

OCCUPATIONAL THERAPY HOME ASSESSMENT REPORT

NAME	Mr XXXXX and Mrs XXXXX
DOB	XXXXXX and XXXXX
ADDRESS	XXXXXXXXXXXXXXXXXXXXXX
ASSESSMENT DATE	27 th June 2017
PRESENT DURING ASSESSMENT	Mr XXXXX (client) and Mrs XXXXX (client's wife).
CONSENT	Mr and Mrs XXXXX were able to consent to the assessment.

REASON FOR ASSESSMENT

On the 26th June 2017 I was contacted by XXXXX from the XXXXX Association. XXXXX requested that I undertake an independent occupational therapy assessment of the couple. I was asked to prepare a report based on my independent assessment of the difficulties faced by Mr and Mrs XXXXX in their current property and particularly in relation to bathing.

DIAGNOSIS AND MEDICAL HISTORY

MR XXXXX

Mr XXXXX stated that he suffers from liver problems and that he also has severe lymphoedema affecting his lower limbs. Mr XXXXX stated that he has suffered from lymphoedema for over ten years and that it causes severe swelling in his lower limbs and affects his overall mobility and level of functional ability.

MRS XXXXX

Mrs XXXXX suffers from a significant number of health problems. She stated that she had a perforated bowel in 2015. She stated that since then she has also had colon cancer and undergone chemotherapy. Mrs XXXXX also described that she had a stoma formed, a stoma reversal and then a second stoma formed which she will require permanently. Mrs XXXXX stated that she has had a strangulated hernia and also two significant episodes of bowel obstruction.

Mrs XXXXX stated that she has had many hospital admissions over the last two years but that she is now starting to improve in terms of strength and gain some weight. In relation to her cancer Mrs XXXXX stated that she is awaiting the result of a recent CT scan and she is therefore currently unsure if she will require any further treatment or surgery. Mrs XXXXX also stated that she is waiting to be seen regarding potential issues with her thyroid.

PAIN AND FATIGUE

Mr XXXXX stated that his lower limbs are very painful as a result of his lymphoedema. Mr XXXXX stated that he does not suffer from any significant issues in relation to fatigue.

Mrs XXXXX stated that she is in significant pain as a result of her health problems and that she takes a lot of pain relief including morphine tablets and oramorph. As a result of taking strong pain relief Mrs XXXXX stated that she suffers from extreme tiredness and fatigue.

VISION AND HEARING

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

Mrs XXXXX stated that she does not have any vision or hearing difficulties.

MENTAL HEALTH, COGNITION AND COMMUNICATION

Both Mr and Mrs XXXXX do not have any evident cognitive difficulties and both are fully able to communicate and express their needs.

Both Mr and Mrs XXXXX stated that they do not suffer from any mental health issues.

SLEEP AND APPETITE

During the assessment neither Mr nor Mrs XXXXX raised any significant issues in relation to sleep or appetite. Mrs XXXXX stated that she is starting to gain some weight following her recent health issues and associated weight loss.

CONTINENCE

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

Mrs XXXXX has a stoma in situ. She stated that she manages this well independently and that she is seen approximately once a month by the stoma nurse.

PRESSURE NEEDS

Mr XXXXX stated that he does not have, or have any history of, pressure sores.

Mrs XXXXX stated that she does have a history of pressure sores and that she has been issued with a pressure relieving mattress topper from the district nurse because of this. She stated that she does not have any pressure sores currently.

FUNCTIONAL MOVEMENT

Mr XXXXX is right handed. He stated that he has full functional use of his upper limbs but reduced strength and range of movement in his lower limbs as a result of his lymphoedema. This causes severe swelling in the lower limbs, affecting his overall mobility and functional movement.

Mrs XXXXX is also right handed. Mrs XXXXX stated that she has full functional use of her upper limbs but that she has experienced some reduced mobility and lack of strength as a result of her recent health issues. Mrs XXXXX stated that she feels that she is starting to now regain some strength but she is unsure of her prognosis and if further treatment or surgery will be required.

CLIENT MEASUREMENTS

MR XXXXX

Mr XXXXX stated that his height is 185cm and that he currently weighs over 20 stone.

MRS XXXXX

Mrs XXXXX stated that her height is approximately 170cm and that she currently weighs approximately 8 stone.

MOBILITY AND FALLS

MR XXXXX

Mr XXXXX stated that he has reduced mobility as a result of his severe lymphoedema. During the assessment Mr XXXXX stated that he prefers to stand due to difficulties with chair transfers and he was observed to mobilise slowly, but unaided around his home. Mr XXXXX stated that he does have a walking stick but that he does not often use this. He stated that he has not experienced any falls and that he is still able to drive.

MRS XXXXX

Mrs XXXXX stated that she is able to mobilise unaided and independently and this was observed during the assessment. Mrs XXXXX stated that she has not experienced any falls. Mrs XXXXX stated that until recently she needed to use a wheelchair to go outdoors due to her lack of strength however she stated that since her overall health has improved recently she now has the strength and ability to mobilise outdoors independently.

STAIRS

Within the property there is a straight flight of stairs. These are 88.9cm wide and consist of 16 steps, with a 'going' of 22cm making the stairs relatively steep. There is a banister rail on the right hand side of the stairs when ascending but no rail currently on the left hand side.

Both Mr and Mrs XXXXX stated that they have some difficulty managing the stairs. Mr XXXXX in particular stated that he finds the stairs difficult to manage and there is not a downstairs toilet in the current property. Mrs XXXXX was observed using the stairs during the assessment and she appeared to manage this, taking her time. Mr XXXXX however stated that he limits his use of the

stairs and that he has to really take his time going up and down due to the pain and significant swelling in his lower limbs.

TRANSFERS

MR XXXXX

Mr XXXXX stated he has some difficulty with transfers due to his reduced mobility and reduced range of movement in his lower limbs. He stated that he has some difficulty transferring in and out of chairs, on and off the toilet and is unable to transfer in and out of the bath.

In relation to chair transfers Mr XXXXX stated that he tends to sit on a dining chair in the kitchen area as he finds these type of chairs easier to transfer on and off than an armchair or sofa.

The existing toilet is very low, at only approximately 40cm high. Mr XXXXX stated that he therefore tends to hold onto the shelf beside the toilet to try and raise himself up.

In relation to bathing Mr XXXXX stated that he is unable to use the bath at all as he is unable to transfer in and out of this. He stated that he is therefore currently strip washing downstairs in the kitchen.

MRS XXXXX

Mrs XXXXX stated that she has some difficulty with bathing transfers but is able to manage chair, bed and toilet transfers. Mrs XXXXX was observed to transfer safely and independently on and off a standard chair during the assessment.

In relation to bathing transfers Mrs XXXXX stated that she needs some assistance from her husband to get in and out safely as she can become unsteady.

ACTIVITIES OF DAILY LIVING

MR XXXXX

Mr XXXXX stated that he is currently unable to access the bath and that he is therefore having to strip wash in the kitchen to maintain his personal hygiene. Mr XXXXX also stated that he has some difficulty with dressing as he is unable to reach down and his wife therefore needs to assist him with his socks and shoes.

Mr XXXXX stated that he is able to manage most personal grooming tasks independently and that he is able to eat and drink independently.

In relation to meal and drink preparation Mr XXXXX stated that his wife does most of this although he is able to undertake these tasks safely and independently. Mr XXXXX also stated that his wife does most of the laundry and housework and that he tends to take her out shopping.

MRS XXXXX

Mrs XXXXX stated that she is able to manage most activities of daily living independently although she stated that she needs her husband to assist her in getting in and out of the bath safely.

Mrs XXXXX stated that she is able to dress independently and that she does not have any difficulties in relation personal grooming, eating and drinking.

Mrs XXXXX stated that she tends to do the meal and drink preparation and that she is starting to return to doing the housework and laundry. In relation to shopping Mrs XXXXX stated that until recently her husband was having to take her in a wheelchair but that she is now able to manage to walk around the shops, provided that her husband takes her in the car.

SOCIAL SITUATION

Mr and Mrs XXXXX live together with their 28 year old son. They have another son who lives in XXXXXX.

The property is a three bedroom two storey house. There are two steps on the path leading up to the property and a further two steps at the front door. Downstairs there is a living room and a kitchen/ dining room. Upstairs there are two standard bedrooms, one very small bedroom (originally part of the bathroom), a bathroom with a bath and wash hand basin only and a separate toilet. Mr and Mrs XXXXX stated that the property is rented privately from a friend.

There is no paid support in place.

REPORT SPECIFIC ASSESSMENT AND OBSERVATION

I visited Mr and Mrs XXXXX at their home on the 27th June 2017 between 16:45 and 18:00 to undertake my assessment.

It must be noted that my initial assessment and findings are based on the evidence presented at that time and any further evidence or information that is introduced at a later date may affect my findings.

I discussed with Mr and Mrs XXXXX their health and mobility issues and discussed the issues that they are facing currently in relation to the existing property and their activities of daily living.

I viewed the property and took measurements in relation to the stairs, the existing bathroom and the toilet.

There are steps both leading up to the property and at the front door although both Mr and Mrs XXXXX stated that they are able to manage in relation to accessing their home and that they do not find these steps an issue.

Mr XXXXX currently sits on a dining type chair in the kitchen due to difficulties with chair transfers and he is currently unable to access the bath and having to strip wash in the kitchen area.

There is not a downstairs toilet so the stairs need to be used regularly by Mr and Mrs XXXXX, to access the toilet as well as the bathroom and their bedroom.

The stairs are steep and there are 16 steps with a narrow 'going' of only 22cm. There is currently only one banister rail on the right hand side when ascending.

The bath is a significant area of difficulty for both Mr and Mrs XXXXX and the layout of the property means that the bathroom is small at only 1.927m by 1.496m. There is a very small bedroom beside the bathroom which Mr and Mrs XXXXX explained was originally part of the bathroom. This room is 1.710m wide.

The existing toilet is very low at only 40cm high. There is not anything substantial to hold onto currently to aid toilet transfers.

MY OPINION

I have discussed with Mr and Mrs XXXXX their health and mobility issues and discussed and viewed the issues and difficulties faced by them in their existing property.

In my opinion the existing property is not ideal for Mr and Mrs XXXXX as there is not a downstairs toilet, the stairs are steep, there is only a bath in situ and the separate toilet is low. Mr and Mrs XXXXX stated during the assessment however that it is their intention to remain living in the property and they rent it privately from a friend.

In my opinion there are a number of aids and adaptations that would be beneficial to Mr and Mrs XXXXX if they are to remain living in the existing property.

Firstly in my opinion Mr XXXXX would benefit from a riser recliner chair. This would aid chair transfers and also enable him to sit with his legs elevated, as recommended due to his lymphoedema. Mr XXXXX's size and weight needs to be taken into consideration in relation to a riser recliner and I would highly recommend that he tries some suitable riser recliner chairs from local reputable suppliers to ensure that the chair will meet his needs and be safe for him to use.

In my opinion both Mr and Mrs XXXXX would also benefit from an additional banister rail on the stairs. These needs to be fitted on the left hand side when ascending, at the same height as the existing rail. This should make using the stairs easier and safer for both Mr and Mrs XXXXX and reduce their risk of falls when using the stairs.

In relation to toilet transfers in my opinion Mr XXXXX would benefit from a scandia toilet frame. This would aid toilet transfers for Mr XXXXX however his weight would need to be taken into consideration to ensure that the equipment is suitable for his use and also that there is sufficient space within the toilet area.

As bathing is a significant area of difficulty for both Mr and Mrs XXXXX I would recommend the removal of the existing bath and replacing this with a wet room. This would enable both Mr and Mrs XXXXX to shower safely and independently. In my opinion showering would be more hygienic for Mrs XXXXX with her stoma and also a wet room would enable Mr XXXXX to wash independently. I do not feel that Mr XXXXX would be able to manage to use any form of bathlift

or other bathing equipment. I would recommend that there are no carers screens within the shower area, only a shower rail and curtain and I would also recommend a wall fixed shower seat with armrests, backrest and supporting legs. In relation to the shower seat Mr XXXXX's weight would need to be taken into consideration

Finally in my opinion it would be beneficial if the existing wall between the bathroom and the small bedroom was removed to increase the overall size of the bathroom. This would increase the amount of space within the shower area and also if this option was considered I would suggest the installation of a toilet within the bathroom. This would ease showering in that the toilet and shower would be in the same room and would be beneficial for Mrs XXXXX in relation to managing her stoma and maintaining her personal hygiene.

All of the above aids and adaptations would, in my opinion, significantly improve Mr and Mrs XXXXX's level of safety and independence and greatly improve their quality of life.

It must be noted however that any form of adaptation to the property is dependent upon written consent from the owner of the property.

SUMMARY OF RECOMMENDATIONS

I have been requested by XXXXXX from the XXXXXX Association to undertake an independent assessment regarding Mr and Mrs XXXXX and to give my opinion regarding any potential adaptations to the current property. Bathing in particular was identified as an area of need.

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

In my opinion both Mr and Mrs XXXXX have health conditions that affect their level of functional ability and mobility. Mr XXXXX's lymphoedema is an ongoing health problem as is Mrs XXXXX's stoma. Her prognosis also currently remains uncertain in relation to her colon cancer and she is unsure if she will require further treatment or any further surgery at this stage.

In my opinion the existing property is not ideal for Mr and Mrs XXXXX mainly because it does not have a downstairs toilet and also because it has a bath rather than a shower currently.

If Mr and Mrs XXXXX are to remain living in the existing property then I would recommend the following:

1. Riser recliner chair for Mr XXXXX. This would aid chair transfers and enable him to sit with his legs elevated as recommended for his lymphoedema. Mr XXXXX's size and weight does need to be taken into consideration however to ensure that the chair has a suitable safe working load and I would highly recommend that Mr XXXXX has the opportunity to try some riser recliner chairs from a local reputable supplier. Makin Life Easier is able to arrange this and able to arrange no obligation home demonstrations.
2. Second banister rail on the stairs. This would make using the stairs safer and easier for both Mr and Mrs XXXXX. The rail would need to be fitted on the left hand side when ascending the stairs, at the same height as the existing rail. The length of rail required is 228cm approximately. Permission would need to be obtained from the landlord for a rail to be fitted.

3. Scandia toilet frame. This would aid toilet transfers for Mr XXXXX. Mr XXXXX's size and weight would need to be taken into consideration in relation to this equipment and a home demonstration would be preferable. Makin Life Easier would be able to arrange this to ensure that the equipment is safe and suitable for Mr XXXXX's needs.
4. Removal of the existing bath and replace with a wet room. This would enable both Mr and Mrs XXXXX to shower safely and independently. I would also recommend no carers screens, only a shower rail and curtain and a wall fixed shower seat. The shower seat would need to accommodate Mr XXXXX's size and weight and I would recommend a wall fixed shower seat with armrests, backrest and supporting legs.
5. If the bathroom is to be adapted then I would recommend that the existing wall between the bathroom and the small bedroom be removed to make the bathroom larger. This is how it was originally and would give more space for the wet room and also mean that a wash hand basin and toilet could potentially be installed within the bathroom. This would make showering easier for both Mr and Mrs XXXXX and would assist Mrs XXXXX in maintaining her stoma and an adequate level of personal hygiene. Landlord permission would be needed for any of these adaptations and Makin Life Easier could arrange for quotations for both options in terms of adapting the bathroom, either within the existing room or by expanding the size of the bathroom.

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

Signature



Kate Makin – Occupational Therapist

Dated **3rd July 2017**