

Glasgow City HSCP
Recommendation for Adaptations

Name Gordon Murray

Date of Birth 27/03/1968	Date Assessment Carried Out 02/12/2020
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Name of householder (if different from above) Gordon and Frances Murray

Address	10 Victory Way, Baillieston, GLASGOW, G69 7HH,
House Position	
Post Code	
Telephone Number	[REDACTED]

Adaptation(s) recommended	Prioritisation Criteria (Please indicate with Yes (Y) as appropriate)			If Site Visit Requested (Please put Y in box below)
	Critical	Substantial	Moderate	
a) To supply and fit a ramp at front door access. This is feasible as its has been assessed by the design team at Citv Building.	X			
b)				
c)				
d)				

I can confirm that the referred person / family / carer has been informed that this information is being shared and is aware that this recommendation for adaptation is being made.

Name Anne Hay OT	
Designation Community OT	Date 03/12/ 2020
E-mail [REDACTED]	Tel No 0141 276 4710
Base Address [REDACTED]	

Presenting Difficulty with Property / Environment

a) Mr Murray has mobility issues due to neurological disorder and uses a wheelchair . He requires ramp access.

b)

c)

d)

How is person managing with above presenting difficulty?

a) He has not moved into the property yet, decorating at this stage. It is likely that he may struggle negotiating the steps

b)

c)

d)

Outline the options considered by person/family, including Housing Options, prior to this request for a permanent adaptation, and the outcome of these

Option/s:	Outcome:
a) no other options	
b)	
c)	
d)	

Suitability of Property for Adaptation. Please indicate Yes (Y) or No (N) as appropriate

a) The property with adaptation is likely to meet the person's long term needs	yes
b) The property is unlikely to meet the long term needs of the person even with adaptation	
If No please provide further detail below.	

Are there other household members resident at this address (please enter Yes (y) or No (N))	yes
If yes will this adaptation continue to meet the needs of the other household members (please enter Yes (y) or No (N))	yes

Any further useful information (for example information relating to need for a site visit, contact details for carers etc)
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PRIORITY RATING

A priority rating must be given to each adaptation shown on page 1. The rating the work receives from any grouping of recommendations will be the highest priority given to any single recommendation.

Critical

Person or Carer at immediate risk (Physical/Mental Health)

Immediate risk of being admitted to Care or Hospital

Support for Hospital Discharge

Evidence of frequent falls / injuries when mobilising around the house / when transferring / carrying out activities of daily living

Unable to access the toilet without maximum support / high risk of falls at transfer.

Critical risk of skin breakdown

Unable to carry out vital personal care tasks / no family or social support.

Impact of condition preventing vital involvement in work / education/ learning / carer role

Please give further detail

A ramp would provide access in and out of the house, allow him to attend hospital appointments without the need for patient transport and enhance his quality of life, improving mental wellbeing

Substantial

Person or Carer is imminently at risk of injury (Physical/Mental Health)

Unable to carry out the majority of personal care tasks but has regular family / carer support

Health condition unpredictable and deteriorating and without adaptation the care situation is at risk of breaking down

Dependent on others for most essential personal care supports, adaptation will promote independence or reduce risk to carer

Impact of condition affecting involvement with many aspects of work / education/ learning / carer role and cannot be sustained

High risk of losing the vital support provided by the main Carer

Please give further detail

Moderate

Safety and well-being of Person / Carer potentially at risk in normal daily activities

Required to promote independence of person and promote independent living

Person has difficulty in carrying out essential daily living activities but has suitable support available

Adaptation required to prevent needs for more costly alternatives

Unable to carry out some personal care tasks, household management and social engagement which can lead to social isolation.

Starting to experience a general decline in mobility and function

Low mood / anxiety impacting on function

Please give further detail

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Glasgow City Health and Social Care Partnership SHOWER TRAY / WET FLOOR SPECIFICATION

Name		Telephone	
Address	*please disregard this page.*		
Site Existing bathroom <input type="checkbox"/> Alternative site <input type="checkbox"/> *Re-site/replace wc (Please circle) <input type="checkbox"/> *Re-site/replace whb (Please circle) <input type="checkbox"/> Reason – <input type="checkbox"/>		Shower Unit Controls Push button <input type="checkbox"/> Lever <input type="checkbox"/> Dial <input type="checkbox"/>	
Bathroom Door-from inside Bathroom Leave as existing <input type="checkbox"/> Re-hang door to Open into bathroom <input type="checkbox"/> Open out from bathroom <input type="checkbox"/> Open from left -(r-hinge) <input type="checkbox"/> Open from right -(l-hinge) <input type="checkbox"/> Sliding door Slide from left to right <input type="checkbox"/> Slide from right to left <input type="checkbox"/> Alter door width to clear door opening width of _____ <input type="checkbox"/>		Shower Position On short wall <input type="checkbox"/> On long wall <input type="checkbox"/> Shower Curtains/Screens Full drop curtain <input type="checkbox"/> Half-height screens + curtain <input type="checkbox"/> Other <input type="checkbox"/> Specify _____ *ensure that there is sufficient access for client and emergency intervention	
Threshold Leave as existing <input type="checkbox"/> Change <input type="checkbox"/> Specify <input type="checkbox"/>		Wet Floor Shower Tray <input type="checkbox"/> 1200 x 760 mm <input type="checkbox"/> Other _____ <input type="checkbox"/> Height Complete level access <input type="checkbox"/> Low level Access (approx. 40mm) <input type="checkbox"/> Step in tray (greater than 40m) <input type="checkbox"/>	
Shower Unit height Standing – max height of 1050mm <input type="checkbox"/> Wheelchair – 800 – 1000mm <input type="checkbox"/> Other Standard hose <input type="checkbox"/> Long hose <input type="checkbox"/> Standard rail <input type="checkbox"/> Long rail <input type="checkbox"/>		Tiles Shower Area <input type="checkbox"/> Specify _____ <input type="checkbox"/>	

Other Works

- Extractor fan (window)
- Splash proof light
- Pump to regulate water pressure
- Anti-scald shower
- Thermostatically controlled shower
- Vent/ Extractor Fan
- Grab rail(s) standard specification will apply
- Assist stepping in/out of shower area
- Assist access to shower seat
- Assist standing at shower

- Grab rails non-standard specification
- Please provide further details below
- Non-slip flooring
- Alternative heating e.g. warm air heating
- Building control consent confirmation
- Change door lock
- Change door handle
- Specify _____

**All work should comply with relevant building regulations and standards
If it is not possible to comply fully with specifications, please contact the referrer**

Comments/Diagram (Essential)

Name

Date

Address

Telephone
