

Guidance for Provision of Community Equipment in Care Homes across London Boroughs of Barnet, Camden and Enfield

Finalised December 2022

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1. Introduction

The purpose of this guidance is to clarify the responsibility and funding for the provision of equipment into care homes in the London Borough of Barnet, Camden and Enfield council. This document has been adapted from the NAEP (2014) Eastern Regional Group Guidance for the Provision of Community Equipment in Care Homes and aims to promote a collaborative approach across North Central London (NCL) Occupational Therapy teams.

The care homes under the scope of this guidance are those who have responsibility for residential or nursing care and it will apply to both commissioned services and private funders.

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 and fulfil the care home's health and safety obligations to their employees.

Key points

- Care Homes must have, and maintain, their own range of general equipment as part of their statement of purpose/registration
- Integrated community equipment service (ICES) loan equipment is prescribed for the sole use of an individual resident and must not be used by any other resident unless agreed by the local authority
- Care Homes are responsible for ensuring that their staff are competent and confident in using the full range of equipment supplied by the home
- For bespoke/complex/specialist equipment provided on loan by ICES, demonstration of use will be provided by the assessing clinician
- ICES loan equipment must be returned to ICES as soon as it is no longer required for the resident for whom it was prescribed
- Registered Care Homes with Nursing are responsible for meeting the majority of the equipment needs of their residents
- Care Homes are advised to keep a record of ICES equipment on loan to their residents in case of any queries
- Case by case discussion with the commissioning manager if provision speeds up hospital discharge or avoids admission into hospital
- Community practitioners (therapy or nursing staff) must adhere to these guidelines when assessing residents in care homes

2. Overview

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

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purpose/registration. The equipment provided must be issued as part of a risk management process and relevant staff must be competently trained in the use of equipment.

The incorrect use of equipment can lead to safeguarding concerns (for example, risk of harm to residents when using equipment that was not prescribed for them, or lack of regard to infection control procedures). Care homes must ensure that any risks are minimised through the correct use of equipment, the training of staff and adherence to policies and standards.

It is expected that a care home will have a variety of equipment to meet most needs, however there could be a very small number of residents who may need a piece of equipment to be made or purchased to meet their specific needs. In these circumstances it would be possible to have an assessment by a trained prescriber to ensure that equipment was appropriate (CQC 2015).

RCOT (2019) and Mandelstam (2016) concur the principle for any care home resident is that they should receive the same services as if they were living in their own home. It is not currently defined nationally as to what standard equipment a care home should provide, although it is expected that appropriate beds and chairs, accessible bathing and showering facilities, moving and handling equipment etc. should be in place.

3. Definition of Standard and Specialist Equipment

The National Association of Equipment Provision (NAEP) of Community Equipment in Care Homes outlines the care homes responsibility to provide standard equipment. Occupational Therapy leads from Barnet, Camden and Enfield council agreed definition of 'standard' and 'specialist' equipment.

Standard Equipment (care home provision)

Standard has been defined as equipment which can be used by multiple residents with or without minor adjustments examples include

- High back or variations of Queen Anne style chairs, height adjustable or varied heights
- Riser recliner chairs (with tilt in space)
- Standard height and low-profile beds (hospital style bed)
- Foam mattress (low to medium high-pressure relief)
- Wheeled and static commode
- Tilt in space shower chair with extended backrest for head support, tension adjustable backrest, lap strap
- Low level bed support and transfer aids e.g. wedges, T rolls and slide sheets
- All transit wheelchairs
- Transfer aids including full electrical hoists, (ceiling track hoists are considered an adaptation not equipment, therefore would not be funded)
- Hoist slings

Specialist Equipment (ICES provision considered following needs and risk assessment)

Specialist has been defined as equipment which is bespoke or needs to be adjusted specifically for an individual to support complex postural needs examples include

- Chair, tilt in space with head rest and potentially other postural support accessories e.g. laterals, pommels

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- Commode with postural support
- Wheeled shower chair with tilt in space and bespoke postural support e.g. head support,ommel, harness etc.
- Bespoke hoist sling
- Consideration of gantry hoists
- Wheelchair for independence, self-propelling or powered chair (wheelchair service)
- Complex sleep systems (health)
- High pressure care management including turning mattresses (health)
- Walking aids (Physiotherapist/health)
- Plus sized (bariatric needs) non-standard only

The funding source of equipment is further detailed in Appendix 1.

4. Assessments

It is the duty of the care home to assess and reassess for equipment provision which reflect the changing and future needs of the resident. Ideally equipment needs should have been identified prior to the resident moving into the care home.

There are a variety of types of assessments; for example: -

- functional
- mobility/falls,
- moving and handling
- pressure care management
- nursing needs

All types of assessment must be undertaken by a person who has received the appropriate training and is competent to carry out the assessment.

The care home should assess for standard moving and handling, function and mobility. Where a person presents with more complex health needs and/or postural limitations, reduced skin integrity, challenges with breathing, eating and/or swallowing, a referral should be made to the appropriate professional team.

Equipment will only be provided from Health or Social Care following an assessment. The eligibility for equipment will be decided in accordance with each agency's eligibility criteria, e.g. nursing care settings are required to provide equipment related to standard nursing needs therefore will not qualify for nursing related aids/ equipment.

Refer to Appendix 2

Moving & Handling Assessments

It is recommended a moving and handling risk assessment is completed by care home staff on the arrival of a new resident to the home. This must be reviewed each time there is any change in health or functional ability of the individual.

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Key members of care home staff should be appropriately trained in moving and handling equipment and be confident to recommend what is appropriate for the range of needs within the home.

The range of standard equipment provided by the care home should include equipment such as slide sheets and standing aids, as well as hoists and slings, in a range of styles and sizes.

Referrals for additional professional expertise, e.g. Occupational Therapists, on moving and handling advice, may be required when none of the equipment in the care home meets a resident's needs and therefore specialist or bespoke solutions may need to be considered.

Tissue Viability Service

Residential homes should refer to a GP or the district nurse team who will then refer to tissue viability if they assess it to be necessary.

Nursing home nurses may be able to refer directly to the tissue viability nursing team, if unsure contact the GP for guidance.

Plus size Equipment

A plus size individual will be defined as anyone regardless of age, who has limitations in health and social care due to their weight, physical size and shape.

Typically, a plus size individual would have a Body Mass Index (BMI) > 40 kg/m² and or are 40kg above ideal weight for height (NICE 2004).

A plus sized person exceeds the working load limit (WLL) and dimensions of the support surface of standard equipment such as a hoist, bed, chair, wheelchair, commode, and mattress.

Individuals may present with different body shapes with a hip width of more than 400mm.

It is important to consider the weight of an individual resident in relation to the upper weight limits on equipment. Manufacturer's specifications vary and safe working loads should be checked against manufacturer's specifications. It is important that Care Homes establish their own processes for accessing basic plus size equipment to meet the needs of the individual resident and care worker needs (for example plus size bed, commode, seating).

Wheelchair service

The care home should provide transit wheelchairs for their residents if required. Where an assessment is needed for a wheelchair for independent mobility refer to the local NHS wheelchair service criteria or contact the GP to make a referral.

Assistive Technology or Technology Enabled Care

The care home may wish to consider the use of Telecare and Telehealth technologies to support service users. This can range from low-cost standalone door contact or bed occupancy sensors, to remote control centre monitored devices. It is the responsibility of the care home provider to arrange the purchase and installation of these systems on a case-by-case basis. These preventative systems

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can help deliver efficiencies around staffing time, e.g. reduction in waking night support for residents prone to wandering.

5. Working in partnership

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

ICES should support care homes wherever possible, subject to local agreements, with the following:

- equipment loans for individual named residents following an assessment to needs by a professional e.g. OT, District nurse etc
- advice on equipment loaned by the local equipment service
- demonstration for equipment use and management
- maintenance of equipment loaned for use by individual named residents
- collection of items when the loaned equipment is no longer required by the named individual

Care homes should support community equipment services by:

- checking ownership and arrangements for equipment when residents are first admitted to the home
- Informing clinical practitioners of changes in residents' circumstances e.g. change in pressure care risk, change of functional ability, change of address, or death of the resident
- ensuring that equipment prescribed for an identified individual resident is not used by other residents
- informing the ICES promptly in the event of loan equipment breakdown
- informing the ICES promptly where pre planned maintenance is due for any loaned items
- identifying when loan equipment is no longer required and arranging for its prompt collection

6. Background and Relevant information

This document has been developed in line with the Department of Health "Community Equipment and Care Homes" (2004) policy and NAEP guidance 2014 which was designed to provide general guidance to help authorities to work with care homes to develop local policies that clarified responsibilities regarding equipment provision to care home residents.

Care Act 2014

The Care Act 2014 places a duty on the local authority to assess residents with an appearance of need, support a person's wellbeing and act to prevent, reduce and delay the onset of care needs. The act empowers practitioners to put in place measures to enable a person to live as independently as possible, for as long as possible.

Health and Social Care Act 2022

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The 2022 Health and Care Act introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services, building on earlier recommendations by NHS England and NHS Improvement.

Guidance for Providers on Meeting the regulations 2014

Regulation 12: Safe care and treatment

Providers must ensure the safety of their premises and the equipment within it

(e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way

(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;

Regulation 15: Premises and equipment

All premises and equipment used by the service provider must be

(a) clean, (b) secure, (c) suitable for the purpose for which they are being used, (d) properly used (e) properly maintained, and (f) appropriately located for the purpose for which they are being used.

Human Rights Act 2010

This introduction to human rights has been developed to assist in promoting dignity in social care. The Human Rights Act (HRA) came into force in October 2000.

Equality Act 2010

Equality recognises diversity and seeks to offer the same opportunities and access to health treatment and social care regardless of race, colour, gender, age or mental or physical health, or any other factor which may make somebody different.

8. Roles and Responsibilities

The care home provider has a duty to ensure that all equipment provided within the care home meets the following legal requirements:

- Health & Safety at Work Act (1974) which requires employers to provide suitably maintained equipment, staff training and supervision, and a safe working environment. It is the employees' responsibility to follow instructions and to ensure their own safety and that of others at all times. The Management of Health and Safety at Works Regulations (1992) requires employers i.e. a registered Care Home Manager to ensure risk assessments are carried out and that risks are reduced as far as possible.
- The Lifting Operations and Lifting Equipment Regulations (1998) – LOLER
- The Provision and Use of Work Equipment Regulations (1998) – PUWER
- The Manual Handling Operations Regulations (1992) which relate to Manual handling needs of staff and Residents

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- The Care Standards Act (2000) which requires that the health, safety and welfare of Residents and staff are promoted and protected. It is the responsibility of the registered manager to ensure that all working practices are safe. This includes infection control, moving and handling, fire safety, first aid and food hygiene.
- The Care Quality Commission's Essential Standards of Quality and Safety (2010) requires the registered manager of the care home to ensure that there are sufficient quantities of properly maintained, suitable equipment to meet the service users assessed needs and this must be demonstrated prior to accepting any service user for admission into their care home.

Continuing Healthcare

In England if the person is in receipt of NHS continuing healthcare (CHC), then the care home may be required to provide certain equipment as part of regulatory standards. However, some residents in homes will require bespoke equipment to meet specific assessed needs identified in their NHS Continuing Healthcare care plan. The Integrated Care Board (previously clinical commissioning group CCG) also has a responsibility to meet individual's assessed nursing, healthcare, personal care and associated social care needs or equivalent commissioning arrangements DH 2012, part 1 – (Care Homes and Equipment: Guiding principles for assessment and provision Royal College of Occupational Therapists 2019) Funding for bespoke or other equipment that is required to meet specific needs as identified in the CHC care plan should be met by the (CCG)

These individuals still have access to local joint equipment services on the same basis as any other person.

Principles of Equipment in Care Homes

The purpose of providing equipment is to increase, maintain or regain functional ability, promoting independence and well-being of residents and care home 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 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 client and care home staff.

Residents in nursing care homes will have their equipment provided and funded by the care home unless the item is bespoke to that resident. If there is a need for a bespoke equipment due to individual's needs care home staff must refer to the appropriate service (health or adult social care) for assessment and provision.

Definition of bespoke equipment. 'Equipment uniquely modified to accommodate highly specialist needs'. For example, an item of equipment specifically made to measure for the individual resident, e.g. moulded seating and bespoke slings. It is highly unlikely that such equipment can be used by anyone else in the future. Bespoke equipment does not include complex equipment that is commercially available, which can be modified for a specific individual resident and then adjusted and set up appropriately for a different resident in the future.

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Care homes should not accept people if they are unable to meet needs. A detailed assessment of need should have been completed at the outset.

Where the absence of a particular piece of equipment in a care home is temporary and the provision of a loaned equipment would facilitate a rapid discharge from an acute hospital bed; the care home may be able to make arrangements for a short term six week loan of equipment from the local ICES if this is required. At the end of the 6 weeks temporary period the loan equipment must be returned to the local ICES. This is applicable for residential and nursing homes. This is for both longer term and short-term placements e.g. respite care This is mainly applicable for standard loaned equipment.

If equipment is loaned to facilitate a respite care in a care home; such equipment should not be transferred from or to a person's home for respite care due to infection control risks. However certain items such as walking aids or bespoke slings may be permitted in consultation with the clinician, home manager and the ICES Provider.

If a resident 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 ICES following an assessment by a clinical professional.

General equipment in extra care schemes which is available for many different residents to use must be funded by the Extra Care Housing Provider, or in consultation with the relevant Local Authority.

Appendix 1 – Residential & Nursing Care Homes 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).

Responsible authority:

CH – Care Home

ICES – Integrated Community Equipment Service

SIS – Sensory Impairment Service

NHS – Health equipment not normally provided by CES

CHC – NHS Continuing Health Care

WCS – Wheelchair Service

GP – General Practitioner via prescription

Equipment & Maintenance Provision	Residential Care home	Nursing Care home	Comments
Bathing Equipment			
Standard bath seats	CH	CH	
Standard bath boards	CH	CH	
Bath Step	CH	CH	
Powered Bathlift	CH	CH	

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Swivel Bather	CH	CH	
Standard shower chairs	CH	CH	
Standard shower stools	CH	CH	
Bespoke shower chairs	CH/*ICES	CH	*May be provided following an assessment by clinical practitioner for an individual named resident
Bariatric versions of standard equipment	*CH/**ICES	CH	*Where a home is identified as having a specialism/capacity for bariatric care, it would be expected that such equipment is provided by home. ** Provision of special bariatric items to residential care homes following specialist risk assessment by a clinical practitioner.
Toileting			
Bed-pans and urine bottles	CH	CH	
Range of commodes: standard/ mobile/ extra wide	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
Chair Raising Equipment			
Chair blocks and raisers	CH	CH	
Seating			
Standard chairs including a range of riser recliners	CH	CH	
Specialist seating system chairs (including Hydro flex, Hydro Tilt, Symmetrikit chairs)	CH/*ICES	CH/*ICES	*These items may be available through 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
Pressure care			

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High specification foam overlays/mattresses & cushions - for low to medium risk	CH	CH	
Visco elastic/ memory foam mattresses/ cushions – for medium to high risk	CH/*ICES	CH	*Provision to residential care homes following a specialist risk assessment for tissue viability medium to high risk needs only. Referrer will need to state clinical need and provide justification for equipment
Alternating Dynamic (and pump) overlays/ mattresses/ cushions – for medium to high risk	CH/*ICES	CH	*Provision to residential care homes following a specialist risk assessment for tissue viability medium to high risk needs only. Referrer will need to state clinical need and provide justification for equipment
Beds			
Powered variable height profiling beds. These are responsibility of the care home in terms of moving and handling legislation for care staff	CH/ *ICES	CH	<p>*Responsibility of care home in terms of moving and handling legislation for care staff. CES would provide for residential care homes following an assessment by an approved practitioner for health needs. For 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, bed wedge, 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 client to transfer independently and prevent the use of a hoist. • May be CHC funded in some cases

			<ul style="list-style-type: none"> Clinical justification for the above must be provided by the referrer
Variable height profiling Plus Size beds. These responsibility of the care home in terms of moving and handling legislation for care staff	CH/*ICES	CH	*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 by the clinical practitioner. May be CHC funded in some cases
Bespoke beds for people (CHC funded) with complex treatment and care needs	*ICES	*CES	*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 Accessories			
Bed blocks and bed 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	
Over bed trolley / table	CH	CH	
Lifting pole	CH	CH	
Bed rails: Divan bed rails, (and bumpers), profiling height bed rails (and bumpers) - these are considered high risk items and full risk assessment must be in place	CH/ *ICES	CH	*Overall responsibility is with the care home to supply. Only provided by CES following full documented risk assessment by the clinical practitioner/OT on special cases.

Dressing equipment			
Stocking/tight aid – information could be given to client/ family to privately purchase	CH	CH	Client may be required to purchase these privately
Long-handled shoe horn	CH	CH	Client may be required to purchase these privately
Wheelchairs			
Push wheelchairs, standard transit chairs and basic wheelchair cushions	CH	CH	For common/general use

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Manual or powered Wheelchair and accessories provided by wheelchair services for permanent and substantial usage after trauma or short-term palliative care	WCS	WCS	For a named individual to use following an assessment by a qualified therapist only. Wheelchairs will be issued in line with current access criteria to residents with a clearly identified mobility need on a daily basis. This will be assessed by a wheelchair service therapist. Existing clients of the Wheelchair Service who have Wheelchair Service equipment on issue to them, and who move into a nursing or residential Care Home, will come under Care Home criteria. Should reassessment of these clients' needs be requested, the Wheelchair Service will only provide equipment if these clients are eligible under Care Home criteria. This may mean it is necessary to withdraw the wheelchair
Mobility Equipment			
Walking stick	*ICES	*ICES	*Only following a referral by a professional attached to health / social care e.g. NHS/ Physiotherapy
Fisher walking stick	*ICES	*ICES	
Walking frames with/without wheels	*ICES	*ICES	
Gutter walking frame	*ICES	*ICES	
Elbow crutches	*ICES	*ICES	
Gutter crutches	*ICES	*ICES	
3 or 4 wheeled walkers	*ICES	*ICES	
Heavy-duty mobility equipment	*ICES	*ICES	
Standing frame	*ICES	*ICES	
Ramps	CH	CH	
Assorted grab rails	CH	CH	

Moving and Handling Equipment			
Mobile standard hoist	CH	CH	
Ceiling track hoist	*ICES	CH	*Provision will be following a risk assessment by a clinical practitioner (could be funded by CHC in some cases). Subject to special orders process and authorisation
Standard slings (S, M, L, XL)	CH	CH	

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Plus size hoist	*ICES	CH/*ICES	*Provision will be following a risk assessment by a clinical practitioner (could be funded by CHC in some cases). Subject to special orders process and authorisation. Will only be considered where resident's weight is above the maximum weight limit of a standard hoist
Plus size slings and in-chair slings - for individual client and not for communal use)	*ICES	CH/ *ICES	*Bespoke slings would be made to measure for a client 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).
Standing Frame/Standing Hoist (Powered)	*ICES	CH	*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-powered stand aid or independent transfers
Standing Aid (non-powered)	CH	CH	Turntable, turning discs, swivel cushions e.g. Rota Stand, Arjo Stedy, Cricket, Return
Transfer boards	CH	CH	
Handling belts	CH	CH	
Slide sheets /one way	CH	CH	
Bed systems	CH	CH	E.g. Wendylett
For administration of medicine			
For administration of oral e.g. measures, medication	CH	CH	Medicine via prescription/chemist packs
Assistive Technology			
Communication aids/signs to assist Service Users with hearing / visual / cognitive impairments/Eyegaze	CH	CH/NHS	
Call systems with an accessible alarm	CH	CH	
Floor sensor mats or bed sensor pads	CH	CH	
Nutrition – food and drink			
Adaptive cutlery and crockery	CH	CH	
Non-slip mats	CH	CH	

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Appendix 2 - Care Quality Commission (CQC) Guidance for Providers on Meeting the Regulations (March 2015) - Regulation 15: Premises and Equipment

- 2.1 The CQC have issued guidance for providers (which in the context of this document means the Care Home) on meeting two groups of regulations:
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)
 - Care Quality Commission (Registration) Regulations 2009 (Part 4)
- 2.2 Section 2 of the guidance: Fundamental Standards includes a section on Regulation 15: Premises and Equipment (page 55). The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly. Regulation 15 states that all premises and equipment used by the service provider must be:
- a) Clean
 - b) Secure
 - c) Suitable for the purpose for which they are being used
 - d) Properly used
 - e) Properly maintained
 - f) Appropriately located for the purpose for which they are being used
- 2.3 The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.
- 2.4 Providers retain legal responsibility under these regulations when they delegate responsibility through contracts or legal agreements to a third party, independent suppliers, professionals, supply chains or contractors. They must therefore make sure that they meet the regulation, as responsibility for any shortfall rests with the provider.
- 2.5 Where the person using the service owns the equipment needed to deliver their care and treatment, or the provider does not provide it, the provider should make every effort to make sure that it is clean, safe and suitable for use.
- 2.6 CQC will refuse registration if providers cannot satisfy that they can and will continue to comply with this regulation.

Reference: Care Quality Commission: Guidance for providers on meeting the regulations (March 2015) <http://www.cqc.org.uk>

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- Care Homes Regulations 2001
- Care Quality Commission Essential Standards of Quality and Safety
https://services.cqc.org.uk/sites/default/files/gac_-_dec_2011_update.pdf
- Care Quality Commission: Guidance for providers on meeting the regulations (March 2015)**
<http://www.cqc.org.uk>
- The Care Quality Commission (Registration) Regulations 2009 (part 4)
- Department of Health Guidance: *Community Equipment and Care Homes* (2004)
- Department of Health on NHS Continuing Health Care, last updated May 2022
- National association of equipment provider (NAEP) 2014
- Equality Act 2010
- Guidance for Providers on Meeting the regulations 2014
https://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf
- Guidance for Provision of Community Equipment in Care Homes across London Borough of Barnet
 November 2020
- Health & Safety at Work Act 1974
- Health and Social Care Act 2008 (regulated Activities) Regulations 2014 (part 3)
- Health and Social care Act 2022
- Human Rights Act 2010
- Legal Framework for Equipment Provision Guidelines 2016 Michael Mandelstam on behalf of the London Borough Occupational Therapists Management Group
- National minimum standards for care homes for older people 2006
https://www.dignityincare.org.uk/_assets/resources/dignity/csipcomment/csci_national_minimum_standards.pdf
- The care standards Act (2000)
- The Management of Health & Safety at Work Regulations 1992
- The manual handling operations regulations (1992)

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