

MEDICAL ADAPTATION POLICY

Approved On	October 2024
Review Date	October 2027

1. Policy Statement

The purpose of this policy is to ensure that West of Scotland Housing Association (WSHA) is responsive to the changing needs of tenants requiring an Adaptation to their home for medical reasons.

The Scottish Government classifies Adaptations into three groups:

Stage 1 – Design features which are not specific to a condition or an individual and which are incorporated into the initial specification prior to construction or improvement.

Stage 2 – Adaptations to a house to meet the particular needs of a tenant to whom the property has been allocated before, or close to, practical completion. These adaptations may be completed by the original contractor.

Stage 3 – An adaptation to adapt a property to suit the changing needs of the existing tenant, or of a new tenant, where these could not reasonably have been identified when the house was originally provided.

Such adaptations can have many benefits, including allowing residents to live independently and safely in their homes. This can have a positive effect on the tenant's quality of life, their mental health and ensures that they can remain in their home for as long as possible.

Medical Adaptations are paid for by the Association with funding claimed from Glasgow City Council and Scottish Government via Housing Association and Regeneration Programme (HARP Funding). Please note only certain adaptations qualify for funding. The Association will normally only carry out works that are covered by funding.

The Scottish Social Housing Charter, the Housing (Scotland) Act 2014 and the Equalities Act 2010 are the regulatory and statutory requirements which underpin this policy.

2. Equality Act 2010

Under the Equality Act the Association is required to make reasonable adjustments to the property "***where a physical feature puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.***"

The Act states that it "***is never reasonable for A to have to take a step which would involve the removal or alteration of a physical feature***"

“A” is the person/body who owes the duty.

“physical features do not include furniture, furnishings, materials, equipment or other chattels in or on the premises; and none of the following is an alteration of a physical feature—

(a)the replacement or provision of a sign or notice;

(b)the replacement of a tap or door handle;

(c)the replacement, provision or adaptation of a door bell or door entry system;

(d)changes to the colour of a wall, door or any other surface.

Taking these provisions into account, the Association will carry out all minor adaptation requests, regardless of funding availability. Minor adaptations include works we deem are required under the Equality 2010 Act, or smaller scale works we feel are essential for Health & Safety of our tenants.

The Association is not obliged in terms of the Equality Act to carry out significant alterations to properties. However, we will carry out significant alterations subject to grant funding being available. Significant adaptations are those that require the removal or alteration of a physical feature of the property.

The below table provides examples of minor and significant adaptations:

Minor Adaptations that we will carry out regardless of funding	Significant Adaptations we will carry out <u>subject to grant funding</u>
<i>the replacement or provision of a sign or notice</i>	Level access shower
<i>the replacement of a tap or door handle</i>	Wet floor shower
<i>the replacement, provision or adaptation of a door bell or door entry system</i>	Over bath shower
<i>changes to the colour of a wall, door or any other surface</i>	Raised height WC
Vibrating pillows and flashing pillows connected to smoke alarm/door entry	Closomat WC
Handrail at property entrance	Widening of door
Handrail to internal stairs	Automatic door opener

Minor Adaptations that we will carry out regardless of funding	Significant Adaptations we will carry out <u>subject to grant funding</u>
Handrail to common close	Adapted kitchen – full or partial
Grab rail in bathroom	Extension
Drop down bar at side of WC	External additional slabbing/paving/landscaping/ramp
Removal of self-closing hinges from cupboard doors	Car port
Re-siting of radiator to allow for installation of equipment by 3 rd party i.e. stairlift install	Air conditioning
Supply & fit additional double socket for medical equipment	
Re-hang pass door to open outwards	
Lever taps to kitchen sink	
Lower door entry handset	
Supply & fit additional door entry handset	
Lower controls for heating/provide remote control	
Level weather bar at flat entrance door	
Additional lighting	
Reduce outside step height	

3. Achieving Good Practice

To ensure good practice in the provision of adaptations, WSHA will endeavor to:

- Ensure effective communication & maximum consultation with the tenants involved.
- Comply with relevant legislation and planning regulations.
- Comply with Health & Safety guidance and regulations.

- Procure an adaptations contractor who will carry out the majority of standard adaptations
- Where procured contractor cannot undertake work, quotations will be sought by suitably qualified contractors
- Staff involved in adaptations are suitably trained

4. Roles and Responsibilities

All aspects of Medical Adaptations will be the overall responsibility of the Director of Development & Asset Management. Implementation and delivery of this policy will be undertaken by the Maintenance Manager.

The day-to-day administration of Medical Adaptations will be carried out by the Assistant Technical Officer.

Pre and post inspections of Medical Adaptations will be carried out by Technical Officers and outcomes reported to the Assistant Technical Officer.

Performance monitoring (monthly, quarterly and ARC) will be carried out by the Assistant Technical Officer and reported to the Maintenance Manager.

Budget reviews will be carried out by the Assistant Technical Officer and report to the Maintenance Manager.

HARPS claims will be processed by the Assistant Technical Officer and authorised by the Maintenance Manager

5. Identifying Needs and Applying for a Medical Adaptation

The need for a medical adaptation can be identified by the tenant, their representative, housing officer or medical professional, for example an Occupation Therapist (OT). If the type of adaptation required is minor i.e. an internal handrail or grab rail, the tenant will be asked to submit a self-referral form (see appendix 1). If the works required are more substantial i.e. a wet floor shower, the tenant will be asked to self-refer to Occupational Therapy for an at home assessment. Once the at home assessment is completed, the Occupational Therapist will submit a referral form to WSHA, which will specify the type of adaptation required for the tenant.

Examples of Self-referred Adaptations	Examples of OT Referred Medical Adaptations
Additional handrail at stairs – internal or external	Automatic door closers
Grab rail in bathroom	Wet floor shower

Flashing beacon smoke alarm	Level access shower
Additional door entry handset	Closomat WC
	Car port for disability car
	Drop kerb
	Ramp
	Widening of door

6. Prioritising Medical Adaptations

WSHA will instruct all minor adaptations on receipt, however larger scale adaptations, i.e. works not legally required under the Equality Act 2010, will only be instructed subject to funding.

For larger scales works, we will look to instruct these upon receipt however if funding is running low, we will prioritise these by need based on their priority scoring then by chronological order.

Each Local Authority has a different scoring system to assess needs, however we will allocate them to our priorities as below:

Priority 1 – Critical

- Tenant unable to carry out essential daily activities without the adaptation
- High probability of requiring admission to care if adaptation not provided
- Adaptation essential to enable hospital discharge

Priority 2 – Substantial

- Tenant has difficulty in carrying out essential daily activities
- Probability of breakdown in living arrangements if adaptation not provided
- Adaptation required to prevent deterioration of health
- Adaptation required to enable normal development of children

Priority 3 – Moderate

- Tenant has difficulty carrying out of essential daily activities but has suitable support
- Adaptation required to promote independence of disabled/elderly person
- Adaptation required to prevent needs for more costly alternatives

Adaptations classed as Priority 1 would be instructed first in date order. Once all Priority 1's are complete, Priority 2's would be instructed in date order. This would continue until all Priorities are worked through.

7. Approval for Medical Adaptations

The Association will approve all feasible adaptation for placement on our waiting list provided that the correct referral documentation is received as above.

Self-referred Adaptations – As these are minor works, these will be approved, subject to funding availability and instructed by the Assistant Technical Officer.

Occupational Therapist Referred Adaptations – will be approved subject to survey by Technical Officer to confirm that the requested adaptation is feasible.

If the adaptation is not feasible for technical reasons, the Technical Officer will discuss this with the tenant during the visit and this will be followed up in writing to the Occupational Therapist by the Assistant Technical Officer. In some cases, the Technical Officer and Occupational Therapist may be able to collaborate to come up with a suitable alternative for the tenant, however where this is not possible, the tenant will be offered support from their Housing Officer to discuss their options in terms of rehousing.

Applications for adaptations to properties within their defect liability period will be reviewed on an individual basis, in consultation with the Technical Officer and Development Officer. Minor works are likely to be approved however major works may be refused until the property is out with defects.

8. Delivering Adaptations

The majority of adaptations are delivered via an agreed schedule of rates (SORs) and timescale (1 month target) to the appointed contractor who has been procured via a competitive tender process.

For works out with the SORs, the appointed contractor will be asked to provide the quote for the works if it is considered they may be able to undertake the works. If the appointed contractor for whatever reason is unable to provide a quote for the works, e.g. automatic door closers, the Association will obtain costs from suitable contractors.

8.1. WSHA Planned Investment Programmes

As part of the planning process for investment, particularly in the provision of kitchens and bathrooms replacements, Staff will seek to establish whether there are people living in the household who require an adaptation or whether there is an existing adaptation in the property. Any existing adaptation that can, should be retained for the benefit of the household will be kept or refurbished on the principle of a like for like basis. Where such households are identified that require but do not currently have an adaptation, staff will refer the householder on to the appropriate personnel within WSHA to advise them of the process. This may mean that these properties do not immediately receive, for example, a new bathroom until the OT has determined the householders needs. If the association receives an OT referral that aligns with or outdates the components

assigned replacement date, the work may be undertaken within the planned replacement programme at the discretion of the Asset Manager. However in most instances these householders will only receive the medical adaptation where the Adaptations Budget budget allows and priority will be determined via the scoring system set out in this policy.

9. Communication with The Applicant

Upon receipt of a medical adaptation form, we will contact the tenant to let them know we have received their referral, their priority score and the expected timescales.

In cases where we do not expect to have enough funding to carry out the adaptation in the current financial year, we will advise the tenant and Occupational Therapist of this and offer them support should they wish to pursue a house move or carry the works out themselves via a tenant alteration.

If we expect to have enough funding to carry out the adaptation in the current financial year, we will organise a survey to cost the works.

During the survey process and procurement process, we will keep the tenant informed of the process and expected timescales and consult with the tenant on all design aspects.

Upon completion of an adaptation, we will;

- 1- Issue an automatic tenant satisfaction form
- 2- Post-inspect the work and confirm works undertaken are to the tenant's satisfaction
- 3- Resolve any outstanding snagging or defect before authorising payment to the contractor

10. Monitoring and Reporting

10.1 Quality Control - All medical adaptations will be post-inspected by the Technical Officer and any issues highlighted either by the Technical Officer, tenant/tenant representative will be dealt with promptly.

10.2. Contractor Performance - a regular meeting is held with the contractor to discuss:

1. Surveys
2. Prices
3. Installation Dates
4. Invoices
5. Performance Figures – turnaround time from instruction
6. A.O.B.

Any delays should be recorded and any performance issues taken up with the contractor.

10.3. Budget Reviews – a monthly review of the anticipated and actual spend against the funding will be sent to the Maintenance Manager and a monthly meeting held between the Maintenance Manager and Assistant Technical Officer to identify and resolve any issues.

10.4. Performance Reporting – quarterly ARC figures and the ARC will be produced and sent to the Corporate Management Team

11. Adaptations During Major Refurbishment

Where allocations are made to families or individuals with particular needs during the early stages of construction or major refurbishment work, the Association will seek to prevent further disruptive work at a later stage by incorporating adaptations in the construction or major refurbishment works – subject to the agreement of all parties and the appropriate technical suitability of the property. Again this would be subject to receipt of referral from Occupational Therapist.

12. Medical Adaptations through New Build Property

An adaptation to a property under construction where a tenant has been pre-allocated this property, would be classified as a stage 2 adaptation. This would be arranged by the Development Team through the normal Occupational Therapist referral process.

13. Adaptations to Mid-Market Rented Properties

Mid-market rented properties will be dealt with in the same way as WSHA properties and are subject to the same HARPS funding source.

14. Temporary Adaptations to Decant Properties

Where a tenant moves into a decant property during a period of major refurbishment, the Association will consider providing temporary minor adaptations i.e. fitting or handrails or lever taps subject to:

- The recommendations of an Occupational Therapist; and
- The suitability of the property to the adaptation

15. Allocations

The Association will seek to match significantly adapted properties that become available to let to the applicants requiring such adaptations. We will strive to let adapted properties sensitively, so that previous investment in adaptations is protected and preserved for the benefit of future applicants. Requests to remove adaptations will only be agreed to in exceptional circumstances and with the approval of the Maintenance Manager. Tenants who are allocated an adapted property will be advised that we would not propose to remove any existing adaptation and that they are expected to occupy the property in its current condition.

16. Equality and Diversity

This policy complies with the Association's policy of ensuring respect, fairness and understanding in how we treat tenants, our customers and work colleagues.

17. Review

This policy will be reviewed every 3 years or sooner, if new regulation and/or legislation is implemented.

Appendix 1

APPLICATION FOR ADAPTATION

West of Scotland Housing Association Ltd tenant self-referral form

Name: _____
Address: _____ —
Tel Number: _____
When did you move into this property? _____
Are you the tenant of this property? Yes/No (delete as applicable)
Are you currently on the Association's transfer list? _____
Have you applied to be re-housed by any other organisation? _____

House Type: (please tick)
Flat <input type="checkbox"/> Four in-a- block <input type="checkbox"/> Terraced <input type="checkbox"/> Semi- detached <input type="checkbox"/>
If you have a medical condition, please state below: _____ _____
Please provide details of the adaption/s required, stating the location of where the adaptation is to be replace i.e. grab rail at shower:----- _____ _____ _____ _____

Do you need any other adaptations made to your home?

Declaration:

I declare that the information given on this form is correct and accurate

Signature _____ Date _____

Please return this form to WEST OF SCOTLAND HOUSING ASSOCIATION,
CAMLACHIE HOUSE, 40 BARROWFIELD DRIVE, GLASGOW, G40 3QH