**Social Care and Health**

**OP/PD**

**Equipped for Independence**

**5th Edition**

**Policy and Practice Guidance**

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|  |  |  |  |  |

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All Occupational Therapy Operational templates available on KNet. [Click here](http://knet/directorate/SCHW-documents/Pages/SC-templates.aspx)

**Introduction**

This document is the fifth edition of Equipped for Independence.

It is intended as a practical guide to support clinical decisions and judgements for all Occupational Therapists working in Adult Social Care and Health Directorate. This updated version replaces all previous editions of Equipment for Independence.

The policy objectives of this manual are that it will provide a more consistent approach to the delivery of equipment and adaptations services countywide. Links are provided for KNet which contains all up to date related polices and templates.

The document is intended to be a working tool for staff. While it may not answer every question or situation a worker may face, it does provide a clear guidance for practice and how and where to seek further information.

It is hoped that all staff will find this a useful resource.

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**SECTION**

**ONE**

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**1 Eligibility Criteria**

Eligibility determinations must be made on the basis of an assessment, and cannot be made without having first carried out an assessment. This may take the form of a face to face or remote assessment (i.e. by phone),

Most equipment and adaptations are provided as part of the prevention/ intervention component within the Care Act, and therefore the eligibility criteria for care does not need to be applied.

Equipment and adaptations are also provided as a result of an assessment for a Disabled Facilities Grant, which sits independently to the Care Act, i.e. someone can be eligible for a DFG assessment and not actually be eligible for ongoing care.

Equipment is issued as prevention, to promote independence and stop reliance on ongoing care so the care act eligibility criteria for care does not need to be applied.

Equipment may be provided as part of the Enablement service to promote the independence of an individual, in this instance eligibility for ongoing care will be applied at the end of the Enablement assessment and will consider whether there are any eligible needs for ongoing care. If the person does not require an ongoing service then the case can be closed at this point but the equipment is retained by the client.

Equipment may also be provided as part of the prevention requirement through the Business Service Centre ( ARMS and Technical and Business Operations Team TBOT) based on appearance of need, (FAST TRACK). Suitability is checked at point of delivery.

The Care Act 2014 has introduced the national eligibility criteria. The eligibility threshold for adults with care and support needs is set out in the Care and Support (Eligibility Criteria) Regulations 2014 and is based on identifying how the persons needs affects their ability to achieve relevant outcomes, and how this impacts on their wellbeing.

In considering whether an adult with care and support needs has eligible needs, Kent must consider whether:

• The adult’s needs arise from or are related to a physical or mental impairment or illness.

• As a result of the adult’s needs the adult is unable to achieve two or more of the specified outcomes ([Eligibility Criteria Policy](http://knet/directorate/FSC%20policies/Eligibility%20Criteria%20Policy%20and%20Guidance.docx)).

• As a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult’s wellbeing.

An adult’s needs are only eligible where they meet all three of these conditions.

**2. Service Principles and Standards -** [**http://www.rcot.co.uk/**](http://www.rcot.co.uk/)

An Occupational Therapist will be expec[ted to follow the principle](http://www.rcot.co.uk/)s and 14 professional standards produced by the Royal College of Occupational Therapists (RCOT)

[**https**://www.**rcot**.co.uk/.../**rcot**-publications/downloads/**professional**-**standards**](https://www.rcot.co.uk/.../rcot-publications/downloads/professional-standards)

for and on behalf of the British Association of Occupational Therapists (BAOT), the national professional body and trade union for occupational therapists throughout the United Kingdom

Occupational Therapists are also required to be registered with the Health Care Professions Council (HCPC) and practice within the professional guidelines and code of Ethics

https://[www.**professionals**tandards.org.uk/](http://www.professionalstandards.org.uk/)

**3. Legislation**

The following acts of parliament provide a clear legislative framework which guides the Directorate when making provision for Equipment and adaptations for people with disabilities.

• Care Act 2014 (from April 2015)

• Equalities Act (2010)

• Housing Grants Construction and Regeneration Act 1996

• Human Rights Act 1998

• Mental capacity Act 2005

• The Children Act 1989

• The general Data Protection Regulations (GDPR) 2016

*The remainder were repealed by the Care Act in 2014 (for reference)*

*• National Assistance Act 1948 (repealed by Care Act)*

*• Chronically Sick and Disabled Persons Act 1970 (repealed by Care Act)*

*• Community Care (Delayed Discharges) Act 2003 (repealed Care Act)*

*• The National Health Service. Reform and Community Care Act 1990 (repealed by Care Act)*

*• Carers (Recognition and Service) Act 1995 (repealed by Care Act)*

*• The Disabled Persons (Services, Consultation and Representation Act 1986 (repealed by Care Act)*

*• Value Added Tax Act 1983*

*• Access to Personal Files Act 1987*

*• The local Government and Housing Act 1989*

*• Party Wall ETC., Act 1996*

**Abbreviations Checklist**

|  |  |  |
| --- | --- | --- |
| **A** | AA | Attendance Allowance |
|  | AKA  Ax | Above Knee Amputation  Assessment |
|  | AMHP | Approved Mental Health Professional |
|  | AF | Atrial Fibrillation |

ADL AP ARMS

Activities of Daily Living

Adult Protection

Area Referral Management Service

**B** BKA BP BCF

Below Knee Amputation

Blood Pressure

Better Care Fund

**C** Ca CHD CHC CKD CM CMHT COPD CP CPD CPN CVA

Ĉ CAD CF CPAP CPR CRF CTH

Cancer

Chronic Heart Disease Continuing Health Care Chronic Kidney Disease Care Manager

Community Mental Health Team

Chronic Obstructive Pulmonary Disease. Cerebral Palsy

Continuing Professional Development. Community Psychiatric Nurse

Cerebral Vascular Accident

With

Computer aided design. Cystic Fibrosis.

Continuous Positive airway pressure (CPAP machine). Cardiopulmonary Recitation

Chronic Renal Failure

Ceiling Track Hoist.

**D** DFG DLA DN DNA DP DOB DVT DNR

Disabled Facilities Grant Disabled Living Allowance District Nurse

Did not attend Direct Payment Date of Birth.

Deep Vein Thrombosis. Do not resuscitate.

**E** ECT ETOH

Electroconvulsive Therapy. Ethanol (Alcohol).

**F** FSC FFS FSTF

#

Families and Social Care

Flush Floor Shower.

Free Standing Toilet Frame

Fracture

|  |  |  |
| --- | --- | --- |
| **G** | GP GI | General Practitioner  Gastrointestinal |
| **H** | HA HBP  Hi Kent  HIV | Housing Authority / Housing Association /Health Authority  High Blood Pressure Hearing Impaired for Kent. Human Immunodeficiency Virus |

H/V HO HOH HQ Hx

Home Visit. History of.

Hard of Hearing Head Quarters History.

**I** IBS Irritable Bowel Syndrome

IDD IBD

Insulin Dependent Diabetes

Inflammatory Bowel Disease.

ICU Intensive Care Unit.

ICES Integrated Community Equipment Service

IDDM Insulin dependent diabetes mellitus.

**K** KAB Kent Association for the Blind.

**L** L Left

LA Local Authority

**M** MD Muscular Dystrophy MND Motor neurone Disease MI Myocardial Infarction MS Multiple Sclerosis

MRI Magnetic Resonance Imaging

MRSA Methicillin Resistant Staphylococcus Aureus

**N** N/A Not applicable

NRS Nottingham Rehab Service : Community Equipment

Contractor

**O** OA Osteoarthritis

OBC Outcome based Care

**P** PB Personal Budget

PIP Personal Independence Payment. PT Physiotherapist

Pt Patient.

PTSD Post Traumatic Stress Disorder

PVD Peripheral Vascular Disease.

**R** R Right

RA Rheumatoid Arthritis

RDA Recommended daily allowance. RIP Rest in Peace.

ROM Range of Movement.

RSI Repetitive Strain Injury. RTA Road Traffic Accident. RTS Raised toilet seat.

Rx Treatment..

**S** SALT Speech and language Therapist.

SC Social Care,

SOB SOBOE SG SOAP Sx

SVA SU SUAN

Shortness of Breath.

Shortness of Breath on Exertion. Safe Guarding

Subjective, objective, assessment, plan. Symptoms.

Safeguarding Vulnerable Adults

Service User

Service User Advice Note

**T** THR TIA TKR TB T/C TURP

Total hip replacement. Transient Ischaemic Attack Total Knee Replacement. Tuberculosis

Telephone call.

Transurethral resection of Prostate.

**U** UTI Urinary Tract Infection.

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**SECTION**

**TWO**

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**2. Major Adaptations**

**2.1 Policy and Procedures on Major Adaptations**

**2.1.1 Description**

Major adaptations are classified as structural alterations or extensive adaptations to the homes of people living with disabilities. Major adaptations would usually attract funding in the form of a Disabled Facilities Grant from the local Borough/City/District Council.

**2.1.2 Aim**

The aim of major adaptations is to enable a person with a disability to safely access facilities that are essential for daily living and which improves their quality of life within the community, and supports them to live independently in the home of their choice for longer, with more dignity and choice. They can also lead to significant cost savings by preventing accidents e.g. falls which can lead to costly hospitalisation and rehabilitation, and reduction in costly care packages, thus preserving public and

private funds for longer

Examples of major adaptations:

• Widening of doorways.

• Conversion of standard bathroom into flush floor shower room.

• Alterations to provide safe access to and from the property.

• Lift access to necessary parts of the property e.g. stair lift, vertical lift, external access lift

• Adaptations to kitchens to provide suitable facilities for the disabled person.

• Building extensions to house additional bedroom/bathroom with level access to essential facilities

**2.1.3 Policy**

**2.1.3.1 Recommendations for major adaptations should be made on the basis of assessed eligible need and involve the service user, carer or appropriate representative (refer to the Housing Grants, Construction and Regeneration Act**

**1996.**

**2.1.3.2** Any project recommended following assessment, should reflect the most cost- effective solution that will meet the service user’s needs, primarily within the curtilage of the existing property where possible. Such a policy applies equally to adaptation schemes that are fully funded by the local council. A service user can choose a more expensive option, provided it meets the needs and they are prepared to fund any difference in costs between the two schemes.

**2.1.3.3** Occupational therapists make recommendations for adaptations that are necessary and appropriate under a disabled facilities grant but they do not determine eligibility for a DFG as that is the responsibility of the local councils.

**2.1.4 Funding Arrangements**

**2.1.4.1** It is the County Council’s policy to support service users to make full use of grants and other funding available. A full review of the service user’s support needs will be required prior to and post completion of adaptations.

**2.1.4.2** Alternative housing should always be explored as part of the consideration for major adaptations,

• Extra Care Housing Schemes (buy or rent)

• A more accessible property

• Sheltered housing

• Supported Living

• Independent Living Scheme

• A smaller more suitable property with level /better access to essential facilities

• Move from private to social housing to alleviate bills and housing costs/pressure

**2.1.4.3** In cases of proved financial hardship, where all other avenues have been explored, the Home Support Fund may be able to support a program of adaptations going ahead. Please see the Home Support Fund policy and see the Housing Adaptation Panel Guidance at the end of Section 2 it should be noted that Housing Adaptation Panel can also be used for case discussion/ case conference when the situation is particularly complex.

**2.1.5 Who Is The Applicant?**

**2.1.5.1** It should be noted that for the purposes of a Disabled Facilities Grant, it is the service user who is the applicant (unless the service user is under 18 years), irrespective of whether they are the house owner.

**2.1.5.2** In order for the service user to qualify for financial assistance from SC, the following criteria must apply:-

• The grant application is recommended by or on behalf of KCC

• Agreement, at least in principle, has been given by the Borough/City/District

Council.

**2.1.6 Non-Adaptable Properties**

**2.1.6.1** In the event of a service user living in a property which is not considered to meet his/her assessed needs and which could not be adapted successfully, the worker should discuss with the service user the options for moving or transferring to a more suitable property.

**2.1.6.2** In these circumstances, KCC would offer advice on the following;

• the type of property that is likely to meet their current and future housing needs.

• the suitability of the property to which he/she is proposing to move if one has already been identified.

• the extent to which the Directorate would be able to help with any adaptations, if the property could be adapted to meet their needs.

**2.1.7 Moving From Properties: Already Adapted**

**2.1.7.1** Should the service user have already received assistance with adaptations to their existing property, priority for funding adaptations in a new home will be considered on a case by case basis e.g. to take up employment, better social support systems

**2.1.8 Service User’s Preference Versus Most Modest Solution:**

**2.1.8.1** When exploring the options for adapting the property, staff must work with service user, carer or representative in order to arrive at the most necessary and appropriate solution.

**2.1.8.2** Where service user’s choice is not considered necessary and appropriate by the worker they should work with the service user, carer and/or representative to develop an alternative proposal that is agreeable to all.

**2.1.8.3** The service user, carer and/or independent broker must be provided with the necessary information to enable them to make informed choices.

**2.1.8.4** The service user, carer and/or representative should always make the final decision, even if this involves rejecting the help and advice provided except in a situation where the SU lacks capacity and best interest decision has to be made , where due process must be followed

**2.1.8.5** Recommendations for a disabled facilities grant usually require a statement about whether the service user is registered or eligible to be registered disabled, but many local councils have amended their housing policies to provide DFG’s without financial assessment and have varying eligibility criteria (refer to individual council for local policy).

**2.1.8.6** There needs to be close liaison with the Grants Department in order to maintain a flexible approach to the use of grants monies, it is the local council’s decision as to whether they offer a discretionary or offset DFG or not.

**E.g.**

• Worker recommends vertical lift as most modest solution, at an appropriate cost of £9K.

• Service user’s preference is for a ground floor bedroom/bathroom extension at approximate cost of £30K.

• Flexible arrangements of DFG allow service user to use £9K towards extension works. (Worker would continue to work with service user to provide any information, advice or guidance needed and ensure the facility is fully compliant with the service user needs but service user would pay the difference).

**2.1.9 Joint Working Practices**

**2.1.9.1** It is the responsibility of staff to ensure they communicate effectively with others within KCC and partner agencies who may be involved with service user and his/her family.

**2.1.9.2** It is good practice to establish clear communication channels from the outset and to clearly define the specific areas of responsibility.

**2.1.9.3** A medical opinion can be sought on all service users applying for a major adaptation if required provided the SU agrees

**2.1.10 Case Conference**

**2.1.10.1** It may be necessary to arrange a case conference, particularly where the case is of an extremely sensitive nature.(sometimes the Home Support Panel is used for early case discussions to determine the right way forward with a complex case especially if significant funding is going to be deployed

**2.1.11 Site Meetings**

**2.1.11.1** A site meeting/feasibility visit may be held involving all relevant agencies either following the assessment or at the point where an architectural/surveyor has been commissioned.(practice varies from locality to locality but a streamlined approach to reduce unnecessary meetings should be deployed at all times )

**2.1.11.2** The worker should ensure details of the meeting are recorded and produce a site meeting report on the standard form.

**2.1.12 DFG Process**

**2.1.12.1 As the DFG process varies in all Borough/City/District Councils practitioners must refer to their locally agreed processes and timescales.**

**2.2 Central Heating**

Please refer to the appropriate agency for assistance e.g. Home Improvement Agencies and Warm Front. On occasions heating can form part of the DFG recommendations.

**2.2.1 Refer to RCOT Adaptations Without Delay paper 2019**

**https**://[www.**rcot**.co.uk/**adaptations-without-delay**](http://www.rcot.co.uk/adaptations-without-delay)

Following issue of this consultation and paper from the RCOT, fresh approaches to issuing DFG’s are being considered and local arrangements may vary with individual councils who have far more autonomy with their enhanced better care DFG funds. Some responsibilities for provisions/assessments will be given to trained trusted assessors, but will still have a robust audit tail back to the KCC occupational therapy service who will give final recommendations

**2**

**2.4**

**2.3 South Thames Region Assistive technology Environmental**

**Control service**

**2.3.1** Definition

Environmental Control Systems enable people with severe physical disabilities who cannot use conventional equipment (e.g. television remote controls, entry phones and telephones) to maintain independence by giving them access to the equipment via a central control.

**2.3.2** Criteria

Potential users must:

• be normally resident within the authority’s boundaries;

• have a permanent and substantial disability caused by disease, injury or congenital defect;

• have the necessary cognitive abilities and motivation to use a system

• be medically fit to independently control a system;

• be unable to be assisted by a simpler or more cost effective system;

• agree to abide by the locally determined conditions or the loan of equipment and

• the equipment will remain on loan, subject to annual review.

**2.3.3** Priority Group

• people with rapidly deteriorating conditions (usually MND) requiring a “fast

track” system;

• people with severe disabilities of a long term and/or deteriorating nature or

• people living on their own.

**2.3.4** Age Limits

There are no age limits for environmental control provision. However, when prescribing for young children or the elderly, the prescription will have regard to the degree of independence likely to be obtained as assessed by a multi-disciplinary team.

**2.3.5** Communication Aids

Where a potential user has, in addition to the need for environmental controls, a requirement for equipment for communication and/or powered mobility the provider will liaise with others to facilitate integrated selections of systems. Individual Primary Care Trusts are responsible for the provision of any additional equipment e.g. Communication Aids.

**2.3.6** Social Care Provision

The following items are not funded by the Environmental Control Service

• Door, window and curtain openers

• Page turners

• Electric bed and chair operators

• Appropriate door locks

• Additional power sockets

• Additional phone sockets/lines

It is suggested that an early initial contact be made with the Occupational Therapist, as they may be able to consider funding. However, each Local Authority will make their own arrangements and local criteria are likely to be in operation. For this reason, it is extremely important that support for funding through Social Care is secured before any commitment to purchase the above equipment is confirmed.

**2.3.7** Second Opinion

In case of appeal a second opinion may be sought from the neighbouring Medical

Assessor.

2.3.8 Consideration must be given in the first instance to possibilities of modern technology and use of own device easily available on the market ie amazon echo/Alexa/smart phone technology which the SU can fund themselves and easily access

**2.3.9** What the department of health funds:

The actual environmental control unit, i.e. Possum, RSL Steeper. (many suppliers available now)

The system can be used to operate such items as: Front door intercom

Telephone

Lamp Television DVD player

Computer access

2.3.10 Referral forms and the eligibility criteria are available on the environmental control service website : [www.kmpt.nhs.uk/environmentalcontrolservice](http://www.kmpt.nhs.uk/environmentalcontrolservice) and they can be contacted by phone on: 01634 833923

2.3.11 Should additional equipment be required, such as curtain openers, door openers etc., which are not funded by Health, in consultation with the Senior Practitioner OT, Service User and the Senior Technician, a decision will be made as to

whether adult social care are able to consider the funding of such items. Provision will be via the HSF with agreement by the Principal Occupational Therapist

**Appendix 1**

Chartered Institute of Environmental Health

Kent Housing Technical Group

(please note subject to local changes reflecting changes to local housing policies, but basic guidelines from the local councils 2019)

Housing Grants Construction & Regeneration Act 1996

**General guidance of works considered mandatory**

**For Disabled Facilities Grant**

Kent Local Authority officers who administer disabled facilities grants, have agreed that under section 23 (1) of the Housing Grants, Construction and Regeneration Act

1996, the following adaptation works can generally be considered for mandatory grant, but only where the Local Authority consider them to be “necessary and appropriate” for the needs of the disabled person and it is reasonable and practicable to carry out the work in the disabled person’s home. The Kent County Council adult social care will be consulted on medical need and what works they consider are necessary and appropriate:

**MANDATORY WORKS**

**1.** Ramping and/or handrails to the main external door. This could instead be a

rear door in the case of a rear access, subject to individual assessment of need for access/egress from a property. External stairlifts if reasonably practicable

and not prone to vandalism.

**2.** Widening the main entrance door and the doorways to the bedroom, bathroom and living room. Automatic door opening to main entrance will only be allowed for persons who are otherwise unable to open the door. Door entry systems will be considered where the person has severe mobility problems.

**3.** Alterations to facilitate wheelchair access to the bedroom, bathroom and living room areas that used by the wheelchair user. Access to additional rooms maybe allowed where the disabled person is a carer.

**4.** Alterations to the height and/or position of light switches and power points to make them accessible to the disabled person.

**5.** Adaptions to the facilities in the bathroom and toilet, including the provision of flush floor showers, hydraulic lift baths, lever taps, specialist WC’s such as Clos- o-mat or Geberit etc. The adaptation or provision of more than one bathroom to

a house .e.g. additional ground floor w.c. will only be considered if evidenced by medical need. Provision of an additional bathroom (See section 18- Additional Rooms and Extension below).

Flush floor showers- tend to be recommended rather than baths but will consider allowing a walk in bath or rise and fall lift bath if the service user doesn’t need a flush

floor shower for medical need. Where rest of family need a bath it may be allowed with equipment options such as a hoist.

An electric fan heater is usually allowed in addition to radiator.

**6.** Other adaptations that are necessary to facilitate access to any of the relevant rooms by the disabled person, for example, stairlifts or vertical lifts in some cases. Breakdown of stairlifts- if stairlift is 5-10 years old manufactures report needed to replace it. If over 10 years report may not be needed. It is considered good practice to include 5-year extended warranty/service contract.

**7.** Provision of additional bedroom (*see 18- Additional Rooms and Extension*

*Policy).*

**8.** Heating the rooms that are in everyday use by the disabled person where a medical need can be demonstrated. This does not include repair to existing systems. Changes to the type of heating system will only be allowed if evidenced by medical need. If the heating system is inadequate this can often be dealt with through other types of grant.

**9.** Possible upgrading/replacing boilers where property has to be extended and the existing boiler is inadequate. Sometimes it is more cost-effective to install extra insulation rather than a new boiler.

**10.** Provision of laminated glass or specialist lighting or guards to fires and around radiators where disabled children with violent behavioural problems may harm themselves.

**11.** Provision of enhanced fire alarm or doorbell systems for those with hearing difficulties.

**12.** Provision of hard standings (3.6 x 4.8 max) and associated crossover for vehicle access where the disabled person is in a wheelchair or has extreme difficulty walking to the house. This will only be given where existing on-street parking is considered unsatisfactory and a marked disabled parking bay is not possible or where it affords a more economical solution than providing additional paths/ramping from the house to the roadside. It is cheaper to put a marked disabled parking bay outside a house than to construct a hard standing.

Please note that being the holder of a blue badge is *not* the eligibility criterion for this item

**13.** Carrying out structural alterations where necessary to provide fixings for disabled equipment provided by adult social care e.g. fixing for tracking

/overhead hoists.

**14.** Additional works to comply with listed building law or the conditions attached to planning permission e.g. pitched roof instead of flat roof, special bricks, timber windows to match the period of the house, etc.

**15.** Repairs that are essential to enable the builder to carry out works e.g. replacement of rotted or weak flooring as part of a flush floor shower installation,

electrical repairs to enable works to be carried out safely like a new consumer unit or earthing. This will be increasingly required with part P of the Building Regulations. Full re-wiring will not be allowed because this is a repair not an adaptation. Dealing with low water pressure may be eligible but replacing defective drainage would not be eligible.

**16.** KITCHENS- Where someone other than the disabled person does and will continue to do the cooking and preparation of meals, it will not normally be necessary to carry out full adaptations. However, it may be possible to carry out minor adaptations to allow the person to prepare light meals or hot drinks. Typically this may include a low-level worktop with power points for a kettle/microwave. Where duties are shared within the family, discussion may be necessary to decide the extent of the alterations wanted.

Where the disabled person lives alone or is a carer for someone else and has to prepare all the meals, full adaptations to the kitchen may be allowed as follows:

a) Kitchen sink, including alteration to its height or position or the type of taps fitted to it. Powered adjustable- height sinks will generally not be allowed if the provision of a second sink is a more economical solution

b) Cooker point and oven-housing unit ensuring its height and position is appropriate for the disabled person’s needs, together with the provision of worktops on either side.

c) Work surfaces located beside the sink and on each side of the cooker having a total length of approximately 1.5m, all at a suitable height for the disabled person.

d) Food storage in an accessible position, usually space for a refrigerator with power supply.

e) Wheelchair access, if necessary, including wider doors, rearrangement of facilities etc.

f) Alterations to the kitchen door, light switches and power points, but only if it necessary.

g) Extensions or enlargement to kitchens only where absolutely necessary in order to provide turning space for wheelchair if suitable space cannot be achieved by rearrangement of existing facilities

h) The provision of cupboard and storage units on an “essential” basis

(2x1m base units and baskets or equivalent).

i) Mechanical ventilation where kitchen schemes require Building

Regulation approval.

**17. Access to Rear Garden**

In deciding the extent of providing access to the rear garden, the following will be taken into account.

Grant assistance will not be given where there is already suitable access to the garden but grant may be given to improve an existing access to make it safe for the disabled occupant to use. It does not include extending an existing access e.g. creating a side access so a person can also go around the side of a house. Generally, the most modest solution for providing access to both the house and the garden will be considered and this can mean that one access may be sufficient to access both the house and the garden. Where homes have communal gardens, e.g., blocks of flats served by a single access, grants will

not normally be provided for providing an individual access to the garden unless it can be demonstrated that because of the disabled persons condition the travel distance to the garden would be excessive and unreasonable.

The grant will simply be for providing immediate access to the garden and does not include landscaping gardens to make them more suitable for the disabled person to access. However, to assist a disabled person to live independently, an allowance of 4m² of pathway, (which may include a turning circle for a wheelchair user), will be considered to assist access to any specific areas enjoyed by the disabled person.

See also the list of non-mandatory items in the next section in relation to gardens etc.

**18. ADDITIONAL ROOMS AND EXTENSION POLICY**

**Introduction**

This document gives guidance on the circumstances when the Council will consider the provision of an extension or the conversation of an existing roof space rather than sanction adaptions within the existing footprint of the dwelling.

**Needs and Aspirations**

All people expect to be able to use the normal range of household facilities irrespective of any impairment. Any solution should ensure that the environment in which they are living meets these reasonable needs and expectations.

In an ideal world, it may be nice to fully adapt a disabled person’s home regardless of cost. However, the reality is that Councils have limited budgets and therefore in assessing the reasonableness of the proposed works consideration has to be made to the costs. Authorities are charged with the responsibility of essential

differentiating between what is desirable- what may be perfectly legitimate aspirations on the part of the disabled person- and what is needed and for which the public purse is justified. It must ensure that a proposed scheme meets the

required mandatory need without excess to ensure that the DFG budget is spend in a manner to provide the maximum number of adaptions from the money provided.

In assessing grant, the Council will look to the most economical solution to meet

the person’s need but will be prepared to consider any options especially where the additional costs will be met by the applicant. It will place particular importance to

this when considering high-cost adaptation/extension proposals and will expect alternative options to be properly costed and evaluated before deciding whether to proceed. It would also want to be satisfied that other alternative to adaption, such as re-housing, have been considered and properly evaluated.

**Decision Making**

The views of the disabled person will be taken into account and every case shall be considered on its merits and this guidance will be used in that consideration.

A scheme to provide ground floor facilities can often incorporate the conversion of second reception rooms, storage areas, circulation areas and subdividing existing rooms where possible. The decision to build an extension will be seen as last resort and will only be made when it is not possible to provide the required facilities within the footprint of the dwelling.

An extension may be seen as a permanent, relatively low maintenance solution;

however, it has five major disadvantages:

• It is very expensive;

• It is relatively slow to provide;

• It is very disruptive to normal daily living;

• It does not provide access to the whole house

• There can be constraints with planning permission

A frequent debate revolves around the merits of installing a vertical lift against providing an extension. A number of considerations should be taken into account when making this decision

A through-floor vertical lift has some advantages

• It is still expensive but costs substantially less than an extension;

• It can be installed fairly quickly and with limited disruption to daily life;

• It has the advantage of giving access to the whole house and not limiting the person to the ground floor

• It can often allow adaptation to the existing first floor bathroom

But it does have the following disadvantages:

• It requires regular maintenance;

• It has a limited life, about ten years;

• It takes up a considerable amount of space from two rooms;

• The scheme may need the widening of doorways or movement of partitions to enable the wheelchair user to fully access the first floor areas if they need to. If the first floor cannot achieve this level of accessibility it may be that an extension is more appropriate.

Where an overcrowding issue overlaps with a disability issue, the overcrowding should be resolved first by the family. Issues of overcrowding will not be considered under grant.

**Rehousing Option**

In reaching a decision on the most practical approach to providing accessible facilities, the option of re-housing should be considered. If a family is already in restricted accommodation then a larger house may not only facilitate an easier and cheaper adaption but it may also enable the family to have more appropriate housing.

Maintaining independence is a key objective for most people as they get older. Living in their own home for as long as possible is often seen as key to such independence and is the aim of the majority of older people. However, for some older people moving home may enhance their ability to live independently, especially if they are having problems with deteriorating health, reduced mobility, isolation or their home is too large for their needs and they face concerns about future costs and maintenance.

As well as assessing current needs, it is important to take into account how needs may evolve over time. It is good practice to compare the advantages of adaption of the existing home to those of moving to a new home.

In the case a private tenant or registered social landlord tenancy, it may be possible to locate suitable alternative accommodation within a reasonable timescale. This may depend on how far the service user is willing to move. Some disabled people or their carers will be unable or unwilling to move for many complex reasons including such considerations as relatives nearby, social contacts, support networks,

children’s education, their investment in the property etc.

In the case of owner-occupiers fewer re-housing options are likely to be available in some circumstances the service user may be able to secure Council or RSL housing, especially if this is likely to be required for relatively short period, perhaps in the case of terminal illness.

Advice from the Housing Option Teams within the Council is available on possible housing solutions available both within the private and public sector.

**Alternative Works Option**

Where a decision has been made to provide facilities within the existing footprint of the dwelling and applicants request an extension, then the Council will consider an “applicant’s alternative scheme”. In such cases, the grant may be approved for the notional cost of installing a lift (or whatever works are identified) towards the actual cost of installing building the extension, provided the occupational therapist agrees that the extension will offer a scheme that is equal to or better than the adaptions proposed.

**Provision of Facilities**

Typical extensions for adaptions will be for the provision of accessible bedrooms, bath/shower rooms, WC compartments and kitchens for the disabled user. It is standard practice to utilise internal areas/rooms to reduce the size of the extension to be provided or even negate the need for an extension all together. This should

include utilising any rooms such as unused bedrooms, store rooms, integral garages

(if convertible), secondary reception rooms etc.

The occupants of the house should always be left with a principle reception room of dimensions that would be reasonable for the number of occupants in the household. This room should allow the family members to relax and be of a size that enables

the disabled person to integrate with family activities.

In designing the scheme, sufficient space must be allowed to enable safe and convenient movement around the rooms. This should allow for wheelchair access or access with a walking frame as applicable and appropriate. Any bed(s) should be made fully accessible from both sides. Allowance should also be made for the accommodation of any specialist equipment which may be needed for the care of

the disabled person. It is also reasonable that in designing a room that there is sufficient space to house basic bedroom furniture such as draws shelves and clothes storage space etc.

Where all or part of an existing reception room is to be incorporated into the accommodation for the disabled person, the remaining space should be sufficient to allow adequate maneuvering space for the disabled person and for the family to carry on normal family activities with family interaction.

**Extensions for Children**

Children with disabilities and their families have particular needs which must be recognized. Unless a child is imminently terminally ill, allowance must be made for his/her future development including physical growth. The extension should therefore be sufficient to allow access for the disabled person as an adult and include for all necessary equipment for an adult. It may be reasonable to allow additional size to a bedroom where the disabled child is highly dependent and may need additional specialist equipment. This may also include the provision of extra services than usual such as increased lighting or extra power sockets.

The extension must also allow for the needs of parents/carers. This may include space in which to wash and dress the child and also to provide all other care which may be needed. A room which is too small may present a health and safety risk to the carer because of difficulties with, for example, lifting.

Requests are sometimes received to provide separate bedrooms where a disabled child with behavioural difficulties share a room with other siblings and disturb their sleep. This will only be considered under mandatory grant where it can be demonstrated the child is prone to violent outbursts and there is risk of physical violence or safety to the other siblings.

**Size of Extension Rooms**

The following bedroom sizes should be used as guidance when designing extensions. Sufficient space must be allowed to enable safe and convenient movement around the rooms. This should allow for wheelchair access or access with a walking frame as appropriate. It is not possible to give room size guidance for

all the differing scenarios of occupancy. From the family discussions that have taken place, the OT will normally indicate whether the disabled person sleeps with their partner and as such a double bedroom would be required. The sizes in the tables below are guidance figures and should be used as such.

|  |  |  |
| --- | --- | --- |
| **Bedrooms** | **Measurements in square meters** |  |
| Single | Ambulant | 6.50- 7.50 |
|  | Bedroom with specialist bed | 12.50 |
|  | Wheelchair User | 7.28 – 12.00 |
|  | Electric Wheelchair user | 7.78 – 12.50 |
|  | Wheelchair user with carers bed | 14.70 |
|  | Bed/ Bathroom with H frame tracking | 20.00 |
|  | Bed/ Bathroom with H frame tracking + carers bed | 22.00 |
| Double | Both ambulant | 10.20 |
|  | Ambulant and 1 wheelchair user | 10.20 – 14.70 |
|  | Both wheelchair users | 14.5 – 15.50 |

**NON- MANDATORY ITEMS**

1. Generally, more extensive adaptions to the kitchen than those described previously.

2. The provision of cupboards, storage units, breakfast bars, generally above and beyond the standard that applies for mandatory grants.

3. Cookers and hobs, refrigerators, dishwashers, washing machines and waste disposal units

4. Replacement of rooms or parts of rooms which have been “lost” by carrying out adaptions (by way of explanation, where a ground floor living room or dining room is converted into a bedroom with en-suite shower room for a disabled person, the construction of a “replacement” living room or dining room for use by the rest of the family could not be grant aided on a mandatory basis.)

5. Fitments in rooms, for example built-in cupboards, wardrobes, storage units etc.

6. Extensions to living rooms.

7. Formation of patios, walkways to and from garages or scooter areas.

8. Storage areas and charging points for wheelchair/scooters.

9. Service contracts for lifts and other equipment

10. Provision of treatment rooms

11. Provision of pager systems linked to doorbells or telephones for the profoundly deaf

12. Floor coverings (except thermo-plastic tiles or similar permanent floor finish to bathroom area).

13. Wall tiling (expect splash backs and immediate shower areas).

14. Provision of disabled aids and equipment that can be fitted with no or little structural alterations. These are likely to be able to be removed fairly easily and re-used if the disabled person should decide to move in the future.

15. Non-fixed aids, e.g. bath hoists can be funded by KCC as equipment but some authorities allow it as discretionary.

16. Sliding doors/ two way doors- not needed- can turn door round or flexi-care

2 way hinges in special cases likely to fall.

17. Hard-standings (as a Planning Condition) (4th bedroom)

18. Air conditioning

19. CCTV

20. Creating a safe play area and/or fences

21. Storage areas for example scooters, wheelchairs, children’s equipment

22. Formation of bin store areas

23. Provision of clothes drying facilities

24. General provision of external lighting

25. Portable/non-fixed items

26. Drop kerbs, hard standings and ramps for non-wheelchair users/non-drivers

27. Minor adaptations up to the value of £1,000 which are obtainable from adult social care.

**Appendix 2**

**Social Care and Health Directorate**

**Home Support Fund Policy for Major Adaptations**

|  |  |
| --- | --- |
| **Issue Date:** | 1st October 2014 (v2) |
| **Review**  **Next Review** | **October 2019** |
| **Owner:** | Janice Duff/Chris McKenzie  Director ASCH  Adult Social Care and Health  And  Jane Miller Principal Occupational Therapist Adult Social care and Health  3rd Floor, Invicta House  Maidstone |
| **reviewed** | August 2020 Jane Miller |
| **Next Review** | Nov 2021 |

**1. BACKGROUND**

1.1 The Occupational Therapist, following an assessment of need under the Care Act 2014 and deemed to be eligible under the national minimum criteria, may make recommendations for the provision of adaptations to people’s homes where that person has a permanent and substantial disability as defined by the Act.

1.2 The local authority has a statutory duty to make arrangements for home adaptations or for the provision of any additional facilities designed to secure their greater safety, comfort or convenience’ for children.

1.3 There is a statutory duty for district councils to provide mandatory Disabled Facilities Grants (DFG) for disabled people under the Housing Act 1989 for essential home adaptations. This provision was revised through The Housing Grants, Construction and Regeneration Act 1996 which provides the current legislative framework.

1.4 The current maximum grant available under the DFG is £30,000 in England and is subject to a nationally determined means test which applies to those aged 18 and over to establish their contribution to the cost of the works. Those service users aged under 18 are not means tested for the DFG and therefore do not have a contribution.

1.5 The local authority may support the disabled person to make arrangements for the provision of financial assistance in two ways:

• Where the cost of the agreed adaptation exceeds the maximum DFG

• Where the applicant for the DFG has difficulty meeting their assessed contribution determined by the means test and seeks financial assistance.

**2. SOCIAL CARE FUNDING**

2.1 Service user contribution to DFG – Adults. Where the disabled adult has been assessed through the test of resources as having to make a contribution to the costs of works, they will generally be expected to make their own arrangements to pay this amount.

2.2 However, where a disabled adult or the parents of a disabled child can demonstrate that they are unable to find the necessary funds from savings or a loan from a bank or building society they can approach Social Care for financial support from the Home Support Fund. This is either for their assessed contribution or for top up above £30,000 DFG limit. The offer of support will be made through a loan with an upper limit of £10,000 (see section 3 for funding above this amount).

This offer will be made, subject to the availability of funding, in the following way:

• a grant up to or for the first £1,000

• a loan, interest free, for the additional funding required up to £9,000 with a signed loan agreement*.* The repayment period should be over a period no longer than

5 years

2.3 The policy to offer a loan for the figure not greater than £9,000 provides a clear and fair approach to offering financial support where an assessed contribution has been identified through the Disabled Facilities Grant test of resources. This approach negates the need for a further financial assessment given that one has been completed through the grant process.

2.4 Flexibility will be available in terms of the repayment period should this be required to assist affordability. The decision to extend the repayment period beyond those mentioned above will need authorisation by a Senior Manager.

(Repayment table for loans, see appendix 1)

2.5 Loans offered will be subject to a signed loan agreement. Loans offered can only be considered for the assessed contribution and not for any other sum required to complete the adaptation.

2.6 Loans can only be offered subject to funding being available within the capital budget and authorisation being granted from the monthly Housing Adaptations Panel. (See appendix 2)

2.7 Where a disabled person has a contribution above £10,000, financial support can only be offered for the first £10,000, as outlined above.

2.8 If a disabled person defaults on repayments a review of their financial situation will be undertaken and adjustments made to their repayment plan to reflect their current circumstances. The Council reserve the right to charge interest on non-paid loans. Legal proceedings may be pursued in the event of wilful refusal to reach agreement or to pay.

2.9 This element of the policy would apply to any disabled person who qualifies for a disabled facilities grant regardless of the tenure of their property.

2.10 Where a disabled person has a financial contribution, which is greater than the cost of the works it would be expected that the DFG process would be followed and a nil grant approval received prior to the works funded through the Home Support Fund commencing.

**3 Works exceeding the DFG limit of £30,000 – Legal Charge for Adults and**

**Children**

3.1 When the cost of the adaptations exceeds the DFG limit of £30,000, funding from Social Care could be offered where it has been agreed by the Housing Adaptations Panel that the adaptation is a cost effective way to meet the person’s eligible needs. This offer of financial support will be made as an interest free loan secured by legal charge against the property and repayable when the property is sold.

3.2 In many cases the funding requested above the DFG level to complete the adaptation would be in the region of £10,000 or less (see section 2) . However, in exceptional cases a maximum loan of up to £30,000 may be considered, which in

conjunction with a DFG of £30,000, makes a total of £60,000 available if necessary to meet assessed eligible needs.

3.3 All offers of financial support will be subject to agreement by the Housing

Adaptations Panel and the responsible Corporate Director, or delegated nominee.

3.4 A loan secured by legal charge can only be offered for the sum required to complete the adaptations above the £30,000 DFG ceiling and not for any other ineligible works for the home. The loan should be repaid if the service user no longer lives at the property or the property is sold. Should the loan not be repaid this will usually attract interest and will be charged on the loan from the date that the service user no longer requires the adaptation. The interest rate will be in line with the prevailing government guidance.

3.5 All offers of financial assistance are subject to acceptance of a legal charge being placed against the property.

3.6 Should the disabled person live in rented property in the first instance the landlord would be approached to provide the financial top up to the DFG. The decision on any level of funding to be provided will be subject to agreement by the Housing Adaptations Panel and the responsible Corporate Director or their delegated nominee.

3.7 Where the top up applies to a child the legal charge would be placed on the property where the child lives, subject to the agreement of the owner of the property. If the child is in foster care paid for by KCC, then the Legal Charge process will still apply but the capital sum will not be repayable unless they cease to care for the child within an agreed period.

**4 Service user Contribution to DFG and Work exceeding DFG Limit**

4.1 In adult cases there are occasions when the service user contribution is required and the top up for the works exceeding the DFG limit. This offer of financial support would only be made where funding is available and is approved by the Housing Adaptations Panel and the designated Senior Manager.

**5 Further Considerations**

5.1 Where a property is unsuitable for adaptations either for technical or financial reasons, financial assistance towards the moving costs of a grant up to £1,000 can be made where an alternative property is being purchased. The property being purchased must be deemed suitable for the needs of the disabled person by the Occupational Therapist although it is recognised that further adaptations may be required once the move has taken place. Should it be necessary to provide financial assistance to a level greater than the £1,000 an additional amount could be considered and offered subject to a loan agreement as detailed in section 2. However, it should be noted that if the property purchase falls through the service user would

5.2 need to meet the costs incurred relating to the moving process. Moving costs could include estate agents fees, removal costs and legal fees.

**Occupational Therapy –Financial Support from Home Support Fund**

**FUNCTIONAL ASSESSMENT MAJOR ADAPTATION OUTCOME**

Proposals must be discussed at Supervision

Benefits maximisation investigated and help given where necessary

Provision of equipment and minor adaptations

Disabled Facilities Grant

Service User awaits results of preliminary test of resources

PTOR received by Service User

**Notional Loan/Service User Contribution**

Service User self-funds notional loan

(adults) or top-up (adults and children)

Service User provides evidence that they are unable to fund notional loan through own finances or Building Society/Bank

**A B C**

Under £1,000 – Social

Care grant given

Over £1,000, under

£10,000 Loan agreement



Over £10,000 (max £30,000) Loan to be secured by legal Charge against

property

• HAP funding application

• Sign off by Senior

Practitioner/Principal O.T

• Copy to HSF Administrator

• Area Panel Signs Off

Scheme

• HAP funding application for agreement to panel

(paperwork only)

• Submission to HAP for approval of scheme

• Agreement of Service

User to Legal Charge

**\*\***Loan Agreement to be drawn up and signed by Service User and O.T. Direct

Debit mandate signed. Repayment over 5 years or period to be negotiated

(interest free)

Loan Sign Off by Senior

Manager

Sent to HSF - Senior Administrator for Processing Legal charge process with KCC Legal Department

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• Where a Service User is a Housing Association tenant the offer of



a grant **A** or **B** would be available, but not **C**

nce

**Home Support Fund (HSF) – Loan Repayment Process**

• Occupational Therapist to request loan agreement from

Home Support Fund Senior Admin.Officer (HSFAO). OT to

provide details of the amount of repayment and end date for

Step 1

HSFAO to input on agreement.

Step 2

• Home Support Fund Senior Admin Officer to send the loan agreement along with the Direct Debit mandate to the service user for signature and return to HFSAO.

Step 3

• Home Support Fund Senior Administrator to obtain Principal

OTsignature

Step 4

• HSF Senior Admin Officer will complete an AR01 form and send Direct Debit Mandate to Cashiers Team. HSF Senior Admin Officer will also update their records (**Note: It is the Occupational Therapist's responsibility to update AIS/Mosaic** (Adults) **Liberi** (Children)

Step 5

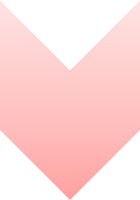
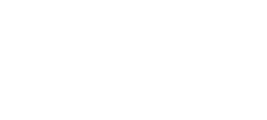
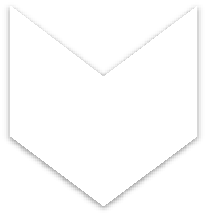
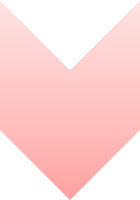
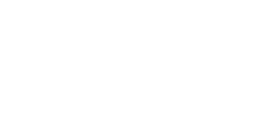
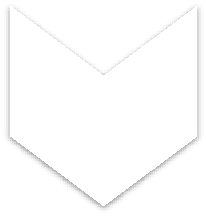
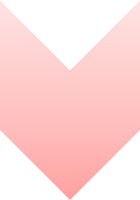
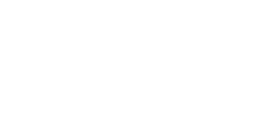
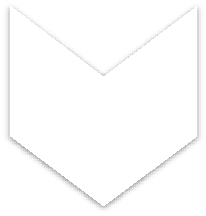
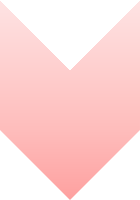
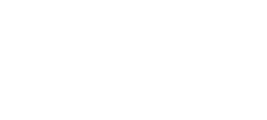
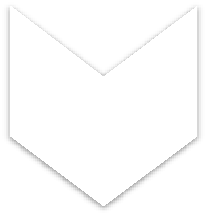
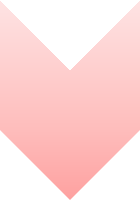
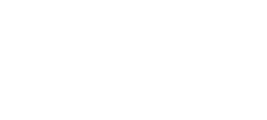
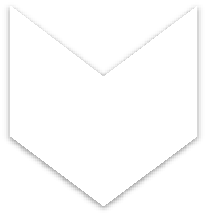
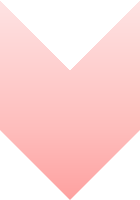
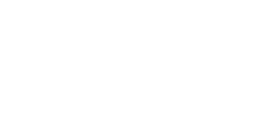
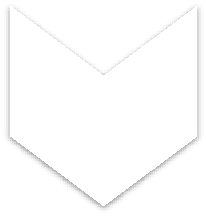
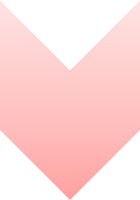
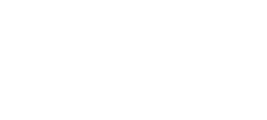
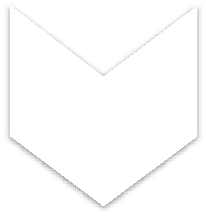
• The Cashiers Team will set up the loan amount over a 5 year period based on the information from the AR01 and the direct debit form.

Step 6

• HSF Senior Admin Officer will monitor service user payments along with the payments team until loan completion.

Step 7

• If the service users situation(s) changes at any point - it is the responsibility of the Occupational Therapist to notify the HSF Senior Admin Officer, CashiersTeam.



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**Appendix 3**

**K9 PROCESS OF LEGAL CHARGES**

1. To enable Legal to ascertain **(1)** whether the potential borrower owns the property against which the Legal Charge is to be secured and **(2)** the number of charges registered against the property, prior to the matter going to panel, you will need to provide: -

• The full names of the borrower(s)

• The full address, including postcode, of the property

Official Copies will then be obtained from the Land Registry under general file reference LS/2326163/296 and you will be advised of the information requested at points **(1)** and **(2)** above

2. When you are ready to instruct legal, you must provide the following information to the Legal Department and copy in the PA to the County Manager for OT and the [EquipmentAuthorisations@kent.gov.uk](mailto:EquipmentAuthorisations@kent.gov.uk) email box.

|  |  |  |
| --- | --- | --- |
| **Information required** | **Details** | **Yes**  **(****)** |
| Full name(s) and date(s) of birth of the Disabled  Person |  |  |
| Full name(s) and date(s) of birth of the Borrowers |  |  |
| Full name(s) and date(s) of birth of any child/children over the age of 18 residing at the property |  |  |
| Name and address of the current mortgage provider together with the mortgage account number |  |  |
| Letter signed by the borrower(s) giving the Kent  County Council authority to contact their existing lender (see Appendix 2 for draft) |  |  |
| The sum of money to be secured against the property |  |  |
| A description of the adaptation works to be included within the Legal Charge document |  |  |
| Name and address of any Solicitors acting for the borrower(s) together with confirmation as to whether or not KCC are to be responsible for these legal costs  If subject to formal adoption, please provide details of when the adoption is likely to take place |  |  |

|  |  |  |
| --- | --- | --- |
| If a new property is being purchased, please provide the address of the property being purchased together  with details of the selling agents, Solicitors and any  first mortgagee who may also be supplying funds to assist with the purchase |  |  |
| Confirmation that the transaction is being dealt with  under the provisions of The Carers and Disabled  Children’s Act 2000 or Care Act 2014 for Adults |  |  |

**NB You should also be considering the loan to value ratio and the equity available in the property. A valuation may need to be carried out.**

3. Once a completed Instruction Sheet is received, a file will be opened and an acknowledgement e-mail sent. Up to date Official Copies will also be requested and checked if the set applied for under the general file have become out of date.

4. A letter will be sent to the existing lender requesting details of the amount originally secured and the current amount outstanding. Consent to KCC’s proposed Legal Charge will also be requested (if applicable). If the lender requires an admin fee to be paid prior to providing this information, a letter will be sent in an attempt to have this fee waived.

5. A draft Legal Charge will then be prepared and forwarded to the service user for approval and/or further instructions requested.

6. Once approved and/or further instructions received, an engrossment of the Legal Charge will be sent to the borrower(s) for execution and return together with form ID1 and an Occupier Agreement (if applicable).

7. Once the signed Legal Charge, Occupier Agreement (if applicable) and form ID1 are returned, the Legal Charge will be sent for sealing by KCC and final searches applied for (OS1 and K16) in readiness for completion.

8. Once the Legal Charge has been sealed and clear search results received, the Legal Charge will be completed. All parties will be notified of completion and provided with a certified copy of the completed Charge. **COMPLETION OF THE LEGAL CHARGE SHOULD TAKE PLACE PRIOR TO THE MONIES BEING RELEASED.**

9. An application for registration of the Legal Charge will be submitted to the Land Registry. Once completed, up to date Official Copies will be sent to the service user and the borrower(s) and the file closed.

**FORM USED BY SOLICIOTRS TO DRAW UP LEGAL CHARGE (SEE BELOW)**



Legal Ch arge form

u pdated 2015 for ad

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REPAYMENT TABLE FOR LOANS UPTO £9000** | | | | | | | | | | | |
| These are weekly amounts. Service users will be invoiced every 4 weeks. 4 times the figure below. | | | | | | | | | | | |
| AMOUNT OF LOAN | 6  MONTHS | 1 YEAR | 2  YEARS | 3  YEARS | 4  YEARS | 5  YEARS | 6  YEARS | 7  YEARS | 8  YEARS | 9  YEARS | 10 YEARS |
| £ 100.00 | £ 3.85 | £  1.92 | \\\\\\\\\\\\\\\ | \\\\\\\\\\\\\\\ | \\\\\\\\\\\\\\\ | \\\\\\\\\\\\\\\ | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| £ 500.00 | £ 19.25 | £  9.60 | £ 4.80 | £ 3.20 | £ 2.45 | £ 1.91 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| £1,000.00 | £ 38.46 | £  19.23 | £ 9.62 | £ 6.41 | £ 4.81 | £ 3.85 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| £2,000.00 | £ 76.92 | £  38.46 | £ 19.26 | £ 12.82 | £ 9.62 | £ 7.70 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| £3,000.00 | £ 115.38 | £  57.69 | £ 28.88 | £ 19.23 | £ 14.43 | £ 11.55 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| £4,000.00 | £ 153.84 | £  76.92 | £ 38.52 | £ 25.64 | £ 19.24 | £ 15.40 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| £5,000.00 | £ 192.30 | £  96.15 | £ 48.14 | £ 32.05 | £ 24.05 | £ 19.25 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| £6,000.00 | £ 230.77 | £  115.38 | £ 57.69 | £ 38.46 | £ 28.85 | £ 23.08 | £  19.23 | £  16.48 | £  14.42 | £  12.82 | £  11.53 |
| £7,000.00 | £ 269.23 | £  134.62 | £ 67.31 | £ 44.88 | £ 33.65 | £ 26.92 | £  22.44 | £  19.23 | £  16.83 | £  14.96 | £  13.46 |
| £8,000.00 | £ 307.69 | £  153.85 | £ 76.92 | £ 51.28 | £ 38.46 | £ 30.77 | £  25.64 | £  21.98 | £  19.23 | £  17.09 | £  15.38 |
| £9,000.00 | £ 346.15 | £  173.08 | £ 86.54 | £ 57.69 | £ 43.27 | £ 34.62 | £  28.85 | £  24.73 | £  21.63 | £  19.23 | £  17.31 |

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November 2019 JM Equipment for Independence V5

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November 2019 JM Equipment for Independence

**Appendix 4**

**KENT COUNTY COUNCIL**

**SOCIAL CARE AND HEALTH DIRECTORATE**

**COUNTY HOUSING ADAPTATIONS PANEL (HOME SUPPORT FUND)**

**GUIDANCE AND PROCEDURES DOCUMENT**

**HAP templates are KNet/policies /AD1**



**Date: October 2019**

**Version: 5**

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| Area Management Panel (AMP) Approval Form | **HAP 2** |
| Concise Summary for County Panel | **HAP 3** |
| Panel Process Checklist for OT | **HAP 3a** |
| Guidance Note for Service user | **HAP 4** |
| Draft Agenda (HSF Administrator use only) | **HAP 5** |
| Example/Standard letter of Invitation to Service User | **HAP 6** |
| County Panel Record | **HAP 7** |
| Home Support Fund Application | **HAP 8** |

**HAP 1**

**OCCUPATIONAL THERAPY HOUSING ADAPTATIONS PANEL**

**GUIDANCE FOR STAFF**

**Panel Members**

• Housing Adaptations Panel (HAP) meets once a month and is chaired by the Principal

Occupational Therapist.

• HAP Members include Principal OT. Senior Practitioner OTs, Operational managers

Occupational Therapists adults and children and District Council Representative

**Role of Panel**

• To consider all major adaptations for adults and children in need where financial support through Kent County Council’s (KCCs) Home Support fund (HSF) is requested over £1000.

• To ensure consistency throughout Kent with regards to the feasibility of schemes and the costs involved.

• To discuss exceptional potentially sensitive or contentious cases regardless of funding issues.

**When Should a Case be Presented at HAP**

After discussion and agreement at your Area Management Panel (AMP)

**(a)** HAP to obtain Panel agreement in principle that the case can go forward

**(b)** When the scheme has plans agreed, preliminary test of resources completed and estimates of likely costs

**Eligibility**

Cases presented to the Panel will be considered against the following criteria:

• The service user has an eligible/identified assessed need.

• The service user’s situation has been discussed at supervision/AMP and has the supervisor’s support.

• The proposed adaptation is the most modest and practicable solutions, which will meet the service user’s short and longer term needs.

**Panel Submission**

Up to £10,000 requires paperwork only submission, if the cost is over £10,000 Occupational Therapists (OTs) are invited to present the case at panel, giving the service user and or carer the opportunity to attend once the case has been discussed at AMP and approval has been given to refer to Panel.

The **OT responsible for the case should submit the name and paperwork of the service user to attend the HAP** to Senior Administrator TBOT, 2 weeks in advance of the Panel date they wish to attend.

**Panel Documents to be submitted:**

• Area Management Panel Approval Form (HAP 2)

• Application for Home Support Funding

• Concise summary of case using HAP 3 including recommendations

• A Sketch/layout of the property – existing and proposal – of **ALL** floors including access, including PHOTOS where possible

• Details of proposed adaptation – plans, estimates and tenders- including all fees/charges

• DFG preliminary test

• Evidence of loan refusal from Bank/ Building Society

**Outcome of Panel Decision**

The outcome of panel will be communicated in writing when appropriate to Service User/OT

including a standard letter involving either loan agreement or legal charge.

Update regarding time-scale, work schedule and costs are required twice a month for an accurate budget forecasting, particularly towards the end of the financial year.

The OT must advise the Business Delivery Unit Senior Administrator of any changes in circumstances/costs, and whether or not the scheme will be completed within the current financial year. Kent County Council will contribute to the fees and charges of the adaptation. Kent County Council is prepared to loan the money that has been secured by the loan according to the evidence, such as a letter from the bank or building society**.**

**HAP 2**

**OCCUPATIONAL THERAPY**

**COUNTY HOUSING ADAPTATIONS PANEL**

**AREA MANAGEMENT PANEL APPROVAL FORM**

**Area:**……………………………………………………………… **Date:** ……………………… **Service User:** ……………………………………………………………………………………. **Occupational Therapist:** ………………………………………………………………………..

**Case Discussion**

**New submission Re-submission For feasibility Agreement in principle Financial approval Cost**

|  |  |
| --- | --- |
| **Action Required** | **Actioned By** |
|  |  |
| **Name of Panel Members** | **Signature** |
|  |  |

**HAP 3**

**OCCUPATIONAL THERAPY COUNTY HOUSING ADAPTATIONS PANEL**

**CONCISE SUMMARY FOR COUNTY PANEL**

**Name/Address/Postcode/Telephone Number of SU**

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

**Reason for Referral**

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

**Date of Assessment**

…………………………………………

**Functional Difficulties Identified for Assessment**

……………………………………………………………………………………………………

……………………………………………………………………………………………………

**Social Situation**

……………………………………………………………………………………………………

**Preferred Option, i.e., outline of proposed scheme**

……………………………………………………………………………………………………

……………………………………………………………………………………………………

**Stage reached within DFG process**

……………………………………………………………………………………………………

**OCCUPATIONAL THERAPY COUNTY HOUSING ADAPTATIONS PANEL**

**HAP 3a**

**PANEL PROCESS CHECKLIST FOR OT**

|  |  |
| --- | --- |
| **Approval given at AMP for case to proceed to Panel** | **HAP 2 signed** |
| **Date booked for case to be presented at Panel with**  **Senior Admin Officer TBOT** | **Date booked** |
| **Invitation letter sent to Service User (HAP 5) with**  **“Guidance for Service user” and map if appropriate (HAP**  **6)** | **Letter sent by OT** |

**Information sent to Larraine Barrie BDU Senior Admin Technical Support Team at Invicta**

**House, Maidstone**

• Area Panel Approval Form (HAP 2)

• Home Support Fund Application

• Sketch of Property

• Plans and Estimates

• Concise Summary for County Panel (HAP 3)

• Preliminary test of resources (Adult) or grant offer

• Evidence letters from Bank/ Building Society

**Date information sent**

**NB The information must arrive 1 week prior to the Panel for information to be copied and circulated to Panel members prior to the case presented.**

***Please send a copy of this completed checklist to the Operational Support Unit Senior***

***Admin Officer.***

**HAP 4**

**OCCUPATIONAL THERAPY COUNTY HOUSING ADAPTATIONS PANEL**

**GUIDANCE NOTE FOR SERVICE USER**

**Purpose of the Occupational Therapy County Housing Adaptations Panel**

The Occupational Therapy Services aim to assist service users to fund home adaptation work by full use of grants available from local councils, the Housing Corporation and in some circumstances, charitable organisations.

The purpose of the panel is to achieve and maintain consistency and fairness across the County by considering

• Requests for financial support for major adaptations from the Occupational Therapy Home

Support Fund

**Panel Members**

• You have been invited to attend a meeting chaired by the County Manager for OT

• Other Panel members include the County Manager and Principal Occupational Therapist for

Disabled Children’s Services and a District Council Representative.

• Your Occupational Therapist will attend to give the details of your case and offer support where necessary

**Eligibility**

• Cases presented to the Panel will have been discussed at the Area Management Meeting and will have obtained support to proceed to Panel

• The proposed adaptation should be the most modest solutions which will meet your needs now and in the longer term

**Panel Submissions**

The Occupational Therapist for your case will have submitted details of your case to the panel prior to the meeting to ensure all Panel members are familiar with the case. This will include plans, estimates and a summary of the situation.

If you decide to attend the Panel, it will be your opportunity to explain your personal situation.

**Outcome of the Panel**

Decisions regarding your case will not necessarily be made at the Panel meeting. You will be advised of the outcome in writing by the Chair of the Panel.

**HAP 5**

|  |  |  |
| --- | --- | --- |
| **Service User** | **OT** | **Other Attendees** |
|  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agenda**  **Kent County Council**  **COUNTY HOUSING ADAPTATIONS PANEL** | | | | | | |  |  |
| **Date:** | |  | | | **Time:** |  | |
| **Venue:** | |  | | | | | |
|  | | | | | | | |
| **Invited** | | | | **Title** | | | |
|  | | | |  | | | |
|  | | | |  | | | |
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|  | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
|  | **Time** | | **Item** | | | | |  |
| **1.** | **09:00am** | | **Panel Convene** | | | | |  |
| **2.** | **9:15am** | | **County HAP Case Discussion** | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | | | |
| **3.** | **10:15am** | **Case Discussions** | | | | |
| **4.** | **10:40am** | **County HAP Presentation** | | | | |
|  | **Service User** | **OT** | **Other Attendees** |  |
|  |  |  |
| **5.** | **11:00am** |  | | | | |
| **6.** | **12:00pm** |  | | | | |
| **Time/Date/Location of Next Meeting:** | | | | | | |

**\*\*\*\*Example/Standard letter of Invitation to Service User\*\*\*\* (Area Office Address)**

**Fax**

**Tel**

**Ask for You Ref Our Ref**

***[Service user Name] [Address 1] [Address 2] [Address 3] [Address 4] [Address 5]***

Dear ***[Service User Name],***

**County Housing Adaptations Panel – *[Panel date]***

I have booked a time for your case to be discussed at the Occupational Therapy County Housing

Adaptations Panel on ***[day/month/year]*** at ***[time], [venue]*.**

I have attached some information about the panel which explains its purpose and who will be there, and also a map/parking details.

If you are unable to attend on this date, would you let me know as soon as possible so that we can change the date or agree that I represent you.

If you have any queries, please contact me on the above number. Yours sincerely,

***[OT Name] [Title]***

***Cc: Business Delivery Unit - Senior Admin Office***

***\*all details to be amended are in bold and contained within [ ]***

**OCCUPATIONAL THERAPY COUNTY HOUSING ADAPTATIONS PANEL**

**RECORD**

**Date of Panel Meeting ……………………………………………………………………….**

**Name of Service User ……………………………………………………………………….. Attended/Represented at Panel Yes No**

**Name of OT ……………………………………………………………………………………**

|  |  |  |
| --- | --- | --- |
| **Name of Panel Members** | **Organisation** | **Signature** |
| ………………………………  ………………………………  ………………………………  ………………………………  ………………………………  ……………………………… | ……………………………  ……………………………  ……………………………  ……………………………  ……………………………  …………………………… | ……………………………  ……………………………  ……………………………  ……………………………  ……………………………  …………………………… |

**Panel Discussion**

……………………………………………………………………………………………………...

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

**Action Required Actioned By**

………………………………………………………………………………. ………………

………………………………………………………………………………. ………………

………………………………………………………………………………. ………………

**Funding - Agreed Amount**

**Not Agreed**

£………………………….

**Signed** …………………………………………………….. **Date** ………………………

**[Chair of panel]**

**HAP 8**

**KCC Social Care and Health - Home Support Fund Application**

|  |  |
| --- | --- |
| CLIENT NAME: | ID no/MOSAIC ID No. |
| ADDRESS: | D.O.B |
| Worker’s name | Date: |

PROPOSED ADAPTATION:

FINAL FIGURES ESTIMATED FOLLOWING FIGURES DFG APPROVAL

|  |  |  |
| --- | --- | --- |
| TOTAL COST OF WORKS |  |  |
| CLIENTS ASSESSED CONTRIBUTION |  |  |
| DFG EXPECTED (minus client contribution) |  |  |
| CLIENTS AGREED CONTRIBUTION |  |  |
| HOUSING ADAPTATIONS GRANT (up to £1000) |  |  |
| HOUSING ADAPTATIONS LOAN towards  client contribution |  |  |
| HOUSING ADAPTATIONS TOP UP for works over £30k |  |  |

PREDICTED DATE OF GRANT APPROVAL ………………………………………... PREDICTED DATE OF COMPLETION/PAYMENT …………………………………. **APPROVED: DATE:**

|  |  |
| --- | --- |
| Senior Practitioner OT |  |
| HOUSING ADAPTATIONS PANEL |  |

**Probably need here guidance when applying the legal charge**

**Process to follow**

**SECTION**

**THREE**

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**3 Lifts**

This policy sets the standards for procurement, installation and maintenance of mechanical lifts within the homes of service users. [Click here for KNet template link](http://knet/directorate/SCHW-documents/Pages/default.aspx)

NB See Service User Advice Note No. 18 Lift Installation and [Click here for KNet template link](http://knet/directorate/SCHW-documents/Pages/default.aspx)

**3.1 Policy**

**Owner Occupiers/Housing Association Tenants**

Lifts should be obtained following the recommendations of an OT on behalf of the service user and through a Disabled Facilities Grant (DFG). Home Support Fund Policy to be applied as necessary and approval of the Housing Adaptations Panel.

In some circumstances a DFG application may be inappropriate and therefore unsuccessful e.g.

− Where a lift is necessary because of a rapidly deteriorating disease indicating a poor prognosis.

− Where a lift is necessary to facilitate discharge from hospital whilst larger, more complex adaptations are undertaken

− To resolve short term housing difficulties

Please note: most councils have amended their housing policies recently and are able to accommodate an emergency lift provision where required and approved by the occupational therapist. If not then defer to the HSF for consideration via the panel.

**Council Owned Property**

For service users in local council owned property the recommendations are made to that council for funding from their own adaptations budget.

**End of Life Care**

Funding is available through the normal DFG route as councils have enhanced better care fund DFG money to fund essential adaptations or the family can be encouraged to rent a stair lift providing the medical information supports the prognosis of between 6 months and 1 year. If the local council decline the recommendation then forward the clinical reasoning and request to the Principal Occupational Therapist to the [EquipmentAuthorisations@kent.gov.uk](mailto:EquipmentAuthorisations@kent.gov.uk) mail box for consideration

**3.2 Assessment**

All relevant information, including medical detail should be obtained and discussed with the service user prior to reaching a decision to install a lift. The service user and/or carer must be placed at the centre of the decision making process leading up to the final recommendation of a lift. The assessment **MUST** take place in the service user’s home environment and in some circumstances it may be prudent to arrange for the service user to trial a lift as part of the decision making process.

The assessor must ensure that the assessment of need takes into account any longer term conditions/issues so that the service user can make an informed decision regarding the most appropriate lift and its ongoing maintenance and insurance arrangements.

The Occupational therapist should undertake a joint visit with a lift company representative (of the user’s choosing) to conduct a feasibility study and complete the appropriate ***OT Lift Recommendations Checklist***  [Click here for KNet template link](http://knet/directorate/SCHW-documents/Pages/default.aspx).

A discussion should take place at this stage regarding likely costs and options for maintaining the lift and the ***OT Service User Advice Note 18- Ownership and Maintenance of Lift Following Installation***  Lift Installation should be provided to the service user. It is good practice that an additional copy is signed by OT and service user at this stage and a copy retained on the service user’s file. The representative should provide the service user with a brochure of the product.

The Occupational Therapist should then send a copy of the **OT Lift Recommendations Checklist with the original quote** to the service user; with copies also to the District/Borough Council and any agency acting on behalf of the service user. It is then the responsibility of the **service user or agent** to obtain the second quotation, using the OT’s Lift Recommendations and submit to the relevant Council.

**3.3 Installation standards**

The agent managing the lift installation on the service user’s behalf should ensure that all the necessary standards are met;

• Relevant manufacturing and safety standards

• Installation standards e.g. electrical/wiring regulations

• Environmental Health and Safety standards e.g. The stair lift should fold away to allow easy access to the staircase for other people as well as maintaining maximum, clear width on the stairs for them to use.

**3.4 Telephones in Vertical Lifts**

Installation of telephones in lifts will only be included for DFG funding in exceptional circumstances. In most instances the service user’s existing portable land line or mobile phone will suffice. Where the practitioner feels an exception should be considered this should be discussed with the Senior Practitioner OT. If agreed;

• The installation cost of the telephone would need to be included in the DFG.

• KCC will **not** fund the connections to a telephone line. This would need to be arranged and funded by the service user and/or a charity.

• All line rental and call charges are the responsibility of the service user.

**3.5 Electricity supply to a lift**

• Where key meters are used, discuss the additional care needed to be taken by the service user, once the lift is installed. NB this is not recommended as a good long term solution

• As the majority of new installations are hydraulic or battery operated, in the event of a power cut, the user can reach the ground floor.

• With hydraulic lifts the emergency lower button is depressed and the lift moves safely to the ground floor.

• With battery operated lifts, the lift will continue its passage and can be used once or twice during the power cut but no more. If the service user continues to use the lift, the power will eventually run out, and the lift will stay at the point that the failures occurs. From there, the service user will need to leave the lift or be wound down manually by someone else e.g. carer.

• Once power is restored then mains lifts will commence working but battery- operated lifts will need time to fully charge prior to using

• Ensure service user keeps any lift instructions booklet provided by the manufacturer to hand.

• Ensure service user knows how to instruct others on winding down the stair lift in the event of a power failure.

• To ensure only the service user operates the lift, (particularly if there are young children in the household); a key operated lockable isolation switch should be specified, if not fitted as standard. Check it is accessible to the service user.

**3.6 Maintenance**

• Any lifts owned by KCC and installed prior to 1989 may be maintained by KCC and placed on the County Council’s Lift Maintenance Scheme.

• In order to comply with British Standards and good practice, the maintenance arrangements should consist of:

− An annual service visit for all stair lifts

− Two service visits per annum for all other lifts

− Replacement parts and labour agreement with Kier and free up to the cost of £750

− Two independent insurance inspections per annum

− 24 hour break-down cover.

− Removal of Lifts would be an additional cost.

• It is the practice of some local councils to include warranty and maintenance for a five year period within in the grant, after which, the service user is responsible for funding their own lift’s maintenance. Therefore this should be included in the OT’s recommendation where appropriate.

• In those local councils where this is not applicable, service users are responsible for their own maintenance, once the warranty period expires.

• It is important to ensure service users are aware of their responsibility in relation to lift maintenance before the installation so that they can make an informed choice and are aware of the finance involved, should they choose to have a lift installed

• It is essential to give service users a copy of the **Service User Advice Note 18: Ownership and Maintenance of Lift Following Installation**. Located [Click here for KNet template link](http://knet/directorate/SCHW-documents/Pages/default.aspx) also copy in Section 8 in this document Lift Installation.

**3.7 MAINTENANCE ARRANGEMENTS (SUMMARY)**

|  |  |  |
| --- | --- | --- |
| **Lifts Installed**  **Prior to 1989** | **Lifts Installed**  **Between 1989 – 1998** | **Lifts Installed**  **after 1998** |
| • Lift fully funded by KCC  • Lift owned by KCC  • Lift maintained by KCC  • Inspected x 2 annually by KCC  insurers  • Removed at KCC’s expense | • Lift funded by DFG  • Possible top up from HSF  • Lift owned by service user  • Lift maintained by KCC  • Inspected x 2 annually by KCC  insurers  • Removed at service user’s expense | • Lift funded by DFG  • Possible top up from HSF  • Lift owned by service user  • NO lift maintenance by KCC  • NO insurance inspection by KCC  insurers  • Removed at service user’s expense |

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**3.8 Insurance**

• All lifts that are installed, owned and maintained by Kent County Council are covered under the Council’s all risks damage policy.

• The County Council’s legal liability arising out of the installation and use of lifts is covered by the Council’s combined liability policy.

• In addition, all lifts are included on the Engineering Insurance Policy schedule with whose engineers carry out bi-annual inspections and reports.

• Service users are encouraged to inform their Household Insurers that they have had a lift installed.

• A lift provided under a DFG is the property of the service user and is therefore not covered under the County Council’s block all risks damage policy, nor will the use of them be covered by the Council’s combined liability policy. Service users are responsible for making their own arrangements in this regard.

**3.9 Inspection**

• All lifts owned by KCC and those previously installed under Kent Scheme will be inspected bi-annually by the current KCC insurers.

• If the engineer has any concerns about the lift installation he will liaise with the responsible office within the Locality. The matter will be discussed with the appropriate worker and a decision taken on what action is necessary and by whom. If the case is closed the Senior Practitioner OT should be involved in the process.

• It is essential that any issues that are identified are followed through to a satisfactory conclusion. This will be monitored by the community independent living services manager through a contract who will liaise with the appropriate OT team as required.

**3.10 Inspection Report**

Lift Inspection Reports are formal documents required by legislation which provide regular information on the safe, operational and technical conditions of a lift unit. They also monitor the performance and quality of the lift maintenance contractor’s work on maintained lifts.

A report is structured and gives:

• The name and address where the lift is installed

• The lift type and, where known, the installation date.

• Comments regarding the operational functions and any defects apparent on the lift unit. These items/ comments are all referable to the lift maintenance contractor for action/repair/replacement within the contract. In the case of certain items, e.g. Rope replacement, the report will specify a time period for compliance. There may

be exceptions to this, e.g. In the case of a comment on the repair of timber doors or trap doors etc.; which are not part of the lift unit (therefore not part of the contract) and action may need to be taken.

• As these reports are acted upon by the county independent living manager a r who co-ordinates County Lifts, close liaison with the Senior Practitioner OT is essential, particularly if there are funding implications.

**3.11 Inspector’s recommendations**

• All items indicated under this heading should be very carefully considered. Whilst possibly not a “mandatory requirement” the recommendations are, fundamentally, aspects of safety for compliance with various legislative requirements (e.g. Electricity at Work Regulations, IEE Regulations etc.)

**3.12 Removal**

Only lifts owned and/or maintained by Kent County Council with an installation date prior to

1989 are eligible for removal by KCC.

• Once information has been received by the worker that a lift owned by KCC is no longer required, a Lift Removal Letter (LM3) should be sent to nominated contacts at KIER who currently manage the Lift Maintenance Contract on behalf of Kent county Council) and KCC’s insurance section for any lift removal. A copy should also be sent to the BDU who co-ordinates the County Lifts and placed on the service user’s file.

• “Making good” after the lift is removed is usually minimal:

- the fused spur is usually converted to a 13 amp switched socket outlet.

- small holes where attendant controls were fitted are filled.

- In the case of a vertical lift the aperture area is reinstated. “Making good” is carried out in that area only**.**

**3.13 Party Wall**

Generally a “party wall” is the wall that is a shared by adjoining houses. In these instances the Party Wall Act should be referred to and guidance followed. A discussion should be had between service user, agent, lift representative and grants officer regarding any potential issues. A copy of this booklet can be sent to the service user.

• DTLR Booklet – The Party Wall etc., Act 1996 reprinted February 2002***.*** [***https://www.gov.uk/party-wall-etc-act-1996-guidance***](https://www.gov.uk/party-wall-etc-act-1996-guidance)

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**SECTION**

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**4 Minor Adaptations**

**4.1 Definition**

Minor adaptations are small alterations to the home environment to enable independence and maximize safety.

Examples of minor adaptations are:

• Grab rails / Bannister rails

• Temporary ramps

• Raising of furniture

**4.2 Policy**

4.2.1 Following assessment, minor adaptations may be recommended by a suitably trained worker, as a means of meeting their needs.

4.2.2 The Directorate’s policy is to support cost-effective adaptations to meet these needs. This applies equally to adaptations funded by the Local Authority (LA) and Housing Association (HA).

4.2.3 Minor adaptations funded by SC are provided through the County Technician Service but a service user can arrange for the necessary work to be carried out by their own

contractor via Direct Payments, if they so wish. Link to Direct Payment policy [here](http://knet/directorate/SCHW-documents/Documents/Direct%20payments%20policy%20and%20guidance.pdf)

**4.3 Procedures**

Procedures will vary in accordance with the tenure of the property. As a general rule, the means by which the identified minor adaptation is to be funded must be addressed from the outset, as this will determine the appropriate procedure.

Where the minor adaptation is to be funded by SC, the work will be carried out by either the County Technician Service or an approved contractor. Staff must be impartial about the involvement of contractors.

Minor adaptations can only be requested by completing a County Technician Service referral form (CTS57). This can be found online through KNet, [here –](http://knet/directorate/Pages/fsc-policies-cts.aspx) or the internet and is completed via a secure, encrypted connection.

On completion of the work, it is the responsibility of the service user to notify the referring officer if they have any concerns with regard to the adaptations provided.

**4.3.1. Owner Occupier**

Once the worker has reached a decision on the provision of minor adaptations, a CTS57 referral is completed.

For items not in the NRS /County Technician Service catalogue, practitioners should follow this procedure:

• check with the Senior Technician whether they have a suitable item in stock;

• order as a special stock item through Nottingham Rehab Services IRIS website in consultation with the Senior Technician beforehand and

• complete a separate requisition for Technician to install.

**4.3.2. Privately Rented Property**

The same procedures apply for private tenants as for people who are owner-occupiers except for the need to obtain landlord’s permission.

This must be obtained in writing and placed on file, before an adaptation can proceed. There is a standard letter to request permission (KNet)

Stair rails (except if fitted with Norwood Stanchions), grab rails, galvanised rails, shower seats and temporary wooden ramps / steps are not removed by the County Technician Service when no longer required by the service user. This is stated in the landlord permission letter.

**4.3.3 Local Authority Housing**

The County Technician Service do not provide any fixed adaptations in such properties, this is the responsibility of the relevant Authority.

Following assessment, recommendations for any fixed minor adaptation(s) should be made to the relevant District Council

Details including measurements will be required to ensure that the adaptations are carried out to the workers’ recommendations and that they meet the service user’s identified needs.

Work will usually be carried out either by the local council or by one of their approved contractors.

**4.3.4. Housing Association Property**

As with Local Authority housing, recommendations are made to the relevant Housing

Association following the decision about any fixed minor adaptation(s) that is required.

Details, including measurements are required to ensure that the adaptations are carried out to the workers’ recommendations to meet the service users’ identified needs.

**4.4. Wooden Ramps**

Please Note: Wooden ramps (are not supplied except in exceptional circumstances, your technician will advise against them now) they were only ever a temporary solution; they have a limited lifespan depending on environmental factors and usage.

**Criteria for Provision of Wooden Ramps**:

Full individual assessment will determine the location for a ramp and whether there are 1 or 2 required to cover 1 or more access points to the home, usually preference is made to ramping the entrance used most by the disabled resident.

4.4.1 Temporary wooden ramps are provided for permanent wheelchairs users only. They are not for mobility scooters or for use with walking aids (half steps should be considered for this need). For occasional wheelchair use, practitioners should consider the use of portable ramps which are available from the stores.

4.4.2 Following assessment by a suitably trained worker, wooden ramps can be recommended.

They are not suitable for all situations and will only be provided once due consideration is taken of all the safety aspects. This may include a formal risk assessment.

4.4.3 When appropriate, a permanent solution must be sought via a DFG (Disabled Facilities Grant) or private provision for the eventual replacement of the temporary wooden ramping. The County Technician Service is unable to keep replacing wooden ramps once they have come to the end of their serviceable life.

4.4.4 Normally, ramps can be provided, with the addition of a level platform at the top, to facilitate turning. Please contact the County Technician Service for advice if you are considering a ramp in excess of 3.6 metres.

4.4.5 The gradient should be 1:20 for self-propelling wheelchair users and for attendant chair users this can be between 1:12 and 1:15. However, for those carers who have mobility problems or where the wheelchair user is heavy, a minimum 1:15 is always advised. Amputees and double amputees will need a gradient of 1:15 to help maintain their balance whilst using the ramp. Up stands will be fitted on all exposed edges in order to reduce the risk of rolling off the side of ramps.

4.4.6 Ramps must be placed on a solid flat base. In some circumstances key clamp handrails may be incorporated into the ramp recommendations.

**4.4.7 Responsibilities and Maintenance**

**If an existing wooden ramp now requires replacing a recommendation must be made for a metal portable ramp instead in line with current practise.**

The service user or carer is responsible for notifying social care services when they feel that maintenance or repair is needed. If the ramp was provided via a Direct Payment, which included funding of maintenance and repairs, the service user or carer is responsible for arranging these themselves.

**4.4.8 Removal of Ramps**

**Removal & Disposal**

The County Technician Service are unable to arrange for the removal and disposal of wooden ramps or steps once they are no longer needed or have come to the end of their serviceable

life. It is the responsibility of the service user, carer or a family member to dispose of it appropriately (Some Local Councils have collection services for household items).

**4.4.9 Manufacturers Temporary Wooden Ramps & Steps Information, Advice & Safety**

**Guidance Sheet- See Advice Notes.**

**4.5. Galvanised Rails -Criteria for Provision of Galvanised Rails**

4.5.1 Galvanised rails can be considered to enable the service user to access the public highway. They are provided normally at one access only and are not normally provided along length of pathways or sloped areas.

4.5.2 Galvanised rails are considered where:

• the service user is unsafe on steps but is able to walk;

• the service user needs support to be independent in gaining access to and from

their home;

• the service user has sufficient grip to use a rail;

• more than one step is involved and therefore a grab rail is insufficient and

• a galvanised rail is provided at one side of the stepped access unless the service user has a condition that impairs function on one side of body, e.g., stroke /

amputee and would therefore require rails on both sides.

**4.6 Half Steps - Guidelines for the Provision of Half Steps**

The first option would be for a wooden or a plastic step. A single concrete half step can be provided by County Technician Service. The surface will be left brushed or tamped as standard (Senior Technicians will decide if concrete is appropriate).

If multiple steps are required, the completed CTS57 form would be passed to the Senior

Technician.

Any queries or concerns regarding the above should be discussed in the first instance, with the

Senior Technician to avoid any delay or misunderstanding.

**4.7. Door Entry Systems - Guidelines for the Provision of Door Entry Systems**

Should be installed using a Disabled Facilities Grant

These are provided primarily for full-time wheelchair users and where a key safe is inappropriate.

4.7.1 Criteria for Provision. requires individual risk assessment

The service user:

• lives alone or is frequently left alone for long periods and is unable to access the front door in a timely manner;

• needs physical assistance getting out of bed/chair to reach door;

• needs to transfer from chair to wheelchair to reach door and

• have frequent callers who provide essential service e.g. nurses, carers.

Any other limiting circumstances must be discussed with supervisor before a decision is taken.

4.7.2 Additional Criteria for Provision of Door Intercom.

• Key-safe is not appropriate;

• service user needs independence in admitting a variety of callers;

• service user’s hearing, understanding and physical dexterity are sufficient to use the

system safely and

• necessity and appropriateness of door intercom with door release should be agreed in supervision.

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**SECTION**

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**5 Parking, vehicle access and transport**

**5.1 Disabled Parking Bays, Dropped Kerbs, Crossovers and Hard-Standings**

5.1.1 Definition

A Disabled Parking Bay is a marked area on the highway with DISABLED painted within it, outside a service user’s home. These are introduced on a traffic management order (Road Traffic Regulation Act 1984) using regulated signs and road markings (Traffic Sign Regulations and General Directions 1981).

A crossover and hard standing is a dropped kerb, pavement crossover and a hard standing for a car which may be in the service user’s front garden.

5.1.2 Eligibility Guidelines

The site:

• The service user’s home should be without off street parking space or an existing garage facility adjacent to the property.

Or:

• Parking stress in the area must be so severe that parking in reasonable proximity to the home address is unavailable most of the time on most days.

And

• The property must be the service user’s only/main permanent address. The service user:

The service user should hold a current Blue Badge [https://www.gov.uk/government/publications/the-blue-badge-scheme-local-authority- guidance-england](https://www.gov.uk/government/publications/the-blue-badge-scheme-local-authority-guidance-england) **and** fulfil at least one of the following criteria

• Be in receipt of the appropriate benefits

• Be in receipt of a war pension’s supplement.

• Have the use of a vehicle supplied by a government department. Or:

• Be only able to walk or propel a wheelchair for short distances outside the home due to a permanent and substantial disability. (Note: the blue badge guidance may assist in this consideration: does the service user walk with great difficulty, at an extremely slow pace or with excessive pain).

Or

• Where the disabled person is a passenger, the driver of the vehicle is unable to park in the road to let the passenger out or, is unable to push a wheelchair from the nearest available parking area.

**Note:**

• It is reasonable to expect an able bodied driver to double park for the purpose of assisting a disabled passenger out of the vehicle.

• A disabled passenger would not normally be considered eligible. Exceptions might be a disabled passenger who requires constant attention or a driver of advanced age or they too are disabled.

5.1.3 Funding

Disabled Parking Bays: funded via the highways Department of the local council.

5.1.4 Crossovers and Hard standings

• Owner occupiers – via DFG funding

• Privately rented – via DFG funding

• Local authority – via LA housing budget

• Housing Association – via HA budget or DFG funding depending on local arrangements.

**SECTION SIX**

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**6 Equipment Provision**

Equipment provision is identified following functional assessment either at the service user’s home or during a clinic assessment and is based upon assessed eligible needs. Standard catalogue stock may be sought during a fast track assessment at initial referral stage or by

a trained Trusted Assessor.

Consider what the service user should provide as suitable/ usual furniture provision for their own home at the outset i.e. riser chair if they require it/suitable bed. It is not the responsibility of the council to furnish everyone’s homes

Consider joint funding wherever appropriate if both social and health needs are indicated

Problem solving needs to be clearly documented providing evidence of clinical reasoning to support equipment recommendations. In addition the most modest of solutions needs to be promoted and recorded. Equipment trials should be carried where necessary to facilitate the assessment process, to involve and educate the service users and their carers.

On occasions the service users requests over and above what is deemed essential to meet their need. In this case a direct payment ([KNet Link here)](http://knet/directorate/SCHW-documents/Documents/Direct%20payments%20policy%20and%20guidance.pdf) could be offered or the service user may choose to privately purchase in either case advice is paramount to enable our service users to make an informed choice and this can be facilitated with service user’s advice notes (SUAN).

Additional information regarding assessment processes may be found in the document “A guide to Functional Assessment and The Provision of Equipment & Minor adaptations- Community Equipment Assessors Training manual”. K:\ST HR Training Resources\CEA

For guidance on the provision of equipment in residential care homes for older people see “Provision of Community Equipment in Care Homes for older people”, Annex B: Equipment in Care Homes Protocol on [Knet Link here.](http://knet/directorate/SCHW-documents/Documents/Equipment%20in%20Care%20Homes%20Protocol%20for%20Older%20Persons%20Care%20Homes.pdf)

**6.1 Seating –minor equipment (e.g. high- density foam cushions) Eligibility criteria:**

Chair transfer equipment can be provided when a service user is unable to get in and out of

a chair safely with assistance or independently. NB Please consider the service users’ transfer technique before providing equipment and consider if rehabilitation or enablement may be required.

**6.1.2 Seating-major specialist equipment (riser chairs, tilt in space chairs, bespoke postural seating)**

**Eligibility criteria:**

Refer to riser recliner chair eligibility criteria

**POLICY FOR THE PROVISION OF ELECTRIC RISER CHAIRS FUNDED BY ADULT SOCIAL CARE**

1. Alternative equipment such as chair raisers or additional cushions should have been tried and found not to be appropriate

2. Client should be invited to purchase/provide their own chair with assessor’s

recommendations

3. A service user should be able to walk one or two steps or more unaided once in a standing position and it is clear the provision will enhance independence/ mobility/ability to do other activities in the home

4. A riser chair will not be provided where a service user’s chair is not suitable for raising e.g. worn or with unsuitable feet. The service user should purchase their own upright chair with advice from the OT and it will be raised as required.

5. A riser chair will not be provided where the service user is able to stand unaided and the main requirement is for raising the legs to reduce oedema

6. A riser chair will not be provided for sleeping purposes. There is a high risk of drop foot with extended use as the heels are not supported and the chair will not recline fully or raise the legs fully. Riser chairs are not intended by the manufactures for this purpose. The assessor must explore bed transfers and alternative access to a proper bed

7. A riser chair will not be provided where the service user is hoisted /unable to weight bear or take one or two steps once standing except in exceptional circumstances, ie advanced conditions/ end of life to relieve pressure and provide more comfort and create ability to feed self/ breath better etc

8. A riser chair will not be provided where there is a need to increase comfort and provide pain relief only, this might be a JSFE provision/funding arrangement if prescribed by health

9. A range of pressure relieving cushions are available on the catalogue which can be used with a variety of chairs. A box inset Prima-Gel cushion for a riser chair will be provided but it should be noted that this does not give sufficient relief for a service user with high risk pressure areas. An inset Airflo cushion can be provided, but prescriber must consider who is responsible ongoing to check the pressure level and re set it etc if it fails….

Note-

Individual cases should always be discussed with the Senior Practitioner as there will always be exceptions to the rule- particularly where a service user is terminally ill.

**A clinical reasoning form should be completed for all recommendations**

Ensure that the room is large enough to accommodate the chair, there is a plug socket available close by, there is access to a phone should the chair break down, and the risk of entrapment with small children/pets has been considered and recorded.

**6.2 Bed Transfers-minor equipment (e.g. bed levers, stirrup loop leg lifters) Eligibility criteria:**

Bed transfer equipment is provided when a service user is unable to get in and out of the bed safely either with assistance or independently. If a bed lever is being considered it is mandatory to carry out a risk assessment (MHRA 2006) [KNet link here to templates](http://knet/directorate/SCHW-documents/Pages/default.aspx)

**6.2.1 Bed Transfers-major maintained equipment (e.g. bed leg lifters, pillow lifters, and mattress variators)**

**Eligibility criteria:**

This equipment is provided as a cost effective alternative to the provision of a profiling bed.

NB Profiling beds should only be requested by an adult social care OT when they have active involvement in a case and a pressure relief mattress is not required. If an assessment is required for pressure relief, the District Nurse or TVN should be contacted to arrange for the provision of the bed and the mattress.

If a case is open to case management but not OT then the request for a bed should go through to the District Nurse.

**6.3 Bathing and showering -Minor equipment (e.g. bath boards, seats, swivel bathers, free standing and mobile shower chairs and stools)**

**Eligibility criteria for adult social care provision:**

Bathing/showering equipment is provided when a service user no longer has the ability to maintain their personal hygiene safely and independently. Strip washing may be

safe and appropriate and preferred by some service users.

**6.3.2 Bathing and showering -Major maintained equipment (e.g. bath lifts) Eligibility criteria for adult social care provision:**

This equipment is provided when standard bathing equipment is unsuitable and unsafe in use.

**6.4 Toilet transfers and personal care -Minor equipment (e.g. raised toilet seats, toilet frames, commodes)**

**Eligibility criteria for adult social care provision:**

Toilet equipment is provided when a service user is unable to get on and off the toilet safely with assistance or independently.

**6.4.2 Toilet transfers and personal care -Major equipment (e.g. Solo, Bio bidet, closo-mat special bariatric equipment, supporting equipment) A DFG should be utilised where possible to fund these installations**

**Eligibility criteria for adult social care provision:**

Toilet equipment is provided when a service user is unable to get on and off or use the toilet safely with assistance or independently. This may include the need for a short- term solution to address personal hygiene issues whilst waiting for a DFG provision or where the service user is terminally ill.

**6.5 Kitchen equipment -Minor equipment (e.g. perching stools, trolleys, Buckingham caddy’s, tap turners)**

**Eligibility criteria:**

Kitchen equipment is provided to enable the service user to safely and independently perform essential activities involved in the preparation and consumption of hot drinks and essential food.

OTs will give advice and information on retailers of smaller kitchen gadgets and utensils but these will not be provided (see SUAN 1 in KNet).

A trolley should not be used as a walking aid but only as a means of transporting food and drinks from one room to another. If a service user needs a Buckingham caddy then a risk assessment should be carried out. K:\ST HR Training Resources\CEA

**6.5.2 Kitchen equipment -Major equipment (e.g. Neater Eaters, hands free drinking aids)**

**Eligibility criteria:**

Equipment can be recommended to enable a service user with more profound disability to eat and drink independently. Please note a request for such items must go through the Joint Funded Specialist Equipment panel for a decision for funding.

Refer to [equipmentauthorisations@kent.gov.uk](mailto:equipmentauthorisations@kent.gov.uk) for consideration.

**6.6 Access equipment -Minor equipment (e.g. 2m or 3m telescopic ramps) Eligibility criteria:**

Portable ramps can be provided for safe wheelchair access from and into the service

users’ home as a temporary solution with a referral to the DFG provision of a permanent ramp where possible

**6.6.1 Access equipment -Major equipment (e.g. suitcase ramps, bespoke ramping)**

**Eligibility criteria:**

Special ramping –- can be provided where there is an urgent need for wheelchair access from and into the service users home and telescopic ramps are not a suitable alternative. Special ramping should be a short-term solution whilst other more permanent solutions are investigated. A good range of metal ramps are available on the IRIS catalogue

**6.7 Authorisation/ Ordering of Equipment**

**6.7.1 Standard Catalogue Stock**

Your spend limit and clinical authorisation against specific items in the catalogue will determine whether you need to have an order authorised or not.

The following spend limits have been put in place:

|  |  |  |  |
| --- | --- | --- | --- |
| Job Group | Max Spend Order  Value | Max Spend Item  Value | Max Spend Item  Value For New  Special Orders |
| Trusted Assessor | £500 | £250 | £0 |
| County Technician  Service Assessor | £500 | £250 | £0 |
| OT Assessment  Officer | £1000 | £250 | £0 |
| Occupational  Therapist | £5000 | £250 | £0 |
| Senior Practitioner  OT | £1000 | £1000 | £500 |
| Operational managers and Principal OT | £99,999 | £99,999 | £99,999 |

This means that automatic authorisation requirements will be generated on iRIS for orders where:

• the total basket value exceeds the maximum spend or

• any individual item exceeds the maximum spend or

• in the case of special orders:

o Trusted Assessors, OT Assessment Officers, Occupational Therapists can place special orders but will need all to be authorised

o Senior Practitioners can place special orders up to the value of £500 without needing to be authorised

The order should be placed within one working day of assessment. All related fitting and risk assessments to be completed as required e.g. bed leavers and must be uploaded as an attachment.

For special orders, a clinical reasoning form must be uploaded as an attachment. For non stock equipment please first check the “Adult Specials” recycled section of the online catalogue to see if there is already something in stock before ordering something new.

Please refer to the NRS Healthcare iRIS4 User Guide for further ordering instructions.

•

• For queries re availability/suitability of equipment please discuss with your supervisor or then the clinical team at NRS.

• . Please speak to the local customer service team at the NRS Service Centre

(01622 235300).

**6.7.2 Joint Funded Special Equipment**

Any service user in receipt of Continuing Health Care funding will have their equipment funded by Health CCG’s, but still require clinical reasoning

For other service users, if your assessment identifies both health and social care needs, these should be clearly documented on the clinical reasoning form so that the Operational managers OT can take the case to the Equipment Panel for potential funding through JFSE (Joint Funded Specialist Equipment)

The clinical reasoning form should be agreed in supervision and be signed by the supervisor and Senior Practitioner.

The order if approved by the JSFE will be placed by the BDU at HQ on your behalf

**SECTION**

**SEVEN**

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7 **Moving and Handling**

**7.1 Policy**

To meet its statutory obligations and with the aim of reducing the likelihood of incidence of injury amongst its employees resulting from moving and handling operations, the Kent County Council Adult Social Care and Health Directorate has prepared the Moving and Handling and Code of Practice Policy version 4 which is available through the following KNet link [here](http://knet/directorate/SCHW-documents/Documents/Moving%20and%20handling%20policy.docx)

This policy addresses moving and handling operations across Adult Social Care and Health and includes the moving and handling of adults and inanimate loads. Moving and handling operations must only be carried out following an individual risk assessment (risk assessment and M&H tool available in policy- follow link to knet) in line with legislation, and refers to all moving and handling activities including standing hoists, mobile and ceiling track fixed hoists and all other associated M&H equipment.

**7.2 Lifting Cushions**

This equipment will only be provided for those who are frequent fallers and are unable to independently get back onto their feet without any added risk. This is not a preventative piece of equipment, we must evidence that this person is a frequent faller and that carers or Ambulance personnel are unable to assist them into standing without equipment. Some mobile hoists can pick up from the floor but if space is limited then the Elk/Camel is more appropriate.

A falls assessment should be completed – Falls Tool 2 and a referral on to falls clinics in order to determine any underlying causes that can be remedied prior to the provision of equipment. A referral to postural stability classes may be helpful following this intervention.

It is important that the service user has a trial of the lifting cushion (i.e. camel or elk) to ascertain whether or not they and their carers can use it appropriately and safely.

Consideration must be given to the progression of a person’s disease and whether this is an appropriate time to look at alternative options – e.g. wheelchair use or hoisting.

**7.3 Ceiling Tracks**

OT must carry out full holistic assessment to ensure that service user is unable to fully weight bear **(person, environment, task, risks).**

OT must first consider the use of a mobile hoist given that this is normally a quicker and simpler process and generally more cost effective.

Ceiling Track Hoist (CTH) must only be provided if a mobile hoist is inappropriate due to flooring, clutter, property layout, single carer, service user at risk in mobile hoists etc.

CTH should be recommended where single informal carers are also involved as well as external carers, where there is inappropriate flooring for a mobile hoist and insufficient space for carers to manoeuvre the hoist with service user safely.

OT must ensure that the sling provided for the CTH must be compatible and fully meet the service user’s overall needs i.e. look at head support, added trunk support and if the service user will need extra padding due to skin integrity or tolerance. The weight and behaviour of the service user must also be taken into consideration. All hoists and slings on the standard stock list on iRIS are compatible. ***NB: Service users with challenging behaviour, dementia may have added risk factors.***

IT is advisable to issue all Sus with 2 slings to allow for laundry.

OT must carry out a check visit with care agency and risk assessor if appropriate once CTH is installed, to ensure that service user and carer’s are able to use appropriately. OT must hoist the service user or observe the service user being hoisted to ensure there are no problems with the sling and that correct positioning is maintained throughout.

OT is responsible for training the informal carer in the safe use of the equipment where prescribed and informal carer wishes and is capable of carrying out this task (risk assessment required ref M&H policy).

Service User Guidance and Adaptations and Costs – Kent Adult Social Care

**SECTION EIGHT**

[Click here for up to date S UAN’ s o n KNet](http://knet/directorate/SCHW-documents/Pages/SC-templates.aspx)

**List of Service Users Advice Notes available**

1. Additional Information on Equipment

2. Bathing

3. Safe use of a bath board and seat

4. Choosing a bath lift

5. Thermostatically controlled shower units

6. Installing a flush floor system shower

7. Raising beds & chairs

8. Choosing a suitable chair

9. Rails

10. Galvanised rails

11. Half steps

12. Wooden ramps provided by the County Technician

13. Choosing a ramp and planning a concrete or wooden ramp

14. Door Release with Intercom

15. Valued Added Tax

*16. Removed*

17. Adaptation and cost

18. Lift Installation

19. Temporary Wooden Ramps

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