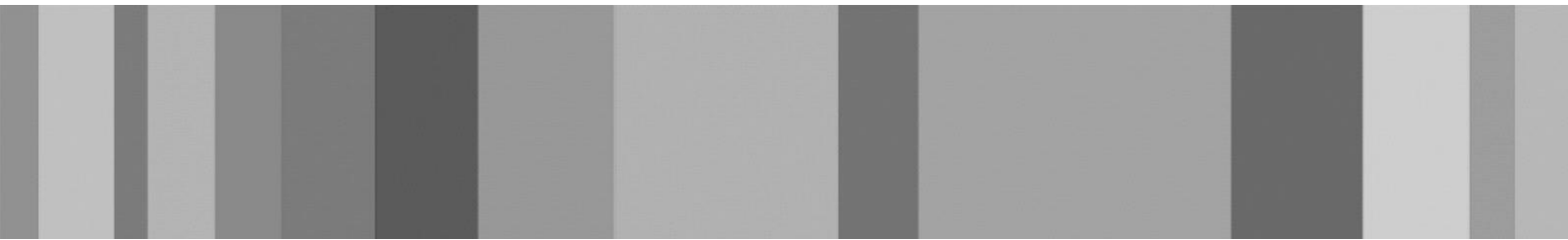


## Equipment in Care Homes



Author (name):	Alison Smith Diane Hill Ranju Jotangia
Author (designation):	Head of Service, North Districts and Independent Living Clinical Nurse Specialist for Equipment Provision. Clinical Lead Independent Living
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### Version control

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1.0	Alison Smith	May 2019	New policy, for implementation from 1 <sup>st</sup> April 2020.	SLT, DLT
2.0	Alison Smith	Sept 22	Amendment to point 20 re responsibility for ongoing review	Quality Sub- group ALT

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## **Introduction/Purpose**

1. The purpose of this document is to clarify who has the responsibility to provide nursing/disability equipment in Care Homes in Bolton. This includes Care Homes and Care Homes with nursing and also includes the responsibilities of the Integrated Community Equipment Service (ICES) and other NHS bodies
2. A Care Home is defined as any location registered with The Care Quality Commission as a care home with or without nursing.

## **Responsibilities of Care Homes for Community Equipment Provision**

3. Care Homes may provide a range of care including Intermediate Care, Palliative Care and Continuing Health Care. Many types of equipment are expected to be provided in Care Homes and they should relate to the care for which the homes are registered.
4. The starting point in determining who is responsible for provision of equipment is that to meet the National Minimum Care Standards, Care Homes should be 'fit for purpose'. To be 'fit for purpose' the Care Home must be able to demonstrate that it is successful in meeting its stated aims under the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.
5. Under Regulation 12 Schedule 3, each Care Home must produce a Statement of Purpose to ensure that it is meeting the needs of its residents.
6. For example, if a Care Home states that it caters for the needs of people with physical disabilities in order to be 'fit for purpose' it must have good wheelchair access and a range of equipment which is likely to be needed by people with physical disabilities.
7. Residents in Council, independent, voluntary or charity owned Care Homes have the same rights to services, including the provision of equipment, as people living in their own homes.
8. In order to meet these needs, the expectation is that the Care Home should have an adequate supply of equipment/medical devices to fulfil their obligations to residents and to their workforce for health and safety. Account must be taken of variations in size i.e. height, width and weight of residents.
9. It is expected that homes will provide a range of standard equipment to meet a variety of individual needs of their residents for both long- and short-term care. Account should be taken of variations in height, size and weight of resident. (Health and Social Care Act 2008. (Regulated Activities) Regulation 2014. Regulation 15. 1 A-F (Regulation 15 1 F identifies that equipment must be accessible at all times to meet the needs of people using the service. This means it must be available when needed or obtained in a reasonable time so as not to pose a risk to the person using the service. Equipment includes chairs, beds, clinical equipment, and moving and handling equipment.) and 15. 2 The Care Home will ensure the equipment provided is fit for purpose for

the user. This includes cleaning, correct maintenance for use and appropriate storage.

10. When a person is being considered for a place in the Care Home, an assessment of their needs should include consideration of the equipment required to support their care. For Residential Care Homes, input from District Nursing to identify nursing equipment requirements should be sought if necessary. Care Homes should not accept people whose assessed needs they are unable to meet. For a person in a Care Home providing nursing care, if the person requires equipment the Care Home should provide the equipment to meet the need (Health and Social Care Act 2008 (Regulated Activities) Regulation 2014).
11. The Care Home should ensure that equipment that is loaned by ICES will be for the exclusive use of the person for whom it was prescribed. Following an assessment by the recognised Health and Social Care Professional (Equipment Prescriber) they will work closely with the Care Homes to ensure that equipment is used appropriately and safely and will provide advice and support to the Care Homes where necessary.
12. The Care Home should notify the Equipment Prescriber of any changes in the person's condition that may affect their equipment needs.
13. The Care Home should identify when the loaned equipment is no longer needed and arrange collection by ICES within 3 working days of identifying it is no longer required.
14. The Care Home should inform ICES promptly in the event of equipment breakdown, requiring repair or service and make it accessible.
15. The Care Home will meet the cost of all repairs arising from negligence, damage or inappropriate use and the cost of its replacement if it is lost.
16. Care Home staff must be appropriately trained in the use of the equipment as set out in the Medical Health Products Regulatory Agency (MHRA) Medical Devices Alert. (MDADB9801) and other related documents. Responsibility for staff being trained lies with the Care Home. Regulation 18 (Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (1 and 2). The Care Home must have due regard to their responsibilities as employers working to the Health and Safety at Work Act 1974, The Lifting Operation and Lifting Equipment Regulations 1998, The Provision and Use of Work Equipment Regulations 1998 and The Manual Handling Regulations 1992.
17. Risk assessments are a joint responsibility of the Equipment Prescriber and Care Home staff who are using the equipment. Equipment on loan from ICES should be reviewed as per the Operational Protocol for Community Loan Equipment.
18. The Day-to-day operational cleaning/disinfection is the responsibility of the Care Home who must follow manufacturers' instructions and local guidelines. (For loan equipment, a copy of the instructions will be provided by the loaning authority).

## **Responsibilities of Bolton NHSFT/Bolton Council/ ICES**

19. Equipment Prescribers from Bolton NHSFT/ Bolton Council are responsible for the assessment for an individual need using recognised assessment tools and documentation.
20. Equipment Prescribers from Bolton NHSFT/Bolton Council will undertake regular reassessments in order to ensure that the equipment is still required, fit for purpose and continues to meet the need. If the individual is discharged from the prescribers service, then it is their responsibility to ensure they are referred and accepted to another service for ongoing review. Timeliness of the reassessment will be determined by individual need and could be anything from weekly to annually.
21. ICES may provide some equipment for the temporary use, by an individual, when the need falls outside the Care Home's general provision.
22. ICES may provide short term loans of equipment (up to 4 weeks) to Care Homes with Nursing in exceptional circumstances to prevent hospital admission, inappropriate placement or to accelerate a discharge. The Care Home and the Equipment Prescribers will then have the responsibility to complete the necessary Risk Assessment whilst the equipment is in situ and prepare for exchange or return at the end of 4 weeks period.
23. ICES will service and maintain the equipment in line with current legislation.
24. ICES will decontaminate equipment returned to store in line with National standards and local policy.
25. ICES will address any faults occurring with equipment they have provided.
26. ICES and Bolton NHSFT will provide ongoing advice and support where required.
27. All equipment provided by ICES and Bolton NHS Foundation Trust (Bolton NHSFT) is on a loan basis only for an assessed individual and remains the property of the loaning organisations.

## **Equipment that Care Homes are expected to provide - 'Standard' Equipment**

28. For the purposes of this guidance, 'standard equipment' refers to equipment which is suitable in design for a range for residents.
29. The equipment is adaptable and flexible and could be used to meet a person's general care needs.
30. 'Getting Started Community Equipment and Care Homes 2004' outlines the type of equipment which should be provided by care homes in order to be fit for purpose. The document refers to 'standard equipment' as that which is widely available to people living in their private homes.
31. There is additional guidance for nursing homes provided by The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care - July 2009 - "It is expected that care homes providing nursing care will be fit for purpose, which, in the main, means they will have in place basic handling,

mobility, and lifting equipment and adaptations". Equipment for the preventative care and relief of pressure ulcers should also be provided for the resident concerned.

32. A full list of 'standard' equipment that Care Homes are expected to provide can be found in Appendix 1.

### **Equipment that Care Homes are not expected to provide - Non-standard/Bespoke /Bariatric Equipment**

33. This is non-standard Community Equipment which is specifically tailored in design, size and weight capacity to meet an individual's need and could not be met by the standard equipment provision. This equipment is for the sole use of the identified individual and must not be used by other residents. It is expected that the home will have a variety of equipment to meet the needs of most residents but there will be a small number of people who may fall into this category. In this instance advice and assessment should be sought from Bolton NHSFT/ Bolton Council and the most appropriate funding source identified prior to ordering. Following an assessment using the flow chart and guidance as Appendix 2 (form to be forwarded to Clinical Lead).
34. A full list of 'non-standard' equipment that Care Homes are not expected to provide can be found in Appendix 1.

### **When a person's condition or situation changes**

35. It is against the ethos of care to move service users from their present settings if their new condition is short term or terminal in nature, unless this is absolutely necessary. In these cases ICES may be expected to provide equipment on loan. Examples of such changes of condition are service users in non-nursing care facilities having deteriorating conditions and may not survive (end of life) and service users in non-nursing facilities who may have to receive acute care with identified rehabilitation.
36. If there is a change in condition of the person the Care Home should inform relevant staff from Bolton NHSFT /Bolton Council and a new assessment should be carried out if appropriate.

### **How to return equipment**

37. Equipment delivered by ICES/Bolton NHSFT following the assessment of an individual for his/her needs must not be used for other residents. If for any reason the resident no longer requires the equipment e.g. due to a hospital admission or transfer to another home then ICES/Bolton NHSFT needs to be informed in order to arrange collection.
38. If a resident has been admitted to hospital and there is no agreed hospital discharge date then the equipment must be returned to ICES/Bolton NHSFT within 2 weeks and a re-assessment of the resident's needs undertaken on discharge

## **Implementation and review**

39. Following full ratification, the policy will be briefed to staff via the councils/NHSFT bulletins. In addition, it will go out via the ICES Advisory Group to target relevant staff.
40. The policy will also be resent to all Care Home Providers.
41. The policy will be implemented from the 1<sup>st</sup> September 2019. Staff and Care Homes will be informed that the policy will be for all new people for whom the policy is relevant to. Those people who are still in receipt of equipment from before 1<sup>st</sup> September for whom ICES no longer has the responsibility to provide will continue to have the equipment until it becomes obsolete or no longer fit for purpose.
42. The policy will have an annual review.
43. The policy will be uploaded to both the People Services policy page and NHSFT intranet.

## **Appendices**

Appendix 1: Equipment Matrix

Appendix 2: Specialist Health Equipment Ordering Process.



## Appendix 1: Equipment Matrix

The following table shows general headings and types of equipment that fall into those categories. The table identifies nursing and non-nursing i.e. residential home settings.

The equipment mentioned is the types most generally used. All other equipment not in the matrix will be subject to assessment.

### Table Guide

CH = Care Homes responsibility to provide the equipment

ICES = ICES will provide the equipment after full assessment by an employee of the Trust or other designated staff

NHS = Bolton NHSFT/ CCG will provide following assessment

ITEMS OF EQUIPMENT	Care Homes NURSING	Care Homes	COMMENTS
<b>BATHING EQUIPMENT</b>			
Bath seats and bath boards (standard)	CH	CH	
Bath lifts electric/manual (standard)	CH	CH	
Shower chairs (standard)	CH	CH	
Bespoke Specialist bathing or showering Equipment eg. Tilt in space shower chair (Non-standard)	ICES	ICES	
<b>BEDS</b>			
All types including standard, height profiling, electric profiling and low etc.	CH	ICES	
Non-standard bed. E.g. bariatric	ICES	ICES	Specialist Equipment Request agreed by CHC panel individual agreement must be sought

<b>ITEMS OF EQUIPMENT</b>	<b>Care Homes NURSING</b>	<b>Care Homes</b>	<b>COMMENTS</b>
<b>BED ATTACHMENTS</b>			
Back rest (standard)	CH	CH	
Bed lever (standard)	CH	CH	
Bed raisers (standard)	CH	CH	
Mattress variators (standard)	CH	CH	
Over bed trolley table (standard)	CH	CH	
Lifting pole (standard)	CH	CH	
Bed rails & Bumpers (standard)	CH	ICES	These must be compatible with the profiling bed provided and a full risk assessment must be completed as these are high risk items.
<b>CUSHIONS</b>			
Static Foam cushions (standard)	CH	CH	
High/very high risk cushions e.g. air cushions (Standard)	CH	ICES	
Repose Contour Cushion (Standard))	CH	ICES	
Repose Wedge (Standard)	CH	ICES	
Repose Boots (Standard)	CH	ICES	
Repose Sole Protector (Standard)	CH	ICES	
<b>TELECARE EQUIPMENT</b>			
Sensors for beds & chairs etc (Standard)	CH	CH	
<b>MATTRESSES</b>			
High Risk static Foam (Standard)	CH	ICES	

<b>ITEMS OF EQUIPMENT</b>	<b>Care Homes NURSING</b>	<b>Care Homes</b>	<b>COMMENTS</b>
Air mattress (very high risk- Standard)	CH	ICES	
Crash mats (Standard)	CH	CH	
<b>MOBILITY EQUIPMENT</b>			
Walking stick (standard)	ICES	ICES	
All other walking frames e.g. rollator type walker(Standard)	ICES	ICES	
Crutches	NHS	NHS	
Wheelchairs & accessories Variety of sizes required (Standard)	CH	CH	
<b>PATIENT REPOSITIONING</b>			
Manual handling under Health & Safety at work Act e.g. hoists, slings, transfers boards, glide sheets (Standard)	CH	CH	
Standing transfer aids (Standard)	CH	CH	
Non-standard sling	ICES	ICES	
<b>RESPIRATORY EQUIPMENT</b>			
Suction units for a specific individual (Standard)	CH	ICES	
Nebulisers (Standard)	CH	ICES	
<b>SENSORY EQUIPMENT</b>			
Hearing to include e.g echo loop, flashing smoke alarm (Standard)	CH	CH	

<b>ITEMS OF EQUIPMENT</b>	<b>Care Homes NURSING</b>	<b>Care Homes</b>	<b>COMMENTS</b>
Visual equipment including range of canes/sticks/ bumpons (Standard)	ICES	ICES	Only where this is provided for individual use.
<b>SEATING</b>			
All standard seating including recliners riser chairs etc	CH	CH	
Chair blocks & raisers (Standard)	CH	CH	
Specialist Equipment panel/ Seating (Non-Standard)	NHS	NHS	Specialist Equipment Request agreed by CHC panel individual agreement
<b>TOILETING EQUIPMENT</b>			
Bed pans, Urinals (Standard)	CH	CH	
Commodes – glideabout commodes (Standard)	CH	CH	
Commodes – bespoke( Non-Standard)	ICES	ICES	
Toilet seats 2”, 4”, 6” (Standard)	CH	CH	

**Useful contact details:**

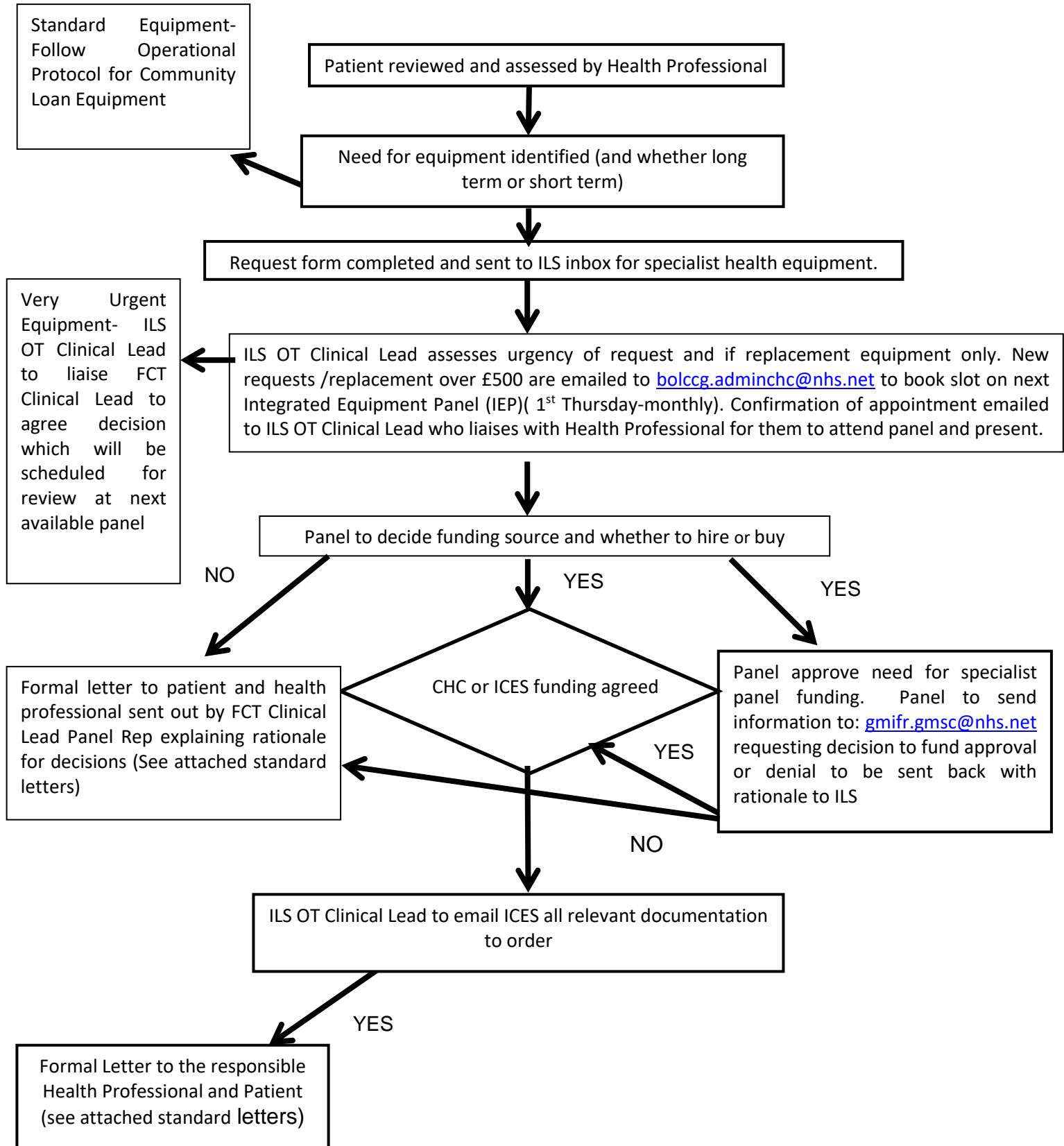
**Single Point of Access (NHS) - 01204 462626**

**Integrated Community Equipment Store- 01204 337262, 337060**

**Independent Living Service Team Bolton Council 01204 337020**

## Appendix 2

### Specialist Health Equipment Ordering Process



## **Process for Specialist Health Equipment (non-standard)**

The patient is assessed by the health professional involved in the patients care. The health professional will then consider the patient's needs and where equipment is required that is non-standard, they will be responsible for collating all the relevant information. They will complete the Specialist Health Equipment Request Form (Appendix A) giving the patients detail, clinical need, costings, training identified, and on-going assessment. If possible/relevant the health professional will obtain up to three quotes and attach to request form with clear recommendation for preferred option.( For help in deciding if the panel should consider a request for specialist seating please see Appendix B)

Replacement equipment costing under £500, the ILS OT Clinical Lead will process for ordering following their approval. All other requests will be sent for panel approval.

### **Panel**

- The panel is multi-agency and will convene as part of the regular CHC to consider equipment on the 1<sup>st</sup> Thursday of every month.
- In order to consider the request the panel requires the prescribing health professional to present the case and be available to answer questions.
- The panel will consider new cases and make a decision as to whether the request is appropriate and ensure there is no similar equipment in stores that could be used. The panel will also review the quotes and advise on the most appropriate purchase depending on the clinical need.
- The panel will then agree on the funding source for the equipment i.e. CHC, ICES, CCG (Specialist Funding Panel- await on their decision) and the request will be directed ICES to order.

### **Panel Membership**

- CCG representation
- LA representation
- ILS representation

### **Panel Decisions**

All panel decisions will be confirmed in writing both to the Health Professional making the request and the Patient. (Appendix C- Decline letter/Approval letter)

Stores Use Only	Liquid Logic No
	NHS no:

## SPECIALIST HEALTH EQUIPMENT REQUEST FORM

(Appendix A)

Independent Living Services  
Bolton Council  
Adelaide Depot  
Adelaide Street  
Bolton  
BL3 3NY  
Tel: 01204 337020

E-mail: independentlivingservices@bolton.gov.uk

Name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:			
Post Code:		Preferred language for Instructions:	
Date of Birth:		Tel no:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Mobile no:	
Has the environment been accessed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name Referring Professional:			Base:
Designation and Team:			Email:
Referral / Review Date:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Decision / Assessment Date:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
GP:			

Is this request for replacement part?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Item of Equipment:		
Cost:		
Annual Service cost:		

Clinical need:

Risks of providing/not providing the equipment:

Who will train Staff/Users?

Who will continue with long-term review?

Any additional benefits/savings?

Panel authorisation:

Date:



## Appendix B

### Guidance for the Provision of Specialist Seating Through the Specialist Health Equipment Panel

#### Introduction

Correct seating is very important for people who have restricted mobility or conditions that affect someone's ability to maintain their optimum normal posture. Maintaining good posture can assist with the individual's breathing, communication, digestion, elimination, reduction in pressure and risk of developing pressure sores and reduction in risk of developing deformity and contractures. When someone is seated correctly this can improve function, independence, reduction in pain with improved comfort.

Anyone who has difficulty with maintaining correct posture should be considered for correct seating and this includes any postural support seating within a wheelchair. Where ever possible everyone should be taught to relieve own pressure to reduce the risk of developing pressure sores.

#### What is Specialist Seating?

Specialist seating is seating that enables good positioning with postural alignment, incorporating pressure relief and usually with head support.

#### Specialist Equipment Panel

The panel will not consider everyone for specialist seating. Prescribers need to consider:

1. Is there currently already a wheelchair with a supportive seating system already provided? If so is this meeting the need already? If the current chair is uncomfortable or the pressure relief is not sufficient the, person will need to be referred back to the Wheelchair Service first. The panel would only consider someone's need for an alternative specialist chair if the current wheelchair does not enable e.g.:
  - Safe Swallow
  - Digestion/ use of PEG
  - Need to change functional position e.g. Tilt in space to reduce pressure
  - Pressure cushioning that wheelchair service provides is still not sufficient to reduce the risk of developing pressure sores.

N.B The Wheelchair Service recommends that no one should be in their wheelchair for more than 2 hours at a time. Consideration must be given to the person's daily life and the need to bring in regular transfers out of the wheelchair e.g., for use of the toilet, resting on bed etc.

2. In some circumstances the behavioural/ psychological needs of the person may prevent them from using the wheelchair that has been provided. In this case the panel may consider the need for specialist seating. In these cases the panel will take into consideration the overall needs of the individual and may ask for further information or assessment.

3. The panel may consider specialist seating provision for people who have postural support needs and for whom the Wheelchair Service will not be providing a wheelchair and they have no other safe alternative to enable them to sit out

**N.B All individual clinical needs must be clearly evidenced on the Panel Request Form. Prescribers must be ready to discuss their request at panel. A panel request does not automatically mean the request will be authorised. Individuals and Families need to be made aware that the request for funding may not be automatically agreed and in some cases further evidence may be requested by the funding panel.**

## Appendix C

Telephone 01204-462291  
Fax: 01204-462298  
Our Ref:  
Your Ref:  
Date: 2017  
E-Mail: [bolccg.adminchc@nhs.net](mailto:bolccg.adminchc@nhs.net)

NHS Funded Care Team  
St Peter's House  
Silverwell Street  
Bolton  
BL1 1PP

Dear

### **Re: Funding Request**

I am writing to confirm that at the Adult Funded Care Panel which took place on XXXXX. There was a request made by (name of professional) (occupation) for (equipment type).

The panel reviewed the request and have agreed with the professional recommendation that you do require this equipment. However the panel have agreed that the equipment is the funding responsibility of (state – CHC/ICES/IFR/Joint). Therefore it will need to be presented at an alternative panel for confirmation of funding. **OR** the panel has agreed the equipment will be funded by ICES/CHC and this funding has been agreed today at panel.

The equipment will be ordered by Integrated Community Equipment Team and you will be notified by (Name of professional presenting case) once it has arrived.

OR

The panel have reviewed your case along with the professional recommendation and the decision has been made that equipment will not be provided/funded due to (put rationale in here)

OR

The panel have requested further information to support the decision making in funding this piece of equipment.

### **IF NO ADD IN**

If you disagree with the decision made today you are entitled to appeal against the decision. Please write to me at the above address within 28 days of the date on this letter explaining why you wish to appeal against the decision.

If you have any further questions please do not hesitate to contact me on the number above.

Yours Sincerely

Caroline Gee

**Clinical Lead**

**NHS Funded Care Team – Bolton CCG**