

## ***OCCUPATIONAL THERAPY HOME ASSESSMENT REPORT***

<b>NAME</b>	Ms XXXXX
<b>DOB</b>	XXXXXX
<b>ADDRESS</b>	XXXXXXXXXXXX
<b>ASSESSMENT DATE</b>	22 <sup>nd</sup> November 2017
<b>PRESENT DURING ASSESSMENT</b>	Ms XXXXX (client)
<b>CONSENT</b>	Ms XXXXX was able to consent to the assessment.

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### REASON FOR ASSESSMENT

On the 7<sup>th</sup> November 2017 I was contacted directly by Ms XXXXX and she requested that I undertake an independent occupational therapy assessment of her current needs. I was asked to prepare a report based on my independent assessment of the difficulties faced by Ms XXXXX in her current property.

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### DIAGNOSIS AND MEDICAL HISTORY

Ms XXXXX suffers from a significant number of health problems. She stated that in 2013 she was diagnosed as suffering from lupus and Sjogrens syndrome. These conditions typically lead to joint pain, swelling and fatigue and Ms XXXXX described suffering from all of these symptoms. Ms XXXXX stated that she suffers from osteoarthritis affecting both her knees and hips, although this is worse on her right hand side. She stated that the arthritis also affects her lower back and that she has also recently had extensive surgery on her right shoulder approximately eight weeks ago. Ms XXXXX stated that her left leg is 1.5" shorter than her right and that she also suffers from high blood pressure and has a long standing history of depression.

Ms XXXXX stated that she is currently receiving Physiotherapy to increase the range of movement in her right shoulder following her recent surgery. She also stated that she has regular ongoing hospital and GP appointments due to her health needs.

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### PAIN AND FATIGUE

Ms XXXXX described that her pain varies but that the pain in her right hip and right knee as a result of her osteoarthritis can be 'off the scale'. Ms XXXXX stated that if she sits or lies in one position for any length of time that she becomes very stiff and her pain levels then increase. Ms XXXXX also stated that she suffers from ongoing pain in her lower back and widespread joint pain and swelling. In relation to pain relief Ms XXXXX stated that she is limited to paracetamol and ibuprofen only as she needs to be able to function and work and most other pain relief would have the effect of making her drowsy. Ms XXXXX stated that she tries heat and cold in terms of pain relief and she stated that this does have some effect in relation to her joint pain.

Ms XXXXX stated that she suffers from severe fatigue due to her diagnosis of lupus and Sjogrens. She stated that this is not 'tiredness' but genuine fatigue and weakness.

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## VISION AND HEARING

Ms XXXXX stated that she does not have any significant vision or hearing difficulties, other than needing to wear glasses.

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## MENTAL HEALTH, COGNITION AND COMMUNICATION

During the assessment Ms XXXXX stated that she has a longstanding history of depression. She stated that she has recently completed twenty psychology sessions and that she has received counselling in the past. Ms XXXXX stated that she takes the anti depressant fluoxetine.

Ms XXXXX does not have any evident cognitive difficulties and she is fully able to communicate and articulate her thoughts and feelings.

Ms XXXXX stated that her level of concentration is poor and also that she feels that her short term memory is poor. Ms XXXXX stated that she writes everything down as well as using alarms on her mobile phone for reminders. During the assessment Ms XXXXX also expressed some concern in relation to remembering to take her medication and also remembering to eat regularly. Ms XXXXX stated that she is unsure of the reason for her reduced concentration and poor short term memory and she is unsure if this is linked to her depression or the level of stress that she feels under currently as a result of her health and housing needs.

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## SLEEP AND APPETITE

During the assessment Ms XXXXX stated that she does not sleep well at night and that she is currently being investigated for potential sleep apnoea. She stated that she has been issued with a CPAP machine but that she feels unable to manage to use this. Ms XXXXX stated that whilst she has always been a poor sleeper her current difficulties are that she finds it difficult to get comfortable in bed due to her joint pain and that she is often restless throughout the night.

In relation to her appetite Ms XXXXX stated that she will often forget to eat regularly and then will tend to overeat or comfort eat in the evenings. Ms XXXXX acknowledged that it would be better if she was able to eat little and often although she described often not being motivated to cook and eat well, due to her depression.

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## CONTINENCE

During the assessment Ms XXXXX did not raise any issues in relation to continence.

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## PRESSURE NEEDS

Ms XXXXX stated that she does not have, or have any history of, pressure sores.

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## FUNCTIONAL MOVEMENT

Ms XXXXX is right handed. She has full strength and range of movement in her left arm but currently has limited strength and range of movement in her right arm. Ms XXXXX is currently unsure how much strength and range of movement she will regain in her right shoulder following her surgery approximately eight weeks ago but she is hopeful that with Physiotherapy this will improve slightly. Currently Ms XXXXX struggles with everyday tasks that involve shoulder flexion and extension for example hair washing and some aspects of dressing. Ms XXXXX also stated that she has reduced grip in her right hand.

In relation to her lower limbs Ms XXXXX has reduced strength and range of movement as a result of her joint pain and swelling.

During the assessment Ms XXXXX described having poor standing tolerance and needing to sit down or lean against something when completing a task.

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## CLIENT MEASUREMENTS

Ms XXXXX stated that her height is approximately 5'2" and that she currently weighs approximately 19 stone. Ms XXXXX stated that her weight has increased over the last two years as a result of her reduced mobility.

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## MOBILITY AND FALLS

Ms XXXXX stated that she walks unaided both indoors and outdoors currently but that she is unable to walk far before needing to stop and rest. Ms XXXXX stated that walking either up or down her front path can cause her significant pain in her back, right hip and knee. During the assessment Ms XXXXX was observed to mobilise independently and unaided around her home.

Ms XXXXX stated that she has recently had a number of falls when her hip or knee has suddenly 'given way'. Ms XXXXX stated that she generally has her mobile phone nearby if she needed to call for help in the event of a serious fall.

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## STAIRS

Ms XXXXX currently lives in a bungalow. Access at the front of the property comprises of a long sloped path which is uneven in places. At the rear of the property there is a large door threshold and then a concrete slab positioned on top of a step. There are currently no handrails at either point of access.

Ms XXXXX stated that she has significant difficulty managing steps and stairs as a result of her health problems and subsequent reduced mobility. She stated that whilst she lives in a bungalow she actively avoids using stairs in family member's homes due to the difficulty and pain that she would experience.

## TRANSFERS

Ms XXXXX stated that she has some difficulty with transfers due to her reduced mobility. She stated that she has some difficulty transferring on and off her sofa, in and out of bed, on and off the toilet and in and out of the bath.

In relation to seating transfers Ms XXXXX currently has a corner sofa which is slightly low for her and cannot unfortunately easily be raised. During the assessment Ms XXXXX was observed to transfer on and off this but this is clearly difficult for her due to the height of the sofa and there is only an armrest on her right hand side that she is currently unable to use due to her restricted movement in her right arm.

Ms XXXXX has a standard king size bed again which is slightly low for her to transfer in and out of easily. During the assessment Ms XXXXX stated that she tends to hold onto the radiator beside the bed to assist herself on and off the bed.

In relation to toilet transfers the existing toilet is approximately 17" making this slightly low for Ms XXXXX to transfer on and off. She stated that currently she holds onto the radiator or the wash hand basin which are positioned either side of the toilet.

Currently Ms XXXXX has a standard bath and over bath shower although she stated that the shower does not work and her landlord has stated that he will not repair this. Ms XXXXX stated that she finds transferring in and out of the bath very difficult and there are currently no grab rails to hold onto for support. Ms XXXXX stated that due to the difficulties that she has with bathing she limits her use of the bath currently.

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## ACTIVITIES OF DAILY LIVING

### TOILETING

Ms XXXXX stated that other than difficulty with toilet transfers she has no difficulties in relation to toileting and maintaining her personal hygiene.

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### WASHING

Ms XXXXX stated that as well as having difficulty getting in and out of the bath safely she finds it difficult to reach to wash herself and that she has significant difficulty washing her hair due to being unable to raise her right arm up fully.

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### DRESSING

Ms XXXXX stated that she has some difficulty in relation to dressing due to her limited range of movement in her right arm. She stated that she wears garments that are easy to put on and take

off and that she now needs to wear front fastening bras. Ms XXXXX stated that she has difficulty putting on tights and also some difficulty with shoes. As a result she stated that she does not wear tights currently and only wears slip on style shoes.

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## GROOMING

Ms XXXXX stated that she has difficulty performing grooming tasks that involve the use of both hands and tasks that involve reaching up for example hair drying and hair styling.

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## EATING AND DRINKING

Ms XXXXX stated that she finds using standard cutlery difficult with her right hand due to her reduced grip.

In relation to both eating and drinking Ms XXXXX is currently limited to only the use of her left hand.

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## MEAL AND DRINK PREPARATION

Ms XXXXX stated that meal and drink preparation is an area of significant difficulty for her due to her limited range of movement and reduced strength and grip in her right hand side. Ms XXXXX stated that in relation to making a hot drink she has to only part fill the kettle so that she is able to lift this using her left hand.

In relation to meal preparation Ms XXXXX stated that she has difficulty opening tins with only the use of her left hand, difficulty peeling and chopping and also difficulty lifting and draining pans. Ms XXXXX stated that she has difficulty bending down to get items in and out of the oven. Ms XXXXX also stated that she finds standing in the kitchen to prepare any food or undertake any task difficult due to her joint pain. She stated that currently she frequently has to sit and rest or lean against the kitchen work surfaces for support.

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## LAUNDRY, CLEANING

Ms XXXXX stated that she has some difficulty in relation to laundry tasks and that she is only able to put a few items in and out of her washing machine at a time. She stated that she finds washing larger items such as towels and bedding difficult and stated that she has significant difficulty changing her bedding.

In relation to cleaning and housework Ms XXXXX stated that she has significant difficulty with some of the heavier tasks such as hovering due to her reduced mobility, strength and range of movement. Ms XXXXX stated that she is considering paying her niece to do some aspects of laundry and cleaning for her as she feels unable to manage this independently.

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## SHOPPING

Ms XXXXX stated that due to her reduced mobility and inability to carry shopping she feels unable to manage shopping independently. She stated that she therefore does her food shopping online and gets this delivered.

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## GARDENING

Ms XXXXX stated that she is unable to manage any aspect of gardening due to her reduced mobility and health needs. Her existing garden consists of a patio area with steps up to a higher paved area and then large plant beds at the rear of the garden which Ms XXXXX is unable to access. Ms XXXXX stated that she is dependent upon others to maintain her garden as she is unable to do this.

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## LEISURE

Ms XXXXX stated that her dad, brother and niece live locally and that she sees them fairly regularly however she stated that other than seeing family members and attending hospital appointments she does not generally leave the house. Ms XXXXX stated that due to her depression she lacks the motivation to go out and she stated that she does not engage in any form of social or leisure activities.

Ms XXXXX has a pet dog who she describes as being a key companion and provides her with a role and sense of purpose.

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## DRIVING

Ms XXXXX stated that she is not driving currently whilst she is being investigated for sleep apnoea. She stated that she finds planning journeys difficult and that currently, due to both her physical and mental health, she is not driving at the present time. Ms XXXXX stated that if she goes out anywhere currently, for example to hospital appointments, she is using a taxi.

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## WORK

Ms XXXXX stated that for the last four years she has worked doing case management sickness absence for a company called Health Management Limited. Ms XXXXX stated that she currently works four full days, 8.30am- 5.30pm with only an hours lunch break. Ms XXXXX stated that she works from home but that she has a high volume of cases to get through each day. Ms XXXXX currently works Mondays, Tuesdays, Thursdays and Fridays. She described finding it difficult to concentrate on her work as well as finding that her workload increases her levels of joint pain and fatigue. Ms XXXXX stated that ideally she would prefer to be able to work less hours but this would understandably have significant financial implications.

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## SOCIAL SITUATION

Ms XXXXX stated that she is divorced and she lives alone. She stated that she has her dad, brother and niece all of whom live nearby.

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## ACCOMMODATION

Ms XXXXX lives in a two bedroom bungalow which is rented from a private landlord. Access at the front of the property is via a very long sloped path. This is uneven in parts and there is nothing to hold onto currently. Inside the property there are two bedrooms, a small bathroom with a bath and over bath shower, a living/ dining area and a kitchen. To access the rear garden there is a step however this compromises of a step with a concrete slab placed on the top of this. Ms XXXXX stated that her landlord will not consider any form of alteration or adaptation to the property. She also stated that she struggles to get him to do any essential repairs for example the shower is not currently working and she stated that he refuses to fix this.

Ms XXXXX stated that she finds the access into the current property difficult as this is such a long path, with nothing to hold onto for support, and it is uneven in parts. Unfortunately as the property is 'set back' from the road this also places Ms XXXXX in a slightly isolated position on the cul de sac where she lives.

Ms XXXXX stated that she would prefer to live in a bungalow that has easier access and also that had an adapted bathroom. She also feels that in relation to her mental health she may be better if she was living in closer proximity to other people. Ms XXXXX would also prefer to live in a property that is not owned by a private landlord so as to make any requests for any future adaptations easier.

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## MY OPINION

I have discussed with Ms XXXXX her health and mobility issues and discussed and viewed the issues and difficulties faced by her in her existing property.

In my opinion the existing property is not ideal for Ms XXXXX due to the access, the bathroom, the position of the property and also it being owned by a private landlord who, Ms XXXXX states, is reluctant to consider any form of adaptations and will not even carry out necessary repairs including the over bath shower.

In my opinion if Ms XXXXX was to live in a bungalow with easier access with ideally an adapted bathroom or a property that could be adapted to meet her long term needs this would be ideal. I also feel that the location of the existing property makes Ms XXXXX quite isolated, having a further impact on her mental health and wellbeing.

In my opinion Ms XXXXX also has significant difficulty in relation to her work and I feel that whilst working at home has its benefits that may also further isolate Ms XXXXX and give her less social contact with others. In my opinion if Ms XXXXX was able to afford financially to reduce her hours this would improve both her physical and mental health.

There are a number of aids that, in my opinion, will significantly improve Ms XXXXX's level of safety and independence. There are some aids and adaptations that I feel that she may also need to consider in the longer term.

The aids that I feel would be of immediate benefit to Ms XXXXX are an aid to prompt her to take her medication, a 2" raised toilet seat and a powered bathlift. The raised toilet seat would assist Ms XXXXX in transferring on and off the toilet more easily and the bathlift would enable her to access the bath safely and promote her independence. I also feel that Ms XXXXX would benefit from a long handled sponge to aid washing herself in the bath as well as a long handled hair washer and brush for hair washing and styling.

In the kitchen there are a number of aids that I feel would be beneficial to Ms XXXXX. Firstly a perching stool due to her reduced standing tolerance and in relation to her difficulties with meal preparation I would recommend a kitchen workstation, a one handed tin opener, some cooking baskets and a spill not. Having these aids to make meal preparation easier I feel may also increase Ms XXXXX's motivation to cook.

I also feel that Ms XXXXX would benefit from some plastazote tubing as well as a knife with a built up handle.

In relation to her mobility in my opinion the crutch that Ms XXXXX has currently she could try if she felt that she needed this level of support although, in my opinion, she may wish to consider a folding walking stick as her condition is variable and she may not need to use a stick at all times.

In my opinion Ms XXXXX would also benefit from a bed grab rail to aid bed transfers.

There are also a number of aids I feel that Ms XXXXX may wish to consider in the longer term. She may wish to consider an armchair that would be easier for her to get in and out of. Ideally this needs to be of a suitable height and have armrests that she is able to use to aid transfers. In the longer term Ms XXXXX may also wish to consider a riser recliner should her mobility deteriorate and she find chair transfers increasingly difficult to manage.

In the longer term Ms XXXXX may also wish to consider a powered mobility scooter if she decides not to return to driving. This would enable her to go out independently.

If Ms XXXXX's mobility does deteriorate and she has further falls she may also wish to consider some form of care alarm system, to be able to raise the alarm in the event of a serious fall.

For all of the recommended aids these have been listed in the table below with an estimated cost.

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## SUMMARY OF RECOMMENDATIONS

I have been requested by Ms XXXXX directly to undertake an independent assessment and to consider the difficulties that she faces in her existing property.

I have undertaken a thorough assessment and viewed the existing property.

In my opinion Ms XXXXX's current property is not ideal for her due to her health and mobility needs. She has difficulties in relation to the access, the existing bathroom and the layout of the back garden. As the property is owned by a private landlord any adaptations would require his



consent and Ms XXXXX stated that he will not consider any form of adaptation and will not even carry out essential repairs for example the existing shower.

In my opinion if Ms XXXXX was able to move to a bungalow with easier access and that ideally had a level access shower this would meet her long term needs. However a bungalow that has the potential to be adapted would be suitable and in my opinion the positioning of the existing bungalow isolates Ms XXXXX. I feel that in relation to her mental health she would be better living in an area where she feels more part of the local community and has more regular social contact with others.

In my opinion Ms XXXXX also finds her current hours of work difficult due to both her physical and mental health needs. In my opinion if Ms XXXXX was able to work less hours this would have an overall impact on both her physical and mental health whilst retaining her sense of purpose.

In relation to aids to assist Ms XXXXX I feel that there a number that she would find extremely beneficial. These are outlined in the table below:

Aid	Reason	Example	Estimated cost
Medication prompt	To prompt medication	Daily pill reminder and timer from NRS	£18.00 plus delivery
2" raised toilet seat	To aid toilet transfer	2" raised toilet seat from Complete Care Shop	£9.00 plus delivery
Powered bath lift	To aid bathing transfers	Aquajoy premier plus bath lift with covers from Manage @ Home	£395.00
Long handled sponge	To make washing easier	Long handled bathing sponge from NRS	£5.00 plus delivery
Long handled hair washer	To make hair washing easier	Long handled hair washer from Complete Care Shop	£9.00 plus delivery
Long handled brush	To make hair brushing and styling easier	Long handled hair brush from Complete Care Shop	£8.00 plus delivery
Perching stool	To promote independence in the kitchen	Prima modular Perching Chair from Complete Care Shop	£38.00 plus delivery
Kitchen workstation	To enable safe and independent peeling, chopping and slicing and other aspects of meal preparation	Kitchen workstation from NRS	£39.00 plus delivery

One handed tin opener	Enables one handed opening of cans	Auto can opener from NRS	£12.00 plus delivery
Spill not	To promote independence when opening jars and bottles	Spill not jar and bottle opener from NRS	£16.00 plus delivery
Cooking baskets	To enable safe draining of pans	Cooking basket from NRS	£10.00 (each) plus delivery
Plastazote tubing	Creates a broader grip for many everyday items	Plastazote tubing 1m from NRS	£5.00 plus delivery
Good grips knife	To promote independence when eating by making knife easier to grip	Rocker knife from Complete Care Shop	£4.00 plus delivery
Folding walking stick	To increase safety when walking outdoors, if required	Switch stick from Clearwell Mobility. Please note safe working load of 19 stone, many folding walking sticks will be less than this and therefore not suitable.	£39.00 plus delivery
Bed grab rail	To aid transfers in and out of bed	Easyfit bed rail from NRS	£36.00 plus delivery

Please note all of the above are recommendations only and the estimated costs are those based on a private purchase. Some items may be available from statutory services depending upon their criteria.

For all items Makin Life Easier is able to provide more in depth advice and the above table is intended as a guide only.

In the longer term Ms XXXXX may wish to consider an armchair that is easier for her to get in and out of and even potentially a riser recliner chair. She may also wish to consider some form of care alarm system in the event of a fall and also a powered mobility scooter for outdoor use should she choose or be unable to return to driving.

To summarise in my opinion the above aids would greatly improve Ms XXXXX's quality of life as well as increase her level of safety and independence in relation to activities of daily living.

**Signature**



**Kate Makin – Occupational Therapist**

**Dated 28<sup>th</sup> November 2017**