



# **Community Equipment in Care Homes Guidance**

<b>Name of policy or procedure</b>	Community Equipment in Care Home Guidance
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<b>Effective Date</b>	18th March 2024
<b>Next Review Date</b>	April 2025
<b>Version</b>	2.0
<b>Description and remarks</b>	Provides guidance on recommending or prescribing community equipment to care homes.

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## Acknowledgements

This guide is co-produced by the London Borough of Sutton Occupational Therapy and Commissioning, in collaboration with Sutton ICB, Epsom and St Helier University NHS Trust and Sutton Health and Care NHS Trust.

## Glossary and abbreviations

Glossary of terms	
Prescribers	Health and social care practitioners who assess and/or order equipment for the individuals they work with
Care Home	A Care Home is defined as a Care Quality Commission (CQC) regulated facility (either a nursing or residential or dual registered home) which is registered to provide specific specialisms (e.g. learning disability, mental health and dementia). Care homes provide accommodation for people (who are unable to live independently due to age and/or disability) in a residential setting, with access to 24-hour care and support
Extra Care Housing	Extra Care Housing is predominantly for residents aged over 55 and the services provided similar facilities and

	<p>accommodation to <a href="#">sheltered housing</a>. Residents will have a tenancy agreement with the housing provider and so they will retain their privacy and live as independently as possible. They will also get help with personal care and household chores (as stated in a care and support plan) from the onsite care provider</p>
Supported Living	<p>Supported living can help people with learning disabilities or mental health conditions to live independently in the community. It's a combination of suitable housing with care and support. Some homes are shared, usually as a small group of people who have their own bedrooms. You can also live in your own home.</p>
Technology Enabled Care (TEC)	<p>Describes the range of digital health and social care technologies, such as proactive and reactive telecare, telehealth and assistive technologies,, consumer technology data tools, software and apps that put people in greater control of their own health and wellbeing.</p>
Standard Equipment	<p>Any item of generic “off the shelf” equipment which can meet the</p>

	<p>needs of a variety of people. Such equipment can be readily obtained from a wide range of suppliers in the open market. It can be used to meet any person’s general care needs usually without the need for any modifications. Standard equipment includes equipment for bariatric people.</p>
<p>Bespoke Equipment</p>	<p>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.</p>
<p>Continuing Health Care (CHC)</p>	<p>NHS Continuing health care is care arranged and funded by the NHS outside of hospital for people who have ongoing healthcare needs. For individuals with a complex medical condition or need highly specialised nursing support, may qualify for free social care arranged and funded solely by the NHS. This is called <a href="#">NHS continuing healthcare</a>. If eligible continuing healthcare can be provided to individuals in their own home or a care home</p>
<p>NHS funded Nursing Care</p>	<p>NHS funded Nursing Care is for</p>

	<p>people who live in a care home and need nursing care but are not eligible for continuing care. This is different to NHS continuing healthcare. NHS will pay an agreed amount towards the cost of the care home, even if individuals are paying all other costs.</p>
Loaned equipment	<p>Equipment on loan to the Care Home from ICES for an individual resident sole use, this is where the equipment needs falls outside the home's general provision or for a temporary period of time following a review and agreement.</p>

<b>Abbreviations</b>	
CES	<p>Croydon Equipment Service is the Provider that has been commissioned by Sutton ICES to deliver the Community Equipment Service for the Sutton borough area.</p>
ICES	<p>The Integrated Community Equipment Service is a joint funded equipment service by Health and Social Care, with</p>

	London Borough of Sutton being the lead.
ICB	NHS South West London Integrated Care Board <a href="#">here</a>
CQC	Care Quality Commission is the independent regulator of health and 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.
NH AQP	Nursing Home Any Qualified Provider is a procurement model that allows Commissioners to choose from a range of providers, all of whom meet NHS quality and pricing standards. The pan-London Nursing Homes AQP contract (NH AQP) is a framework for all 5 NHS London ICBs to commission Nursing Home placements.



## **1. Purpose of this document**

1.1 The purpose of this document is to clarify the responsibilities for the provision of equipment to Sutton Residents in registered Residential Care Homes and Nursing Care Homes, hereinafter referred to as Care Homes.

1.2 The document aims to:

- Support care home owners understand their obligations to fund equipment for Sutton residents placed in their care;
- Clarify the arrangements where Care Home residents are loaned equipment from Sutton Integrated Community Equipment Services (ICES).
- Alerts all providers to the implications of the Telecommunications Industry analogue to digital switchover currently underway, (due to be completed by 2025) on technology enabled care provision.

## **2. Background**

2.1 The Integrated Community Equipment Service (ICES) is a joint service funded by the ICB (Sutton) and Sutton Council to support the local area of Sutton.

2.2 Croydon Equipment Service (CES) is contracted to supply community equipment on loan to adults and children who are ordinary residents of Sutton following an assessment by Health and Social Care practitioners. Equipment is provided to assist people living in their own homes (owner/private rented) to perform essential activities of daily living and to maintain their health, independence, and wellbeing in the community.

2.3 Care Homes provide a range of care including intermediate care, palliative care, respite care and continuing health care.

### 3. Introduction

3.1 This document relates to individuals ordinarily resident in Sutton who have been placed in a Care Home in the London borough of Sutton, and assessed as needing community equipment.

3.2 Residents living in their own homes fall outside the scope of this document, as they are eligible to receive community equipment provided by Sutton ICES, (following an assessment by a prescriber) and this also includes residents living in the accommodation settings (with their own tenancies) set out below:

- Extra Care Accommodation - An individual aged 55+ will have their own tenancy with support and care on site 24 hours a day, all year round. The amount of care and support is set out in an agreed support plan. Each property is self contained with a remote alarm monitoring and assisted technology as standard.
- Supported Living Schemes - refers to schemes that provide personal care to people as part of the support that they need to live in their own homes. The personal care is provided under a separate contractual arrangement to the person's housing. The accommodation is often shared, usually as a small group, but can be single household. Supported living provides 24 Care and support for adults with Learning Disabilities, Mental Health and Physical Disabilities.
- Sutton Council Independent Living Schemes - Sutton Housing Partnership provides a range of Independent Living schemes across the borough for residents aged 55 and over. The schemes provide the following services; self contained flats/bungalows; specialist housing management staff ([Independent Living Officers](#)); a 24-hour alarm call system linked to emergency call centre as standard; communal spaces (not at all schemes); planned health and wellbeing & other events to support residents live independently.
- Sheltered Housing - Sheltered housing is sometimes referred to as retirement housing. It is for people over the age of 55 who can do most

things for themselves and want to live independently, but need some extra support. The properties are self-contained purpose-built flats and bungalows with their own front doors, kitchens and bathrooms. There is usually a communal area where residents can socialise. Includes help and support from onsite staff; each property is self contained and provides residents with remote alarm monitoring system for 24 hour emergency help as standard. Each Provider may have different types of support services.

#### **4. Care Homes Providers Community Equipment Responsibilities**

4.1 Care Home obligations<sup>1</sup> to provide equipment to support their residents is set out in legislation. These regulations ensure that people have access to the adaptations and equipment they need and place responsibility for providing these services onto Care Homes, in line with their statement of purpose and the contract they have with statutory agencies.

4.2 Care Homes are required to meet all the needs of their residents (including equipment), following the outcome of the assessment completed by the Registered Manager or other appropriate person prior to placement on admission and meet any future changes in need. For clarity this is set out in Appendix 1 of this document Equipment & Responsibilities for provision.

4.3 Care homes should have sufficient equipment to meet a range of care needs including variations in height, weight and size for all their residents in line with their registered purpose and fulfil their health and safety obligations<sup>2</sup>.

4.4 For example, if a Care Home states that it supports the needs of people with physical disabilities, it must be fully accessible and provide a range of equipment

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<sup>1</sup> Health & Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015 (Part 3); The Care Act 2014; TR Regulations 2014 (Part 2); Care Quality Commission (Registration) Regulations 2009 (Part 4); The DOH Guidance; Community Equipment and Care Homes (2004); Care HOMes Regulations 2001; Health & Safety at Work 1974; Management of Health & Safety at Work Regulations 1992;

<sup>2</sup> The relevant legislation can be found within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15. <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-15-premises-equipment>; The Lifting Operations and Lifting Equipment Regulations (1998) - LOLER; The Provision and Use of Work Equipment Regulations (1998) - PUWER; The Manual Handling Operations Regulations (1992) which relate to Manual Handling needs of staff and residents

which is likely to be needed by people with physical disabilities (currently and in the future).

4.5 The equipment must be issued as part of a risk management process and staff competently trained.

## **5. Provision of Technology Enabled Care Solutions**

5.1 It is also important to note that where the Care Home's resident cohort are likely to be at risk of falls or purposefully wander, then digital technology enabled care solutions may also be provided. The expectation is that Care Homes should have wifi connectivity to support residents to connect with families and friends but also to support care and support needs.

## **6. Provision of non standard or bespoke community equipment**

6.1 There will be a very small number of residents who may need a piece of equipment to be made or purchased to meet their bespoke needs. In these circumstances it would be possible to have an assessment by trained equipment prescriber to ensure that equipment is suitable.

6.2 In these instances equipment will be provided by CES and will not be used for any other residents and returned when no longer needed. There is no time limit on how long this special bespoke equipment is loaned to the individual, but there must be clear accountability for the care home to inform health or social care services if the resident's needs change.

6.3 The Care Home must be responsible for keeping the equipment clean and in good working order. Any unreasonable damage, other than general wear and tear may incur a cost.

## **7. Exceptions where standard equipment may be provided to a Care Home on loan by ICES, to enable Hospital Discharge, short term care or end of life care**

7.1 There may be instances where standard equipment can be loaned to a Care Home, this may arise where the absence of a particular piece of equipment in the Home is temporary and or the provision of the equipment would facilitate a discharge from a hospital bed, End of life Care, or short term care. In these cases the equipment loans may be considered under the following criteria:

### 7.2 ICES Loaned Equipment

- The equipment may be loaned for a period of no more than 30 days. In exceptional circumstances, it may be possible to extend the temporary loan beyond 30 days but only if approved by authorised equipment prescriber, in consultation with commissioning/Care Home Support Team. All such extensions will be confirmed and detail the reason for the extension.
- The Care Home must arrange for collection by the CES at the end of the loan period or any authorised extension.
- If the equipment is not returned at the end of the agreed loan period or when the person no longer has a need for the equipment, a charge will be made to the home for that piece of equipment at the full replacement value.
- If the person's needs change it is the responsibility of the Care Home to request an assessment/equipment review from the most appropriate health or social care service.
- Equipment needs should be reviewed and arrangements made for equipment to be collected after the agreed period.
- Where the equipment is required longer term the prescriber will need to refer to the guidance for who is responsible for provision.

- Loaned equipment from ICES must not be used for any other residents as this contravenes infection<sup>3</sup> control standards and harm can be caused if the equipment is unsuitable. Any non-compliance with this policy or concerns about safeguarding and /or infection control will be reported to Commissioning.
- Day to day operational cleaning and decontamination of loan equipment is the responsibility of the care home and must follow the manufacturer's instructions and instructions provided by the CES.
- Care Homes will need to meet the cost of all repairs arising from negligence, damage or inappropriate use of loaned 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 loaned equipment not returned or deemed "lost".
- All equipment loaned should be listed in the resident's care plan. ICES loaned equipment should be properly maintained, and is provided for a designated, individual resident as part of a care plan.
- Following installation and demonstration by CES, thereafter it is the responsibility of the nominated care home staff to provide instruction and training to any other people who require it. A record should be maintained of appropriate instruction together with any method statement and any visual prompts.
- ICES loaned equipment must be returned following the death or discharge of the person.
- CES must be notified of the items to be collected within 48 hours, so that equipment can be collected in a timely manner, usually within 7 working

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<sup>3</sup> The Care Standards Act (2000)

days. A hire charge or full replacement cost will be administered for failure to comply.

- The Care Home will need to contact [cesadmin@croydon.gov.uk](mailto:cesadmin@croydon.gov.uk) to arrange a collection. CES will email the Care Home confirmation of the collection date. When the equipment is collected, the Care Home will need to contact [cesadmin@croydon.gov.uk](mailto:cesadmin@croydon.gov.uk) to request a copy of the completed collection order notification. CES will be responsible for updating the client record on TCES.

## **8. CES (equipment service provider) responsibilities**

8.1 CES responsibilities in circumstances where equipment prescribed for an individual resident falls outside of the Care Home's general provision as outlined in Appendix 1, or where equipment loaned is due to an exception (e.g. temporary loan to facilitate hospital discharge as detailed above) then;

- CES will deliver and install the equipment in the care home and demonstrate how it is used in line with manufacturers guidelines.
- All CES equipment is bar coded for audit purposes and all electrical and lifting equipment on loan will be regularly serviced and maintained by CES. In addition to routine maintenance and servicing, CES will arrange LOLER inspections.
- All equipment delivered to the Care Home for the individual resident must be signed for by a responsible member of staff and information retained on the resident files.

## **9. Working in partnership**

9.1 Care Homes, Sutton prescribers and CES shall also work together to ensure the service meets the needs of Sutton residents.

9.2 As well as responsibilities for delivery, installation, maintenance, repair and collection of equipment on loan from the service CES will also support Care Homes wherever possible, with the following:

- advice on equipment loaned by the local equipment service
- demonstration of equipment use
- management of clinical practitioners equipment loans for individual named residents
- maintenance and LOLER inspections of equipment loaned for use by named individuals

9.3 Sutton prescribers (Health & Social Care Professionals) will assess needs and risks, and give advice to Care Homes on equipment loaned and in some cases will also demonstrate the use of the equipment to Care Home staff.

9.4 Care Homes should support the community equipment services by:

- checking ownership and arrangements for equipment when residents are first admitted to the home
- identifying when loan equipment is no longer required and arranging for its prompt collection
- ensuring that equipment prescribed for an identified individual resident is not used by other residents
- informing the community equipment service promptly in the event of loan equipment breakdown.

9.5 Reviews and audits of ICES equipment in Care homes will be completed regularly as part of Sutton ICES contract management, to ensure accurate records of loaned equipment are being maintained and loaned equipment is returned when no longer needed. Annual reviews/audits will be carried out to ensure that equipment is being used appropriately by the resident to whom it was prescribed. This audit will involve visual inspection of the equipment.

## **10. Advice and Guidance**

10.1 This section of the document provides further advice and guidance to support Care Homes to fulfil their responsibilities to Sutton residents (as well as where other boroughs make placements in Care Homes in Sutton) to undertake assessments and provide equipment to support the needs of their resident population/cohort. This section also explains the terms standard and



bespoke/specialist equipment (including seating). And describes the changes happening within the telecommunications industry which will affect technology enable care (telecare) provision.

## 10.1 Ordinary Sutton Residents

Sutton Residents who live in Care Homes have the same rights to services, including the provision of equipment, as those living in their own homes. The assessment, care plan and review process (by Care Homes and clinical practitioners) are important for successfully meeting equipment needs.

## 10.2 Out of Borough placements

### 10.21 Adults - Care Act 2014

For adults placed out of the borough area the Care Act 2014 section 39 and the regulations made under 146 sets out what should happen in these cases. The placing authority retains responsibility for the person's eligible needs (including need for community equipment), where there are exceptions, this will need to be discussed with the host authorities concerned.

### 10.22 Children - Children Act 1989

For Children placed out of the borough area the Children Act 1989 and regulations set out placing authorities duty to ensure placements at a distance will meet needs (including equipment needs). This is set out in the Children Act Guidance 1989 & Regulations [Document](#) pages 53-54.

## 10.3 Assessments

10.31 When a Care Home accepts a resident, they should make their own assessment and compile a resident's care plan, based on the care and support plan provided by NHS/Social Care. This care plan should include more detailed information on the practical considerations around the use of equipment such as training, maintenance and storage arrangements as well documenting who is responsible for the equipment. Reviews should take

place regularly by the Care Home.

10.32 If, as part of the assessment (and using the agreed local risk assessment tool), the resident is identified as at risk of developing pressure injuries for example, the support plan must include the provision of equipment to prevent and/or treat these injuries and it must be reviewed regularly. This is likely to include amongst other things, equipment such as pressure reducing and relieving overlays and replacement mattresses/seat cushions to maintain tissue viability (static and dynamic systems).

10.33 It is the responsibility of the care home to arrange for any assessments and pay (if required) for any equipment needed according to the tables in Appendix 1. Care Homes may decide to seek advice from a Health or Social Care professional about undertaking assessments for people with complex needs.

10.34 There may be circumstances when Health or Social Care professionals carry out assessments and make recommendations for equipment for the care home to purchase. Any referrals requesting assessments for people with complex needs should include any relevant information including risk assessments and funding status, to enable the relevant partner to judge whether it is appropriate for them to offer specialist assessment and advice.

10.35 Advice on purchasing equipment may also be sought from the CES equipment suppliers.

10.36 There are four common scenarios where assessment or review of needs in relation to equipment may occur. See below:

<b>Scenario 1: New admission to care home</b>	<b>Scenario 2: Existing resident in care home</b>
A review of the person's needs and their equipment requirements for use	A review of the person's needs and their equipment requirements for use in the care home must be organised

in the care home must be undertaken prior to admission.

This review should be undertaken by a suitably qualified professional. The following procedure should then be followed:

- Suitably qualified professional to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the support plan.
- If the care home does not have the appropriate equipment the suitably qualified professional should ensure its provision by establishing whose responsibility it is to provide the equipment using Appendix 1 of this document.
- If the responsibility for equipment provision is with the care home, and the care home has the appropriate equipment available, contact should be made with CES to ensure that any surplus equipment is collected from the person's home.
- Either the care home should provide the equipment or the health or social care prescriber

by the care home and undertaken by a suitably qualified professional. The support plan/plan of care should be amended accordingly.

The following procedure should then be followed:

- A suitably qualified professional to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the amended support plan/plan of care.
- If the home does not have the appropriate equipment the suitably qualified professional should check Appendix 1 to establish who should provide.
- Either the care home should provide the equipment or the health or social care prescriber should prescribe equipment on loan from ICES.

<p>should prescribe equipment on loan from ICES.</p> <ul style="list-style-type: none"> <li>• Equipment should not transfer into a care home from a person's private home unless permission has been granted from commissioning.</li> </ul>	
<p><b>Scenario 3: Transfer between care homes</b></p> <p>If a care home cannot manage a resident's care needs there are issues of safety which are contrary to good practice and regulatory standards and at worst, may cause safeguarding issues. The following procedure should be followed:</p> <ul style="list-style-type: none"> <li>• Suitably qualified professional to liaise with the future care home to establish whether the home has the appropriate equipment available as identified in the support plan</li> <li>• If the home does not have the appropriate equipment the suitably qualified professional should check Appendix 1 to establish who should provide.</li> <li>• Either the care home should provide the equipment or the health or social care prescriber should prescribe equipment on loan from ICES.</li> </ul>	<p><b>Scenario 4: Urgent placement to expedite hospital discharge</b></p> <p>A review of the person's needs and their equipment requirements for use in the care home must be undertaken prior to admission. This review should be undertaken by a suitably qualified professional.</p> <p>The following procedure should be followed:</p> <ul style="list-style-type: none"> <li>• Suitably qualified professional to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the support plan.</li> <li>• The suitably qualified professional should ensure its provision by establishing whose responsibility it is to provide the equipment using Appendix 1 of this document.</li> <li>• If the care home does not have the appropriate equipment the reviewer can liaise with CES to arrange a loan of equipment for 30 days.</li> </ul>

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|  | <ul style="list-style-type: none"><li>• The Care Home should arrange for CES to collect loaned equipment at the end of the 30 days or before. See Appendix 1 for a flow chart to guide the decision and a 30 day loan letter template.</li></ul> |
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## 11. Moving & Handling Assessments

11.1 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.

11.2 Care homes are expected to have a full range of modern, up-to-date moving and handling equipment available. Care home 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 slide sheets, hoists and slings, transfer aids in different styles and sizes.

11.3 Care Homes are expected to regularly service and maintain their equipment, and arrange LOLER inspections. They must ensure that records are available for audit.

11.4 Referrals for additional professional expertise 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. This will include an assessment of the needs of the resident and a full assessment of risk. The risk assessment defines how the right equipment will be used appropriately to enable the safe movement and care of the resident, whilst protecting both the resident and the care staff from injury.

11.5 The assessment should consider any particular needs or circumstances of the resident, any environmental circumstances within the home, instructions from the manufacturer/supplier and current legislation. The knowledge and experience of the Care Home staff should also be taken into account, with any particular skills and training requirements for specific equipment identified.

11.6 Moving and Handling training is not within the remit of the CES as this is expected to be provided by the Care Home or other external suppliers.

## **12. Safe use of equipment by Care Home Staff**

12.1 The incorrect use of equipment can lead to safeguarding concerns, 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 care staff and adherence to policies and standards. The staff in care homes should promptly raise repair or replacement requests to ICES in the event of loaned equipment breakdown.

## **13. Clarification of Standard equipment provision in registered Care homes**

13.1 Standard equipment is any item of generic “off the shelf” equipment which can meet the needs of a variety of people. Such equipment can be readily obtained from a wide range of suppliers in the open market. It can be used to meet any person’s general care needs usually without the need for any modifications. Standard equipment includes equipment for bariatric people.

13.2 When considering larger equipment for people’s needs an environmental assessment may be needed, to assess the suitability of the equipment for that location. In some cases, this may require the Care Home to pay for a professional structural survey.

13.3 Care homes are expected to provide all persons, on both admission and on an ongoing basis, with standard equipment in accordance with Regulation 15 of the CQC Fundamental Standards.

- To meet the assessed needs of the person
- To promote people's independence
- To meet the Health and Safety obligations for their staff.

13.4 Care homes are expected to provide equipment fit for purpose in line with the Fundamental Standards on Quality and Safety, i.e; clean, serviced, safe to use.

13.5 Health or Social Care assessors may on occasion need to trial different types of equipment as part of their assessment, before they can recommend provision of a specific item to be purchased by the Care Home. In this situation it remains the responsibility of the Health and Social Care assessor to ensure the return of any trialled equipment back to CES. Please refer to paragraph 7 for the process to return equipment to CES administration ([cesadmin@croydon.gov.uk](mailto:cesadmin@croydon.gov.uk)) .

## **14. Bespoke/highly specialised equipment provision in registered care homes**

14.1 Bespoke equipment is defined as equipment which is specifically tailored, 'modified and made to measure', to meet an individual's assessed need.

14.2 Health Commissioners are responsible for loaning bespoke equipment for people eligible for fully funded NHS continuing healthcare in accordance with the National Framework for NHS Continuing Healthcare & NHS Funded Nursing Care<sup>4</sup>; If there is a need for planned respite or long-term care

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<sup>4</sup> NHS-funded Nursing Care paragraph 172. <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

admission, the Health Assessor will identify the need for bespoke equipment and liaise with the home as appropriate.

14.3 If bespoke equipment is to be moved from one establishment to another, it should be collected for decontamination by the ICES service provider. The Health or Social Care assessor will need to liaise with the CES giving seven days notice of the required collection for cleaning and then subsequent redelivery at the new location. This may require a risk assessment to assess any impacts on the person.

## **15. Definition and purpose of Specialised Seating**

15.1 General: A specialised seat enables correct and optimum positioning of the body to facilitate physiological functions such as respiration, digestion, elimination digestion, elimination, blood circulation as well as stability to engage in fine motor activity, which benefits related functions such as swallowing, feeding, drinking and reading. Specialist seating can prevent or reduce progression of spinal deterioration

15.2 Children: A special paediatric chair will have special features that enable the child to sit in an optimum functional position to facilitate eating/drinking and play for development in the home environment. The features will include head rest, thoracic supports, lap belt, foot plates, dynamic base, moulded seating, base, tray etc. The special chair is intended for a child who would ordinarily not be able to sit on a standard home chair such as a sofa or dining chair – usually due to spinal problems and/or low tone that impact on their ability to sit in a functional position. The chair may assist in reducing contractures and spinal deformities, though this is not the primary function of the chair. Bespoke paediatric seating will be loaned from ICES.

15.3 Adults: Specialised seating is a broad term that encompasses high back seats and chairs with moulded back to riser recliners. The level of postural need for high back chairs and similar is usually considered low and hence care homes should have a range of chairs onsite. The riser-recliner chair is



more supportive and considered when adults or young people who have moderate to complex postural needs and will assist independence. The common feature of a riser recliner chair is that it is electrically operated with a dual motor, which incorporates lift and recline, by a touch button hand control. They may have features such as a three tier cushion, known as a waterfall backrest for comfort and support, designed to provide pelvic stability, built-in pressure care cushion and castors for portability.

15.4 Riser recliner chairs described above should be provided by the care home. This includes a bariatric riser recliner chair up to 40 stone.

15.5 Specialist Seating for people who have very complex postural needs can only be met through the provision of a bespoke chair or made to measure chair which often have accessories such as head, thoracic and lumbar support. These specialist chairs are often a tilt in space chair which often operates with gas action or is electronically powered. If the purpose of the provision is mainly postural management and/or health deterioration. Provision would need to be looked at on a case by case basis.

## **16. Moving from the community to a care home**

16.1 When a resident moves to a Care Home, all equipment previously prescribed to them should not be accepted by the Care Home due to infection control procedures.

- It is the responsibility of the Care Home or a representative of the person, where the person is living at home, to return all loaned equipment from the previous address to CES.
- For bespoke equipment loaned through the CES, arrangements will need to be made for the equipment to be transferred with the person to their new address. The Health or Social Care professional will need to liaise with CES to have equipment moved and decontaminated.

## **17. Provision of Technology Enabled Care Solutions & the National telecommunication switchover from analogue to digital technology by 2025**

17.1 Nationally, there are major changes within the telecommunications industry, as the UK's telecoms infrastructure is upgraded to digital connectivity. This shift has urgent implications for the technology enabled care sector and those who rely on telecare. Consequently, Ofcom<sup>5</sup> and the Communications Providers all recommend a shift from analogue to digital devices.

17.2 With data and machine learning (ML) digital technology enables a proactive, personalised and predictive model of support. Where information is shared easily in real time to enable early intervention and effective decision-making.

17.3 All Providers will need to ensure that they are ready and preparing for the switchover to ensure that their telecare monitoring alarm centre systems and devices are digital ready. This will also impact any of their infrastructure that relies on an analogue phone line, their lifts for example, which will need to be upgraded to digital in order for them to continue to work after 2025. For further advice contact: [asc.providers@sutton.gov.uk](mailto:asc.providers@sutton.gov.uk)

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<sup>5</sup> The Office of Communications, commonly known as Ofcom, is the government-approved regulatory and competition authority for the broadcasting, telecommunications and postal industries

## Appendix 1 - Equipment and responsibilities for provision

Equipment Type	Provided by Residential Care Home - YES or NO	Provided by Nursing Care Home - YES or NO	Other - Provider Details if NO	Comments
Bathing Equipment				
Range of Bath Seats	YES	YES		
Range of Bath Boards	YES	YES		
Bath step	YES	YES		
Powered bath lifts	YES	YES		
Swivel bathers	YES	YES		
Range of shower stools	YES	YES		

Range of shower chairs	YES	YES		
Bespoke Shower chairs	NO	YES	CES	Provided following an assessment by a clinician for a named resident
Plus size versions of standard bathing equipment	YES	YES		Plus Size is considered mainstream
Bespoke plus size equipment	NO	YES	ICES	Provided following a risk assessment by a clinician for a named resident
Beds and Mattresses				
Powered Variable Height Profiling Beds	YES	YES	*ICES	Responsibility of care home in terms of moving and handling legislation for care staff.  CES would provide for residential care homes following an assessment by an approved practitioner for health needs. For

				<p>example:</p> <ul style="list-style-type: none"><li>• Where the person 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.</li><li>• Where the profiling function is essential to assist in the management of pressure care</li><li>• As part of a prescribed rehabilitation programme where the profiling and variable height functions will enable residents to transfer independently and prevent the use of a hoist.</li><li>• May be CHC funded in some cases</li></ul>
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Plus size Powered Variable Height Profiling Bed	YES	YES	*ICES	As above
Overlays for mattresses and cushions for low to medium risk	YES	YES		
Mattress - High level pressure care	NO	YES	*ICES	*Provision to residential care homes following a specialist risk assessment for tissue viability medium to high risk needs only. Referrer will need to state clinical need and provide justification for equipment
Alternating Dynamic (and pump) overlays, mattresses and /or cushions for high risk	NO	YES	*ICES	*Provision to residential care homes following a specialist risk assessment for tissue viability medium to high risk needs only.

				Referrer will need to state clinical need and provide justification for equipment
Bespoke beds for people (CHC funded) with complex treatment and care needs	NO	NO		Through ICB where a person is eligible for CHC funding.
Bed Accessories				
Range of bed blocks and raisers	YES	YES		
Range of bed rests	YES	YES		
Powered Mattress Elevator	YES	YES		
Bed rails and bumpers (including bed lever and bed stick)	YES	YES		These are considered high risk items and full a risk assessment must be in place.

Over the bed table on castors	YES	YES		
Lifting pole	YES	YES		
Seating				
Chair blocks and raisers	YES	YES		
Standard Chairs including a range of riser recliners including Accora and milano chairs	YES	YES		
Gas Action or Electronically powered tilt in space chair with footboard and arching leg-rest	*NO	YES	*ICES	



elevation in a variety of sizes.				
Specialist postural support and specialist tilt in space bespoke chairs - high specifications - made to measure seating for users with complex needs. Accessories, e.g. thoracic, head supports.	*NO	*NO	*ICES	*These items may be available through ICES or other provision subject to special orders process/local policies, or if eligible for NHS Continuing Health Care funding and clinically prescribed for such equipment
Moving and Handling				
Weighing scales either integral or hoist or others	YES	YES		Provision to weigh all residents must be made.

Standing hoist or Stand Aid	YES	YES		Examples include Rota Stand, ReTurn, Sara Stedy for transfers from bed to chair
Powered standing hoist	*YES	YES	*ICES	For common/general use - equipment is to be provided by the care home.  *For a named individual these may be provided where a standing hoist is assessed to be essential as part of a short term prescribed rehabilitation programme
Mobile hoist	YES	YES		
Gantry Hoist	YES	YES		
Ceiling track hoist	YES	YES		
Plus size hoist	YES/*ICES	YES		*Will only be considered by ICES where the residents weight is above the

				<p>maximum weight limit of a standard hoist. Loaned equipment will be considered following a risk assessment by a Sutton clinician for a Sutton resident.</p> <p>Or through NHS Continuing Health Care</p>
Standard Slings (range of sizes)	YES	YES		
Plus Size Slings	YES/*ICES	YES		<p>*Will only be considered by ICES where the residents weight is above the maximum weight limit of a standard hoist. Loaned equipment will be considered following a risk assessment by a Sutton clinician for a Sutton resident.</p> <p>Or through NHS Continuing Health Care</p>

Bespoke Slings (made to measure for a resident)	NO	NO	ICES	
Eating				
PEG feeding				Health provide
PEG feeding consumables				Health provide
Equipment such as adapted cutlery and plates	YES	YES		
Environmental Support				
Helping Hand	YES	YES		
Trolley	YES	YES		
Perching stool	YES	YES		
Mobility and Falls				

Walking Stick				Health provide
Walking frames				Health provide
Crutches				
Standing Frames		YES		
Rollator frames				
High Spec rollator frame				
Ramps	YES	YES		
Rails	YES	YES		
Nursing & Pressure Care as set out in NH APQ				
Syringes and needles	YES	YES		
Catheter bags and stands			Health (ICB)	Local District Nurses and specialist Nurses

For procedures related to aseptic and clean dressings	YES	YES		
Routine nursing procedures e.g. testing urine, BP, (glucometer)	YES	YES		BM patient specific
High specification foam overlays /mattresses and cushions for low to medium risk	YES	YES		
Visco elastic/memory foam mattresses/cushions - for medium to high risk		YES		Provision to residential care homes following a specialist risk assessment for tissue viability medium to high risk needs only
Alternating Dynamic (and		YES		Provision to residential care homes following a specialist risk

pump) overlays/ mattresses/ cushions – for medium to high risk				assessment for tissue viability medium to high risk needs only
Respiration				
Nebuisers				Health/ GP provide
Suction units and consumables				Health /GP provide
Resuscitation equipment (e.g.mouth to mouth)	YES	YES		E.g. ambu masks and bags
Pulse oximeters		YES		Health (ICB)
Non-standard complex				Health (ICB) GP

Nebuliser and humidifiers (e.g. for ENT, CPAP BIPAP)				
Sensory				
Range of Sensory impairment equipment	YES	YES		Care homes are expected to provide a range of standard equipment such as flashing fire alarms/flashing door bells etc.
Technology Enabled Care				
Range of digital telecare solutions	YES	YES		Care Homes are expected to provide digital ready call monitoring systems (reactive/proactive) a range of environmental sensors e.g. falls, epilepsy, Access to Wifi connectivity throughout the home to support the care and support needs of the resident
Toileting				



Bed-pans and urine bottles	YES	YES		
Commodes; standard and mobile	YES	YES		
Raised toilet seats	YES	YES		
Toilet frames	YES	YES		
Continence pads	Health/YES	YES		Local nursing assessment to be completed - must meet eligibility criteria for continence service
Special Sheets	Health/YES	YES		Local nursing assessment to be completed - must meet eligibility criteria for continence service
Wheelchairs				
Push wheelchairs, standard transit chairs and basic wheelchair cushions	YES	YES		For common use

Wheelchairs and accessories provided by wheelchair services for permanent and substantial usage after trauma or short-term palliative care	NHS wheelchair services	NHS wheelchair services		For a named individual to use and follow an assessment by a qualified therapist only. Must meet eligibility criteria for NHS wheelchair service

**Appendix 2 Equipment & Responsibilities for provision Extra Care & Supported Living**

	Extra Care	Supported Living	Sheltered/Independent Living Schemes	Comments
Technology Enabled Care (TEC) Range of digital care solutions to support independence at and in the community	YES	YES (Dependent upon the needs of the Clients)	YES	Expected to provide digital ready call monitoring systems (reactive/proactive) a range of environmental sensors e.g. falls, epilepsy, TEC to support independence in the community
Wifi Connectivity throughout home	YES	YES	YES	Access to Wifi connectivity throughout the home to support the care and support needs of the residents