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**The Provision of Community Equipment in Care Homes Guidance**

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**Purpose and Scope of this document**

The purpose of this document is:

* To clarify the relationship between Community Equipment Services (CES) and registered care homes within Surrey County Council area
* To enable prescribers, commissioners of community equipment services to identify their responsibility in relation to equipment in care homes
* To assist care home owners to understand their equipment responsibilities to residents and clarify who is responsible for funding and providing equipment
* To support Prescribers in understanding their responsibility in recommending equipment to care homes

If an individual has their own tenancy within a supported living environment, then this is considered as living within the community and therefore equipment provision will be funded via the CES following an assessment by a clinical professional. General equipment in extra care schemes which is available to a number of different residents to use must be funded by the Extra Care Housing Provider.

**Background**

This document has been developed by Surrey County Council Adult Social Care and Public Health, using a number of guidelines including Care Act 2014, the Health and Social Care Act 2008 (Regulated Activities) regulations 2010 and the Care Quality Commission (Registration) Regulations 2009: CQC *Essential Standards of Quality & Safety* (March 2010);

Community Equipment Services (CES) are services that are contracted by local commissioners to provide community equipment on loan to individuals (both 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.

The aim of this document is to promote consistent proactive understanding between managers/owners of care homes, health and social care commissioners and community equipment services commissioned by health and social services in Surrey, including both Adults and Children.

Staff with nursing and care management responsibilities play an important part in identifying equipment needs when a person commences living in a care home and also when their support needs change. People living in care homes have the same rights to services, including the assessment for and provision of some equipment, as those living in their own homes. Care homes may provide a range of care and support including intermediate care, palliative care, respite care and NHS continuing health care.

Care homes will provide a range of furniture to meet a variety of care and support needs, including variations in height, weight and size. They should relate to the care for which the home is registered and fulfil their health and safety obligations to their own care staff. An equipment matrix has been developed which identifies what and who is responsible for specific equipment in care homes (Appendix 3).

**Overview**

**Equipment provision is focused on the individual's assessed needs and is provided by the care home if it is the type of equipment required by it’s residents as part of it’s statement of purpose and registration.**

Any equipment provided by the provider must be issued as part of a risk/assessment management process and staff competently trained for it use. Equipment should be looked after and used appropriately by the care home, returned promptly and only used for a named, individual resident as part of a care plan. It must **not** be used by any other resident.

‘Loan equipment’ in the context of this document does not include domestic furniture e.g. divan beds / armchairs as these must be provided by the care home.

**Moving & Handling Assessments**

Care home staff should routinely 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. Key members of care home staff will need to be trained competent and confident to assess for and 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 handling belts and slide sheets, hoists and slings, in different styles and sizes. Referrals for additional professional expertise such as moving and handling advisors or Occupational Therapists, may be required for complex situation or when alternative bespoke equipment needs to be considered.

**Working in partnership**

There are areas where care homes and community equipment services can productively collaborate. Community Equipment Services should support care homes wherever possible, with the following:

1. advice on equipment loaned by the local equipment service
2. demonstration of equipment at time of delivery
3. equipment loans for individual named residents
4. maintenance of equipment loaned for use by named individuals

Care homes should support community equipment services by:

* checking ownership and arrangements for equipment when residents are first admitted to the home, (CES guidance can be found in appendix 2, which provides the home in what to look for when identifying a CES equipment)
* Any equipment identified as belonging to CES if found, CES needs to be notified immediately in order for the items to be placed on a maintenance/review schedule if appropriate.
* 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 clinical practitioners of changes in resident’s circumstances e.g. change in pressure care risk, change of functional ability, change of address, or death of the resident.
* informing the community equipment service promptly in the event of loan equipment breakdown.

**Principles of Equipment Provision in Care Homes**

The purpose of providing equipment is to increase or maintain functional independence, safety and wellbeing of residents and care staff 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 appropriate equipment.

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 staff.

Care homes should not admit residents whose assessed needs they are unable to meet. However, where the absence of a particular piece of equipment in a care home is **temporary** (i.e. pending the delivery of an ordered equipment) and the provision of equipment would facilitate a discharge from an acute hospital bed, the professional planning discharge can make arrangements for a short term loan of equipment from the local CES (maximum 6 week loan). At the end of the temporary period the loan equipment must be returned to the local CES. Care Homes may choose to approach an independent equipment provider for loan or rental.

Specific items of equipment may also be provided by the community equipment service on a short term loan basis to assist with respite placements. Equipment should generally not be transferred from or to a person’s home for respite care due to infection control risks. However certain items such as mobility aids or bespoke slings may be permitted in consultation with the practitioners and the home manager. The Care home have a responsibility to ensure the items are cleaned as per their local procedures.

**Care Home’s Responsibilities**

Care homes must ensure that they meet CQC standards with regards to equipment provision. The CQC requirements are based on regulations and associated outcomes as described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The current regulations do not differentiate between nursing homes, residential homes, supported living or even a person’s own homes. The focus is on the provision of a regulated activity (e.g. personal care) and the requirement of the provider to comply with the relevant regulations.

*There is no 'fit for purpose' requirement in the way that there used to be in previous legislation.*

Care home Providers must be able to provide evidence to CQC when required that they meet the relevant outcomes. The outcome which specifically relates to equipment is Outcome 11: Safety, availability and suitability of equipment.

*Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 state that:*

*Safety, availability and suitability of equipment*

*16. (2) The registered person must ensure that equipment is available in sufficient quantities in order to ensure the safety of service users and meet their assessed needs.*

*16. (3) Where equipment is provided to support service users in their day to day living, the registered person must ensure that, as far as reasonably practicable, such equipment promotes the independence and comfort of service users.*

*Care and welfare of service users*

*9.—(1) The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—*

*(a) the carrying out of an assessment of the needs of the service user; and*

*(b) the planning and delivery of care and, where appropriate, treatment in such a way as to—*

*(i) meet the service user’s individual needs,*

*(ii) ensure the welfare and safety of the service user,*

*(iv) avoid unlawful discrimination including, where applicable, by providing for the making of reasonable adjustments in service provision to meet the service user’s individual needs.*

In summary, the outcome establishes where equipment is used, that it is safe, available, comfortable and suitable for people’s needs. The regulations ensure that residents should have access to the equipment they need and place responsibility for providing these services onto care homes. Care homes must make sure equipment and furniture are suitable for its purpose, available, properly maintained, used correctly and safely, promotes independence and is comfortable.

Such requirements comply with not only their statement of purpose but also with the contract they have with the statutory agencies such as Surrey County Council. Under this contract, providers are required to meet the needs of their residents. This should include an assessment by the manager prior to placement and the need for equipment should be part of this assessment. Care home also have a duty to protect the health, safety and welfare of their employees. As an employer, care homes must do whatever is reasonably practicable to achieve this. They have duties under health and safety law to assess risks in the workplace and provide the necessary equipment to achieve a safe workplace.

Before a care home agrees to admit a resident they should have assessed that they can meet the person’s needs in a regulation compliant way. Equipment considered essential for carrying out regulated activity should be available in sufficient quantity and type to meet the safety, independence, welfare and comfort needs of all the residents.

Residents in any care home should have their basic equipment/furniture provided and funded by the care home including basic level pressure reducing mattress and profiling beds, unless there is a medical need.

**Local Authority and NHS’ responsibilities**

Healthcare equipment, for both adults and children, are provided under the NHS Act 2006. The responsible NHS clinical commissioning group (CCG) would normally be identified by reference to the GP with whom a person is registered.

It is expected that the home will have a variety of equipment and furniture to meet most needs, however, there will be a very small number of residents that may have needs that require a specialist piece of equipment to be made or purchased to support their specific requirements, see appendix 3 for matrix

Depending whether a resident’s need is being assessed under Care Act 2014, NHS Act 2006 a health or social care professional will have the responsibility for assessing and prescribing non-standard community equipment which is specifically tailored in respect of design, size and weight to meet an individual’s need and could not be met by the care home. The equipment must also be for the sole use of the identified individual as it would not be designed or suitable for use by other residents. The most cost effective option for meeting the assessed need would normally be sourced.

**Wheelchairs**

Wheelchairs are specifically mentioned in schedule 1, paragraph 9 of the NHS Act 2006. Clinical Commissioning Groups (CCG) are given a specific power, to make arrangements for the provision of vehicles (including wheelchairs) for people who appear to have a “physical impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”. Care homes in Surrey have access to Wheelchair Services and referrals to their local wheelchair service would need to be made in a timely manner to provide suitable seating for their residents.

**NHS Continuing Healthcare**

For individuals who are in receipt of NHS Continuing Healthcare, the care home may be required to provide certain equipment as part of regulatory standards. The CCG also has a responsibility to meet individual’s assessed nursing, healthcare, personal care and associated social care needs. These individuals still have access to local joint equipment services on the same basis as any other person.

Care homes must provide a certain level of standard equipment to all residents appropriate to their registration. However some residents in homes will require bespoke equipment to meet specific assessed needs identified in their NHS Continuing Healthcare care plan. CCGs should make appropriate arrangements to assess for and meet these needs.

**Direct payments, Personal health payments**

People have a choice to fund equipment. Where a local authority or NHS provides a direct payment in lieu of direct provision, the individual has responsibility in purchasing and maintaining equipment themselves, if on transfer to the care home the original assessed need for the equipment is no longer identified. If on transfer to the home the need for the equipment still arises than responsibility will remain with local authority or NHS.

**Process for referral**

When a care home identifies a need for an equipment, the home firstly needs to identify whether it is a health related or social care related need. For a health need they would need to contact the individual’s GP to make appropriate referral. For social care needs they would need to contact the individual’s duty locality team, this is dependent on the individual’s ordinary residence.

**Equipment Loaned to a Care home by the Community Equipment Service**

Where specialist or temporary equipment is loaned by CES it will be for the **exclusive** use of the person for whom it was prescribed, following assessment by a health or social care professional, who has approved access to the CES. The community equipment service 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. For example to facilitate an urgent hospital discharge or where there is a safeguarding concern. Where equipment is provided for a specific individual it should not be used for any other resident.

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 liable – the liability does not transfer to the prescriber or CES.

Where an item has been provided by CES this will include instruction on its use, general care and maintenance. Care staff must use the equipment within the manufacturer’s guidance, complete any daily checks and keep the item in good condition.

Care staff must be trained in the use of the equipment. This is a mandatory requirement under the Health & Safety at Work Act (1974), the Provision and Use of Work Equipment Regulations (PUWER) (1998) and MDA DB 2006 (05).

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

The care home must agree 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. Care homes will be charged the full replacement cost for all equipment not returned within any required timeframe, or deemed ‘lost’.

All repair and maintenance of CES loan equipment will be carried out by the CES provider, or authorised sub-contractor where appropriate. The CES is responsible for maintaining a list of all loan equipment requiring ongoing and regular testing and maintenance.

Equipment provided through CES will need to be made accessible for appropriate checks, repairs and maintenance when requested by the local CES provider.

The care home is responsible for maintaining and servicing their own equipment.

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

* resident no longer requires a loaned item of equipment
* resident has died or moved to another location (the care home must inform the CES of the resident's new address)
* resident's needs have changed and the loaned item of equipment may need to be replaced with an alternative item (a further assessment will be required)
* equipment breakdown or repair

In all of the above circumstances, CES should be notified immediately. Equipment that is no longer needed by the resident for whom it was prescribed must **never** be transferred for use by another resident.

**Appendix 1**

**Glossary of Terms**

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.

Community Equipment Services (CES) - the service contracted to provide community equipment on loan to adults and children following assessment by health and/or social care practitioners.

NHS Continuing Healthcare (NHS CHC) - is a package of continuing care provided outside hospital, arranged and funded by the NHS, for people with ongoing healthcare needs and subject to an eligibility assessment. NHS responsible for health and social care needs

Care Quality Commission (CQC) – are the independent regulator of all health and social care services in England. Their role is to ensure that care provided by hospitals, dentists, ambulances, care homes and services in people’s own homes and elsewhere meets government standards of quality and safety.

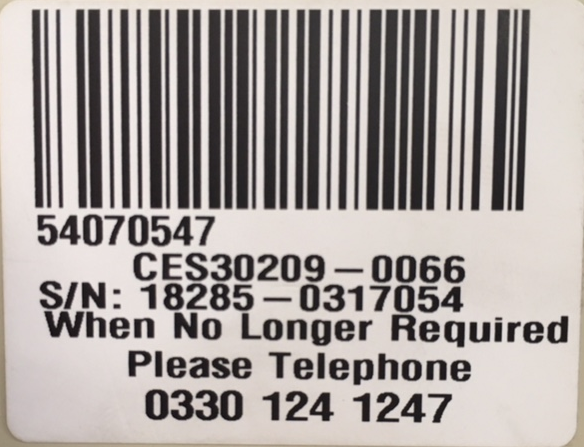
Loan Equipment - equipment that is on loan to the care home from CES for use by an individual resident, when the need falls outside of the home’s general provision. Loan equipment does not include domestic furniture e.g. divan beds and armchairs. Loan equipment will only be supplied following an assessment by Health and/or Social Care staff in accordance with the organisation’s eligibility criteria.

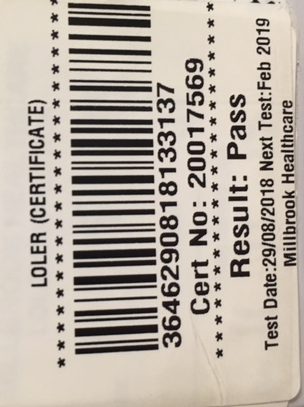
MDA DB 2006 Medical Device Bulletins are published by the Medicines and Healthcare products Regulatory Agency (MHRA). MDA DB 2006 (05) is guidance for managing medical devices and provides an outline for a systematic approach to the purchasing, deployment, maintenance, repair and disposal of medical devices.

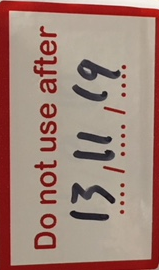
PUWER - Provision and Use of Work Equipment Regulations came into force on 5th December 1998. The Regulations require that any risks to people’s health and safety, from equipment that they use at work, is prevented or controlled. Generally, any equipment that is used by an employee at work is covered. In addition to the requirements of PUWER, lifting equipment is also subject to the requirements of the Lifting Operations and Lifting Equipment Regulations 1998.

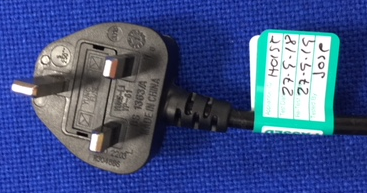
**Appendix 2**

Identifying Surrey CES stock.

All items provided by the CES contracted provider will have an identifying sticker[[1]](#footnote-1) attached to the frame. To prevent the label coming unattached, the label is usually stuck somewhere away from main point of operation. Left is an example of ID sticker currently used by Millbrook Healthcare

In addition to the above identifier, there may be other identifying stickers attached to the equipment. These include LOLER (Lifting Operations & Lifting Equipment Regulations). Staff must be aware of this information as the equipment should not be used if the item is not in-date.



Also all electrical items not associated with lifting a person must have an in-date PAT (Portable Appliance Test) sticker. The sticker is normally attached to the plug.

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| APPENDIX 3 - EQUIPMENT MATRIXThe 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 **Abbreviations**:   |  |  | | --- | --- | | **CH** | **Care Home** | | **CES** | **Community Equipment Service** | | **SIS** | **Sensory Impairment Service** | | **NHS** | **Health equipment not normally provided by CES** | | **CHC** | **NHS Continuing Healthcare** | | **GP** | **General Practitioner via prescription** | | **-** | **Not applicable** | | | | |
| Type of Equipment | **Arrangements & responsibilities for provision and maintenance** | | **Comments** |
| For administration of medicine | **Nursing Home** | **Residential Home** |  |
| 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 | NHS | These procedures are carried out by District Nurses for residential care homes |
| For administration of medication by injection | CH | NHS |  |
| Standard syringe drivers | CH | NHS |  |
| Specialist syringe drivers, e.g. for epidurals | NHS | - |  |
| Bathing Equipment |  |  |  |
| 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, stools, bath lift etc for individual use | CES/CHC | CES/CHC | May be provided following assessment by clinical practitioner for an individual named resident i.e moulded shower chair |
| Tilit in space shower chairs | CH/CES/CHC | CH/CES/CHS | Homes should provide standard “off the shelf” Invacare Aquatec Ocean VIP which is tilt in space shower chair, it accommodates with a range of widths as standard which would not be specifically for a named individual. This shower chair is height adjustable (no tools required) and has head support as standard.    In circumstances where a standard, “off the shelf” tilt in space shower chair (such as Invacare) will not meet the individual’s needs. Equipment may be provided following assessment by a clinical practitioner for an individual named resident. |

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| Type of Equipment | **Arrangements & responsibilities for provision and maintenance** | | Comments |
| Beds | **Nursing**  **Home** | **Residential Home** |  |
| Powered variable height inc , profiling beds, ultra low bed | CH | CH/CES/CHC | Responsibility of care home in terms of moving and handling legislation for care staff.  Provision for residential care homes following an assessment by an approved practitioner for **health needs**. For example:   * Where the client has a severe chest infection and needs the profiling function to sit upright and other solutions i.e. back rest, bed wedge, pillow lift have been tried unsuccessfully. * 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 client to transfer independently and prevent the use of a hoist. * May be CHC funded in some cases |
| Variable height, profiling bariatric bed | CH | CH/CES/NHS/CHC | The statement above applies in full **AND** where the client’s weight is above the maximum weight limit of a standard variable height profiling bed, then the provision of a bariatric bed may be considered following a full documented risk assessment.  May be CHC funded in some cases. |
| Bespoke beds for complex needs | NHS/CES/CH | NHS/CES/CH | Extra long beds |
| Bespoke beds for people (CHC funded) with complex treatment and care needs | CHC | CHC |  |
| Bed Accessories |  |  |  |
| 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 | CH | CH |  |
| Blanket Cradle | CH | CH |  |
| Powered Mattress Variator | CH | CH/CES |  |
| Over bed trolley / table | CH | CH |  |
| Lifting pole | CH | CH |  |
| Bed Rails:Divan bed rails (and bumpers) Profiling variable height bed rails (and bumpers) | CH | CH/CES/ CHC | Only provided by CES and subject to full documented risk assessment as these are **high risk items.**  Bumpers can **only** be provided following a documented risk assessment  Bumpers to be used on powered profiling beds provided by CES only. If a person is CHC funded and requires a bespoke bed rail this would be funded by CHC/CCG  CES will only provide rails when CES has provided a bed |
| Chair Raising Equipment |  |  |  |
| Range of standard chairs | CH | CH |  |
| Chair blocks and raisers | CH | CH |  |
| Dressing Equipment |  |  |  |
| Stocking aid | CH | CH |  |
| Tights aid | CH | CH |  |
| Long-handled shoe horn | CH | CH |  |
| Help with Feeding |  |  |  |
| PEG feeding equipment | NHS | NHS | Provision through acute hospitals |
| PEG feeding consumables | NHS | NHS |  |
| For intravenous feeding and transfusion | NHS | NHS |  |
| Range of feeding equipment e.g, plate accessories, adapted cutlery | CH | CH |  |
| Environmental Support |  |  |  |
| Helping hand | CH | CH |  |
| Trolley | CH | CH |  |
| Perching stool | CH | CH |  |
| Mobility Equipment |  |  |  |
| Walking stick | NHS/CES | NHS/CES | All these items may be available through local CES  or other Health provision. All will be assessed by an appropriate Practitioners |
| Fisher walking stick | NHS/CES | NHS/CES |
| Walking frames with/without wheels | NHS/CES | NHS/CES |
| Gutter walking frame | NHS/CES | NHS/CES |
| Elbow crutches | NHS/CES | NHS/CES |
| Gutter crutches | NHS/CES | NHS/CES |
| 3 or 4-wheeled walkers | NHS/CES | NHS/CES |
| Standing frame | NHS/CES | NHS/CES |
| Heavy-duty mobility equipment | NHS/CES | NHS/CES |
| Ramps | CH | CH |  |
| Assorted grab rails | CH | CH |  |

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| Type of Equipment | **Arrangements & responsibilities for provision and maintenance** | | **Comments** |
| Wheelchairs/Seating | **Nursing**  **Home** | **Residential**  **Home** |  |
| Push wheelchairs, standard transit chairs and basic wheelchair cushions | CH | CH | For common use. |
| Wheelchairs and accessories provided by wheelchair services for permanent and substantial usage after trauma or short-term palliative care | NHS Wheel-  chair services | NHS Wheelchair services | For a named individual to use and following an assessment by a qualified therapist only. |
| Range of standard high back supportive armchairs | CH | CH |  |
| Tilt in space chair with suitable pressure care | CH/ NHS Wheelchair services/CHC | CES/ NHS Wheelchair services/CHC | Additional support need to assess |
| Postural management | CH/ NHS Wheelchair services/CHC | CES/ NHS Wheelchair services/CHC | CES can provide postural and positional support. |
| Nursing Equipment |  |  |  |
| Venepuncture | GP | GP | On prescription through GP surgery |
| Vacutaine bottles for blood tests | GP | GP | On prescription through GP surgery |
| Syringes and needles | NHS | NHS |  |
| Catheterisation |  |  |  |
| For management of catheterisation e.g. bag, stand, packs | NHS | NHS |  |
| Prescription for catheters and bags | GP/NHS | GP/NHS |  |
| Dressings |  |  |  |
| For procedures related to aseptic and clean dressings | GP/NHS | GP/NHS | GP/nursing prescription |
| Nursing Procedures |  |  |  |
| Routine nursing procedures e.g. testing urine, BP, BM (glucometer) | CH | NHS | District Nurses and Specialist Nurses |

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| Type of Equipment | **Arrangements & responsibilities for provision and maintenance** | | **Comments** |
| Moving and Handling Equipment | **Nursing Home** | **Residential**  **Home** |  |
| Mobile Standard Hoist | CH | CH |  |
| Ceiling Track Hoists | CH | CH |  |
| Bariatric Hoists | CH | CH/CES | Provision will be following a risk assessment by a clinical practitioner (could be funded by CHC in some cases). Stock not routinely held at CES. Subject to special orders process and authorisation. Will only be considered by CES where resident’s weight is above the maximum weight limit of a standard hoist. |
| Standard slings | CH | CH |  |
| Bespoke slings | CES | CES | 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 by sling manufactures. Subject to special orders process and authorisation. |
| In-situ slings | CH | CH/CES |  |
| Standing Hoist | CH/CES | CH/CES | For common/general use - equipment is to be provided by the care home.  For a named individual these may be provided by a CES prescriber where a standing hoist is assessed to be essential as part of a short term individual need 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 |  |
| Transfer aids | CH | CH |  |
| Transfer Boards | CH | CH |  |
| Handling Belts | CH | CH |  |
| Slide sheets/one way glide sheets | CH | CH |  |
| Bespoke moving and handling equipment for individual use | CES/CHC | CES/CHC |  |
| Pressure Care |  |  |  |
| High specification foam overlays/mattresses and cushions for medium risk | CH | CH/CES/CHC |  |
| Visco elastic / memory foam mattresses/cushions – for medium to high risk | CH | CH/CES/CHC | Provision to residential care homes 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/CES/CHC | Provision to residential care homes following a specialist risk assessment for tissue viability medium to high risk needs only |
| Low to medium risk cushions and mattress | CH | CH | When the CH is providing standard stack but it does not meet the indivudauls needs the CES/CHC will need to assess. |

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| Type of Equipment | **Arrangements & responsibilities for provision and maintenance** | | Comments |
| Respiration | **Nursing Home** | **Residential**  **Home** |  |
| For maintenance of respiration e.g. suction units | CH | NHS/CES | These units may be available for individual users in residential homes through local CES or other Health provision |
| Oxygen cylinders/concentrators | GP | GP |  |
| Oxygen administration consumables | GP | GP |  |
| Simple nebulisers | CH | GP/NHS/CES |  |
| Resuscitation equipment (e.g. mouth to mouth) | CH | CH | E.g. ambu masks and bags |
| Pulse oximeters | CH | NHS |  |
| Non-standard complexNebuliser and humidifiers (e.g. for ENT, CPAP BIPAP) | NHS | NHS | Specialist secondary care services |
| Seating |  |  |  |
| Standard chairs including a range of riser recliners | CH | CH |  |
| Postural support, including, tilt in space, riser recliners, elevating leg rests | CH | CH/CES/CHC | These items may be available through local CES 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 |
| Bespoke Chair | CES | CES | Seating that is specially tailored to the individual needs of a resident, and is not available “off the shelf”. If a chair is modular and changeable for others, it can be considered as “off the shelf” and therefore not funded by CES. Some modular chairs that are adjustable in terms of height and width require additional payment for an adjustment kit to reuse the chair so these may be considered as bespoke.  Such as Seating Matters and Cura, |
| Sensory |  |  |  |
| Range of sensory impairment equipment | CH/SIS | CH/SIS | Care homes are expected to provide a range of standard equipment such as flashing fire alarms/flashing door bells etc. Other sensory items may be available through referrals to local SIS teams |
| Telecare |  |  |  |
| Range of Telecare and technology enabled care items | CH | CH | Care homes are expected to provide calls systems, monitors. Other telecare items may be available through referrals to local Telecare Services. |
| Telehealth |  |  |  |
| Range of Telehealth items | NHS | NHS | e.g. vital signs monitoring - available through local Telehealth provision |
| Toileting |  |  |  |
| 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 (local policies) | NHS/CH | NHS/CH | Full assessment to be completed - must meet eligibility criteria for continence service |
| Falls |  |  |  |
| Hip protectors | CH | CH | Advice available through local Falls Prevention Service – care homes to check out their local provision |
| Bariatric versions of standard equipment | CH/CES/CHC | CH/CES/CHC | Provision of certain items to care homes following specialist risk assessment. Stock not routinely held at CES. Could be subject to special orders process and authorisation/local policies. |
| Lifting cushions | CH | CH | Such as the ElK |

1. The exception being any items constructed of a soft material eg slings. These will only have a PUK (product) number written in permanent ink. [↑](#footnote-ref-1)