

Purpose

The purpose of this document is to clarify the responsibilities for the provision of equipment between Wokingham Borough Council, NHS Buckinghamshire, Oxfordshire & Berkshire West ICB and Care Homes including those offering residential or nursing care.

Overarching Principles

Residents of care homes have the same rights to a service and access to an assessment of their needs, including the provision of some equipment, as any other resident in their local area.

Residents have the right to safety and security; respect, privacy and dignity; freedom of thought, faith and self-expression; autonomy and choice and social participation and inclusion. Equipment can assist in meeting and maintaining these rights and support a person's health and well-being.

The provision of equipment can increase or optimize the functional independence and well-being of care home residents and carers. It enables occupational engagement, choice and participation in activities that are important to an individual.

Care Homes have a duty to ensure that they can meet the needs of their residents. They should not accept people whose assessed needs they are unable to meet.

Definition of Terms

Care Home: In this document the term 'care home' is used generically for all care homes. 'Residential home' is used for a residential/rest home and 'nursing home' for a care home with nursing.

BCES – Berkshire Community Equipment store

Resident - Any person who is living in a care or nursing home for either a short or long stay

1. Overarching Duties of Care Homes for Community Equipment Provision

1.1 CQC Guidance for providers on meeting the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states:

1.2 Care settings should be suitable for the purpose for which they are being used. Premises must be fit for purpose in line with statutory requirements and should take account of national best practice. Premises must be suitable for the service provided, including the layout, and be big enough to accommodate the potential number of people using the service at any one time. There must be sufficient equipment to provide the service. 15 (1)

1.3 Care homes are expected to provide a standard range of equipment for its normal population of residents, at their cost, at the start of and throughout the placement. It is accepted that at times residents may require non-standard/bespoke equipment (appendix....) and that this would fall

1.11 Under Standard 1, each care home must produce a Statement of Purpose to ensure that it is meeting the needs of its residents. For example, if a home states that it caters for the needs of people with physical disabilities in order to be 'fit for purpose' it must have good wheelchair access and a range of equipment that is likely to be needed by people with physical disabilities.

1.12 In order to meet these needs, the expectation is that the care home should have an adequate supply of equipment/medical devices to fulfil their obligations to residents and to their workforce for health and safety. Equipment includes, but is not limited to, chairs, beds, clinical equipment, telecare and telehealth equipment and moving and handling equipment. Account must be taken of variations in size i.e. height, width and weight of residents. 1.13 The Health and Safety at Work Act (1974) requires employers to provide suitably maintained equipment, staff training, and supervision in a safe working environment. It is the employee's responsibility to follow instructions and to ensure their own safety and that of others at all times. The Management of Health and Safety at Work Act (1992) requires employers to ensure risk assessments are carried out and that risks are minimised as far as possible.

1.14 Details of what care homes (residential care homes and nursing care homes) are expected to provide as "standard" and what they are not expected to provide, can be found in **Appendix 1**

2. Equipment that Care Homes are not expected to provide - non- standard /bespoke equipment

2.1 It is expected that the Home will have a variety of equipment to meet most of their resident's needs. However, there will be a very small number of Residents who may need a bespoke piece of equipment provided or purchased to meet their needs.

2.2 For the purposes of this guidance, bespoke equipment refers to equipment that is, designed or adapted or bio-engineered and manufactured for a specific individual.

2.3 By definition "bespoke" means that it cannot be used to meet another resident's care needs. The attached Equipment Matrix provides full details of responsibility for items of equipment.

2.4 Non-standard or bespoke equipment will be provided if it is not an item which the care home has undertaken to supply under the terms of its Statement of Purpose or in its resident plan of care.

2.5 In order for NHS or Local Authority to supply, there must be an assessment by equipment prescriber who is authorised to prescribe specialist equipment i.e., not an Enhanced/ Trusted assessor.

2.6 The equipment will be provided via BCES for the resident's assessed needs and will not be used for any other residents. It will be returned to BCES when it is no longer needed. There is no time limit on how long this non-standard/ bespoke equipment can be used by the resident to meet their needs. 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.

4.5 All staff involved with residents who are vulnerable to pressure damage should access relevant training or education in pressure ulcer risk assessment, prevention and treatment.

5. Manual handling equipment

5.1 It is the responsibility of the care home to provide a range of manual handling equipment for their residents and to meet their obligations to their workforce to maintain health and safety. All homes should have sufficient equipment to facilitate care in a safe, timely and appropriate manner.

5.2 Care homes should complete a manual handling risk assessments for all customers who have such needs, which should be done by a suitably trained person. The assessment should be dated and indicate a review. The assessment should consider resident's health and care needs and will should inform a manual handling care plan that provides sufficient detail and instruction on how to complete the task. For example, number of carers, equipment used etc. Guidance can be found on Health and Safety Executive website. <http://www.hse.gov.uk/healthservices/moving-handling.htm>

5.3. Care homes should ensure all staff supporting residents with manual handling should be appropriately trained. Staff should be able to dynamically risk assess and be skilled in identifying any changes in the resident's functional ability that may indicate a need for re-assessment.

5.4 Where resident skin-to-skin contact with equipment is likely, such as hoist slings and slide sheets, in order to reduce risk of cross infection, care homes are recommended to provide equipment identified for the resident's sole use.

6. Wheelchairs

6.1 It is the responsibility of the care home to provide standard transit (attendant propelled) wheelchairs and pressure relieving cushions for their residents. Subject to assessment, the NHS wheelchair service will loan self-propelling and powered wheelchairs to residents to support independent mobility. For pressure ulcer prevention, safety and comfort, residents who are not independent wheelchair users should not be left sitting in a transit wheelchair. Residents should be supported to transfer into a supportive armchair with an appropriate pressure relieving cushion.

6.2 Residents who have a need for a transit wheelchair, but due to complex physical disability, could not safely sit in a standard transit chair are eligible for assessment by the NHS wheelchair service. Consideration will then be given to NHS provision of a wheelchair with specialist bespoke postural supports to meet the complex postural needs of the resident. An example of this is where a resident leans heavily to one side in sitting and is unable to independently correct their position.

7. Operational Guidance on the Issue and use of Equipment in Care Homes

8. Duty of LA to safeguard

8.1 Where the LA has reasonable cause to suspect that an adult in its area is experiencing or at risk of abuse or neglect as a consequence, they have a duty to make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken (whether under this Part or otherwise), and if so, what and by whom (Care Act 2014).

8.2 The LA may at its discretion offer short-term provision of equipment if the provider is unable to source appropriate equipment in a timely manner and there is a risk to the safe delivery of essential personal care/significant impact on the individual's health and wellbeing. The LA are required to report all safeguarding concerns relating to care home to the Care Quality Commission who are responsible for monitoring, inspect and regulate services to make sure that they meet fundamental standards of quality and safety.

9. Equipment required in order to prevent delay in transfer of care from hospital to care home.

9.1 The LA may at its discretion offer short term provision (of up to six weeks) of equipment if a provider is unable to source necessary and appropriate equipment needed to facilitate delivery of safe care at point of transfer.

10. General Legal Responsibilities of the Care Home re Community Equipment Provision

- Health & Safety at Work Act [1974];
- 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);
- Care Standards Act (2000)
- National Minimum Care Standards
- National Framework for National Framework for NHS Continuing Healthcare and NHS funded Nursing Care;
- The Care Act [2014]