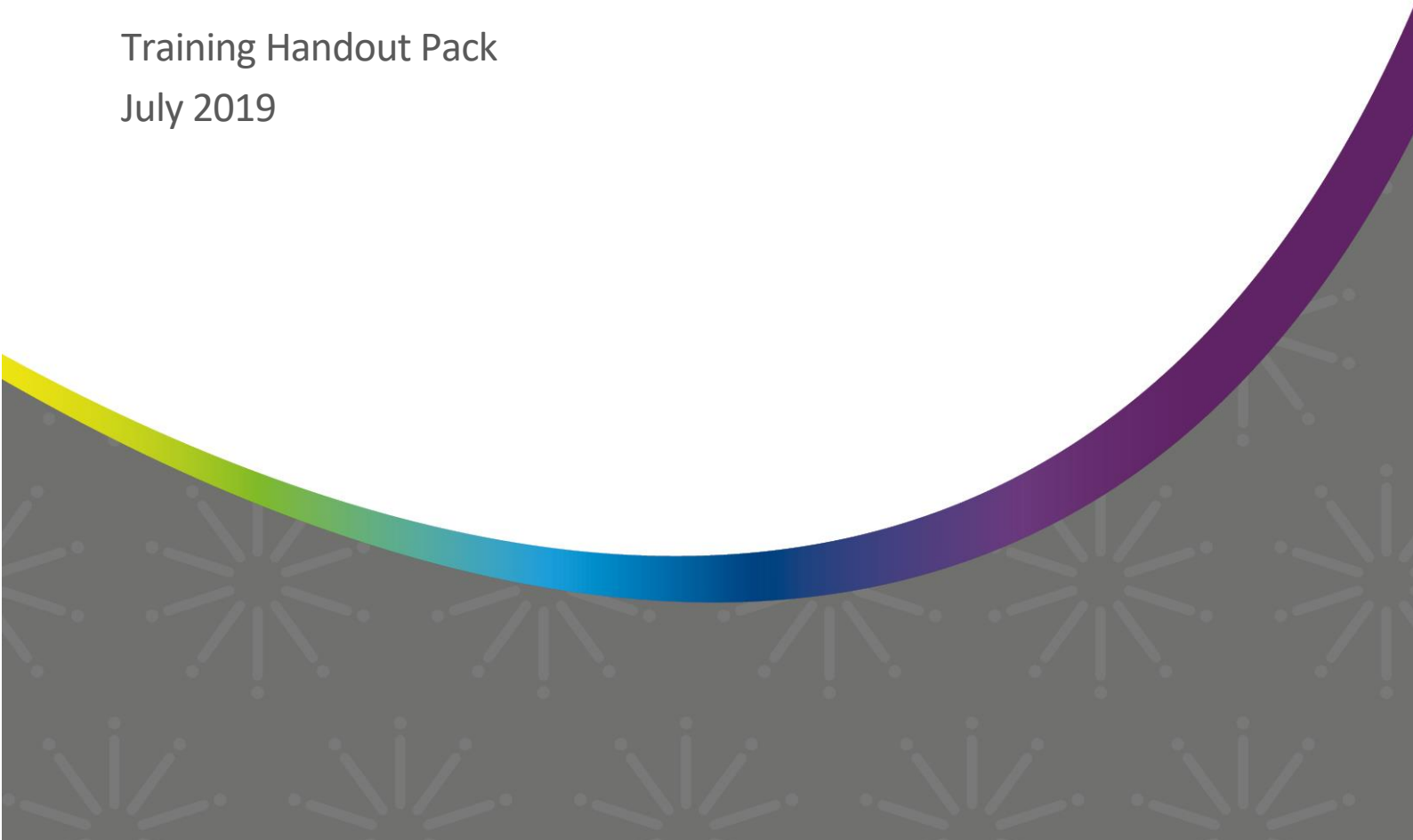


Place, Home and Housing

# Adapting for Change Module 2

## Housing Solutions and the Provision of Minor (non-complex) Adaptations

Training Handout Pack  
July 2019



# Contents

Contents	2
Handouts	2
Section 1: Background information	3
1.1 Background information	3
Section 2: Provision of MINOR (non-complex) Adaptations	4
2.1 Example List of types of Minor Adaptations	4
2.2 Funding arrangements	4
2.3 Roles and responsibilities of Assessors	5
Section 3: Assessing for Adaptations	6
3.1 Principles of Assessment and Duty of Care	6
3.2 Factors for consideration during assessment	7
3.3 Managing Risk	8
3.4 Technology enabled solutions	9
3.5 Minor (non-complex) adaptations – Assessment information (specific considerations)	9
3.6 Minor (non-complex) adaptations – Assessment information (specific considerations)	15
Section 4: Tools and documentation	17
4.1 External handrails	17
4.2 External grabrails	18
4.3 Internal rails/bannisters	19
4.4 Internal grab rails	20
4.5 ASSESSMENT TOOLS & FORMS	24
Appendix 1: Example screening tool for Telecare	25
Appendix 2: Presentation slides	26

## Handouts

To be given out at the training;

- Relevant assessment tool examples
- Example Adapting for Change Definitions of Adaptations
- Example pathways (local/national examples)
- Relevant information on the processes for ordering (local example)

# Section 1: Background information

## 1.1 Background information

This training has been developed in the context of the **Adapting for Change** programme, initiated to identify and deliver improvements to the provision of Adaptations for people living across all tenures in our communities. The 2012 report from the independent Adaptations Working Group, highlighted a number of opportunities to improve housing adaptations but concluded that a more fundamental review was needed. Scottish Government, and the iHub (Health Improvement Scotland), are working together to support the testing of innovative approaches to the challenging issues. The programme has been ongoing across 5 sites to test out potential service improvements and concludes at the end of March 2017. Recommendations from the evaluation of the programme, and the ongoing outputs from the test sites will help to inform effective service improvement. As the responsibility for the delivery of functions relating to housing adaptations now lies with the Health and Social Care partnerships this work has developed within the context of the emerging Health & Social care Integration arrangements.

**The key principles and themes of the Adapting for Change programme include:**

- Streamlining processes;
- evidencing effective Outcomes for people;
- tenure neutral approaches;
- one-stop shop/integrated approaches;
- a wider focus on all housing solutions including rehousing, and an emphasis on prevention and early intervention.

**The ‘Housing Solutions’ change programme** has been developed to apply the principles of Adapting for Change. Encouraging wider responsibility across our housing, health and social care services, for the identification and discussion of housing needs and solutions with people in our communities who need advice and support. **Emphasis should be on early intervention, simple solutions, exploration of rehousing opportunities, and personal outcomes.** Training modules have been developed to support this ethos, and encourage a multi-partnership integrated approach to identifying and assessing for local solutions. This will ensure that needs can be assessed, and solutions provided, by a wider range of front-line staff across Housing, health and social care, and third sector settings, removing the traditional requirement for a ‘social work’ occupational therapy assessment for every adaptation solution.

# Section 2: Provision of MINOR (non-complex) Adaptations

## 2.1 Example List of types of Minor Adaptations

This list includes the most common categories of Minor Adaptations for straightforward non-complex needs, however there are likely to be other miscellaneous provisions that may not be included here e.g. Door handles/special taps etc. Local Partners should reflect their own arrangements when delivering the Training and may therefore include reference to other types of minor provision. Appendix 2 provides an example of Definitions for the provision of different categories of Adaptations.

ACCESS
<b>Bannisters</b>
<b>External Handrails</b>
<b>Door entry systems</b>
<b>Grabrails</b> *note in some Partnerships bathroom grabrails are classed as ‘community equipment’ and provided through local community equipment Store services.

## 2.2 Funding arrangements

Responsibility for delivery of functions relating to housing adaptations and equipment (aids) now lies with Health and Social Care partnerships (The Integration Authority)<sup>1</sup>. Key responsibilities delegated to the Integration Authority are:

- The duty to assess for an adaptation
- Planning for and resourcing adaptations.
- The duty to provide grants of 80% or 100% for those living in the private sector, who are assessed as needing adaptations.

Financial resources previously deployed for tenants of Councils have also passed to the Integration Authority. Funds for adaptations undertaken by Housing Associations and Co-operatives (RSLs) etc. have not been passed to the Integration Authority, but the IA has responsibility for ensuring that relevant HSCP services are available to support adaptations for RSL tenants.

Whilst the responsibility for fulfilment of these duties now lies with the Integration Authority, it is open to IAs how services will be delivered and by whom. In many areas it is anticipated that, in the short to medium term, services will be delivered in much the same way as prior to Integration.

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<sup>1</sup> Adaptations, Aids and Equipment - Advice Note, Health and Social Care Integration, Scottish Government, April 2015. ISBN: 978-1-78544-304-5 (web only).

In general, public sector adaptations which require structural work, are the responsibility of housing providers, and minor adaptations are traditionally funded from (ex-Social Work) budgets within the HSCP. In the private sector, the service user is expected to apply for a Home Improvement Grant from the Council towards the cost of adaptations. In terms of funding, the table below sets out general arrangements:

Table 1. Funding arrangements for Adaptations (adapted extract from [Guide to Funding a Major Adaptation, August 2010](#))

Overall Governance	Health & Social Care Partnerships (HSCP's) - 'The Integration Authority'				
Tenure	Private sector housing		Social rented sector		
	Owner	Private rented	Local authority	Housing Assoc(RSL's) Non-stock transfer	Housing Assoc (RSL's) stock transfer
<b>Funding source</b>	Private sector grant funding		HRA	HAG or RSL resources	RSL resources
<b>Level of funding</b>	80-100%	80-100%	100%	100%	100%
<b>Access to funding</b>	Private sector teams or grant officers		LA Housing service	RSL	RSL
<b>Management of process</b>	Private sector teams or grant officers <b>Or</b> Care & Repair <b>Or</b> Owner or tenant		LA Housing or property (Adapts) service	RSL	RSL

## 2.3 Roles and responsibilities of Assessors

1. To assess the service user's need in partnership with the person and their relevant carer(s).
2. To support, enable and empower the service users in identifying and considering further options for independent living including alternatives to adaptations such as re-housing.
3. To provide information on the different types of equipment and adaptations solutions available to match assessed need.
4. To inform the service users and their carer(s) of the outcome of assessment and any priority rating, if relevant.
5. To identify and review specifications, plans and costs of proposed adaptations.
6. To seek relevant level of funding, and ensure this is authorised as per the scheme of delegation/partnership arrangements.
7. To support and advise on the role of the local technical/adaptations Service/provider when relevant.
8. To demonstrate safe and proper use of adaptation and equipment subsequently installed and ensure Service User satisfaction.
9. To escalate any issues of concern with relevant line manager, or Adaptation provider/Service as appropriate.
10. To understand their own competency level and know when to seek support and/or refer on to the appropriate colleague

# Section 3: Assessing for Adaptations

## 3.1 Principles of Assessment and Duty of Care

Assessment should be carried out by an assessor who is deemed competent by their manager to carry out the necessary assessment, and has the knowledge to decide on the appropriate solution. A range of staff employed within services and agencies e.g. community Health & Social Care partnerships, Hospital settings, Care & Repair, Housing...can assess the equipment & adaptation needs of those with a variety of disabilities and conditions in order to effectively meet service users needs.

Use of the information in this training manual related to the assessment and provision of specific Adaptations should be viewed in the context of local arrangements and protocols.

The training manual will be used as guidance for the practitioner, and will be supported by local professional and Supervision arrangements. Good practice initiatives should also be considered including shadowing/'Buddy' arrangements, and support provided by ongoing training opportunities.

Staff are responsible for ensuring they are conversant with the application of the range of potential solutions. Interpretation of the information is each assessor's responsibility and must be applied with a specific service user in mind. This may mean that they need to be amended to ensure safe usage for the service user.

- On conclusion of the assessment, and within the range of recommendations made by the Assessor, the Service User's and Carer's wishes will be fully taken into account. The Assessor will only act on those recommendations, which meet with their approval, ensuring that they understand exactly what they are being provided with, and how the Adaptation should help support them achieve the identified Outcomes.
- The principal of MINIMAL INTERVENTION, MAXIMUM INDEPENDENCE shall underpin every assessment
- The Assessment should be focused on achieving the identified person-centred Outcomes as agreed with the service user (and their carers, where relevant).
- Alternative methods of managing have been tried and found not to be successful, including full exploration of rehousing opportunities where ever possible.
- Preference alone must in no way influence the type of provision
- Any recommendations made are the responsibility of the assessing professional

A recommendation for any adaptation must be made in conjunction with the relevant agencies agreed priorities. In accordance with the relevant legislation, it is necessary to consider the following factors:

## 3.2 Factors for consideration during assessment

### Independence

Any proposed equipment/adaptation provision must be "necessary and appropriate" and "reasonable and practicable" in order for the disabled person to remain at home {Local Government Housing Act 1989}.

#### Definition

<u>Necessary</u>	A basic need, which cannot be met without equipment/adaptation.
<u>Appropriate</u>	The proposed equipment/adaptation must be suitable and effectively meet the need.
<u>Reasonable</u>	Must be the most cost-effective way of meeting the need.
<u>Practicable</u>	Technically feasible, given the age and condition of the property.

NB: Whilst Equipment/Adaptation provisions cannot be recommended where these are desirable rather than essential, different Partnership areas may have preventative approaches in place which facilitate early intervention.

### Assessment

*The assessment will determine a person's abilities* and existing strengths and any provision will reflect this. The purpose of any provision is to increase or maintain the functional independence of people with permanent and substantial disability.

*The level of provision will also be dependent on their technical feasibility.* Whilst independence is the aim, it may be necessary to compromise due to environmental difficulties. In these circumstances, a Service User may be required to accept the need for assistance, instead of full independence.

### Age/Prognosis

Age or prognosis should not be a barrier to the provision of services.

To enable the maintenance of a good quality of life for a person with limited life expectancy, a quick response is necessary. The type of adaptation recommended will need to reflect this.

### Needs of carers/family members

Consideration must be given to the role and needs of the Carer, Disabled Persons (Services Consultation and Representation) Act 1986 and Carers (Recognition and Services) Act 1995].

Any proposed equipment must improve the quality of care given to the User.

It should also alleviate the physical demands and emotional stress experienced by Carers and other family members, where possible.

### Future use and needs

The planned equipment/adaptation provision, should take into account the Service User's current and long term needs, taking a holistic approach. However, often a simple provision can be made providing for current need, where long term need cannot be anticipated.

Equipment/Adaptations should not be considered to overcome social or economic problems, e.g. overcrowding, where no disability issues are identified.

### Options/Forward Planning

Wherever possible and appropriate, **opportunities should be taken to prompt early conversations about likely future housing needs and issues.** Early intervention in terms of empowering individuals, with information, options and prompts will help them to think about and plan for, their future housing requirements.

### Medical advice

User's written permission should always be obtained prior to seeking medical opinion.

## 3.3 Managing Risk

Under Health and Safety at Work legislation all organisations are responsible for ensuring the safety of their staff and those to whom they provide a service. However all staff regardless of grade are responsible for keeping themselves safe from risk of harm as well as those they work with, including colleagues, customers and within reason other people involved.

In terms of assessing for the provision of Adaptations, assessors will have carried out their professional assessment and /or shared assessment or other designated assessment tool. This may throw up potential risks that could be incurred either by service users and/or their carers.

- ✓ If there is potential risk of harm to a service user, informal carers, or member of staff, despite applying precautions, it is important that staff have taken a structured approach to their decision making about the provision of the recommended solution. This may involve liaison with other colleagues/agencies involved with the service-user.
- ✓ Any recommendations made are the responsibility of the assessor based on the information available to them at the point of the assessment.
- ✓ The Assessor must ensure that they record their recommendations, in the appropriate assessment documentation, highlighting any specific risks and action taken.
- ✓ This will clarify their decisions for themselves, and make their reasons transparent to other colleagues/agencies, who may need to know.

There can be a culture of risk aversion within services but it must be remembered that there will nearly always be some level of risk in any service provision and it is critical to the overall well-being of the person that a measured approach to Risk is adopted.

- If there is an over-provision of service (over-prescribing), the impact for service users can be dependency on others for simple tasks of daily living and/or feelings of disempowerment.
- Service users also have responsibility[should they have capacity to take this] for their own safety, in addition to the assessors role in ensuring the adaptation provision is safe and meets their needs with the minimum possible acceptable risk, as far as is reasonably practicable.



- It is particularly important to work with other colleagues and agencies involved with the service user where elements of risk are being managed, and to take a shared approach to decisions being made (including with the service user themselves).

### 3.4 Technology enabled solutions

Technology is increasingly playing a key role in supporting people to live at home independently, safely and for longer.

Technological solutions can often work alongside other adaptation, equipment and housing provisions to provide a holistic package of support, centred on the person and their particular needs, and taking into account the needs of carers/family/support systems. In some situations TEC solutions can make a significant contribution to avoiding a person having to either receive more 'care', or having to move into a care setting.

**All staff should ensure that they know how to access the TEC service in their particular locality and should take the opportunity to develop their knowledge of what is available and how to signpost and refer on.**

**Appendix 1** is an example of a screening tool for TEC solutions from a housing perspective. This particular example is from Aberdeen but, again, staff should check to see what is used locally, and promote awareness, use, and provision, as appropriate.

### 3.5 Minor (non-complex) adaptations – Assessment information (specific considerations)

ACCESS	SPECIFIC CONSIDERATIONS
External Handrails	<p><b>Description:</b> A tubular metal handrail with a painted finish (usually black or grey) fitted over steps.</p> <p><b>Provision:</b></p> <ul style="list-style-type: none"> <li>• Within public sector housing, handrails, both internal and external, are regarded as a normal requirement for people irrespective of disability. Handrails will therefore usually be provided on request by the majority of housing associations, and no assessment process is required. Requests may be made by the disabled person, or by any other person, provided that the disabled person is in agreement that a handrail is required. A pro forma, should be completed to request provision (see local arrangements).</li> <li>• For Owner occupied and rented private sector housing, assistance in provision of external handrails is funded by social work budgets (HSCP), where needs for these are determined.</li> </ul>

### **Considerations:**

- Individual is a disabled person in terms of the existing legislation
- Need for handrail provision is an essential one, relates wholly to the service user's disability;
- Should be appropriate to the individual's assessed needs;
- Written permission is obtained from the owner of the property, if this is not the individual service user;
- Service user's functional ability is unlikely to improve in relation to ability to negotiate steps e.g. such improvement may be expected through the natural course of events or the anticipated outcome of proposed surgical intervention or a rehabilitation programme;
- Climbing steps unaided would exacerbate medical condition or cause health to deteriorate;
- Service user and/or attendant is at risk when using the current method for negotiating steps;
- Service user intends to use, and is able to use the handrail safely, either independently or with an attendant;
- Service user is currently dependent on a carer and the provision will facilitate independence;
- Service user/carers wishes to utilise the facilities to which a handrail will provide access;

### **NOTE:**


- One handrail is usually only provided **unless** the service user has a specific need for bilateral support.
- A rail is only supplied at the main access **unless** there is identified need for a rail at a second access.

### **Contra-indications:**

- Service user/carers would be unable to use handrail safely;
- Service user is unlikely to make any significant use of facility;
- Permission for the installation of the handrail is not forthcoming.

### **Additional factors to consider:**

- The standard rail supplied is a tubular metal rail approximately 900mm high. The current DDA spec states handrails should be 40 to 50mm in diameter. A standard width of 42.8mm is generally fitted.
- Preferred distance between inner edge of a handrail and the vertical wall surface is between 50mm and 60mm.
- A contrasting colour may be required for service users with a visual impairment.
- For partially sighted people, short ramps or flights of one or two steps can be hazardous because they can be easily overlooked. A handrail within the immediate line of vision can indicate the hazard of their presence more effectively than contrasting colours at floor level.

	<ul style="list-style-type: none"> <li>• If there are several steps, it is often more suitable to have a metal rail fitted, that covers the length of the steps. These are made by a blacksmith to fit the steps exactly, and often fix to the wall of the property and end on either the bottom step, or ground level.</li> <li>• If a service user wishes to install an alternative type of rail a direct payment towards the standard cost may be possible (see local policy &amp; arrangements).</li> <li>• If the steps are at a communal access to privately owned homes it will be necessary to obtain permission from the other house owners before the rail/s can be installed.</li> <li>• A rail is not normally supplied along the length of a path or driveway (see local policy). Provision of a rail may be considered if the gradient is greater than 1:12 and the service user has difficulty negotiating the slope.</li> <li>• If considering the installation of a 2nd rail check that the steps are wide enough. For service users who need to hold a rail on both sides, a clear width of 80cm between parallel handrails is recommended as an average for satisfactory use. Second rails can reduce the width of the steps considerably.</li> <li>• The property owner is responsible for the ongoing maintenance of the rail/s.</li> <li>• It is not normal practice to remove an external rail when no longer required.</li> <li>• It is the responsibility of the housing provider/owner to repair or replace existing rails.</li> </ul> 
<b>Bannisters</b>	<p><b><u>Description:</u></b> A wooden handrail for internal use at steps/stairs. The rail can be cut to fit a specific length and is attached to the wall by a backing plate and brackets.</p> <p><b><u>Provision:</u></b> <i>See Handrails section above.</i></p> <p><b><u>Considerations:</u></b></p> <ul style="list-style-type: none"> <li>• Individual is a disabled person in terms of the existing legislation;</li> <li>• Need for handrail provision is an essential one, relates wholly to the service user's disability;</li> <li>• Should be appropriate to the individual's assessed needs;</li> <li>• Written permission is obtained from the owner of the property, if this is not the individual;</li> <li>• Service user's functional ability is unlikely to improve in relation to ability to negotiate steps. Such improvement may be expected through the natural course of events or the anticipated outcome of proposed surgical intervention or a rehabilitation programme;</li> <li>• Climbing steps unaided would exacerbate medical condition or cause health to deteriorate;</li> <li>• Service user and/or attendant is at risk when using the current method for negotiating steps;</li> </ul>

	<ul style="list-style-type: none"> <li>• Service user intends to use, and is able to use the handrail safely, either independently or with an attendant;</li> <li>• Service user is currently dependent on a carer and the provision will facilitate independence;</li> <li>• Service user/carers wishes to utilise the facilities to which a handrail will provide access.</li> </ul> <p><b><u>Contra-indications:</u></b></p> <ul style="list-style-type: none"> <li>• Service user/carers would be unable to use handrail safely;</li> <li>• Service user is unlikely to make any significant use of facility;</li> <li>• Permission for the installation of the handrail is not forthcoming.</li> </ul> <p><b><u>Additional factors to consider:</u></b></p> <ul style="list-style-type: none"> <li>• It is possible to specify a narrow gauge banister for a child or service user with small hands/painful joints;</li> <li>• On average, a stair handrail should be fitted at a height of at least 840 mm, and not more than 1m from the stair nosing, should ideally extend horizontally not less than 300mm at the top and bottom of any staircase. The height of the horizontal extension should, on average, be 1m from the floor. The extension of a handrail at landings allows an individual to steady him or herself before ascending or descending. Falls on staircases are found to occur most frequently when people are going down. A large proportion of these are thought to occur because the bottom step is overlooked. For a person with a sensory impairment, the change in slope of the handrail and its return into a wall can also signal the start or finish of a flight.</li> <li>• It is usually the responsibility of the householder to arrange for the rail to be painted/varnished if required.</li> <li>• If the rail is to be installed over internal communal stairs in a private property it is necessary to get the permission of the other house owners before work can proceed.</li> <li>• If the householder wishes to remove the banister at a later date they will be responsible for the repair of the wall and any necessary re-decoration.</li> <li>• A newel rail or grab rail may be an alternative option at a tight curve on the stairs (see Grabrails section).</li> <li>• It is not possible to provide a continuous rail around curves on stairs. The rail will be supplied in sections and a small gap between each section is inevitable.</li> <li>• If a service user wishes to install an alternative type of rail a direct payment towards the standard cost may be possible (see local policy &amp; arrangements).</li> </ul>
<b>Door entry systems</b>	<p><b><u>Description:</u></b></p> <p>An electrical mechanism which allows an individual to either speak, or speak and control their main door from a remote location by means of a telephone type receiver or pad. Types include:</p> <ul style="list-style-type: none"> <li>• Intercom only</li> <li>• Indoor intercom and latch release</li> </ul>

- As part of an environmental control package

**Provision:**

For Communal Entry systems the funding responsibility lies with the housing provider, advice can be provided to them regarding re-siting of handset. For private sector housing, the provision of a Door Entry System is available from Social Work budgets (HSCP). Private sector grants do not fund adaptations out with the property. Some Housing associations will fund provision of main door entry systems within their properties.(see local arrangements)

**Considerations:**


- Individual is a disabled person in terms of the existing legislation.
- Need for adaptation is an essential one, relates wholly to the disability.
- Written permission is obtained from the owner of the property, if this is not the service user.
- Service User is restricted to their bed or has severely restricted mobility so that they have difficulty and are at risk when trying to reach their front door.
- Service User lives alone, or is left alone for appreciable periods throughout the day on a regular basis.
- Service User is vulnerable and has a high input of support services to maintain them in their own home.

**Contra- indications:**

- Cognitive impairment would affect the service user's ability to use/safely use the system.
- Physical ability to use the system and operate mechanism.

**Additional factors to consider:**

- Consider the positioning and type of handset
- System must be acceptable to other household members
- For flashing Light door entry systems for hearing impaired individuals, joint working with Sensory Impairment Team may be required.
- Friends, relatives and neighbours could reasonably be expected to have keys for the service user's home.
- Door entry systems should not be considered as a security system, can often make service users more vulnerable by allowing direct access into homes
- If the service is installing a Yale lock for use with the system, 2 keys are supplied as standard – additional keys may be required if service user has a community alarm.
- Additional locks should not be added in sheltered housing without first contacting the housing provider as they will ensure that any new locks fitted are compatible with the wardens' master key.
- Cost implications may be greater with some door types (i.e. uPVC doors with a dead lock system), estimate from system supplier will be required.
- The number and location of handsets required – up to two handsets are normally provided.

	<ul style="list-style-type: none"> <li>• Handsets are usually wall mounted but may be free standing.</li> <li>• Hands free models are available for those unable to hold a handset.</li> <li>• An entry system may form part of an Environmental Control System.</li> <li>• If the access is communal, permission may be required from other householders/owners of the building. Additional keys may also have to be supplied if a new lock is fitted.</li> </ul>
<b>Grabrails</b>	<p><b>Description:</b></p> <ul style="list-style-type: none"> <li>• Epoxy Coated tubular steel or PVC rails.</li> <li>• Options - Short rails <b>12"</b>/ Long rails <b>18"/24"/36"</b>, angled with fluted surface/<b>Newel</b> (which curves 90 degrees around the newel post on a staircase/ right or left).</li> <li>• Alternatives - Toilet frame/Drop down rail (wall or floor mounted) / Swedish rail by baths/Half Surrey rail by toilets/additional section of banister.</li> </ul>  <p><b>Considerations:</b></p> <ol style="list-style-type: none"> <li>a) The general considerations prefacing this document are met and;</li> <li>b) The service user experiences difficulty transferring and requires additional support to do so safely.</li> </ol> <p><b>Additional factors to consider:</b></p> <ul style="list-style-type: none"> <li>• Wall should have capacity for safe fixing. Technical advice should be sought from the contractor or building officers if required.</li> <li>• During delivery and fit technicians will check the wall with sensors for hidden pipes and cables which will influence their decision whether to attach a rail.</li> <li>• Access to door lock and handle should not be obstructed by the fitting of the grab rail.</li> <li>• Should be sufficient space between rail and the wall to allow user to grasp the rail firmly.</li> <li>• Only fluted PVC rails should be used in bathrooms.</li> <li>• Can be used in conjunction with bathing equipment to provide additional support.</li> <li>• Bilateral rails should be considered where there is weakness in one side or reduced grip strength or a need to avoid twisting trunk.</li> <li>• For floor fixed rails consider type of flooring e.g. wet floor area could result in water ingress.</li> <li>• For drop down rails consider lateral pull by users which could loosen fixings.</li> <li>• Rail should be positioned at a suitable height to enable the user to grasp safely and avoid over-reaching while mobilising in either direction.</li> <li>• Fitting is user specific. It can be fitted horizontally, vertically or diagonally.</li> </ul>

	<ul style="list-style-type: none"> <li>• Wall should be marked with sticky dots, a description, diagram or specifications provided to the contractor.</li> <li>• If the newel post is on the <b>left ascending</b>, order a left newel rail.</li> <li>• If the newel post is on the <b>right ascending</b>, order a right newel rail.</li> <li>• Assessors need to consider issues with severe visual impairment where users cannot discern objects against their back ground. Specialist coloured products can be sourced.</li> <li>• Metal grab rails should not be fitted in bathrooms as they do not provide adequate grip.</li> </ul> <p>See <b>Section 4</b> for Specifications for the provision of grabrails.</p>
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### 3.6 Minor (non-complex) adaptations – Assessment information (specific considerations)

The following specification information (see Section 4.) can be used to detail requirements for the type, and positioning of the grab rails. The grab rails will be fitted by relevant local services/technical staff following prescriber's specification.

All grab rail installation will usually be preceded by an assessment of the wall/surface's suitability for attachment of rails. This is normally carried out using a specialised electronic cable/pipe detector, and if these are detected the technician/contractor will report to the prescriber that installation is not possible.

The technician should not move the position to allow installation avoiding the cable/pipe obstruction without further discussion with the prescriber. If an alternative position cannot be agreed, the responsibility for pursuing a suitable solution passes back to the prescriber. Any new rails or equipment then required will be delivered/fitted following a separate order.

#### Precautions/contra- indications

##### Finding studs within cavity walls

This is a basic check that prescribers can carry out to ascertain where fixings may be. This will not locate pipe work or electrical cables that may be present (the technician will carry out this check with specialised equipment).

- Locate an electrical socket near the preferred position of the rail. This will often be attached to a wall stud. Measure 16" or occasionally 24" intervals leading to the position of the rail and you may find there is a suitable stud for the technician to attach the rail.[general guidance only]
- Wall density sounding – Knock the wall along a horizontal plane and the sound will change over the position of the stud.
- Hold a lamp or torch away from the wall to detect depressions or pimples which may be due to nails attaching plasterboard to the wall stud.

Where no suitable stud can be detected a backboard can sometimes be attached to a more remote stud to which the rail can be supported. This work may be carried out by other suppliers which would be arranged by Partners themselves.

This option requires to be discussed with service users as it may cause disruption to decor.

Any concerns about suitability of surface for fixing of grab rail should be discussed with relevant service technicians.

### **Grab rails on Wet walls**

Wet walls can be of varying thickness or flexibility and this can make it difficult to be sure the fixing screws are secure or if they could cause a breach in the integrity and waterproofing of the wall. Additionally the wet wall may be glued straight onto a solid wall but could be onto another cavity wall.

It is advisable that if adaptation work is planned, that suppliers installing the adaptation also plan to install the grab rail(s) as they will know where the secure fixation points will be.

For existing wet walls, service technicians will carry out their standard tests to decide if a grab rail can be safely applied or not.



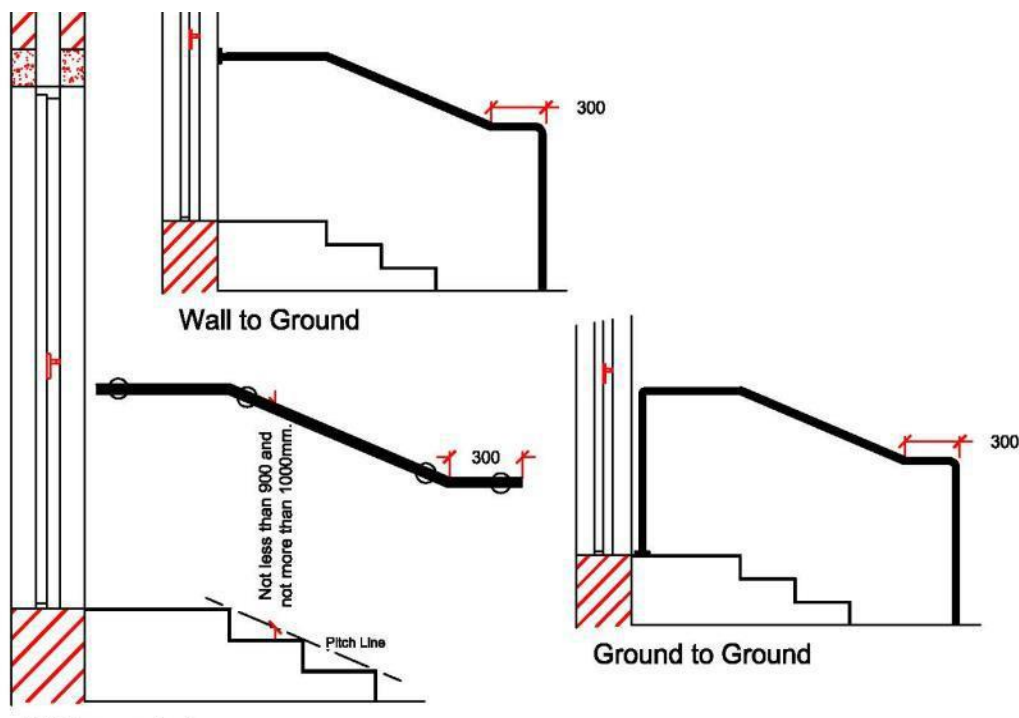
# Section 4: Tools and documentation

Principles of Assessment and Duty of Care - example specifications.

## 4.1 External handrails

Provision Guidelines:

- External handrails are normally unilateral and provided at one preferred access point.
- Handrail adaptations can be considered at more than one access point where the access from one door to the other is not accessible/ present.
- Handrails can be recommended where a person requires access to external areas i.e. wash areas, refuse bins.



It is not always possible to achieve the full extension beyond the last step as shown in the drawings, although this should be fitted where possible.

Rails should have a positive stop, preferably returned to the wall where they are wall fixed to avoid risk of injury to users.

**Rail Options:**

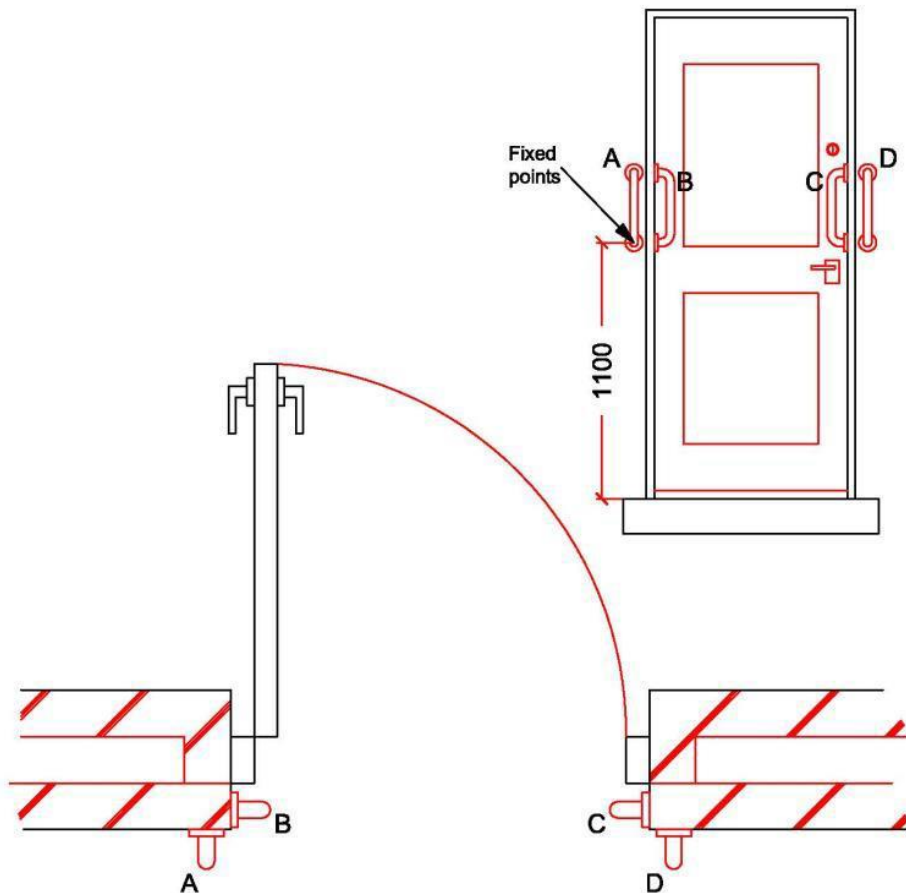
- Option A: LHS ascending Ground to Wall (Left hand Side)
- Option B: RHS ascending Ground to Wall (Right Hand Side)
- Option C: LHS ascending Wall mounted
- Option D: RHS ascending Wall mounted
- Tubular metal rail fitted 900-1000mm above the ground/ pitch line of existing steps unless otherwise stated.

- The rails should be tubular and painted to appropriate BS Standards and attached 50-60mm from wall. They should not exceed 40-50mm in diameter.
- Rail to extend 300mm beyond the face of the bottom step, where technically feasible. Rails can also be mounted on the wall alongside step arrangement.

## 4.2 External grabrails

### Provision Guidelines:

- Grab rails (metal) should be fitted at the preferred access point only. Rails can be fitted at additional doorways if there is no access from one doorway to another or the distance is too far for the person to manage.



### Rail Options:

- Option A: LHS of door (Left hand Side)
- Option B: LHS reveal
- Option C: RHS Reveal (Right Hand Side)
- Option D: RHS of door
- Metal grab rails of variable length can be fitted – 300mm/ 450mm/ 600mm
- A combination of rails can be used – e.g. Option A and B
- Rails can be fitted diagonally, vertically or horizontally

- Rails should be fitted as per manufacturer's guidance/ recommendations and installers should be satisfied that there are appropriate fixings.
- The lower centre fixing point for each rail, 1100mm above door threshold unless otherwise stated.
- Where a lock is fitted to the door at high level it may not be possible to always fit Option C.
- If options are not specified or preferred locations indicated, rails can be fitted by direction of the person/ family if they are confident in making a decision on the location.

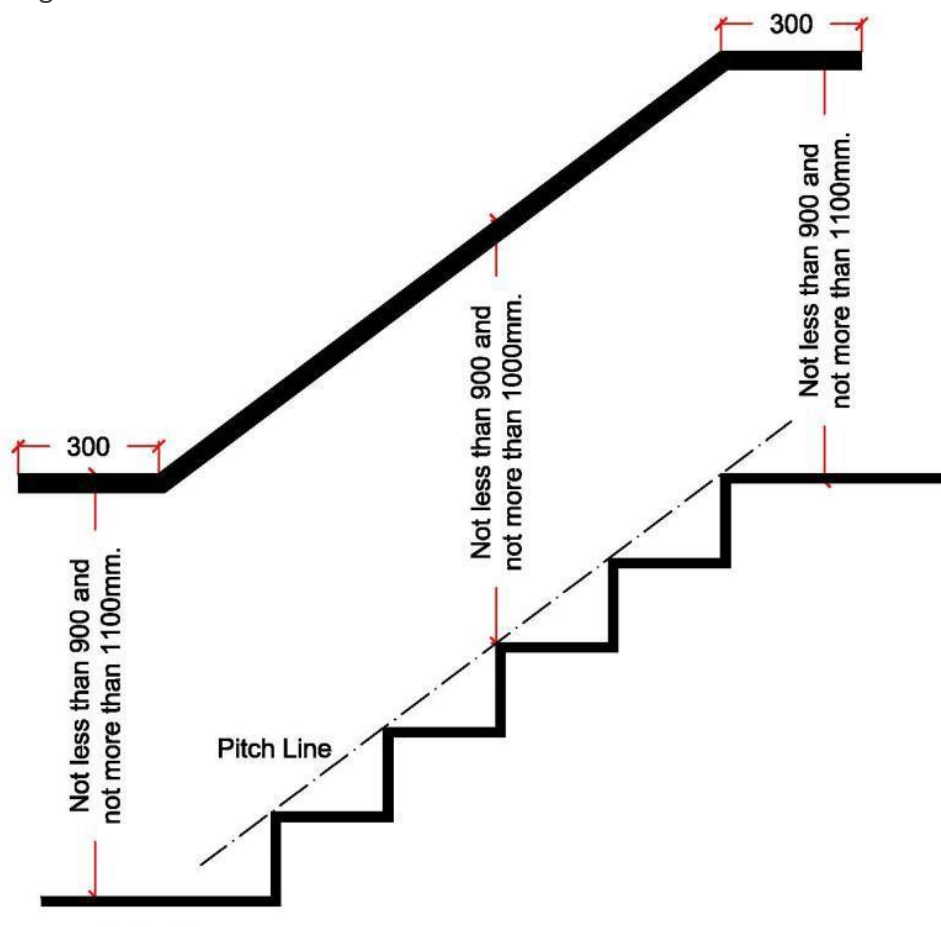
### 4.3 Internal rails/bannisters

#### Provision Guidelines:

- An additional banister rail can be fitted to provide users with additional support to increase their safety whilst on the stairs.
- Replacement of existing handrails can be considered if these do not allow for safe grip by the user.

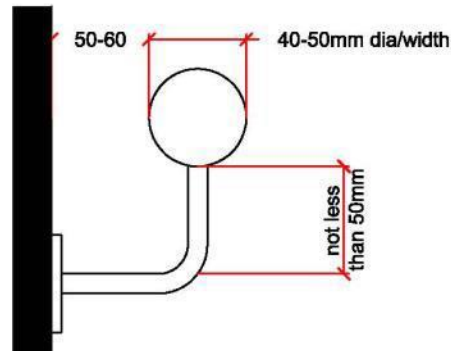
#### Additional description:

- Easy to grasp handrail of 40-50mm in diameter
- Clear space of 50mm at the back of the rail
- No sharp edges or corners



**Internal Stairrails** Wooden rail with cylindrical grip, fitted similar height to existing handrail (see drawing). To continue on landings 300mm on the horizontal line, where technically feasible.

Handrail to be of circular profile or approved non-circular with rounded edges.

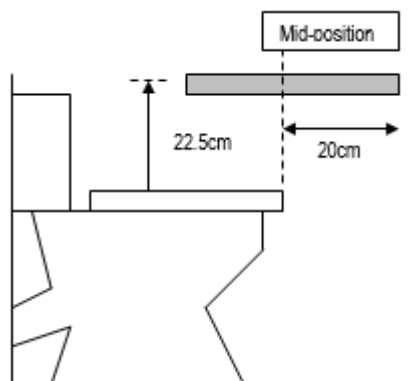


## 4.4 Internal grab rails

The following specifications are derived from 'Designing for the Disabled', by Selwyn Goldsmith, RIBA Publications Ltd.

### Positioning of grab rail at toilet: Specification A.1

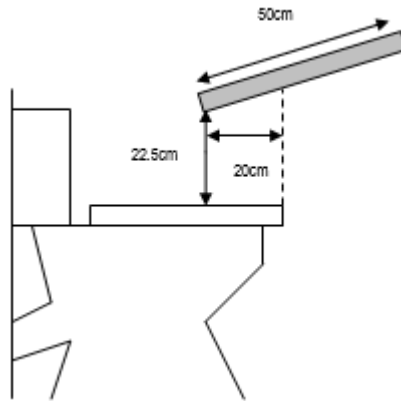
- A grab rail of minimum length 40cm should be used.
- The rail should be fitted in the **horizontal** position.
- The rail should be fitted at a height of 22.5cm above the level of the toilet seat. If a raised toilet seat is used, the height must be taken from the level of the raised toilet seat when fitted on the toilet.
- The mid-position of the rail should lie at the line of the front of the toilet seat.
- A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Positioning of grab rail at toilet: Specification A.2

- An inclined rail may be preferred where the rail is used to assist in pushing from a seated to a standing position.
- A grab rail of minimum length 50cm should be used.
- The rail should be fitted at an **angle of 15 degrees**.
- The lower end of the rail should be fitted at a height of 22.5cm above the level of the toilet seat.
- If a raised toilet seat is used, the height must be taken from the level of the raised toilet seat when fitted on the toilet.

- The lower end of the rail should lie 20cm in front of the line of the front of the toilet seat.
- A variation of 5cm horizontally/vertically is allowable in achieving this specification.



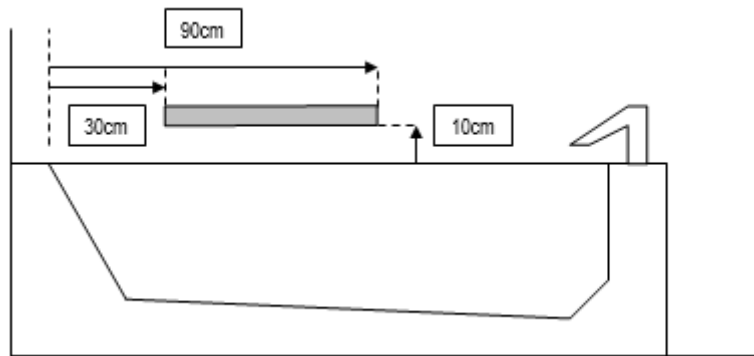
### Positioning of grab rail at bath: General information

Rails for use in conjunction with a bath should have a textured finish to enhance grip.

### Grab rail for hand support when sitting on floor of bath, or on bath seat without bathboard:

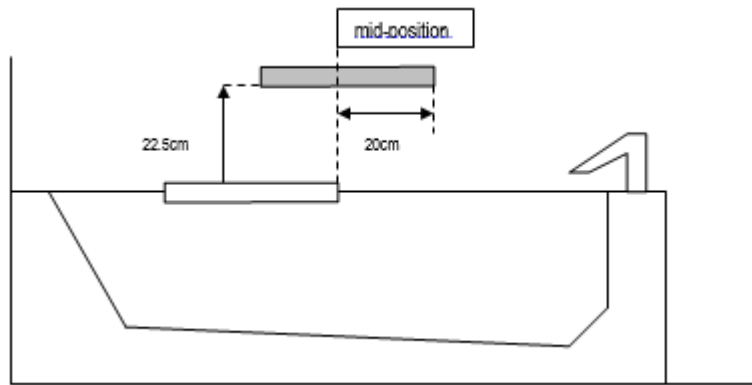
#### Specification B.1

- A rail length of 60cm is recommended.
- Rail should be fixed in a **horizontal** position.
- Rail should be fixed a height of 10cm from rim of bath.
- Rail should be fixed between 30cm and 90cm from the head of the bath.
- A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Grab rail for hand support when sitting on bathboard or showerboard: Specification B.2

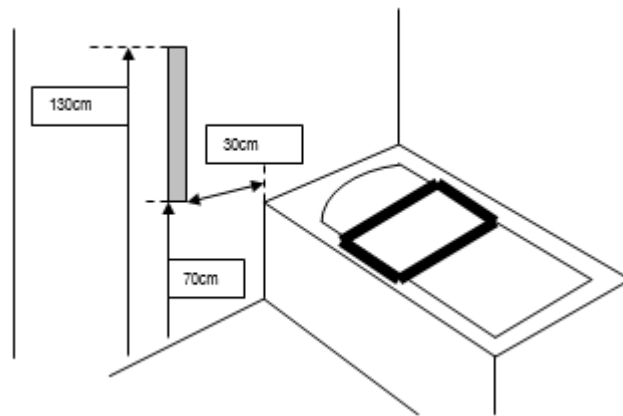
- A rail length of 40cm is recommended.
- Rail should be fixed in a **horizontal** position.
- Rail should be fixed a height of 22.5cm above the level of the bath/showerboard.
- The mid-position of the rail should lie in line with the front of the bath/showerboard.
- A variation of 5cm horizontally/vertically is allowable in achieving this specification.



### Grab rail to assist sitting/standing from bath/showerboard Specification B.3

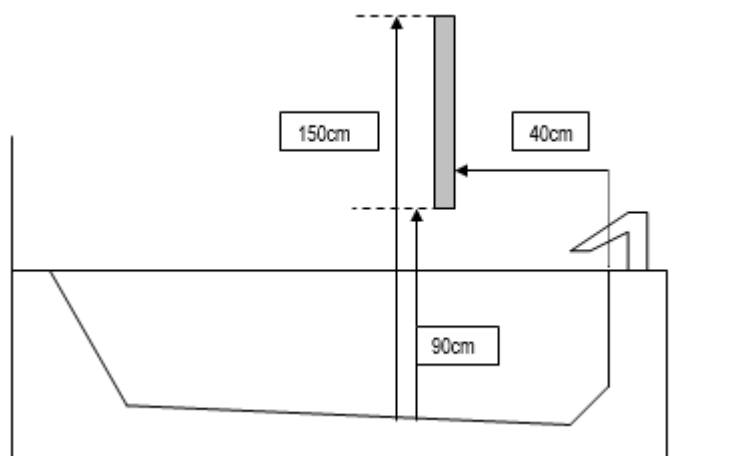
- A rail length of 60cm is recommended.
- Rail should be fixed in a **vertical** position.
- Rail should be fixed at a height of 70cm - 130cm from the floor
- Rail should be fixed 30cm from line of edge of bath.

A variation of 5cm horizontally/vertically is allowable in achieving this specification



### Grab rail at over-bath shower, for use in standing position: Specification B.4

- A rail length of 60cm is recommended.
- Rail should be fixed in a **vertical** position.
- Rail should be fixed a height of 90cm - 150cm from the floor of the bath.
- Rail should be fixed 40cm from the foot of the bath
- A variation of 5cm horizontally/vertically is allowable in achieving this specification.

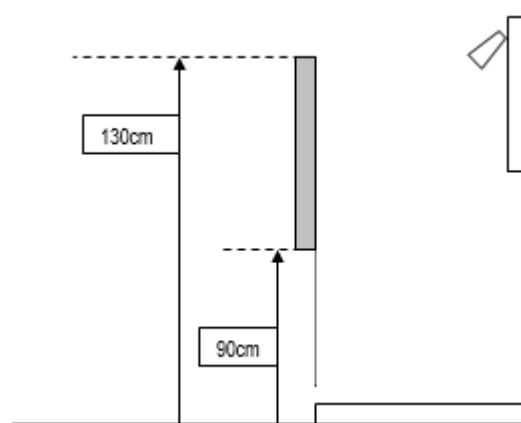


### Positioning of grab rail at level-access shower: General information

Rails for use in conjunction with a shower should have a textured finish to enhance grip.

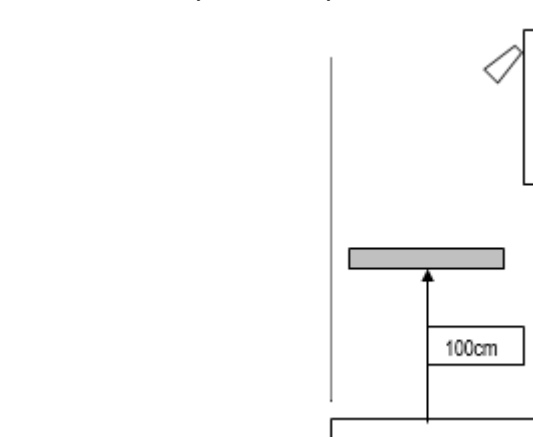
#### Grab rail to assist stepping in/out of shower area: Specification C.1

- A rail length of 40cm is recommended.
- Rail should be fixed in a **vertical** position.
- Rail should be fixed a height of 90cm – 130cm from floor.
- Rail should be fixed above the line of the edge of access to showering area.
- A variation of 5cm horizontally/vertically is allowable in achieving this specification.



#### Grab rail to assist access to shower seat: Specification C.2

- Length of rail to be specified by the prescriber.
- Rail should be fixed in a **horizontal** position.
- Rail should be fixed a height of 100cm from floor.
- Rail should be fixed on wall between access to showering area and shower seat.
- A variation of 5cm horizontally/vertically is allowable in achieving this specification.

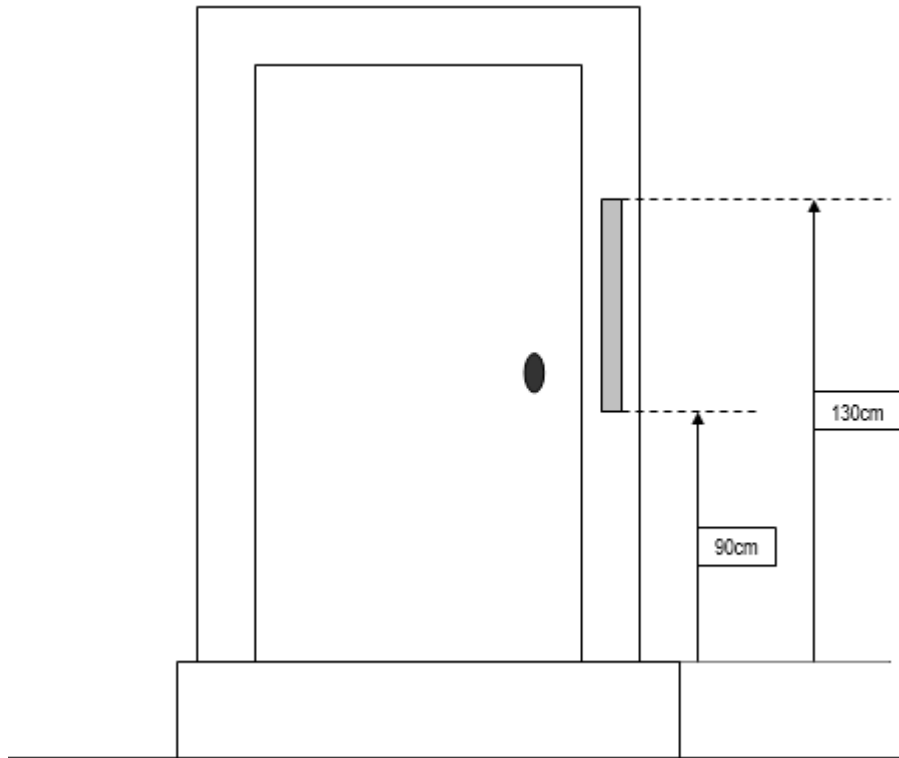


#### Grab rail to assist standing at shower: Specification C.3

- A rail length of 60cm is recommended.
- Rail should be fixed in a **vertical** position.
- Rail should be fixed a height of 90cm – 150cm from floor.
- Position of rail in relation to shower controls or shower seat to be specified by the prescriber.
- A variation of 5cm horizontally/vertically is allowable in achieving this specification.

#### Grab rail fitted externally at Front Door: Specification D

- A rail length of 40cm is recommended.
- Rail should be fixed in a **vertical** position, at the opening side of the door.
- Rail should be fixed a height of 90cm – 130cm from top step.
- The position of the rail should not obstruct access to, or use of, the door handle and door lock.
- A variation of 5cm horizontally/vertically is allowable in achieving this specification.



## 4.5 ASSESSMENT TOOLS & FORMS

Each Partnership will have its own tools which it uses to support self-assessment and the assessment of more complex needs.

In order to support the principles of **Adapting for Change** and the '**Housing Solutions**' approach, it is essential that bureaucracy is minimised, and any required tools support the streamlining of processes, rather than inhibit these. It is therefore important that all tools are reviewed, standardised, and simplified where possible, to support service improvement.

Tools and processes to improve person-centred service provision should be agreed jointly by all relevant Partners and used consistently across tenures.

Tools and processes should also record person-centred Outcomes and provide relevant key data for overall performance monitoring across all tenures.

An example tool for assessing for minor adaptations will be provided as a Handout in the training.



# Appendix 1: Example screening tool for Telecare



Name			Date of Birth		
Home Address					
Home Telephone Number					
			YES	NO	
Do you have a community alarm?					
Do you have any telecare equipment?					
Do you live alone?					
Do you feel safe in your home?					
Have you fallen before?					
If YES –					
How many falls have you had in the last 6 months?					
Have you ever left a tap on and forgotten about it?					
Have you ever left a pan on the hob and forgotten about it?					
Do you have a gas fire and/or gas cooker?					
If YES –					
Have you ever put it on and forgotten about it?					
Do you ever smoke in bed?					
Do you ever forget to take your medication?					
Have you ever been lost, or are you worried about getting lost, when out and about?					
Do you have problems with your memory?					
Would you agree to an assessment for telecare equipment?					
Completed by (print name)					
Designation					
Signature			Date		

**To arrange an assessment please contact *name (Telecare OT)* on tel. no., or email address.**

F.A.O. *name Telecare OT*, Community Equipment Service, Units 3 & 4 Whitemyres Avenue,  
ABERDEEN, AB16 6HQ

# Appendix 2: Presentation slides

Healthcare Improvement Scotland | **ihub**  
Place, Home and Housing

## Adapting for change

Module 2  
Housing Solutions & Minor (non-complex) Adaptations

Improvement Hub  
Enabling health and social care improvement

Adapting for Change | Module 2 | Housing Solutions & Minor (non-complex) Adaptations

## Meeting Objectives

### By the end of the module, staff will be able to:

- Describe the key principles and aims of the 'Housing Solutions' approach to the provision of Adaptations;
- Outline good practice for the effective identification of Housing based solutions and the importance of 'acting early' and the 'right housing conversations';
- Explain their role in effectively assessing needs and supporting people to understand the options available;
- Describe the considerations, and key contra-indications for the provision of adaptations

2

## Adapting for Change: Key Themes...

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- **Partnership, governance and management**
- **Better design**
- **Widened scope** – e.g. dementia; wider range of options  
e.g. technology, self-help...
- **Integrated and streamlined services**
- **Person centred**
- **Prevention** – timely provision, avoiding crisis!

3

## Housing Solutions Training

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- Applies the principles of Adapting for Change
- Wider ownership & responsibility across Health, Housing , and Social Care to help address people's housing needs
- Emphasis on early intervention, simple solutions, exploring re-housing as first stage, priority for personal outcomes
- Involves a wide range of frontline staff & managers across Housing, Health & Social Care and third sector
- 3 Modules;
  - 1) Housing Solutions;
  - 2) Minor(non-complex) Adaptations;
  - 3) Moderate & Major (non-complex) Adaptations

4

## Assessment Roles and Responsibilities: Supporting Personal Outcomes

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- Applies the principles of Adapting for Change
- Wider ownership & responsibility across Health, Housing , and Social Care to help address people's housing needs
- Emphasis on early intervention, simple solutions, exploring re-housing as first stage, priority for personal outcomes
- Involves a wide range of frontline staff & managers across Housing, Health & Social Care and third sector
- 3 Modules;
  - 1) Housing Solutions;
  - 2) Minor(non-complex) Adaptations;
  - 3) Moderate & Major (non-complex) Adaptations

5

## Assessment Roles and Responsibilities: Supporting Personal Outcomes

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- Need to challenge 'gate-keeping'
- Challenge 'risk averse' behaviour, 'minimum intervention, maximum independence'
- Think 'simple solutions' and explore all options, realistic and practical
- Focus always has to be on a **personal outcomes** approach...
- **Royal College of Occupational Therapy - Adaptations without delay, June 2019** - OT assessment is not required for non-complex 'simple' needs, adaptations. This applies to all types including 'major' adaptations. OT involvement should be determined by complexity of need and not the type of Adaptation.

6

## Exercise 1

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**Using the list of Adaptations, get small groups (2 or 3) to clarify their understanding of:**

- Local Policy, Criteria, & funding arrangements
- Local Processes and systems for assessing & ordering adaptations

Allow 15 mins for Groups to discuss

7

## Exercise 2

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**Small groups to list all relevant Assessor Roles and responsibilities associated with the assessment and provision of Adaptations.**

- List on flipchart, and put up on wall.
- 10 mins

8

## Exercise 3

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- **Read the Case studies (people's stories) in your small groups**
- **Answer the questions and use any example assessment tools as relevant**

Allow 30mins

9

## Module Summary

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- Any last Q's?
- Evaluation

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## Keep in touch

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✉ info@ihub.scot

🐦 @ihubscot

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This pack was developed by Alison Docherty & Jill Pritchard.

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