

### **Annex 3**

#### **Case study from a customer accessing the Discretionary Adaptation Grant (DAG) which is funded using the DFG money**

The service user for which the major adaptation was completed for is a 79 year old woman, who lives alone in their own occupied bungalow, and has supportive family who live close by. She also receives assistance from the re-ablement team to enable her to engage with her activities of daily living. Both family and the re-ablement team communicated an overall decline in the service user's mobility, which they attribute to deterioration caused by progression of her long-term health condition (transverse myelitis), which has resulted in a significant left-sided weakness and reduced sensation in the affected foot.

The arrangement in their existing bathrooms was no longer meeting the service user's needs and placing them at an increased risk of falls, as they were relying heavily on family and carers to physically support them in accessing the small en-suite shower cubicle; access to which required navigation of 1 x steep step down into the tray and no option for seating solutions due to the restricted space. Also, at the initial visit, the falls prevention practitioner identified the potential use of a bath tub in the main bathroom; however following assessment with the use of a bath lift at a return visit, it was identified that the bath-lift did not meet SU's needs as unable to complete adequate hip flexion and knee extension to facilitate clearance of left leg over bath panel. With these factors in mind, the falls prevention practitioner gained consent from the service user and family to action the installation of a level access shower, complete with half-height screens to facilitate continued support from the care team.

This adaptation has allowed the service user to gain independence with maintaining their personal hygiene, they are now able to attend to most elements of washing on their own, whereas previously they were receiving more support due to the unsupportive physical environment. Additionally, the current layout provides the option for increased support from carers as their condition progresses and their mobility declines, allowing them to stay in their home as is their desire.