

**Name**  
 Mrs. Frances Fairhurst

**Date of Birth**  
 08/04/1937

**Date Assessment Carried Out**  
 24/10/2023

**Name of householder (if different from above)**

<b>Address</b>	135 Quarrybrae Street
<b>House Position</b>	Lower cottage
<b>Post Code</b>	G31 5AS
<b>Telephone Number</b>	07940041625 daughter Francis Fairhurst to arrange all visits and access

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) Wet floor shower	X			
b) Ramped access and level pathway		X		
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.

**OFFICIAL - SENSITIVE: Personal Data**

<b>Name</b> Karen Todman	
<b>Designation</b> Occupational Therapist	<b>Date</b> 30/10/2023
<b>E-mail</b>	[REDACTED]
<b>Base Address</b>	North East HSCP Petershill Business Park 28 Adamswell Street G21 4DD

<b>Presenting Difficulty with Property / Environment</b>
a) Difficulties transferring in/out of bath even with assistance and aids
b) Issues with walking frame at main entrance
c) 

<b>How is person managing with above presenting difficulty?</b>
a) Washing down and problematic
b) Requires physical assistance of another
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**

<b>Option/s:</b>	<b>Outcome:</b>
a) equipment	unsuitable

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b) Bilateral handrails	Still requires assistance
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	<b>yes</b>
b) The property is unlikely to meet the long term needs of the person even with adaptation	
If No please provide further detail below.	

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

**Any further useful information  
(For example information relating to need for a site visit, contact details for carers etc.)**

**Adaptation required to maximise safety and independence within home environment**

**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.

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**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

High risk of falls and infection

**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