ASSESSMENT OF KITCHEN (HOT DRINK & MEAL PREPARATION)

AIM

- To assess service user function and identify problems and potential solutions re preparation of a hot drink & meal.

Procedure

1. Verify that service user meets with kitchen or current eligibility criteria. If not liaise with Senior/Team Leader.

2. Check referral/case notes and confirm with service user prior to visit in order to understand their current condition, especially in relation to any recent change (e.g. mobility/falls/social situation). ACTION if significant change or case complex liaise with registered practitioner/Team Leader.

3. If appropriate arrange to visit service user at home/hospital/rehabilitation facility to assess re kitchen (hot drink/meal).

Service User Considerations

4. Ask service user how they currently manage and where they are having problems and document on reasoning record. Check whether they have equipment already and how they use this.

5. Establish what service user would like to do in the kitchen and who else uses the kitchen.

6. Assess the service user’s basic functioning: Sit – stand and mobility. If service user needs physical assistance to stand and/or walk or is unwell STOP and seek advice from registered practitioner/Team Leader. If appropriate arrange an alternative appointment.

7. Consider service user’s cognition and risk awareness. If service user not participating as expected STOP and seek advice from registered practitioner/Team Leader
Environmental Considerations

8. Observe existing kitchen/facilities as per reasoning record. Also assess access to kitchen (check for potential hazards e.g. loose mats and steps/door openings). If not at service user’s home ensure you gather as much information as relevant to support your assessment. Document these and any advice given on the reasoning record.

9. Observe lay out of kitchen/facilities including position of taps/sockets etc.

Carer Considerations

10. Take into account the type of carer support if any. Where possible involve the carer.

11. If appropriate observe service user undertaking drink/meal preparation using their kitchen/facilities. Where this is not appropriate observe them in assessment facilities in hospital/rehabilitation facility.

12. Consider possible solutions and discuss with service user/carer (e.g. advice re storage/usage arrangements, equipment, small or large adaptations). Consider other persons using these facilities. If appropriate discuss funding arrangements.

13. If solution identified is unacceptable to service user/carer feedback to registered practitioner/Team Leader.

14. If service user/carer in agreement try the preferred solution to aid kitchen tasks. (If fitting rails mark position with service user consent). If this meets service user/carer need needs and is agreed, order equipment/fixings and explain the next step to them.

15. Telephone/visit service user to check whether equipment/adaptation has met need.

16. If necessary arrange check off visit.

17. Document in service user record.
Assessment for Kitchen (Hot drink/meal)
Reasoning Record

Date of Assessment ………………… Tenure of Property…………………………

Who Present: service user/ Informal Carer/Care Assistant/Assessor/Other

1. Service User Considerations

Current ability /problems (reported):

Medical Conditions:

Functional Considerations:

Sitting Balance/Posture (wheelchair user): stable/unstable*
(“Warning - refer back to Senior/Team Leader)

Sit-stand chair: independent/uses chair arms/physical assistance*
(“Warning may struggle to stand unaided in kitchen)
Mobility: Independent/stick/frame*/physical assistance^  
If safe check service user turning and stepping backwards  
(^Warning STOP and feedback to Senior/Team Leader)  
(*Warning: client likely to have leg weakness and poor balance. May struggle to transport items around kitchen)

Cognition: if service user unable to follow/retain instruction STOP and feedback to Senior/Team Leader.

Upper Limb Function
Grip:

Dexterity:

Stamina/fatigue:

2. Environmental Considerations
Layout of area (at home) for preparation of meals/drinks (sketch):

Current facilities and equipment e.g Kettle/fridge/oven/hob/microwave

Access in/out of kitchen: steps/threshold/door widths

Type of floor:

Heights of surfaces:
Heights of cupboards:
Location of sockets:
Position of units (all physical aspects):
Space for circulation:
Obstructions:
Current equipment:
Operation of light switches:
Operation of Taps:
Capable of Opening window/operating fan:

3. Carer Considerations

Informal carer how do they assist? .............................................
are they happy to assist? Y/N
Home care/formal carer is it safe for carer/service user? Y/N
None is it necessary? Y/N

Kitchen Assessment (Hot Drink/Meal)

*If service user is struggling with (hot) drink &/or meal and:*

1. Service user is mobilising safely (including with walking aids) but unable to stand unsupported to allow free use of arms consider perching stool or teaching to lean safely.

2. Service user is struggling to turn on tap to obtain water consider tap turners/lever taps.

3. Service user is struggling to fill/carry/pour from kettle consider advice re filling methods/smaller kettle/kettle tipper.

4. Service user is struggling to access items from cupboards or fridge consider advice re storage arrangements.
5. Service user is struggling with manipulation e.g. peeling/chopping/buttering consider small equipment.

6. Service user is struggling to transport items around and out of kitchen consider kitchen trolley. NB model will depend on level of mobility.

7. Service user is struggling to cook with oven consider hob/microwave.

8. If service user is struggling to complete task due to fatigue STOP and feedback to registered practitioner/Team Leader.

**Which alternative solutions have been considered and excluded:**

1. Advice re private purchase/techniques (may include perching stool)
2. Small equipment (e.g. jar opener/tap turner/kettle tipper) – liaise with OT
3. Equipment (e.g. trolley)
4. Small adaptation (e.g. lever taps) – refer to adaptations
5. Practice/rehabilitation

**Recommendations:**
Reason for choice of Kitchen Solution and Plan

Name ...........................................................................................................

Signature .................................................................................................

Date ..........................................................................................................