

IN THE GRENFELL TOWER INQUIRY

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ML/11

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## CLOSING SUMMARY

Surname LOKKO	Forename Monica	Title Miss
User No [REDACTED]	Case Paper No / Episode No [REDACTED]	Case Status Closed
Care co ordinator	OT Allocated	Worker Allocated to NA/FACE
Tel	Tel	Tel
Other Worker 1 Team Worker	Other Worker 2 Team Worker	Other Worker 3 Team Worker
Other Worker 4 Team Worker	Other Worker 5 Team Worker	Other Worker 6 Team Worker
Non ASCC Workers		
Referred By            Ms Sarah Asante		
Date of Referral        11/04/2011		
Reason for referral     Ms Asante called to ask for a referral for her mother who is finding it very difficult getting in/out of bath and on/off toilet. Her mother can only bath when Sarah is there to help her. She also stated that her mother is finding it more difficult getting on and off an armchair and sofa. Ms Asante also stated that she now has to do most of her shopping as her mother is in constant pain in her knees.		
Banding / Risk level		
Budget Code <div style="text-align: center;">ended</div>		
Summary of OT Needs   1 Difficulty with bathing 2 Difficulty getting on/off toilet 3 Difficulty getting in/out of bed 4 Difficulty with losing weight 5 Difficulty with accessing the flat		
Diagnosis / Health issues (if relevant)    Arthritis sciatica back pain high blood pressure		
Work Completed        1 Provided bathboard on loan via Medequip Installation of grab rail on bath wall via Peabody 2 2 inch raised toilet seat provided on loan via Medequip 3 Bed was raised and bed lever provided on loan via Medequip 4 Referred client to Specialist Weight Management Service 5 Grab rail installed by front door via Peabody		
Any outstanding issues   None Minor adaptation spreadsheet updated		
Significant information for subsequent work   None		
Have the following been Informed of closure?		
Service user	Done	Referrer                    N/A
Carer(s)	N/A	Other Professionals      N/A