

IN THE GRENFELL TOWER INQUIRY

ML/8

**Royal Borough of Kensington & Chelsea
Housing Needs Health/Disability Assessment**

PERSONAL DETAILS

Housing reference: [REDACTED]
Name of assessed individual: Monica LOKKO
DOB: [REDACTED]
Address: [REDACTED]
Members of household: 2

Information/reports used to complete assessment (list & date) G.P 03/05/207, [REDACTED]
letter 01/12/2006.

PRIORITY ASSESSMENT

Property Details

No of bedrooms: 1
Tenure: TMO
Floor level: Basement
No of stairs – external 10
No of stairs – internal 0

Lift Available: ☐ Yes ☒ No

Entryphone/intercom ☐ Yes ☒ No

Property layout / location if known (e.g. split level & distance to public amenities):

Health/Disability:

Ms Lokko has a long history of depression [REDACTED]

[REDACTED] Diagnosis of Arthritis, date diagnosed 2003
painful left knee in on regular analgesic mobilise without a stick can manage
up to 3 flights of steps with some difficulty due to the painful left knee.

[REDACTED] her housing arrangement living
in one bedroom with her grownup daughter ,the situation has become very
stressful for her present state of on going depression. [REDACTED]

Difficulties Identified:

The accommodation is situated in a basement G.P. assessment states that applicant informed him that the accommodation is damp ,applicant has also complained of the kitchen ceiling area appear to be full of water applicant is worried that in the present state of the property she would not be able to do a mutual exchange. There are some mobility problem from the arthritis in the left kneen which as described by the G.P. can be painful at times. The difficulty with the living space has exacerbated her mental health issues

The overall problem is space and dampness.

Recommendation/Comments:

A two bedroom situated no higher than third floor lifted, unlifted up to first floor. Level access would meet her need due to the arthritis.

<u>Matrix:</u>	<input checked="" type="checkbox"/> None	<u>Priority Points:</u>	<input type="checkbox"/> High
	<input type="checkbox"/> 1A Accessing the home		<input checked="" type="checkbox"/> Medium
	<input type="checkbox"/> 1B Accessing facilities		<input type="checkbox"/> Low
	<input checked="" type="checkbox"/> 2 Space		<input type="checkbox"/> None
	<input type="checkbox"/> 3 Location		
	<input type="checkbox"/> 4 Property		
	<input type="checkbox"/> 5 Sharing		

Health Categories:

	Primary Category	Secondary Category
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health / Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Other Illness / Health Condition	<input type="checkbox"/>	<input type="checkbox"/>
Child with Special Needs	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

SUITABILITY RECCOMENDATION

No of bedrooms: 2

Area:

<input type="checkbox"/>	Any area in/out borough
<input type="checkbox"/>	Any area in borough
<input type="checkbox"/>	North
<input type="checkbox"/>	Central
<input type="checkbox"/>	South
<input checked="" type="checkbox"/>	Applicants preference

Floor Level Unlifted 2

Floor Level Lifted 3