

# Strategic and Corporate Services Directorate

## Guidance for Provision and Recycling of Community Equipment in Care Homes for Adults

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### Version Control

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2 Draft	14.02.17 28.09.17	General refresh of document to reflect current working practices, regulations and operation of ICES contract to November 2020. Purpose section enhanced to reinforce recycling element of the ICES service. Safeguarding paragraph added. Simplified and clarified responsibilities for care homes, commissioners and prescribers of equipment. Information about how to contact the ICES provider has been added. Clarified that mobility equipment will be loaned on a long term basis in care homes with and without nursing. Legislation / policy added as appendix rather than in body of guidance.	James Lampert
2.2 Draft	03.10.17	Review of narrative	Fay Gooderson
2.3 Draft	04.10.17	Consolidation and review of narrative	Tracy Veasey

2.4	04.10.17	Review of narrative	Mel Miller
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2.6	05.06.18	Amendment to narrative on page 16.	Mel Miller/Tracy Veasey

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

1.1 The purpose of this document is to:

- set out expectations for the provision and recycling of community equipment for people living in registered care homes across Kent
- provide practical guidance for health and social care practitioners, care home providers and the countywide Integrated Community Equipment Service (ICES)
- promote the recycling of all products on loan to people living in care homes, supporting improvement in infection control and ensuring accurate location records are kept in the event of safety notice product recalls and for routine maintenance
- provide a basis for local protocols and contracts
- enable NHS and social care commissioners and equipment prescribers to understand their obligations in relation to people living in care homes for adults
- enable care home providers to understand their equipment obligations to residents and clarify who is responsible for funding the equipment

1.2 To clearly set out funding responsibility and provision for different types of equipment (see Appendix 1)

## **2. Overview**

2.1 The Kent ICES is commissioned jointly by Kent County Council and the NHS Clinical Commissioning Groups (CCG). The service provides 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 well-being in the community.

2.2 So that individuals are safeguarded, competent assessment for equipment is needed and it is the care homes responsibility to provide this. Common examples where equipment can be misused includes slings for hoists, syringe drivers and pressure care equipment.

2.3 Staff with nursing and social care responsibilities play an important part in identifying equipment needs when a person commences living in a care home and when their care needs change.

2.4 People living in a care homes have the same rights to services, including the provision of some equipment, as those living in their own homes. Care homes may provide a range of care including intermediate care, palliative care and continuing health care.

2.5 Care homes are expected to provide a general range of equipment to meet a variety of care needs, including variations in height, weight and size ensuring it is accessible, clean, safe and suitable for use. They should relate to the care for which the home is registered and fulfil their health and safety and training

obligations to their own staff. The range of equipment typically required by the clients using the service will be the responsibility of the care home provider to determine. (appendix1)

- 2.6 The general range of equipment may include, but is not limited to, beds and mattresses, chairs and bathing equipment, that is most appropriate to the care and support provided.
- 2.7 CQC registered care homes (without nursing) are expected to provide a reasonable range of basic equipment.
- 2.8 CQC registered care homes (with nursing) are expected to provide a reasonable range of basic and more complex equipment typically required to meet the nursing care needs.
- 2.9 All care homes are expected to provide, as a minimum, basic standard sized attendant propelled wheelchairs intended for transit use only.
- 2.10 Where an individual's needs falls outside of the home's general provision e.g. bespoke equipment or individual communication equipment is required, then an assessment can be requested for health or social care prescribers. The prescriber will assess short term need for equipment and will arrange provision.
- 2.11 Care homes who receive loaned equipment should ensure this is properly maintained, returned promptly (usually after 6 weeks for short term loan) and is provided for a designated, individual resident as part of a care plan. It **must not** be used by any other resident due to infection control reasons and so that the usage history of the product can be tracked by the ICES provider. Each item is individually barcoded for this purpose.
- 2.12 More information about the equipment service, including provider, repairs and returning equipment can be found at: <https://www.kent.gov.uk/social-care-and-health/information-for-professionals/ices-and-technology-enabled-care>

### **3. Assessment**

#### **3.1 General Points**

The assessment, care plan and review process (by care homes and clinical practitioners) are important for successfully meeting equipment needs. Many disputes about equipment provision can be avoided by good practice in assessment, involving health or social care practitioners where necessary. Particular care should be given to early planning for hospital admissions and discharges.

### 3.1.1 Moving & Handling Assessments

Care home staff must complete a moving and handling risk assessment as soon as a resident moves into the home. This must be reviewed each time there is any change in health or functional ability. Registered Managers must ensure that appropriate assessments are undertaken and that care home staff are trained, competent and confident to recommend which moving and handling equipment is appropriate for the range of needs within the home. Referrals for additional professional expertise from moving and handling advisors, or other health and social care practitioners may be required when none of the equipment in the care home meets a resident's needs and alternative or bespoke solutions need to be considered.

## 4. Working in partnership

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

4.1.1 The health or social care prescriber will ensure that support is provided to care homes wherever possible, with the following:

- advice about appropriate equipment - what is available on the Kent catalogue or by special order and how to get it
- demonstration of equipment where necessary
- assessment for equipment for individuals
- advice on how equipment will be entered onto the maintenance schedule for routine servicing and repair by the ICES equipment provider, where it is loaned by the ICES service

4.1.2 Care homes should:

- check ownership and arrangements for equipment when residents are first admitted to the home
- support residents to inform the ICES provider of their change of address either into or out of the home and arranging the collection of equipment that is no longer needed, or in some circumstances, of the change of location of the item within the care home
- identify when loan equipment is no longer required (e.g. death of a resident) or has reached its maximum loan period and contacting the ICES provider to arrange collection
- ensure that equipment prescribed for an identified individual resident is not used by other residents.
- request reassessment to take place where there is a change in service users' circumstances e.g. change in pressure risk, change of functional ability, significant increase or decrease in weight.
- inform the ICES provider promptly in the event of loan equipment breakdown

## 5. Principles of Equipment in Care Homes

- 5.1 The purpose of providing equipment is to increase or maintain functional independence and well-being of residents and carers as part of a risk management process. It is important to find practical ways of supporting residents, facilitating hospital discharges and avoiding unnecessary admissions, through the use of equipment.
- 5.2 Consideration must be given to the most cost-effective method of meeting the assessed need. A careful balance must be achieved between the independence and dignity of the resident and the health, safety and welfare of the resident and care home staff.
- 5.3 Residents in registered nursing home beds must have their long term equipment provided and funded by the care home. Equipment will include but is not limited to pressure care overlays, and replacement mattresses to maintain tissue viability (static and dynamic systems, and profiling beds) and syringe drivers.
- 5.4 Residents in registered nursing homes funded by NHS Continuing Health Care (CHC) may have bespoke equipment needs. Assessment and provision/funding of these specialist items will be undertaken by the local NHS CHC or local Community Health Team. This assessment will need to occur before admission to the nursing home and further assessment may also be required if clinical needs change.
- 5.5 Care homes should not accept people whose assessed needs they are unable to meet long term. However, where the provision of a particular piece of equipment in a care home is **temporary** (less than 6 weeks) and the provision of equipment would facilitate a discharge from an acute hospital bed, the care home can make arrangements for a short term six week loan of equipment from the equipment provider with agreement of KCC or the CCGs. At the end of the 6 week temporary period the loan equipment must be returned to the ICES equipment provider.
- 5.6 If a residents stay will be longer than the 6 week loan period the care home may prefer to approach an independent equipment provider at the care home's own cost, to continue to rent or purchase the assessed equipment. At the end of the 6 week temporary period the loan equipment must be returned to the ICES provider.
- 5.7 Specific items of equipment may also be provided by the community equipment service on a short term loan basis to assist with respite placements.
- 5.8 A Direct Payment can be set up to allow a client to purchase equipment.
- 5.9 Equipment should not be transferred from or to a person's home for respite care due to infection control risks.



- 5.10 However, certain items such as mobility aids or bespoke slings may be permitted in consultation with the practitioner and the home manager to be transferred to a person's home following a respite stay.
- 5.11 If a service user has their own tenancy within a supported living environment, then this is considered as living within the community and therefore equipment provision will be provided and funded via the ICES provider following an assessment by a relevant professional.

## **6. Equipment Loaned to a Care home by the Integrated Community Equipment Service**

- 6.1 Where equipment is loaned to a care home it will be for the **exclusive** use of the person for whom it was prescribed, following assessment by a Health or Social Care practitioner. ICES would not normally be responsible for the general provision of equipment unless there is an emergency and a temporary item was supplied for a short period, or example to facilitate an urgent hospital discharge or where there is a safeguarding concern. If the equipment provided for a specific individual is subsequently used with another resident and an incident or accident occurs, the care home will be held liable.
- 6.2 Where an item has been provided by the ICES provider this will include instruction on its use and maintenance. Care staff must use the equipment within the manufacturer's guidance and maintain the item in good condition.
- 6.3 Care staff must be trained in the use of the equipment by the ICES provider and this will include instruction. This is a mandatory requirement under the Health and Safety at Work etc. Act (1974), the Provision and Use of Work Equipment Regulations (PUWER) (1998) and Managing Medical Devices 2014.
- 6.4 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 ICES provider.
- 6.5 The care home will need to meet the cost of all repairs arising from negligence, damage or inappropriate use of loan equipment (this includes defacing the equipment or permanent marking with a resident's name), or the full cost of replacement if damage is beyond repair.
- 6.6 Care homes will be charged the full replacement cost for all equipment not returned/or deemed 'lost' following the loan period.
- 6.7 All repair and maintenance of ICES loan equipment will be carried out by the contracted ICES provider, or authorised sub-contractor where appropriate. The ICES provider will be responsible for maintaining a list of all loan equipment requiring ongoing and regular maintenance.

- 6.8 Equipment provided on loan through ICES will need to be made accessible for appropriate checks, repairs and maintenance when requested by the ICES provider.
- 6.9 The care home is responsible for maintaining and servicing their own purchased or rented equipment.
- 6.10 All equipment loaned to a care home is done so as a **temporary** loan arrangement for a **maximum of six weeks**. The ICES provider will make contact with the care home at the end of this period to arrange a collection date.
- 6.11 In the circumstance that a resident in the care home is in receipt of end of life care (EOL), and the removal of the equipment will put the user at risk, it is the care homes responsibility to notify the ICES provider and arrange an extension of the temporary loan period with agreement from KCC or the CCGs.
- 6.12 It is the care homes responsibility to arrange permanent equipment to meet the needs of the resident either through using the contracted equipment provider or alternatively sourcing the equipment through another supplier.
- 6.13 In the circumstance that the resident has a temporary or permanent change in clinical need that will require specialist equipment to continue to support them in the home it is the responsibility of the care home to advise the residents health or social care prescriber to arrange further assessment and provision as required.
- 6.14 Commissioners will monitor the type and duration of issue for equipment on loan to all care homes and take remedial action as required.
- 6.15 It is the responsibility of the care home to ensure that any equipment scheduled for collection is available and accessible to the ICES provider on the date specified. Any failed collections will result in an additional cost being applied to Commissioners.
- 6.16 Contracted Older People's Care Home providers will be required to complete KPI information on a quarterly basis (effective from April 2018) that provides Commissioners with any repeated failed collection dates along with the reason.
- 6.17 Any failed collections will be monitored closely by the ICES equipment provider and Commissioners to ensure that repeated failed collection requests are addressed as part of the provider visit record undertaken by Commissioning.
- 6.18 All contracted Older People's Care Home providers will ensure that all equipment temporarily on loan to them will be made available for collection within the agreed timescales (six weeks). Any providers that do not comply with requests to collect equipment will be putting their organisation at risk of

receiving a contract compliance/poor practice sanction applied to the home (effective from April 2018)

- 6.19 This contract compliance/poor practice sanction will be removed following collection of the overdue equipment. Confirmation of collection can be submitted via: [Accommodationsolutions@kent.gov.uk](mailto:Accommodationsolutions@kent.gov.uk).

### **Rental Arrangement**

- 7.0 A short list of essential equipment will be available to rent directly from NRS Healthcare by Care Home Providers to meet the needs of Residential Care Homes contracted with Kent County Council. Costs will be met by the Care Home Provider.
- 7.1 Further details of the equipment available and any costs applied can be requested directly from the ICES provider (<http://www.kent.gov.uk/social-care-and-health/care-and-support/help-to-live-at-home/equipment-and-changes-to-your-home#tab-2>)

## Appendix 1 – Equipment Matrix

The table below is provided to assist community equipment services, care home providers and others in determining the local arrangements and responsibilities for the provision and maintenance of equipment in care homes in the following area(s). The table indicates what equipment is considered to be reasonable to be provided by each organisation. Bespoke equipment, specialised and unusual equipment may be provided following an assessment by a LA or NHS assessor

### Abbreviations:

<b>CH</b>	<b>Care Home</b>
<b>ICES</b>	<b>Integrated Community Equipment Service (following assessment by prescriber /assessor) on behalf of KCC and NHS CCGs</b>
<b>NHS</b>	<b>Health equipment not normally provided via ICES</b>
<b>GP</b>	<b>General Practitioner via prescription</b>
<b>-</b>	<b>Not applicable</b>

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
<b>For administration of medicine</b>			
For administration of oral medicine e.g. measures, medication	CH	CH	Medicine via prescription/chemist packs
For administration of rectal medication e.g. gloves	CH	CH	
For administration of medication by injection	CH	NHS	Community nursing or hospice will support residential care homes
Standard syringe drivers	CH	NHS	Community nursing or hospice will support residential care homes
<b>Bathing Equipment (including plus size)</b>			
Range of bath seats	CH	CH	
Range of bath boards	CH	CH	
Powered bath lift	CH	CH	
Range of shower chairs	CH	CH	
Range of shower stools	CH	CH	
Bespoke Shower Chairs	CH	ICES	May be provided following assessment by clinical practitioner for an individual named resident and subject to specials panel review and authorisation
<b>Beds (including plus size)</b>			

Standard powered variable height, profiling beds, may include integral cot sides and levers	CH	CH or ICES (see note)	The NHS may fund these items, following an assessment, in the following circumstances: <ul style="list-style-type: none"> <li>• Where an individual is at risk of aspiration, pneumonia or uses a PEG feed.</li> <li>• As part of a prescribed rehabilitation programme where the profiling and variable height functions will enable client to transfer independently and prevent the use of a hoist.</li> <li>• Where the individual is CHC funded in a residential care home</li> <li>• In exceptional circumstances, beds may be loaned on a temporary basis (6 weeks) following assessment by a health professional to facilitate hospital discharge or for an identified need e.g. period of illness/terminal care, however if all Care Homes are fully equipped with profiling beds it is difficult to foresee a scenario where such a temporary loan would be required.</li> </ul> There may be other scenarios which should be discussed with the relevant health or social care professional
<b>Bed Accessories</b>			
Bed blocks and raisers	CH	CH	
Range of back rests	CH	CH	
Bed Lever	CH	CH	
Blanket Cradle	CH	CH	
Powered Mattress Variator	CH	CH/ICES	May be provided according to identified need following assessment by a Social Care/Health professional
Over bed trolley / table	CH	CH	
Bed Rails: Divan bed rails (and bumpers) Profiling variable height bed rails (and bumpers)	CH	CH/ICES	If a bed has been provided via the ICES (as per above guidance) then if necessary, bed rails will be provided too, otherwise the care home will be expected to provide.
<b>Chair Raising Equipment</b>			
Range of standard chairs	CH	CH	
Chair blocks and raisers	CH	CH	
<b>Dressing Equipment</b>			
Stocking aid	CH	CH	
Tights aid	CH	CH	
Long-handled shoe horn	CH	CH	
<b>Help with Feeding</b>			
PEG feeding equipment and consumables	NHS	NHS	Prescribed by GP, accessed via community nursing
For intravenous feeding	NHS	NHS	
Equipment e.g. plate accessories	CH	CH	

Range of feeding equipment	CH	CH	
<b>Environmental Support</b>			
Helping hand	CH	CH	
Trolley	CH	CH	
Perching stool	CH	CH	
<b>Environmental Controls</b>	<b>NHS</b>	<b>NHS</b>	Referrals to the <a href="https://www.kmpt.nhs.uk/services/environmental-control-service/7017">Environmental Control Service</a> can be made. Info at: <a href="https://www.kmpt.nhs.uk/services/environmental-control-service/7017">https://www.kmpt.nhs.uk/services/environmental-control-service/7017</a>
<b>Mobility Equipment</b>			
Walking stick	NHS/ICES	NHS/ICES	Mobility equipment is available for long term loan to residents living in care homes for individual use
Fischer walking stick	NHS/ICES	NHS/ICES	
Walking frames with/without wheels	NHS/ICES	NHS/ICES	
Gutter walking frame (not in catalogue)	NHS/ICES	NHS/ICES	
Elbow crutches	NHS	NHS	
Gutter crutches	NHS	NHS	
3 or 4-wheeled walkers	ICES	ICES	
Standing frame	ICES	ICES	
Ramps	CH	CH	
Assorted grab rails	CH	CH	
<b>Wheelchairs</b>			
Push wheelchairs, standard transit chairs and basic wheelchair cushions	CH	CH	For a named individual to use and following an assessment by a qualified therapist only.  The wheelchair user must use for independent mobility; it is not as an alternative to seating provision by home
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 following an assessment by a qualified therapist only.  The wheelchair user must use for independent mobility; it is not as an alternative to seating provision by home.
<b>Nursing Equipment</b>			
Venepuncture (syringes and needles)	CH	NHS	Via community nursing
Vacutaine bottles for blood tests	CH	NHS	Via community nursing
<b>Catheterisation</b>			

For management of catheterisation e.g. bag, stand, packs	CH	NHS	Via GP
Prescription for catheters and bags	GP	NHS	Via GP
<b>Dressings</b>			
For procedures related to aseptic and clean dressings	CH	NHS	via community nursing
Vac Pump and sundries	CH	-	
<b>Nursing Procedures</b>			
Routine nursing procedures e.g. testing urine, BP, BM (glucometer)	CH	NHS	District Nurses and Specialist Nurses BM stix available for some diabetic patients (e.g. if on insulin) on prescription. Otherwise would be purchased by care home
<b>Moving and Handling Equipment</b>			
Mobile Hoist	CH	CH	
Ceiling Track Hoists	CH	CH	
Standard slings	CH	CH	
Bespoke slings	ICES	ICES	Provision will be following an assessment by a clinical practitioner (could be CHC funded in some cases, if the client is already identified as eligible and assessed for a bespoke sling). Stock not routinely held at ICES and custom made for an individual. Subject to special orders process and authorisation.
Stand aid / Transfer aid	CH	CH/ICES	For general use equipment is to be provided by the care home. For a named individual these may be provided where a standing frame /standing hoist is assessed to be essential as part of a short term prescribed rehabilitation programme and the client is expected to progress to the use of a non mechanical stand aid or independent transfers.
Standing Aid (Non mechanical)	CH	CH	e.g. Turntable, turning discs, swivel cushions. For example Rota Stand, Arjo Stedy, Cricket
Transfer Boards	CH	CH	
Handling Belts	CH	CH	
Slide sheets/one way glide sheets/insitu slide sheets	CH	CH	
<b>Pressure Care</b>			
High specification foam overlays/mattresses and cushions for low to medium risk	CH	CH	

Visco elastic/memory foam mattresses/cushions – for medium to high risk	CH	CH/ICES	Provision to residential care homes only following a specialist risk assessment for tissue viability medium to high risk needs only
Alternating Dynamic (and pump) overlays/mattresses/cushions – for medium to high risk	CH	CH/ICES	Provision to residential care homes only following a specialist risk assessment for tissue viability medium to high risk needs only. May be loaned to care homes (residential) in exceptional cases according to specific criteria on a temporary basis (6 weeks) as part of wound management, following assessment by Health professional
<b>Respiration</b>			
For maintenance of respiration e.g. suction units	CH	ICES	These units may be available for individual users in residential homes through local ICES or other Health provision (community nursing or physiotherapy)
Oxygen cylinders/concentrators	NHS	NHS	Assessment & ordering by Integrated Respiratory Service only via GP referral
Oxygen administration consumables	NHS	NHS	Assessment & ordering by Integrated Respiratory Service only via GP referral
Simple nebuliser machines	CH	ICES	Assessment & ordering by Integrated Respiratory Service only via GP referral
Resuscitation equipment (e.g. mouth to mouth)	CH	CH	E.g. ambu masks and bags
Pulse oximeters	CH	ICES	Assessment & ordering by Integrated Respiratory Service only via GP referral
Non-standard complex Nebuliser and humidifiers (e.g. for ENT, CPAP BIPAP)	ICES	ICES	Assessment & ordering by Integrated Respiratory Service only via GP referral
<b>Seating</b>			
Standard chairs including winged/riser/recliner, tilt-in-space, adjustable height orthopaedic. All chairs to have built in pressure relief.	CH	CH	Homes to provide a variety of heights, size, shape and style chair to meet patients' needs and to be "fit for purpose".
Bespoke Seating – must be custom made i.e. made to measure at manufacturer point for individual use only.	ICES	ICES	Modular seating/chairs are not considered to be a bespoke piece of seating as each component can be easily adjusted for another person's use.
Postural support - bespoke	CH/ICES	CH/ICES	Provided subject to CHC eligibility and specials panel review and authorisation.



<b>Sensory</b>			
Range of sensory impairment equipment	CH/ICES	CH/ICES	Care homes are expected to provide a range of standard equipment such as visual smoke/fire alarms and loops for listening to TV's in a communal area. Following a KCC specialist sensory assessment an individual may be provided with a personal listener, bedroom door entry alert or a person to person communication aid. These items would be issued to the client for the period of their stay in the Care home.
<b>Telecare</b>			
Range of Telecare items	CH	CH	Care homes are expected to provide call systems, monitors, PIRs etc.
<b>Telehealth</b>			
Range of Telehealth items	ICES	ICES	Subject to local CCG arrangements, funding via community nursing or CCG commissioners
<b>Toileting</b>			
Bed-pans and urine bottles	CH	CH	
Range of commodes: standard and mobile	CH	CH	
Raised toilet seats	CH	CH	
Toilet frames	CH	CH	
Continence pads	CH/NHS	CH/NHS	Full assessment to be completed - must meet eligibility criteria for continence service
Special sheets	CH/NHS	CH/NHS	Full assessment to be completed - must meet eligibility criteria for continence service
<b>Falls</b>			
Hip protectors	CH	CH	Advice available through local Falls Prevention Service – care homes to check out their local provision

## Appendix 2 – Relevant Legislation, Policies and Regulatory Standards

Listed below are some useful references and websites. This is not an exhaustive list. Guidance and organisational publications do change. Please refer to the originating organisation for the most up to date publication and for other information.

[Care Act \(June, 2014\)](#)

[Care Quality Commission \(CQC\) Guidance for providers on meeting the regulations \(March 2015\) and Care Quality Commission \(Registration\) Regulations 2009 \(Part 4\) \(as amended\)](#)

[Department of Health National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care \(November 2012 - Revised\)](#)

[Health & Safety Executive \(Health and social care services section\)](#)

[Health and Social Care Act 2008 \(Regulated Activity\) Regulations 2014](#)

[Health and Social Care Act 2008 \(Regulated Activity\) \(Amendment\) Regulations 2015](#)

## Appendix 3 – Acknowledgements

Version 2 of this document was reviewed 13.2.17 by:

- James Lampert, Commissioning Manager, KCC
- Mark Hogan Independent Living Support Services Manager, KCC
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- Tracey Creaton, Deputy Chief Nurse, NHS West Kent CCG
- Fay Gooderson, Commissioning Manager, Thanet CCG
- Tracy Veasey, Commissioning Officer, KCC

<http://www.kent.gov.uk/social-care-and-health/care-and-support/help-to-live-at-home/equipment-and-changes-to-your-home#tab-2>