive/adaptations/adaptations-design-communications-toolkit





3.1 CROSSOVERS AND HARDSTANDINGS

Description:

This is a dropped kerb, pavement crossover or a hardstanding for a vehicle used by the service user, which is usually within curtilage/property boundary. Dropped kerbs outside the curtilage of the property require approval by the Department for Infrastructure and would be privately funded by the service user.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) There is no off street parking at or adjacent to the service users home

AND

c) The driver is unable to park in a convenient and safe manner on the roadway

AND

d) The driver is only able to walk or propel a wheelchair for short distances outside the home and is unable to park in close proximity to access the property

OR

e) The driver is unable to park on the road to allow a service user/passenger in or out of the vehicle, or is unable to push a wheelchair from the nearest available parking area. Service users who can walk short distances will not qualify, however provision may be made where the service user requires constant supervision, manual or mechanical assistance for transfer or, where the driver is of advanced age or frailty and has to manage equipment, in addition to the service user.

Consideration

Funding arrangements for provision of crossovers in particular needs to be considered as very often provision of crossovers can be outside the curtilage of the home. In such cases ownership and appropriate consent may need to be sought.

3.2 EXTERNAL STEPS INCLUDING HANDRAILS

Description

Permanent steps with increased tread/going depth, with handrails on either side where there are two or more steps and with a surface which reduces risk of slipping.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user requires graduated steps to safely access the property with or without a mobility aid.

AND

c) The existing step rise and/or going are unsuitable resulting in the service user being unable to negotiate in order to access their property safely.

Consideration

Careful consideration should be given to the service users long term needs in respect of the suitability of recommendation of a ramp.

Recommendations should not be made for steps which are in a state of disrepair which otherwise would meet service users' needs as this would be deemed a maintenance issue.

Provision of visibility strips at edge/nosing of steps for those with visual/cognitive impairment.

Steps can only be recommended for one entrance unless clinical assessment identifies further needs.

3.3 RAMPS

Description

A permanent inclined or sloped approach providing access in/out of service users property.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user is unable to access their property safely

AND

c) A self-propelling or attendant propelled wheelchair (manual or electric) is used on a regular basis

OR

d) The service user uses a wheeled mobility aid

Considerations

Location of the ramp should give consideration to the means of escape in order to ensure that provision is not directly through a high risk fire area e.g. kitchen/living area. In circumstances where this is unavoidable then clear safety plans should be discussed and agreed with the service user and adaptation providers.

The service user should be well advised and when appropriate, given visual information on how the finished structure may appear to ensure informed consent.

Ensure that the gradient and length is suitable for an ambulant service user with a wheeled mobility aid. A preferred gradient of 1:20 is recommended for such users though where site conditions are restrictive and 1:20 is not achievable a more detailed assessment will be required to ensure the user has the ability to manage a potentially steeper gradient. 1:12 is the maximum gradient deemed safe to consider.

Ramps will not be recommended to facilitate scooters or other items of equipment that have been privately provided/purchased.

Ramps can only be recommended for one entrance unless clinical assessment identifies further needs.

On occasion a temporary modular ramp may be considered for provision whilst awaiting a permanent provision; however, this will be only in specific scenarios, i.e.

a) Tenure – where properties are privately owned or rented

AND

b) Where there is a need for a time critical provision related to accessing essential life maintaining medical/therapeutic and/or statutory educational commitments or rapidly deteriorating life limited conditions.

AND

c)The service user must be actively progressing a long term solution

3.4 DOOR INTERCOM RELEASE SYSTEMS

Description

A main door entry system that serves as a doorbell and intercom which allows the service user to speak to and identify the caller before pressing the control to release the door lock.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) Service user is living alone or is alone for substantial periods of time each day

AND

c) The service user has the ability to use the system appropriately and no risks are identified for safe use, i.e. is unlikely to let unwanted people into the property

AND

d) The service user has restricted mobility and is unable to reach the front door safely within a reasonable length of time

OR

e) The service user is living above or below the ground floor and there is no lift access and they are unable to negotiate stairs safely within a reasonable length of time.

OR

f) The service user is unable to operate door ironmongery or special equipment due to poor hand function.

Consideration

The system will facilitate independence and not just reduce the inconvenience of moving from activity or position. The Occupational Therapist should consider this prescription in line with Trust risk assessment and management procedures.

Occupational Therapy cannot make this recommendation for communal access arrangements. If clinically required, an intercom-only system can be recommended.

Prescription should be made in line with ***Electronic Assistive Technology – A Practice Guide for*** **Occupational Therapists in Community Practice, (Community OT Managers Forum 2010).**

3.5 EXTERNAL PATHS TO ENHANCE ACCESS TO ESSENTIAL FACILITIES

Description

Provision of a path or alterations to an existing path, to facilitate essential access by the service user to and from his/her dwelling, or to and from existing essential facilities.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) Service user is a wheelchair user who requires access to essential facilities accessed on a regular basis – e.g. car parking area, level access outdoor activity area, supervised enclosed area or clothes line

OR

c) Service user requires mobility equipment, has significant mobility difficulties or behaviours that challenge and requires access to essential facilities accessed on a regular basis – e.g. car parking area, level access outdoor activity area, supervised enclosed area or clothes line

Consideration

Recommendations should not be made for pathways which are in a state of disrepair which otherwise would meet service users' needs as this would be deemed a maintenance issue.

An external light may be necessary to allow for safe access at night or there may be other measures necessary to meet sensory needs.

3.6 EXTERNAL HANDRAILS

Description

Tubular galvanised rail secured to the property or the ground to provide stability and support when accessing the property. It may be fixed to ground at both ends or fixed to the wall.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

a) The service user has mobility difficulties

AND

c) Has difficulty negotiating outside steps and/or pathways leading to the access.

Considerations

A handrail can only be recommended for one entrance and to assist with steps/gradients, unless clinical assessment identifies further needs.

An external handrail should not be a substitute for a suitable mobility aid.

An external handrail will not be provided along a driveway.

3.7 LEVEL OUTDOOR ACTIVITY AREA

Description

A designated outdoor area which has an even surface.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) An appropriate outdoor area is not available for a service user who has been assessed as having significantly reduced mobility.

Considerations

This facility is generally only recommended when existing surface of yard/garden is unsuitable to service users' needs.

The typical provision will be to level existing surface but an alternative type of surface may be recommended if clinically assessed as being required.

Refer to Interdepartmental Housing Adaptations Design Toolkit – Supervised Enclosed Area specification (without fencing), for details regarding location and specific size of area.

These facilities **do not** override the need for parental/carer supervision and this should be made clear at point of recommendation.

Recommendations will not be made where the service user is having difficulty maintaining the garden front or back.

3.8 SUPERVISED ENCLOSED AREA

Description

High level anti-climb fencing to enclose a level (specified) area used by the service user, where existing boundary is not sufficient to keep the service user supervised.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service users' needs are identified through clinical assessment and are not due to developmental norms relating to his/her age

AND

c) The service user is at risk of leaving the curtilage of the property without supervision and the recommendation is identified through clinical assessment as being required.

AND

Cannot be supervised within property boundary with standard height fencing.

Considerations

The adaptation would promote outdoor experience and exploration of the home environment in a supervised way.

The above facilities are provided to minimise risk but they DO NOT override the need for parental or carer supervision and this should be made clear at point of recommendation.

Prescriptions must be made in line with relevant multi-disciplinary best interest plans and Deprivation of Liberty Safeguards.

Typical provision involves the levelling of existing grass or concrete surface throughout the enclosed area. An alternative type of surface may be recommended if clinically assessed as being required.

The enclosed area must be sited where there is immediate access and visibility from the property.

Where there is a damaged fence which would otherwise meet the identified need, no recommendation will be made as this would be deemed a maintenance issue.

Fencing is not provided to keep out other people or animals.

Only one garden area should be considered.

Following functional and risk assessments it may be appropriate to recommend fencing to enable, parent with a disability to care for children.

3.9 EXTERNAL LIGHTING

Description

To be considered as part a larger prescription regarding external access, i.e. sections 3.1; 3.2; 3.3; 3.4; 3.6; and 3.7 above.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and

general practice principles

AND

b) No lighting or inadequate lighting exists at primary access or there are steps along a pathway leading

to essential facilities.

Considerations

External lighting will not be recommended on the grounds of security alone.

Sensor lighting should be a consideration as appropriate through clinical assessment. This may

require involvement from Sensory Support Team.

For technical specifications regarding clinical recommendations please refer to Housing Adaptations Design Toolkit.

Can be viewed at the following link:

www.nihe.gov.uk/my-housing-executive/adaptations/adaptations-design-communications-toolkit

Description

A tubular/cylindrical rail positioned to provide stability and support when ascending or descending stairs.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user is ambulant and has difficulty negotiating stairs

AND

c) An additional/replacement rail or extension to rail is required because of disability.

AND/OR

d) Existing rail is unsuitable e.g. it is too close to wall, unsuitable for service user to grip

Considerations

Hand rails may need to be continuous around landings to additional stair flights.

Consider the weight of the service user, direction of force and structure of stairs and wall.

Consider the overall width of the stair well.

Description

Short tubular metal or plastic rail to provide additional support during mobility and transfers. Types provided by the Trust include:

- Straight – lengths of 300mm (12”), 450mm (18”), 600mm (24”)
- Newel post rails for top/bottom of stairs.
- Colour Contrast

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) Client requires additional support when mobilising, transferring or negotiating steps/hazard

Considerations

Type, angle, height, length of rail required. Structural suitability for fitting of rail, feasibility to be determined by the contractor. Positioning of rail for maximum benefit should be considered together with the client’s ability to reach grip and hold.

Requests for non-standard rails e.g. floor to ceiling poles, Swedish bath rails, angled rails, etc. must be processed through the non-stock requisition process, either obtained through online catalogue or purchased through eProcurement as a special order to be fitted on delivery.

Description

Hinged rail fitted to wall with supporting leg to assist transfers on/off toilet.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) Client requires additional support when transferring

AND

c) Standard Rails and equipment are not suitable

Considerations

Toilet frame with or without a seat as first option.

Position and/or height of rail to facilitate client "pushing" on rail to assist transfer.

Structural suitability for fitting of rail, feasibility to be determined by the contractor.

User weight meets safe working load.

Note: Folding rails not designed to "pull" up on.

Description

Toilet frame set around WC and securely fitted to floor

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The client requires support on both sides of the WC to enable safe and independent transfer

AND

c) It is not possible to securely fit rails to walls beside WC as determined by contractor

AND

d) A free standing toilet frame is deemed unsuitable due to stability e.g. client with hemiplegia

Considerations

Type of flooring.

Structural suitability for fitting of rail, feasibility to be determined by the contractor.
Circulation space within WC/bathroom.

Other family member/carers who may be using WC.

Description

High pillar long lever taps installed in rooms equipped for home dialysis.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user is at high risk of infection due to procedure to be carried out at home e.g. home dialysis

AND

c) There are not suitable taps available within their own property

AND

d) The need is supported by information from the discharging hospital unit

Considerations

Location of WHB and designated hand washing area. Provision of WHB may also be necessary where taps are not compatible with existing WHB.

Description

Lever Taps

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) Service user is unable to manage existing taps

Considerations

Taps that are primarily used by the service user.

Description

The following adjustments to doors may be considered:

- Widening
- Re-hanging
- Provision of sliding/pocket or cassette door

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user has difficulty gaining access through the door because specialist equipment such as a wheelchair is used

OR

c) Existing door poses a risk to safety

OR

d) Alteration will increase circulation space within a room.

Considerations

Recommendations for sliding doors will require adequate area on wall adjacent to door to allow installation.

Alternative door handle may be required where there is a clinically assessed need.

Relocation of furniture and household items within a room should always be considered as a first option.

Clinical assessment will make consideration for potential needs for environmental assistive technology in respect of how the service user is able to use door.

Refer to: Electronic Assistive Technology – A Practice Guide for Occupational Therapists in Community Practice, (Community OT Managers Forum 2010)

Description

The replacement of glass panels into an existing window or door to promote safety based on assessed need.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) There is an identified risk and a significant likelihood of serious injury

AND

c) A multi-disciplinary risk assessment has determined the need for this provision

AND

d) All other means of managing the risk have been considered and implemented without reducing the risk level.

Consideration

It may be more appropriate to fit a solid panel door as an alternative to laminated glass although lighting levels must then be considered.

Technical guidance should be sought to determine the most appropriate solution.

Description

Removal or levelling of raised internal threshold/saddle between rooms.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) Existing threshold impedes access for wheelchair user or poses a risk to ambulant service user.

OR

c) Carer needs to move equipment between rooms on a regular basis.

Consideration

Thresholds should be as level/flush as possible taking into account the type of floor coverings. The property owner remains responsible for replacing the floor finish.

SECTION 5
PRACTICE GUIDANCE AND CONSIDERATIONS
HOUSEHOLD LIFTS

Description

Household lifts are provided by HSCNI Trusts in private sector housing and by the appropriate Housing Provider in the Social Sector e.g. NIHE/Housing Association. Examples of household lifts which may be considered for provision include:

5.2 Stair lifts – straight/curved

5.3 Through floor lifts – seated and wheelchair

5.4 Overhead Tracking Hoists

5.4 Incline lifts/Platform lifts – internal/external.

Provision, maintenance and repair costs are dependent on tenure. In circumstances of social housing, the responsibility to maintain the lift is held by the relevant Housing Provider. In the case of private ownership, the responsibility of maintenance will be held by the providing Trust.

Occupational Therapy cannot make a recommendation for Household lifts for communal areas.

The Occupational Therapist will seek to ensure, in collaboration with housing providers and contractors, that Emergency Access and Contingency plans are in place to enable access in the event of breakdown and help to manage implications upon the service user. Particular consideration should be given to those service users who live alone or are alone for prolonged periods of the day. These plans are available as part of the Regional Documentation to Support Provision of Household Lifts.

5.1 GENERAL PRACTICE GUIDANCE FOR HOUSEHOLD LIFT PROVISION

Prescriptions of household lifts will be considered in order to facilitate the service users access to all essential facilities, to/from and within the home as required i.e. living room, bedroom, kitchen/dining area, toilet and bathroom, as identified as an assessed need and supported through option appraisal, risk assessment, risk management and technical feasibility.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The existing ground floor accommodation available within the property is not suitable to meet the service users' needs and/or provide access to essential facilities.

AND

c) It is necessary for the service user to have regular access to rooms on more than one level, that these rooms are accessible or feasible for adaptation to carry out essential critical activities of daily living

AND

d) The service user has been assessed as being unable to go up/down stairs safely

OR

e) The service user has severe difficulty going up/down the stairs safely and the prognosis suggests that a further deterioration of function in the future is likely

OR

f) It is medically contra-indicated for the service user to climb stairs even with additional hand rails

General considerations

The feasibility of the installation in compliance with the relevant regulations, to be determined by Estate Services/installer in the private sector and the relevant Housing Provider in the Social Sector e.g. NIHE, Housing Association.

Where concern exists about the functional ability to safely use a lift, prior to recommendation, a trial with similar lift should be carried out to determine safety.

A risk assessment management plan should be completed if a lift is being considered in scenarios where such a provision may present a risk situation for the service user or other members of household.

Generally, a lift will not be considered if there is more than one reception room which could reasonably be used as a bedroom and existing bathroom facilities are downstairs.

5.2 STAIRLIFTS

Description

A lift in the form of a chair that can be raised or lowered at the edge of a domestic staircase, used for carrying a person with mobility difficulties.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service users condition is static or not anticipated to rapidly change

AND

c) The service user can mobilise to and from the stair lift without physical assistance

AND

d) The service user has the ability to transfer on/off a stair-lift without physical assistance and can maintain independent sitting balance

AND

e) The service user can comprehend and follow instructions and demonstrates an understanding of the safe use of the stair lift or be supervised by a family member or carer.

Considerations

Any additional features recommended should be clearly clinically reasoned.

In all cases a full risk assessment must be completed and documented to assist with the decision making process, to ensure the safety of the service user and/or their carer.

In depth consideration must be given for service users with any of the following:

- Rapidly deteriorating conditions*

- Confusion or spatial orientation problems (particular relevance for those service users living alone or with another vulnerable person)
- History of substance misuse
- Epilepsy which is not well controlled by medication
- Black-outs or severe dizzy spells
- History of unexplained falls
- Anxiety relating to the use of a stair-lift unresolved by trial and/or by other interventions
- Behaviours which are unpredictable
- Partially sighted/ visually impaired
- Other members of the household who may be at risk as a result of stair-lift installation

**There may be exceptions in cases of managing palliative care*

5.3 THROUGH FLOOR LIFTS

Description:

A lift that offers the service user the ability to travel between two floors in a domestic setting.

Practice Guidance

a) The general practice guidance outlined in sections 5.1 apply

AND

b) Provision of a stair lift will not safely meet the needs of the service user

AND/OR

c) It is not technically feasible to install a stair lift as determined by the feasibility survey

Considerations

In depth consideration must be given for service users with any of the following:

- Rapidly deteriorating conditions*
- Confusion or spatial orientation problems (particular relevance for those service users living alone or with another vulnerable person)
- History of substance misuse
- Epilepsy which is not well controlled by medication
- Black-outs or severe dizzy spells
- History of unexplained falls

- Anxiety relating to the use of a stair-lift unresolved by trial and/or by other interventions
- Behaviours which are unpredictable
- Partially sighted/ visually impaired
- Other members of the household who may be at risk as a result of stair-lift installation
- Standard through floor lifts are for single person use only.
- All lifts provided must be to a wheelchair accessible specification.
- Technical feasibility needs to be considered in conjunction with the dimensions of rooms where the lift is to be sited. The Occupational Therapist will need to determine that required circulation space is available to enable access to essential facilities on both levels (including the impact of potential future equipment provision) and ensure adequate entry/exit and circulation space on each floor.
- Means of in lift communication in event of lift failure. Occupational Therapist to liaise with trust estates service
- Where fire doors are to be provided the Occupational Therapist should also consider the potential impact on how the service user will function within the property.
- Two person lifts will only be considered in exceptional circumstances following Occupational Therapy assessment and identification of clinical need and option appraisal. These cases will be escalated and decisions made through Trusts governance procedures.

5.3 OVERHEAD TRACKING HOISTS

Description

Overhead tracking hoists are supplied and fitted by HSC Trusts in both the private and social sector. Associated preparatory works may be carried out by the relevant Housing Provider in the Social Sector and in the cases of private housing the preparatory works will be provided by relevant Trust or through accessing a Disabled Facilities Grant.

Refer to the Regional Documentation to Support Provision of Household Lifts for more information, held locally at each HSC Trust.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user requires the use of a hoist for transfers.

AND

c) Mobile hoist has been considered and has been assessed as an unsuitable solution.

Considerations

Structural feasibility of installation to be established in conjunction with estate services, installer and relevant Housing Provider.

Location of hoist and layout of room and facilities.

In cases of formal care arrangements, a manual handling risk assessment is required along with the need for an appropriate review as per Trust guidelines and legislative requirements.

Factors to consider when determining type of overhead track prescription:

- Number of transfers required for each task
- Tasks to be completed
- Who is hoisting the service user (i.e. Number of people, family members or care workers)
- Need of the carers
- Multiple prescribed complex equipment in situ
- Environmental constraints
- Service users' complex clinical presentation including behaviours.
- 2-point spreader bar would be standard feature however consider 4-point spreader bar to accommodate service users physical build.
- Bespoke lift height to ensure adequate clearance of equipment. To be decided at feasibility study.

SINGLE TRACK (one fixed track)

- In all instances a single track should be considered as the first option.
- Facilitates transfer in a set position within a room from eg bed to wheelchair/shower chair/ postural chair.

FULL ROOM COVERAGE TRACK (H shaped track providing full coverage within one room)

Clinical rationale for full room coverage track:

- Environmental constraints to accommodate prescribed equipment.
- Clinical complexity of service users' needs particularly complex postural/positioning needs.
- Difficulty with transfers / hoisting associated with service users' behaviours.
- Multiple transfers required.
- Flexibility to facilitate transfers at various points within a room.

INTER ROOM COVERAGE (continuous track between two rooms)

Clinical rationale for inter room coverage track:

- Space within bedroom is restricted or shower equipment is not easily moved e.g. shower trolley.
- Complex needs of the service user/carers –identified requirement to reduce the number of transfers
- Clinical presentation of service user makes hoisting difficult, including use of equipment (suction, O2 dependent etc)
- Generally, bedroom to en-suite
- Consider the distance service user will travel whilst in hoist.

5.4 EXTERNAL INCLINE/PLATFORM LIFT

Description

An external incline/platform lift facilitates short travels such as split levels, usually alongside a set of steps.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) In the cases of external provision, the service user is eligible for ramp provision as per Section 3.3.

AND

c) Ramp installation is not feasible due to site restriction as determined by feasibility survey.

Considerations

Associated preparatory site works may be required to facilitate the installation. Disabled Facilities Grants in Private sector homes may be required for preparatory works.

Ensure that an alternative means of stepped access remains available.

Section 6
Practice Guidance and Considerations
Internal Living Facilities

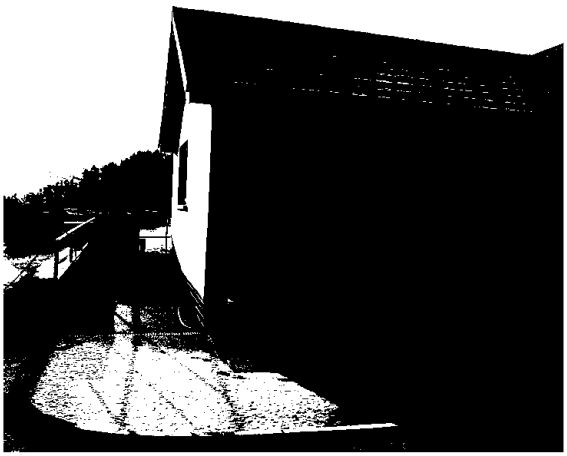
For technical specifications regarding clinical recommendations please refer to Housing Adaptations Design Toolkit.

Can be viewed at the following link:

www.nihe.gov.uk/my-housing-executive/adaptations/adaptations-design-communications-toolkit

Space standards can be viewed at the following link:

https://www.gov.uk/government/publications/technical-housing-standards-nationally-described-space-standard/technical-housing-standards-nationally-described-space-standard



6.1 LOCATION OF FACILITIES

As part of the options appraisal process Occupational Therapists will always seek to meet the assessed needs internally and within the existing footprint of the property where feasible.

When facilities are prescribed that cannot be accommodated within the existing footprint of the property, the primary intention will be to site them at ground floor level. Any prescription beyond this will require full option appraisal and escalated through relevant Trust governance processes.

When an internal solution is not feasible the following practice guidance applies:

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user is assessed as requiring the identified facility as outlined in this document

AND

c) Service user is unable to negotiate stairs

AND/OR

d) Assessment indicates a requirement for downstairs facilities to meet long term needs

AND

e) Any existing ground floor facilities are not accessible or cannot be reasonably adapted to meet long term needs

AND

f) It is not clinically appropriate or technically feasible to provide through floor/stair-lift access to essential facilities.

Considerations

It may be necessary to specify the provision of specific facilities, e.g. washing and/or toileting facilities as an en-suite facility. Such decisions are dependent on the assessed individual need of the service user and should include consideration of the existing layout of the property, the proximity of the proposed new facilities to bedrooms and the privacy and dignity of the service user in accessing the facility.

6.2 ADDITIONAL TOILETING FACILITIES

Description

Provision of an additional toilet within the property on ground or first floor level depending on assessed need and technical feasibility.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service users' ability to access the existing toilet is severely restricted due to the nature of their disability impacting on their level of function and mobility

AND

c) The use of a household lift (stair lift or through floor lift) is contraindicated, not deemed appropriate or not feasible

OR

d) Service user is known to Continence/Nursing Service who confirm there is a permanent medical condition affecting frequency/urgency of micturition and/or bowels and where provision of an additional toilet will promote continence

OR

e) The person's functional ability/medical condition/behavioural presentation necessitates the need to access the toilet frequently

OR

f) The tasks they need to perform e.g. stoma care, self-catheterization, ritualistic behaviours, require a prolonged period of time, thus restricting the use of the toilet facility for other members of the family.

Considerations

Generally, an internal solution will be considered in the first instance though location will often be determined by technical feasibility.

In the case of ritualistic behaviours, other treatment interventions and strategies should be implemented and maximised.

Occupational Therapists may need to recommend more specialist features in accordance with assessed needs, e.g. larger aperture, higher or heavy duty toilets. Consider impact of these features for future equipment needs.

6.3 WASH/DRY TOILET

Description

An automatic toilet that provides flushing, warm washing and drying functions from one operation, i.e. it combines the functions of a toilet and a bidet with an additional drying facility.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) Is unable to maintain proper hygiene after toileting due to level of function

AND

c) Provision will promote independence for the service user managing personal hygiene.

Considerations

Compatibility of equipment with wash dry toilet needs to be considered.

A maintenance and repair schedule should be explained to the service user/carer as in privately owned properties responsibility will be with the home owner to maintain and repair such equipment.

In circumstances where an existing wash/dry toilet has been deemed beyond economic repair, as confirmed by a suitably qualified supplier, consideration may be given to a recommendation to replace through the relevant adaptation provision process.

Consideration of the service users' needs and how they would respond to the washing/drying mechanism must be given; this may require the service user availing of trial opportunities.

6.4 SHOWERING FACILITIES

A range of showering options is available including:

- Pre-formed Level Access Shower Base/Wet Floor Shower
- Level Access Tray
- Step in Shower Tray
- Shower over Bath

The most appropriate type should be determined during assessment taking account of functional ability and technical feasibility.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user is unable to transfer safely in/out of the bath or existing shower with or without assistance

AND

c) Bath equipment is inappropriate as it will not meet long-term needs

AND

d) Provision will enable the service user to remain independent in personal care

OR

e) Provision will assist carers in the management of the service users personal care

Considerations

Consider if service user requires to sit while showering.

Carer needs should be taken into account when determining location of controls.

Step in shower trays can be considered if level access is not technically feasible and prognosis indicates the service user will maintain the ability to negotiate the step and is unlikely to become a wheelchair user.

Half-height doors may be prescribed for the purpose of water containment for service user and carer. Full height doors/panels will not be considered.

On occasion there is a request to retain the bath for other members of the household who have their own registerable needs or for children for whom it is developmentally appropriate to continue to use the bath. This should be escalated through the relevant governance procedures within the Trust.

6.5 BATHING FACILITIES

Typically, Occupational Therapists do not make recommendations for baths given the challenges presented regarding safe functional transfers and the limitations in meeting long term needs. We would recommend the use of a washing facility that the service user can functionally manage.

If showering facilities are deemed an unsuitable solution following all MDT and other treatment interventions and strategies having been implemented and maximised, consideration may be given for alternative bathing facilities. This should be escalated and discussed through the relevant governance procedures within the Trust.

Considerations

In some circumstances the retention of a bath needs to be considered and this requires a full Occupational Therapy assessment.

The assessment must consider the following:

- Potential contra indicators
- Manual handling
- Carers needs
- Option appraisal
- Alternative therapy interventions
- Features for potential provision
- For sensory regulation clinically indicated by assessment.

In such circumstances it is essential that the MDT is involved in design and implementation of associated care plans and is escalated fully through relevant Trust governance structures.

6.6 ACCESSIBLE BEDROOM

Definition

A bedroom that is accessible to the service user and meets their assessed needs.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user is unable access an existing bedroom

AND/OR

c) It is contraindicated or not technically feasible to provide stair-lift/through floor access to the existing bedroom

AND/OR

d) The current layout cannot be re-purposed to meet the assessed needs without adaptation.

AND/OR

e) There is a clearly identified clinically assessed need is to provide separate sleeping accommodation to manage behaviours and/or multi factorial disabilities that are impacting on the service users' ability to safely share a bedroom. This should be considered in consultation with the relevant multi-disciplinary team, and all other treatment interventions and strategies have been implemented and maximised prior to escalation through Trust governance procedures.

Consideration

It is the responsibility of the Housing Provider/NIHE Grants department. to identify if the recommendations can be accommodated within the existing footprint of the property.

An additional bedroom at first floor level will generally only be considered where there is an existing single storey ground floor area to extend over.

6.7 KITCHEN/DINING AREA FACILITIES

Description

Additional space in kitchen/dining area to include possible redesign/re-organisation of kitchen layout.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user is responsible for preparation and cooking of food for self or family.

AND

c) The present kitchen is unsuitable for the service user to prepare and cook food due to the height or position of work surface, lack of circulation space or location of essential items e.g. cooker, fridge

OR

d) When the kitchen accommodates the main dining space consideration and space is required for the service user to access dining table.

Considerations

The extent of the adaptation will be dependent on the service user assessed need for the use kitchen facilities. Where minimal use only is envisaged the provision may include access to higher or lower work surface/re-siting of cupboards. The adaptation will take into account the use of the kitchen by other members of the household. It is important to consider access out of the kitchen in the event of a fire. Unobstructed clear access is mandatory.

Consideration may be given to the provision of automated high/low essential kitchen facilities e.g. worktops, sink, hob, storage units. However, maintenance and repair schedule should be explained to the service user/carer as, in privately owned properties responsibility will be with the home owner to maintain and repair.

6.8 EXTENDED LIVING ROOM FACILITIES

Extended living room space may be required to provide the service user with adequate circulation space to facilitate inclusive living. Separate additional living space is not considered a mandatory requirement.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The existing living room space does not have sufficient circulation space to enable the service user to participate in family life.

AND

c) There is no identified space within the property that could be reutilised as a suitable living area e.g. spare bedroom.

Considerations

The overall occupancy of the property in terms of family numbers and size of the living area to accommodate overall needs. Guidance can be sought from Housing Providers regarding appropriate dimensions to accommodate family needs.

Location of the living room in relation to other habitable rooms.

Relocation of furniture and household items within a room should always be considered as a first option.

6.9 ADDITIONAL SPACE

Description

Space beyond the function of a living room, kitchen/dining area, bathroom or bedroom.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user has a clearly identified, clinically assessed need for additional space within the property to manage behaviours that are impacting on function and safety of the household.

AND

c) All other treatment interventions and strategies have been implemented and maximised.

AND

d) The recommendation is supported with evidence from the relevant members of the Multi –Disciplinary Team (MDT) and developed with other key stakeholders, e.g. Housing Providers.

Considerations

Current occupancy and number/utilisation of existing rooms must be fully considered.

A clear MDT clinical rationale must be established and care plan agreed that facilitates occupational performance and integration, for this prescription to be considered by Occupational Therapy. This care plan must be developed in line with Trust Risk Assessment and Management Plans and Deprivation of Liberty Safeguards.

SECTION 7
PRACTICE GUIDANCE AND CONSIDERATIONS
PRESCRIPTIONS NOT OTHERWISE NOTED

7.1 CHANGE OF HEATING CONTROL MECHANISM (Private Sector only)

Description

Alterations to the existing heating facilities to provide alternative operative mechanism.

Practice Guidance

a) The service users assessed needs meet the legislative requirements and general practice principles

AND

b) The service user has been assessed as being unable to independently or safely operate their existing heating system

AND

c) The service user lives alone **or** with other family members who cannot operate existing system **or** with children or adolescents of school age **or** with able bodied carer who is not available to maintain the heating system during the greater part of the day.

Considerations

Requests for a change or upgrade of a heating system/appliance on medical grounds alone will not be considered.

Occupational Therapy staff will only consider the control mechanism that meets the users' needs and not the fuel source.

Under normal circumstances children would not be expected to manage a heating system. Therefore, it is not appropriate for a referral to be made on the grounds of the child's functional limitations.

Re-siting/change of radiators may be considered if there has been a clinically assessed need identified and an agreed MDT care plan designed with all other treatment interventions and strategies have been implemented and maximised.

With regards to requests for a change of heating system, Occupational Therapists do not undertake assessment for heating provision or change of system.

7.2 ADDITIONAL WASH HAND BASIN FACILITY REQUIRED FOR HOME DIALYSIS

Practice Guidance

Generally, the Occupational Therapist will not establish the need for additional WHB's to facilitate dialysis. On occasions they may be required to forward prescriptions where the need has been identified by a Renal Unit Specialist. The Specialist should also supply details of the specification in any such requests.

7.3 SPECIALIST CONSIDERATIONS

In some circumstances the primary aim of the MDT's involvement with a service user is to reduce risk and maximise their safety within the home environment. The involved MDT must consider best interests and Deprivation of Liberty Safeguards when developing option appraisals for interventions for behaviours that challenge such as, and not limited to, stair gates/doors, integral blinds, window ledge design and window restrictions. The responsibility to recommend/provide such interventions may sit with Occupational Therapy and/or Social Care respectively.

Appendix 1

Legislation

- Chronically Sick and Disabled Persons (Northern Ireland) Act 1978

Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 (legislation.gov.uk)

- Disabled Persons (Northern Ireland) Act 1989

Disabled Persons (Northern Ireland) Act 1989 (legislation.gov.uk)

- The Manual Handling Operations Regulations 1992.

The Manual Handling Operations Regulations 1992 (legislation.gov.uk)

- Health and Personal Social Service order (NI) 1972

Health and Personal Social Services (Northern Ireland) Order 1972 (legislation.gov.uk)

- The NHS and Community Care Act 1990

National Health Service and Community Care Act 1990 (legislation.gov.uk)

- The Housing (NI) Order 2003

The Housing (Northern Ireland) Order 2003 (legislation.gov.uk)

- Health and safety at work order (NI) 1978

Health and Safety at Work (Northern Ireland) Order 1978 (legislation.gov.uk)

- Disability Discrimination Act 1995

Disability Discrimination Act 1995 (legislation.gov.uk)

- Carers (Recognition and Services) Act 1995

Carers (Recognition and Services) Act 1995 (legislation.gov.uk)

- The Children Order (NI) 1995 – Schedule 2

The Children (Northern Ireland) Order 1995 (legislation.gov.uk)

- The Human Rights Act 1998 and European Convention on Human Rights and Fundamental Freedoms

Human Rights Act 1998 (legislation.gov.uk)

- Mental Health (NI) Order

The Mental Health (Northern Ireland) Order 1986 (legislation.gov.uk)

- The Mental Capacity (deprivation of Liberty) (Amendment) Regulations (Northern Ireland) 2020

The Mental Capacity (Deprivation of Liberty) (Amendment) Regulations (Northern Ireland) 2020 (legislation.gov.uk)

- Royal College of Occupational Therapists, Professional Standards for Occupational Therapy practice, conduct and ethics.

Professional standards for occupational therapy practice, conduct and ethics - RCOT

Appendix 2

Useful resources

- Housing design and lighting for sight loss

https://www.housinglin.org.uk/Topics/browse/sight-loss-home-the-built-environment/design-lighting/

- Dementia friendly Housing Guide

https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/as_new_df_housing_guide_online.pdf

- Design of Homes and living spaces for people with dementia and sight loss

https://www.pocklington-trust.org.uk/sector-resources/research-archive/design-of-homes-and-living-spaces-for-people-with-dementia-and-sight-loss/

- Housing Adaptations Design Toolkit.

www.nihe.gov.uk/my-housing-executive/adaptations/adaptations-design-communications-toolkit

- Nationally described space standards

https://www.gov.uk/government/publications/technical-housing-standards-nationally-described-space-standard/technical-housing-standards-nationally-described-space-standard