

SPEAK NOTES – WINSTON (BATHROOMS COURSE – PART 2)

CASE STUDY

Service user is sleeping in a downstairs room which used to be a kitchen. Family had built a conservatory extension and re-sited their kitchen in there. OT had recommended a ground floor extension to be added for the bathroom, but SU/family declined and insisted that they wanted the bathroom to be installed in part of their existing room.

The bathroom is small but manageable, just. However, the bedroom is tiny. OT service has fitted a length of CT hoist across the bed and hoisting for transfers.

OT queries effectiveness of scheme due to lack of space to transfer. However, the SU and her family are happy with it!

Q (for delegates): What do you think?

BACKGROUND

This case brought to training course by an OT who wasn't sure if to approve it or not. There are a few gaps in the info provided by her above so we've filled them in slightly, as follows:

"Winston (not his real name) is an elderly man with a progressive condition (e.g. MS). He is currently fluctuating between walking a few steps with a rollator and using a wheelchair. He requires assistance with all transfers. His condition is deteriorating and he will need to be hoisted in the near future and to use a wheelchair full time.

PROPOSED SCHEME - SOME ISSUES TO TEASE OUT DURING FEEDBACK

You should facilitate discussion around the case study so that the delegates (ideally!) come up with the issues listed below for themselves. Where delegates miss out items, then feel free to point these out as appropriate (e.g. if running out of time, you might choose to skip over some issues). The list below is not necessarily exhaustive and if you think of any other issues that the s/u or family might experience, please feel free to raise these.

BEDROOM

Privacy: lack of privacy (bedroom is through cut to conservatory and back garden)

Natural daylight: no natural light in bedroom. Should bedroom have been where bathroom is? Yes, in terms of lighting but any issues in terms of drainage?

Artificial light: drawing does not show provision and siting of light switches. Particularly important is 2-way light switch by bed so s/u can operate main light if/when confined to bed for periods of time.

Bed: bed is a single one (in terms of size). These are usually 900mm wide x 2000mm long. He will need a profiling bed which will be approximately 1050mm wide x 2200mm long.

Turning circle: smaller than the minimum standard. More for an ambulant person, not a wheelchair user. Was this measured?

Furniture: not shown on drawing. Appears to be little space for essential furniture, such as a bedside table (400x400mm), wardrobe (1200mm x 600mm), chest of drawers (750 x 600mm), desk or even an armchair for a visitor to sit in. Measurements given here are averages for these types of furniture and as required in new wheelchair housing in England.

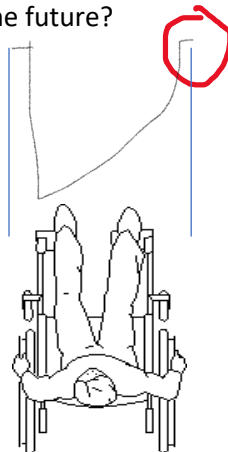
Sockets: drawing does not show how many are provided, and where they will be sited.

Carers: there is space to one side of bed only. As he will be hoisted, then space will be needed to both sides. Is there sufficient space for this? Potential discussion around how much space needed to help with sit to stand transfers + hoisted transfers.

Doors: point out hatching for the door “infills” i.e hatching is indicating that the old doorways have been filled in with blockwork (is not essential to feedback on this but might be of interest if some delegates have completed the Reading Plans course as we cover hatching on this course).

What was the point of repositioning the door between living room and bedroom (near the entrance to the conservatory). Would have been better to keep it where it was as allows for a bit more privacy for Winston.

Door to conservatory: there is no clear space to the side of the leading edge (pull side) of the door. Very difficult if not impossible therefore for Winston to open door from a wheelchair as will have to lean right across the wheelchair to reach the door handle and then wheel backwards while pulling the door open. Might this be an issue in the future?



BATHROOM

Size:

Room is too small. internal dimensions are just 2400mm wide x 1300mm long = 3.12 sq m. The Toolkit matrix from earlier in the course that this is less than the sq m required for even an ambulant disabled person. In fact, 3.00 square metres is the recommendation for an ambulant disabled person for a WC only and not a WC shower room. For an assisted user in a WC/Shower room, the recommended sq m is 6.25 i.e. double that shown on the drawing.

Important for OTs to start to consider space “benchmarks” as per toolkit, Part M etc as provides context within which they are proposing adaptation.

Shower-Loo wet room: have they considered converting the bathroom into (a) wet room that is (b) a shower-loo i.e. WC pan functions as a shower seat.

Shower-loo cubicle: would they consider a cubicle instead of a bathroom e.g chiltern invadex?

Door to bathroom: remove completely? Sliding door?

Radiator by WC pan: potentially blocking a shower-commode chair

WHB: potentially in way of carer trying to assist Winston on/off WC

Siting of shower controls: should these be on wall outside shower if used by carers only (to avoid them getting wet)?

NOTE:

The case above has been tweaked slightly so as to facilitate greater discussion by delegates. The OT did ultimately approve this scheme, but we don't state this until after the feedback has been given as it would close down discussion otherwise. We don't have an actual diagnosis from the OT but apart from that, all else is as reported by her. Feel free to report Winston as having MS or similar progressive condition, as you think appropriate.

ADDITIONAL ISSUES/SOLUTIONS

Over time, delegates and trainers may come up with additional issues or solutions that are useful to bring into future sessions. If you or the delegates think of anything that is not listed above, then please just email Trish with them or add them directly here: