

# ADULT SOCIAL CARE & HEALTH CABINET MEMBER MEETING

## Agenda Item 36

Brighton & Hove City Council

<b>Subject:</b>	<b>Provision of Equipment to Care Homes policy</b>		
<b>Date of Meeting:</b>	<b>Adult Social Care &amp; Health Cabinet Member Meeting 16 January 2012</b>		
<b>Report of:</b>	<b>Director Adult Social Services/Lead Commissioner People</b>		
<b>Contact Officer:</b>	<b>Name:</b>	Jane MacDonald	<b>Tel:</b> 29-5038
	<b>Email:</b>	Jane.macdonald@brighton-hove.gov.uk	
<b>Key Decision:</b>	<b>No</b>		
<b>Ward(s) affected:</b>	All		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The purpose of the 'Provision of Equipment to Care Homes' policy 2011 is to give guidance to equipment prescribers, care home providers and care managers regarding who is responsible for providing specific items of daily living or community nursing equipment.

In the past these decisions have often been based on verbal advice and negotiation, with no written guidance as reference. On occasion, this has caused unnecessary delays in equipment provision while funding issues are resolved.

The current policy has been widely consulted on via equipment prescriber leads, Registered Care Home Association, care managers and Integrated Community Equipment Store (ICES). It now has sign up by all stakeholders. It is based on relevant legislation and best practice guidance from across the country.

#### 2. RECOMMENDATIONS:

- 2.1 To seek Cabinet Member approval for the Provision of Equipment to Care Homes Policy'

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The principles of the policy are unambiguous. They state that legislation clearly makes both residential and care homes with nursing (known as 'care homes') responsible for providing **standard** equipment to meet their resident's assessed needs. Standard equipment is that which can be generally used by

a range of residents. This equipment should be provided to accommodate a range of needs i.e. it must be available in a range of heights, weights, widths.

Brighton and Hove City Council Adult Social Care, Brighton and Hove City Council Children's Services and NHS Brighton and Hove are responsible for providing non-standard equipment either through the Integrated Community Equipment Store budget or other relevant funding source identified by senior managers to meet the eligible need. **Non Standard** equipment is that which is bespoke i.e. specifically designed for the needs of a particular individual and which cannot be used by other residents.

A detailed list of equipment and who is responsible for providing it can be found at the back of the policy. This is probably the most important part of the policy for equipment providers/prescribers.

- 3.2 The policy also gives advice to prescribers/providers about what to do with equipment when a service user is transferring from a community to a care home setting, between care home settings or needs equipment when they are already in a care home. There is also information about loan arrangements between the Integrated Community Equipment Store and care homes.
- 3.3 The policy will be available in full version on the Council website. It is expected that prescriber leads will be familiar with the full policy version and be able to advise teams accordingly. The policy will also be referenced in the new generic care home contract.
- 3.4 It is recognised that in order for a policy to be useful it needs to be current and relevant. Situations may arise which have not been foreseen. Feedback is welcome and will be encouraged via the Commissioning and Partnership email address. The policy is due for formal review in April 2013

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 Key stakeholders from Health and Social Care have been involved with the development of the policy. These include:
  - Integrated Community Equipment Store team
  - Care home managers and owners represented by the Registered Care Homes Association
  - Assessment teams
  - Adult Social Care Commissioning Support Unit
  - Continuing Health Care team
  - Multi disciplinary nursing home forum
  - Head of Clinical Quality & Risk and Clinical Quality Review Nurse
- 4.2 The policy was agreed at senior managers in Adult Social Care on 10<sup>th</sup> November 2011. It is tabled at the Clinical Operations group on 7<sup>th</sup> December 2011.

## **5. FINANCIAL & OTHER IMPLICATIONS:**

### **5.1 Financial Implications:**

The latest budget allocated for equipment against the Adult Social Care ICES budget is £0.350 million. The recommendation in this report will help to streamline current processes and should result in efficiencies in the prescribing of equipment.

*Finance Officer Consulted: Michael Bentley Date: 29/11/12*

### **5.2 Legal Implications:**

The Appended Draft Policy contains in specific detail the legislation and statutory guidance relevant to the provision and funding of standard and non-standard equipment. The draft policy provides clarity for prescribers and users and has been the subject of consultation ensuring a fair process. There are no specific Human Rights Act implications arising from this report.

*Lawyer Consulted: Sandra O'Brien Date: 12/12/2011*

### **5.3 Equalities Implications:**

Equalities implications have been considered. The main purpose of the policy is to clarify duties of provision for equipment to care homes. It is anticipated that the impact on the service user will be provision of a more efficient and timely service. It has therefore been deemed that an equalities assessment is not required in this instance.

### **5.4 Sustainability Implications:**

The policy is in line with the requirements for the reuse and recycling of equipment set out in the current section 75 ICES service specification.

### **5.5 Crime & Disorder Implications:**

There are no crime and disorder implications

### **5.6 Risk and Opportunity Management Implications:**

There is a risk that stakeholders may not have read and remembered the detail of the policy which could become an issue when it is implemented. This risk has been highlighted and stakeholders have been urged to engage with the detail set out in the Equipment table.

### **5.7 Public Health Implications:**

An effective Provision of Equipment to Care Homes policy will mean that provision in the city ceases to be based on custom and practice and becomes

transparent and equitable. The risk of safeguarding issues arising decrease and equipment should be provided in a timely way which will facilitate hospital transfers.

5.8 Corporate / Citywide Implications:

The policy is intended to give guidance to equipment prescribers, care home providers and care managers regarding who is responsible for providing specific items of daily living or community nursing equipment. It is intended to streamline current practices.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

6.1 The option of the status quo was considered, but the imperative to resolve the current confusion was significant, hence the recommendation to seek Cabinet Member approval for the policy.

6.2 Various configurations of who should be responsible for providing what equipment were considered. The Equipment table included in the policy was widely consulted upon and is in line with current legalisation.

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 The policy clears clarity to the current system. At present within the city there is a lack of clarity with regard to who provides Daily Living equipment in Care homes. Locally there is no written policy to underpin current practice. This means that provision in the city is based on custom and practice which can be inequitable and at times dangerous.

## SUPPORTING DOCUMENTATION

### APPENDIX ONE

#### **Draft Policy for the Provision of Community Equipment in Care Homes**

#### **1. Introduction**

1.1 This policy clarifies the relative responsibilities for the provision of community equipment between Councils/Directorates with Social Services responsibilities, the National Health Service (NHS) and all care homes (both residential and care homes with nursing) in the city of Brighton and Hove.

1.2 The policy applies to:

- Adults who are registered with a GP practice within the NHS Brighton and Hove boundary and/or
- Publically and privately funded adults who are in a long stay placement within the Brighton and Hove Local Authority boundary:
  - Where an adult has been **placed in Brighton and Hove by another local authority**, funding of services remains the responsibility of the placing authority.
  - Where adults move into permanent residential accommodation under private arrangements and are **funding their own care**, responsibility for provision of services usually transfers to the area in which they are now resident (LAC(98)19 )

1.3 The outcome of the policy is for residents in care homes to have their needs appropriately assessed and the necessary equipment provided that will enable them to participate in personal care, leisure and social activities, access environments of their choice and maintain their health and independence.

#### **2. Purpose of document**

2.1 The purpose of this document is to:

- clarify the relationship between community equipment services and care homes
- provide a basis for local protocols and contracts
- enable lead commissioners of integrated community equipment services (ICES) to identify their obligations in relation to all care homes
- enable care home owners to identify their obligations around community equipment provision
- identify relevant Department of Health guidance and references
- clarify the assessment process

2.2 This policy should be read in conjunction with '*Getting Started' Community Equipment and Care Homes (last updated October 2004)*. The document

states that ‘organisations responsible for commissioning community equipment .....must ensure that clear policies and auditable procedures are in place. These are particularly necessary so that disputes do not arise when a service users condition or situation changes.’ p5

- 2.3 This policy also draws on best practice from a range of local guidance produced by other Councils.

### **3. Definition of terms**

- 3.1 *Care Home*: In this document the term ‘care home’ is used generically for all care homes. ‘Residential home’ is used for a residential/rest home and ‘nursing home’ for a care home with nursing.
- 3.2 *Integrated Community Equipment Service*: In Brighton and Hove this service is jointly commissioned by the PCT and the council to provide equipment to service users who have an assessed eligible need.
- 3.3 A reviewer of equipment needs must also be an authorised prescriber of community equipment. A list of authorised prescribers is available from ICES.

### **4. Overarching duties of care homes for community equipment provision**

- 4.1 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 home must be able to demonstrate that it is successful in meeting its stated aims (*Section 23 (1) of the Care Standards Act 2000*).
- 4.2 Under Standard 1, each care home must produce a *Statement of Purpose* to ensure that it is meeting the needs of its residents.  
For example, if a 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.
- 4.3 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.
- 4.4 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.
- 4.5 Care homes should not care for residents whose assessed needs they cannot meet.

## **5. Assessment for community equipment**

- 5.1 Many disputes about equipment provision can be avoided by good practice in assessment (Community Equipment and Care Homes 2004 p5)
- 5.2 Under the Community Care Act 1990, all residents have the right to an assessment of their needs by the local authority regardless of how the provision of services (including equipment) is to be funded. *Standard 3 National Minimum Standards* similarly requires that all residents have a full assessment regardless of the way in which their care is funded.
- 5.3 The assessment should lead to a support plan for short and longer term outcomes including arrangements for monitoring and review if needs change.
- 5.4 When a person is being considered for a place, assessment of their needs should include consideration of the equipment that is required to support their 24 hour care. The responsibility for provision of this equipment should be explicitly documented in an individual's support plan. If no equipment is needed this must also be documented.
- 5.4 When a care home accepts a resident, they should make their own assessment and compile a resident's plan of care, based on the care management support plan provided by NHS/Council. This care plan should include more detailed information on the practical considerations around the use of equipment such as training, maintenance and storage arrangements etc.
- 5.5 If, as part of the assessment (and using the agreed local risk assessment tool), the resident is identified as at risk of developing pressure injuries, the support plan must include the provision of equipment to prevent and/or treat these injuries and it must be reviewed regularly. This is likely to include amongst other things, equipment such as pressure reducing and relieving overlays and replacement mattresses/seat cushions to maintain tissue viability (static and dynamic systems)

## **6. Common assessment scenarios:**

- 6.1 There are three common scenarios where assessment or review of needs in relation to equipment may occur:

*Scenario 1: Equipment is identified as required to support long term admission to a care home:*

A review of the person's needs and their equipment requirements for use in the care home must be undertaken prior to admission. This review should be undertaken by an authorised prescriber of community equipment. The following procedure should then be followed:

- Reviewer to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the support plan
- If the care home **has the appropriate equipment available**, the reviewer should ensure that ICES are requested to pick up any surplus equipment from the person's home
- If the care home **does not have the appropriate equipment** the reviewer should ensure its provision by establishing whose responsibility it is to provide the equipment using Appendix C of this document.
- If the responsibility for equipment provision is with the care home, equipment **should not be taken into a care home from a person's private home** unless the prescriber obtains a formal agreement from ICES.

*Scenario 2: Equipment is identified as required for a resident already living in a care home*

A review of the person's needs and their equipment requirements for use in the care home must be organised by the care home and undertaken by an authorised prescriber of community equipment. The support plan/plan of care should be amended accordingly. The following procedure should then be followed:

- Reviewer to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the amended support plan/plan of care
- If the home **does not have the appropriate equipment** the reviewer to ensure provision by checking whose responsibility it is to provide the equipment using Appendix C of this document

*Scenario 3: Equipment is required for transfer from one type of care home to another.*

Following a review if the decision is for a resident to be transferred from one type of care home to another, it should be classed as critical. If a care home cannot manage a resident's care needs there are issues of safety. It is contrary to good practice and regulatory standards and at worst, may cause safeguarding issues. The following procedure should be followed:

- Reviewer to liaise with the future care home to establish whether the home has the appropriate equipment available as identified in the support plan
- If the home **does not have the appropriate equipment** the reviewer to ensure provision by checking whose responsibility it is to provide the equipment using Appendix C of this document



## 7. General principles for provision of equipment through ICES

- Residents should meet local *Fair Access to Care Services* 2010 (FACS) or Health criteria for equipment provision.
- The equipment provided must be issued as part of a risk management process and staff competently trained.
- Loaned equipment should be properly maintained and returned promptly.
- Where equipment is for a designated user as part of a care plan, it must not be used by others.
- Residents must not be asked to fund equipment even if they are privately funding their care package. The requirement to provide equipment free of charge regardless of residence is set out in the *Community Care (Delayed Discharges etc) Act 2003*. This is further spelt out in *LAC(2003)14* which states: "Any item of community equipment which a person (or their carer) is assessed as needing as a community care service and for which the individual (or their carer) is eligible, is required to be provided free of charge".

## 8. Additional principles for provision of community equipment through ICES to care homes:

The principles outlined in this section are those which have been used to produce the Equipment Table at Appendix C

### 9. Equipment that care homes are expected to provide - 'standard' equipment

- 9.1 For the purposes of this guidance, 'standard equipment' refers to equipment which is suitable in design for a range for residents.
- 9.2 The equipment is adaptable and flexible and could be used to meet a person's general care needs. Full details of responsibility for standard items of equipment are contained in Appendix C of this document
- 9.3 *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.
- 9.4 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.

## **10 Equipment that care homes are not expected to provide' Non-standard' equipment**

- 10.1 For the purposes of this guidance, non standard equipment refers to equipment which is bespoke i.e. designed or adapted or bio-engineered and manufactured for a specific individual.
- 10.2 By definition it can not be used to meet another resident's care needs. Full details of responsibility for non standard items of equipment are contained in Appendix C of this document. It is important to note that this is not the same as the category 'special' equipment currently used by Brighton and Hove ICES to cover a broader range of items.
- 10.3 *HSC 2203/006 LAC 2003 (7)* states that 'it would be unreasonable to expect care homes to provide items of equipment that, by the nature of their design, size and weight requirements need to be specifically tailored to meet the individuals needs and are not capable of being utilised by other care residents'. The expectation is that this type of equipment would not be provided by the care home and would be loaned from the ICES store. *Getting Started* (p2) terms this equipment 'non standard' and advises that council agreements should determine the exact nature of the items which fall in the category of non standard equipment.
- 10.4 Non standard or bespoke equipment will be provided if it is not an item which the care home has undertaken to supply under the terms of its Statement of Purpose or in its service user plan of care.
- 10.5 In order for ICES to supply, there must be an assessment by an equipment prescriber who is authorised to prescribe specialist equipment i.e. not an enhanced assessor.
- 10.6 The equipment will be provided by ICES for the resident's assessed needs and will not be used for any other residents. It will be returned to ICES when it is no longer needed. There is no time limit on how long this non standard equipment can be used by the resident to meet their needs
- 10.7 For both standard and non standard items, the care home is responsible for ensuring that the equipment continues to meet the needs of the residents. If there are any concerns, the care home manager should contact the Access point on 01273 295555 or [accesspoint@brighton-hove.gov.uk](mailto:accesspoint@brighton-hove.gov.uk) to, organise a review of care and invite an authorised equipment prescriber.

## **11 Exceptions to Standard Equipment Guidance**

### **11.1 Exceptions to standard equipment guidance**

In exceptional circumstances i.e. where the provision of equipment would facilitate a discharge from hospital, or the resident to stay in the care home, then standard equipment loans may be considered under the following criteria:

- The equipment may be loaned for a period of no more than 6 weeks. In exceptional circumstances it may be possible to extend the temporary loan beyond 6 weeks but only if approved by a senior ICES manager and on a week-by-week basis. All such extensions will be in writing and detail the reason for the extension.
- The prescriber of the equipment must authorise the loan and put in place a review of the resident's needs. If the responsibility for the resident moves from one team to another, then a transfer of the review process must be established by the prescriber
- Within 5 working days of the end of the 6 week loan period, ICES will collect the equipment. If the home is not in a position to return the equipment, they may risk being invoiced for any charges ensuing for continued use

#### 11.2 Exceptions to non standard equipment guidance:

The exception to the above terms of provision are non standard or bespoke items of daily living equipment required by residents who are in receipt of Continuing Health Care funding. This is subject to local funding procedures and protocols which are currently under development.

#### 11.3 Exceptions for temporary care needs arrangements:

Provided the care home can meet a persons needs, it is against the ethos of care to move a person from their current care home if they have a new condition that requires equipment for a temporary period. In these cases ICES will be expected to provide equipment on loan. It is likely that charges for this service will be introduced.

ICES are therefore expected to provide equipment on loan for some short term care services. This includes:

- End of life care (not inc. pressure area care for nursing homes)
- Short term care including intermediate care, reablement, transitional, interim etc in any care home
- Treatment for pressure ulcers following discharge from hospital for a new or current resident in a residential care home

Regular and rolling respite – arrangements should be made to allow equipment to accompany the person into the care home from their home environment. This equipment must only be used by the person for whom it is prescribed.

## 12. Seating

12.1 It is the care home's responsibility to provide a range of seating options suitable for the service user group normally admitted. The range of seating to be supplied by care homes would include high chairs, ejector chairs, riser recliner chairs. As a resident's needs change, so should seating provision be

updated. It is important to note that there are more stringent rules for fire retardant materials in a care home setting compared to a domestic setting. Manufacturers will be able to give advice.

- 12.2 This means that chairs normally provided for domestic use are likely not to be suitable for care homes. On occasions there may be the need to provide individual posturally moulded seating; an assessment will be required by one of the following as appropriate: occupational therapy/wheelchair/ nursing service and/or physiotherapy.

### **13. Pressure prevention/relieving equipment**

- 13.1 Nursing homes are responsible for the provision of all equipment such as pressure reducing mattresses, cushions and overlays and/or pressure relieving overlays, cushions and replacement mattresses to maintain tissue viability (static and dynamic systems) for those residents assessed to be at risk of developing pressure related damage or have existing pressure damage. Residential homes may request the loan of this equipment from ICES via an assessment of the residents needs by the District Nurses.
- 13.2 It is the responsibility of the care home to ensure that all beds, mattresses and cushions are fit for purpose and in good condition. Equipment should be inspected regularly and cleaned according to the manufacturers instructions, to avoid any cross infection. Dynamic mattresses and cushions should have an annual maintenance check
- 13.3 In order to assist in determining which service users may be vulnerable to developing pressure related damage, an informal risk assessment should be carried out to help identify the intrinsic risk factors and an formal risk assessment using the appropriate agreed risk assessment tool. This must be undertaken by a professional who has had the appropriate training. Once risk has been identified action must follow to reduce risk wherever possible. These actions must be fully documented in the resident's records.
- 13.4 If the resident is identified as at risk of developing pressure injuries or has existing areas of pressure damage, the support/care plan must include the provision of equipment to prevent and/or treat these injuries and it must be reviewed regularly. As residents needs change the provision of equipment also needs to be updated.
- 13.5 All staff involved with residents who are vulnerable to pressure damage should access relevant training or education in pressure ulcer risk assessment, prevention and treatment.

### **14. Wheelchairs**

- 14.1 It is the responsibility of the care home to provide standard transit (attendant propelled) wheelchairs and pressure relieving cushions for their residents. Subject to assessment, the NHS wheelchair service will loan self propelling and powered wheelchairs to residents to support independent mobility. For

pressure ulcer prevention, safety and comfort, residents who are not independent wheelchair users should not be left sitting in a transit wheelchair. Residents should be supported to transfer into a supportive armchair with an appropriate pressure relieving cushion.

- 14.2 Residents who have a need for a transit wheelchair, but due to complex physical disability, could not safely sit in a standard transit chair are eligible for assessment by the NHS wheelchair service. Consideration will then be given to NHS provision of a wheelchair with specialist postural supports to meet the complex postural needs of the resident. An example of this is where a resident leans heavily to one side in sitting and is unable to independently correct their position.

## **15. Operational guidance on the issue and use of community equipment in care homes**

- 15.1 It is important to consider the weight of a resident in relation to the upper weight limits on equipment. Manufacturers' specifications vary and safe working loads should be checked against manufacturers' specifications.
- 15.2 Where the equipment has been provided through the ICES store it is the responsibility of the prescriber to demonstrate or arrange for the demonstration of the equipment to the user and a nominated person within the care home and advice re maintenance required. Thereafter it is the responsibility of the nominated care home staff to provide instruction and training to any other people who require it. A record should be maintained of appropriate instruction together with any method statement and any visual prompts
- 15.3 When the care home has privately purchased an item, it is their responsibility to arrange the appropriate training according to the relevant legislation/guidance. This should be available through the equipment supplier or the Daily Living Centre can be contacted for information on 01273 296132. Community equipment services may be willing, subject to capacity, to help care homes with advice on sourcing and replacing privately purchased equipment
- 15.4 When a resident purchases equipment privately, they must assume full responsibility for arranging training, maintenance and insurance.
- 15.5 Day to day operational cleaning and decontamination of loan equipment is the responsibility of the care home and must follow the manufacturer's instructions and instructions provided by the community equipment service
- 15.6 The care home or resident will need to meet the cost of all repairs arising from negligence, damage or inappropriate use of loan equipment or the cost of replacement if it is lost or beyond repair.
- 15.7 All repair and maintenance of ICES loan equipment should be coordinated and carried out by the ICES staff or authorised service provider. Appropriate records need to be maintained for tracking and traceability of the loan items by

ICES. The care home manager must notify ICES on 01273 294629 to arrange collection in the following circumstances involving loaned equipment:

- Resident no longer requires a loaned item of equipment
- Resident has died or moved to another location
- Resident needs have changed and the loaned item may need to be replaced
- Equipment breakdown or repair required

15.8 Equipment risks need to be managed in the context of advice from the Medical Health products Regulatory Agency (MHRA)

15.9 The loan of equipment is non-discriminatory, in line with legislation, policies and guidance. Ethnic and cultural aspects must be considered. It may be necessary to seek appropriate advice.

## **16. General legal responsibilities of the care home re community equipment provision**

All equipment must meet requirements of:

- *Health & Safety at Work Act (1974)*
- *The Lifting Operations and Lifting Equipment Regulations (1998) – LOLER*
- *The Provision and Use of Work Equipment Regulations (1998) – PUWER*
- *The Manual Handling Operations Regulations (1992)*
- *Care Standards Act (2000)*

And any other relevant legislation according to the type and usage of the item as appropriate

## **17. References and guidance**

1. The Care Standards Act 2000 <http://www.legislation.gov.uk>
2. Care Homes for Older People: National Minimum Standards 3<sup>rd</sup> edition  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005819](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005819)
1. Department of Health. Guidance on Free Nursing Care in Nursing Homes. HSC 2001/17: LAC (2001)26. Department of Health. London. 2001.  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH\\_4003954](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4003954)
2. The national framework for NHS continuing healthcare and NHS-funded nursing care - July 2009 (revised) <http://www.dh.gov.uk/>
3. Health and Safety at Work Act 1974. <http://www.hse.gov.uk>
4. Community Care (delayed discharges etc) Act (Qualifying services)(England) regulations 2003 <http://www.legislation.gov.uk>
5. 'Getting Started' Community Equipment and Care Homes last updated 12 October 2004 [www.icesdoh.org](http://www.icesdoh.org).

6. The Management of Health and Safety at Works Regulations 1992  
[www.opsi.gov.uk](http://www.opsi.gov.uk)
7. The Lifting Operations and Lifting Equipment Regulations 1998 – LOLER  
[www.opsi.gov.uk](http://www.opsi.gov.uk)
8. The Provision and Use of Work Equipment Regulations 1998 –  
PUWER[www.opsi.gov.uk](http://www.opsi.gov.uk)
9. The Manual Handling Operations Regulations 1992 [www.opsi.gov.uk](http://www.opsi.gov.uk)

## Appendix A

### Care Standards Regulations and equipment

The relevant **regulations** are:

- Regulation 12/13 – health and welfare of service users
- Regulation 14 – assessment of service users
- Regulation 15 – service user plan
- Regulation 16 – facilities and services including equipment
- Regulation 17 – records
- Regulation 18 – staffing eg qualified, competent, experienced includes training
- Regulation 19 – fitness of workers

### Minimum standards expected of individual care homes

Some relevant minimum **standards for younger adults** include:

- Standard 6 – service users plan
- Standard 17 – personal and healthcare support
- Standard 29 – adaptations and equipment

Some relevant minimum **standards for older people** include

- Standard 6 – intermediate care
- Standard 7 – service user plan of care
- Standard 8 – service users health care needs are fully met eg tissue viability
- Standards 22 – specialist equipment to maximise independence
- Standard 38 – safe working practices

*Note this list is not exhaustive*



## **Appendix B**

### **Continuing Care:**

'The care which people need over an extended period of time as the result of disability, accident or illness to address both physical and mental health needs. It may require services from the NHS and/or social care. It can be provided in a range of settings, from an NHS hospital to a nursing home or residential home and peoples own home'

**From: HSC 2001/015: LAC (2001)18.**

**Fitness for purpose:** The regulatory powers provided by the CSA are designed to ensure that care home managers, staff and premises are 'fit for their purpose'. In applying the standards, regulators will look for evidence that a home – whether providing a long-term placement, short-term rehabilitation, nursing care or specialist service – is successful in achieving its stated aims and objectives.

**Meeting assessed needs.** In applying the standards, inspectors will look for evidence that care homes meet assessed needs of residents and that individuals' changing needs continue to be met. The assessment and service user plan carried out in the care home should be based on the care management individual care plan and determination of registered nursing input (where relevant) produced by local social services and NHS staff where they are purchasing the service. The needs of privately funded service users should be assessed by the care home prior to offering a place.

**From: National Minimum Standards document page ix**

### Appendix C : Equipment table

The table below is provided to assist community equipment services determine the arrangements for funding, provision and maintenance in the case of examples of equipment for care homes. **Not all of the items listed are provided by community equipment services nor is the list exhaustive.** Some health items may be provided directly by primary care trusts. Care homes will need to meet the minimum standards for provision of equipment for users as well as health and safety for users and staff etc

Equipment provided by care home must be able to accommodate a range of heights, weights and widths

Use the following abbreviations: **CH = Care Home ICES = Integrated Community Equipment Service CHC= Continuing Health Care.**

**Short-term provision of equipment:** When a person's condition or situation changes, it is against the ethos of care to move people from their present settings if their new condition is short term. In these cases, ICES may be expected to provide equipment on loan. Examples of such changes of condition are outlined in the Guidance - section 8.

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
<b>BATHING EQUIPMENT</b>							
Bath seats	CH	CH	CH	CH	CH	CH	
Bath boards	CH	CH	CH	CH	CH	CH	
Bath lift	CH	CH	CH	CH	CH	CH	
Fixed and free standing shower chairs	CH	CH	CH	CH	CH	CH	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
Shower stools	CH	CH	CH	CH	CH	CH	
Bath step	CH	CH	CH	CH	CH	CH	
Bath rails	CH	CH	CH	CH	CH	CH	
Swivel bather	CH	CH	CH	CH	CH	CH	
Non-standard, customised shower/commode chairs/ trolleys for people with individual and complex management needs.	CH/ICES/ CHC	ICES	CH/ICES	ICES	CH/ICES	ICES	ICES will only provide where it is clear that provision by the care home has not been agreed as part of the support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor or review of support plan and where it is to meet an identified, eligible need. The request will need to be considered by the BHISEP panel. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
Wall fixed shower seat	CH	CH	CH	CH	CH	CH	
<b>BEDS</b>							
General beds	CH	CH	CH	CH	CH	CH	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
Standard hospital beds-variable height, profiling	CH	CH	CH	CH	CH	CH	
Standard electric profiling	CH	CH	CH	CH	CH	CH	
Non-standard, customised beds for people with individual and complex management needs.	CH/ICES/ CHC	ICES	CH/ICES	ICES	CH/ICES	ICES	ICES will only provide where it is clear that provision by the care home is not required as part of the agreed support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. The request will need to be considered by the BHISEP panel. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
<b>BED ATTACHMENTS</b>							
Back rests/bed cradles	CH	CH	CH	CH	CH	CH	
Bed raisers	CH	CH	CH	CH	CH	CH	
Cantilever tables	CH	CH	CH	CH	CH	CH	
Bed grab rails	CH	CH	CH	CH	CH	CH	
Lifting poles	CH	CH	CH	CH	CH	CH	
Bed side Rails/bumpers	CH	CH	CH	CH	CH	CH	N.B consideration should be given to the MHRA guidance for use of bedside rails.
Pillow lift	CH	CH	CH	CH	CH	CH	
Mattress variators	CH	CH	CH	CH	CH	CH	
<b>CHAIR EQUIPMENT</b>							
Chair and settee raisers/	CH	CH	CH	CH	CH	CH	
Chair Risers	CH	CH	CH	CH	CH	CH	
Footstool/leg rest/ electric leg elevators	CH	CH	CH	CH	CH	CH	
<b>PERSONAL-DRESSING AND EATING AND LEISURE</b>							
Equipment e.g. plate accessories, adapted	CH	CH	CH	CH	CH	CH	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
cutlery, jar/bottle opener etc							
Kitchen Trolleys	CH	CH	CH	CH	CH	CH	
Perching stools	CH	CH	CH	CH	CH	CH	
Easy reacher	CH	CH	CH	CH	CH	CH	
Dressing aids	CH	CH	CH	CH	CH	CH	
Tap turners	CH	CH	CH	CH	CH	CH	
Hobby/ Activity tables, Leisure accessories	CH	CH	CH	CH	CH	CH	
<b>MOBILITY EQUIPMENT - WALKING EQUIPMENT</b>							
Range of walking sticks	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Walking frames with or without wheels in a range of heights and widths	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Wheels for walking frames	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Walking frame gutter	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							assessment by a qualified assessor.
Range of crutches	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Rollators/Delta frames	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Ferrules	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Fischer sticks	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor.
Walking sticks-wooden and metal	ICES	ICES	ICES	ICES	ICES	ICES	Provision will be based on the outcome of assessment by a qualified assessor
<b>WHEELCHAIRS</b>							
Wheelchairs for multi-person use / transit with appropriate cushion	CH	CH	CH	CH	CH	CH	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
Attendant wheelchairs, including wheelchairs with tilt-in space facility with appropriate cushion.	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	
Self-propelled wheelchairs with appropriate cushion	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	
Electric indoor or indoor /outdoor wheelchairs with appropriate cushion	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	Wheelchair service depending on eligibility	
<b>WHEELCHAIR ACCESSORIES</b>							
Ramps	CH	CH	CH	CH	CH	CH	
<b>RAILS</b>							
Grab rails-inc Devon, natural grip, newel	CH	CH	CH	CH	CH	CH	
Mopstick rails and fittings	CH	CH	CH	CH	CH	CH	



Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
<b>PATIENT REPOSITIONING</b>							
Moving and handling equipment e.g transfer boards, glide sheets, bed turning sheets, handling belts etc	CH	CH	CH	CH	CH	CH	
Hoists: ceiling track	CH	CH	CH	CH	CH	CH	
Range of hoists:manual/electric	CH	CH	CH				
Range of slings	CH	CH	CH	CH	CH	CH	
Standaid/turntable	CH	CH	CH	CH	CH	CH	
Non-standard slings/ Standing Hoists/ for people with individual and complex management needs.	ICES/CH C	ICES	CH/ICES	ICES	CH/ICES	ICES	ICES will only provide where it is clear that provision by the care home is not required as part of the agreed support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. The request

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							will need to be considered by the BHISEP panel. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
<b>SEATING</b>							
Standard	CH	CH	CH	CH	CH	CH	
Non-customised seating e.g. riser /recliner chairs	CH	CH	CH	CH	CH	CH	
Non-standard, customised seating for people with individual and complex management needs	CH / ICES/ CHC	ICES	CH/ICES/CHC	ICES	CH/ICES/CHC	ICES	ICES will only provide where it is clear that provision by the care home is not required as part of the agreed support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. If the person is in receipt of

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
<b>TOILETING</b>							
Fracture pan (bed pan)	CH	CH	CH	CH	CH	CH	
Range of commodes-including adjustable height, wheeled, extra wide	CH	CH	CH	CH	CH	CH	
Toilet seats-standard raised (2",4",6")	CH	CH	CH	CH	CH	CH	
Toilet Risers	CH	CH	CH	CH	CH	CH	
Urinals/bottles	CH	CH	CH	CH	CH	CH	
Bottom wiper	CH	CH	CH	CH	CH	CH	
Range of toilet frames	CH	CH	CH	CH	CH	CH	
Removeable Wash/ Dry toilet systems (Biobidet)							<i>Needs to be agreed at stakeholders meeting</i>
<b>PREVENTION THERAPY AND MANAGEMENT OF PRESSURE SORES</b>							
Mattresses: static with stretch vapour permeable cover	CH	ICES	CH	ICES	CH	ICES	
							ICES will only provide where it is clear that

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							provision by the care home is not required as part of the agreed support plan. Provision will be based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
Foam overlay	CH	ICES	CH	ICES	CH	ICES	
Repose air filled overlay	CH	ICES		ICES			
<b>MATTRESSES : DYNAMIC</b>							
Alternating mattress overlay system	CH	ICES	CH	ICES	CH	ICES	ICES will only provide where it is clear that provision by the care home is not required as part of the agreed support plan. Provision will be
Alternating mattress replacement system	CH	ICES	CH	ICES	CH	ICES	

Type of equipment	Arrangements for funding		Arrangements for provision		Arrangements for maintenance		Comments
	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	Nursing Care	Non-Nursing Care	
							based on the outcome of assessment by a qualified specialist assessor alongside review of support plan and where it is to meet an identified, eligible need. If the person is in receipt of Continuing Health Care Funding the prescriber may be advised to refer to the CHC panel
<b>PRESSURE CUSHIONS</b>							
Foam/gel for low/medium/high risk and treatment	CH	ICES	CH	ICES	CH	ICES	
Electric alternating cushions –high risk	CH	ICES	CH	ICES	CH	ICES	As above

Use the following abbreviations: CH = Care Home ICES = Integrated Community Equipment Service

Documents in Members' Rooms

1. NONE

2.

Background Documents

1. NONE

2.