

Report of Anava Baruch
Specialist field Housing occupational therapy
On behalf of The claimant Mrs Louise Stacy

TO THE COURT

Title of the action Mrs Louise Stacy V xxx

Court reference number xxxx

Final report of Anava Baruch **for the** HIGH COURT OF JUSTICE,
QUEENS' BENCH
DIVISION.

Dated xxxx
Specialist field Housing occupational therapy
On behalf of the Claimant xxxxx
On the instructions of Penningtons Manches LLP
Subject matter Mrs Louise Stacy (aged 42) was involved in a collision when a car crossed her path, causing her to collide with the side of the vehicle. Mrs Stacy suffered from multiple injuries, including a fractured skull, intracranial bleeding, laceration of her left eye, a fractured jaw and bruised pelvis.

This witness expert report sets out the alterations required to the property rented by Mrs Stacey and her family, to ensure her safety and maximise her independence in completing everyday activities.

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Reference Xxxx

**Report of
Specialist field
On behalf of**

Anava Baruch
Housing occupational therapy
The claimant Mrs Louise Stacy

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1. Introduction

1.1. The writer

I am Anava Baruch; my specialist field is housing occupational therapy. My formal qualifications include a BA (Hons) in Occupational Therapy and an MSc in Ergonomics. I am the Managing Director of Design for Independence Ltd. My particular area of expertise is designing and adapting homes for people who are less able due to physical, sensory and mental impairments. This includes designing new builds; adapting existing properties; advising on suitable equipment, furniture and assistive technology; manual handling assessments and training. Full details of my qualifications and experience entitling me to give expert opinion evidence are listed in Appendix 1.

1.2. Summary background of the case

1.2.1. The case concerns Mrs Louise Stacy, who lives with her family (husband and two children aged 8 and 9) on a 400-acre farm in a very remote part of xxx. The property is rented in Mr Stacy' name. Mrs Stacy sustained multiple injuries two and half years ago as a result of a car accident. Mrs Stacy made a reasonable recovery, however she continues to suffer from cognitive difficulties, including memory impairment, poor concentration, epilepsy, slight weakness in one side of her body, unsteadiness, diplopia, complete loss of her left field of vision and poor vision in her right eye.

1.2.2. I have been instructed to assess the family's property at Xxxx in order to determine whether and how the property and immediate grounds can be adapted to meet Mrs Stacy' short and long term housing needs; recommend suitable equipment to increase and enhance Mrs Stacy' independence and safety at home; and determine the difficulties Mrs Stacy has with travelling around the

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local area.

1.3. Summary of my conclusions

1.3.1. In this report I will show that, in my professional opinion, the property in its current state does not meet Mrs Stacy' housing needs. However, I believe that some alterations could be made to increase Mrs Stacy' safety at home and enhance her independence. My report indicates the feasible actions required, including modifications to the property and immediate surroundings, and the purchase of fixtures, fittings and equipment that would meet Mrs Stacy' short and long term housing needs.

1.3.2. I also provide information regarding the local transport arrangements and the difficulties Mrs Stacy has with access and travel around the local area.

1.4. Those involved

Dr George Bradley, Ophthalmologist
Dr Thomas Turner, Consultant Neurologist
Dr Terrance Smedley, Consultant Clinical Psychologist
Ms Christine Small, Neurological Occupational Therapist
Ms Elizabeth Harvey, Neurological Physiotherapist

1.5. Technical terms and explanations

I have indicated specialist terminology in **bold type**, and included it in a glossary in Appendix 6.

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2. The issues to be addressed and a statement of instructions
 - 2.1. On the xxx, I received a letter of instruction from Mr Collins of Penningtons Manches LLP asking me to assess the suitability of the current property at Xxxx and to determine if the property was suitable for Mrs Stacy' short and long term housing needs. If the property was deemed unsuitable, I was asked to determine if it could be adapted to meet those needs.
 - 2.2. I was provided with reports from several professionals who assessed Mrs Stacy in their field of expertise (see details in 1.4 Those involved).
 - 2.3. The purpose of the report
 - 2.3.1. In this report, I examined all the areas of the property in use by Mrs Stacy for her daily activities. I assessed the space and layout to determine if they were suitable for completing the tasks required (e.g. cooking and serving food). I assessed the areas of risk around the property, taking into consideration the information provided by the medical experts and therapists working with Mrs Stacy, and offered ways to mitigate the hazards and reduce the risks, thereby increasing Mrs Stacy' independence in completing the tasks required.
 - 2.3.2. The areas of the property included in this evaluation are the back access; the ground floor (all split levels and facilities); the first floor (all split levels and facilities); and the stairs. I also looked in greater depth into the use of the kitchen and bathroom by Mrs Stacy. The report looks at the immediate surroundings of the house which relate to Mrs Stacy' safety.
 - 2.3.3. This report also includes an assessment of Mrs Stacy' difficulties with accessing and travelling to the local area.

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3. My investigation of the facts

3.1. Enquiries/ investigation into facts by the expert

- 3.1.1. I visited the family home on xxx. My assessment of the property and Mrs Stacy' functional abilities took 3 hours, during which time I observed Mrs Stacy' mobility on the stairs and indoors. when I completed my risk assessment and identified ways to adapt the property to mitigate the risks to Mrs Stacy and meet her short and long term needs. (From 3.2)
- 3.1.2. I asked Mr and Mrs Stacy to highlight the difficulties Mrs Stacy has when functioning at home. I asked specifically about the evenings, when Mrs Stacy is tired, and on the days when she is not feeling well.
- 3.1.3. I asked Mr and Mrs Stacy about how Mrs Stacy' life had changed since the accident. Mrs Stacy reported difficulty completing normal day to day tasks, including all the house work and cooking. She said she missed being outdoors working on the farm; she used to take active part in supporting her husband in the running of the farm, but she is no longer safe walking outdoors independently or working with the animals, due to her vision loss. The risk of her being knocked over by animals is high, and also good vision is vital for working with the animals.
- 3.1.4. I then assessed the property. I took pictures of the current and potential access points to the house, and all the relevant areas which I believe require alterations (for floor plan and photos please refer to Appendix 3).
- 3.1.5. The house is a two-storey detached property. Each floor has several split levels as the house is built on the bank of a hill.

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3.1.6. The family would like to stay and live in the farm and would not consider moving out.

3.1.7. Access to the property

3.1.7.1. The road leading to the farm takes you to the rear of the property, directly into the parking area. To get to the front door you have to walk around the property on a sloping and often muddy and slippery path. The front door is rarely used.

3.1.7.2. The back door to the property leads directly from the parking area into the breakfast room. There are three steep stairs (all with different **rises** of between 6" - 8"), no hand rail, and a doorway threshold of 3". Mrs Stacy is able to go up and down these steps independently; however, she has to concentrate and negotiate one step at a time. She prefers to have someone to hold on to for reassurance and balance due to her poor vision.

3.1.8. Outside the property (see photos in Appendix 3)

3.1.8.1. The property is part of a 400-acre farm. The ground surrounding the property is sloping and steep; the property is built into a bank

3.1.8.2. The property has no fencing around it. Sheep regularly wander around the property. Mrs Stacy reports that she never leaves the property on her own as she would not be able to see if animals were running towards her.

3.1.8.3. The ground floor (for floor plan and photos please refer to Appendix 3).

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- 3.1.8.4. The back door opens into the breakfast room. The breakfast room has an AGA range cooker, dining table and a small number of kitchen cupboards. The room is 4m X 2.8m at its widest point. The breakfast room is used by the family for eating. The AGA is used for cooking, heating the breakfast room and boiling water for drinks for the farm workers.
- 3.1.8.5. The breakfast room is also used as the farm office: this is where all the paperwork is completed and meetings are held. In addition, farm workers regularly come in to get refreshments, warm up and have a drink. In winter this room gets very dirty from the mud on the farm workers' clothes and footwear.
- 3.1.8.6. From the breakfast room there are two uneven steps, set at an angle to each other, to turn into a small area with a kitchen sink and dishwasher (this area is labelled as 'utility' on the floor plan, Appendix 4). The sink is set a standard height of 900mm.
- 3.1.8.7. From the utility area there is another step up and a very narrow, curved corridor leading to the kitchen.
- 3.1.8.8. The kitchen is 4.3m x 2.2m (at the narrowest point) and has worktops for food preparation, a free-standing electric cooker (with a halogen hob), the fridge and the freezer.
- 3.1.8.9. The kitchen also houses a washing machine and tumble dryer. Next to the washing machine there is a very low sink (its base is 50cm from floor level), which is currently only used to drain water from the washing machine.
- 3.1.8.10. Mrs Stacy prepares food in the kitchen because it contains the cooker, is the only room with worktops, and most of the food is stored here.

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- 3.1.8.11. Mrs Stacy struggles to cook independently as the standard-height sink is in the utility area (not the kitchen), which is difficult for her to get to because of the steps.
- 3.1.8.12. The kitchen is very dim, and has only one small window. Mrs Stacy finds it difficult to see into the cupboards and cooker due to insufficient light.
- 3.1.8.13. There is not enough storage space in the kitchen, which makes it difficult to find items when cooking. Some necessary items are stored in boxes on the kitchen floor, and others are stored in the cupboards in the breakfast room.
- 3.1.8.14. Mr Stacy said that Mrs Stacy has had a lot of near-miss accidents on the steps from the breakfast room to the utility area, and from the utility area to the kitchen, especially when she is tired or not concentrating. Mrs and Mr Stacy said that Mrs Stacy struggles to carry dishes from the table in the breakfast room to the dishwasher, or to carry food from the kitchen to the breakfast room.
- 3.1.8.15. There is not enough space in the kitchen to have a dining table for a family of four.
- 3.1.8.16. The kitchen is currently used as a general storage area for shoes and coats because there is no storage space in any of the other rooms.
- 3.1.8.17. There are three steps up from the breakfast room into the living room, where the family sits to watch television. The door between the breakfast room and the living room opens into the breakfast room, and when fully open (at 90 degrees) it protrudes into the breakfast room, hanging over the steps. Because Mrs Stacy has no vision on the left, she regularly knocks into the door when

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approaching the steps from the breakfast room.

- 3.1.8.18. On the opposite side of the living room, at the far end, there is a door which leads to a hallway, and this in turn leads to the front door. There is another door off the hallway which leads to three steps, and these lead down to the sitting room (see floorplan, Appendix 3).
- 3.1.8.19. Mr and Mrs Stacy said that the sitting room is rarely used by the adults and is used by the boys as a play room. The room is only used by adults for large family events, hence no alterations are required in this area.
- 3.1.8.20. A door leads from the living room to the curved staircase, to access the first floor. The wooden staircase treads give way when stepped on; they are in very poor condition. All the steps are different in size (both the going and the rise); none of the goings are level. The last step before the ground floor has a very short going of 12cm. Mr Stacy reports that Mrs Stacy often loses her balance on the stairs when she is tired or not feeling well. There is no handrail on any of the stairs in the house.
- 3.1.9. First floor (for the floor plan please refer to Appendix 3)
- 3.1.9.1. The layout of the first floor is as follows:
Storage room- at the back of the house, used as an airing cupboard.
Bedroom 3 – Currently used by the younger son.
Bedroom 2 – Currently used by the elder son.
Bedroom 1 – Currently used by Mr and Mrs Stacy.
The family bathroom is positioned next to bedroom 1.
- 3.1.9.2. Access to bedroom 1 is via a long corridor and down two steps (450mm high in total). The corridor is not sufficiently lit. Mrs Stacy

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finds it difficult to identify where the steps are in the dark, and on occasion has missed the step when tired.

- 3.1.9.3. The family storage room is adjacent to the top of the stairs, on the right-hand side (at the back of the house). It is positioned on the same level as the water tank.
- 3.1.9.4. The family bathroom has a bath, wash basin and toilet. It has the only toilet in the farm, and this toilet is used by all the farm workers.
- 3.1.9.5. A local builder, Mr Nick Corlett, who visited with the neurological occupational therapist expert witness reported that creating a shower room on the first floor would be difficult due to the lack of water pressure. He also said that installing a level access shower might result in structural problems, as the joists might not be strong enough (please refer to Appendix 5 for a copy of the relevant paragraphs of the OT report).
- 3.1.9.6. Mrs Stacy reports that she becomes tired very easily. Accessing the toilet upstairs takes its toll on days when she is not feeling very well. On some occasions, she has had to stay upstairs in order to be able to easily access the toilet.
- 3.1.9.7. Although Mrs Stacy is physically able to access the bath, she reports she is not using the bath at home due to her epilepsy, and is currently using the shower in her parent's property.
- 3.1.10. Structural considerations. During the time I explored the potential alterations to the property, I liaised with Henry Higgins, a local construction company. I asked them to consider the feasibility of extending the property (including excavating the ground around the property), and creating a shower room in the storage room. The managing director and the lead project manager reported that the property was not structurally sound and they would therefore not be

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able to carry out these types of works (see Appendix 5).

3.1.11. Access to the community and local amenities

3.1.11.1. Mrs Stacy' cannot drive to the shops to buy food and other essential items as her driving licence has been permanently removed due to her visual impairment and epilepsy.

3.1.11.2. From the information I gathered there is no public transport in the area or in the closest villages. The nearest shopping area is in Welshpool, which is a 30-minute drive away. When Mrs Stacy needs to go to the shops she asks one of her friends or relatives to drive her there and back.

3.1.12. Mrs Stacy reported that Tesco and Asda have started delivering food to her area, so the family can do most of the shopping online. However, Mrs Stacy reported that she is currently unable to order online herself because of her visual problems, and requires the support of others to use standard IT equipment.

3.1.13. It is important to note that there is very limited Wi-Fi in and around the farm, and family members rely on their 4G sim cards for internet access.

3.2. Facts obtained by others

I summarise here my investigation of the facts, based on the literature provided by Mr Collins of Penningtons Manches LLP. I received several expert witness reports regarding the medical examinations of Mrs Stacy' impairments. I also gathered information from the assessments completed by the therapists who worked with Mrs Stacy from xx to xx.

a. Ophthalmologist Dr George Bradley	- Full eye movement in the right eye; left eye has reduced movement.
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<p>Expert witness report xxx</p>	<ul style="list-style-type: none">- Double vision in all positions of gaze- Mrs Stacy does not have double vision when she looks straight through her prism glasses; however, prism glasses affect Mrs Stacy' appearance.- Full colour vision in both eyes.- Confrontation fields were full on the right side only. There is a lack of vision on the left side in both eyes. Mrs Stacy cannot see the left side of her vision field.- The best field of vision was on the right side of the right eye.- Impaired 3-dimensional vision.- The limited field of vision, double vision and blurred vision will prove challenging for all vision-required activities e.g. crossing the road and using steps.
<p>b. Neurologist Dr Thomas Turner Expert witness report xxx</p>	<ul style="list-style-type: none">- Mrs Stacy has developed post traumatic epilepsy. She has a 'warning' before the seizures begin, so she now makes sure she is safely seated. The seizures last for about 2 minutes, during which time she is unconscious. She feels unwell for about an hour afterwards.- Variable power in the left arm compared with the right.- Variable and modest weakness of the left hip flexion.- Tone and sensation throughout the legs are normal.- No evidence of unsteadiness. However, Dr Turner recognises that this might be experienced when Mrs Stacy is tired and when she walks on uneven ground.- Reflexes were all present and equal.

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	<ul style="list-style-type: none"> - Above normal fatigue levels.
<p>c. Clinical Psychologist</p> <p>Dr Terrance Smedley</p> <p>Draft expert witness report xxx</p>	<ul style="list-style-type: none"> - Mrs Stacy shows severe impairment to her verbal processing and verbal memory. She is unlikely to make significant further improvement. - There is no evidence of any specific mental health problems.
<p>d. Neurological Occupational Therapist</p> <p>Christine Small</p> <p>Assessment report xxx</p>	<ul style="list-style-type: none"> - Mrs Stacy is right hand dominant. - Full range of motion in the neck, head and shoulders. - Independent in sitting and standing. No use of aids. - Independence in all transfers, including sit to stand, bed mobility, on and off the toilet, in and out of the car.
<p>e. Neurological Occupational Therapist</p> <p>Christine Small</p> <p>Letter (no date given on letter) to the case manager, highlighting the area of difficulties and risks around the house</p>	<ul style="list-style-type: none"> - Safe access in and out of the back door. There are 3 concrete steps, each with a 6" rise and a door threshold to overcome. There are no rails to provide support. - Access to a bathing facility. There is a high risk of drowning in the bath due to the moderate likelihood of having an epileptic fit whilst bathing. A local builder, who visited with Ms Small to identify alternative bathing or shower arrangements, highlighted that the water tank is on the first floor, and therefore the water pressure would not be sufficient for a shower on the first floor. The builder also mentioned that cutting the joist under the floor to create a level access shower, might weaken the structure.

	<ul style="list-style-type: none">- The current kitchen layout is not appropriate to meet Mrs Stacy' needs. The kitchen facilities are split between three rooms. Mrs Stacy forgets about items placed in the cooker or on the hob (in one room) whilst using the sink (in a different room) or getting items from cupboards (in another room again). Mrs Stacy struggles to carry hot pans and dishes between the rooms as she must negotiate several steps from one room to another. It is unlikely that Mrs Stacy will be able to gain independence and safely cook and serve food using the kitchen in its current layout.- Based on the builder's evaluation of the property, Ms Small recommended a scheme for adapting the property; this was drawn up by Excess Architects (see current layout in Appendix 3, and layout proposed by neurological OT and Excess Architects, Appendix 4).
<p>f. Neurological Physiotherapist</p> <p>Ms Elizabeth Harvey</p> <p>Assessment report xxx</p>	<ul style="list-style-type: none">- There is evidence of slight loss of balance on turning.- Left side is weaker than the right side throughout, causing reduced core stability and difficulty with maintaining balance when her weight shifts out of her base of support.- During the assessment, Ms Harvey felt that Mrs Stacy was safe using the staircase indoors.

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4. My opinion

4.1. Based on all the information provided to me during my investigation (see section 3 and Appendix 5), I understand that the house can withstand very little structural work due to its poor condition. Therefore, many compromises have had to be made when providing my recommendations. I was advised that trying to achieve the ideal layout and facilities, which included excavating and extending the current property, would have born disproportionate and unreasonable costs. Also, as the property and land are rented, building a new property on the land was not considered as a viable option. However, some alterations are feasible and vital, in my opinion, to increase Mrs Stacy' independence and safety in specific areas.

4.2. Access to the outside

4.2.1. Mrs Stacy is no longer confident going outside on her own as there is no physical barrier around the grounds of the house to prevent the farm animals wandering into this area. I therefore recommend installing a fence and gate system around the parking area outside the back door, to provide Mrs Stacy with a secure, safe access to the outside (please refer to Appendix 7 for cost).

4.2.2. It is not necessary to put a fence around the whole house as only the parking area is accessible; the rest of the grounds slope steeply and the parking area is the only area Mrs Stacy wants to be able to use independently.

4.2.3. Prior to Mrs Stacy' accident, she took an active part in the workings of the farm, spending the majority of the day outdoors. Following the accident, and her subsequent vision problems, she was no longer able to safely work with the farm animals. I therefore recommend creating a deck area outside the back door (size 3.5m square) to enable Mrs Stacy to sit outside safely when the weather permits, so she can still be part of the workings of the farm (please refer to

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Appendix 7 for cost).

4.3. Use of stairs and steps

- 4.3.1. Mr Bradley (Ophthalmologist) highlighted in his expert report the loss of 3D vision due to Mrs Stacy' severe sight loss. He also highlighted how the specific sight loss Mrs Stacy suffered is particularly challenging for all vision required activities e.g. crossing the road and using steps.
- 4.3.2. Mrs and Mr Stacy report that Mrs Stacy has regular near-miss accidents on the stairs at home when she is tired or not concentrating whilst negotiating the stairs.
- 4.3.3. Research shows (Templer, 1992; RNIB 1995) that using a curved staircase or stairs with treads of variable size requires the user to rely heavily on their visual sense. If stairs are designed with the same rise and going our brain has the capacity to automate our movement; this reduces the need to rely on our vision and pay close attention to the task.
- 4.3.4. Due to the above, I recommend the following alterations should take place:
- 4.3.4.1. Short-term solutions (please refer to Appendix 7 for cost):
- a. Install grab rails on both sides of all staircases, including the back external access to the house, the main staircase and the stairs leading to the main bedroom (bedroom 1 on the floorplan, Appendix 3).
 - b. Ensure stair areas are well lit to assist with all visual tasks. All light bulbs should be replaced with white daylight bulbs (1520 lumens). Further light sources should be installed next to all stairs and steps throughout the

property. Mr and Mrs Stacy believe the property's existing wiring system would struggle to cope with the additional electrical load, because they are already experiencing problems with the electricity. It is also not known whether the existing light fittings are compatible with modern energy efficient high output bulbs. Upgrading the existing system is included in the cost of alterations (see Appendix 7).

4.3.4.2. Long-term solutions (please refer to Appendix 7 for cost).

- a. Replace the curved staircase between the ground and the first floor with a doglegged staircase: two short straight flights with a half-landing (please refer to the glossary in Appendix 6). The stairs will run on both sides of the wall, separating the living room from the current staircase. All steps should have even treads (same rise and going for all stairs; the going should be no smaller than 30cm, and the rise no larger than 15cm). The stairs should have banister rails on both sides. This new design will minimise the structural work required and eliminate the risk associated with the use of the curved stairs.

- b. Should replacing the curved staircase with a doglegged staircase be deemed unfeasible at a later stage, I recommend purchasing a self-contained module to add a bedroom and bathroom to the ground floor layout. The self-contained module is built off-site, complete with electrics, drainage and finishes. It would be transported to the site on a low loader, and craned into position on previously designed and installed foundations. The self-contained module could be linked to the main house, providing an extension to the current layout without compromising the current structure. Most suppliers

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would be happy to purchase the module back from the client when it is no longer needed and remove it from site (please refer to Appendix 7 for cost).

- c. Replace the outside steps to the back entrance with steps which have even treads (same rise and going for all stairs; the going should be no smaller than 30cm and the rise no larger than 15cm). The stairs should have banister rails on both sides.
- d. Raise the floor in the breakfast room by 17.5 cm to eliminate the triangular step between the rooms.
- e. Replace the back door to create level threshold and accommodate the new floor level and ceiling height.

4.4. I recommend rehanging the door between the living room and the breakfast room. The door should open towards the living room and to the right hand side (when standing on the steps); this will ensure the door is not an obstruction (as it is currently).

4.5. Bathing

- 4.5.1. Dr Turner (Neurologist) confirmed that Mrs Stacy has developed post traumatic epilepsy and that she becomes unconscious during seizures.
- 4.5.2. Ms Small (Occupational Therapist) felt that Mrs Stacy was at high risk of drowning in the bath due to the moderate likelihood of having an epileptic fit whilst bathing. Although Mrs Stacy gets warnings that she is about to have a seizure, it was felt that these do not sufficiently prevent her from drowning in the bath.

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- 4.5.3. Mrs Stacy reported that she is no longer using the bath at home; instead she goes to her parents' house to have a shower. Mrs Stacy's parents have a shower cubical in their bathroom with a small step and threshold. One family member is always there to support Mrs Stacy when she gets in and out of the cubical to ensure her safety.
- 4.5.4. The local builder, Mr Nick Corlett, who visited the property said that from his experience and knowledge he does not believe a shower could be installed on the first floor due to lack of water pressure. From my extensive experience I know that installing a pump and electric shower will overcome the insufficient water pressure. This is also the view of Mr John Payne, the MD of Fabulouse Ltd, a construction company which specialises in home adaptation for disabled clients.
- 4.5.5. Mr Corlett was concerned about installing a level access shower due to the strength of the joists in the floor of the bathroom. From my extensive experience, I know there are ways of reinforcing the floor to accommodate the sunk-in shower tray and ensure the waste pipes do not compromise the strength of the structure. Mr John Payne agrees that it is highly likely that a level access shower can be installed.
- 4.5.6. Taking into consideration all of the information above, I recommend replacing the current bath in the bathroom upstairs with a level access shower. If a level access shower cannot be installed, I recommend installing a shower cubical with low access. This would eliminate the need for Mrs Stacy to drive all the way to her parents' house to complete basic personal care tasks. Rails could be fitted to increase support when stepping in and out (please refer to Appendix 7 for cost).
- 4.5.7. I also recommend redecorating the room to increase the colour contrast. Colour contrast is very important due to Mrs Stacy visual

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impairment; it assists in identifying objects and defining where walls start and the floor finishes. (RNIB, 1995; University of Reading 1997).

- 4.5.8. Should replacing the bath with a shower be deemed unfeasible at a later stage, I recommend purchasing a self-contained module to add a bedroom and bathroom to the ground floor layout. The self-contained module is built off-site, complete with electrics, drainage and finishes. It would be transported to the site on a low loader, and craned into position on previously designed and installed foundations. The self-contained module could be linked to the main house, providing an extension to the current layout without compromising the current structure. Most suppliers would be happy to purchase the module back from the client when it is no longer needed and remove it from site (please refer to Appendix 7 for cost).

4.6. Toilets

- 4.6.1. From the information provided by Ms Harvey (Neurological Physiotherapist) and Dr Turner (Neurologist), Mrs Stacy is able to get on and off the toilet independently and with no difficulty. However, Dr Turner highlighted that Mrs Stacy has above-normal levels of fatigue. On days when Mrs Stacy is not well, and/or fatigued, going up and down the stairs to the toilet can be very tiring. When she is not well she tends to stay in her bedroom to ensure she is close to the toilet.
- 4.6.2. The location of the one and only toilet within the property, and on the farm, is pertinent: it is in the bathroom on the first floor, at the end of the long corridor at the back of the house. This one toilet is constantly used by all the farm workers, who generally have very muddy clothes. The bathroom and corridors leading to it get dirty very quickly.

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- 4.6.3. Due to Mrs Stacy's visual impairment and level of fatigue, she finds completing domestic tasks very difficult and she has to rely on others to do these on her behalf, mainly her husband and elderly parents. This is putting additional pressure on her family members, who have already taken over Mrs Stacy's other responsibilities on the farm.
- 4.6.4. Ideally, my recommendations would have included installing a toilet on the ground floor; however, this requires extending the house/ excavating the ground around the property, resulting in an unreasonable cost (see email from Henry Higgins, Appendix 5). Therefore, I recommend installing an additional toilet outside the property to at least eliminate the use of the toilet by farm employees and reduce the additional cleaning relating to this. Further investigations should take place to identify the most cost effective location.
- 4.7. Use of the kitchen and dining area
- 4.7.1. Ms Small (Neurological Occupational Therapist) highlights in her report that the current kitchen layout is not appropriate in meeting Mrs Stacy's needs. The kitchen is split between three rooms. Mrs Stacy forgets about items placed in the cooker (in the kitchen) whilst using the sink in the utility area, or getting items from the breakfast room. Mrs Stacy struggles to carry hot pans and dishes between the rooms as she must negotiate several steps from one room to another. It is unlikely that Mrs Stacy will be able to gain independence and safely cook and serve food using the property in its current layout.
- 4.7.2. In my opinion, for Mrs Stacy to gain independence and increase her safety whilst cooking food, all kitchen units and facilities should be on the same level (step and threshold free).

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- 4.7.3. The current kitchen is very dim, which impairs Mrs Stacy' vision even further.
- 4.7.4. The lack of storage makes finding ingredients very challenging with the level of visual impairment that Mrs Stacy has.
- 4.7.5. Accessing and using the cooker in the kitchen puts Mrs Stacy at a high risk of burns due to lack of light and the fact that the oven is at a low level reduces Mrs Stacy' field of vision even further.
- 4.7.6. Accessing and using the AGA cooker in the breakfast room is not safe, for the same reasons mentioned about the cooker in the kitchen but also as the AGA is positioned far from the preparation area and Mrs Stacy is not safe carrying dishes when walking up and down steps.
- 4.7.7. In my opinion, updating and refurbishing the current kitchen to include all facilities and appliances in one room will increase Mrs Stacy' independence and safety significantly.
- 4.7.8. Due to the unreliable structure of the building, I recommend installing new free-standing kitchen units, which do not need to be attached to the walls.
- 4.7.9. Wiring of all appliances and additional light sources could be achieved by surface mounted trimming and cable (refer to Appendix 7 for cost).
- 4.7.10. The kitchen design I recommend should include:
- 4.7.10.1. Units with drawers under worktops, rather than cupboards. When you open a drawer it is easier to see into it because the content of the drawer is exposed to the light in the room.

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- 4.7.10.2. Pull out/ smart corner units (for the same reason as above).
- 4.7.10.3. Pull out larder for small items and dry goods (e.g. herbs, spices, flour). Larders are always organised into small compartments, which enables the user to organise and find small items more quickly.
- 4.7.10.4. Built-in oven, with the middle shelf of the oven at approximately elbow height. This reduces the risk of burns when taking things in and out due to the height, and increases the vision field into the oven.
- 4.7.10.5. Increased light sources in the room generally: all worktop areas should be lit; a source of light should be designed to eliminate shadows and avoid glare; all lightbulbs and strip lights should be white daylight 1520 lumens (RNIB, 1995).
- 4.7.10.6. A Sense microwave oven: this is a smart oven which senses and adjusts the cooking program/ heat and timing according to the product inside. It keeps food warm until it is served (see product specifications and costs in Appendix 7). An alternative, simpler oven could be the Neff Slide and Hide oven, with an oven door which slides underneath the oven and out of way. The shelves are fixed on sliding rails and can be pulled all the way out (like a drawer), which enables easier access and increased visibility whilst cooking.
- 4.7.10.7. Worktop-mounted electric hob and sink on the same stretch of worktop to minimise the distance needed to carry pots and pans, and reduce the risk of water spillage onto the floor when transferring pots and pans from the hob to the sink.
- 4.7.10.8. Space for a dishwasher, in close proximity to a sink (set at worktop height), to reduce water spillage onto the floor and the distance needed to carry dishes.

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- 4.7.10.9. Maximise the cupboard space in the kitchen to increase storage.
- 4.7.10.10. A colour scheme and materials which increase the contrast between objects such as handles etc.
- 4.7.10.11. Products and finishings in a matt finish to avoid reflection and glare (RNIB, 1995).
- 4.7.11. The washing machine and dryer should be re-sited to the utility room to increase the size of the kitchen to its maximum.
- 4.7.12. Storage for coats and shoes should be created in the breakfast room or the living room.
- 4.7.13. In my opinion, the following pieces of equipment are required to increase safety and independence in the kitchen. These can be purchased immediately, there is no need to wait for the kitchen to be redesigned (see Appendix 7 for cost and details of suitable products):
 - 4.7.13.1. A hot water dispenser, to eliminate the need to manually pour boiling water from a kettle into a cup. The quantity is set as a default and therefore there is no risk of spillage.
 - 4.7.13.2. A talking food thermometer to eliminate the need to touch the food whilst it is hot.
 - 4.7.13.3. Talking scales for measuring quantities.
 - 4.7.13.4. A talking timer for supporting her memory impairment.
- 4.7.14. Unfortunately, the structure of the house is likely to be jeopardised by extending or excavating around it (see email from Henry Higgins,

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Appendix 5). This means creating a kitchen and dining area all on the same level is not feasible. So although it is possible to make the kitchen area a lot more accessible, functional and safe for Mrs Stacy, she will always require support with serving food at the dinner table and clearing up.

- 4.8. As previously mentioned in paragraph 4.5.6 colour contrast is also very important in identifying objects and defining where walls start and the floor finishes. The walls on the ground floor would benefit from being decorated a lighter colour to contrast with the wooden flooring (RNIB, 1995; University of Reading 1997). This also applies to the skirtings and the risers on the first steps of the stairs/all the stairs.
- 4.9. Due to Mrs Stacy' inability to drive and her problems using standard IT devices to order shopping online, I recommend the purchase of an iPad with a sim card. This will enable Mrs Stacy to easily access the internet to complete purchases online. Apple devices have access to numerous applications which can be downloaded to improve usability and support visually impaired users with day to day tasks. The applications include reading texts, audio books, audio labels, a note-taker, an accessible keyboard, a magnifier glass etc. (please refer to Appendix 7 for cost).
5. Statement of Compliance

I understand my duty as an expert witness is to the court. I have complied with that duty and will continue to comply with it. This report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this report of any matters which might affect the validity of this report. I have addressed this report to the court. I further understand that my duty to the court overrides any obligation to the party from whom I received instructions.

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6. Statement of Conflicts

I confirm that I have no conflict of interest of any kind, other than any which I have already set out in this report. I do not consider that any interest which I have disclosed affects my suitability to give expert evidence on any issue on which I have given evidence and I will advise the party by whom I am instructed if, between the date of this report and the trial, there is any change in circumstances which affects this statement.

7. Declaration of Awareness

I confirm that I am aware of the requirements of Part 35 and Practice Direction 35, and the Guidance for the Instructions of Experts in Civil Claims 2014.

8. Statement of Truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matter to which they refer.