

**GUIDANCE**

**Loan of  
Community Equipment  
Into  
Care Homes in  
Derbyshire**

**NAEP Trent Region**

### **DOCUMENT HISTORY**

Document Status	Final
Developed By	Derbyshire ICES team, ICES working group, TRENT Regional NAEP Group
Date of Document	January 2018
Date of next review	January 2020
Sponsors	ICES Partnership Board
Approved by	ICES Partnership Board      Date : 06/03/2018

Version	Date	Comments
1.1	2011	Draft
1.2	2012	Draft Derbyshire and Derby City
1.3	2015	Draft preparation for ICES tender December 2015. Amended to reflect Derbyshire County (Derby City separate contract )
1.4	January 2017	Guidance Document including updated equipment list
1.5	March 2019	Updated Appendix A

<b>Contents</b>	<b>Page</b>
1. Introduction	4
2. Legislation	5
3. Definitions	6
4. Assessment	8
5. Provision	9

## Appendix A – Loan Equipment List

## 1. INTRODUCTION

This document covers the provision of equipment for clients residing in a registered care home and community day care services following an assessment of need by a health or social care practitioner, in line with regulatory requirements and defines:

- The care home requirements to provide standard equipment in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 fundamental standards <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>
- The statutory requirements of Clinical Commissioning Groups (CCGs) that have the responsibility to provide certain bespoke equipment for people assessed as eligible for NHS Continuing Health Care in line with the National Framework for NHS Continuing Health Care and NHS Funded Nursing Care. (Revised 2012)
- The Integrated Community Equipment Service (ICES) requirements to provide equipment to their service users with an assessed need evidenced by a local health or social care professional.

All equipment is purchased through a pooled fund arrangement for the ICES and is owned by the partners (CCGs or any National Health successor bodies and local authority - Derbyshire County Council (DCC)).

Local Authorities and the CCGs are required to provide a community equipment service to provide health and social care equipment to promote the independence and mobility of clients.

The provision of care in a regulated care home setting requires the provider to have sufficient and suitable equipment to meet the needs of clients as determined by CQC regulations.

The judgement about what, if any, equipment may be loaned to a client to support them in their regulated care setting is made following an assessment by a qualified social care or health practitioner.

This document includes a quick reference guide detailing the expected responsibilities for items of equipment, including those which may be provided on a loan basis subsequent to assessment by a qualified practitioner.

The principle of this document also applies to any periods of respite required by the client in a regulated care setting.

The purpose of this document is to:

- Clarify the responsibilities for provision of equipment within the Trent National Association of Equipment Providers (NAEP) Region
- Provide a shared language and promote understanding between all relevant stakeholders, including: service commissioners, managers of care homes, health and social care practitioners and the ICES etc.

- Enable the ICES to identify their obligations to provide community equipment in relation to care homes for adults, young people in transition and older people
- Assist care home owners/managers in understanding their obligation to provide equipment to meet the needs of their clients as determined by CQC regulations
- Clarify the assessment process for provision of community equipment into care homes following an assessment by health or social care practitioner.

There is an expectation that all commissioning authorities within the Trent Region will integrate this policy into all contractual arrangements with individual care homes.

## **2. LEGISLATION**

**Care Quality Commission Regulations require that clients have access to the adaptations and equipment they need, and place responsibility for providing these services onto care homes.** This expectation complies with both their statement of purpose and the contract they have with the statutory agencies. Under this contract, Care Homes are required to meet the needs of their clients. This should include an assessment by the manager or their representative prior to the commencement of a care placement. The need for equipment is an essential part of this assessment and ongoing reviews.

CQC state that Care Homes should have sufficient adaptive equipment to meet all aspects of care needs. The indicative list is shown in Appendix A.

Moving and handling advice, training and the provision of equipment is expected to be sought and provided by the Care Home and is not the responsibility of the partner agencies.

However, assistance/advice can be requested from specialists within the partner agencies who would complete an assessment, for example, to identify any equipment required to support tissue viability needs.

Care Homes may decide to seek advice from qualified Health and Social Care professionals regarding clients with complex needs. It is not, however, the responsibility of the professional to provide the equipment. It is the Care Home's responsibility to source the equipment or an appropriate close technical equivalent.

Equipment used to support clients in Care Homes is subject to Controls Assurance standards within "Managing Medical Devices Guidance for Healthcare and Social services Organisations" (April 2015) from the Medicines & Healthcare products Regulatory Agency

[http://www.idsc-uk.co.uk/docs2015/Managing\\_medical\\_devices\\_-\\_Apr\\_2015.pdf](http://www.idsc-uk.co.uk/docs2015/Managing_medical_devices_-_Apr_2015.pdf)

The Care Home registered manager must ensure compliance with the requirements specified by the Care Quality Commission in order to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular, with reference to equipment:

- Regulation 9 - Person centred care,
- Regulation 12 - Safe care and treatment,
- Regulation 13 - Safeguarding people who use services from abuse and improper treatment and
- Regulation 15 – Premises and equipment.

The Health and Safety at Work Act (1974) requires an employer to provide suitably maintained equipment, training and supervision and a safe working environment for its employees. It is the employee's responsibility to follow instructions and to ensure their own and others' safety at all times.

It is expected that the care home will provide a range of equipment to meet a variety of care needs, including variations in clients' height, weight and size. However, it is acknowledged that some clients may have individual needs that may require specially tailored or bespoke equipment.

Any relevant subsequent legislation will be assumed to be enacted within this document.

### 3. DEFINITIONS

**Bariatric (Plus Size) Equipment** – a bariatric client is defined as anyone, regardless of their age, who has limitations within health and social care due to their weight, physical size, shape, width, mobility, tissue viability or environmental access in one (or more) of the following areas:

- Has a body mass index (BMI) greater than 40kg/m<sup>2</sup> and or are 40kg above the ideal weight for their height (NICE 2004) or
- Exceeds the working load limit and dimensions of the support surface such as a bed, chair, wheelchair, toilet or mattress (Health and Safety at Work Regulations 1999 and Manual Handling Operations Regulations 1992 )

As noted above bariatric equipment is required to meet their size, shape, width etc for people with health and social care needs. Some of this equipment will be within the expected standard equipment catalogue provided by a Care Home, some may be nonstandard and some may be bespoke. This should be assessed on an individual basis.

The term bariatric is often used by commercial providers for equipment which is, in fact, a standard piece of equipment

**Bespoke Equipment** - designed or bio-engineered and/or manufactured for a specific client (body shape, posture or dimension) i.e. cannot be used for anyone else. Bespoke equipment may be funded by a range of health funding routes including the postural care equipment pathway and the Continuing Health Care (CHC) assessment route.

**Care Home** - both residential and nursing placements within a registered Care Home setting.

**Clinician/Prescriber**-- Health and Social Care professionals employed by the partner organisations.

**Clinical Commissioning Groups** (CCGs) – current local NHS (or any successor body) commissioners of care.

**Complex Needs Clients** - clients with complex needs can be defined as those whose needs present and interact to increase the skill required to monitor the symptoms, treat the condition(s) and/or manage the care. This may arise with a single condition, or it could include the presence of multiple conditions or the interaction between two or more conditions. It may also include situations where a client's response to their condition has an impact on their overall needs. Clients with complex needs may or may not qualify for CHC, they may be resident in care homes with or without nursing care.

**CHC** - Continuing Health Care - CCGs are responsible for the purchase/loan of bespoke equipment to people eligible in accordance with the national framework for NHS Continuing Health Care and NHS-funded nursing care.

**CTE** - Close Technical Equivalent, a piece of equipment which has the same/similar specification as the lead product or recommended item.

**Health Equipment** - for which there is a specific Department of Health provision under EL (95) 5 regulation, etc. This is usually provided on prescription by medical staff e.g. PEG nutritional feeding, continuous ambulatory dialysis (CAPD), intravenous chemotherapy for cancer treatments; as well specialist equipment for complex health needs eg cough assist machines. This equipment will not be provided by the community equipment services.

**ICES** – Integrated Community Equipment Service, the local health and social care service with delegated responsibility from the funding partners to manage the provision of community equipment and the contracting arrangements with the equipment provider

**Loan Equipment** - any equipment loaned by ICES which can include standard catalogue stock and nonstandard equipment identified to meet the individual needs of a client. It doesn't include domestic furniture, e.g. rise/recline chairs, footrests etc.

**Nonstandard Equipment** - accessorised or adapted equipment to meet specific client needs but may be used by other clients (subject to assessment and checking). It is usually assessed/prescribed by a health & social care professional who has specific training and may require enhanced training for staff who use it. It may be purchased 'off the shelf' but could be used by others without further adaptation.

**Partner Organisations** – the organisations who have funding and governance responsibilities for the Derbyshire ICES, Derbyshire County Council, North Derbyshire CCG, Hardwick CCG, Erewash CCG and Southern Derbyshire CCG.

**Standard equipment** - generic equipment and available 'off the shelf' from a wide range of suppliers, usually to meet a range of needs with no modification.

#### 4. ASSESSMENT

To meet national CQC care standards Care Homes should be 'fit for purpose'. This means that care homes should be equipped to meet residents' assessed needs. When being considered for a place the need for equipment to support their care should be included. Care Homes should not accept clients whose assessed needs they are unable to meet.

It is expected that a Care Home will have a range of equipment to meet most client's needs, however there will be a small number of clients that may need bespoke equipment, it is NOT expected that a care home will provide bespoke equipment (refer to definition).

- Equipment will only be provided in accordance with local ICES partners' eligibility criteria including alternative health funding e.g. CHC.
- Clinicians must pay particular attention to early planning (especially to facilitate hospital discharge) and discussions with Care Homes for all placements
- Care homes must complete all relevant assessments, including moving and handling when a client moves into the home and must review/re-assess when any changes occur to meet their health and safety responsibilities. Staff must be trained and competent in the use of the allocated equipment to meet client need. This **may** mean requesting input from specialist practitioners from either primary or secondary care settings.
- Provision of equipment from ICES must be assessed for on an individual basis and should be based on an assessment of need completed by an appropriate health or social care assessor utilising recognised accredited tools and scales, clinical guidance and agreed local protocols.
- All staff assessing for equipment must be competent and confident, having received appropriate training.
- All equipment is provided to named clients and the suitability of the equipment will be subject to review. The frequency of the review should be detailed in the client's care plan together with the name of the health or social care professional responsible for the review.
- Clinicians/prescribers are responsible for assessment, advice, and review. Care Homes are responsible for collections of equipment no longer required by the named client. The Care Home must arrange for such equipment to be collected by the Community Equipment Provider.



## **5. PROVISION**

### Integrated Community Equipment Services responsibilities for the provision of Equipment into regulated Care Home settings

- ***The service is NOT responsible for provision of generic equipment (which is expected to be present in a Care Home).***
- In exceptional circumstances loan of non-contract equipment to meet a client's **essential needs**, following an assessment by Health or Social Care professionals in accordance with each partner's eligibility framework, to facilitate emergency respite or urgent hospital discharge outside of the normal expected Care Home provision, on a short term basis (up to six weeks).

### Equipment Provider responsibilities:

Deliver, provide instructions for use, fitting, and where appropriate, demonstration of assessed equipment to a Care Home where the named client resides. (All equipment has a product code clearly displayed on it that is unique to that piece of equipment which allows the equipment to be linked back to the client it was assessed for).

- Ensure that equipment is subject to regular Planned Preventative Maintenance (where required), recycling and repair of equipment on loan
- Deliver within the contract time standard determined by the prescriber
- Collect equipment from Care Homes within agreed local ICES contractual time standards
- Complete reviews and audits of equipment in Care Homes
- Ensure that loan of equipment to Care Homes is non-discriminatory, in line with relevant legislation, policies and good practice. Ethnic, religious and cultural needs will be taken into account, together with the need to support the dignity and independence of the resident.

### Care Homes' responsibilities:

- Agree to the terms of the loan in this document and understand that the equipment has been assessed for the use of meeting a named client's needs. This equipment remains the property of the ICES (the cost of any repairs/replacements arising from negligence, damage or misuse, or failure to return items is expected to be met by the Care Home)
- Agree that the provision of equipment to support their staff with health and safety requirements remains the employer's responsibility

- Ensure they source and provide a range of equipment to meet the generic needs of current and future clients as previously referred to in this document for a range of shapes, sizes, weights, complexity etc
- Ensure that equipment on loan from ICES is not accepted or transferred to a Care Home from the client's own home due to infection control risks
- Provide a responsible person to take delivery of equipment, label/record items issued for the named client
- The responsible person will understand the use of all equipment provided and ensure that staff are competent to use it, adding, where applicable, appropriate information to care plans or other documentation that meets all legal requirements to ensure activity is undertaken safely with respect and dignity
- Maintain auditable records in the Care Home of all delivery and collection notes showing signatures, dates list of items, including unique equipment identifying codes
- Retain auditable records on each client's file along with appropriate training records and risks assessments for use of assessed for equipment
- Ensure any equipment loaned from ICES is utilised in a safe and effective manner, checked prior to each use and maintained in good and clean condition following manufacturer's instructions. If an item becomes unfit for purpose report to the equipment provider immediately, for repair/replacement/alternative option
- Ensure equipment is only used for the client for whom it was originally prescribed. It is not acceptable to transfer loaned ICES equipment from one client to another
- Inform clinicians of any changes in a client's condition which may require review/reassessment of equipment needs
- Inform the ICES provider, currently Medequip, of any equipment breakdown or fault promptly. In such cases the equipment should not continue to be used until checked by the equipment provider
- Ensure that ALL items loaned are returned to ICES when the client no longer has an assessed clinical need for it or the short term loan period has expired
- In the event of a death or discharge from the Care Home then the home must inform the ICES provider of the equipment required for collection, within 48 hours, in writing (email is preferable, as it can act as a record of any request to remove equipment if there is a delay in actioning the collection), with equipment/client identifier information supplied). Failure to do so may incur charges.

### Moving from the community into a care home or transferring to a Care Home in another authority

Standard equipment from community settings **must not be** accepted or transferred to a Care Home setting due to infection control risks.

All equipment from previous addresses that were assigned to be used to meet assessed needs of the named client should be returned to the ICES.

Any non-standard or bespoke equipment loaned to the client will need to be transferred with the client to their new address. The key worker should liaise with the ICES as it is very likely that equipment would need to be moved and decontaminated. This will require an agreed timescale to complete the pickup of equipment, decontaminate before reallocating to new location. This may also require the assessor to consider a new risk assessment/management plan to reflect use in the new environment and the potential need to train staff in appropriate safe usage. The above will also apply to clients transferring from respite to a permanent place of residence.

### Day care

- Day care settings are expected to provide all equipment assessed to meet client needs whilst attending the service. In exceptional circumstances bespoke equipment may be loaned to support exceptional needs, to be agreed between the clinician, ICES and CHC.

### Supported living

- If the person has their own tenancy this is considered as living within the community and provision of equipment is in line with eligibility and ICES operating procedures.

### Extra Care

- Generic equipment in extra care schemes which is available for use by multiple clients, for example communal areas, or falls recovery/fire evacuation equipment, must be funded by the extra care housing provider or in agreement with the relevant local authority, otherwise this is classed as someone living in the community.

## Appendix A

## Loan Equipment List

*Equipment loaned by ICES will be done so on assessed clinical need, for time frames agreed within Derbyshire*

***Please be aware this list is not exhaustive***

Equipment category	Description	Care Home setting	
		Nursing Care Placement	Residential Care Placement
<b>Bathing</b>	<b>Standard equipment-</b> E.g. Range of bath seats/boards, electric/manual bath lifts/range of shower chairs/stools including static, mobile, tilt in space (including modular design) and bariatric.	Care home	Care home
	<b>Bespoke-</b> E.g. moulded shower chairs/cradles	CCG - via CHC route	ICES - via CHC route
<b>Beds</b>	<b>Standard contract equipment-</b> electric profiling and bariatric (Plus Size).	Care home	Care home or ICES - for Health nursing need
	<b>Non-Contract equipment</b> E.g. for people with severely complex health needs	Commissioned Health Provider	ICES
	<b>Accessories-</b> E.g. backrests, rope ladders, bed raisers, overbed tables, lifting pole, pillow elevators.	Care home	Care home
	<b>Bed rails, Bumpers, Extensions</b>	Care home	Care home or ICES - for Health nursing need
<b>Chairs</b>	<b>Standard contract seating,</b> and bariatric (Plus Size)	Care home	Care home
	<b>Non Contract equipment -</b> E.g. seating with tilt in space, lateral supports, postural management, modular seating that could be used with more than one person	Care home	Care home

	<b>Bespoke-</b> E.g. moulded chairs	CCG via CHC route	ICES via CHC route
<b>Daily Living Aids</b>	Including small dressing aids, Adapted cutlery, perching stools, helping hand etc.	Care home	Care home
<b>Health and safety</b>	<b>Telecare sensors</b> - E.g. bed & chair sensors, epilepsy sensors, enuresis sensors etc	Care home- via in house nurse call system	Care home- via in house nurse call system
<b>Nursing Procedures</b>	<b>Advanced feeding</b> P.E.G Feeding equipment	Commissioned Health Provider	Commissioned Health Provider
	P.E.G Feeding consumables	Commissioned Health Provider	Commissioned Health Provider
	Subcutaneous Feeding consumables	Commissioned Health Provider	Commissioned Health Provider
	<b>Aseptic Procedures</b> Equipment to support	Care home	Commissioned Health Provider
	<b>Catheterisation-management of</b>	Care home	Commissioned Health Provider - district nursing
	<b>Catheterisation-</b> bags and catheters	Commissioned Health Provider via prescription. At least 2 for each person who is catheterised	Commissioned Health Provider via prescription. At least 2 for each person who is catheterised
	<b>Medicine Administration</b> <b>Oral</b> - E.g. medicine boxes <b>Rectal</b> - E.g. gloves, lubricant	Care home via prescription/pharmacy	Care home via prescription/pharmacy
	<b>Injection</b>	Care home via prescription/pharmacy <b>Care home should have own sharp box</b>	Commissioned Health Provider via Local District Nursing teams <b>Care home should have own sharp box</b>
	<b>Syringe Drivers</b>	Commissioned Health Provider- Please refer to your local agreements	Commissioned Health Provider- Please refer to your local agreements
	<b>Testing urine</b>	Care home	Commissioned Health Provider
	<b>Venepuncture-</b> needles/syringes	Care home	Care home
	<b>Vacutainer Bottles for blood tests</b>	Commissioned Health Provider	Commissioned Health Provider

<b>Mobility</b>	<b>Sticks &amp; Walkers</b> – Including crutches, walking sticks, all styles of walking frames, 3/4 wheeled walkers and bariatric	ICES- via therapy team assessments	ICES- via therapy team assessments
	<b>Standard Wheelchairs-</b> E.g. Attendant propelled, including bariatric	Care home	Care home
	<b>Non-standard/bespoke Wheelchairs-</b> E.g. tilt in space, postural support, Moulded seats	Therapy Team- via Wheelchair Services	Therapy team- via Wheelchair Services
<b>Moving and handling</b>	<b>Standard Contract Equipment-</b> E.g. all hoist types including standing, slings, transfer boards, slide sheets, all turning platforms (Rotunda/Rotalite/rota stand), and bariatric equivalents	Care home	Care Home
	<b>Bespoke equipment</b> - E.g. sling made specifically for an individual with complex needs.	CCG via CHC route	ICES via CHC route
<b>Pressure management</b>	<b>Cushion - for individuals up to and including At Risk</b> E.g. foam, wheelchair cushion	Care home	Care home
	<b>Mattress- for individuals up to and including At Risk</b> BED650 foam  (BED302 – only where an ICES profiling bed has been loaned)	Care home	ICES - via District nursing refer to local equipment guidance
	<b>Cushions/boots- for individuals up to High Risk</b> E.g. gel cushion	Care home	ICES - via District nursing refer to local equipment guidance
	<b>Mattress- for individuals up to High Risk</b> E.g. hybrid	Care home	ICES - via District nursing refer to local equipment guidance
	<b>Cushions/Mattresses/boots- for individuals at very high risk</b> E.g. alternating air	Care Home	ICES - via Tissue Viability Team
<b>Ramps</b>		Care home	Care home

<b>Respiratory</b>	<b>Oxygen cylinders, masks, Consumables</b>	Commissioned Health Provider - refer to local policies and procedures	Commissioned Health Provider - refer to local policies and procedures
	<b>Suction units</b>	Care home	Commissioned Health Provider
	<b>Non-standard Nebulisers</b>	Commissioned Health Provider	Commissioned Health Provider
	<b>Thermometer, sphygmomanometer, pulse oximeters</b>	Care home	Care home - routine investigations Commissioned Health Provider
<b>Sensory needs</b>	Including-Hearing loops, flashing fire alarms, vibrating clocks etc.	Care home	Care home
<b>Toileting</b>	<b>Standard Contract Equipment</b> - E.g. All urinals, bed pans, all commodes, toilet seats/frames.	Care home	Care home
	<b>Consumables</b> - E.g. Continence products	Commissioned Health Provider- via local Continence service	Commissioned Health Provider via local Continence service
	<b>Bespoke equipment</b> - E.g. Moulded toilet seat for an individual with complex needs.	CCG via CHC route	ICES - via CHC route