



CASE STUDY

Supporting safe moving and handling at home



Safe
Patient
Handling

The current situation

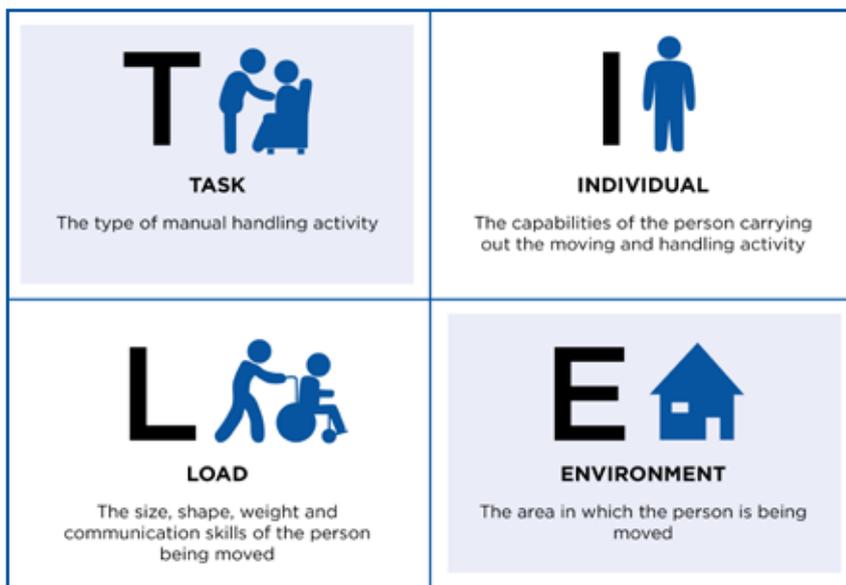
Mr and Mrs Evans and are couple in their 80s, they have been married for over 40 years and in that time have lived in the same privately owned house where they have raised two children. Mr and Mrs Evans have six grandchildren, all of whom visit regularly, and have an active family life. Over the past two years Mr & Mrs Evans’s mobility has been in decline Mr Evans being the more mobile of the two and has taken on more of the responsibilities around the home, such as house work and meal preparation. Mrs Evans’s mobility has been in

rapid decline following a succession of urine infections and hospital admissions. Mrs Evans has seen her GP who feels the mobility issue is a long term one and will not improve. Mr And Mrs Evans’s family contact Social Services to request an Occupational Therapy (OT) assessment. In the interim Mr and Mrs Evans’s family have moved a bed to a ground floor living area as Mrs Evans is no longer able to manage the stairs. Mrs Evans’s daughter has been staying to support her parents.



Holistic assessment

The OT assessment uses the Person Environment Occupation Model (**PEO**) as a frame of reference for the assessment. However, the **PEO** Model also fits well with the domains of a Task Individual Load Environment (**TILE**) structured assessment.



Considering the Person

In the **Person** domain, Mrs Evans wants to remain fully involved in her families' social activities, including being in the lounge when they visit, and in the longer term getting out and about to attend family gatherings. Mrs Evans is also concerned at the risk to her family when they handle her and would like a safer option.

Mrs Evans is unable to stand; this is a long term prognosis. As such, the OT considers the issues as part of a risk assessment. Mr and Mrs Evans have already expressed a wish not to have ceiling track hoists fitted as they do not want their living area to look too clinical. Consideration for the **Person** goes much further than the **TILE** approach as an individual as a **Load**.

Assessment of the Environment

As part of the **Environment** assessment, the OT considers the handlers at present which are the family and the risks to their health as part of the risk assessment. As the situation stands the fit between the **Person** and the **Environment** is very poor due to Mrs Evans's inability to stand or aid transfers. The OT considers issuing equipment to improve the fit, such as equipment to aid transfers, for example a mobile hoist. The OT also considers the space available and potential formal carers using the equipment as part of a risk assessment. The room Mrs Evans has her bed in has sufficient space to accommodate a compact mobile hoist, as well as a profiling bed, with adequate room to transfer onto a wheeled commode.

The OT also finds that the mobile commode will fit through the doors in order for Mrs Evans to access the lounge. She has sufficient sitting balance to sit comfortably in her chair. The OT also looks at the technical dimensions of the mobile hoist and confirms that it is compatible with all the other equipment choices. In addition the turning circle of the selected mobile hoist allows enough space for potential carers to manoeuvre it safely around the area, therefore not causing strain to themselves. This domain covers the parts of **TILE** including the balance between the load, the **Individuals** moving the **Load**, the physical **Environment** and the balance between them, going much further with a much more holistic view.

Occupation

In considering the **Occupations**, the OT finds that the poor fit between the prior two domains is making activities like personal care, and social interaction very difficult, due to the difficulties caused by transfers. The OT feels the correct solution will improve the fit between the **Person**

and the **Environmental** domain, therefore making the **Occupations** possible. This domain considers the tasks in a **TILE** assessment, but does so again, in a much more holistic way, considering the elements, relationships with each other rather than a stand alone entity.



The solution

The OT completes a **PEO** assessment. The outcome results in Mr and Mrs Evans agreeing to have carer support in to help with Mrs Evans's transfers in and out of bed through the day and her personal care. The OT also completes a **TILE** based moving and handling risk assessment and subsequently provides a wheeled commode and a compact mobile hoist. Although compact in size, it has good clearance from the profiling bed. It also fits well around Mrs Evans's chair, and is easy for the care staff to handle in the environment. The hoist moves well on the flooring, and due to its folding format can be stored away, again meeting the couples wish to not have a clinical looking environment. This equipment improves the fit between the **Person** and the **Environment**, making the **Occupations** possible. The **TILE** based risk assessment and handling plan is provided for the carer's safety as well as that of Mr Evans. Considering Mrs Evans's longer term needs, the OT looks at provision of wheelchair ramps and an attendant propelled wheelchair, so Mr and Mrs Evans's family can take her out. The OT also looks at an application to build a ground floor wet room and toilet area for which the couple may be able to self fund. This will ensure the fit between the three domains of the **PEO** model will fit well longer term.

This Case Study is provided as an example of a scenario and possible solutions and is intended for guidance only. A full and thorough risk assessment must be carried out by a trained professional before implementing a care and/or equipment package.