



CASE STUDY

Home adaptation - Introducing a ceiling hoist for a young adult with physical and cognitive impairment



Safe
Patient
Handling

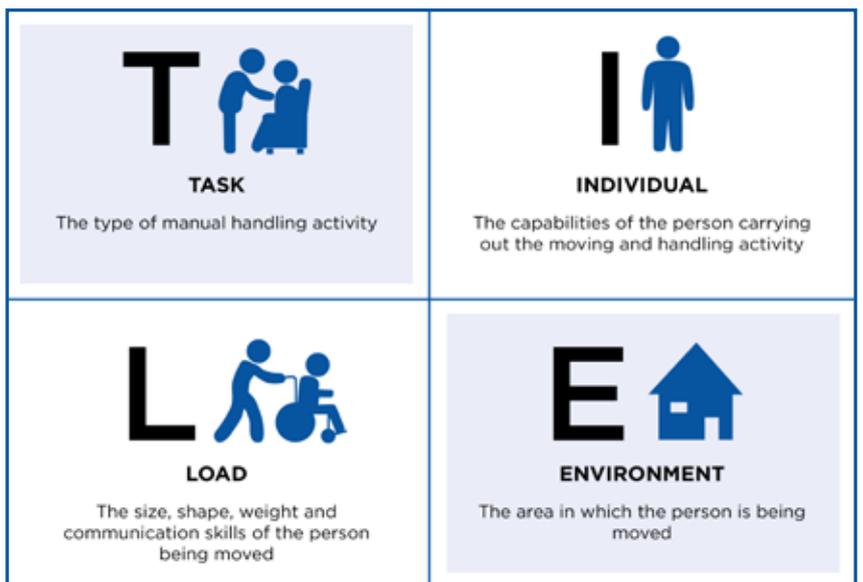
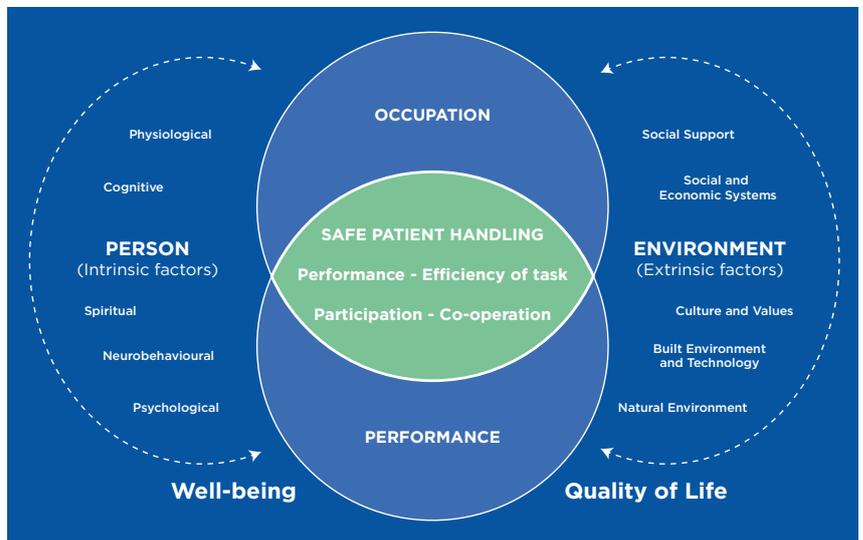
The current situation

Jack is a young man with cerebral palsy and epilepsy, who lives with his Mother and Father in a privately owned adapted bungalow. Jack uses an attendant propelled wheelchair and at present is lifted for all transfers by his parents. He is unable to clearly verbalise his needs, however Jack and his parents make full use of eye contact and non-verbal cues for communication. This helps them to clearly identify when he is happy or unhappy. Jack's parents requested an Occupational Therapy (OT) assessment as they have started to find him very heavy to lift. Jack's Mum has also recently hurt her back, which she believes is as

a consequence of lifting her Son. Jack's parents also stated that he has starting to hit out when being lifted, making it much harder to transfer him. Jack's Father works full time and can only support in the evening, however he is also finding it increasingly difficult to lift his Son. Jack and his family have had OT assessments previously and have had home adaptations such as a wet room with changing table. The family have also previously trialled hoisting equipment, however Jack became agitated when the equipment was introduced. Up to this point the family had been safely managing transfers manually so have resisted hoisting equipment.

Assessment method

An OT assessment uses the Person Environment Occupation (PEO) model as a frame of reference and considers the following during assessment, which fits well with a **Task, Individual, Load, Environment** (TILE) structured risk assessment for moving and handling:



Person

When considering Jack, the OT felt that, as a growing boy, he is becoming uncomfortable being physically lifted, and hitting out is a way of communicating that he is unhappy. Although it is something Jack cannot verbalise the OT feels that he may want more independence and autonomy from his parents. Something Jack's Mum and

Dad had not considered. Jack has a basic need for personal care, nutrition and dignity. This is something that his Mum and Dad understand and want to support. In using the **PEO** model it organically encapsulates the elements of **TILE** in this case the **Load**, however in a much more holistic, human manner.

Assessment of the Environment

There is a poor fit within the **Environment**, as Jack is becoming difficult to lift, transfers on and off equipment such as wheelchairs, commode, bed or changing tables is difficult. This could potentially lead to a decrease in the quality of Jack's care, issues of carer safety as well as burn out. In this instance, potentially changing

the relationship between parent and child. This may ultimately place strain on the relationship and impact on the family's quality time. This goes far beyond a basic **TILE** assessment, however clearly encompasses the elements of the **Individual** who is carrying out the handling as well as the **Environment** in which the handling is taking place.

Occupation

As part of the assessment the OT highlights **Occupations** that are being affected by the poor fit between domains. Bathing and overall personal care will be affected due to the poor fit between the environment and the **Person**, as well as impacting on Jack's feeling of safety, security and independence. Some space needs to be developed between Jack and his family

so they can enjoy normal family time together, thus supporting the child/parent relationship and reducing both his and his parents stress levels. This element goes beyond just explaining what the tasks are but highlights the reasons why the tasks are difficult to carryout from a human perspective.



The solution

The OT carried out an assessment using a ceiling track hoist system. As Jack and his family rely heavily on non-verbal communication, unobtrusive equipment that would help maximise this communication was considered. During the assessment with the OT and the Ceiling Track Hoist provider, Jack was more comfortable without a spreader bar passing his field of vision and obscuring his view. He could communicate during the entire transfer process and was able to see his surroundings more clearly. He was also able to participate in the transfer by gesturing in the direction of the transfer. Jack was visibly calmer, not hitting out during transfers with his Mum. This offers the potential of not having a formal carer coming in to support Jack and his family, therefore supporting a **single handed care** approach.

The provision of a ceiling track hoist without a spreader bar has made the tasks of personal care and transfers much easier, thus reducing strain on carers and the family relationship. This is as a consequence of improving the fit between the domains of The **Person, Environment** and **Occupation** whilst also observing the basic skills of a **TILE** risk assessment, something that appears to be quite a natural fit.

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.