

## Appendix 5 CL1 form Recommendation for permanent adaptations

1. Name	4. Date of Referral to Social Work Services
Georgina Logan	1/10/15

2. DOB	5. Date of Assessment
19/8/54	3/11/15

### 3. Current Address of Client

Name of House Holder/Tenant: Georgina Logan	6. Originally Referred From: Self referral
Address: 17 Sollas Place	
House Position:	
Glasgow Post Code: G13 4NA	
Telephone No: 07774400790	

### 7. Adaptations/s recommended:

	Critical	Substantial	Moderate	Site Visit
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a) Installation of a WC and WHB to be installed in the downstairs cupboard.	X			NO
b)				
c)				
d)				

Signed: Lorraine Whitehall	Date 3/11/15	Occupational Therapist
Signed:	Date	Social Care Worker
Signed:	Date	Team Leader
Signed:	Date	

OT Office Location: Social Work Services	Address: North West Area Services 17 GULLANE ST GLASGOW G11 6AH
	Tel No 0141 276 5288

**8. Medical Condition/Nature of Disability:**

Client has Crohns disease resulting in frequent episodes of diarrhea and hospital admission. Client has decomposing of the spinal cord resulting in reduced range of movement in her left leg. Has heart failure, arthritis, asthma and has morphine patches for pain relief. Mobilises with the aid of 1 walking stick.

**9. Presenting Difficulty with Property/Environment**

a)	Client finds it very difficult to reach the upstairs WC intime due to diarrhea as a result of Crohns disease.
b)	
c)	
d)	

**10. How Client is Presently Coping with Above Difficulty**

a)	Client is using a bucket in the downstairs cupboard and uses baby wipes to maintain her personal hygiene
b)	
c)	
d)	

**11. Outline the Options Considered by OT and Client Prior to this Request for a Permanent Adaptation and the Outcome:**

Option/s: Adaptation	Outcome
Client has been supplied with a commode as temporary measure	

**12. Suitability of Property for Adaptation. Please tick as appropriate:**

a) the property with adaptation is likely to meet the client's long term needs	X
b) the property is unlikely to meet the long term needs of the client even with adaptation	

Please expand below:

c) Outline client's view regarding suitability of property and any discussions regarding possible re-housing:

Client lives alone in a 3 bedroomed house, stated she has applied for rehousing to a smaller property, however now prefers to remain living at the present address and will contact GHA to advise.

### 13. Details of Household Members

(if no other household members, please enter "none")

Name	Age	Relationship to client	Disability	Employment
NONE				

### COMMENTS

Please provide details of any further circumstances or information, which you consider to be relevant to this application:

PRIVATE-20260511-DP8571422-LOGG

**Form Details****Form Start Date:** 13/11/2015**Worker Name:** Lorraine Whitehall**Person Details****Name:** Georgina Logan**CareFirst ID:** S6010109**DoB / EDD:** 19/08/1954**Gender:** Female**Address:**17 Sollas Place, Glasgow, West Area, G13 4NA,  
WEST CHCP**Tel No:** 07774400790**Service User Information****National Insurance Number****Number****Community Health Index Number (CHI)****Number****Marital Status****Category:** Single**Notes:****First language****Category:** English**Notes:****Preferred communication method****Category:** Verbal Communication**Notes:****Ethnicity****Category:** 01 White Scottish**Notes:****Religion****Category:****Notes:****Immigration Status****Category:** UK National**Notes:****OT Basic Information****Start Date**

13/11/2015

**Assessment Information Provided By****Client**

## OT Assessment

<b>Name:</b> Georgina Logan		<b>CareFirst ID:</b> S6010109
<b>Present during assesement</b>		
Client and OT		
<b>Carers assessment offered?</b>	Not Answered	
<b>Consent to OT Assessment / Intervention / Information Sharing</b>		
<b>Category:</b> Client has given explicit consent to share data		
<b>Notes:</b>		
<b>Health Status of Carer</b>		
<b>Primary Diagnosis / Presenting Health Issues of Service User</b>		
Client has Crohns disease, heart failure, arthritis (3 inhalers) and asthma. Client has degeneration of the spinal cord and pain/reduced range of movement in left leg. Mobilises with the aid of 1 walking when outdoors.		
<b>Past Medical History of Service User</b>		
client has a history of UTIs and has frequently been hospitalised.		
<b>Falls History - Have you had a fall in the last year?</b>	No	
<b>If yes, how many?</b>		
<b>If yes, in what context?</b>		
<b>Does the service user have telecare equipment / detail of required equipment?</b>	No	
<b>Details of equipment in place / required?</b>		
<b>Do you wish to order Telecare now</b>	Not Answered	
<b>Is service user in receipt of benefits?</b>	Not Answered	
<b>If yes, please state which benefits service user receives?</b>		
DLA		
<b>Is an income maximisation assessment required?</b>		

## OT Assessment

Name: Georgina Logan

CareFirst ID: S6010109

Assigned To:

Status:

Status Date:

Requested Date:

Required by Date:

Priority:

Details:

### Language & Communication

Are there issues with communication

Category:

Notes:

If yes, provide further details

Does the person require advocacy / person representation

Type:

Name:

Address:

Email:

Phone:

Notes:

Is an interpreter required?

Not Answered

If yes, provide details

### Autistic Spectrum Disorder

Category:

Notes:

### Personal and Professional Relationships

**Personal Relationships - This should include the Main Contact, Main Unpaid Carer and any other important relationships, including any dependents**

Name: Margaret Roberts

Relationship: Client --> Nok

End Reason:

Address: Flat 0/1, 2102 Dumbarton Road, GLASGOW, West Area, G14 0HR, WEST CHCP

Email:

Phone: 07939 333 580

Notes:

## OT Assessment

<b>Name:</b> Georgina Logan		<b>CareFirst ID:</b> S6010109
<b>Name:</b> Margaret Roberts <b>Relationship:</b> Mother --> Child <b>End Reason:</b> <b>Address:</b> Flat 0/1, 2102 Dumbarton Road, GLASGOW, West Area, G14 0HR, WEST CHCP <b>Email:</b> <b>Phone:</b> 07939 333 580 <b>Notes:</b>		
<b>Is the main carer a young carer</b>		Not Answered
<b>No Contact Requested - By Self</b>		
<b>Type:</b> <b>Name:</b> <b>Start Date:</b> <b>End Date:</b> <b>Address:</b> <b>Email:</b> <b>Phone:</b> <b>Notes:</b>		
<b>Spare Key Holder Details</b>		
<b>Type:</b> <b>Name:</b> <b>Address:</b> <b>Email:</b> <b>Phone:</b> <b>Notes:</b>		
<b>Professional Relationships</b>		
<b>Name:</b> Doctor Philip Weir <b>Relationship:</b> Patient --> Doctor <b>End Reason:</b> <b>Address:</b> Gp Surgery, 1398 Dumbarton Road, GLASGOW, West Area, G14 9DS, WEST CHCP <b>Email:</b> <b>Phone:</b> 0844 477 3318 <b>Notes:</b>		
<b>Housing Details</b>		
<b>Type, Tenure, Household Composition</b>		
<b>Accommodation Type:</b> House <b>Tenure Type:</b> Housing Assoc <b>Household Composition:</b> Adults and pensioner(s)		



## OT Assessment

Name: Georgina Logan		CareFirst ID: S6010109
<b>Accommodation Type - specify if 'Other'</b>		
<b>Household Composition - specify if 'Other'</b>		
<b>Landlord Details</b>		
	<b>Answer</b>	
<b>Landlord or association/comp any name</b>	GHA, 45 Munro Place, Glasgow< G13 2UP	
<b>Contact Tel No</b>	0808 801 1011	
<b>Contact Times</b>		
<b>Comments (where applicable)</b>		
<b>Describe specific access or entry arrangements (including any known risks or concerns)</b>		
<b>Home Environment</b>		
Client lives with her son in a 3 bedroomed end terraced property. Bathroom is upstairs and has an OBS insitu.		
<b>Internal / External Access (Internal stairs, front/back/side door/garden path etc)</b>		
Property has 2 external steps at the front entrance and there are 12 internal steps overwhich there is a LHSA handrail.		
<b>Employment, Training, Education</b>		
<b>Is the person currently in work, training, volunteering or education?</b>		No
<b>Describe situation</b>		
retired due to ill health		
<b>Employment / Training Status Classification</b>		
<b>Category:</b> Retired		
<b>Notes:</b>		
<b>If not in work, is the person interested in finding out more about their options about employment, education, training or lifelong learning?</b>		Not Answered
<b>Provide Details</b>		

## OT Assessment

Name: Georgina Logan

CareFirst ID: S6010109

Do you require to make a referral to an employment support service? If so add the activity below.

Assigned To:

Status:

Status Date:

Requested Date:

Required by Date:

Priority:

Details:

### Barthel Index

#### Personal Hygiene

Fully Independent

#### Personal Hygiene - Reported / Observed

Reported

#### Bathing Self

Min Help / Sup

#### Bathing Self - Reported / Observed

Reported

#### Feeding

Fully Independent

#### Feeding - Reported / Observed

Reported

#### Toileting

Fully Independent

#### Toileting - Reported / Observed

Reported

#### Stair Climbing

Min Help / Sup

#### Stair Climbing - Reported / Observed

Observed

#### Dressing

Fully Independent

#### Dressing - Reported / Observed

Reported

#### Bowel Control

Moderate Help

#### Bowel Control - Reported / Observed

Reported

## OT Assessment

**Name:** Georgina Logan

**CareFirst ID:** S6010109

### Bladder Control

Moderate Help

### Bladder Control - Reported / Observed

Reported

### Ambulation

Min Help / Sup

### Ambulation - Reported / Observed

Reported

### Wheelchair

### Wheelchair - Reported / Observed

### Chair / Bed Transfers

Fully Independent

### Chair / Bed Transfers - Reported Observed

Observed

### Barthel Index Total Score

84

### Dependency Level

Mild (75 - 90)

## Extended Activities of Daily Living

### Personal Hygiene

Independent

### Personal Hygiene - Reported / Observed

Reported

### Eating / Drinking

Independent

### Eating / Drinking - Reported / Observed

Reported

### Bed

Independent with transfers

### Bed - Reported / Observed

Reported

### Chair / Wheelchair

Independent with transfers

### Chair / Wheelchair - Reported / Observed

## OT Assessment

<b>Name:</b> Georgina Logan	<b>CareFirst ID:</b> S6010109
<b>Reported</b>	
<b>Toilet</b>	
Independent with transfers. Client has difficulty reaching the upstairs bathroom in time which she can be approx. 10 times per day due to chronic diarrhoea as a result of Chrohns disease. Client has a large walk in cupboard in hallway where she uses a bucket for toileting and baby wipes due to being unable to reach the WC intime. Client is requesting the installation of a downstairs WC which writer forward CL1 to GHA as critical priority and recommended a commode which the client agreed to accept until WC is installed.	
<b>Toilet - Reported / Observed</b>	
<b>Reported</b>	
<b>Bath / Shower</b>	
Client has difficulty transferring in/out of the bath to use the over the bath shower. Client previously had a walk in shower however contacted GHA to have bath reinstated as preferred to soak in a bath due to relieve joint pain. Recommended a swivel bather and grabrail above the bath which the client was happy to accept.	
<b>Bath / Shower - Reported / Observed</b>	
<b>Reported</b>	
<b>Car</b>	
<b>Car - Reported / Observed</b>	
<b>Kitchen</b>	
Client independently prepares meals/drinks	
<b>Kitchen - Reported / Observed</b>	
<b>Reported</b>	
<b>Functional Mobility / Stairs / Falls</b>	
Client mobilises independently in the home and uses a walking stick when outdoors. Client takes her time negotiating the internal stairs and would benefit from an additional handrail on the RHSA to increase her safety which writer will forward to GHA.	
<b>Observed</b>	
<b>Laundry</b>	
Independent	
<b>Laundry - Reported / Observed</b>	
<b>Reported</b>	
<b>Shopping</b>	
Clients son assists with shopping	
<b>Shopping - Reported / Observed</b>	

## OT Assessment

<b>Name:</b> Georgina Logan	<b>CareFirst ID:</b> S6010109
<b>Reported</b>	
<b>Household Chores</b>	
Client independently maintains the home	
<b>Household Chores - Reported / Observed</b>	
Reported	
<b>Medication</b>	
client has no difficulty taking medication	
<b>Medication - Reported / Observed</b>	
Reported	
<b>Home Safety</b>	
<b>Home Safety - Reported / Observed</b>	
<b>Use of Transport</b>	
<b>Use of Transport - Reported / Observed</b>	
<b>Work / Leisure</b>	
<b>Work / Leisure - Reported / Observed</b>	
<b>Numeracy / Literacy</b>	
<b>Numeracy / Literacy - Reported / Observed</b>	
<b>Communication</b>	
client has good verbal communication	
<b>Communication - Reported / Observed</b>	
Reported	
<b>Hearing</b>	
fully intact	

## OT Assessment

<b>Name:</b> Georgina Logan	<b>CareFirst ID:</b> S6010109
<b>Hearing - Reported / Observed</b>	
Reported	
<b>Vision</b>	
has reading glasses	
<b>Vision - Reported / Observed</b>	
Reported	
<b>Mental Health</b>	
client advised her mood can be low at times as a result on health concerns and difficulty accessing the WC	
Reported	
<b>Fatigue</b>	
client has low energy levels as a result of chronic diarrhoea therefore requires to take her time completing ADLs.	
<b>Fatigue - Reported / Observed</b>	
Reported	
<b>Upper Limb Function</b>	
client has good grip strength in both hands	
<b>Upper Limb Function - Reported / Observed</b>	
Reported	
<b>Model of Human Occupation</b>	
<b>Model of Human Occupation - Score</b>	
<b>Analysis of Strengths &amp; Limitations</b>	
<b>Recommendations</b>	
<b>Strengths</b>	
Client is motivated to have a downstairs WC installed and increase her safety in the home	
<b>Identified Need</b>	
Client requires a downstairs WC and supply of swivel bath, commode, fit grabrails (above the bath and WC) and internal RHSA handrails.	
<b>Risks Identified</b>	
<b>Is a risk assessment required?</b>	Not Answered

## OT Assessment

Name: Georgina Logan

CareFirst ID: S6010109

### Agreed Action Plan

Writer will forward CL1 to GHA recommending downstairs WC and RHSA internal handrail. Order to Equipu to supply/fit OT aids.

### Service User Views / Additional Comments

Client was in agreement with OT's recommendations.

Do you want to create an OT Review / Closure Summary Assessment?

Yes

Note that answering 'Yes' to this question will create an OT Review / Closure Summary e-form when this e-form is Finished & Saved.

### Finish and Save

### Completion

Completed By:

Worker: Lorraine Whitehall

Tel: 07717618546

Address: North West Social Work Services

17 Gullane Street

GLASGOW

North West Area

G11 6AH

Date: 13/11/2015



# Glasgow City Council Social Work Services

## Person Details - Confidential

### S6010109 Georgina Logan

Current, Previous  
Involvements and  
Observations

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Surname	First Name(s)	Title	Initials	Birth Date	Age	Current Client
LOGAN	Georgina		G	19/08/1954	71	Yes
Client Id: S6010109		Gender: Female		Ethnicity: 01 White Scottish		
Current Financial details: No						

#### Other Name(s)

Surname	First Name(s)	Title	Initials	Type
ROBERTS	GEORGINA		G	Previous Name

#### Addresses (address prefix with "\*" highlight previous main address)

Address	Type	Start	End
17 SOLLAS PLACE, GLASGOW, G13 4NA	Main	26/05/2010	
*13 SOLLAS PLACE, GLASGOW, G13 4NA	Previous	01/01/1994	25/05/2010

#### Telephone/Email (MAIN shows first)

Number/Email	Type	Notes
07774400790	MOBILE	
<b>Current Role(s):</b> Client		
<b>File Location(s):</b>		
Retained at Team		
Case File ,Destruct on 29-JAN-2002		

#### Classifications

Top Category	Type	Entered by	Notified Date	End Date
Religion	Unknown	Shona MCFARLANE	23/05/2017	
Information Sharing	DO NOT USE Client has given explicit consent	Lorraine WHITEHALL	13/11/2015	
First Language	English	Lorraine WHITEHALL	13/11/2015	
Marital status	Single	Lorraine WHITEHALL	13/11/2015	
Employment/ Training Status	Not in educ/train/emp longterm ill/disab	Jenny MACDONALD	18/02/2011	
Main Legislation	S2 (1)CSDP Act '70 amnd CSDP(S) Act'72	Jenny MACDONALD	18/02/2011	
Income Source	Income Support sole source	Swis **(OBSOLETE)WORKER	23/06/2000	
Other Client Group	Vulnerable - Other	Swis **(OBSOLETE)WORKER	23/06/2000	
Main Client Group	PD - Multiple Disabilities	Swis **(OBSOLETE)WORKER	23/06/2000	

#### Network

Relationship Name	ID	Relationship Type	Role	Type
Margaret ROBERTS		CLIENT --> NOK		Personal
<b>Tel</b> 07939 333 580		Deceased Ind Y	<b>Start</b> 01/10/2015 <b>End</b>	<b>Age</b>
Margaret ROBERTS		MOTHER --> CHILD		Personal
<b>Tel</b> 07939 333 580		Deceased Ind Y	<b>Start</b> 26/03/1975 <b>End</b>	<b>Age</b>
*W Dr. Philip WEIR		PATIENT --> DOCTOR	GP	Professional
<b>Tel</b> 0141 212 7082		Deceased Ind N	<b>Start</b> 01/10/2015 <b>End</b>	<b>Age</b>
Dr. Malachy DUFFY		PATIENT --> DOCTOR	GP	Professional
<b>Tel</b> 0141 0141-211-6120		Deceased Ind N	<b>Start</b> 18/02/2011 <b>End</b> 30/09/2015	<b>Age</b>
Robert RUTHERFORD		CLIENT --> PRIMARY WORKER	Employee	Allocation
<b>Tel</b> Robert.Rutherford@sw.glasgow.gov.uk		Deceased Ind N	<b>Start</b> 31/05/2017 <b>End</b> 12/06/2017	<b>Age</b>



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### S6010109 Georgina Logan

Current, Previous  
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#### Network

Relationship Name	ID	Relationship Type	Role	Type
North West Ot		CLIENT --> PRIMARY TEAM		Allocation
<b>Tel</b>		<b>Deceased Ind</b>	<b>N</b>	<b>Start</b>
				24/05/2017
<b>End</b>				12/06/2017
<b>Age</b>				
H and Sc Connect Ot		CLIENT --> PRIMARY TEAM		Allocation
<b>Tel</b>		<b>Deceased Ind</b>	<b>N</b>	<b>Start</b>
				23/05/2017
<b>End</b>				23/05/2017
<b>Age</b>				
Lorraine WHITEHALL		CLIENT --> PRIMARY WORKER	Employee	Allocation
<b>Tel</b>		<b>Deceased Ind</b>	<b>N</b>	<b>Start</b>
				05/10/2015
<b>End</b>				11/04/2017
<b>Age</b>				
H and Sc Connect Ot		CLIENT --> PRIMARY TEAM		Allocation
<b>Tel</b>		<b>Deceased Ind</b>	<b>N</b>	<b>Start</b>
				01/10/2015
<b>End</b>				02/10/2015
<b>Age</b>				

#### Blue Badges

Permit Type	Application Type	Number	Expiry Date
(BB Discre)-Discretionary	BB New Applic	S6010109B1	04/07/2012

#### Service Events

Event ID	Context	Type	Responsible Worker/Team	Start	End	Outcome
E1611874	Community Care	ComCare Initial Assess	NORTH WEST OPPD 4	01/06/2011	27/07/2012	Closure
E1486094	Community Care	ComCare Initial Assess	Jenny MACDONALD	09/09/2010	19/05/2011	Closure
S6010109	SWIS History	Data Conversion	QDA2 Team NOT Found!	01/01/1994	29/01/1997	Closure

#### Assessments

Asm ID	Assessment Type	Responsible	Start Date	End Date	End Reason
A1363598	Referral	Shona MCFARLANE	23/05/2017	23/05/2017	Pass to Duty
A857830	Ot Assessment	Lorraine WHITEHALL	13/11/2015	13/11/2015	Review
A858014	Ot Review / Closure Summary	Lorraine WHITEHALL	13/11/2015	25/11/2015	Abandon
A796247	Referral	Carley CARRICK	01/10/2015	01/10/2015	Pass to Duty

#### Activities

Act ID	Activity Class\Type	Assignee	Requested	Required	Status
K1864163	OT Service - Assess OT Need	Robert Rutherford	23/05/2017	18/06/2017	ABANDON
<b>Details of Activity :</b> Pls see obs dated 23/5/17 GHA toileting and stairs					
K1854545	OT Service - Assess OT Need	NORTH WEST OT WAITING COMPLEX 1	23/05/2017	18/06/2017	REASSIGN
<b>Details of Activity :</b> Pls see obs dated 23/5/17 GHA toileting and stairs					
K1852000	OT Service - Assess OT Need	NORTH WEST DUTY OT	23/05/2017	18/06/2017	REASSIGN
<b>Details of Activity :</b> Pls see obs dated 23/5/17 GHA toileting and stairs					
K1851974	OT Service - Assess OT Need	H&SC CONNECT OT	23/05/2017	06/06/2017	REASSIGN
<b>Details of Activity :</b> Pls see obs dated 23/5/17					
K922833	OT Service - Adaptation - RSL/LHO	Lorraine Whitehall	03/11/2015	10/12/2016	COMPLETE
<b>Details of Activity :</b> CL1 to GHA recommending a WC and WHB in downstairs cupboard.					
K940599	OT Service - Equip - Order/Delivery/Follow Up	Lorraine Whitehall	13/11/2015	20/11/2015	COMPLETE
<b>Details of Activity :</b> swivel bather, commode, grabrails					
K947470	OT Service - Equip - Order/Delivery/Follow Up	Lorraine Whitehall	19/11/2015	19/11/2015	COMPLETE
<b>Details of Activity :</b> client safely and independently uses the swivel bather.					

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Activities					
Act ID	Activity Class\Type	Assignee	Requested	Required	Status
■ K858223	OT Service - Assess OT Need	Lorraine Whitehall	01/10/2015	13/11/2015	COMPLETE
<b>Details of Activity</b> : PN: toileting assessment Med: heart failure, chronic back pain, arthritis and crohn's disease. H: GHA					
■ K856171	OT Service - Assess OT Need	NORTH WEST DUTY OT	01/10/2015	13/11/2015	REASSIGN
<b>Details of Activity</b> : PN: toileting assessment Med: heart failure, chronic back pain, arthritis and crohn's disease. H: GHA					
■ K854131	OT Service - Assess OT Need	H&SC CONNECT OT	01/10/2015	13/11/2015	REASSIGN
<b>Details of Activity</b> : PN: toileting assessment Med: heart failure, chronic back pain, arthritis and crohn's disease. H: GHA					
■ J8818167	OT Service - Assess OT Need	NORTH WEST OT	26/07/2012		ABANDON
<b>Details of Activity</b> : Ms Logan called into the office requesting possible OT input. Ms Logan stated that she has multiple health issues including diverticuliti, irritable bowel syndrome, had previous heart attack as well as spinal surgery - also very breathless.					
<b>Progress Notes</b> : Ms Logan explained that previously she decided against having a walk-in-shower fitted however now feels that this is required - she mentioned that her health problems are gradually getting worse. Passed details to Patch PTL, Shirley Littlejohn. PM					
■ J8103992	Visit - Visit Client at home	Mrs Jenny Macdonald	19/05/2011	19/05/2011	COMPLETE
<b>Details of Activity</b> : Re toilet					
■ J8103993	Consult/Liaise - Consult Liaise Housing Provider	Mrs Jenny Macdonald	19/05/2011	19/05/2011	COMPLETE
<b>Details of Activity</b> : Re toilet					
■ J8103994	OT Service - Equip - Order/Delivery/Follow Up	Mrs Jenny Macdonald	19/05/2011	19/05/2011	COMPLETE
<b>Details of Activity</b> : NFA					
■ J7988275	OT Service - Equip - Order/Delivery/Follow Up	Mrs Jenny Macdonald	25/03/2011	31/08/2011	COMPLETE
<b>Details of Activity</b> : Liaise with GHA					
■ J7988274	OT Service - Equip - Order/Delivery/Follow Up	Mrs Jenny Macdonald	25/03/2011	25/03/2011	COMPLETE
<b>Details of Activity</b> : Nothing required meantime.					
■ J7988270	OT Service - Adaptation - RSL/LHO	Mrs Jenny Macdonald	25/03/2011	25/03/2011	COMPLETE
<b>Details of Activity</b> : CL1 to GHA for ground floor WC.					
■ J7988271	Consult/Liaise - Consult Liaise Housing Provider	Mrs Jenny Macdonald	25/03/2011	25/03/2011	COMPLETE
<b>Details of Activity</b> : GHA					
■ J7644944	OT Service - Assess OT Need	Mrs Jenny Macdonald	09/09/2010	30/04/2011	COMPLETE
<b>Details of Activity</b> : Application form received requesting an OT assessment . Mr Logan has recently had a back operation and suffers from IBS - passed to Shirley Littlejohn					
<b>Progress Notes</b> : OT P2 28/9/10 Client advises she has had a heart attack and asking for allocation ASAP.					
■ J7988269	Visit - Visit Client at home	Mrs Jenny Macdonald	24/03/2011	24/03/2011	COMPLETE
<b>Details of Activity</b> : Assessment					
■ J7973841	Visit - Visit Client at home	Mrs Jenny Macdonald	18/03/2011	18/03/2011	COMPLETE
<b>Details of Activity</b> : Not suitable rearranged for am 24-03-2011.					
■ J7954446	Letter - Making/ confirming appoint'nt	Mrs Jenny Macdonald	09/03/2011	09/03/2011	COMPLETE
<b>Details of Activity</b> : Offering home visit for pm Thursday 17th March					
■ J7954434	Visit - Visit Client at home	Mrs Jenny Macdonald	08/03/2011	08/03/2011	COMPLETE
<b>Details of Activity</b> : As arranged. Spoke to young man who advised that client was not in.					

# Glasgow City Council Social Work Services

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### S6010109 Georgina Logan

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Involvements and  
Observations

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#### Activities

Act ID	Activity Class\Type	Assignee	Requested	Required	Status
■ [REDACTED]	Telephone - Carer	[REDACTED]	03/03/2011	03/03/2011	COMPLETE

Details of Activity : Visit arranged for pm 08-03-2011

#### Initial Contacts

Date	Received by			Team
01/06/2011	DCBG-SHAUN COYLE			NORTH WEST OPPD 4
Contact By	By Self	Contact Name	Method	Office Caller
Topic	Advice/Information	Presenting Issue	Benefits/Financial/Destitution	Tel
Notes				
Outcome	Pass to Community Care			
Notes				
09/09/2010	GDDZ-JULIE MURRAY	WEST (NW) NON CASEHOLDER 2		
Contact By	By Self	Contact Name	Method	Formal Notification
Topic	Service/Support Request	Presenting Issue	Community Care	Tel
Notes	Application from received requesting an OT assessment			
Outcome	Pass to Community Care			
Notes				

#### Observations

Date Started	Subject	Information Source	Source Relationship
■ 23/05/2017	Referral Summary	Shona MCFARLANE	Assessor
Notes: OT - toilet and internal assessment required. T/C received from Ms Logan 0774400790. Ms Logan lives alone in a house which is rented through GHA, Ms Logan has heart failure, chronic back pain (decompression of the spine), crohn's disease , asthma which is controlled through inhalers and a previous blocked bowel. Ms Logan's mobility is poor she used 2 walking sticks to mobilise indoors and outdoors. Ms Logan is incontinent and wears pads for this however no skin conditions. Ms Logan is struggling to get on/off down stairs toilet no handrails for support. Ms Logan is struggling to get up/down 1 flight of internal stairs handrails at one side for support main bedroom and bathroom upstairs all been adapted for her to use. Ms Logan isn't struggling with anything else. Ms Logan is aware and has consented to this referral.Shona McFarlaneSCD			
■ 25/07/2016	Casenote	Lorraine WHITEHALL	Other professional
Notes: L.Whitehall (O/T)T/C from client requesting letter of support for PIP application, writer will phone back with address details.			
■ 01/10/2015	Referral Summary	Carley CARRICK	Assessor
Notes: OT assessment Georgina is 61 years old and lives alone in rented accommodation from GHA. Georgina's medical conditions are heart failure, chronic back pain, arthritis and crohn's disease. Mobility - uses walking stick Georgina has had multiple hospital admissions due to her declining health and is now incontinent and unable to manage the internal stairs to the toilet. Georgina advised she has previously assessed and it was suggested they she had a small toilet downstairs; however she declined this due to taking ill. Georgina now feels that she would benefit from a toilet downstairs as she has also had back operation feels that climbing several times daily is putting further strain on her back. Toilet assessment Carley Carrick SCD			
■ 01/06/2011	Action Taken/Proposed	Shaun COYLE	Assessor
Notes: Ms Logan came into Anniesland office on 31-05-11 as she has an appeal for DLA pending but does not have a representative. I got her to sign the mandate authorising our welfare rights team to represent her, and faxed and sent it today. She already has DLA middle rate care. I advised her that the tribunal has the power to look at her existing award. She should think about this and decide if she wants to continue with the appeal. She said she will look out her papers and get back to me.			
■ 19/05/2011	Transfer/ Closure Summary	Jenny MACDONALD	Assessor
Notes: JMacd OT. Recommendation for installation of WC in hall cupboard has been received by GHA and will be actioned in near future.No further OT input in required at present.			



# Glasgow City Council Social Work Services

## Person Details - Confidential

### S6010109 Georgina Logan

Current, Previous  
Involvements and  
Observations

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#### Observations

Date Started	Subject	Information Source	Source Relationship
24/03/2011	Assessment Summary	Jenny MACDONALD	Assessor
Notes: JMacd OT. Client lives alone. She has support from son and ex husband. Remains as independnet as possible. Mobility: mobility is limited by back pain and she struggles to climb stairs quickly. Manages provided rails are in place but is very slow. Is not housebound but unable to walk far, relying on transport being available. Manages most aspects of personal care. Has a walk in shower in place. Access to toilet is only major issue.			
24/03/2011	Housing/ Accommodation	Jenny MACDONALD	Assessor
Notes: JMacd OT. Client lives alone in a 4 apartment, end terrace property, managed by GHA at Munro Place. 2 steps to fornt door and internal stairs to bedroom and bathroom. Surrounding area is quite level and is close to shops and amenities. Client is not housebound but requires transport if going out.			
24/03/2011	Health/Being healthy/Medication	Jenny MACDONALD	Assessor
Notes: JMacd OT. Client has diverticulitis and irritable bowel syndrome resulting in a frequent urgent need to use the toilet. She is also under investigation for Crohn's disease and gluten intolerance. Has had a heart attack. Had spinal surgery to remove some discs and insert a metal rod in her spine. This resulted in nerve damage to her left leg and this limits her mobility. Also has chronic depression. Medication: Gabapentin - nerve pain Simvastatin - to lower cholesterol Clonidine - hypertension Tramadol - pain relief Aspirin - to this blood Omeprazole - to reduce stomach acid Quinine sulphate - night cramps Methocarbamol - muscle relaxant Amitriptyline - antidepressant Clenil - anti-depressant Salbutamol - inhaler Diltiazem - hypertension GTN spray - angina			
24/03/2011	Action Taken/Proposed	Jenny MACDONALD	Assessor
Notes: JMacd OT. Home visit following a referral from client with regards to problems within the house. Client has multiple health issues and often has to access the W C urgently, she has mobility problems that make this very difficult. Discussed options and agreed that provision of a WC and WHB in the large hall cupboard would be a great benefit. Advised client that a referral would be made to GHA to facilitate this. 1) CL1 completed and sent to GHA at Munro Place, recommending the fitting of a WC and WHB in ground floor cupboard. P1.2) Follow up.			
17/03/2011	Action Taken/Proposed	Jenny MACDONALD	Assessor
Notes: JMacd OT. Home visit as arranged by letter however client's daughter had been rushed to hospital that morning and client too upset for assessment to proceed. Visit rearranged for am 24-03-2011.			
08/03/2011	Action Taken/Proposed	Jenny MACDONALD	Assessor
Notes: JMacd OT. Home visit as had been arranged by telephone last week. Door was eventually answered by a young man who advised that client was not at home. Letter sent offering home visit for pm on Thursday 17th March 2011.			
[REDACTED]			
01/01/1994	SWIS Referrals	Data Conversion	Other
Notes: Team - DRUMCHAPEL DUTY TEAM (DRUMCHAPEL) Worker - NOT FOUND From - To - 17-OCT-1994 Priority - N Dealt By - Method - OTHER Reason1 - OTHER Reason2 - Outcome - OTHER File Location - Benefit - OTHER Initial Priority - N Narrative -			