

Getting started



Integrating Community Equipment Services

Community equipment and care homes

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ICES (Integrating Community Equipment Services) is a Department of Health funded initiative across health and social care to develop community equipment services in England, removing unnecessary barriers for users and modernising services

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About this document - what this document is, and is not

What this document IS:

This document:

- has been adopted by the ICES Team as one of its series of 'Getting Started' good practice advice documents for community equipment services. The Team acknowledges the work of Frances Kent and Anita Rush who, on behalf of community equipment service integration leads, pulled together relevant published guidance, etc. from the Department of Health and others. Without their efforts this document would not have been possible. It also acknowledges the comments by Michael Mandelstam on the relevant legislation and Blaine Robin on care home standards. During the long period of its development the Team received many comments and suggestions from all sectors, including care homes, and these have been carefully considered and changes made when appropriate
- is structured to facilitate the development of local agreements between statutory services and care home proprietors. The body of the document sets the scene, points to the relevant issues to consider and appropriate guidance, and infers from these likely roles for the statutory services and the care homes. The tables and decision trees in the appendices are designed to help negotiators pick their way through this complex and difficult area

What this document IS NOT:

This document:

- does not create new guidance
- does not resolve contradictions that may occur from the application or interpretation of existing or future government guidance
- does not necessarily represent the views of the Department of Health

The Provision of Equipment in Care Homes

Summary

Purpose and Background

This document is designed to promote understanding between managers of care homes, integrated community equipment services and other parties interested in the provision of equipment in care homes. It can be used as a starting point in the development of local policies and agreements. It is of particular value to service commissioners responsible for purchasing and contracting with care homes. Staff with care management responsibilities play an important part in identifying equipment needs when a person commences with a care home and when their needs change. People in local authority and private care homes have the same rights to services, including the provision of equipment, as those living in their own homes.

Definitions

Definitions of some of the terms used, such as 'fit for purpose' and 'standard and non-standard community equipment' are provided in Section 3 and Appendix B.

Principles

Equipment provision should be focused on end user need and should be provided by the care home if it is the type of equipment often required by its users as part of its statement of purpose. The equipment provided must be issued as part of a risk management process and staff competently trained. Equipment services should assist in providing equipment on loan for use by an individual when the need falls outside of the home's general provision. 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 others.

Note:

Care homes are required to have a statement of purpose See Standard 1.1 at:

<http://www.dh.gov.uk/assetRoot/04/05/40/07/04054007.pdf>

Health and Safety and MHRA regulations and guidance provide a framework for equipment maintenance. See: <http://www.hse.gov.uk> and <http://www.mhra.gov.uk>

Assessment

There are various types of assessment including self-assessment. When carried out by health or social care staff, these will increasingly be covered by the single assessment process (SAP). Assessments need to be undertaken by competent persons. Particular care should be taken in developing a user-focused care plan that meets current equipment needs and starts to consider how these needs may change in future. The assessment, care plan and the reviewing process (by care homes and commissioners/care managers) 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. Referrals to commissioners from care homes where users needs have changed need to be treated with the same priority under fair access to care services (FACS) as service users in other care environments.

Risk Management

Care homes have responsibilities to service users and staff and some equipment carries particular risks of which homes need to be aware. Equipment risks need to be managed in the context of advice from the Medical Health products Regulatory Agency (MHRA), information from suppliers, and the requirements of Health and Safety at Work legislation. Commissioners of care home placements also have responsibilities. This includes a duty to ensure the needs of placed residents are met. There is also a health and safety responsibility (Section 2 Health and Safety at Work Act 1974 that would cover the responsibilities to independent sector care home staff as non-employees). Risk management in care homes providing nursing care is likely to be more complex. Particular care should be taken in care homes ('residential') where users have more complex needs as staff may not have the skills and competencies to support the use of equipment – this could be where it is detrimental to move a user whose needs may have changed or where intermediate care and rehabilitation is being provided.

Local agreements

There are now 138 community equipment services in England with integrated services and pooled funds. There are some situations where local agreements are essential and organisations responsible for commissioning community equipment services within Section 31 (Health Act 1999) agreements must ensure that clear policies and auditable procedures are in place. These are particularly necessary so that disputes do not arise when a service user's condition or situation changes. Contractual agreements between health and social care commissioners and care homes can clarify who is responsible for equipment for the generality of residents. Also, individual contracts can clarify further who is responsible for specialist equipment in individual cases. In some cases, specialist individual equipment may be provided by care homes as part of their 'Statement of Purpose'. Where it is not part of the statement, a care home may be able to provide equipment with an adjustment to the contract price. Otherwise, the community equipment service may need to be involved in providing loan items. The courts have confirmed that there is nothing to stop local authorities or NHS imposing higher contractual standards than are to be found in national minimum standards under the Care Standards Act 2000. Where equipment is part of a community care assessment, users may be entitled to a direct payment.

*Direct payment guidance from DH via: <http://www.icesdoh.org/news.asp?ID=185>
Additional information about equipment and direct payments from Michael Mandelstam:
<http://www.icesdoh.org/article.asp?Topic=110>*

Working in partnership

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

Community equipment services should be willing, subject to local agreements, to help care homes wherever possible with the following (this will depend on local arrangements and resources):

- advice on equipment
- staff training for equipment use and management
- equipment loans for individual users
- maintenance, testing and decontamination using specialist equipment

Commissioners of services should:

- Be clear about the arrangements for equipment and adaptations in general contracts/agreements and individual service user contracts
- Ensure that service users in care homes are treated equitably with those in other care environments (eg access to services, reviews etc)

Care managers should:

- Ensure that assessments meet SAP and FACS requirements and service user care plans make references to equipment needs as part of comprehensive/specialist assessments
- Ensure that service user needs are monitored and reviewed and that appropriate changes are made to care plans

Care homes should be willing, subject to local agreements, to help community equipment services by:

Checking ownership and arrangements for equipment when users are first admitted to the home
identifying when equipment is no longer required and releasing it promptly for collection
informing care managers of changes in service users' needs
informing the service promptly in the event of equipment breakdown
notifying changes in service user arrangements for whom equipment has been loaned (eg hospitalisation, movement to another care home)

1 Purpose of this document

The **purpose** of this document is to:

- clarify the relationship between community equipment services and care homes (Section 7.3)
- provide a shared language to improve understanding (Section 3 and Appendix B)
- provide a basis for local protocols and contracts (Section 7)
- enable lead commissioners of integrated 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 18 or 19 year olds in full time education) (Section 7)
- help care home owners understand their obligations to end users
- identify relevant Department of Health guidance and references (Appendix A)
- clarify the assessment process, in particular distinguishing between assessment for equipment and assessment for funded nursing care (Section 5)

2 Background

Equipment provision in care homes is important in that it affects end users and frontline staff providing services.

Care homes may provide a range of care including intermediate care, transitional care, palliative care and continuing care.

A care home is **defined** as a 'local authority, NHS, private residential home or care home with nursing that is licensed by the National Care Standards Commission to provide services under the Care Standards Act 2000'.

See Appendix A: References

Many types of equipment can be expected to be provided in care homes and they should relate to the care for which the homes are registered.

People in local authority and private care homes have the same rights to services, including the provision of equipment, as those living in their own homes.

HSC 2001/015;LAC(2001)18. Continuing care: NHS and local councils' responsibilities, paras 19 & 28 at: http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT_ID=4004312&chk=yBbC8/

3 Definition of terms

Some important terms used in this document are listed below.

Community Equipment Services (CES): Integrated health and local authority services (which may be contracted out) provide community equipment on loan under various laws relating to the NHS, local authorities, community care, and children. Equipment is provided to people of all ages to help them perform essential activities of daily living and to maintain their health, independence and well being in the community.

Note: www.icesdoh.org provides extensive information on integrated community equipment services

Community settings: End users' own homes and care homes registered under the Care Standards Act 2000, but excluding private hospitals registered as care homes.

Service users: 'Patients', 'clients', 'users' and informal and funded carers in community settings.

Equipment: Variously known as 'medical devices', 'community equipment' and 'assistive technology'. The Department of Health **Guide to Integrating Community Equipment Services (2001)** elaborates the scope of equipment.

<http://www.dh.gov.uk/assetRoot/04/07/51/55/04075155.pdf>

Fit for purpose: HSC 2003/006, LAC 2003(7) (30) indicates that:

"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"

<http://www.dh.gov.uk/assetRoot/04/01/29/38/04012938.pdf>

Local authorisation rules: Individual equipment services will have local policies that identify staff that are competent and authorised to prescribe standard or non-standard items.

Types of Equipment

The Care Home Standards documents refer to provision of equipment and adaptations. To help develop local policies, this document divides equipment into 'standard' and 'non-standard groups'

Standard (community) equipment: Standard equipment is widely available to end users in their own homes. In care homes it may be suitable in design for a range of end user care plans. It would be adaptable and flexible. It would be used to meet general health and safety requirements, personal care etc.

Non-standard (community) equipment: Equipment available to individual end users.

Non-standard equipment may:

- be specifically tailored in respect of design, size, weight, or
- would not be capable of being utilised by other care home residents, or
- be frequently or infrequently used by the end user, or
- support a specific solution for a particular long term disability or medical/nursing problem, or
- be prescribed by an individual who has received enhanced training, or
- require enhanced training to operate and clinically use, or to teach others to operate it, or
- be supplied by the community equipment service under local authorisation rules or may not be part of the standard equipment service

Non-standard equipment can be divided into one of the following three categories:

- **Category 1:** Equipment purchased 'off the shelf' for an individual. It could be used without further adaptation by others but is subject to special authorisation rules
- **Category 2:** Bespoke equipment. Designed or adapted or bio-engineered and manufactured for a specific individual
- **Category 3:** Specialist equipment for which there is specific Department of Health provision under EL(95)5 regulation, etc. These are usually provided on prescription by medical staff e.g. PEG nutritional feeding, continuous ambulatory peritoneal dialysis (CAPD), intravenous chemotherapy for cancer treatment. Note: in many areas Category 3 equipment is not provided by the community equipment service

Note: HSC 2003/006, LAC 2003(7)

"30.Where the NHS has determined that an individual requires a particular piece of equipment, it should ensure either that the care home provides it; or provide it on a temporary basis until the care home is able to provide it; or provide it to the individual for as long as they need it. It would be unreasonable to expect care homes to provide items of equipment that, by the nature of the design,

size, and weight requirements, need to be specifically tailored to meet the individual's needs and would not be capable of being utilised by other care home residents."

Note: Appendix B has definitions or references for intermediate care, transitional care, palliative care and continuing care

4 Principles for provision of equipment in care homes

4.1 Main principles

The purpose of providing equipment is to increase or maintain functional independence and well-being of users (including funded and informal carers) as part of a risk management process.

Equipment requirements need to be assessed on individual need and take account, for instance, of very tall or bariatric (obese) end users requiring non-standard equipment. The equipment needs of people in care homes are not necessarily the same as users residing in their own homes, as there is access to professionally managed twenty-four hour care. Service commissioners should not take this to mean that high-risk situations should be given a lower priority in care homes than in users' own homes. Recognised and agreed assessment tools should be used in all assessments as part of local implementation of the single assessment process (SAP). This should include tools for tissue viability, pressure ulcers and risk assessment.

Account needs to be taken of guidance provided by organisations such as Medical Healthcare Regulatory Agency (MHRA) and National Institute for Clinical Excellence (NICE). Organisations involved in the provision of community equipment need to be aware of the arrangements for product monitoring and recalls established by MHRA so that any problems can be dealt with quickly and effectively.

MHRA: <http://www.mhra.gov.uk>

NICE: <http://www.nice.org.uk>

Social Services Departments will have prepared and published information on Fair Access to Care Services (FACS). This considers the risk involved for users.

FACS:

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/FairAccessToCare/FairAccessArticle/fs/en?CONTENT_ID=4015619&chk=8g5YN1

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 user and the health, safety and welfare of the user and staff.

Staff must be trained in the use of the equipment as set out in the Medicines and Healthcare products Regulatory Agency (MHRA) publication **MDA DB 9801** and the Care Standards Regulations 2001.

Note: Copies of MDA DB 9801 'Medical Device and Equipment Management for Hospital and Community-based Organisations' are available from Business Services, MHRA, Hannibal House, Elephant & Castle,

Standard 7.1 of the minimum care standards refers to:

"Service user's plan of care generated from a comprehensive assessment is drawn up for each service user and provides the basis for the care to be delivered. The plan sets out in detail the action which needs to be taken by care staff to ensure that all aspects of the health, personal and social care needs of the service user are met".

Standard 38 of the minimum care standards requires that *"the health, safety and welfare of service users and staff are promoted and protected"* (<http://www.ncsc.gov.uk/nation+min.+standards/default.htm>)

Whether they provide equipment themselves or through a community equipment service, care homes need to consider the training arrangements for their staff. The competence of staff responsible for providing instruction and training is important and should be included in local policies. This can be provided by authorised practitioners from health and social care services as well as staff within individual care homes.

Note: When developing local policies, services should take account of legal requirements e.g. Health and Safety at Work etc Act 1974, MHRA (previously MDA) 'Doing No Harm – Medical Device and Equipment Management for Community Based Organisations'

Equipment should be kept clean and maintained within requirements set out by the care home or community equipment service. It should only be used as part of a specific individual's care plan. Cleaning and maintenance requirements for equipment can usually be found in the manufacturer's instructions. These instructions should be read in conjunction with MHRA guidance. Attention should be given to the use of communal equipment in care homes where more than one user comes into contact with the item eg raised toilet seats. Regard should be given to arrangements for cleaning, infection control, maintenance and eventual replacement.

Care homes with nursing will inevitably provide equipment and adaptations for users with more complex needs as part of their statement of purpose and brochure. It is this area where most problems seem to arise as to who is providing the equipment. Any current or likely future equipment needs should be covered by the individual contract and care plan. This will be the best opportunity to ensure that all parties are aware of who is providing equipment and under what circumstances and lead to fewer disputes or emergencies. From discussions with service commissioners and care homes, the main issue for care homes with nursing relates to beds and mattresses. Local policies and protocols for nursing care should identify the most appropriate beds/mattresses for use together with alternatives. Local agreements should be clear on provision, loan arrangements, intermediate care, palliative care etc. For care homes ('residential'), there is less of an issue, however, local agreements need to cover areas such as therapy-based intermediate care and seating to provide postural support which users may receive in their homes. Regard should be given to individual arrangements for continence products, dressings, special feeds, syringe drivers, sensory equipment, communication aids, wheelchairs as well as the standard range of hoists, commodes etc. There may be local arrangements in provision, but the integrated community equipment service should have a single point of contact that will provide useful information.

Appendix D summarises equipment links to the minimum standards for older people and poses a series of questions about how the equipment is provided.

Appendix F provides a series of flowcharts that can be copy/pasted into local agreements where they can be amended for local use.

4.2 Self-funding end users

Standard 3 of the national minimum standards requires that all end users have a full assessment. Each person will have a plan of care for daily living and longer term outcomes developed by the care home. This would include equipment provision in the case of self-funders.

4.3 Care home standards and equipment

The Care Homes Regulations and minimum standards for care homes for younger adults and national minimum standards for adult placements identify that a plan of care, which includes all requirements for an individual, must be implemented. The regulations and standards cover a number of areas where equipment is relevant.

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

Note: <http://www.ncsc.gov.uk/nation+min.+standards/default.htm>

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

Reference: <http://www.dh.gov.uk/assetRoot/04/03/28/52/04032852.pdf> (pdf download)

Some relevant minimum **standards for older people** include (see Appendix D for fuller information):

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

Reference: <http://www.dh.gov.uk/assetRoot/04/03/43/68/04034368.pdf> (pdf download)

Care homes that are contracted to take local authority users for social care, people with learning disabilities and other disabled people and/or contracted to provide health care (accommodation, personal care, and funded nursing care), are expected to make

provision for the standard equipment to fulfil their obligations to those users and to their workforce for health and safety. This provision could be through purchase by the home, for example, or through a hire/maintenance arrangement with a contractor.

4.4 Who should provide the equipment?

The starting point on **'Who should be providing equipment?'** is that to meet national minimum care standards, care homes should be **'fit for purpose'**. Therefore, any care home must have an adequate supply of equipment/medical devices to meet the needs of end users. The series of flowcharts in Appendix E (separate document) may assist in developing local arrangements for providing equipment.

Note: Care Standards Act 2002 Statement of Purpose (4) (13:1b and 5) (Service Users plan (15;1) (Part IV Premises)

For care homes providing nursing care, equipment is highly likely to include, amongst other things, equipment such as pressure reducing and relieving overlays and replacement mattresses to maintain tissue viability (static and dynamic systems). That is, if an end user in a care home providing nursing care is assessed as requiring preventive care for pressure ulcers, the care home should, under normal circumstances, provide for that end user.

The **Guidance on NHS Funded Nursing Care** Paragraph 30 says:

"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. There may be some situations where they will need to draw on the resources of the local integrated community equipment service. Both health and council services have received additional funding to integrate and enhance these services. Where the NHS has determined that an individual requires a particular piece of equipment, it should ensure either that the care home provides it; or provide it on a temporary basis until the care home is able to provide it; or provide it to the individual for as long as they need it. It would be unreasonable to expect care homes to provide items of equipment that, by the nature of the design, size, and weight requirements, need to be specifically tailored to meet the individual's needs and would not be capable of being utilized by other care home residents. The NHS and social services should have involved care homes as stakeholders in developing their action plans for locally integrated equipment services that were due to be published in October 2002".

Reference: HSC 2003/006: LAC(2003)7

<http://www.dh.gov.uk/assetRoot/04/01/23/03/04012303.pdf>

When a person is being considered for a place, assessment of their needs should include consideration of the equipment that is needed to support their care.

Care homes should not accept people whose assessed needs they are unable to meet. However, where the absence of a particular piece of equipment in a care home is **temporary** and the provision of equipment would facilitate a discharge from an acute hospital bed, or enable the end user to stay in the home, the local community equipment service should consider providing support. Protocols should be in place to cover hospital discharge and reimbursement arrangements.

In particular, where an individual has a need for equipment which is either bespoke or out of the ordinary, and where the equipment could not be used for another end user when the need has passed, the care home will probably wish to obtain a temporary loan from the appropriate community equipment service. In some cases, community equipment services may provide further support – this is for local agreement. Where placement is made from another area, regard should be had to responsible commissioning arrangements.

A helpful way to look at the situation is to consider whether or not a number of people use an item of equipment or that type of equipment. If a significant number of people use a particular item of equipment in a particular care home it is more likely to be for the care home to provide. If it is for a single user as part of a specific agreed care plan, then it is more likely for health or social services to be the provider even though some of these items may not always be called 'specialist'. There will of course be a range of local variations dependent on historical practice and current agreements. It is important to find practical ways of supporting users, facilitating hospital discharges and avoiding unnecessary admissions through the use of equipment. This will become increasingly important for primary care trusts with the introduction of the national tariff covering hospital admissions under 'Payment by Results'.

Note: Establishing the responsible commissioner. Guidance for PCT

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4069634&chk=WRvZIZ

Payment by results:

<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSFinancialReforms/fs/en>

Appendix C contains an example of a matrix setting out the basis of an agreement for care homes with their local community equipment services.

4.5 Equipment loaned to a care home by a community equipment service

Where equipment is loaned by a community equipment service it will be for the **exclusive** use of the person for whom it was prescribed. A community equipment service would not normally be responsible for the general provision of equipment unless there were an emergency and a temporary item was supplied for a short period. If other end users and staff use the equipment provided for a specific individual and an incident occurs, the equipment service should not be held liable. Services entering into **local** partnerships will need to set out arrangements for use of equipment to clarify risks and liabilities. Individual user contracts need to be clear about equipment provision where it is part of the care plan.

The loan of equipment to nursing homes must be non-discriminatory, in line with legislation, policies and good practice. Ethnic, religious and cultural needs must be taken into account, together with the need to support the dignity and independence of the user. Users and staff should be consulted on the most appropriate way of providing support e.g. transferring an end user using a hoist. It may be necessary to take additional professional advice.

The power of councils to charge for equipment supplied to *individuals* was removed by the Community Care (Delayed Discharges etc) Act 2003. Therefore there should be no Community Equipment and Care Homes

charge for equipment provided by a community equipment service to an individual user in a care home. However, it appears that councils still have the power to charge care homes for the provision of equipment for general use in the home where, for example, the service and the home have an agreement to do so.

Where an item has been provided, the community equipment services provider must give instruction on its use and maintenance to the nominated care home staff and user. 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 as part of a risk assessment in accordance with the policies of the community equipment service and the care home. Appropriate documentation should cover the terms and conditions of the loan.

Day-to-day operational cleaning/disinfection of loan equipment is the responsibility of the care home which must follow manufacturers' instructions and instructions provided by the community equipment service.

The care home or the end user (depending on the nature of the loan agreement) will need to meet the cost of all repairs arising from negligence, damage or inappropriate use of loan equipment and the cost of replacement if it is lost or beyond repair.

All repair and maintenance of CES loan equipment should be co-ordinated and carried out by the community equipment service staff or authorised service provider. Appropriate computer records need to be maintained for tracking and traceability of the loan items.

Care home staff must be responsible for notifying the community equipment service in the following circumstances:

- end user no longer requires a loaned item of equipment
- end user has died or moved to another location
- end user's needs have changed and the loaned item of equipment may need to be replaced
- equipment breakdown or repair

Equipment will need to be made accessible for appropriate checks, repairs and maintenance by the community equipment service. Arrangements need to be made when an item is to be returned. These requirements should be part of the loan agreement.

5 Assessment and assessors

5.1 General points

General points for assessment and assessors

- Assessment identifies need and the outcome determines care solutions, which could be advice, and may include the provision of standard or non-standard equipment
- Equipment prescription by health and social care professionals can be identified as part of a single assessment process (SAP), in the case of older people or for younger people part of other care pathways

- All staff assessing for equipment must be competent and confident, having received appropriate training
- First level assessment (eg 'contact' and 'overview' assessments under SAP) is carried out by a suitably trained person who is working to what is 'reasonably' expected of someone of the grade at which they are employed
- Advanced assessment (eg 'specialist' and 'comprehensive' assessments under SAP) is carried out by a professional who has received enhanced training and is employed to carry out that type of assessment.
- Single assessment process: Assessment, proportionate in scale and depth to the care needs of older people, with the elimination of duplication between agencies (See Appendix B: Definitions)
- Assessment for funded nursing care: Conducted to determine nursing needs that will be funded by the state (See Appendix B: Definitions)

5.2 Self assessment and direct payments

People in care homes should be able to access local self-assessment processes where these are available. (These services are not available in all areas at this time.) This would include exercising a choice over equipment that would meet individual needs and direct payments.

*Direct payment guidance from DH via: <http://www.icesdoh.org/news.asp?ID=185>
Additional information about equipment and direct payments from Michael Mandelstam:
<http://www.icesdoh.org/article.asp?Topic=110>*

5.3 Contact and overview assessments

Initial assessments of users should be carried out by suitably trained care professionals for any person in a care home, or prior to admission. If equipment is identified as a way of meeting a particular need, and this prescription is beyond the competencies of the practitioner involved, then a specialist assessment should be considered.

5.4 Specialist assessment

As a result of a contact or overview assessment, the suitably trained care professional may identify that specialist assessment by a professional with enhanced skills is required. By its nature, a specialist assessment may result in the prescription of either a non-standard or bespoke piece of equipment.

5.5 Comprehensive assessment

A comprehensive assessment depends on the nature, complexity, intensity and unpredictability of the person's condition. A multi-disciplinary assessment may be required. A range of equipment and other services may be required as part of a care plan. This may follow a specialist assessment.

6 Risk management

This section covers some of the main considerations for risk management of service users.

6.1 Range of issues

Responsibilities of the registered manager

Standard 38 of the standards for older people includes the following:

38.1 The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.

38.2 The registered manager ensures safe working practices including: moving and handling: use of techniques for moving people and objects that avoid injury to services users or staff'

The registered manager will be expected to comply with relevant legislation, ensure that safe working practices are in operation, and provide a written statement of the policy, organisation and arrangements for the maintenance of safe working practices.' (See also Cooper 2002 Page 72).

This would cover matters such as:

- skin integrity/tissue viability
- health and safety risk assessment
- moving and handling
- fire safety
- first aid
- food hygiene
- infection control
- near miss, incident, and accident reporting

Reference: <http://www.dh.gov.uk/assetRoot/04/03/43/68/04034368.pdf> (pdf download)

6.2 Skin integrity/tissue viability

If, as part of the assessment using the agreed local risk assessment tool, the end user is identified as at risk of developing pressure injuries, the care plan must include the provision of equipment to prevent and/or treat these injuries and it must be reviewed regularly. (Standard 8 for older people)

6.3 Health and safety

The provision of certain types of equipment (eg for moving and handling) is important for care homes as employers in relation to their health and safety at work responsibilities.

Responsibilities of care home as employers under health and safety legislation

Employers are required to define the preventative and protective measures to be taken in respect of any identified risks. The legislation identifies **five** main employer obligations:

- to assess the risk to the health and safety of staff and anyone affected by work activity
- to make arrangements for putting into practice the preventative and protective measures that follow from the risk assessment
- to set up emergency procedures
- to inform and train staff as necessary
- to carry out health surveillance of employees where appropriate

Management of Health and Safety at Work (HSE 1999)

<http://www.hse.gov.uk>

6.4 Management of medical devices

All equipment and medical devices used to support the care of end users and patients is required to be managed and maintained as required in the guidance by the Medical Health products Regulatory Agency (MHRA) MDA DB 9801, and its subsequent guidance.

Community Equipment Services with their partner organisations have MHRA liaison officers who should be the first port of call for local advice.

Note: Copies of MDA DB 9801 are available from Business Services, MHRA, Hannibal House, Elephant & Castle, London SE1 6TQ Tel: 020 7972 8272 Fax: 020 7972 8124 e-mail : dts@mhra.gsi.gov.uk at £49.50

Note: All medical devices management (including staff training), is covered by 'Equipped to Care: the safe use of medical devices in the 21st century' and 'Devices in Practice: a guide for health and social care professionals' published by the MHRA in 2000 and 2001 respectively. (See Appendix A: References)

Note: [http://www.medical-devices.gov.uk/mda/mdawebsitev2.nsf/c049cb2907fee7ea00256a7600410668/faf7e41862cae98700256ad8003c80e9/\\$FILE/Equipped-to-Care.pdf](http://www.medical-devices.gov.uk/mda/mdawebsitev2.nsf/c049cb2907fee7ea00256a7600410668/faf7e41862cae98700256ad8003c80e9/$FILE/Equipped-to-Care.pdf)

7 Working in partnership

Local agreements between commissioners/providers of community equipment services are essential to ensure that equipment is provided for users without delays. Clear policies and auditable procedures should be in place.

Partnership working and local agreements

Topics covered in agreements should include:

- equipment funding and provision
- eligibility criteria
- geographical borders and out-of-area placements
- appropriately structured assessments
- end users' changing conditions and re-assessment to ensure that equipment is still needed and used
- conformity to national targets, such as equipment delivery times (eg Social Services D54 performance indicator for seven-day delivery)
- collaboration between care homes and the community equipment service
- dispute resolution
- ensuring, through the care standards registration function, that new care homes opening in the area are made aware of the local policies on equipment provision

7.1 Borders and out-of-area users

To provide seamless care, neighbouring services should aim to standardise service and equipment delivery across professional, geographical and cultural boundaries.

There are many practical difficulties because the various organisations involved in commissioning may have different boundaries. Wherever borders are drawn, it is

important to establish clarity on who is responsible for provision of equipment. Strategic health authorities, with their broader perspective, could be asked to broker agreements if necessary.

Note: boundary and borders issues are considered at www.icesdoh.org/article.asp?Topic=77

Note: Establishing the responsible commissioner – Guidance for PCT commissioners on the application of the legal framework on PCT's secondary care commissioning responsibilities is available at <http://www.dh.gov.uk/assetRoot/04/06/97/97/04069797.pdf>

7.2 When an end user's condition or situation changes

It is against the ethos of care to move end users from their present settings if their new condition is short term. In these cases community equipment services may be expected to provide equipment on loan as part of a local agreement.

7.3 Collaboration between care homes and community equipment services

This document identifies some of the important references for developing local partnership arrangements between care homes and local service commissioners and community equipment services.

Community equipment services should be willing, subject to local agreements, to help care homes wherever possible with the following (this will depend on local arrangements and resources):

- advice on equipment
- staff training for equipment use and management
- equipment loans for individual users
- maintenance, testing and decontamination using specialist equipment

Commissioners of services should:

- Be clear about the arrangements for equipment and adaptations in general contracts/agreements and individual service user contracts
- Ensure that service users in care homes are treated equitably with those in other care environments (eg access to services, reviews etc)

Care managers should:

- Ensure that assessments meet SAP and FACS requirements and service user care plans make references to equipment needs as part of comprehensive/specialist assessments
- Ensure that service user needs are monitored and reviewed and that appropriate changes are made to care plans

Care homes should be willing, subject to local agreements, to help community equipment services by:

- Checking ownership and arrangements for equipment when users are first admitted to the home
- identifying when equipment is no longer required and releasing it promptly for collection
- informing care managers of changes in service users' needs
- informing the service promptly in the event of equipment breakdown
- notifying changes in service user arrangements for whom equipment has been loaned (eg hospitalisation, movement to another care home)

Appendix A: References

Continuing Care: NHS and Local Councils' responsibilities HSC 2001/015: LAC(2001)18 Department of Health 2001

http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT_ID=4003954&chk=bwPaLX

Establishing the responsible commissioner – Guidance for PCT commissioners on the application of the legal framework on PCT's secondary care commissioning responsibilities

<http://www.dh.gov.uk/assetRoot/04/06/97/97/04069797.pdf>

Fair Access to Care Services: Guidance on eligibility criteria for adult social care LAC (2002)13 Department of Health 2002

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/FairAccessToCare/FairAccessArticle/fs/en?CONTENT_ID=4063672&chk=OghjfS

Fully Equipped: the provision of equipment to older or disabled people by the NHS and social services in England and Wales Audit Commission Publications. London 2000

<http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=BD34429B-F1B2-4E50-8A82-7A60A7A45302>

Fully Equipped 2002 Audit Commission Publications 2002

<http://www.audit-commission.gov.uk/reports/NATIONAL-REPORT.asp?CategoryID=&ProdID=2103ACC1-7512-46a0-B74C-3D28724585FE>

Guidance on Free Nursing Care in Nursing Homes HSC 2001/17: LAC(2001)26. Department of Health 2001

http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT_ID=4003954&chk=bwPaLX

Guidance on NHS funded nursing care HSC 2003/006: LAC(2003)7. Department of Health

http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT_ID=4003965&chk=MmmGri

Health and Safety at Work Act (1974) HMSO 1974

<http://www.hse.gov.uk>

Integrating Community Equipment Services HSC 2001/008, LAC(2001)13 Department of Health 2001

http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/LocalAuthorityCirculars/CircularsLast12Months/LocalAuthorityCircularsArticle/fs/en?CONTENT_ID=4004096&chk=P0nh7q

Management of Health and Safety at Work Regulations 1999 HMSO <http://www.hse.gov.uk>

National Standards for Residential and Nursing Homes for adults and older people Department of Health 2000 <http://www.ncsc.gov.uk>

Reimbursements/delayed discharges

<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/TertiaryCare/DelayedDischarge/fs/en>

The Care Homes Legal Handbook Cooper J Kingsley 2002 ISBN: 1843100649

Appendix B: Definitions

Care Home

From Care Standards Act (2000, Chapter 14)

Section 3

(1) For the purposes of this Act, an establishment is a care home if it provides accommodation, together with nursing or personal care, for any of the following persons.

(2) They are-

- (a) persons who are or have been ill;
- (b) persons who have or have had a mental disorder;
- (c) persons who are disabled or infirm;
- (d) persons who are or have been dependent on alcohol or drugs.

(3) But an establishment is not a care home if it is-

- (a) a hospital;
- (b) an independent clinic; or
- (c) a children's home,

or if it is of a description excepted by regulations.

Note: Care Standards Act 2000 <http://www.hmso.gov.uk/acts/acts2000/20000014.htm>

Continuing Care

From HSC 2001/015: LAC (2001)18

'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 homes'.

Intermediate Care

From HSC 2001/01:LAC(2001)1

7. ...intermediate care should be regarded as describing services that meet all the following criteria:
- a. are targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute in-patient care, long term residential care, or continuing NHS in-patient care;
 - b. are provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery;
 - c. have a planned outcome of maximising independence and typically enabling patient/users to resume living at home;
 - d. are time-limited, normally no longer than six weeks and frequently as little as 1-2 weeks or less; and

- e. involve cross-professional working, with a single assessment framework, single professional records and shared protocols.
8. Based on current practice, an intermediate care episode should typically last no more than six weeks. Many episodes will be much shorter than this, for example 1-2 weeks following acute treatment for pneumonia, or 2-3 weeks following treatment for hip fracture. Exceptionally, for example following a stroke, patients may require intermediate care for slightly longer than six weeks. Nevertheless, all individual care plans for people receiving intermediate care should include a review date within the six-week period. Exceptional extensions beyond six weeks should be subject to a full re-assessment and should be authorised by a senior clinician. Individual care plans should specifically address what care, therapy or support may be needed on discharge from intermediate care.

Note:

http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/LocalAuthorityCirculars/CircularsLast12Months/LocalAuthorityCircularsArticle/fs/en?CONTENT_ID=4003698&chk=Hj8nwt

Nursing care

From HSC 2001/17: LAC(2001)26 Appendix 1

'services provided by a registered nurse and involving either the provision of care or the planning, supervision or delegation of the provision of care, other than any services which, having regard to their nature and the circumstances in which they are provided, do not need to be provided by a registered nurse' (Section 49 of the Health and Social Care Act 2001).

Palliative Care

From: Palliative Care policy lead, Department of Health

Specialist palliative care is the active care of patients with progressive disease (often far advanced) and limited prognosis, and their families, by a multi-disciplinary team who have undergone specialist training. It may be provided by a range of NHS and voluntary providers that specialise in palliative care who together contribute to an integrated specialist palliative care service for a given population.

From: The Guidance on Cancer Services, Improving Supportive and Palliative Care for Adults with Cancer from NICE guidelines March 2004

Key recommendation 12 page 10

Mechanisms need to be implemented within each locality to ensure that medical and nursing services are available for patients with advanced cancer on a 24hour, seven days a week basis, and that equipment can be provided without undue delay. Those providing generalist medical and nursing services should have access to specialist advice at all times.

Section 8 General Palliative Care Service including Care of Dying Patients

8.22 In partnership with relevant stakeholders, commissioners should identify the full range of palliative care service provision, both generalist and specialist, in their locality. Commissioners have a responsibility to commission fully NHS-funded continuing care packages which cover all an individual's care needs, including palliative care (where needed). This could be provided in

any setting. In commissioning palliative care provision within care homes, they should ensure that the quality of care reflects the level of care defined in the care home's Statement of Purpose.

NICE: Improving Supportive and Palliative Care for Adults with Cancer - the Manual at <http://www.nice.org.uk/page.aspx?o=110006>

Single Assessment Process

From NSF for Older People chapter 2.27

The purpose of the single assessment process is to ensure that older people receive appropriate, effective and timely responses to their health and social care needs, and that professional resources are used effectively. In pursuit of these aims, the single assessment process should ensure that the scale and depth of assessment is kept in proportion to older people's needs; agencies do not duplicate each other's assessments; and professionals contribute to assessments in the most effective way.

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeopleArticle/fs/en?CONTENT_ID=4002331&chk=ID%2Bi2R

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/SingleAssessmentProcess/fs/en>

Appendix C: Equipment tables for completion

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. 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.

Use the following abbreviations: CH = Care home, CES = Community equipment service, PCT = health equipment not normally part of the community equipment service.

The table can be used for commissioning services, as part of internal protocols for community equipment services or as part of an agreement with a care home or group of care homes.

The table can be copy/pasted into your own procedures of agreements. Adjustments can be made to the list of equipment and the column headings to suit local circumstances.

Type of equipment	Arrangements for funding	Arrangements for provision	Arrangements for maintenance	Comments
For administration of medicine				
For administration of oral medicine eg, measures, medication boxes				
For administration of rectal medication, eg, gloves				
For administration of medication by injection				
Standard syringe drivers				
Specialist syringe drivers, eg, for epidurals				
Bathing Equipment				
Range of bath seats				
Range of bath boards				
Electric/manual bath lift:				
Range of chairs				
Range of shower stools				
Beds				
General beds under risk-management				

Standard hospital beds – variable height profiling				
Standard electric profiling				
Non-standard beds, eg, for people with complex treatment and care needs, eg, Egerton				
Bed Attachments for Risk Management				
Range of back rests				
Rope ladder				
Range of bed raisers				
Mattress variations – single				
Over bed trolley table				
Lifting pole				
Cot sides: Divan/Padded. hospital bed				
Chair Raising Equipment - EDL				
Range of standard chairs				
Chair blocks and raisers				
Dressing Equipment - EDL				
Stocking aid				
Tights aid				
Long-handled shoe horn				
Help with Feeding				

PEG feeding equipment (EL (95)5)				
PEG feeding consumables				
For intravenous feeding and transfusion				
Equipment, eg, plate accessories				
range of feeding equipment				
Environmental Support				
Helping hand				
Trolley				
Perching stool				
Mobility Equipment				
Walking Equipment				
Provided on basis of assessment				
Wooden walking stick				
Fisher walking stick				
Walking frames				
Wheels for walking frames				
Walking frame Alpha				
Walking frame Gutter				
Crutches				
Gutter crutches				
Delta-type walker				

Rollator-type walker				
Standing frame				
Heavy-duty mobility equipment on request				
Mobility Equipment – Wheelchairs				
NB: Wheelchairs and accessories provided by wheelchair services for permanent and substantial usage. Short-term usage after trauma or short-term palliative care.				
Wheelchairs				
Push wheelchairs, standard transit chairs, and wheelchair cushion				
Wheelchair Accessories				
Ramps				
Nursing Equipment				
Venepuncture				
Vacutaine bottles for blood tests				
Syringes and needle				
Catheterisation				
For management of catheterisation, eg, bag, stand, packs				
Prescription for catheters and bags				
Dressings				

For procedures related to aseptic and clean dressings				
Nursing Procedures				
Routine nursing procedures, eg, testing urine, BP, BM (glucometer)				
Patient repositioning				
For lifting and manual handling under Health & Safety at Work Act, e.g. hoists, slings, transfer boards, glide sheets				
Hoists: ceiling tracks				
Hoists: toileting				
Non-standard sling				
Standing frames/hoist – physiotherapist need				
Standing turntable				
Prevention Therapy and Management of Pressure Sores				
Mattresses: Static with stretch vapour permeable cover				
Foam replacement mattress				
Foam overlay				
Hollow core fibre overlay				
Flotation mattress				
Mattresses: Dynamic				

Large cell alternating pressure overlays				
Double layer alternating pressure mattresses replacement				
Low air loss replacement mattress				
Low air loss/bead bed total/bed systems				
Cushions with stretch vapour permeable cover				
Foam for at risk/low risk				
Foam/gel for medium/high risk and treatment				
Foam/gel/clay for high/very high risk and treatment				
Flotation cushions				
Dynamic systems: electric cushions				
Electric alternating cushions				
Respiration				
For maintenance of respiration, eg, suction units				
Oxygen cylinders				
Oxygen administration consumables				
Simple nebulisers				
Resuscitation equipment (eg mouth to mouth)				
Pulse oximeters				
Non-standard complex				

nebulisers and humidifiers (eg for ENT, CPAP BIPAP)				
Seating				
Standard				
Non-customised seating, eg, riser chairs, recliner chairs, postural chairs				
Adult's complex seating: eg, bespoke chairs				
Adult's complex seating: non-standard, customised				
Sensory/Hearing				
Vibrating clocks				
Flashing fire alarms				
Flashing door bells				
Mini comms				
Hearing loops				
Sensory/visual				
Range of canes				
Liquid level indicators				
Magnifiers glasses				
TeleCare				
Range of alarms				
Range of monitoring equipment				
Toileting				
Fracture pan (bed-pan)				
Range of commodes: standard				
Toilet seats: standard raised 2", 4", 6"				
Urinals/bottles				

Urinals/bottles: non-return valves				
Special sheets (local policies)				
Continence pads (local policies)				
Commodes: non-standard				
Commodes: bespoke				
Falls				
Hip protectors				

Appendix D

Summary of care home minimum standards for older people and relevance to equipment and adaptations

This appendix covers summarised minimum standards of relevance to equipment and adaptations. This table refers to care homes for older people. The aim is to signpost standards for commissioners, care homes and community equipment services. For a definitive statement of the full standards go to:

<http://www.dh.gov.uk/assetRoot/04/03/43/68/04034368.pdf> (pdf download)

The third column suggests some questions to consider when reviewing equipment and adaptations in care homes.

Standard	Areas covered	Questions to consider
1 Information	<ul style="list-style-type: none"> Statement of purpose with aims, objectives, philosophy of care etc Any special needs catered for 	What does the home say about equipment and support for complex or special needs in any written materials?
2 Contract	<ul style="list-style-type: none"> Service user has contract/statement of terms and conditions covering overall care and services, additional services (incl equipment) to be paid for over and above initial fee Rights and obligations of the service user and provider and liability if there is a breach of contract 	What is included in general/individual contracts about equipment? Are any additional fees paid for equipment? What happens if the situation changes? What happens if there is a dispute?
3 Needs assessment	<ul style="list-style-type: none"> Needs assessment before moving into care home Full assessment by people trained to do so Copy of assessment/care plan provided to care home by care manager (care home carries out assessment for self-funders) Each service user has a plan of care for daily living 	Are single assessment (SAP) systems and fair access to care services (FACS) in place? Have equipment needs been documented in assessment/care plan and passed to care home? What happens if needs change whilst in care home – who monitors and reviews? Can a user receive a direct payment to meet assessed needs under community care legislation?
4 Meeting needs	<ul style="list-style-type: none"> Registered person is able to demonstrate care home's capacity to meet assessed needs (including specialist needs) of service user Specialised services offered (eg services for people with dementia or other cognitive impairments, sensory impairment, physical disabilities, learning disabilities, intermediate or respite care) are demonstrably based on current good practice and reflect relevant and specialist guidance 	Does the care home have the capacity to provide equipment for the service user? Do specialised services meet good practice and guidance?
5 Trial visits	<ul style="list-style-type: none"> Service users able to visit to assess the quality facilities, 	Has equipment adaptations been checked on visit?

	suitability	
6 Intermediate care	<ul style="list-style-type: none"> • Dedicated accommodation provided for intermediate care together with specialised facilities, equipment, staff • Rehabilitation facilities are site in dedicated space and include equipment for therapies and treatment as well as equipment to promote activities of daily living and mobility • Staff are qualified and/or are trained and appropriately supervised • Sufficient staff of sufficient competence and skills available to meet assessed needs 	<p>Are therapists and other staff involved in meeting intermediate care needs where equipment/adaptations may be in use? Who is providing the equipment? Are different contractual arrangements in place for intermediate care?</p>
7 Service user plan	<ul style="list-style-type: none"> • Plan of care generated from a comprehensive assessment provides the basis for the care to be delivered • Plan meets relevant clinical guidelines and includes a risk assessment with particular attention to prevention of falls • Plan is reviewed by care staff in the home at least once a month, and updated to reflect changing needs 	<p>Are there references to equipment in the service user's care plan? Is there a risk assessment – what references to equipment are included? Is equipment/adaptations involved in prevention of falls? Do care staff in the home review the plan at least monthly and ensure that appropriate adjustments are made? What is the relationship between the care home's plan and the care manager's care plan – how is the latter reviewed and updated? How are changes in equipment needs picked up by the care manager? Who provides equipment when needs change quickly eg discharge from hospital? Are nurses, therapists and other staff available to identify changes in equipment needs particularly in complex cases?</p>
8 Health care	<ul style="list-style-type: none"> • Service user's health is promoted • Access to health care services to meet needs • Service users are assessed for possible/actual pressure sores by a person trained to do so • Pressure sore situation included in plan of care and reviewed on regular basis • Equipment necessary for promotion of tissue viability and prevention or treatment of pressure sores is provided? • Opportunities are given for appropriate exercise and physical activity • Appropriate interventions are carried out for service users identified as at risk of falling? • Service users have access to specialist medical, 	<p>Who carries out pressure sore assessment and reviews? What equipment is provided? Who provides the equipment? What equipment/adaptations are used to support exercise programmes? What equipment/adaptations are used to prevent falls? How are specialist nurses and therapists accessed?</p>

	nursing...and therapeutic services etc	
10 Privacy and dignity	<ul style="list-style-type: none"> Privacy and dignity respected with particular regard to person care-giving including nursing, bathing, washing, using the toilet or commode 	How is equipment used in personal care provision?
11 Dying and death	<ul style="list-style-type: none"> Palliative care, practical assistance and advice are provided by trained professionals/specialist agencies if the service user wishes The changing needs of service users with deteriorating conditions or dementia – for personal support or technical aids – are reviewed and met swiftly to ensure the individual retains maximum control 	Who is providing assistance, advice and support where equipment/adaptations are required? What equipment is provided? How quickly is the equipment provided? Do care home users receive similar services to someone at home?
12 Social contact and activities	<ul style="list-style-type: none"> Service users have opportunity to exercise choice in activities of daily living Service users interests are given opportunities for leisure and recreational activities – particular consideration is given to people with dementia and other cognitive impairments, those with visual, hearing or dual impairments, those with physical disabilities or learning disabilities 	Who provides equipment to support these activities including daily living and sensory equipment, communication aids etc
15 Meals and mealtimes	Special therapeutic diets/feeds are provided when advised by healthcare and dietetic staff	Who provides equipment related to special feeds?
16 Outcomes	Simple, clear and accessible complaints system?	How are complaints about equipment and adaptations dealt with?
19 Premises	<ul style="list-style-type: none"> Location and layout of the home is suitable for its stated purpose Accessible, safe and well-maintained to meet needs 	How are the needs of different service users dealt with eg wheelchair users, visual impairment?
20 Shared facilities	<ul style="list-style-type: none"> There is outdoor space for service users, accessible to those in wheelchairs or with other mobility problems, with seating and designed to meet the needs of all service users including those with physical, sensory and cognitive impairments 	How are the needs of different service users dealt with eg wheelchair users, visual impairment?
21 Lavatories and washing facilities	<ul style="list-style-type: none"> Toilet, washing and bathing facilities are provided to meet the needs of service users Assisted bath/shower requirements for new and pre-existing care homes 	Do facilities meet user needs? How hoisting and transfer arrangements been considered?
22 Adaptations	<ul style="list-style-type: none"> An assessment of the premises 	Has an OT assessed the premises – is

and equipment	<p>and facilities has been made by suitably qualified persons including a qualified OT with specialist knowledge of the client groups – evidence that recommended disability equipment and adaptations are in place to meet service user needs</p> <ul style="list-style-type: none"> • Service users have access to communal/private areas through provision of ramps, passenger lifts, stair/chair lifts acceptable to Environmental Health Dept/HSE • Grab rails and other aids provided in corridors, bathrooms, toilets, communal rooms, service user area • Aids, hoists and assisted toilets and baths installed to meet needs • Doorways of sufficient width for wheelchair users (new homes = 800mm) • Facilities including communication aids (eg a loop system) and signs are provided to meet service user needs (eg with hearing impairment, visual impairment, dual sensory impairment, learning disabilities, dementia or other cognitive impairment) 	<p>a report available?</p> <p>Are ramps, lifts, aids, adaptations and equipment etc provided to meet user needs? Does information provided by the home clarify the equipment and facilities provided to meet user needs? Is it clear who will provide one-off, bariatric, custom or bespoke equipment for individual users? How are equipment and facilities maintained in line with changing user needs? How is equipment cleaned, maintained? How are adverse incidents and MHRA requirements met? If community equipment services are providing equipment for special needs or a short term loan, how are the arrangements made? Are user's needs monitored and reviewed?</p>
23 Individual Accommodation: space requirements	<ul style="list-style-type: none"> • Single rooms accommodating wheelchairs have at least 12 square metres usable floor space • Room on either side of the bed for equipment 	Is it possible to place commodes, hoists etc safely in bedrooms?
24 Individual accommodation; furniture and fittings	<ul style="list-style-type: none"> • Service user's accommodation is furnished and equipped to meet assessed needs • Adjustable beds are provided for service users receiving nursing care 	Who provides special seating for posture? Which types of beds are available for nursing care?
25 Heating and lighting	<ul style="list-style-type: none"> • Lighting meets recognised standards 	Are the needs of visually impaired considered?
26 Hygiene and control of infection	<ul style="list-style-type: none"> • Premises are kept clean, hygienic and systems are in place to control spread of infection • Policies and procedures for control of infection are in place • Foul laundry is washed at appropriate temperatures 	Is equipment properly maintained and cleaned to control infection?
27 Staff complement	Staffing numbers and skill mix of qualified /unqualified staff are appropriate to assessed needs	Are sufficient staff in place, particularly at busy times to support activities such as hoisting?
28 Qualifications	Trained care staff as well as nurses	Are staff trained to support users with

	(in care homes with nursing) are available	equipment eg beds, hoists?
29 Staff training	Staff training and development programme in place	Are staff trained to support users with equipment eg beds, hoists?
31 Day to day operations	<ul style="list-style-type: none"> • There are clear lines of staff accountability 	Are staff accountable for monitoring and reviewing equipment needs?
32 Ethos	<ul style="list-style-type: none"> • Registered manager has strategies for enabling staff, service users and other stakeholders to affect the way in which the service is delivered? 	Are stakeholders involved in arrangements for delivering the service using equipment? Are users needs and wishes taken account of?
33 Quality assurance	<ul style="list-style-type: none"> • Effective quality assurance and quality monitoring systems based on seeking the views of service users are in place • Self-monitoring and self-audit arrangements are in place • Feedback is actively sought from service users about services provided • Policies, procedures and practices are regularly reviewed in light of changing legislation and good practice advice from DH and others • Action is progressed within agreed timescales to implement requirements in NCSC reports 	Are users involved in providing feedback about the quality of equipment provided? Does monitoring and audit take place with regards to equipment and adaptations eg cleanliness, maintenance arrangements? Are appropriate documents available (eg manufacturers manuals, test certificates, warranties etc)? Is good practice for equipment incorporated into procedures which are regularly reviewed? Is action taken to deal with observations of NCSC inspectors on equipment issues?
36 Staff supervision	<ul style="list-style-type: none"> • Staff supervision covers all aspects of practice, philosophy of care in the home 	
37 Record keeping	<ul style="list-style-type: none"> • Appropriate records are maintained 	Are equipment records maintained and kept up to date?
38 Safe working practices	<ul style="list-style-type: none"> • Registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff • Safe working practices include moving and handling, first aid, infection control etc • Compliance with health and safety legislation • Written policy for health and safety arrangements • Risk assessments carried out and recorded where appropriate • Accidents, injuries and incidents recorded and reported • Safety procedures available to users taking account of any special communication needs 	Are systems in place for safe use of equipment and provision of adaptations? Are accidents and incidents reported to MHRA/HSE etc?

Appendix E - checklists

1) Checklist for community equipment services and commissioners

(Copy/paste and develop your own checklist in a word processor)

Item	Arrangements
1 Identify all care homes where equipment is provided together with types of items currently agreed	
2 Check with commissioners about arrangements for out-of-area placements, responsible commissioner, reference to equipment in contracts etc	
3 Distinguish between items provided as a general loan and items provided for individual end users	
4 Go to list in Appendix C and identify current arrangements for funding, provision and maintenance	
5 Identify trends in provision eg intermediate care, pressure relief etc	
6 Assess whether resources are available to meet current needs for coming year	
7 Draft out and develop agreement(s) with care home(s) or local representatives	
8 Finalise local protocols to cover all aspects of provision including recalls etc	

2) Checklist for care homes

(Copy/paste and develop your own checklist in a word processor)

Item	Arrangements
1 Identify what is included in the statement of purpose and care home brochure about provision of equipment and adaptations	
2 Maintain an inventory of equipment in the care home together with maintenance schedules, history etc	
3 Maintain information about staff training for use of equipment	
4 Ensure health and safety requirements are met including risk assessments	
5 Contact local service commissioners, ICES lead officer (if not already in contact) and ensure existing agreements cover equipment and adaptations and who is responsible for provision	
6 Ensure specified individual equipment is not used for other residents	
7 Contact equipment services to arrange	

return of loaned equipment	
8 Ensure local protocols cover the needs of all residents	

Appendix F
Flowcharts for equipment

The Flowcharts are within a separate document