



NAEP
Eastern Regional Group

**Guidance for Provision of
Community Equipment
in Care Homes**

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Eastern Regional Guidance for Provision of Community Equipment in Care Homes

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KEY MESSAGES WITHIN THIS DOCUMENT

- **CES** = *The local **C**ommunity **E**quipment **S**ervice for a particular area/county*
- *Care Homes must have and maintain, their own range of general equipment as part of their statement of purpose/registration*
- *CES loaned equipment is prescribed for the sole use of an individual resident and must not be used by any other resident*
- *Care Homes are responsible for ensuring that their staff are competent and confident in using the full range of equipment in the home*
- *CES loaned equipment must be returned to the CES as soon as it is no longer required for the resident for whom it was prescribed*
- *Registered Nursing Homes are responsible for meeting the majority of the equipment needs of their residents*
- *The table at Appendix 1 details the local arrangements and the range of equipment that should be available from the local CES for a given area*
- *Care Homes are advised to keep a record of CES equipment on loan to their residents in case of any queries*
- *Care Homes will be liable if CES equipment is damaged or lost*
- *Community practitioners (nursing & therapy staff) must adhere to these guidelines when assessing residents in care homes*

Detailed explanations of all the above points are contained within the individual sections of this document

1.0 Purpose of this document

- 1.1 The purpose of this document is to:
- clarify the relationship between Community Equipment Services (CES) and registered care homes across the Eastern Region
 - provide a basis for local protocols and contracts
 - enable lead commissioners of community equipment services to identify their obligations in relation to care homes for adults and older people (i.e. this document excludes equipment for children and those aged 18 or 19 years old in full time education)
 - provide prescribers with clear guidance on their obligations when assessing residents for equipment in care home settings
 - help care home owners understand their equipment obligations to residents and clarify who is responsible for funding the equipment
- 1.2 An equipment matrix has been developed which takes into account local variations (see Appendix 1 – default position only). The matrix will be adapted by each area to meet local need and provision.

2.0 Background and Introduction

- 2.1 This document has been developed by the Eastern Region NAEP Group (see 2.2) using Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3); Care Quality Commission (Registration) Regulations 2009 (Part 4); the Department of Health Guidance: *Community Equipment and Care Homes* (2004); Care Homes Regulations 2001; Health & Safety at Work Act 1974; Management of Health & Safety at Work Regulations 1992 and Provision and Use of Work Equipment Regulations (PUWER) 1998.
- 2.2 Eastern Region NAEP Group: The National Association of Equipment Providers (NAEP) is divided into several regional geographical areas. This document has been developed by the Eastern Region Group which covers the following areas (issue 1: in consultation with the Chief Nurse for the NHS Midlands and East SHA and ADASS Contracting Group):
- Bedford Borough
 - Cambridgeshire
 - Central Bedfordshire
 - Essex
 - Hertfordshire
 - Luton
 - Norfolk
 - Peterborough
 - Southend-on-Sea
 - Suffolk
 - Thurrock

- 2.3 Community Equipment Services (CES): These services are contracted by local commissioners to provide community equipment on loan to adults and children following assessment by Health and/or Social Care practitioners. Equipment is provided to assist people to perform essential activities of daily living and to maintain their health, independence and wellbeing in the community.
- 2.4 The aim of this document is to promote understanding between managers/owners of care homes, health and social care commissioners and community equipment services commissioned by health and local authorities. It forms the basis of local policies, agreements and contracts.
- 2.5 Community practitioners play an important part in identifying equipment needs when a person commences living in a care home and when their care needs change. People living in care homes have the same rights to services, including the provision of some equipment, as those living in their own homes. Care homes may, in addition to their general provision, provide a range of care including intermediate care, palliative care, respite care and continuing health care.
- 2.6 Care homes are responsible for having and maintaining their own range of equipment to meet a variety of care needs, including variations in height, weight and size. This equipment should relate to the care for which the home is registered and fulfil the care home's health and safety obligations to their own care staff. Refer to table at Appendix 1 starting on page 10.

3.0 Overview

- 3.1 Equipment provision should be focused on the residents' needs and should be provided by the care home if it is the type of equipment required by its residents as part of its statement of purpose/registration. The equipment provided must be issued as part of a risk management process and staff competently trained in the use of equipment.
- 3.2 The incorrect use of equipment can lead to safeguarding issues, for example risk of harm to residents when using equipment that was not prescribed for them, or lack of regard to infection control procedures. Care homes must ensure that any risks are minimised through the correct use of equipment, the training of staff and adherence to policies and standards.
- 3.3 CES can assist in providing equipment on loan for use by an individual when the need falls outside of the home's general provision.
- 3.4 CES loaned equipment should be properly maintained, returned promptly and is provided for a designated, individual resident as part of a care plan. It must **not** be used by any other resident as this contravenes infection control standards and harm can be caused if the equipment is unsuitable.

- 3.5 The term 'loan equipment' in the context of this document does not include domestic furniture e.g. divan beds/armchairs as these will be provided by the care home, the resident themselves or their family/carers.

4.0 Assessment

4.1 General Points

The assessment, care plan and review process (by care homes and clinical practitioners) are important for successfully meeting equipment needs. Many disputes about equipment provision can be avoided by good practice in assessment. Particular care should be given to early planning for hospital admissions and discharges. Equipment will only be supplied following an assessment by Health or Social Care staff in accordance with eligibility criteria.

4.2 Moving & Handling Assessments

Care home staff will need to complete a moving and handling risk assessment as soon as a resident moves into the home. This must be reviewed each time there is a change in health or functional ability. Care homes are expected to have a full range of modern, up-to-date moving and handling equipment available. Staff will need to be competent and confident to recommend which moving and handling equipment is appropriate for the range of needs within the home. The range of standard equipment provided by the care home should include equipment such as handling belts and slide sheets, hoists and slings, in different styles and sizes. Referrals for additional professional expertise from moving and handling advisors, or Occupational Therapists, may be required when equipment provided by the care home does not meet a resident's needs and alternative or bespoke solutions may need to be considered.

5.0 Working in partnership

- 5.1 There are areas where care homes and community equipment services can productively collaborate:

Community Equipment Services should support care homes wherever possible, subject to local agreements, with the following:

- advice on equipment loaned by the local equipment service
- maintenance and repair of equipment on loan
- demonstration of equipment by clinical practitioners
- equipment on loan for individual named residents

Care homes should support community equipment services by:

- ensuring they understand who owns items of equipment that residents may bring with them when first admitted to the home
- advising the CES if a maintenance check on equipment is overdue
- identifying when CES equipment is no longer required and arranging for its prompt collection
- ensuring that equipment prescribed for an individual resident is not used by other residents

- informing clinical practitioners of changes in residents' circumstances e.g. change in pressure care risk, change of functional ability, change of address, or death of the resident
- informing the community equipment service promptly in the event of CES equipment breakdown.

6.0 Principles of Equipment Provision in Care Homes

- 6.1 The purpose of providing equipment is to increase or maintain functional independence and wellbeing of residents and care staff as part of a risk management process. It is important to find practical ways of supporting residents, facilitating hospital discharges and avoiding unnecessary admissions, through the use of equipment.
- 6.2 Consideration must be given to the most cost-effective method of meeting the assessed need. A careful balance must be achieved between the independence and dignity of the resident and the health, safety and welfare of the resident and care staff.
- 6.3 Residents in registered nursing homes will have their equipment provided and funded by the nursing home. Standard equipment provided by the nursing home will include pressure care overlays and replacement mattresses to maintain tissue viability (static and dynamic systems, as well as profiling beds).
- 6.4 Residents in registered nursing homes funded by NHS Continuing Health Care may have bespoke equipment needs. Assessment and provision/funding of these specialist items will be undertaken by the local NHS CHC Team. This assessment may occur before admission to the nursing home and further assessments may also be required if clinical needs change.
- 6.5 Specific items of equipment may also be provided by the community equipment service on a **short term 6 week loan** basis to assist with respite placements, or to facilitate a hospital discharge.
- 6.6 Equipment should not be transferred from or to a person's home for respite care due to infection control risks. However certain items such as mobility aids or bespoke slings may be permitted in consultation with the clinical practitioner and the care home manager.
- 6.7 If a client has their own tenancy within a supported living environment, then this is considered as living within the community and therefore equipment provision will be funded via the CES following an assessment by a clinical practitioner.
- 6.8 General equipment in extra care schemes which is available for use by many different clients must be funded by the Extra Care Housing Provider, or in consultation with the relevant Local Authority.

7.0 Care Quality Commission (CQC) Guidance for Providers on Meeting the Regulations (March 2015) - Regulation 15: Premises and Equipment

- 7.1 The CQC have issued guidance for providers (which in the context of this document means the Care Home) on meeting two groups of regulations:
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)
 - Care Quality Commission (Registration) Regulations 2009 (Part 4)
- 7.2 Guidance for providers applies from 1 April 2015 and will replace in its entirety CQC's Guidance about Compliance: Essential standards of quality and safety and the 28 outcomes.
- 7.3 Section 2 of the guidance: Fundamental Standards includes a section on Regulation 15: Premises and Equipment (*page 55*). The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly. Regulation 15 states that all premises and equipment used by the service provider must be:
- a) Clean
 - b) Secure
 - c) Suitable for the purpose for which they are being used
 - d) Properly used
 - e) Properly maintained
 - f) Appropriately located for the purpose for which they are being used
- 7.4 The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.
- 7.5 Providers retain legal responsibility under these regulations when they delegate responsibility through contracts or legal agreements to a third party, independent suppliers, professionals, supply chains or contractors. They must therefore make sure that they meet the regulation, as responsibility for any shortfall rests with the provider.
- 7.6 Where the person using the service owns the equipment needed to deliver their care and treatment, or the provider does not provide it, the provider should make every effort to make sure that it is clean, safe and suitable for use.
- 7.7 CQC will refuse registration if providers cannot satisfy that they can and will continue to comply with this regulation.

Reference: Care Quality Commission: Guidance for providers on meeting the regulations (March 2015) <http://www.cqc.org.uk>

8.0 Equipment Loaned to a Care Home by the Community Equipment Service

- 8.1 Following an assessment by a Health or Social Care practitioner, equipment on loan from CES will be for the **exclusive** use of the person for whom it is prescribed.
- 8.2 A community equipment service would not normally be responsible for the general provision of equipment unless there in an emergency and a temporary item supplied for a short period - for example to facilitate an urgent hospital discharge or where there is a safeguarding concern. If the equipment provided for a specific individual is subsequently used with another resident and an incident or accident occurs, the care home will be held liable.
- 8.3 Equipment provided by CES is issued with manufacturer's instructions and guidelines for use and maintenance. Care staff must use the equipment within the manufacturer's guidance and maintain the item in good condition.
- 8.4 Care staff must be trained in the use of the equipment. This is the responsibility of the care home and is a mandatory requirement under the Health & Safety at Work Act (1974), the Provision and Use of Work Equipment Regulations (PUWER) (1998) and MDA DB 2006 (05).
- 8.5 Day-to-day operational cleaning/disinfection of loan equipment is the responsibility of the care home, which must follow the manufacturer's instructions and instructions provided by the CES provider.
- 8.6 All repair and maintenance of CES loan equipment will be carried out by the CES provider, or authorised sub-contractor where appropriate. CES will be responsible for maintaining a schedule of all loan equipment requiring ongoing and regular maintenance.
- 8.7 Equipment provided on loan through CES will need to be made accessible for appropriate checks, repairs and maintenance when requested by the local CES provider.
- 8.8 CES equipment must not be dismantled and reassembled by anyone other than a representative of the CES Provider.
- 8.9 Care home staff must be responsible for notifying the community equipment service in the following circumstances:
 - resident no longer requires a loaned item of equipment
 - resident has died or moved to another location (the care home must inform the CES of the resident's new address)
 - resident's needs have changed and the loaned item of equipment is no longer suitable (a further assessment will be required)
 - equipment breakdown or repair

A sample form is attached at Appendix 2, which can be adapted and used to inform the CES provider of any of the above changes.

- 8.10 Equipment that is no longer needed by the resident for whom it was originally prescribed must **never** be transferred for use by another resident. Care homes will be closely monitored in this regard.
- 8.11 In dual registered care homes, residents who are transferred from a registered 'residential' bed to a registered 'nursing' bed should have their equipment needs provided by the registered nursing establishment. Any CES equipment they have at the point of transfer must be returned to CES unless there is a specialist, non-standard item of equipment prescribed for that individual's specific and specialist needs, and only after agreement with the relevant Health or Social Care practitioner.
- 8.12 The care home will need to meet the cost of all repairs arising from negligence, damage or inappropriate use of loan equipment (this includes defacing the equipment or permanent marking with a resident's name), or the full replacement cost if damage is beyond repair. Care homes will be charged the full replacement cost for all equipment not returned or deemed 'lost'. (See also 8.13). Invoices will be raised by the relevant CES budget holder/Commissioner/Finance department.
- 8.13 A charge will be made to care homes who fail to arrange for the collection of CES rental equipment (usually beds and specialist mattresses), when they are no longer required by the resident(s) for whom they were prescribed, e.g. in the event of a resident's death. This charge will be equal to the rental costs incurred by the CES budget from the time the equipment should have been returned by the care home, to the date the item(s) were collected and removed from hire by the CES.

(Not all equipment services have rental equipment and care homes should check arrangements in their local area).

- 8.14 Equipment awaiting collection by CES must be stored in a specified location and not stored alongside the care homes' own supply of clean equipment. This is to comply with infection control procedures for used equipment. For example, it is not appropriate to store CES equipment in corridors, garages, sheds, outbuildings, or in the garden.
- 8.15 CES, in liaison with their Health and Social Care Commissioners, will monitor and audit equipment on loan to care homes at least annually.

9.0 Care Home Records of CES Equipment

9.1 It is highly recommended that care homes keep their own records of what CES equipment is on loan to their residents.

9.2 These records would be expected to show:

- name of resident
- room number
- date delivered
- description of equipment on loan
- CES product code/bar code/or serial number of each item
- service/maintenance/repair record
- location of where it is stored (whilst awaiting collection)
- date collected

9.3 If hard copies of signed delivery/collection notes are given to the care home by the CES Provider, these should be kept with the above records.

APPENDIX 1 - EQUIPMENT MATRIX

The table below is provided to assist community equipment services, care home providers and others in determining the local arrangements and responsibilities for the provision and maintenance of equipment in care homes in the following area(s).

Name of Local Area(s) Covered by this matrix: CAMBRIDGESHIRE

Abbreviations:

TEC	Cambridgeshire's Technology Enabled Care Team
CH	Care Home
CES	Community Equipment Service (following assessment by identified prescriber/assessor)
SIS	Sensory Impairment Service (Service for people with visual and/or hearing impairment)
NHS	Health equipment not normally provided by CES
CHC	NHS Continuing Health Care
GP	General Practitioner via prescription
-	Not applicable

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Bathing Equipment			
Range of bath seats	CH	CH	
Range of bath boards	CH	CH	
Bath step	CH	CH	
Powered bath lift	CH	CH	
Swivel bathers	CH	CH	
Range of shower chairs	CH	CH	
Range of shower stools	CH	CH	
Bespoke Shower Chairs	CH	CES	May be provided following an assessment by clinical practitioner for an individual named resident. Tilt in space showers chairs may be provided to individuals in residential care homes following assessment by the clinical practitioner.
Bariatric versions of standard equipment	CH	CH/CES	Provision will be following risk assessment by a clinical practitioner (could be funded by CHC in some cases). Bariatric equipment is mainstream so care homes are expected to have a range of standard bariatric items available within the home. Non-standard bespoke equipment will be subject to the special orders authorisation process following assessment by the clinical practitioner.

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
Bedroom	Nursing Home	Residential Home	
Beds Powered variable height, profiling beds including extra low beds	CH	CH/CES	Responsibility of care home to provide beds in terms of moving and handling legislation for care staff. Provision for residential care homes following an assessment by an approved practitioner for health needs . For example: <ul style="list-style-type: none"> • Where the client has acute respiratory need and requires the profiling function to sit upright and other solutions i.e. back rest, bed wedge, pillow lift have been tried and found to be unsuccessful. • Where the profiling function is essential to assist in the management of pressure care • As part of a prescribed rehabilitation programme where the profiling and variable height functions will enable client to transfer independently and prevent the use of a hoist. • May be CHC funded in some cases
Variable height, profiling bariatric bed	CH	CH/CES	The statement above applies in full AND where the client's weight is above the maximum weight limit of a standard variable height profiling bed, then the provision of a bariatric bed may be considered following a full documented risk assessment by the clinical practitioner. May be CHC funded in some cases.
Bespoke beds for people (CHC funded) with complex treatment and care needs	CHC	CHC	Through NHS Continuing Health Care funding only and if the person is eligible for NHS Continuing Health Care funding (eligibility must be established independently of the equipment)
Bed Accessories			
Bed blocks and raisers	CH	CH	Responsibility of care home in terms of meeting moving & handling legislation for care staff.
Range of back rests	CH	CH	
Bed Sticks and bed grab handles	CH	CH	
Blanket Cradle	CH	CH	
Powered Mattress Variator and pillow lifters	CH	CH/CES	Provision for residential care homes for an identified individual following an assessment by an approved practitioner. For example: <ul style="list-style-type: none"> • Where the client has acute respiratory need and requires the lie to sit function to sit upright and other solutions i.e. back rest, bed wedge, pillow lift have been tried and found to be unsuccessful. • As part of a prescribed provision where the lie to sit functions will enable client to transfer independently and prevent the use of a hoist.

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
Bed Accessories	Nursing Home	Residential Home	
Lifting pole	CH	CH	
Over bed trolley/table	CH	CH	
Bed Side Rails: Divan bed rails (and bumpers) Profiling variable height bed rails (and bumpers)	CH	CH/CES	Subject to full documented risk assessment by the clinical practitioner as these are high risk items . Bumpers provided by CES can only be used on profiling beds and bed rails that have also been issued from CES – ie cannot be fitted to the care home's own beds.

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Chair Raising Equipment			
Chair blocks and raisers	CH	CH	
Dressing Equipment			
Stocking aid/Tights aid	CH	CH	Information and advice can also be given to the resident / family regarding private purchase
Long-handled shoe horn	CH	CH	
Environment Support			
Helping hand	CH	CH	Information and advice can also be given to the resident / family regarding private purchase
Kitchen Trolley	CH	CH	
Perching stool	CH	CH	
Falls			
Hip protectors	CH	CH	Advice available through local Falls Prevention Service – care homes to check local provision
Help with Feeding			
PEG feeding equipment	NHS	NHS	Provision through acute hospitals
PEG feeding consumables	NHS	NHS	
For intravenous feeding and transfusion	NHS	NHS	
Range of feeding equipment	CH	CH	e.g. plate accessories / adapted cutlery
Mobility Equipment			
Walking stick	CH	NHS/CES	<p>All these items may be available through local CES or other Health provision – eg acute hospitals upon discharge from an in-patient episode. Equipment labels will indicate where the aids should be returned to.</p>
Fisher walking stick	NHS/CES	NHS/CES	
Walking frames with/without wheels	NHS/CES	NHS/CES	
Gutter walking frame	NHS/CES	NHS/CES	
Elbow crutches	NHS/CES	NHS/CES	
Gutter crutches	NHS/CES	NHS/CES	
3 or 4-wheeled walkers	NHS/CES	NHS/CES	
Standing frame	NHS/CES	NHS/CES	
Heavy-duty mobility equipment	NHS/CES	NHS/CES	
Ramps	CH	CH	
Assorted grab rails	CH	CH	

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Moving and Handling Equipment			
Standard mobile hoist	CH	CH	
Ceiling Track Hoists	CH	CH	
Bariatric Hoists	CH	CH/CES	Provision will be following a risk assessment by a clinical practitioner (could be funded by CHC in some cases). May be subject to special orders process and authorisation. Will only be considered by CES where resident's weight is above the maximum weight limit of a standard hoist.
Standard slings	CH	CH	It is expected that the care home will have a range of slings available eg toileting, universal slings, in-chair slings, and a range of sizes (small, medium, large & extra large)
Bespoke specialist slings	CES	CES	Provision will be following an assessment by a clinical practitioner (could be CHC funded in some cases, if the client is already identified as eligible and assessed for a bespoke sling). Stock not routinely held at CES. Subject to special orders process and authorisation.
Standing Frame/Standing Hoist (Powered)	CH	CH/CES	For common/general use - equipment is to be provided by the care home. For a named individual these may be provided where a standing frame/standing hoist is assessed to be essential as part of a short term prescribed rehabilitation programme and the client is expected to progress to the use of a non-powered stand aid or independent transfers.
Standing Aid (non-powered)	CH	CH	Turntable, turning discs, swivel cushions e.g. Rota Stand, Arjo Stedy, Cricket, Return, Mollift
Transfer Boards	CH	CH	
Handling Belts	CH	CH	
Slide sheets / one way glide / in-bed positioning systems	CH	CH	The care home will be expected to have a range of sheets and systems available including 'Satin' and 'WendyLett' sheets.
Nursing Equipment and Nursing Procedures			
Venepuncture	GP	GP/NHS	On prescription through GP surgery
Vacutaine bottles for blood tests	GP	GP/NHS	On prescription through GP surgery
Syringes and needles	CH	NHS	
Catheterisation			
For management of catheterisation e.g. bag, stand, packs	CH	GP/NHS	
Prescription for catheters and bags	GP	GP/NHS	

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Dressings			
For procedures related to aseptic and clean dressings	GP	GP	
Medicine administration			
For administration of oral medicine/medication	CH	CH	Medicine via prescription/chemist packs
For administration of rectal medication	CH	NHS	These procedures are carried out by District Nurses for residential care homes
For administration of medication by injection	CH	NHS	
Standard syringe drivers	CH	NHS	
Specialist syringe drivers, e.g. for epidurals	NHS	-	
Nursing Procedures			
Routine nursing procedures e.g. testing urine, BP, BM (glucometer)	CH	NHS	District Nurses and Specialist Nurses
Pressure Care			
High specification foam overlays/mattresses and cushions for low to medium risk	CH	CH	
Static air and Visco elastic/memory foam overlays/mattresses/cushions – for medium to high risk	CH	CH/CES	Provision to residential care homes following a specialist risk assessment for tissue viability medium to high risk needs only
Alternating Dynamic (and pump) overlays/ mattresses/ cushions – for medium to high risk	CH	CH/CES	Provision to residential care homes following a specialist risk assessment for tissue viability medium to high risk needs only

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Respiration			
For maintenance of respiration e.g. suction units	CH	NHS/CES	These units may be available for individual users in residential homes through local CES or other Health provision
Oxygen cylinders/concentrators	GP	GP	
Oxygen administration consumables	GP	GP	
Simple nebulisers	CH	GP	
Resuscitation equipment (e.g. mouth to mouth)	CH	CH	E.g. ambu masks and bags
Pulse oximeters	CH	NHS	
Non-standard complex Nebuliser and humidifiers (e.g. for ENT, CPAP BIPAP)	NHS	NHS	Specialist secondary care services
Seating			
Standard chairs including a range of riser recliners	CH	CH	
Specialist postural support bespoke chairs	CH	CH/CES	These items may be available through local CES or other provision subject to special orders process/local policies, or if eligible for NHS Continuing Health Care funding.
Sensory			
Range of sensory impairment equipment	CH/SIS	CH/SIS	Care homes are expected to provide a range of standard equipment such as flashing fire alarms/flashing door bells etc. Other sensory items may be available through referrals to local SIS teams

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Technology Enabled Care			
Standalone Devices Examples: Automated dossett boxes, voice prompts, reminder clocks etc	CH	CH	
Standalone Telecare (Not using a telecare call centre but programmed directly to a member of care staff on shift) Examples: Pendant and pager, PIR motion sensor, Chair/bed leaving alarm kit, GPS tracker, Door contacts	CH	CH / ATT	Care homes are expected to provide the nurse call system. Other telecare standalone sensors and detectors may be available through referral to local TEC Service.
Connected Telecare (Connected to a Telecare Call Centre or to the nurse call system of the Care Home) Examples: Epilepsy alarm, enuresis detector, Bed/chair leaving alarm, Panic button, Falls detector, Gas detector, Flood detector, Carbon monoxide detector, Just checking activity monitor, Door contacts, PIR motion sensors	CH	CH / ATT	NOTE. If more than one care home resident in each wing requires telecare standalone monitoring the alerts cannot be identified to an individual using standalone technology. Therefore in situations where two or more care home residents require telecare sensors and detectors these must be connected and programmed through the care home's nurse call system.
Telehealth Standalone	NHS / CH	NHS / CH	Referral from GP / Clinical Specialist for the relevant Long Term Condition to TEC for the loan of the monitoring equipment, agreeing the parameters for the vital signs and development of the advance plan for escalation if the readings are outside the agreed parameters. The Care Home staff would be responsible for the monitoring and recording of the daily vital signs and escalating to the Clinical Specialist if outside the agreed parameters.

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
Telehealth Connected	NHS / CH	NHS / CH	This is an unlikely scenario for a care home setting. Referral from GP / Clinical Specialist for the relevant Long Term Condition to TEC for the loan of the monitoring equipment, agreeing the parameters for the vital signs and development of the advance plan for escalation if the readings are outside the agreed parameters. The Care Home staff would be responsible for the recording of the daily vital signs and escalating to the Clinical Specialist if outside the agreed parameters.
Toileting			
Bed-pans and urine bottles	CH	CH	
Range of commodes: standard / mobile / extra wide	CH	CH	
Raised toilet seats	CH	CH	
Toilet frames	CH	CH	
Contenance pads (local policies)	NHS/CH	CH/NHS	Full assessment to be completed - must meet eligibility criteria for continence service
Special sheets (local policies)	NHS/CH	CH/NHS	Full assessment to be completed - must meet eligibility criteria for continence service
Wheelchairs			
Push wheelchairs, standard transit chairs and basic wheelchair cushions	CH	CH	For common/general use
Wheelchairs and accessories provided by wheelchair services for permanent and substantial usage after trauma or short-term palliative care	NHS Wheel- chair services	NHS Wheelchair services	For a named individual to use following an assessment by a qualified therapist only.

Change in Circumstances Form
Equipment on Loan to Residents in Care Homes

**This form is to be used by care home personnel.
 It must be used to inform the local Community Equipment Service when:**

- residents' circumstances change
- the loan equipment is no longer needed by the resident it was prescribed to and should be collected
- a resident is moving to another establishment

RESIDENT'S DETAILS

Name:	Date of Birth:
Current address:	
Tel No :	

Equipment on loan (please list and include product code/barcode/serial number)

Item of Equipment	Product/Bar code/serial number

Please indicate the reason for completing this form

- Equipment is no longer needed and should be collected ✓
- Resident has moved/is moving to another establishment

New Address:

.....

.....

Date of move

FAX COMPLETED FORM TO *(insert safe haven fax number for CES contact details)*

Bespoke	Bespoke equipment refers to equipment that is specially tailored to the individual needs of a resident and is not available “off the shelf” from any manufacturer/supplier.
CES	Community Equipment Services - The local service for a particular area or county that is responsible for providing community equipment on loan to adults and children following assessment by health and/or social care practitioners. These services are sometimes provided ‘in-house’ i.e. directly provided by the NHS or a Local Authority or they may be contracted out to private sector companies.
CHC	NHS Continuing Health Care is a package of continuing care provided outside hospital, arranged and funded solely by the NHS, for people with ongoing healthcare needs and subject to an eligibility assessment.
Clinical Practitioner	Is the person responsible for assessing the resident and their equipment needs.
CQC	Care Quality Commission – are the independent regulator of health and adult social care services in England. Their role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety.
Loan Equipment	Equipment that is on loan to the care home from CES for use by an individual resident, where the need falls outside of the home’s general provision. Loan equipment does not include domestic furniture e.g. divan beds and armchairs. Loan equipment is supplied following an assessment by Health and/or Social Care staff in accordance with eligibility criteria.
MHRA	Medicines and Healthcare products Regulatory Agency (MHRA) are responsible for sending Medical Device Bulletins and Field Safety Notices. MDA DB 2006 (05) is guidance for managing medical devices and provides an outline for a systematic approach to the purchasing, deployment, maintenance, repair and disposal of medical devices.
NAEP	National Association of Equipment Providers is an established membership association, which represents a broad spectrum of personnel working in all sectors of community equipment provision and their associated services in the United Kingdom.
PUWER	Provision and Use of Work Equipment Regulations came into force on 5 th December 1998. The Regulations require that any risks to people’s health and safety, from equipment that they use at work, is prevented or controlled. Generally, any equipment that is used by an employee at work is covered. In addition to the requirements of PUWER, lifting equipment is also subject to the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).