Dundee
Health & Social Care
Partnership

Medical Advisory Service
Westgate Health Centre
Charleston Drive
DUNDEE DD2 4AD
Telephone No: 01382 647474
Fax No: 01382 647473

Chief Officer: David W Lynch

If calling, please ask for: Tracy Oram

Email: tracy.oram@nhs.net

Our Ref TSO/AL/15A-35

Your Ref

Date 21 February 2018

ASSESSMENT FOR REHOUSING - DUNDEE

Sharon ANDREWS, 38 Finavon Street, Dundee (10 07 69)

I have examined the available information with regard to the application by the above named for rehousing on health grounds and would advise:

This case to be discussed by the Committee for Rehousing of People with Physical Disabilities

Medical Advisory Service

c.c. Dr Doherty, 325 SR, M McCabe, OT Team

Copy to:	Date	
Dundee City Council	21 February 2018	OC
Angus Housing Association (Dundee)		
Home in Scotland Ltd	21 February 2018	
Sanctuary (Scotland) Housing Association (including Beechwood)	21 February 2018 (DD4 9EA)	

DUNDEE HEALTHCARE NHS TRUST

WESTGATE HEALTH CENTRE

DATE REQUESTED - 21 February 2018

O T Assessment

Referral for Occupational Therapist assessment of Daily Living Abilities

Ref: 15A-35	**Date of Birth**: 10 07 69
Name: Sharon Andews (tel 07856154951)	**Address**: 38 Finavon Street, Dundee

G P: Dr Doherty, Downfield Surgery, 325 Strathmartine road
Medical History: rheumatoid arthritis, osteo arthritis, fibromyalgia, COPD, epilepsy
Existing Family/ Social Support: daughter Kaitlyn Andrews (10 02 01)
Reason for Referral: advises will be in a wheelchair (by Rheumatology) but applying for mainstream. Currently in ground floor flat

D_OT Case Report

Person Details

Name: Sharon Andrews

Date of birth: 10/07/1969

Address:
38a Finavon Street
Dundee
DD4 9EA

Home Details

Type of house
Ground floor flat

Composition of family
Self and daughter Kaitlyn 10/02/01

Costing

Diagnosis
Rheumatoid Arthritis Fibromyalgia COPD Epilepsy

Mobility
1 x walking stick

Problem/solutions tried

Adaptation request
COT completed Housing assessment form

Recommendation

Recommendation

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
No Further Action		

Occupational Therapy & Manual Handling Referral

Dundee City Council CHANGING FOR THE FUTURE

Personal details

Title

Name
Sharon Andrews

Address
38a Finavon Street
Dundee
DD4 9EA

Household structure

Is there a key safe in place?

○ Yes ○ No

Telephone numbers
Home 01382 803197
Mobile 07795166367

Date of birth
10/07/1969

Age
48

Email

Gender
Female

Religion

☐ Practising

Ethnicity
Not Stated

Sub ethnicity
Information not yet obtained - not refused

NHS ID

System ID
86000167

Consent obtained for information to be shared as needed with other Agencies involved in care

○ Yes ○ Yes with limitations ● No

Date dissent obtained

Current situation

Reason for referral

Reason for referral	Wellbeing area	Impact	What do you think could help?
OT referral received from Medical Advisory Service for, re-housing assessment.			

Referral Method

Do you any reason to doubt the person's capacity to agree to this referral being raised?

O Yes O No O Don't know

Does the person require an assessment for a shower?

O Yes O No

Please provide further information/ reasoning.

Has anything happened recently that has affected the situation?

Do you / the person receive any other services? If yes, what are they?

Are there any family, friends or carers who give support on a regular basis? If yes, what support do they provide?

Do they require a carer's assessment?

O Yes O No

Do you / the person provide support to anyone else? If yes, what support do you provide?

Brief Description of relevant medical history

Rheumatoid Arthritis, Osteoarthritis, fibromyalgia, COPD, epilepsy

Brief Description of any previous support / care received

What does a good life look like for you and your family and how can we work together to achieve it?

Do you consider that you would benefit from preventative or reablement services

Hospital admissions

Hospital admissions

Date of admission	Hospital / Ward / Contact details	Reason for admission	Planned Date of Discharge	Date of discharge / end of involvement

Presenting needs / diagnosis and medication

Presenting issues

What does the person / referrer think will help them?

OT referral received from Medical Advisory Service for, re-housing assessment.

Summary of current support

Summary of other involved workers' input

Diagnosis

Rheumatoid Arthritis, Osteoarthritis, fibromyalgia, COPD, epilepsy

Current primary service user group

Community Justice Service

Current primary service user subgroup

Medication and current treatments

Compliance with taking medication. Are there any known risks?

Cognition / sensory / psychological state

Environmental details

Tenure type

Accommodation type

Floor level

Housing association or landlord details

Housing permanent or temporary?

Applied for a housing transfer?

Access: front and rear

Front

Ability

Description of access

Rear

Ability

Description of access

Description of layout

Ground floor / basement

First floor / upper levels

Information and advice provided

Please provide details of all Information and Advice provided to the service user

Information provided with

Date	Information provided	Specific details provided

Advice provided with

Date	Advice provided	Specific details provided

Completion details

Name and designation	Team	Date completed
Shannen Howcroft Admin Officer	Equipment Centre	26/02/2018

This Assessment was conducted

O By Phone O Face to Face O Online

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Occupational Therapy/ Manual Handling Assessment	Brian Wilkinson	

D_OT Case Report

Person Details

Name	Date of birth
Sharon Andrews	10/07/1969

Address

38a Finavon Street
Dundee
DD4 9EA

Home Details

Type of house

Ground floor, Abertay HA flat accessed by 2 external steps into close, secure entry in situ. 2 bedrooms all on level. Level access shower in situ.

Composition of family

Lives with daughter.

Costing

Diagnosis

Epilepsy, rheumatoid arthritis.

Mobility

Tri-wheel walker, wheeled walking frame.

Problem/solutions tried

Adaptation request

Recommendation

Recommendation

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
No Further Action		

D_OT Case Report

Person Details

Name: Sharon Andrews

Date of birth: 10/07/1969

Address:

38a Finavon Street
Dundee
DD4 9EA

Home Details

Type of house

Ground floor flat. Ramped access.

Dundee City Council property.

Composition of family

Costing

Diagnosis

Epilepst, fibromyalgia, osteoarthritis, asthma, COPD.

Mobility

Mobilises with 1 or 2 crutches. Would benefit from assessment for zimmer frame.

Problem/solutions tried

Ms Andrews reports that she moved into her property in April. Previously had level access shower in old property. Unable to use bath. Bath only in situ. OT to check if level access shower is feasible in new property.

Reports independence with chair, bed and toilet transfers with equipment which was previously provided.

No further issues identified. OT to revisit 16/10/19.

Adaptation request

Possible level access shower if feasible.

Recommendation

Recommendation

Unable to use bath therefore level access shower appears to be most suitable long term solution to assist with difficulties.

Requires assessment for zimmer frame.

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
No Further Action		

Dundee
Health & Social Care
Partnership

Medical Advisory Service
Westgate Health Centre
Charleston Drive
DUNDEE DD2 4AD
Telephone No: 01382 647474
Fax No: 01382 647473

Chief Officer: David W Lynch

If calling, please ask for: Tracy Oram

Email: tracy.oram@nhs.net

Our Ref TSO/AL/15A-35

Your Ref

Date 10 April 2018

ASSESSMENT FOR REHOUSING - DUNDEE

Sharon ANDREWS, 38 Finavon Street, Dundee (10 07 69)

I have examined the available information with regard to the application by the above named for rehousing on health grounds and would advise:

Previous Nil Priority TO STAND
As per Committee for Rehousing of People with Physical Disabilities

Medical Advisory Service

c.c. Dr Doherty, 325 SR – if she is issued with a wheelchair then her situation can be reconsidered.

M McCabe, OT Team

Copy to:	Date	
Dundee City Council	10 April 2018	OC
Angus Housing Association (Dundee)		
Home in Scotland Ltd	10 April 2018	
Sanctuary (Scotland) Housing Association (including Beechwood)	10 April 2018 (DD4 9EA)	

Dundee
Health & Social Care
Partnership

Medical Advisory Service
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Telephone No: 01382 647474
Fax No: 01382 647473

Chief Officer: David W Lynch

If calling, please ask for: Tracy Oram

Email: tracy.oram@nhs.net

Our Ref TSO/AL/15A-35

Your Ref

Date 20 November 2018

ASSESSMENT FOR REHOUSING - DUNDEE

Sharon ANDREWS, 38A Finavon Street, Dundee (10 07 69)

I have examined the available information with regard to the application by the above named for rehousing on health grounds and would advise:

This case for discussion only by the Committee for Rehousing of People with Physical Disabilities

Medical Advisory Service

c.c. Dr Docherty, 325 SR, M McCabe, OT Team

Copy to:	Date	
Dundee City Council	20 November 2018	OC
Angus Housing Association (Dundee)		
Home in Scotland Ltd	20 November 2018	
Sanctuary (Scotland) Housing Association (including Beechwood)	20 November 2018 (DD4 9EA)	

Dundee
Health & Social Care
Partnership

Medical Advisory Service
Westgate Health Centre
Charleston Drive
DUNDEE DD2 4AD
Telephone No: 01382 647474
Fax No: 01382 647473

Chief Officer: David W Lynch

If calling, please ask for: Tracy Oram

Email: tracy.oram@nhs.net

Our Ref TSO/AL/15A-35

Your Ref

Date 11 December 2018

ASSESSMENT FOR REHOUSING - DUNDEE

Sharon ANDREWS, 38A Finavon Street, Dundee (10 07 69)

I have examined the available information with regard to the application by the above named for rehousing on health grounds and would advise:

Previous Nil Priority TO STAND.
As per Committee for Rehousing of People with Physical Disabilities

Medical Advisory Service

c.c. Dr Docherty, 325 SR, M McCabe, OT Team

Copy to:	Date	OC
Dundee City Council	11 December 2018	
Angus Housing Association (Dundee)		
Home in Scotland Ltd	11 December 2018	
Sanctuary (Scotland) Housing Association (including Beechwood)	11 December 2018 (DD4 9EA)	

Dundee City Council
Social Work Department
O.T. Section
17 DEC 2018

Item C 2

FULL NAME: Sharon Andrews
DOB/CHI: 10/07/1969 **GENDER:** Female
ADDRESS: 6 Deveron crescents DD2 4AL
PARENT/CARERS NAME:
TELEPHONE NUMBER: 07856154951

GP NAME: Downfield Medical Practice Dundee
ADDRESS: Strathmartine Road
TELEPHONE: 01382 812111
OTHER PROFESSIONALS INVOLVED:

REASON FOR REFERRAL:
Sharon is moving to a level access property and needs a walk in shower as she is unable to get in a bath.

Using Stairs:
sharon has no stairs leading to her flat or in her flat.

Bathing:
Sharon's current property has a walk in shower but the new property she is moving to has a bath and Sharon said she will not manage to use the bath.

Kitchen:
Sharon struggles with standing for any periods of time.

MEDICAL/DEVELOPMENTAL HISTORY: ***Sharon has fibromyalgia, Osteo Arthritis, Asthma and COPD.***
ANY OTHER INFORMATION:

REFERRERS DETAILS
NAME: Pam Shepherd
POSITION: Project Worker

RECEIVED 28 MAR 2019

CONTACT DETAILS: Positive Steps,
East Wing Swan House 2 Explorer Road

Occupational Therapy & Manual Handling Referral

Dundee City Council CHANGING FOR THE FUTURE

Personal details

Title

Name
Sharon Andrews

Address
38a Finavon Street
Dundee
DD4 9EA

Household structure

Is there a key safe in place?

○ Yes ○ No

Telephone numbers
Home 01382 782042
Mobile 07856 154951

Date of birth
10/07/1969

Age
50

Email

Gender
Female

Religion

☐ Practising

Ethnicity
Not Stated

Sub ethnicity
Information not yet obtained - not refused

NHS ID

System ID
86000167

Consent obtained for information to be shared as needed with other Agencies involved in care

○ Yes ○ Yes with limitations ● No

Date dissent obtained

Current situation

Reason for referral

Reason for referral	Wellbeing area	Impact	What do you think could help?
OT Referral received from Pam Shepherd, Project Worker Positive Steps assess for W/I Shower in new property			

Referral Method

Do you any reason to doubt the person's capacity to agree to this referral being raised?

O Yes O No O Don't know

Does the person require an assessment for a shower?

O Yes O No

Please provide further information/ reasoning.

Has anything happened recently that has affected the situation?

Do you / the person receive any other services? If yes, what are they?

Are there any family, friends or carers who give support on a regular basis? If yes, what support do they provide?

Do they require a carer's assessment?

O Yes O No

Do you / the person provide support to anyone else? If yes, what support do you provide?

Brief Description of relevant medical history

fibromyalgia, osteoarthritis, asthma, COPD

Brief Description of any previous support / care received

What does a good life look like for you and your family and how can we work together to achieve it?

Do you consider that you would benefit from preventative or reablement services

Hospital admissions

Hospital admissions

Date of admission	Hospital / Ward / Contact details	Reason for admission	Planned Date of Discharge	Date of discharge / end of involvement

Presenting needs / diagnosis and medication

Presenting issues

What does the person / referrer think will help them?

OT Referral received from Pam Shepherd, Project Worker Positive Steps
assess for W/I Shower in new property

Summary of current support

Summary of other involved workers' input

Diagnosis

fibromyalgia, osteoarthritis, asthma, COPD

Current primary service user group

Current primary service user subgroup

Medication and current treatments

Compliance with taking medication. Are there any known risks?

Cognition / sensory / psychological state

Environmental details

Tenure type

Accommodation type

Floor level

Housing association or landlord details

Housing permanent or temporary?

Applied for a housing transfer?

Access: front and rear

Front

Ability

Description of access

Rear

Ability

Description of access

Description of layout

Ground floor / basement

First floor / upper levels

Information and advice provided

Please provide details of all Information and Advice provided to the service user

Information provided with

Date	Information provided	Specific details provided

Advice provided with

Date	Advice provided	Specific details provided

Completion details

Name and designation	Team	Date completed
Laura Penman Occupational Therapist/Physio	Occupational Therapy Service	29/03/2019

This Assessment was conducted

O By Phone O Face to Face O Online

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Occupational Therapy/ Manual Handling Assessment	Laura Penman	

Dundee City Council CHANGING FOR THE FUTURE

Memorandum

To	**DIRECTOR OF ENVIRONMENT**
From	IAIN PATON, EXT.4364
Our Ref	IP
Your Ref	
Date	29 October 2019
Subject	**Disabled Adaptation - Andrews, 6 Deveron Crescent, Dundee DD2 4AL Level Access Shower URN: 86000167**

Please find enclosed, copies of plans and specification which have been produced by the City Architectural Services Section, for the above address.

I would now request that you arrange for this work to be undertaken under the terms and conditions of the Schedule of Rates contract.

The works embraced in this contract should be carried out in accordance with the Scottish Minor Works Contract 1986 Edition (April 1995) Revision, as issued by the Scottish Building Contract Committee, and the Supplementary Conditions and Obligations detailed hereafter, all of which are held to be incorporated in and form part of this contract.

The defects liability period shall be 12 months.

It is **essential** that both the City Architect and myself are advised well in advance of the start-on-site date, so that adequate site inspection can be arranged with the City Architect, and suitable access can be arranged with the tenant.

I look forward to hearing from you in early course.

IAIN PATON
SPECIAL NEEDS SECTION
HOUSING ASSET MANAGEMENT UNIT

Enc.

copy to: City Architectural Services Section, City Development Department
Contact Centre – East District Office
Senior Occupational Therapist, SWD – Tracy Oram, Dundee Independent Living & Community Equipment Centre, Charles Bowman Avenue, Dundee, DD4 9UB

sl/sn/9