
Bath & North East Somerset Council

Improving People's Lives

Bath and North East Somerset Council Equipment in Care Homes Policy

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Version Control	Version 1
Approved	Suzanne Westhead – Director of Adult Social Care Annmarie Strong – legal Liz Beazer – finance
Dated	February 2025 – 2028
To be reviewed	September 2027

1. Introduction

Equipment should be available in a Care Home to enable people to have greater control, independence and safety, either in the long term or short-term following medical treatment, and/or a deterioration in their wellbeing which affects their ability to carry out usual day to day living activities.

This policy will help care home providers understand their equipment obligations to residents and staff. It will clarify who is responsible for funding the equipment.

2. Purpose:

- To ensure clarity of responsibility, for provision of equipment and supporting arrangements, for Care Homes, Council Commissioners and ICB.
- Enable lead commissioners of community equipment services to identify their obligations in relation to care homes for adults and older people.
- Registered Care Homes are expected, as part of their contractual obligations, to provide all standard equipment appropriate to the client group for which it is registered. Care Homes are responsible for ensuring that their staff are competent and confident in using the full range of equipment in the home.
- Enable the provision of community equipment to be considered part of a holistic care and support approach which can be provided either in addition to, or instead of, care and support services.

3. Background

Care Homes must have available suitable equipment to meet the needs of either the existing residents or any residents they choose to accept. Care Homes are expected to have a wide range of equipment to account for the diverse needs of the population. Evidence suggests that over the past two years demand for specialist equipment for adults and children with complex health needs is increasing with a higher volume of requests for items such as: hoists and slings, pressure care and bariatric equipment. Changes in technology may also mean that the types of equipment or assistive technology available are much broader and have the potential to offer more innovative solutions now and in the future. What was considered 'special/rare' five years ago, including some bariatric equipment, would be routine today.

This document has been developed using the following legislation.

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)
- The Care Act (2014) & Related Regulations
- The Department of Health (2004) "Community Equipment and Care Homes"

- The Department of Health (2003) “Care Homes for Older People National Minimum Standards”
- The Care Standards Act (2000)
- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 (Revised)
- Care Quality Commission (CQC) Guidance for Providers on Meeting the Regulations (March 2015) - Regulation 15: Premises and Equipment
- Mandelstam (2016): Legal framework for Equipment Provision

This policy applies equally to provision for Service Users who are funded by Social Services funding, and those funded under the arrangements for NHS funded nursing care and Continuing Health Care CHC in Bath & North East Somerset.

For service users who fund their own care, Care homes currently request them to fund their own specialist equipment also. For example: Tilt in space chair

B&NES Council Community Equipment Services (CES): These services are contracted by local commissioners to provide community equipment on loan to adults and children following assessment by Health and/or Social Care practitioners. Equipment is provided to assist people to perform essential activities of daily living and to maintain their health, independence and wellbeing in the community.

4. Principles relevant to the Provision of Equipment in Care Homes

- The purpose of providing the equipment is to increase or maintain functional independence of users (including funded and informal carers), or to allow for their safe management within the care home.
- Care homes are responsible for having and maintaining their own range of equipment to meet a variety of care needs, including variations in height, weight and size. This equipment should relate to the care for which the home is registered with CQC and fulfil the care home’s health and safety obligations to their own care staff.
- Equipment provision should be focused on the residents' needs and should be provided by the care home if it is the type of equipment required by its residents as part of its statement of purpose/registration. The equipment provided must be issued as part of a risk management process and staff competently trained in the use of equipment.
- Moving & Handling Assessments - Care home staff will need to complete a moving and handling risk assessment as soon as a resident moves into the home. This must be reviewed each time there is a change in health or functional ability. Care homes are expected to have a full range of modern, up-to-date moving and

handling equipment available. Staff will need to be competent and confident to recommend which moving and handling equipment is appropriate for the range of needs within the home.

- Equipment loaned by a community equipment service (CES) will be for the exclusive use of the person for whom it was prescribed and not used by other service users.
- Equipment owned by the care home should be cleaned before being used by another service user and not passed from one user to another unless it is cleaned and/or decontaminated between each use as determined by the national standards on decontamination and manufacturers' instructions.
- Care Homes receiving pressure care equipment such as mattresses and cushions will be responsible for cleaning, maintaining and checking the items as required in accordance with the manufacturers' instructions.
- The incorrect use of equipment can lead to safeguarding issues, for example risk of harm to residents when using equipment that was not prescribed for them. Or lack of regard to infection control procedures. Care homes must ensure that any risks are minimised through the correct use of the equipment, the training of staff and adherence to policies and standards.

5 Who should provide the equipment?

Care homes are responsible for having and maintaining their own range of equipment to meet a variety of care needs, including variations in height, weight and size. Residents in registered nursing homes will have their standard equipment provided by the nursing home. Standard equipment is equipment that isn't bespoke to the service users' needs and can be used generally by all residents and includes pressure care overlays and replacement mattresses to maintain tissue viability (static and dynamic systems, as well as profiling beds). This equipment should relate to the care for which the home is registered and fulfil the care home's health and safety obligations to their own care staff.

There may be some situations where they will need to draw on the resources of the local community equipment service. Residents in registered nursing homes funded by NHS Continuing Health Care may have bespoke equipment needs. Assessment and provision/funding of these specialist items will be undertaken by the local NHS CHC Team. This assessment may occur before admission to the nursing home and further assessments may also be required if clinical needs change.

Department of Health, National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (2012), para 172, p.47

Of general relevance, but specifically in the context of care homes, determinations between:

- a) The certain level of equipment that should be provided by care home providers.
- b) People's entitlement to standard equipment available to others living in the community, that is over and above that expected to be provided by the care home provider and is either the responsibility of the Council or NHS;
- c) Where the NHS needs to provide any additional equipment over and above the 'certain' and 'standard' equipment above, that relates to a person's individual needs (whether bespoke or not). The framework places a responsibility on ICB's to ensure there is clarity in these arrangements and what is applicable in each case.

More generally, under the National Framework above, ICB's also need to:

Ensure that the extent of equipment provision anticipated to meet people's need under NHS Continuing Healthcare is taken into account in commissioning, funding and provision arrangements for integrated equipment services.

6. Specialist Community Equipment

Certain categories of specialist community equipment are commissioned by NHS England. It sits outside of this service specification but is included here for reference. This includes for example: infusion pumps for immunoglobulin therapy. Equipment that is deemed to fit within such categories of specialist community equipment is not considered eligible for funding as Community Equipment within this specification.

Equipment panel – reviews all non standard stock specialist requests from clinicians over £1000 and includes specialist equipment care home requests. There is a specialist equipment process that the clinician is required to follow.

- ❖ Where the case is being made that equipment is intended to be preventative, reduce need for care or admission to hospital / care home: staff must clearly demonstrate where this is the case.
- ❖ Staff are encouraged to supply a broader narrative of the client's overall needs and support/care being provided as well as any previous / additional equipment that may be in place.
- ❖ Where a more cost-effective functional equivalent is available but has been disregarded without sufficient clear and reasonable justification, the request will be refused.
- ❖ The overall reasonableness of the request needs to be clear: e.g. where a high value item is requested for only occasional use or where bespoke items are requested when an off the shelf option is reasonable.
- ❖ Consistent with public sector procurement regulations, failure to plan ahead will not be considered a sufficient rationale for a request needing to be 'urgent'.

7. Responsibilities of the Care Home

- For care homes providing nursing care, equipment is highly likely to include, amongst other things, equipment such as replacement mattresses to maintain tissue viability (static and dynamic systems). That is, if a client in a care home providing nursing care is assessed as requiring equipment for the prevention of pressure ulcers, the care home should in most cases provide the equipment for that client.
- 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 client to stay in the home, the local community equipment service may temporarily step in.

Where a piece of equipment of the type normally to be provided by the care home is lent by the CES to facilitate admission, the loan will be for a period of no more than 28 days during which the home will be expected to obtain its own item, this is where equipment is available by the CES. CES are unable to sell equipment to care homes.

- The care home will need to meet the cost of all repairs arising from negligence, damage or inappropriate use of loan equipment, or the full replacement cost if damage is beyond repair.
- Care home staff must be appropriately trained in the use of the equipment as set out in the Medical Health products Regulatory Agency (MHRA — was the MDA) MDA DB 9801 and other related documents. Responsibility for ensuring that staff are trained lies with the care home.
- MHRA Bed equipment alert <https://www.gov.uk/drug-device-alerts/national-patient-safety-alert-medical-beds-trolleys-bed-rails-bed-grab-handles-and-lateral-turning-devices-risk-of-death-from-entrapment-or-falls-natpsa-slash-2023-slash-010-slash-mhra>
- Risk assessments required for use of equipment will be carried out and reviewed as necessary by the care home and will be always followed by all staff.
- The care home will meet the cost of all repairs arising from negligence, damage or inappropriate use and the cost of replacement if it is lost.
- Care home staff will be responsible for notifying the community equipment service when the individual no longer requires a loaned item of equipment and will make arrangements for its return. They will also be responsible for informing Community Equipment Services when equipment breaks down or requires repair or service and will make it accessible when needed.

- Where a recommendation is made by a clinician for the care home to purchase an item of equipment, for example a sling, and one has been provided on short term loan (28 days), the care home must be proactive in purchasing it promptly in order for the equipment item to be returned within the defined period of the loan.
- The Care home will be signed up to the Central Alerting system (CAS).
<https://www.cas.dh.gov.uk/Home.aspx> This is a web based cascading system for issues on patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and independent providers. Alerts will be sent from a variety of agencies about concerns with equipment.

Table Showing Items of equipment that should be provided by Care Homes

Provider Code

CH – Care Home

CES – Community Equipment Stores

CHC – Continuing Healthcare

GP – General practitioner

NHS – Outpatient clinics and Hospitals

N/A – Not Applicable

Bathing Equipment

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Range of bath seats	CH	CH	
Range of bath boards	CH	CH	
Bath step	CH	CH	
Powered Bath lift	CH	CH	
Swivel Bathtubs	CH	CH	
Range of shower chairs including tilt in space	CH	CH	
Range of shower stools	CH	CH	
Non-stock/bespoke Shower Chairs	CH	CES	May be provided following an assessment by clinician for an individual named resident that is bespoke to the service users requirements.
Bariatric versions of standard equipment	CH	CES	Where a home is identified as having a specialism/capacity for bariatric care, then the care home will provide. Provision of certain bariatric items to residential care homes will only be following specialist risk assessment by a clinician. Service users in a Care home temporarily can have bariatric versions of standard equipment moved from their house to

			the care home for their sole use and returned to their home once they are discharged.
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Beds

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Powered variable height, profiling beds	CH	CES	<p>Responsibility of care home in terms of moving and handling legislation for care staff.</p> <p>CES will provide for residential care homes following an assessment by an approved practitioner for health needs. For example</p> <ul style="list-style-type: none"> • Where the client has acute respiratory need and requires the profiling function to sit upright and other solutions i.e. back rest, pillow lift have been tried and found to be unsuccessful. • Where the profiling function is essential to assist in the management of pressure care. • As part of a prescribed rehabilitation programme where the profiling and variable height functions will enable the client to transfer independently and prevent the use of a hoist. • May be funded by CHC • Clinical justification for the above must be provided by the referrer.
Variable height, profiling bariatric bed	CH	CES	<p>The statement above applies in full AND where the client's weight is above 28 stone, the maximum weight limit of a standard variable height profiling bed and/or difficulty fitting and moving on a standard size bed (this would need an equipment panel discussion), then the provision of a bariatric bed may be considered following a full documented risk assessment by the clinician. May be CHC funded in some cases.</p>

			Where a home is identified as having a specialism/capacity for bariatric care, it would be expected that such equipment is provided by the home.
Bespoke beds for people (CHC funded) with complex treatment and care needs	CHC	CHC	Through NHS Continuing Health care panel only and if the person is eligible for NHS Continuing Health Care funding (eligibility must be established independently of the equipment)
Bed blocks and raisers	CH	CH	Responsibility of care home in terms of meeting moving & handling legislation for care staff.
Range of back rests	CH	CH	
Bed Stick/grab handle	CH	CH	If CES has provided the bed, then CES will provide the grab handle following a full risk assessment by a clinician. If the Care home owns the bed, then they are responsible to provide the accessory and it is subject to full documented risk assessment by the care home.
Blanket Cradle	CH	CH	
Over bed trolley/table	CH	CH	
Lifting pole	CH	CH	
Bed Side Rails: Profiling variable height bed rails (and bumpers)	CH	CH	If CES has provided the bed, then CES will provide the grab handle following a full risk assessment by a clinician. If the Care home owns the bed, then its subject to full documented risk assessment by the care home.

Prevention Therapy and management of Pressure Areas

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
High specification foam overlays/mattresses and cushions for low to medium risk	CH	CH/CES	Where care homes have purchased their own beds they should provide their own low to medium risk foam mattress. CES will provide when it is for a domestic bed base.

Powered Hybrid mattress	CH	CES	Provision to residential care homes following a specialist risk assessment by a clinician who has followed the tissue viability Nurses decision tool. Only medium to high risk needs apply. Referrer will need to state clinical need and provide justification for equipment.
Alternating Dynamic (and pump) mattresses/cushions – for medium to high risk	CH	CES	Provision to residential care homes following a specialist risk assessment by a clinician who has followed the tissue viability Nurses decision tool. Only medium to high risk needs apply. Referrer will need to state clinical need and provide justification for equipment.
Lateral turner (Toto)	CH	CES	Following a specialist risk assessment by a clinician, referrer will need to liaise with TVN and state clinical need and provide justification for equipment.
Gelovations flat gel sling pads	CH	CES	A full assessment from a clinician is required who will follow the SERF process.
Gelovations Gel pad	CH	CES	Following full assessment from clinician also seeking advice from TVN and following the SERF process.

Seating

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Chair blocks and raisers	CH	CH	
Standard static chairs, riser recliner chairs including those that tilt in space and advanced tilt in space porter chairs.	CH	CH	<p>When Care homes purchase seating, they should consider a combination of the following: -</p> <ol style="list-style-type: none"> 1. Single motor riser recliners do not provide postural support and work both the back and leg rest at the same time. 2. Dual motor riser recliner chairs can also have a tilt in space function. These are most appropriate in the long term as they ensure good positioning, reduce skin integrity issues and can be used by residents with differing care needs. 3. Tilt in space, postural supportive porter chairs

			<p>4. All seating to have integral pressure relief where appropriate.</p> <p>5. Providers should have a selection of chairs that are adaptable for different clients, both in terms of size variability and the ability to put on add-on parts such as extra supports. If chairs are adaptable there is a potential that they could be shared by clients (for e.g. morning/afternoon)</p>
Specialist postural support bespoke chairs	CES/CHC	CES/CHC	These items may be available subject to application to Equipment panel or if eligible for NHS Continuing Health Care funding and clinically prescribed for such equipment.

Moving and Handling Equipment

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Lifting cushion e.g. ELK, camel, Raizer lifting aid	CH	CH	Lifting aid to support care home staff support residents up from the floor.
Mobile Standard Hoist	CH	CH	Where residential homes have their own hoists, they should be yearly serviced and 6 monthly LOLER checked.
Ceiling Track Hoists	CH	CH	Where residential homes have their own hoists, they should be yearly serviced and 6 monthly LOLER checked.
Gantry Hoist	CH	CES	Provision will be following an assessment by a clinical practitioner where there is no ceiling track available, and the resident is unable to be hoisted using a mobile hoist. These items may be available subject to Equipment panel guidelines or if eligible for NHS Continuing Health Care funding and clinically prescribed for such equipment.
Standard slings	CH	CH	Care homes are expected to assess each client individually and provide a sling(s). This would include full body slings (including in situ), in seat hammock slings and toileting slings (in a size appropriate to the client)

Bespoke slings	CES	CES	Bespoke slings would be made to measure for a client and DO NOT include non-stock slings that are part of a manufacturer's standard catalogue range. Provision will be following an assessment by a clinical practitioner.
Standing Hoist (powered)	CH	CH	For common/general use – equipment is to be provided by care home.
Standing transfer Aid (non-powered)	CH	CH	The CH should have a selection of standing transfer aids including standing aid with seat flaps or standing aid with belt .
Transfer boards	CH	CH	
Handling Belts	CH	CH	
Slide sheets/one way glides	CH	CH	
Hip Protectors	CH	CH	
In bed sheet systems	CH	CES	CES use Etac Immedia satin sheet
Positioning wedge	CH	CES	
Bespoke postural positioning cushions	CES	CES	Following assessment from clinician who will follow the specials process.

Mobility Equipment

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Walking Sticks	NHS	NHS	Physio departments are expected to provide
Fisher Walking Stick	NHS	NHS	Physio departments are expected to provide
Walking frames with/without wheels	NHS	CES	Can be provided by hospitals or community clinicians
Gutter walking frame	NHS	CES	Can be provided by hospitals or community clinicians
Elbow crutches	NHS	NHS	
Gutter crutches	NHS	NHS	
3 or 4 wheeled walkers	NHS	NHS	Service users can be encouraged to purchase their own
Pulpit Frame	NHS	NHS	
Ramps	CH	CH	
Assorted grab rails	CH	CH	

Sensory

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Range of sensory impairment equipment	CH	CH	This is environmental equipment.

Telecare

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Range of Telecare items	CH	CH	Care homes are expected to provide call systems, monitors, PIR's etc.
Sensor alarm mats and pads	CH	CH	

Toileting

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Bed-pans and urine bottles	CH	CH	
Range of commodes: standard and mobile	CH	CH	
Bariatric commode	CH	CH	These are widely available to purchase
Toilet frames	CH	CH	
Raised toilet seats	CH	CH	
Continence pads (local policies)	NHS	NHS	Full assessment to be completed – must meet eligibility criteria for continence service.
Specialist sheets (local policies)	NHS	NHS	Full assessment to be completed – must meet eligibility criteria for continence service.

Wheelchairs

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Push wheelchairs, standard transit chairs and basic wheelchair cushions.	CH	CH	For general use
Wheelchairs and accessories provided by wheelchair services for permanent	NHS wheel-chair services	NHS wheel-chair services	

and substantial usage after trauma or short-term palliative care.			For a named individual to use following an assessment using wheelchair criteria set by the wheelchair service by a qualified therapist only.
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Respiration

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
For maintenance of respiration e.g. suction units	CH	N/A	
Oxygen cylinders/ concentrators	GP	GP	
Oxygen administration consumables	GP	GP	
Simple nebulisers	CH	GP	
Resuscitation equipment (e.g. mouth to mouth)	CH	CH	e.g ambu masks and bags
Pulse oximeters	CH	N/A	
Non-standard complex nebulisers and humidifiers (e.g. for ENT, CPAP, BIPAP)	NHS	NHS	

Nursing Equipment and Nursing Procedures

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Venepuncture	GP/NHS	GP/NHS	
Vacutainer bottles for blood tests	GP/NHS	GP/NHS	
Syringes and needles	CH	NHS	
Catheterisation			
For management of catheterisation e.g. stands, packs	CH	GP/NHS	
Catheters and bags	GP	GP	Via prescription

Dressings

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
For procedures related to aseptic and clean dressing.	GP	GP	Via prescription

Medicine administration

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
For administration of oral medicine/medication.	CH	CH	Medicine via prescription
For administration of rectal medication	CH	NHS	These procedures are carried out by District Nurses for residential care homes.
For administration of medication by injection	CH	NHS	These procedures are carried out by District Nurses for residential care homes.
Standard syringe driver	CH	NHS	Proportional to the size of the home
Specialist syringe drivers e.g. for epidurals	NHS	NHS	

Nursing Procedures

Type of Equipment	General and Dementia Nursing	Residential and Dementia Residential	Comments
Routine nursing procedures – Temperature, BP	CH	CH	
BM -glucometer	CH	NHS	

Performance Measures

The performance measures within this section relate to the services provided by the Care Home providers. The measures are reported to commissioners and Council/ICB through the Councils contract review.

How much did we do?	How well did we do it?
<p>Local Indicators</p> <ul style="list-style-type: none"> ❖ Number of safeguarding's with reference to equipment. ❖ Review of maintenance records ❖ Number of Equipment panel request for specialist equipment. 	<p>Local Indicators</p> <ul style="list-style-type: none"> ❖ No of safeguarding's over the year ❖ Record of 6monthly maintenance visits by a recognised provider. ❖ No and cost of Equipment panel requests for specialist equipment. ❖ No of concerns raised at Council contract review. ❖ CQC inspection report – Good in Safe
<p style="text-align: center;"><u>Is Anyone Better Off?</u></p> <p>There are currently no formal performance measures in this domain. However, the Commissioners review residents feedback, complaints and compliments at the providers contract review and expect to see</p> <ul style="list-style-type: none"> ❖ Low number of customer complaints involving equipment (less than 1 per year) 	

