

# Adult Social Care

## Referrals for Occupational Therapy Services Guidance

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## **1 Introduction**

The Occupational Therapy Team will provide a holistic assessment, offer therapeutic interventions and provide equipment and adaptations, through both the Disabled Facility and Wellbeing Grants. The first interventions will consist of therapeutic and equipment. However in the situation in a chronic disease process where deterioration is anticipated Adaptions will be considered.

Equipment will only be issued when it is indicated that the person is safe to use it, this can be delivered by the Team to enable them to assess fitness of use and consideration of risk.

Further interventions will be considered once equipment options have been ruled out. The Disabled Facilities Grant is means tested and determined by the Housing Grants Act.

The £23,500 capital asset taken into consideration under The Care Act 2014, does not apply under this legislation. The person and their partner are both means tested.

## **2 Information Gathering to Guide Prioritisation**

Priority is given to people who have palliative and for those who are incontinent. Incontinence- Access to a toilet is the primary consideration. This may be through provision of a commode or long term solution, for example a stair lift.

Incontinence will be prioritised for bathing needs, this is to ensure maintenance of personal hygiene, dignity and respect and prevent infection and maintain skin integrity. Other bathing needs assessments are not prioritised, it is recommended that a person's hygiene can be maintained adequately by strip washing.

It is vital that information is gathered on the way the person is walking as this will indicate the level of assessor allocated.

Ownership details of property is essential information, permission is required from the property owner for any adaptations for example a grab rail or an extension.

Registered Social Landlords (RSL), especially Wrekin Housing Trust (WHT) are unlikely to adapt a property if it classed as under occupied for example, when the number of bedrooms exceed the number of people living in the property.

Rules also applying to the above can include, siblings sharing and couples are expected to share a room. WHT tenants can refer themselves directly to WHT for stair rails and grab rails without an OT assessment.

### **3 What We Are Unable To Do**

We are unable to take referrals from Nursing homes. The exception to this is a request for highly specialist equipment. This needs to be discussed with the Occupational Therapy Lead prior to accepting a referral. We will, however, accept referrals for people living in Residential and Extra Care settings and those in receipt of CHC funding.

We are unable to accept referrals for people who require an assessment to support an application to enable them to move accommodation.

### **4 The Referral Process**

- CSA to record contact onto CRM
- CSA to add this as a Contact onto LAS to record this initial contact.
- Worker to complete Occupational therapy section within the contact.
- Contact is then reassigned to the OT In tray or OT duty tray if urgent.
- The contact is not to be finalised by the CSA.
- Save the referral to EDM naming it 'OT Referral – date received'
- Add an observation detailing your conversation with the client and the information you have collected.

### **4 Requests for Minor Works**

We receive requests from health organisations such as Enablement, Community Neuro Rehab and Early Discharge Stroke Team.

These require recording.

- CSA to record contact onto CRM
- CSA to create a LAS contact and record for the client.
- CSA uploads relevant paperwork to EDM/ copy or original tech request received by email.
- CSA not to finalise the contact.
- CSA to reassign to OT duty for OT duty worker to create a technician request form and assign to OT Techs work tray.
- OT Techs to complete work, complete relevant sections on the form and finalise the record which then goes back to the worker that created it.
- The worker has responsibility to create the non-planned service to reflect the work carried out or equipment issued.

## 5 Requests for Equipment from Health Organisations

Some Health organisations share equipment with us, however there is some equipment which is solely Adult Social Care and is paid for in a different way for this separately. Health colleagues are unable to issue this equipment to their clients without Council agreement and recording on the system.

- All equipment requisitions from health and social care are completed via the new stores electronic ordering system TCES portal <https://TCESconnections.pro-cloud.org/>
- It will be the authoriser of the equipment's responsibility to add a non planned service and maintenance agreement onto LAS.

## 6 Information Needed in the Case note/from Your Telephone Conversation

- Date the referral was received by the authority (this is not the date of processing )
- Person's medical diagnosis and any relevant history
- Person's ability to walk and any aids required
- Who does the person live with? Living alone is an important factor when assessing risk
- Are they able to get to the toilet in time? Do they have access to a permanent toilet?
- The Type and who owns the property. Include number of bedrooms.
- Locality

Please start each case note with 'OT Referral – This will enable easy identification

## 7 LAS Processes

- CSA to record contact onto CRM
- CSA to add this as a Contact onto LAS to record this initial contact.
- Worker to complete Occupational therapy section within the contact.
- Contact is then reassigned to the OT In tray or OT duty tray if urgent.
- The contact is not to be finalised by the CSA.
- Save the referral to EDM naming it 'OT Referral – date received'
- Add an observation detailing your conversation with the client and the information you have collected.

## 8 Internal Referrals

Other Adult Social Care Worker may request for assessment by the Occupational Therapy Team.

In the first instance we would suggest that they discuss with a member of the Occupational Therapy Team based in their locality. This will ensure the referral is suitable or offer advice on the most appropriate solution.

We will train officers as Trusted Assessors. There will be an expectation that these officers will provide any basic equipment identified from their assessment before considering a referral to Occupational Therapy. This will allow the Occupational Therapy Team to focus on the complex, specialist equipment and adaptations.

- The referrer should create a contact for a request for an Occupational therapy assessment.
- The referrer should complete the occupational therapy section on the contact with the information detailed below.

Information required by duty officer

- Date the referral was received by the authority (this is not the date of processing).
- Persons medical diagnosis and any relevant history.
- Persons ability to walk and any aids required.
- Who does the person live with? Living alone is an important factor when assessing risk.
- Are they able to get to the toilet in time?? Do they have access to a permanent toilet?
- The Type and who owns the property. Include number of bedrooms.
- Locality.

The worker should then save the contact but not finalise and reassign to OT in work tray and OT duty work tray for urgent needs.

## 9 Duty Procedure regarding Occupational Therapy Referrals

### 9.1 Typical Referrals

On acceptance of request for an assessment, the CSAs should inform the person that there is a waiting list for Occupational Therapy.

The Lead and Advanced Occupational Therapist will check all referrals, add to the waiting list and identify the priority within 5 working days of referral being passed to the Occupational Therapy Team.

Urgent and High priority cases will be allocated to a worker and they will make direct contact with the client.

In the event of the person having standard needs they will remain on the waiting list and be triaged by an OTA. If appropriate an OTA clinic appointment will be offered. Clinics are run regularly at Hortonwood and Lowe Court. Once the person attends the clinic, they will be assessed and their case be reassigned to the worker. The worker will then follow through processes for issuing aids and adaptations and creating support plans/any required maintenance agreements. Further information will be collated and if a clinic appointment is not suitable and needs remain standard then the case will remain on the waiting list. The team lead/advanced OT will reassign the case to the appropriate work tray in LAS. All contacts are recorded as a case note. The client is made aware to re contact Family Connect if their needs change.

### 9.2 Urgent Referrals

In the case of identification of an urgent referral, after completing the LAS process, the CSA will follow up with a an email/telephone call to the Advanced/Lead Occupational Therapist in the first instance and the Occupational Therapy Duty Worker.

The CSA will also assign the contact to OT duty work tray and send an email to [OTDuty@telford.gov.uk](mailto:OTDuty@telford.gov.uk) , copying in the Lead/Advanced Occupational Therapist.

### 9.3 Referrals Not Accepted

Any referrals that the CSAs have felt do not meet the criteria will be sent to [PreventionSeniors@telford.gov.uk](mailto:PreventionSeniors@telford.gov.uk) and NO FURTHER ACTION will be checked and agreed by the Lead/Advanced Occupational, at a minimum, every two days).

## 10 Occupational Therapy Guidance for Family Connect

Enquiry	Response	Further Step	Process
<b>10.1</b> <b>Mobility and Access</b>	<ul style="list-style-type: none"> <li>How does the client mobilise?</li> <li>Is the client a permanent wheelchair user inside the home?</li> </ul>	Referral to OT	LAS
	<ul style="list-style-type: none"> <li>Is the ramp for a scooter?</li> </ul>	Self-purchase item We do not provide ramps for scooters	CRM
	<ul style="list-style-type: none"> <li>Is the request for a wheelchair assessment?</li> </ul>	Client needs to go to the GP for wheelchair assessment	CRM
	<ul style="list-style-type: none"> <li>Is the request for mobility aids?</li> </ul>	Pass referral to SPOR for Community Physio to assess	CRM

For requests with multiple needs, we recommend that the client is seen by the physiotherapist before we would see the client just to ensure that the client has the most suitable walking aid before our intervention.

Enquiry	Response	Further Steps	Process
<b>10.2 Hoisting, Stand aids and Slings</b>	<ul style="list-style-type: none"> <li>Is the request for hoisting or slings related to a ceiling track hoist?</li> </ul>	Referral to OT	LAS
	<ul style="list-style-type: none"> <li>Is the request for hoisting or slings related to a mobile hoist?</li> </ul>	Pass to SPOR for Moving and Handling	CRM
	<ul style="list-style-type: none"> <li>Is the request related to a stand aid?</li> </ul>	Pass to SPOR for Moving and Handling	CRM
	<ul style="list-style-type: none"> <li>Is the client unable to transfer independently?</li> </ul>	Pass to Rapid Response if this is an urgent situation with a quick deterioration in client's condition. Pass to SPOR for Moving and Handling if a gradual decline or requested by care agency	CRM
	<ul style="list-style-type: none"> <li>How many safe slings (for their ceiling track hoist) does the client have?</li> </ul>	Where there is any fraying, these need addressing as soon as possible. If the client only has one, this too is an urgent need.	LAS

Enquiry	Response	Further Steps	Process
<b>10.3</b>  <b>Access upstairs</b>	<ul style="list-style-type: none"> <li>• What is the current facility?</li> <li>• Is there a second hand rail in place?</li> <li>• Can the person mobilise and transfer independently?</li> <li>• Who else lives in the property (particularly children)</li> <li>• What is the diagnosis (if capacity is questioned then we may not do a stair lift)</li> </ul>	Referral to OT	LAS

Stair lifts are not advised for wheelchair users, in the event of requiring help to stand (stand aid) or are hoisted; the person must be able to transfer independently. In these circumstances we will consider other solutions for example - through floor lift or downstairs living.

We provide stair lift maintenance that have been installed through the DFG (the clients record can be assigned to OT Maintenance). If someone else in the property wants to use this stair lift and also go on the maintenance agreement then we need to take a new referral for them so we can assess this need.

If someone is not safe on the stairs, we may recommend that they bring their bed downstairs to manage risk while waiting assessment (in this instance they need to be issued with a commode by the OT Duty) if they are unable to access their toilet. You should always document that you have advised them not to use their stairs if they do not feel safe.

Enquiry	Response	Further Steps	Process
<b>10.4</b>  <b>Request for grab rails or stair rails</b>	<ul style="list-style-type: none"> <li>Does the client own the property and they are not requesting any other need?</li> </ul>	Referral to OT	LAS
	<ul style="list-style-type: none"> <li>Does Wrekin Housing Trust own the property and no other needs are being requested?</li> </ul>	Provide them with WHT phone number 01952 217217	CRM
	<ul style="list-style-type: none"> <li>Is the property private rented or other registered social landlord?</li> </ul>	Referral to OT	LAS
	<ul style="list-style-type: none"> <li>Is this request from a Health colleague?</li> </ul>	Pass to OT Duty work tray	CRM and create a record for the client if there isn't one and create contact on LAS.

Enquiry	Response	Further Steps	Process
<b>10.5</b> <b>Seating Requests</b>	<ul style="list-style-type: none"> <li>Is the client independently mobile?</li> </ul>	Referral to OT	LAS
	<ul style="list-style-type: none"> <li>Is the client a permanent wheelchair user?</li> <li>Do they use a hoist or a stand aid to transfer?</li> <li>Is the chair is solely for pressure relief?</li> </ul>	This needs to go to SPOR – health will need to meet this need	CRM

We provide rise and recline chairs only on the basis that once assisted to stand up from the chair, the client can manage all daily living activities independently.

We will look at providing a chair for someone who needs the assistance to stand and for pressure relief.

We do not provide chairs to sleep in and always recommend that a person sleeps in a bed.

We do not recommend that the chairs are provided to manage the treatment of swollen or oedematous legs.

Enquiry	Response	Further Steps	Process
<b>10.6</b> <b>Bed transfers</b>	<ul style="list-style-type: none"> <li>Is the client finding it difficult to get out of bed?</li> </ul>	Referral to OT	LAS
	<ul style="list-style-type: none"> <li>Is the request for a hospital profiling bed?</li> </ul>	Pass to SPOR, responsibility of health.	CRM
	<ul style="list-style-type: none"> <li>Is the request to stop the client falling out of bed?</li> </ul>	Pass to SPOR, responsibility of health	CRM
	<ul style="list-style-type: none"> <li>Is the request to keep the person propped up at night?</li> </ul>	Pass to SPOR, responsibility of health	CRM

We do not provide hospital beds, bed guards or cot sides. We provide equipment on the bed to assist someone to get out of bed, but we do not provide something to prop them up for comfort or to ease their breathing; this needs to be assessed by district or nurses.

Enquiry	Response	Further Steps	Process
<b>10.7</b> <b>Access to Bathing</b>	<ul style="list-style-type: none"> <li>• What is the current facility?</li> <li>• Do they have any equipment in place?</li> <li>• Are they continent?</li> <li>• Can they mobilise to bathroom independently?</li> </ul>	Referral to OT	LAS
	<ul style="list-style-type: none"> <li>• Is the request for bathing aids such as a long handed sponge</li> </ul>	Direct to AT Hub or self-purchase item	CRM

We do not provide bathing hoists; our objective is to provide safe access so that a person can carry out the function of getting clean, so we do not work to a shower or bath preference.

We will not provide bath lifts if there is an overhead shower, we will provide a bath board. We promote wet rooms as bathing the safest way to bathe.

We recommend that someone strip washes if their bathing is not safe until we can assess for bathing. Always document that you have made this recommendation.

We will look at bathing equipment in the first instance and will not do an adaptation if the equipment meets the need.

We do not prioritise bathing as an urgent need unless the client is end of life, is incontinent or has catheter or stoma/colostomy bag.



Enquiry	Response	Further Steps	Process
<b>10.8</b>  <b>Toileting</b>	<ul style="list-style-type: none"> <li>• Where is the toilet?</li> <li>• Does the client currently have access to toileting?</li> </ul>	Referral to OT	LAS

We will prioritise access to toileting (though not transfers for toileting); so if the client is struggling with the stairs and does not have a downstairs toilet we will assess them sooner rather than later, but if the request is difficulty standing and need a grab rail for example, this is given a lower priority.

We have a strict criteria about the wash/dry toilets and will only provide these when the client will be independent with all other tasks, such as mobilising to the toilet and undressing and dressing their lower half.

If the request is for a downstairs toilet, we will accept the referral but we are very unlikely to make this provision. We will always look at how access to the toilet upstairs can be improved in the first instance.

Enquiry	Response	Further Steps	Process
<b>10.9</b> <b>Request for assessment in kitchen</b>	<ul style="list-style-type: none"> <li>Does the person require something to sit on to prepare meals?</li> </ul>	Referral to OT	LAS
	<ul style="list-style-type: none"> <li>Is the person a wheelchair user?</li> <li>Who else lives in the property?</li> </ul>	Referral to OT	LAS
	<ul style="list-style-type: none"> <li>Is the client requesting kitchen aids?</li> </ul>	Refer to AT Hub. Self-purchase items	CRM

Self-purchase items include one cup kettles, tin openers, jar openers, cutlery, etc. The client can attend the CAB drop in on a Wednesday to have a look at these items.

Enquiry	Response	Further Steps	Process
<b>10.10</b> <b>Dressing Assistance</b>	<ul style="list-style-type: none"> <li>Does the client needs dressing aids?</li> </ul>	Refer to AT Hub or self-purchase	Record on CRM
<b>Trolley to transport food</b>	<ul style="list-style-type: none"> <li>Is the client mobile?</li> <li>Does the client have any one sided weakness?</li> </ul>	Referral to OT	LAS
<b>Table</b>	<ul style="list-style-type: none"> <li>Does the client want an over the bed table for either their bed or</li> </ul>	Referral to SPOR, DNs may provide one for the bed. We do not provide.	CRM

	armchair?		
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Self-purchase items include sock aids, dressing sticks, long handled shoe horns, bra angels etc, again some of these items can be tried at the Wednesday Drop in.

Enquiry	Response	Further Steps	Process
<b>10.11</b> <b>Repair request</b>	<ul style="list-style-type: none"> <li>Is the request for equipment?</li> </ul>	CSA to create a contact and reassign to OT Duty work tray to check and complete the tech request.	CRM and LAS
	<ul style="list-style-type: none"> <li>Is the request about grab rails or hand rails already fitted?</li> </ul>	CSA to create a contact and reassign to OT Duty work tray to check and complete the tech request.	CRM and LAS
	<ul style="list-style-type: none"> <li>Is the request about a stair lift, through floor lift or ceiling track hoist?</li> </ul>	Check there is a service agreement for this equipment. If there is, please direct them to phone BiT 01952 384584. If there is no agreement then it is their responsibility to repair (you may pass this part of the conversation over to OT Duty)	CRM
	<ul style="list-style-type: none"> <li>Is the request about a previous adaptation completed (that does not include any of the above issues)</li> </ul>	Adaptations are for the responsibility of the client to maintain and repair	CRM

The Emergency Duty Team pick up the breakdown calls out of hours on behalf of BiT. They may email the next day to let you know they have been out but this doesn't tend to require any further action. We receive information from the repairs technicians via BiT if they have identified the need to replace or reassess and this is when you will need to raise this as a new contact.

Enquiry	Response	Further Steps	Process
<b>10.12</b>  <b>Waiting List</b>	<ul style="list-style-type: none"> <li>Is there an assessment on the front screen?</li> </ul>	Offer assurance that referral has been received but cannot offer date as to when they will be seen	LAS/case notes
	<ul style="list-style-type: none"> <li>Has the client's needs changed since the referral</li> </ul>	What has changed? Has there been a particular incident?	LAS/case notes alerting OT Duty Worker and Senior OT

## 11 Trusted Assessor (AGE UK and some WHT staffing)

We have trained 1 worker from AGE UK and 1 worker from Taking Part and 8 members of staff at WHT as Trusted Assessors. This means that we have trained them to fit some equipment safely.

Trusted Assessors have been trained to provide the following:

- Raised toilet seats (all heights)
- Standard and Ashtead Toilet frames
- Perching Stool with back and arms
- Shower chairs and stools
- Bath board
- Commode and urinals
- Grab rails and Stair rails (in owner occupier property only).

Currently, Trusted Assessors cannot do:

- Bed levers
- Rutland trolley
- Walking aids
- Bath lifts
- This may be reviewed at a later point.

Referrals may be sent back to AGE UK or Taking Part (only if they are the source of the referral) if something from this list is being requested and has been missed.