

Policy Title - Adaptations and Equipment Provision in People's Homes and Practice Guide

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Agreed by	Joint Senior Management Team	

Definition: Policy – A course of action or set of standards adopted by the City of Edinburgh Council.

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Has Screening for <u>Equality Impact</u> been undertaken for this policy	Yes/No: Yes Date: 02 June 2010
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1. PURPOSE

To ensure an equitable and consistent application of current City of Edinburgh Council eligibility criteria for the provision of equipment and adaptations.

2. SCOPE

To set standards for the correct provision of equipment and adaptations for people with disabilities, across all tenures of domestic residence, within the City of Edinburgh .

To be complied with by all assessors and line managers approving requests for equipment and adaptations.

3. DEFINITIONS

Assessment: will take account of both [current and long-term needs of the disabled person](#), their carers, and [children in the household affected by the disability](#).

Assessors: appropriately skilled and / or qualified person responsible for analysing information, identifying and recording needs for a person undergoing the assessment. They may include occupational therapists, occupational therapy / community care assistants, social workers, district nurses, and physiotherapists as per department agreements.

CEC: City of Edinburgh Council.

CES: Community Equipment Service.

Disabled person: disability is defined in legislation as: a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities ([Equality Act 2010](#)).

Equipment: any item or product system, whether acquired commercially off the shelf, modified or customised which is used to increase the functional capabilities of individuals with disabilities. Not including medical devices or anything that is invasive to the body.

LOLER: Lifting Operations and Lifting Equipment Regulations 1998.

Minor adaptation: ones which can be fitted easily and quickly such as grab rails or hand rails as identified in the following procedure – [“Adaptations to Property \(Minor\)”](#).

Major adaptation: involving structural or other permanent changes to a house.

Residence: normal residence within the City of Edinburgh.

Specialist equipment: may require a specialist assessment, uniquely specified and sourced for the individual, e.g. specially designed seating.

Standard security and Minute of Agreement: a legal document which spells out any requirement to repay the funding if the property is subsequently sold.

Standard equipment: can be used to meet non-complex needs and does not need to be adapted for the individual, such as shower chairs, raised toilet seats, and bathing equipment.

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4. POLICY STATEMENT

- 4.1 The person for whom the equipment/adaptation is being considered must be a disabled person.
- 4.2 Equipment and adaptation advice and assistance are based on assessment. Where the needs are of a complex nature, assessment should be multi-disciplinary.
- 4.3 The assessor concludes that the equipment/adaptation meets current Council eligibility criteria.
- 4.4 The equipment/adaptation must be at the person's only or main residence, except in the case of dual residence or shared care, where duplicate provision may be considered.
- 4.5 Costs of equipment for adults in supported accommodation and residential homes are the subject of ongoing work and this policy will be updated upon conclusion of this work.
- 4.6 Where current eligibility criteria are met, needs will be met in the most cost effective way. Where an individual wishes a more expensive solution, they or a third party are expected to fund the difference and any associated ongoing servicing and maintenance.
- 4.7 An adaptation will not normally be considered where the property does not meet long-term needs, i.e. where the individual requires to use stairs to access the adapted facilities. A deterioration in the person's condition over time would mean that the adaptation is no longer accessible.
- 4.8 Adaptations will not be provided to overcome social or economic problems.
- 4.9 A major adaptation will only be undertaken to one house for a disabled person. The Council will not normally contribute financially towards the adaptation of a subsequent house. If someone has been obliged to move to retain employment, or for some other similar substantial reason, the Council may consider contributing towards a further adaptation. If the Council contribution is the subject of a standard security and Minute of Agreement, this condition will not apply. Advice on adaptations can always be given.
- 4.10 An adaptation will not normally be considered if the individual has applied to be re-housed or is considering a move.

5. RESPONSIBILITIES

All assessors and line managers approving requests for equipment and adaptations must comply with the criteria set out in this policy.

Lead officers have responsibility for maintaining and disseminating this policy to relevant staff.

6. LEGISLATIVE CONTEXT

[Social Work \(Scotland\) Act 1968](#)

[Chronically Sick and Disabled Persons Act 1970](#)

[Disabled Persons \(Services, Consultation and Representation\) Act 1986](#)

[Carers \(Recognition and Services\) Act 1995](#)

[Community Care and Health \(Scotland\) Act 2002](#)

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[Children \(Scotland\) Act 1995](#)

[Disability Discrimination Act 1996](#)

[Housing Act 1985](#)

[Housing \(Scotland\) Act 2006](#)

[The Education \(Additional Support for Learning\) \(Scotland\) Act 2004](#)

This list should not be considered exhaustive.

7. ASSOCIATED DOCUMENTS

[Housing \(Scotland\) Act 2006 section 72 Statement of Assistance](#)

http://www.sehd.scot.nhs.uk/publications/CC2010_03.pdf

[Guidance on Provision of Equipment and Adaptations, CCD5/2009](#)

All support and services offered will be delivered adhering to core principles contained in the appropriate department policy and relevant legislation. The Criteria should be read in conjunction with the following:

[Community Care Provision of Equipment and Adaptations in the Homes of People with Disabilities Practice Notes/Guidelines](#)

[Children and Families Department policy on eligibility criteria 2.4](#)

Health and Social Care policy on Eligibility Criteria: *awaiting – in initial draft stages*

[Joint Risk Assessment policy](#)

[Safe Caring and restraint policy](#)

Safe Moving and Handling Policies: *awaiting – in initial draft stages*

[City of Edinburgh Council Section 72 Statement of Assistance](#)

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Appendix 1

**Guidance for the Provision of Equipment and Adaptations in the
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Introduction

A. This document should be read in conjunction with the following policy and procedure documents which can be accessed through the City of Edinburgh Council's Intranet:

- Adaptations and Equipment Provision in People's Home
- [Eligibility Criteria – Assessment and Access to Children and Families Social Work Services](#)
- [Policies and Procedures – HSC / CF](#)

It also links with the following procedures:

- [Adaptations to Property \(Minor\)](#)
- Major Adaptations Procedures (still to be completed)

B. Any adaptation in a listed building requires formal consent from the relevant Council department. See current procedures for listed building consent.

C. It provides guidelines for the provision of specialist equipment, adaptations and alterations, in the homes of children and adults with disabilities.

D. For more detailed information on stock equipment please read Equipment Familiarisation documents on [ELMS ordering information](#).

Staff may give persons and / or their carers the relevant section, should they wish to see this. In this way a person with a disability or their carer will have information to assist them in understanding the rationale for any particular decision.

If a section of this document is to be provided then refer to the above Policy 'Adaptations and Equipment Provision in People's Home'. The relevant department criteria must also be provided.

E. This guide cannot be used in isolation and practitioners must adhere to the principles set out in the relevant departmental service eligibility criteria.

F. Council service users who are in foster care and require adaptations are the responsibility of the placing council, whether or not the placement is within the City of Edinburgh area. However, where the placement forms the person's main residence, they may be eligible for disability grants from the other council.

G. Responsibility for service users who have been adopted, in all cases of permanent placements, lies with the authority in which the adopted home is located.

H. The following three tables, below, summarise the Council's equipment and adaptations provision into the following groups:

H.1 Provided directly through social work (adults and children) or other Council departments, or by access to grants administered by the Council – as long as the service user meets eligibility criteria and the assessed need determines it to be an appropriate provision

H.2 Provided in limited / exceptional circumstances

H.3 Equipment which is not / cannot be provided

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G.1

Equipment / Adaptation	Ref	Notes
Shallow steps	1.1.2	
Rails	1.1.3	☐ metal outside – usually only one side to one entrance ☐ wood inside – usually only to one side ☐ grabrails – also through self-assessment where person is age 16 or over
Ramps	1.1.4	☐ Semi - permanent – wooden, metal, glass fibre etc ☐ permanent – concrete ☐ portable / non-fixed ramps, through one-off equipment
Stairlift	1.1.6.1	
Stairclimber	1.1.6.2	
Through floor lift	1.1.6.4	
Disabled person's parking place	1.1.13	Blue Badge Holder – application through Clarence on 0800 232323
Mobile hoists	1.2.1	NHS funded- contact Professional Advisor at Community Equipment service
Track hoists	1.2.3	
Showers	1.3.1	over bath and level access/wet floor shower area
Taps	1.3.13	
Toilets	1.3.14	
Bed – pillow lifts	1.5.1	if person is unable to change position in bed
Bed – mattress variators	1.5.2	if person is unable to change position in bed
Kitchen work space	1.6.2	for essential kitchen tasks
Visual doorbell	1.9.8	assessment and provision is through Deaf Action

G.2 Provided in limited/exceptional circumstances

Equipment / Adaptation	Ref	Notes
Path re-laying	1.1.1	considered, if necessary to increase safety of person, excluding maintenance responsibilities.
Lay new path	1.1.1	if needed to assist a person to be functionally independent
Paved area	1.1.7	☐ to assist the mobility of child(ren), to help them play, or to assist functional mobility of person (e.g. to access washing line)
Driveway / run-in	1.1.12	
Entryphone	1.1.9	
Door opening devices	1.1.10	person would be able to access independently, if installed
Dropped Kerb	1.1.11	accessed through City Development
Steplift	1.1.6.3	
Replacement bath or shower	1.3.4 and 1.3.5	either, but not both provided. Replacement with a more suitable model, if it would continue to meet future need. A bath would not normally replace a shower.
Combined Shower / Toilet Unit	1.3.9	
Showers	1.3.5 - 1.3.8	cubicles, sunken tray with grill, low level trays
Specialist Bath	1.3.10	
Body Drier	1.3.12	assistance would not be appropriate and must enable

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		independence
Rise Recline Chairs	1.4.1	only after all other adjustments to seating have been adequately considered, and if a person cannot stand on their own and / or if presents a manual handling issue for carer(s)
Multi-adjustable seating	1.4.2	provision of one chair only, if there is a demonstrable clinical need for posture management or needed to maintain functional independence.
Activity table/tray	1.4.3	for play and / or feeding only, with a standing frame or specialist chair to meet eligible need
Additional small bathroom / wet room shower area	1.6.3	if every other alternative option has been adequately considered
Plugs, socket switches	1.7.4	
Fence	1.9.1	only after all other potential solutions have been tried, consideration to make a safe play area or otherwise for a persons safety
Internal locks	1.9.3.2	
Glazing	1.9.4	where a person may be destructive and there is risk of injury
Alarms / detectors / controls	1.9.9	movement, smoke, gas, electric, water / flood, detectors / isolators via Telecare.
Reinstatement of property	1.10	☐ see relevant sub-section in guide ☐ reinstatement of property to basic level only, written reinstatement agreement should be completed at time of installation

G.3 Equipment which is not/cannot be provided

Equipment / Adaptation	Ref	Notes
Vehicle storage	1.1.5	for privately purchased electric vehicles
Keysafe	1.1.8	Separate process for Intermediate Care temporary installations
Seating	1.4	for comfort only
Standard orthopaedic chair	1.4	
Powered leg supports	1.4.1	
Extensions for additional living space	1.6	
Heating system	1.7	alterations
Gas or electricity meter	1.7.5	relocation unless integral part of a larger, assessed major adaptation
Painting and decorating	1.8	
External door and window locks	1.9.3.1	
Car seats and harnesses	1.9.5	
Fire / Radiator guards	9.7	
Radiators	1.10.4	when moved no redecoration undertaken
Adapting new build properties during defects liability period.	1.11	
Apply for HIG for same adaptation within a 10 year period	1.11	unless assessed needs have changed and could not reasonably have been predicated at the point of original assessment.
Maintain/service adaptations unless	1.11	

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specifically agreed in advance of fitting the adaptation Repair handrails, paths, fences, gates and inadequate/faulty wiring		
Remove adaptations from a house unless the equipment a through floorlift, overhead track hoist or stairlift.	1.11	
Basic utilities and amenities.	1.11	
Furniture	1.11	
Lighting	1.11	except where forming part of larger adaptation

1.1 Access

1.1.1 Paths

Limited adjustments to paths may be carried out in specific circumstances.

Considerations:

- 1.1.1.1 It is normally expected that a person can walk along a path using a walking aid. However if the path slopes steeply, this might not be possible. In this instance a metal handrail by the main access path can be considered.
- 1.1.1.2 If a path is too narrow, too steep, has steps in it, or has an inappropriate surface which would endanger the safety of the person and therefore does not meet the needs of their disability, then the Council will consider re-laying the path.
- 1.1.1.3 A new path may be provided where it is needed to assist a person to be functionally independent.
- 1.1.1.4 If a path requires maintenance including re-laying, for use by individuals then this is the responsibility of the property owner.
- 1.1.1.5 Consideration should be given to the materials used (e.g. slab, poured concrete or mono-block) in relation to suitability of finish for mobility needs, durability and cost.
- 1.1.1.6 The width of the access path should be no less than 0.9m to one or two houses, or 1.2m to more than two houses – with a safety edge or rail where appropriate.

1.1.2 Shallow Steps

Where a person has difficulty walking, but could manage shallow steps, it may be possible to reduce the height of the steps if space allows. Consideration must be given to the size of the steps needed (e.g. to accommodate a foot, zimmer, wheelchair, carer).

1.1.3 Rails

Handrails: Metal (external) or wooden (internal), provided by steps or stairs.

Considerations:

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- 1.1.3.1 It is the responsibility of the home owner to repair or replace existing rails.
- 1.1.3.2 It is normally the responsibility of the home owner to provide a rail(s) for an outside stair, the height of which is greater than 0.6m above the ground (building regulations requirement).
- 1.1.3.3 If there is no internal banister in place it would normally be the responsibility of the home owner to provide a suitable handrail/grab rail.
- 1.1.3.4 Railing at one side of a stair or stepped entrance would normally be provided, unless the service user has a specific need for bilateral support.
- 1.1.3.5 A handrail will normally only be provided to one access, unless there are exceptional circumstances.
- 1.1.3.6 Building regulations require staircases to have a minimum of one banister. Provision of banisters would normally only be considered where the existing banister does not meet needs.
- 1.1.3.7 Suitable height and diameter. Check that current contract specifications meet assessed need.

Note: When looking at the site of an installation, if considering a second handrail, it should be noted that building regulations stipulate that the minimum width of a passageway for fire regulations is 760mm.

Grab-rails are available through self-assessment from the Community Equipment Service (CES) – accessed through the [City of Edinburgh Council's internet website](#).

1.1.4 Ramps

Ramps can be supplied made in a variety of materials. Provision will depend upon the circumstances of the need:

- Semi-permanent – wooden, metal, glass fibre
- permanent
- portable / non-fixed ramps

Considerations:

- 1.1.4.1 A permanent ramp will be considered if the inside of the house gives suitable wheelchair access to all main areas.
- 1.1.4.2 If all main areas of the house are not wheelchair accessible, only portable or temporary / removable ramping will be installed.
- 1.1.4.3 If a service user qualifies for a wheelchair, from the Mobility Centre, provision of a ramped access will be considered – if it is practical.
- 1.1.4.4 Where a service user is able to negotiate steps, with the aid of a helper, a ramp would not normally be provided.
- 1.1.4.5 Normally only one entrance will be made suitable for the service user's needs.
- 1.1.4.6 Service user / carer must be able to use safely.

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1.1.4.7 Individual requirements for turning space and ability to propel on gradients.

1.1.4.8 Gradient – preferred maximum is 1:15, but 1:20 is optimum.

1.1.4.9 The minimum width of a ramp for a domestic dwelling should be at least 1m. For a common-use ramp, serving two or more dwellings, the minimum is 1m. Ref: Building Standards (Scotland) Regulations 2004 and all subsequent amendments.

1.1.4.10 Building standards require that handrails are provided to ramps, with a change in level over 0.6m – except where the side is against a stable structure.

Note: Removal and reinstatement of ramps – Refer to [Section 1.10.5](#).

It is recommended that:

Any ramp with a total rise of more than 0.6m shall be provided with a handrail:

- on each side, if the ramp is 1m or more wide, 2m or more long.
- on at least one side in any other case.

And that any such rail shall:

- be designed to afford adequate means of support to persons using the ramp
- be continuous for the length of the ramp
- be securely fixed at a height not less than 0.84m and not more than 1m (measured vertically from the top surface of the ramp)
- where requirement dictates, be terminated by a scroll or other suitable means.

1.1.4.11 Platform/landings

Clear space is needed to the head and foot of any ramp flight to allow people to move between flight and adjacent level surface safely. This should permit manoeuvring of a wheelchair without obstructing passage or the need to encroach into circulation routes or on to a ramp flight. The unobstructed length of a landing should be not less than 1.5m

1.1.4.12 Kerbs

A kerb should be provided to the exposed side of a ramp where there is a drop at the edge, whether or not a handrail is provided.

- the kerb should not be less than 100mm high
 - o door threshold may require to be altered – especially for UPVC doors.

For further advice see [MHRA Guidance on the Stability of Wheelchairs DB2004\(02\)](#)

1.1.5 Access to, and Storage for, Electric Outdoor Vehicles

The Council does not normally provide storage areas for privately purchased electric outdoor vehicles and would not normally provide access to properties for these items.

1.1.6 Lifts

- stairlifts

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- stair climbers (e.g. Scalamobile)
- step lift
- through-floor lift

Note:

The Council does not support the installation of lifts with fold down platforms.

Considerations:

- all risks associated with the installation of a lift should be considered and documented before planning installation
- it is a general expectation that all householders have a 'fire exit plan'. The installation of a lift may affect this plan
- fire safety officers can be contacted to assist with fire safety risk assessments
- lift Track should not impede egress to the property or other rooms. Sections of fold up track may overcome this difficulty
- where the property has specialist features, written agreement in relation to re-instatement should be completed prior to installation.

1.1.6.1 Stairlifts

Where a service user is no longer able to climb stairs, even with additional stair rails, a stairlift may be the solution:

- if a service user is physically / mentally unable to climb the stairs
- where the physical exertion of climbing the stair is contraindicated
- the service user is unsafe doing so and a second handrail will not make them any safer.

Note: A stairlift can be operated by a carer.

Considerations:

- a) Consider the overall suitability of the property, including external access (e.g. steep slopes; further steps that would need to be negotiated; and / or further adaptation required).
- b) Consideration should be given to transfers in the longer term (e.g. height in relation to children; degenerative condition and compatibility / space for hoisting).
- c) If there is space for a bedroom downstairs, but no toilet/bathing facilities, it may be more cost effective to provide a ground floor toilet / shower.
- d) The service user's physical and cognitive ability (i.e. to sit down; to transfer to a seat; to manage the controls; whether they need a specific height of seat, specialised seat or harness and whether their abilities will change in the foreseeable future).
- e) The stair is straight, curved, with landings or a fan turn. The minimum width of the stair and the space at top and bottom should comply with

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Building Regulations – though it may be possible to apply for a relaxation. Any doorways, meters, etc. that need to be allowed for or moved.

- f) A check should be made that the distance between seat and the opposite wall is sufficient for a service user, paying particular attention to femur length, range of movement and change in clearance at any bends in the staircase.
- g) The environment, including risk of objects or excessive dirt occluding the track.
- h) Suitable space for transfers should be assessed at the top and bottom of stair. Also, ensure transfer height is suitable for current and long term needs.
[Note: Always check transfer height with Provider]
- i) Other people in the household, who will be using the stair, and ensure safe access for them. [Note: Any risk to children or animals]
- j) Stairlifts take time to operate and can be noisy. It is preferable that service users and / or their carers are able to see and try out the appropriate model(s) before a decision is made (e.g. through a visit to the SMART Centre).
- k) Stairlifts are not normally installed in communal stairs. Should this be considered then a robust risk assessment should be undertaken.
- l) Service users ability to safely use stairlift should be reviewed on an annual basis.

Note: Removal and reinstatement – Refer to Section 1.10.6.

1.1.6.2 Stairclimber (e.g. Scalamobile)

Considerations:

- a) A stairclimber may be considered where a property is not suitable for adaptations and where it could be used to allow access until a suitable property can be identified; or for individuals who may have a terminal illness and there is insufficient time for the installation of a stairlift.
- b) Carer and service user should feel confident and be physically and cognitively able to use the equipment. Particular attention should be given to carer ability.
- c) The stair is suitable for a Stairclimber - including sufficient rise, tread and width (particularly where bends have to be negotiated).
- d) The suitability of the wheelchair and whether it can fit onto a stairclimber safely and securely.
- e) Whether there is sufficient space within the house to store a stairclimber.

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- f) It may be more cost effective to provide a Stairclimber, where a service user resides for part of the year in a carer's home – in those instances when both homes would otherwise require ramping and / or stairlifts.
- g) It is important that the service user and / or carer are capable of ensuring that batteries are charged, before use.
- h) Service users and carers must receive approved training in the use of the stairclimber.
- i) Consideration should be given to the continuity of carers (e.g. agency workers – where training will be required every time different workers are used; and who would be responsible for funding the training).

1.1.6.3 Steplift

Considerations:

- a) To overcome differing ground levels which are inappropriate to ramp due to gradient or lack of space, a steplift may be a solution.
- b) Safety and access for others not using the steplift.
- c) Consider all external access doors.
- d) Service user's ability to access the platform (i.e. by the integral ramp).
- e) Weight limit and size of platform required for service user, equipment and any other assistance.
- f) Weatherproof power supply if external site.
- g) Requirement for any weather protective cover and the capability of the service user / carer to use.
- h) Security and potential for vandalism (i.e. by identification of a disabled property occupant).

1.1.6.4 Through-Floor Lift

Used where the stair is unsuitable for a stairlift or the service user would be unable to use safely. In some instances a through floor lift may be more cost effective than a stairlift.

Considerations:

- a) The layout of the house, the position of rooms and the availability of a space on the ground floor with an associated suitable space above.
- b) The loss of essential space for the household.
- c) The size of the wheelchair and therefore the size of the lift.
- d) If there is space for a bedroom downstairs, but no toilet / bathing facilities, it may be more cost effective to provide a ground floor toilet/shower.

- e) The capability of the user – noting that most lifts are designed for single occupancy and therefore the carer cannot travel with the user.

Note: Removal and reinstatement – Refer to [Section 1.10.7](#).

1.1.7 Paved Areas

A level area can be provided in certain circumstances, either with slabs or other suitable material.

- 1.1.7.1 A paved area under a washing line may be provided where it is needed to assist a person to be functionally independent.
- 1.1.7.2 A play area for a child could be paved to assist with mobility. The normal area to be paved will be to the maximum of 15 square metres.
- 1.1.7.3 Where a responsible adult is disabled a path and / or small paved area to enable necessary supervision of young children at play may be considered.

1.1.8 Keysafe

A keysafe is a secured coded box with touch-pad to release door keys – fitted to the exterior wall of the property.

Note: These would not normally be funded by the Council. They can be provided through Care & Repair and self-funded by the service user.

Considerations:

- 1.1.8.1 Consideration of security code – How many people would need access to this?
- 1.1.8.2 How often would there be changes in care staff, which would result in the need for the code to be changed?
- 1.1.8.3 Who would be responsible for changing the code.
- 1.1.8.4 Is there a discrete location for the wall mounted box? If so, is it a safe location for carers?
- 1.1.8.5 The security code should never be written on service user related documentation. There is an identified place in Swift where this should be recorded.

1.1.9 Entryphones

The City of Edinburgh Council do not normally provide these.

An entryphone is an intercom which allows a person to talk to the person at the door and let them in by activating a door lock release device. If a keysafe has been assessed as meeting the needs of a service user the Council will not normally consider an entryphone.

Considerations:

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- 1.1.9.1 Yale lock or similar is required. For other types of lock: consult with the approved contractor.
- 1.1.9.2 Cost implications are greater with some door and lock types (e.g. UPVC).
- 1.1.9.3 There is a requirement to advise service user / property owner that should they at any time choose to replace their door then the re-instatement / replacement of the entryphone will be their responsibility.
- 1.1.9.4 Handset may be either free-standing or wall mounted. Portable units (e.g. using a cordless phone), if present, may be more suitable and cost effective. If a phone is used it would be the owner's responsibility to alter the entryphone system should the phone be replaced.
- 1.1.9.5 Up to two handsets can be provided.
- 1.1.9.6 Hands free model is available for those unable to hold handset.
- 1.1.9.7 Entryphone may form part of an environmental control system.
- 1.1.9.8 Keypad entry system is available, which permits access to those who know the coded system.
- 1.1.9.9 Consideration should be given to cognitive ability and sensory impairment that may affect ability to use a door entry system. This should include ability to distinguish between entry system and phone; hear callers speak on the handset; understand that the unit admits people to the property; and ability to determine who is appropriate to let in.
- 1.1.9.10 Door entry systems may affect the security of the property (e.g. not being able to use an additional mortice lock; or disabling an existing lock). It is the house holder's responsibility to consult with their insurers.
- 1.1.9.11 Systems can be installed to operate more than one door (e.g. a main stair door and then individual flat). However, these can be more complex to use than separate systems for each door and cause complications with maintenance of main stair doors which form part of a common repair agreement.
- 1.1.9.12 The owner of the property will normally be responsible for service / maintenance of the entryphone.
- 1.1.9.13 Entryphones will not normally be removed by the Council when no longer required.
- 1.1.9.14 In communal entrances, agreement must be given / received from all property owners.

Note: See relevant standard letters.

1.1.10 Door Opening Devices

A radio controlled device which, when activated, unlocks and opens a door, with time delayed closing. This can be installed on internal and / or external doors.

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Considerations:

1.1.10.1 The service user is unable to physically open or close a conventional door.

1.1.10.2 The service user would be able to use this access independently, if provision was made.

1.1.10.3 Eligibility for Home Improvement Grant / Housing Association Grant could be considered.

1.1.11 Dropped Kerb

- a section of kerb lowered to provide access for a wheelchair
- a section of kerb lowered to provide access for a car into a run-in.

Considerations:

- For a Wheelchair:
 - o The service user is a wheelchair user who can only transfer, or be transferred, into a car if the wheelchair is on the same level as the car (i.e. on the roadway)
 - o There is no space in a run-in / driveway to make this transfer
 - o It is necessary to provide wheelchair access between home and essential local amenities.

1.1.11.2 For a Car:

- If a person meets the criteria for a run-in.

1.1.11.3 For both a wheelchair and a car

If the service user meets criteria, the allocated worker should write to City Development requesting a dropped kerb.

Note: standard letter needed.

1.1.12 Driveway / Run-in

A suitable hard surface (e.g. concrete, slabs or tarmac) within the boundary of the service user's property, which allows access for a car / vehicle.

Note: Local regulations for construction of run-ins should be taken into account (e.g. planning permission).

Considerations:

1.1.12.1 The service user / driver is a Blue Badge holder and / or:

- (i) unable to walk to a car parked at the kerb
- (ii) unable to self propel a wheelchair to a car parked at the kerb

1.1.12.2 The service user/passenger is a Blue Badge holder and / or:

- (i) the driver is unable to assist them from the kerb
- (ii) safe transfer is not possible at the kerb side

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Considerations:

- 1.1.12.3 Consideration will not be given to provision of a run-in in order to prevent vandalism or to resolve on-street parking congestion.
- 1.1.12.4 Passengers will not normally qualify for a driveway / run-in, as it is not considered unreasonable to expect that an able-bodied driver should double park if necessary for a short time to set down the disabled passenger as long as the vehicle is then moved. Exceptions may be made where the passenger requires constant attendance or where the driver is of advanced age or frailty and has to manhandle equipment (e.g. wheelchair) in addition to the disabled passenger.
- 1.1.12.5 Consideration should be given to the land / area required: for type of vehicle; individual transfer; and mobility requirements.
- 1.1.12.6 Checks should be carried out to ensure that the ground is solely owned by the householder and not co-owned with neighbours. If applicable, common legal consent procedure should be used / established.
- 1.1.12.7 The ground should be of a suitable level/gradient for parking, transfers and mobility.

1.1.13 Disabled Persons Parking Place

If a service user is a Blue Badge holder he / she may be entitled to a resident's permit free of charge. An on-street Disabled Persons Parking Place can be marked outside a property, the cost for road marking is met by the resident applying for the space. Application forms for parking spaces can be accessed through Clarence.

1.2 Moving and Handling

Hoists:

- mobile hoists (passive or full body)
- Standaid (active)
- overhead track hoists.

Manual Handling risk assessment should be completed and recorded in Swift case notes.

Considerations:

- (a) service user is either:
 - non weight-bearing
 - requiring a hoist for safe manual handling for transfers.
- (b) Where possible all transfers should be managed in one area. Where this is not possible a mobile hoist should be considered, where a mobile hoist is assessed as not suitable consideration may be given to installation of track hoist in more than one area of the home.

To Note:

- all hoists and slings require annual service and six-monthly [LOLER](#) check
- each time hoist slings are used they must be checked for signs of damage.

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1.2.1 Mobile Hoists

Mobile Hoists are Lothian NHS funded. Check with the Equipment Advisors to the Community Equipment Service, for current criteria and for agreement to access the equipment for the stated / individual service user.

The selection of both hoist and sling(s) must include a full risk assessment of the individual service user, with carer needs and the environment fully considered.

Service users would not normally be moved for short distances from room to room whilst in a mobile hoist. In exceptional circumstances, where this is considered necessary, a risk assessment must be completed.

Prior to provision of mobile hoists, agreement must be obtained on who will orientate/train the service user and family / carer in the use of the hoist.

Considerations:

- 1.2.1.1 Movement / transfer of a service user between rooms can be carried out using a wheelchair, mobile shower chair or similar.
- 1.2.1.2 Mobile hoists, on castors, may be useful where transfers are required in a number of different areas / rooms, as alternative to installing multiple sections of track.
- 1.2.1.3 Can be manual or battery operated.
- 1.2.1.4 A range of slings are available. Slings must be compatible with the hoist. Where possible sling provision should be from the same manufacturer as the hoist. Where it is clear that the hoist manufacturer's sling range does not meet client needs and a different manufacturer / maker of the sling from the hoist is essential then a full risk assessment must be carried out, indicating the reasons for the choice. The relevant manual handling risk assessment should be carried out.

Considerations to include:-

- adequate space to manoeuvre the hoist into position
- adequate space for completion of the transfer
- level access areas (e.g. no thresholds or steps)
- suitable floor covering (e.g. thick carpeting can impede use)
- height of the base of hoist must give clearance under furniture
- clearance height over furniture for person supported in sling
- transfer process (e.g. if raising a bed to give clearance underneath – check hoist will still clear the top of the mattress)
- width of hoist base – check suitability for manoeuvring around furniture, where transfers are to be completed (e.g. width of chair base)
- range of lift should be noted, dependant on transfers required (e.g. to floor or to high surface)

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- carer must be strong enough to move hoist and manage slings
- carer must be trained, and may require repeat training and reviewing. Assessment must indicate who will provide training / review.
- Adequate storage space when the hoist is not in use.

1.2.2 Standards

As well as consideration of factors 1.2.1.1 to 1.2.1.5 above, consider the following:

- 1.2.2.1 User should have some upper limb control (NB. Shoulder pain may contraindicate use).
- 1.2.2.2 Where the service user is non-weight bearing, standing model hoists would not normally be provided. Where a person is non-weight bearing but able to lock their knees and standing model is being considered then a full risk assessment must be completed.
- 1.2.2.3 Not suitable for bilateral amputees. May be suitable for other amputees subject to a full risk assessment.
- 1.2.2.4 Where dementia or cognitive impairment is present, a full risk assessment should be completed.
- 1.2.2.5 Allows toileting, dressing, washing of lower half.
- 1.2.2.6 Not suitable for lifting from the floor.
- 1.2.2.7 Time in standing position should be kept to minimum.
- 1.2.2.8 Not suitable for positioning user in bed to get in to a lying down position for sleeping.
- 1.2.2.9 Service user must be seated safely at bed edge before sling can be fitted.
- 1.2.2.10 Service user / carer must be orientated / trained in the use of the equipment - this may require review and repeat/re-training. Assessment must indicate who will provide training / review.
- 1.2.2.11 Care workers must be trained - this will be the responsibility of the employer.
- 1.2.2.12 Consider how many carers are required to assist with transfer.

Note: Also, check Equipment Familiarisation document on [ELMS](#).

1.2.3 Overhead Track Hoists

Overhead track hoists may be ceiling, wall or gantry mounted:

- Their purchase may be eligible for Home Improvement Grant / Housing Association Grant.
- Initial sling provision should be included in the funding application.
- Ongoing sling provision is the responsibility of Health and Social Care / Children and Families.

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Considerations:

- 1.2.3.1 Track hoists require regular servicing under [LOLER](#) and the relevant procedure relating to tenure should be followed. (Procedure currently being worked on and a link will be needed) Written instruction on who will hold responsibility for servicing and maintenance should be provided to the client prior to installation
- 1.2.3.2 A mobile hoist will not meet service user's need due to positioning needs and types of transfer required.
- 1.2.3.3 A mobile hoist would not be suitable for carers to use safely within the available space.
- 1.2.3.4 A track hoist may reduce the level of intensity / number of hours of care required.
- 1.2.3.5 Track hoist would increase independence in transfer.
- 1.2.3.6 Where a track hoist has been installed and a mobile hoist has been returned to CES, the slings of the mobile hoist should also be returned to CES, not retained for use with the track hoist. Where a mobile hoist remains in situ, slings should not be used between hoists without completion of relevant risk assessment.
- 1.2.3.7 Prior to installation of a ceiling mounted hoist, ceiling joists must be checked for load-bearing by a structural engineer.
- 1.2.3.8 The path of the track should ensure all transfers can take place without moving spreader bar from mid-line of motor as this may cause undue wear and tear. Consider whether transfers are likely to alter (e.g. Child, or deteriorating condition - where full room cover may be a cost effective option).
- 1.2.3.9 More than one track hoist may need to be installed, if required in another room and/or where equipment cannot be moved between rooms.
- 1.2.3.10 In some instances, the track can run between rooms. Consider type of doors and safe clearance width required. Where junctions are required be aware that it be difficult to connect long sections of track into the junction.
- 1.2.3.11 Can be operated by person or care worker following training / orientation.
- 1.2.3.12 Range of slings available: consider support requirements, skin care needs, transfer type (e.g. bed, toilet or bath). May need more than one sling. Slings must be compatible with the hoist. Where possible sling provision should be from the same manufacturer as the hoist. Where it is clear that the hoist manufacturer's sling range does not meet client needs and a different manufacturer / maker of the sling from the hoist is essential then a full risk assessment must be carried out, indicating the reasons for the choice. The relevant manual handling risk assessment should be carried out.
- 1.2.3.13 Service user should be fully raised, to avoid swing in transit.

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- 1.2.3.14 Service users, who use a hoist by themselves, must be advised to wear a personal alarm (e.g. Community Alarm Service) and a risk assessment should be completed. See [Health and Safety Executive Safety Notice bulletin no. FOD WSW 2-2010.](#)
- 1.2.3.15 In case of power failure, some models have back-up battery system. All have hand winding facility for use in an emergency.
- 1.2.3.16 Tracks hoists with manual moving mechanism rather than powered traverse along track may move unintentionally or in less controlled fashion.
- 1.2.3.17 Check manufacturer's guidelines on compatibility of hoist and sling. If considering different manufacturers: refer to mobile hoist sections [1.2.1](#) and [1.2.2](#).
- 1.2.3.18 Some track hoists operate with a removable / portable hoist section. Consider carer ability and ceiling / gantry height. This can perhaps be cost effective where a number of areas of track are necessary.
- 1.2.3.19 If other hoists are also used by the individual (e.g. mobile hoist in other rooms at home or hoists at school) ensure slings are compatible, if required for assessed need.

1.3 Personal Hygiene

The provision of personal hygiene equipment is based on the different levels of departmental criteria :

1.3.1 Moderate / Low criteria

- 1.3.1.1 Some / few health problems indicating some risk to independence. Potential to maintain health with minimal intervention.
- 1.3.1.2 Unable to do some aspects of personal care – indicating some risk to independence.
- 1.3.1.3 Carer able to manage some aspects of the caring role – potential risk to their own health identified.
- 1.3.1.4 Carer can maintain relationship with client, although at times under strain – limiting some aspects of the caring role.

Provision of: bath equipment (e.g. board, seat, swivel bather)

1.3.2 Substantial criteria

- 1.3.2.1 Substantial health problems which cause significant risks of harm, or danger, to service user or others.
- 1.3.2.2 There are significant risks to independence.
- 1.3.2.3 A medical condition which requires careful maintenance of personal hygiene (Confirmed by GP or Consultant).

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1.3.2.4 Unable to do many aspects of personal care – causing significant risks to independence.

1.3.2.5 Carer has significant physical / mental health difficulties, due to the impact of their role as a carer, causing significant risk of harm or danger to themselves or others.

1.3.2.6 Property does not meet long term needs.

Provision of: bath equipment (e.g. board, seat, swivel bather, electric bath hoists).

For both moderate / low level and substantial criteria refer to:

- Health and Social Care: '[Requesting Equipment and Minor Adaptations](#)' booklet on ELMS 2.
- Children and Families: Assessment and Access to Children and Families Social Work Services: Eligibility Criteria 2.4. For definitions of complex/non complex bathing equipment see Equipment Triage Form (2) and 'Requesting Equipment for Children and Young People'.

Note that there would be an expectation of assistance from carer, or use of DLA care component / Attendance Allowance to fund any support required.

1.3.3 Critical Criteria

1.3.3.1 Major health problems which will cause harm or danger to service user or others.

1.3.3.2 Medical condition which requires careful maintenance of personal hygiene (confirmed by GP or Consultant).

1.3.3.3 Unable to do vital or most aspects of personal care causing a major harm or danger to service user or others, or major risks to independence.

1.3.3.4 Where this relates to an adaptation, the client should be unable to use equipment with assistance.

1.3.3.5 Carer has major physical / mental health difficulties, due to the impact of their role as a carer, causing life threatening harm or danger to themselves or others.

1.3.3.6 Major manual handling concerns, which cannot be resolved through the provision of any equipment.

1.3.3.7 Property does meet long term needs.

Should the above criteria be met, the recommendation would normally be for provision of a bathroom adaptation (e.g. level access shower). Consideration would also need to be given to tenure, structural and long term suitability of the property for the proposed adaptation.

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1.3.4 Bathroom Adaptations

- Provision of a standard bath to replace a model unsuitable for equipment may be considered where equipment would continue to meet future needs.
- Where someone has access to both bath and shower facilities assistance will normally only be considered to assist with one of the facilities.
- Replacement of a shower with a bath would not normally be considered.

Considerations:

- Uncontrolled seizure disorders
- Colostomy / Ileostomy / Urostomy: People with these should be able to use the bath in the normal way. If, however, the person has another condition which necessitates the use of a shower, this may be considered.

Where there is no need to replace the w/c or wash-hand basin, as part of a bathroom adaptation – on the grounds of disability, the costs of renewal with standard fixtures will not be included by the funding application.

The following should be checked in each individual situation:

- 1.3.4.1 the service user should be able to tolerate shower spray on skin; and build up of steam in bathroom.
- 1.3.4.2 Any shower installed should meet the recommendations of the British Standards Institution.
- 1.3.4.3 Space required: should include requirements for transfers, turning space, assistance for one or more carers and equipment needs (e.g. tilt-in-space shower chair or shower trolley). Space required should be based on current and anticipated future requirement / need.
- 1.3.4.4 Weight capacity of floor: should include combined weight of service user, carer(s) and equipment.
- 1.3.4.5 It may be necessary to arrange alternative toileting arrangements, or respite, for the service user while the work is being carried out. [See Section 1.11 'Third Party Exclusions and Exclusions'.](#)
- 1.3.4.6 The service user should be made clearly aware of what the completed adaptation may look like – including floor space, size of fixtures and fittings, appearance of screen, tiling etc.
- 1.3.4.7 Timescales and the requirement for building warrants etc should be fully discussed with, and understood, by the service user and / or carer.
- 1.3.4.8 Limit time showers are available and may be appropriate in some cases.
- 1.3.4.9 If there are drainage problems, it may be possible to fit a pump (e.g. showers on upper floors or on concrete floors).
- 1.3.4.10 Internal measurements of tray, with drainage pipes and ledges included, to ensure planned equipment will fit finished shower area.

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- 1.3.4.11 Screens and how the service user would operate (i.e. / independently lifting and manoeuvring, or by carer).
- 1.3.4.12 Effect of screens on turning and circulation space.
- 1.3.4.13 Whether fixed or free-standing screens are appropriate (dependant on whether the service user can manage these independently) or if a curtain by itself would be more suitable.
- 1.3.4.14 Screens are usually half height to enable carer access to assist with washing.
- 1.3.4.15 If there is a ramp or ledge, at the access to the tray. This can impede access – especially within the use of attendant propelled shower chairs. It may also be a trip hazard for people with visual impairment or spatial awareness difficulties.
- 1.3.4.16 Location of shower head in relation to service user mobility.
- 1.3.4.17 Type and position of any shower chair to be used.
- 1.3.4.18 Location and type of shower controls and service user's or carer's ability (physical, sensory and / or cognitive) to use.
- 1.3.4.19 Trays and flooring for wet floor shower areas should all have slip resistant surfaces. However, there is still a risk of slipping and ability to mobilise on wet surfaces should be considered.
- 1.3.4.20 Current ability to negotiate any degree of step, and in the long term. Consider effect of wet floor surface.
- 1.3.4.21 Method of transfer to any seating to be used, and seat location within shower area / screen configuration.
- 1.3.4.22 Tiles / wallboards in the departmental agreed cost range will be fitted – unless the service user chooses to have a more expensive option and to pay the difference. Where wall covering may be subject to damage (e.g. through challenging behaviour), advice should be sought on the most durable wall covering – associated additional costs may be eligible for funding.
- 1.3.4.23 The area tiled will depend on individual circumstances and funding agent guidelines. The minimum area covered will be the size of the shower tray plus 150mm, to a height of 2.1m. In small bathrooms, tile / board coverage may be considered. Where full coverage is necessary the area may be stripped and re-covered / covered with new tiles / board within standard basic range.
- 1.3.4.24 Requests for specialist flooring will only be considered as part of a level access shower adaptation, unless in exceptional circumstances.

1.3.5 Showers

The options are, as detailed with considerations below:

- low level bath
- shower (over-bath)

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- walk-in bath
- level access shower tray
- wet floor shower area / dished floor, slip resistant.

Other options include:

- shower cubicle
- minimum step / low level access shower tray
- ramped access shower tray
- sunk shower tray with level access grille
- specialist shower cubicle, with integral level access and appropriate accessories (i.e. doors, chair etc) or combined shower / toilet unit (e.g. converted toilet room, or a Chiltern shower / loo).

1.3.6 Shower (over bath)

Considerations:

- the installation needs to be achieved quicker, with as little upheaval as possible
- other family members' physical need for a bath
- submersion in water is not advised
- where a medical condition may require soaking, but showering off is required as well
- suitability of type of bath for any transfer equipment required
- ensure that shower controls and shower head are in a suitable position for use, allowing for any transfer equipment to be used as well as for the person who needs to access controls.

Shower Cubicle

Similar costs as to fit a standard bath:

- restrictive for assistance restrictive for height of step – often due to the height it needs to be set for drainage
- restrictive in size – can limit the use of shower seats due to size or strength of base
- restrictive for access due to doors – particularly concertina doors
- often impossible to assist with grab rails if there are difficulties – cannot put onto side of cabinet and often because of position of cabinet / door – no handy wall!

Issues / difficulties may not be an issue at the outset but present later. *Not considered family friendly as difficult to bath a baby.*

Low Level Tray:

This benefits those clients who have restrictive step height difficulties, however technically because of the joint between tray and waterproof floor there is a higher chance of water seepage / leaks, longer term. Suitable for ambulant client to use with or without Carer assistance. Not always suitable for wheelchair users due to raised lip of shower tray or the robustness of the tray, which may not bear the weight of some wheelchairs. *Not considered family friendly as difficult to bath a baby.*

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1.3.7 Sunken Shower Tray with Grille

Considerations:

- grille may be heavy and requires to be removed for cleaning
- shower chairs with small wheels may be more difficult to propel
- some ambulant people experience great discomfort in their feet due to sensory disturbances allied to their medical condition
- sealed slip resistant flooring should be used
- pump may be required for drainage.

1.3.8 Wet floor shower area / dished floor, slip resistant flooring

Considerations:

- the dished floor may have an adverse effect on a service user's balance and / or mobility or the stability of any floor standing equipment, wheeled shower chair etc
- there should be adequate sealing round edges (e.g. wall and any bathroom fixtures). To note that wall sealing can be done in a variety of ways
- it may be necessary to form a threshold at bathroom door to facilitate adequate gradient for drainage. This may impede access to the room for some individuals
- the floor area may remain wet after showering and increase risk of falls (e.g. when accessing toilet or basin after showering). The presence of a shower screen does not fully guarantee a dry floor.

1.3.9 Combined Shower / toilet

Where a service user requires provision of a shower and a toilet, but limitations of the accommodation preclude the provision of each as a separate facility, it may be possible to install a shower / toilet unit.

Considerations:

- self-contained, can be installed in any suitable room. Companies will advise regarding drainage and ventilation requirements
- access must be available, possibly to the rear of the unit, for maintenance purposes
- proximity of suitable plumbing
- may be classed as a removable item. Check for appropriate funding, including maintenance responsibility. This should be considered prior to installation.

Note: See standard letter.

1.3.10 Baths

Low level Bath:

This is fitted with over-bath shower, as standard, in Council properties. The benefits are that this arrangement may be useful if a client has difficulty stepping in and out of standard bath. Drawbacks are, the client still requires to step over the side and a lowered bath can be difficult to get up and out of due to the sides not allowing the same level of purchase to assist lifting oneself out. Use of assistive equipment is difficult as

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this bath sits too low for using a swivel seat, also low level and shallow depth means less water to soak in. *Family friendly*

Walk-in Bath:

- This is dearer per unit to purchase than a standard bath.
- It may be easier to access for an ambulant client. Negative aspects of it are that it is an almost claustrophobic bathing experience when using the shower curtain, as the bathing area is very small.
- If the bathroom is such that an extension (or shelf) is required, the shower curtain must sit on the inside of the tub making an even smaller bathing area.
- Not seen as beneficial to all clients as due to the shape there is not a lot of water to soak in. Access restrictions, which may not be an issue at the outset may present later.
- Service user has to be seated in the bath while it fills and until it fully empties.
- *Not considered family friendly as difficult to bath a baby.*

Specialist baths (e.g. baths with adjustable height, integral support)

Considerations:

- service user's functional abilities and clinical indicators, including: hand-holding a spray, washing, sensory impairment, positioning needs
- manual handling requirements and carer ability
- size of the bath / size of the person; plus any support equipment required
- environment: including space / access within the bathroom, style of the bath (e.g. sculptured)
- general long term suitability of the property
- boiler capacity, for water capacity of bath
- requirement for any showering / changing bench above bath, and compatibility.

1.3.11 Replacement of Standard Toilet and Basin

Considerations:

- consider height and size of fixture (i.e. if height or position needs to be adjustable). Consider whether this is required regularly or over a longer period of time. If additional supports are required (e.g. toilet seating systems) check that they are compatible with the fixture being installed
- basins may require integral forearm supports. Consider the size of the item and space available
- ensure suitable taps / flush are included in any specification

1.3.12 Body Dryers (e.g. Powered warm air dryer, thermostatically controlled for use in shower facilities).

The service user has been assessed as unable to dry him / herself independently, and assistance would not be appropriate. The provision must enable independence.

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1.3.13 Alteration to taps

All appropriate equipment has been considered and proved unsuccessful. Provision should only cover essential areas.

1.3.14 Toilets

The options are, as detailed with considerations below:

- chemical toilets
- additional (standard) toilet
- special toilet – with wash / dry facility
- special support / raisers for toilets
- raising existing toilet

1.3.14.1 Chemical Toilets

Considerations:

- a) Fluid requires safe storage out of the reach of children.
- b) There should be a physically and cognitively intact person available to empty the toilet and refill with chemical fluid. The regularity of changing fluid is dependent on individually assessed need.
- c) Location to give adequate degree of privacy.
- d) When using a model without integral stand and rails, provision of suitable frame or rails (e.g. free-standing toilet frame) should be considered along with most suitable style of toilet – sourced from Community Equipment Service stock. Frames with integral seat would not usually be used as it is recommended that the lid of chemical toilets be lowered, when not in use, to limit odour. Service user or carer should be able to manage lid as required.

Notes:

A 2.5 litre bottle of fluid is issued with the toilet and thereafter on service user / carer request from CES.

Please check Equipment Familiarisation document on [ELMS](#).

1.3.14.2 Additional (standard) toilet

Considerations:

- a) Access to existing amenities cannot be provided by alternative means, such as a stairlift.
- b) There is a permanent medical condition causing the need to use the toilet frequently and urgently.
- c) The service user's functional ability to access the existing toilet is severely compromised due to their disability.

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- d) A commode or chemical toilet has been considered but is not suitable (e.g. no carer available to empty, in accordance with assessed need).
- e) Functional limitation of carer to assist person in reaching existing facilities.
- f) Suitable cupboard space or, failing that, a suitable external area for extension.
- g) Consider if showering facilities are also required.

1.3.14.3 Special toilet-with wash / dry facility (e.g. Closomat – wash / dry addition to standard toilet).

Considerations:

- a) Following installation, it will normally be the responsibility of the property owner to service and maintain. The exception to this is where it is installed on Council property – responsibility then rests with Health and Social Care / Children and Families.
- b) The service user is assessed as being unable to maintain proper hygiene after toileting.
- c) The first approach will be to assist the service user to use their existing facility, using any of a range of methods and equipment.
- d) The service user has tried a special toilet and finds it an acceptable solution.
- e) The provision would give the service user independence in toileting.
- f) A plinth may be required to raise toilet to the appropriate height - especially in conjunction with a special shower chair. Due consideration should be given to other family members.
- g) Type of flush mechanism (e.g. back bar, foot pedal).
- h) Where possible, service user should try the equipment before installation.
- i) Check building warrant and water board regulations.
- j) Method of transfer: if a mobile shower chair or similar is used it must be compatible, however may reduce efficiency of bidet and dry facility.
- k) Check manufacturer guidelines for installation and proximity of unit to other water sources (e.g. shower trays).
- l) Position of douche arms may vary on different models, ensure most suitable type for service user.
- m) Cognitive ability to use, either independently or with guidance.

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Notes on decommissioning:

- n) When the specialist toilet is no longer required it can be removed. For responsibility see current Council Policy and procedures for maintainable equipment.
- o) The unit could be disabled by switching off the power supply. The switch is normally located to the side of the unit and can easily be switched off.
- p) Health and Social Care / Children and Families will normally be responsible for removal and replacement with a basic toilet in Council properties, if required.

1.3.14.4 Special support / raisers for toilets

Two options are currently available:

- 1) cantilever, using the arms and body weight - person needs to have trunk control
- 2) electrically operated, fits in place of the toilet seat.

Considerations:

- a) Ensure that they fit the model of toilet.
- b) Ensure that there is room for the motor, if relevant.
- c) Need to have ability to use, including hand control (if electronic) and understanding of mechanism.
- d) Check with the Community Equipment Service if their personnel will be able to fit. Should this not be the case then alternative arrangements will have to be made for fitting.

1.3.14.5 Raising existing toilet

Raising the existing toilet may be considered in exceptional circumstances (e.g. instability of equipment - in some / particular transfers).

1.4 Seating

Standard orthopaedic chairs are not normally provided. Consideration should be given to resolving any difficulties through provision of:

- chair raisers
- foam cushions

For more complex seating the following may be considered:

- electric reclining / lifting chairs
- multi-adjustable support seating

Advice can be given for private purchase of seating.

Consider referral on to nursing team for advice on need for specialist cushions and pressure care prior to supply of chair.

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Basic Measurements:

Basic measurements should be noted in order to identify appropriate size of chair, with service user 'seated measure' (aiming for 90° angle, hip, knee, ankle, head over pelvis in all three planes, and pressure distributed evenly) taking account of:

- height of seat: length of lower leg from floor to behind knee - check type of shoes service user would normally wear
- width of seat: measure side to side of service user, at hip level
- depth of seat: measure from behind knee to backrest
- height of chair overall: relevant if service user is tall / small
- awareness of range of movement, any restrictions in movement and accommodation of fixed contractures
- weight of the service user: which can be checked by weighing hoist which is available within some residential units, or through the [Community Dieticians Service](#).

Considerations:

- can the service user's own chair be raised on blocks?
- foam insert may be used to reduce seat depth or raise seat height (NB / may affect arm / back support)
- increasing height of seat for transfer may affect circulation and increase leg oedema. It may also affect back support and functional ability, when seated
- consider weight of chair, and any need for moving it
- softness of cushion may be a factor
- check arm-rest height in relation to service user, as arms should be supported
- padded arm-rests may be essential for service users with rheumatoid arthritis
- closed arm-rests more suitable for those with flaccid upper limbs
- consider sitting balance and seating support requirements
- check service user's weight and compare with the weight limit of the chair.
- Shape and structure of the existing chair in relation to fitting of equipment, e.g. shape and size of legs or castors.

1.4.1 Powered Lift / Reclining Chairs

All alternative solutions, including use of an alternative chair, use of a leg rest or footstool, equipment or adaptation to access the bed, and powered leg lifter, should have been considered.

A full risk assessment of the person and environment must be completed prior to provision.

The service user may have any of the following:

- severe or deteriorating neurological condition
- severe arthritic condition
- severe cardiac / respiratory condition

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- be receiving palliative care.

At least one of the following should be present:

- need to facilitate safe transfer
- inability to stand without assistance
- inability to change position independently
- unreasonable difficulty using/accessing bed
- moving and handling issues for carers.

Considerations:

- 1.4.1.1 Available as lift-recline, lift-only and recline-only. Check Current Stock for chairs available through [Community Equipment Service](#).
- 1.4.1.2 Chairs with a lifting component operate by slowly raising a person to a standing position. Continual operation of the recline control raises leg rest and lowers back support.
- 1.4.1.3 Basic measurements should be noted to ensure correct size of chair. Refer to [ELMS 2 catalogue](#).
- 1.4.1.4 Awareness of any reduced range of movement, or fixed contractures, which would affect safe positioning in the chair.
- 1.4.1.5 Check service user's weight against capacity of chair.
- 1.4.1.6 Electrically operated: Check suitable power source available, and location in room.
- 1.4.1.7 Check ability to use hand control.
- 1.4.1.8 Special adaptations (e.g. foot, head and additional supports) may be arranged through manufacturers or SMART Centre Bio-Engineers. If used in conjunction with Environmental Control Equipment adaptation should normally be carried out by the company involved in supplying and fitting this.
- 1.4.1.9 Alternative upholstery may be requested for those with special skin needs.
- 1.4.1.10 Only in exceptional circumstances should a chair be used for sleeping purposes. Options to enable access to bed must be pursued in the first instance [NB. Refer to [Section 1.9](#) regarding safety when sleeping in rooms where gas appliances / boilers are located].
- 1.4.1.11 Risk assessment of cognitive and physical ability to use the chair safely is essential (e.g. climbing out from reclined position).
- 1.4.1.12 Not for use for those with incontinence, unless well managed.
- 1.4.1.13 Service user should be made aware that chair takes up considerable space.
- 1.4.1.14 Chair must be positioned a minimum of 22" / 55cm from the nearest object behind it.

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- 1.4.1.15 In those instances where current contract powered rise-recline chairs do not meet essential needs, one-off chairs can be purchased for individual service users who have special needs (e.g. exceptionally tall; short upper limbs; or need for additional support). [For Health and Social Care purchase may be jointly funded through the [Community Equipment Service](#) - consult with the professional advisors at the Community Equipment Service]
- 1.4.1.16 An environmental risk assessment, which includes available space, children and animals and risk of entrapment, must be completed.
- 1.4.1.17 Use of pressure cushions is not advisable, unless adjustments have been made to the chair. Consult with the Professional Advisors at the Community Equipment Service.
- 1.4.1.18 Seating purchased through the [Community Equipment Service](#) will be maintained by this service.

1.4.2 Multi-Adjustable Support Seating

- a) Seating with prescribed supportive components, used as part of a postural management programme.
- b) A planned approach, encompassing all activities and interventions impacting on an individual's posture and function.
- c) Programmes should be tailored for each service user, and may include special seating, night time supports, standing supports and supports for bathing and toileting.

- 1.4.2.1 Non-complex posture management seating (e.g. Heathfield or similar, or saddle seats):

This is seating for a service user with minimal support needs, who requires specific positioning to promote functional development (e.g. prone sitting or pelvic support for stability).

- 1.4.2.2 Complex posture management seating:

This seating is for a service user with support needs which includes pelvic support and a range of additional supports (e.g. thoracic support, head support, shoulder protraction, pelvic tilt, or offsetting to accommodate fixed deformity) and which could require adjustment in height and tilt.

A full assessment of postural status including range of movement, functional level including sitting and standing ability should be completed. A multi-disciplinary approach is promoted.

Any provision that restricts the movement of an individual must have a fully documented risk assessment – detailing the need for restrictive measures and minimum level required (e.g. straps, harnesses, thoracic supports, ramped cushions or trays).

At least one of the following must be identified:

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- a clinical need for posture management
- a need for support to maintain or develop functional independence.

Considerations:

- a. Seating for “comfort only” is not normally the responsibility of the Council. Complex posture management seating should be jointly assessed (i.e. joint funding with Health should always be considered for adult service users).
- b. Seating should facilitate maximum performance with minimum energy consumption - without causing damage to the human body system.
- c. One chair will normally be provided for use at home. Where wheelchair provision meets posture management seating needs additional seating will not normally be provided.
- d. Seating will not normally be provided with height or tilt adjustment, unless this need is identified in the assessment.
- e. Where height and/or tilt adjustment is essential this will normally be provided through a hydraulic mechanism, unless there is a specific risk identified.
- f. Trays and other components, not included in a basic specification, will not normally be provided unless there is a specific assessed need.
- g. A full risk assessment of the service user and the environment should be completed, including cognitive ability, in order to determine the most suitable/appropriate type of equipment.
- h. Colour selection will not normally be available.
- i. Ensure all necessary/appropriate people are involved in deciding on an item of equipment. Where the seating is to be used for a specific activity (eg. feeding) consider if the equipment will enable safe positioning for the activity.
- j. Where appropriate provision should be made in partnership with family members and carers - in order to maximise consensus.
- k. Ensure that use of the equipment is fully understood by all who will be using it - individuals and their carers (formal and informal).
- l. Posture management equipment should be issued together with equipment instructions and positioning profile, as appropriate.
- m. Environment:
 - check where and when the equipment is going to be used
 - consider space available for the equipment, including storage
 - consider space for transfer / location of hoist, and any requirement to move equipment between rooms

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- check compatibility with other equipment/furniture, if required (e.g. table heights, hoist)
 - check a suitable power source is available in the required location of the room, if necessary
 - check for adequate access to the property, for delivery of the item requested
 - risks of soiling and methods of cleaning.
- n. Service User
- Considerations:
- skin integrity and shear forces
 - medical interventions (e.g. gastrostomy, respiratory equipment)
 - Respiratory function
 - safe swallow
 - size, and growth pattern
 - range of movement and requirement to accommodate fixed deformities
 - consideration of muscle tone, abnormal movement patterns and involuntary movements. Position and flexibility of adjustment of any additional support required.
 - Presence of gastrostomy, ventilator, or other essential equipment
 - additional components (e.g. pommel, foot plates or harness) should be specified to meet individual needs to promote stability, symmetry and alignment - Are they in place at all times or are they lifted out and positioned as required (e.g. blocks and wedges). Consider effect on transfers.
 - pain management, and comfort in use
 - consider any requirement for recline or tilt, in space function
 - requirement for height adjustment for specific activities or transfers
 - chair stability and durability (e.g. for rocking behaviour)
 - risk of entrapment (e.g. around foot rests, arm rests or tray)
 - activity for which the seating is to be used
 - chair stability (e.g. for rocking behaviour)
 - risk of soiling
 - shape / contour of equipment parts: supportive or prompting
 - a trial of the equipment should be completed, wherever possible and for a suitable period of time, to ensure correct fitting, comfort, and environmental compatibility
 - carer moving and handling, including ability to manage the operation of any mechanism such as height or tilt within available space

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- manoeuvrability – need for castors or push handle

1.4.3 Activity tables and trays

- A surface of an appropriate height, suitable for play and / or feeding that can be appropriately positioned.
- An activity table and / or tray will normally only be provided for use with a specialist chair or standing frame - where the need has been assessed as meeting both the general policy for provision of equipment and current eligibility criteria.

Considerations:

- risks of entrapment.
- compatibility with other equipment in use (e.g. base of chair or bed and height of arm rests - for clearance)
- size and shape of surface required
- angle and position of surface required
- any fixing / stabilisation components required
- stability of surface
- how surface will be moved to enable transfers. If a tray or table restricts movement this may be considered a restraint. A full risk assessment should be completed, as for seating ([Ref: Section 1.4, above](#))
- any need to move equipment while tray is in place (e.g. to consider additional turning space required)
- ease of fitting / removing.

1.4.4 Powered Leg Supports

Alternative solutions should first have been considered (e.g. use of footstool, returning to bed - to alter position).

Note: This piece of equipment is not normally provided by the Council. There are specific risks and concerns if used with seating. However, if being considered please take account of the following:

- a full risk assessment of the service user and environment must be completed prior to provision
- the service user should be unable to elevate legs independently
- at least one of the following reasons should be present:
 - i. elevation of oedematous limbs required
 - ii. unreasonable difficulty accessing bed.

Considerations:

- 1.4.4.1 Full assessment, including the environment and cognitive ability to use equipment, must be completed. (Note: this equipment can be complicated to use.)

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- 1.4.4.2 May operate with chairs or beds. Check limitations of any item (e.g. for use on bed or chair only) and whether furniture requires open front/legs for fitting of equipment. A service user may have to purchase a more suitable chair to enable fitting.
- 1.4.4.3 Once fitted, the equipment may affect transfer position by limiting feet placement.
- 1.4.4.4 To be aware of any reduced range of movement, or fixed contractures, which may affect safe positioning in the chair.
- 1.4.4.5 For use on beds: Check the service user's ability to move into suitable transfer position (e.g. bridging). Sitting balance must also be assessed.
- 1.4.4.6 Where used on chairs: check effect on balance of the chair. There may be safety issues if the service user shifts weight forward when in the seated position (e.g. to reach for a drink) and at point of transfer - due to weight at front edge of seat.
- 1.4.4.7 Be aware that when the equipment is raising or lowering, this may result in some movement forward or backwards on the seated surface. Check if there are any concerns about skin shearing or inability to adjust seated position.
- 1.4.4.8 Cannot be used with non-locking ejector chairs or cushions.
- 1.4.4.9 Ensure that the item of furniture the leg lifter is to be fitted to is not moved regularly as it may dislodge and be unsafe.

1.5 Beds - Mattress Variators and Pillow Lifts

Mattress variators and pillow lifts can be used where a service user is unable to move from a supine to sitting position.

Considerations:

- rails and backrests would not be appropriate or resolve the difficulty
- the service user and / or their carer would be at risk, undertaking the activity.

1.5.1 Pillow Lifts

Considerations:

- 1.5.1.1 Identify suitable power source (e.g. 13 amp).
- 1.5.1.2 Full risk assessment required, including risk of entrapment due to moving parts.
- 1.5.1.3 Firmness of mattress and structure of the pillow lift will affect stability (e.g. wooden frame or air inflated pillow). The pillow lift should not take up the full width of a single bed, so that service user may be less secure than with mattress variator.
- 1.5.1.4 Laid over existing mattress, and therefore service user may feel less comfortable in bed.

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- 1.5.1.5 Not likely to be suitable where a pressure mattress is required.
- 1.5.1.6 Service user may slip down bed when equipment is in use, so must be able to adjust position.
- 1.5.1.7 May be preferred option for couples continuing to share a bed.
- 1.5.1.8 Requires less fitting and disruption than mattress variators.
- 1.5.1.9 Can be used on any type of bed.
- 1.5.1.10 May be operated by the service user or carer.

1.5.2 Mattress Variators

Considerations:

- 1.5.2.1 13 amp power source required.
- 1.5.2.2 Can be ordered for either single or double beds (check manufacture / catalogue guidelines for suitability for different sizes). Understanding of equipment and ability to use hand control should be checked.
- 1.5.2.3 Full risk assessment for transfer ability and safety of rails required - if to be used in conjunction with mattress variator (both for compatibility with equipment and potential for entrapment in moving parts).
- 1.5.2.4 May result in some slippage down bed, on moving to a sitting position, therefore the ability to adjust position on bed is important. Some varieties have a knee brace option which may assist position in bed but may interfere with transfers.
- 1.5.2.5 Type of mattress may affect use (e.g. orthopaedic mattresses -prone to slide off end of bed) and prolonged use may damage the mattress.
- 1.5.2.6 Motorised hydraulic mechanism variators are necessary if a service user routinely uses in static inclined positions (NB. some makes may be unsuitable for use on metal frame beds).
- 1.5.2.7 Hand controls vary in style and ease of use. Side of bed hand position control needs to be considered.
- 1.5.2.8 May be operated by service user or carer.
- 1.5.2.9 Cannot be fitted to the bed while a service user is in bed.
- 1.5.2.10 Arrangements may need to be negotiated with carers for time of fitting.
- 1.5.2.11 Please also check Equipment Familiarisation document on ELMS.

1.6 General Alterations Living Space (Includes bedroom, kitchen or bathroom living space(s))

1.6.1 Bedrooms

Considerations:

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1.6.1.1 Consideration to be given to other space available within the footprint of the property.

1.6.1.2 Do not normally consider extending property.

1.6.1.3 Alternative accommodation may have to be considered.

Note: Advice will be available on assistance and housing options.

1.6.2 Kitchens

Considerations:

1.6.2.1 Consideration will be given to create a suitable work area for essential kitchen tasks. This will not include provision of appliances.

1.6.2.2 The Council would not normally consider extending property to create an accessible kitchen facility.

1.6.2.3 Reinstating kitchen facilities, where affected by other work: only basic amenities affected by essential work may be considered.

1.6.3 Bathrooms

Considerations:

1.6.3.1 Consideration will be given to other space available within the footprint of the property.

1.6.3.2 Where it is not possible to create suitable facility within the existing footprint of the property consideration may be given to a small extension.

1.6.3.3 Alternative accommodation may have to be considered.

1.6.3.4 Replacement Toilet and Wash-Hand Basin (NB. Where there is no specific disability requirement to alter or replace existing wash-hand basin and toilet fixtures this work would not be provided for as part of an adaptation).

1.7 Heating and Electrics

The Council do not normally provide alternative forms of heating.

1.7.1 Gas Fires / Appliances

Making any modification to a gas fire is potentially hazardous. Any modification(s) that affects the gas flow should only be done by a qualified Gas Safe Engineer.

If there is a gas appliance or boiler in a room where a service user sleeps, a qualified Gas Safe Engineer should be consulted to ensure safety and ventilation requirements are met. Standard letter should be sent.

Moving the controls on the actual fire is seldom an option and it may be necessary to advise the service user to replace a fire with low controls with one having higher controls. This is not something Health and Social Care / Children and Families will fund. Housing Provider may consider changing the model of fire appliance.

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Where a service user is unable to reach the gas supply tap (i.e. not the control on the appliance) it may be possible to move the tap to a more appropriate position. This would be at the service user's own expense.

It may be appropriate, following a risk assessment, to consider the provision of an isolator or other suitable alternative on the inflow pipe to a fire. Any qualified Gas Safe Engineer could fit this. It is normally the service user's own responsibility to fund this.

Where a service user has difficulty turning on / off a gas fire, it may be possible to fit an extended handle. This would be done by a qualified Gas Safe Engineer at the service user's own expense.

For further information see: [Gas health and safety](#)

1.7.2 Coal Fires

If a service user cannot manage their coal fire, even with the assistance of a home help, it may be necessary to advise them to seek an alternative form of heating. Health and Social Care / Children and Families will not replace coal fires.

A fireguard may be advisable for service users in cases where safety is an issue (e.g. epilepsy, ataxia, dementia). Fireguards are not normally provided.

Service users and carers should be reminded that clothing should not be placed on a fireguard as it is a fire hazard. In some instances it may be necessary to recommend use of alternative heating sources. This would not normally be funded through Council equipment budgets.

1.7.3 Central Heating

Where heating alterations are required, as part of a larger adaptation, only those alterations directly affected by the work would be funded.

In respect of a radiator: consider any safety requirements relating to maximum temperature (e.g. whether there are risks of falls or seizures - where a person may fall against it). Also, consider radiator shape and size.

Health and Social Care / Children and Families will advise on, but not fund, the relocation of inaccessible heating controls.

1.7.4 Plugs, Sockets and Switches

1.7.4.1 When considering raising an electric socket cost effective alternatives (e.g. extension cable and switch) should be considered.

1.7.4.2 Additional power points can be isolated to accommodate specific pieces of equipment for the disabled (e.g. [Possum](#), electric hoists).

1.7.4.3 The installation of an additional spur from the meter is required for a stairlift (i.e. at the top of the lift, for a curved stairlift).

1.7.4.4 Where a house needs re-wiring (i.e. does not conform to [IEE](#) wiring regulations / standards – e.g. it has round pin plugs), the Council would not

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undertake any electrical work until the re-wiring has been done, at the householders / owners expense.

1.7.4.5 Isolated power points could be installed (i.e. direct from spur fuse point) in emergency situations.

1.7.4.6 Issues in operating a light switch may be solved by using a switch stick or large rocker switch.

1.7.4.7 Similarly, issues of reaching a light switch may require re-positioning of the switch or using alternative side lighting.

1.7.4.8 Service user issues in respect of entering a dark room could be managed by using a light with a Passive Infra-Red Sensor.

1.7.5 Gas or Electric Meters

Gas or electric meters will only be moved, at the Council's expense, to enable completion of an adaptation. Primarily the costs should be included in any funding application.

Consideration may be given, in exceptional circumstances, to box-in meters or alarms.

1.8 Restoring Property Condition after Adaptation Installation

When an adaptation is installed any resulting damage to plasterwork will be repaired, however redecoration (e.g. wall paper, tiling, emulsion and gloss painting) will not be carried out. Tiling will only be undertaken in a floor-level shower area.

1.8.1 Walls / Ceilings

Any holes in walls or ceiling plaster will be filled to ensure no health and safety issues arise from holes, exposed electrics etc. This will be done to an adequate standard to enable the service user / property owner to arrange/undertake redecoration.

1.9 Safety Enhancement

Provision of the following items may be considered to maintain safety within the home, following an assessment that provision is essential to maintain or achieve optimum independence:

- reactive strategies that involve some degree of restraint should not be used on their own, but be explored alongside proactive, preventative plans which help people learn to behave in non-challenging ways
- they must only be used with the best interests of the person with disability
- they should use the least amount of force possible and not cause pain
- fire safety risks must be considered prior to implementing any intervention that restricts access in and out of a property, or within the property.

(Source: [Challenging behaviour Foundation Information sheet Physical interventions](#) for challenging behaviour, web link).

Policy Title - Adaptations and Equipment Provision in People's Homes and Practice Guide

1.9.1 Fences

Limitations:

- wire mesh to a maximum of 1.8m in height
- wood with upright slats to a maximum of 1.8m in height.

Consideration should be given to the minimum level of restrictive intervention required:

- a) The service user would remain at risk after all other means of supervision have been investigated.
- b) The area to be fenced will be governed by the layout of the garden but should be no greater than 40 square metres plus 20sqm for each additional disabled child.
- c) Instances where funding would not be provided is, for example, to keep out other children and dogs.

Note: The repair and maintenance of an existing fence are the responsibility of the property owner.

1.9.2 Gates / half doors

Description:

- A metal or wooden frame gate fitted across a doorway or passageway
- A door split in half, along the lines of a stable door, which allows the top half to open while the bottom half is closed - for the purpose of supervision.

Considerations:

- 1.9.2.1 The service user would remain at risk after all other means of supervision have been investigated
- 1.9.2.2 A gate would be fitted to complete a safe area that would prevent a vulnerable person from wandering into a hazardous area
- 1.9.2.3 Provision of safety gates would not normally be considered where a child of similar age would normally require a safety gate for safe supervision.

1.9.3 Locks on Doors and Windows

1.9.3.1 External

The provision of suitable external door, window locks and safety features is considered to be the responsibility of the housing provider / property owner. The Council would not normally provide these.

1.9.3.2 Internal

Additional locks may be provided for specific internal doors, cupboards or other storage areas, in exceptional circumstances. Consideration of safety and independence of all within the home must be considered. Use of star locks may be the most efficient and cost effective type of lock.

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1.9.4 Glazing

Description:

- special film to prevent breaking and splintering of glass
- toughened glass
- replacement of glass with alternative fabric (e.g. wood panel)
- replacement of curtains and blinds, with blinds encased within double glazing - may be provided where a hyperactive / destructive person is liable to smash windows and / or glass doors.

1.9.5 Car Seats and Harnesses

Supportive seating and transfer equipment for use in vehicles are not supplied. Funding for these should be considered from Mobility Component of Disability Living Allowance.

1.9.6 Baby Alarms / Intercom Communication

This is a system which provides communication between two rooms in a house.

Provision of baby alarms, and intercom communication for children, is normally considered to be the responsibility of the parent or legally responsible adult.

1.9.7 Fire/radiator guards

Provision would not normally be considered, unless there are exceptional circumstances.

1.9.8 Visual Doorbells

These are provided for people who are deaf, deafened or hard of hearing. Assessment and provision is through [Deaf Action](#), on behalf of the Department of Health and Social Care.

1.9.9 Alarms

All of the following may be available through Telecare service:

1.9.9.1 Movement Sensors

Will raise an alarm when movement takes place, and can include the following:

- door and window sensors
- movement and pressure sensors.

May be provided where a service user is at risk of leaving a specific / identified area (e.g. bed, room or area boundary - such as garden) and monitoring would be essential to maintain safety.

1.9.9.2 Smoke detectors

These would normally be considered to be the housing provider / property owner's responsibility.

The Council and Housing Associations / Co-operatives provide smoke alarms in their own property, including specialist equipment for deaf people. Where appropriate an alarm may be linked to the Council's Community Alarm Scheme.

Grants are available for deaf people, who live in owner occupied housing, in order to install smoke alarms. Systems may be linked to a mobile phone, Community Alarm Scheme pager, or similar.

The fire service offers free checks for smoke detectors.

1.9.9.3 Gas and electricity control systems

A gas detection device may be installed through Telecare, depending on individual circumstances. Where appropriate an alarm may be linked to the Community Alarm Scheme.

1.9.9.4 Isolator system

Description: Isolator with heat sensor, smoke detector and key pad for an electric / gas cooker.

Considerations:

- this will only be considered in exceptional circumstances
- Individual / stand-alone cooker isolators can be purchased and installed by a registered gas safety engineer.

1.9.9.5 Electric socket cover / hard wiring of specific appliances

An isolating system which replaces an electric plug, so that an appliance can only be turned on by a key, may be considered in exceptional circumstances where other behaviour strategies and commercially available alternatives will not manage risk.

1.9.9.6 Flood / water detectors

- magi plug - detects weight of water build up, to release plug automatically.
- water temperature sensor

1.10 Reinstatement

A written agreement, regarding responsibility for any re-instatement, should be completed at the time of installation and should be authorised by appropriate line management.

Where the Council has responsibility for an item, and it is no longer required by a service user, when the item is removed the following level of reinstatement may be considered:

1.10.1 Autolift

When an autolift is removed the Department is unable to take responsibility for making good the floor covering.

1.10.2 Combined Shower / Toilet

If the alteration has involved installing a combined shower/toilet unit in a room other than the bathroom, the Department will consider removing it and sealing off any plumbing, but is unable to undertake any redecoration.

It should be noted that, at the time of installation, carpets should be carefully cut and stored for future replacement.

1.10.3 Fixed Overhead Track Hoists

- **Within one room:** The hoist and fixing bracket / beam would be removed, and ceiling made good to plaster level.
- **Between two rooms:** The hoist and fixing bracket / beam would be removed, the hole blocked up, and made good to plaster level.

1.10.4 Radiators

There is no provision for radiator(s) to be re-sited, should equipment be removed at a later date.

1.10.5 Semi-permanent Ramps

When the ramp is removed steps will be reinstated. If the steps rise more than 600mm above the ground then one rail will be provided.

1.10.6 Stairlifts

When a stairlift is removed Health and Social Care / Children and Families are unable to take responsibility for making good the floor covering.

If a stair is left without a banister rail (i.e. contravening building regulations) the Department will reinstate the banister. If possible, the original banister should be stored at the property. Where this is not possible consideration may be given to reinstating a standard banister rail.

Where the stair has been altered, and the removal of the lift would leave the stair in a dangerous state, the Department will reinstate the stairs to comply with building regulations.

1.10.7 Through-Floor Lifts

When a through floor lift is removed the Department will reinstate the floor and ceiling over the "lift area". One coat of emulsion will be applied to the whole ceiling. Where the property has specialist features discussion/decision will be on a case by case basis.

If the lift was fixed to an internal wall the wall will be made good to plaster level, and one coat of emulsion applied on the affected area.

1.10.8 Specialist Toilets

Refer to Installation, [Section 1.3.14](#). When no longer required the unit would normally be disabled and left in situ.

1.10.9 Temporary Removal of Equipment (e.g. to have carpets fitted)

Should a person have a piece of equipment removed temporarily, for any reason, the responsibility for the cost of reinstatement of the equipment lies with that person. Specialist equipment must be re-fitted by a contractor authorised and recognised by the Department.

1.11 Third Party Responsibilities and Exclusions

The Department is not liable for the following, which relate mainly to a person's own facilities and responsibilities as a householder, which include but is not be limited to:

- 1.11.1 Newly built properties have a defects liability. During this period any adaptation requires consultation with the architect and building contractors.
- 1.11.2 Repairs to existing facilities such as handrails, paths, fences and gates, faulty or inadequate wiring are the responsibility of the property owner.
- 1.11.3 On completion adaptations become a part of the property and the responsibility for the maintenance and repair will normally rest with the property owner, unless there has been prior commitment by Health and Social Care / Children and Families to maintain.
- 1.11.4 A new tenant moving in to a previously adapted house accepts the house as seen. The Council does not normally remove adaptations.
- 1.11.5 For owner occupied properties a Home Improvement Grant is not available within a ten year period for the same adaptation.
- 1.11.6 Costs of one-off respite during period of adaptation installation. Advanced planning should be undertaken with all relevant partners, including the disabled person, Services for Communities, Social Work and any relevant respite provider as appropriate.
- 1.11.7 Internal and external light fittings
- 1.11.8 Provision of basic amenities, where not present - see Housing Grants guidelines.
- 1.11.9 Provision of basic household furnishing or replacement of old and / or damaged furniture - Funding may be sought from a voluntary organisation.
- 1.11.10 Disability Grants for private property do not normally cover the cost of providing facilities in new build property. Individual needs should be considered during the development stages.
- 1.11.11 Provision for second residence is not available other than where parents share legal parental rights and a child or young person spends equal time at each family residence. Provision to meet assessed needs in Family Based Care respite will be considered the responsibility of the Family Based Care Team. Other second residences will not normally be assessed.