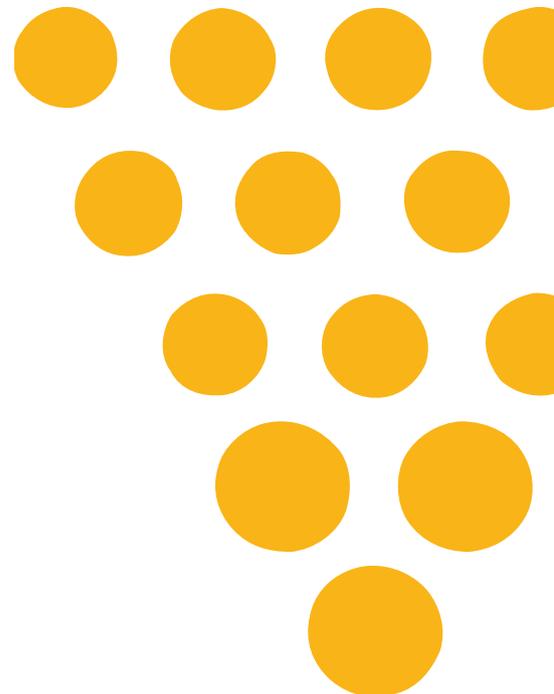


Provision of Equipment In Care Homes

2020

April 2020

Adult Social Care & NHS Kernow



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Executive Summary

Purpose and Background

To ensure clarity of responsibility between care home providers, health and adult social care commissioners, prescribing staff, Cornwall equipment loan service (CELS) and other parties interested in the provision of equipment in care homes.

The Policy was developed by a working party comprising of:

- Commissioners
- Clinical Therapists
- Continuing Health Care
- Care Home providers
- Contracts Manager

The Policy was taken to the care home and home care provider partnership forum for consultation and their feedback was included in the final version.

Definitions

Definitions of terms used, such as 'fit for purpose' and 'standard and non-standard community equipment', are provided in Annex B.

Legislation and Context

Care Homes must have available a range of suitable equipment to meet the needs of their residents. This includes beds, mattresses, seating and plus size equipment to give just a few examples.

Assessment for Equipment Provision

There are different levels of assessment, ranging from on line self-assessment tools e.g. AskSARA to initial, advanced and complex (perhaps

multidisciplinary) assessments. The latter need to be undertaken by appropriately trained person e.g. Physiotherapist, Occupational therapist or Community nurse who will record the outcome of the assessment in the patient/resident's notes.

Risk Management

Care homes have a duty of care and health and safety responsibilities to residents and staff and some equipment carries particular risks of which homes need to be aware. Equipment risks need to be managed in the context of advice from the Medical Health products Regulatory Agency (MHRA).

Working in partnership

Cornwall Council and NHS Kernow acting as joint commissioners of the integrated community equipment service (ICES) embrace collaborative partnership working with care providers in Cornwall.

Cornwall equipment loan service (CELS) will provide:

- Delivery & collection service
- Equipment loan
- Maintenance and servicing.
- Advice on equipment.

Care homes will help Cornwall equipment loan service (CELS) by:

- Identifying when equipment is no longer required and return it promptly.
- Informing the service promptly in the event of equipment breakdown.
- Notifying the service if the home deems the equipment to be unsafe.
- Making equipment available for repair or review on request.
- Keeping equipment in clean and good working order with batteries regularly recharged if required.
- Ensuring equipment is not tampered with or modified.
- Must not transfer equipment (unless agreed by the ICES clinician lead) to any other person/s.

Provision of Equipment in Care Homes

1. Purpose

The purpose of this policy is to:

- Clarify the relationship between CELS and care homes. (Section 7.2)
- Provide a shared language to improve understanding. (Annex B)
- Enable lead commissioners of Integrated Community Equipment Service to identify their obligations in relation to care homes for adults and older people. (i.e. excludes equipment for children)
- Help care home owners understand their equipment obligations to residents.
- Identify relevant Legislation and Protocols. (Annex A)
- Clarify the assessment process, in particular distinguishing between assessment for equipment and assessment for funded registered nursing care. (Section 5)
- Clarify roles and responsibilities of commissioners and provider in relation to assessment, prescription, provision, maintenance, delivery and collection of equipment in care homes.

2. Background

A care home is defined as, home with nursing care provision or a residential home that is registered by the Care Quality Commission (CQC) to provide services.

Many types of equipment can be expected to be provided by care homes and they should relate to the care for which the homes are registered.

People in local authority and private residential homes have the same rights to services, including the provision of equipment where a clinical assessment as be undertaken, as those living in their own homes.

3. Definitions used in this document

* *See Annex B: Glossary of terms*

4. Principles for provision of equipment in care homes

4.1 Overriding principles

The purpose of providing the equipment is to increase or maintain functional independence of the individual or to allow for their safe management within the care home.

Individuals are assessed on their individual need, e.g. plus size. The assessment must be completed by a person competent in the assessment and prescription of equipment. However, the equipment needs of people residing in care homes are not necessarily the same as individuals residing in their own home, as there is access to professionally managed twenty-four hour care.

Consideration, however, must be given to the most cost-effective method of addressing the assessed need.

Care home staff must be appropriately trained in the use of the equipment as set out in relevant National Legislation. Ensuring staff are competently trained in the use of equipment is the responsibility of the care home.

Equipment provided by CELS must not be passed from one user to another unless a full clinical assessment has been undertaken by a TCES prescriber and CELS notified. In such situations, it will be the care home's responsibility to ensure the equipment is decontaminated between each user by following the manufacturer's instructions or local guidelines.

4.2 Self-funding residents

The principles contained in this Policy should apply to everyone regardless of their financial status or funding stream.

4.3 Care homes with nursing provision

Nursing homes are expected to make provision for standard and non-standard equipment to fulfil their obligations to residents and to their work force. As per the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014: Regulation 15. Care homes with nursing are required to provide equipment to meet the needs of people using their service.

4.4 Who should provide the equipment?

The starting point on 'Who should be providing what?' is that to meet CQC requirements care homes should be 'fit for purpose'. Therefore on admission, the home would have assessed or been involved in the assessment and agreed to meet the care needs of that individual which includes providing standard equipment.

To meet CQC regulations, care homes must have a statement of purpose.

For care homes providing nursing care, equipment is highly likely to include, amongst other things, equipment such as pressure reducing and relieving overlays and replacement mattresses to maintain tissue viability (static and dynamic systems).

If a resident in a care home providing nursing care is assessed as requiring treatment of pressure sores, the tissue viability team will provide the appropriate pressure care products for that individual.

When a person is being considered for a care home placement, assessment of their needs should include consideration of the equipment that is needed to support their care. Where it is the responsibility of the care home to provide the equipment as per this policy, the clinician carrying out the assessment may provide the care home with a generic description of the item prescribed which may include particular features necessary to meet the individual's assessed needs. Where the care home purchases the equipment it will be the care home which determines the make/model etc of the equipment purchased based on the clinical recommendation and most cost effective options

available.

Care homes should not accept people whose assessed needs they are unable to meet. However, where the absence of a particular piece of equipment in a care home is temporary and the provision of equipment would facilitate a discharge from an acute hospital bed, or enable the individual to stay in the home, commissioners may consider installing the equipment temporarily for a period of 6 weeks. In such situations, the prescriber of the equipment must obtain the loan with the full agreement of the ICES clinical lead.

At the end of week 5, the care home will be contacted by CELS and be expected to have alternative equipment arrangements in hand and be preparing to return the equipment to CELS. It is important that the home provides the equipment to meet the needs of the resident in their care. If necessary the temporary loan may be extended following a discussion and approval of the ICES clinical lead.

Annex C contains a matrix setting out who is responsible for providing individual items of equipment in nursing and residential homes where the home accepts the placement.

4.5 Equipment loaned to a care home

Where an individual is moving from their own home and have CELS equipment on loan. The equipment may move with them pending a clinical reassessment and the updating of TCES . CELS will be notified and the equipment returned when the resident no longer requires it.

Equipment loaned by CELS will be for the exclusive use of the person for whom it was prescribed and must not be tampered with or modified.

When loaning equipment, the prescriber must give instruction and demonstrate use to the nominated care home personnel and resident. At this point, a 121 form is completed and signed to confirm responsibilities. A copy will be left in the resident's notes. Thereafter it is the responsibility of the care home's management

team to cascade instructions and training to any other person that uses the equipment prescribed to an individual in their care.

Day-to-day operational cleaning/battery recharging/disinfection is the responsibility of the care home and must follow manufacturers' instructions and local guidelines.

The care home will meet the cost of all repairs arising from negligence or damage caused by care home staff. Where the equipment has been lost the home will be responsible for the full replacement cost.

All repair and maintenance of CELS equipment will be coordinated and carried out promptly by CELS service staff or nominated other.

Care home staff will be responsible for notifying CELS when a loaned item of equipment is no longer required. They will also be responsible for informing CELS when equipment breaks down, is deemed to be unsafe, requires repair or service and will allow CELS personnel or nominated other access as required.

4.6 Purchasing and replacing equipment.

See Annex D for advice.

5. Assessment and Assessors

5.1 General points

Assessment identifies need and the outcome determines care solutions, which could be advice and may include the provision of standard/non-standard equipment.

5.2 Self-assessment

People in care homes and family members should be able to access any self-assessment processes e.g. AskSARA <https://asksara.livingmadeeasy.org.uk/> that may exist.

5.3 Initial assessment

This may be carried out by appropriately trained care professional/s for any person in a care home, or before being admitted to the home. It is vital that all care and equipment needs are included as part of the assessment prior to admission. If equipment is identified as a way of meeting a particular need, and this prescription is beyond the competencies of the practitioner involved, then an advanced or complex assessment should be undertaken.

5.4 Advanced assessment

This is where, as a result of the initial assessment, this has identified that an assessment by a qualified clinician with enhanced skills is required. The clinician will follow a ladder approach when considering the equipment prescription. By its nature, an advanced assessment is likely to result in the prescription of either a non-standard or bespoke piece of equipment.

5.5 Complex assessment

A complex assessment depends on the nature, multiplicity, intensity and unpredictability of the person's condition. A multi-disciplinary assessment may be required which includes an appropriate representative from the care home.

5.6 Continuing Health Care assessment

This is carried out by a member of the NHS Kernow's Continuing Health team (CHC) and may involve a referral to other healthcare professionals to carry out a clinical assessment if a need is identified during assessment. The arrangements for equipment provision are the same regardless of their CHC eligibility status.

6. Risk management

6.1 Range of issues

As part of CQC requirements, the care home manager must

ensure, 'so far as is reasonably practicable, the health, safety and welfare of residents and staff'. The registered manager will be expected to comply with relevant legislation, ensure that safe working practices are in operation, and provide a written statement of the agreement, organisation and arrangements for the maintenance of safe working practices. This covers matters such as:

- Skin integrity/pressure ulcers.
- Health and safety risk assessment.
- Manual handling.
- Fire safety.
- Infection control.
- Near miss, incident, and accident reporting.

6.2 Skin integrity/pressure ulcers

If, as part of the assessment the individual is identified as at risk of developing pressure sores. The care plan must include the provision of equipment to prevent and/or treat the area, and it must be reviewed regularly by qualified nursing home staff or Community nursing staff in the case of residential homes.

6.3 Health and safety

The provision of certain types of equipment (for lifting and handling, for example) can be important for care home providers in relation to their health and safety responsibilities. 'Employers are required to define the preventative and protective measures to be taken in respect of any identified risks'. *Management of Health and Safety at Work*, Regulations 1999 (as amended). The legislation identifies five main employer obligations:

- To assess the risk to the health and safety of staff and anyone affected by work activity.
- To make arrangements for putting into practice the preventative and protective measures that follow from the risk assessment.
- To set up emergency procedures.
- To inform and train staff as necessary.
- To carry out health surveillance of employees where appropriate.

6.4 Management of medical devices

All equipment/medical devices used to support the care of residents and individuals is required to be managed and maintained following relevant National Legislation and Protocols.

The manager of the Care Home is responsible for ensuring this is carried out.

7. Monitoring and Co-operation

7.1 When an individual's condition or situation changes

It is against the ethos of care to move an individual from their present settings where any changes to their condition can be safely managed.

In these cases the integrated community equipment service may consider providing equipment on a temporary loan bases.

Examples of such changes of condition are, resident in non-nursing care facilities having deteriorating conditions (end of life). The temporary loan period will be monitored by the ICES clinical lead.

** See Annex B for definitions.*

7.2 Collaborative working between care homes and Cornwall equipment loan service (CELS)

There are areas where care homes and Cornwall's Community Equipment Loan Service may productively collaborate:

Care homes will help CELS by:

- Informing CELS when equipment is no longer required and making it available for collection.
- Informing the service promptly in the event of equipment breakdown.
- Notifying the service if the home deems the equipment to be unsafe.
- Make equipment available for repair or review on request.

- Keeping equipment in clean and good working order with batteries regularly recharged if required.
- Ensuring equipment is not tampered with or modified.
- Must not transfer equipment (unless agreed by a clinician) to any other person/s other than the individual the equipment has been prescribed to.

8. Plus size Equipment

Size and weight may not constitute a complex need and therefore the standard range of equipment may apply as per Annex C. Care homes are responsible for the monitoring of residents weight to ensure use of correct equipment; and that residents with increasing weights are referred to the appropriate services for clinical advice and for potential equipment solutions.

It is important that users are aware of upper weight limits on standard equipment.

* *See Annex B and E.*

Annex A: References & further reading

Audit Commission. Fully Equipped: the provision of equipment to older or disabled people by the NHS and social services in England and Wales. Audit Commission Publications. London. 2000.

Care Act 2014

Care Homes and Equipment, Guiding Principles For Assessment and Provision.

Royal College of Occupational Therapists 2019

Cooper J. The Care Homes Legal Handbook. London. Kingsley. 2002.

The Department of Health (2004) Community Equipment and Care Homes

National Framework for NHS Continuing Healthcare and funded Nursing Care (DH revised 2018)

The Department of Health (2003) Care Homes for Older People National Minimum Standards

Health and Social Care Act 2008 Regulation 15: Premises and equipment

Health and Safety Executive. Health and Safety at Work Act (1974). HMSO London. 1974.

Managing Medical Devices Guidance for Healthcare and Social Services organisations April 2015

Annex B: Glossary of Terms

“Bespoke”

Bespoke equipment is specifically designed for one individual and can only be used for that person and cannot be transferred or adapted to suit another individual, for example a moulded wheelchair seat.

“CELS”

Cornwall Equipment Loan Service is commissioned to provide community equipment on loan to adults and children following assessment by health and/or social care qualified clinician.

“CHC”

NHS Continuing Health Care is a package of continuing care provided outside hospital, arranged and funded solely by the NHS, for people with ongoing healthcare needs and subject to an eligibility assessment.

“Care Home”

An establishment that provides accommodation, together with nursing or personal care, for any of the following persons.

1. They are:

- persons who are or have been ill;
- persons who have or have had a mental disorder;
- persons who are disabled
- persons who are or have been dependent on alcohol or drugs.

2. But an establishment is not a care home if it is-

- a hospital;
- an independent clinic; or
- a children's home, or if it is of a description excepted by regulations.

“CQC”

Care Quality Commission – are the independent regulator of health and adult social care services in England. Their role is to monitor, inspect and

regulate services to make sure they meet fundamental standards of quality and safety.

“Equipment prescriber”

A qualified clinician e.g. occupational therapist, physiotherapist, pressure care specialist, district nurse or person who has undertaken accredited clinical assessing and equipment training who has access to a TCES account

“Equipment”

Suitable, standard, non-standard (specials) and bespoke equipment, assistive technology and medical devices.

“Fit for purpose”

a) Fitness for purpose

The regulatory powers are designed to ensure that care home managers, staff and premises are ‘fit for their purpose’. Regulators will look for evidence that a home – whether providing a long-term placement, short-term rehabilitation, nursing care or specialist service – is successful in achieving its stated aims and objectives.

b) Meeting assessed needs

Inspectors will look for evidence that care homes meet assessed needs of residents and that individuals’ changing needs continue to be met.

“Individual”

Person, residents, and informal and funded carers in community settings.

“Integrated Community Equipment Service” (ICES)

Local health and council services (which may be contracted out) that provide community equipment on loan under the provision of various legislation relating to the NHS, councils, community care, and children. Equipment is provided to people of all ages to help them

perform essential activities of daily living and to maintain their health and autonomy and to live as full a life as possible.

“Loan Equipment”

Equipment that is on loan to a named service user from CELS for use by an individual resident, where the need falls outside of the home’s standard provision.

“Ladder approach”

Is the basis for all clinical assessments undertaken by an NHS or Ault Social Care member of staff.

“MHRA”

Medicines and Healthcare products Regulatory Agency (MHRA) are responsible for sending Medical Device Bulletins and Field Safety Notices. Guidance for managing medical devices and provides an outline for a systematic approach to the purchasing, deployment, maintenance, repair and disposal of medical devices.

“NAEP”

National Association of Equipment Providers is an established membership association, which represents a broad spectrum of personnel working in all sectors of community equipment provision and their associated services in the United Kingdom.

“Nursing care”

Services provided by a registered nurse and involving either the provision of care or the planning, supervision or delegation of the provision of care, other than any services which, having regard to their nature and the circumstances in which they are provided, do not need to be provided by a registered nurse.

“Palliative Care”

Specialist palliative care is the active care of persons with progressive disease (often far advanced) and limited prognosis. A multi-disciplinary team who have undergone specialist training, it may be provided by a range of NHS and third sector providers that specialise in palliative care who together contribute to an integrated specialist

palliative care service for a given population.

“Plus size” (*supersedes bariatric*)

From the Disabled Living Foundation (DLF) Factsheet Choosing equipment for the heavier person 2006 page 4.

From National Association of Equipment Providers (NAEP) 2016 up to 39 stone (248kgs) is considered normal within equipment range.

“Qualified clinician”

An NHS or Adult Social Care member of staff who has a TCES account for Prescribing/ordering community loan equipment

“Residential care”

Residential care refers to the provision of long term assessed care available to adults or children who stay in a residential setting rather than in their own home.

“Single Assessment Process”

The purpose of the single assessment process is to ensure that older people receive appropriate, effective and timely responses to their health and social care needs, and that professional resources are used effectively. In pursuit of these aims, the single assessment process should ensure that the scale and depth of assessment is kept in proportion to older people’s needs; agencies do not duplicate each other’s assessments; and clinicians contribute to assessments in the most effective way.

“Standard equipment”

Standard equipment refers to equipment that is provided by the care home. Equipment includes e.g. standard height adjustable beds; divan mattresses riser recliner chairs, commodes and suitable aids for daily activity.

“Non- standard”

Non standard equipment refers to equipment that would be provided to a residential home but not a nursing home. Equipment includes e.g. profiling beds, pressure care mattresses, and postural adjustable chairs

“Specials authorisation”

The Integrated Community Equipment Service (ICES) has clinical leads in place that are competent and authorise special and bespoke orders.

“TCES”

Is the equipment ordering, stock management and traceability system used by CELS.

“Intermediate Care”

Intermediate care should be regarded as describing services that meet all the following criteria:

- a) are targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute in-patient care, long term residential care, or continuing NHS in-patient care;
- b) are provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery;
- c) have a planned outcome of maximising independence and typically enabling individuals to resume living at home;
- d) are time-limited, normally no longer than six weeks and
- e) involve cross-professional working, with a single assessment framework, single professional records and shared protocols.

Based on current practice, an intermediate care episode should typically last no more than six weeks. Many episodes will be much shorter than this, for example 1-2 weeks following acute treatment for pneumonia, or 2-3 weeks following treatment for hip fracture. Exceptionally, for example following a stroke, an individual may require intermediate care for slightly longer than six weeks. Nevertheless, all individual care plans for people receiving intermediate care should include a review date within the six-week period. Exceptional extensions beyond six weeks should be subject to a full re-assessment and should be authorised by a senior clinician. Individual care plans should specifically address what care, therapy or support may be needed on discharge from intermediate care.

Annex C: Equipment Provision

The following confirms who provides standard equipment to meet an individual’s needs and who provides equipment following a clinical assessment. Where the care home provides the equipment, it will be the care home which determines the make/model etc of the equipment purchased based on the clinical recommendation and most cost effective options available.

Care Homes are expected to have a wide range of equipment to account for the diverse needs of the population. Care Homes must have a good supply of standard/universal equipment.

No equipment will be loaned by CELS without a clinical assessment.

All equipment loaned by NHS Kernow and Cornwall Council is subject to review and reassessment and is for the use of the assessed individual only.

This Policy will also cover temporary loan arrangements, short term provision of equipment for up to 6 weeks where it will accelerate discharge from hospital or prevent hospital admission.

Who’s responsible for providing the equipment:

- ✓ = Care Home provides
- CELS = Cornwall Equipment Loan Service provides
- CCG = Clinical Commissioning Group provides

Nursing equipment e.g. Suction machines are not part of the Cornwall equipment loan service.

The following shows a ladder approach to providing equipment, starting with the least intrusive most cost effective solution.

General Equipment	Nursing	Residential
Personal Protective Equipment (PPE) such as gloves, aprons and sharps disposal.	✓	✓
CQC require care homes to be fit for purpose.	✓	✓

<p>Equipment to weigh all residents who require it. Routine monitoring of weight is required in the safe use of equipment. Nursing and residential homes are responsible for monitoring a resident's weight in their care, e.g. residents with an increasing weight need to be reviewed, referred appropriately for weight management advice and potential equipment solutions to prevent a crisis.</p>		
<p>To provide appropriate equipment for daily living, for example, footstools, commodes, bath and shower equipment, grab rails, toilet aids, suitable equipment for eating and drinking, stocking aid, tights aid and long handled shoe horn.</p> <p>Size and weight may not constitute a complex need, people of all sizes and weights should have access to appropriate standard equipment for example plus size, underweight, tall and smaller stature.</p>	✓	✓

Nursing Equipment	Nursing	Residential
<p>General nursing equipment as required to carry out nursing procedures and palliative care should be readily available. This includes medical devices required to undertake these procedures for example: suction machines, syringe drivers and nebulisers along with drip stands, giving sets and syringes and preventative equipment to maintain skin integrity & prevention of pressure ulcers</p>	✓	<p>Community Health services will provide any required equipment</p>

Contenance products	Nursing	Residential
<p>All new service users will require interim continence products until assessment of health Funding and eligibility for Contenance products following a full continence assessment from continence service.</p>	<p>Provided via Care Home until assessment completed by health staff.</p>	<p>Provided via CCG following assessment by District Nurse</p>

Mobility and Walking Equipment	Nursing	Residential
Wooden walking sticks	CELS	CELS
Fischer walking sticks	CELS	CELS
Walking frames	CELS	CELS
Walking frames gutter	CELS	CELS
Delta type walker walking frame with front wheels	CELS	CELS
Crutches axilla wooden	CELS	CELS
Crutches metal elbow	CELS	CELS
Heavy-duty / plus size mobility equipment on request	CELS	CELS
Standing frame	CELS	CELS

Mobility Equipment - Wheelchairs	Nursing	Residential
Long term wheelchairs and accessories	Wheelchair Service (CCG)	Wheelchair Service (CCG)
Short term (6 weeks) wheelchairs and accessories	CELS	CELS
Standard transit wheelchairs and wheelchair cushions for communal use	✓	✓
Wheelchair Ramps	✓	✓

Beds	Nursing	Residential
<p>A suitable range of universal beds & bed accessories that meet the needs of residents to facilitate an adaptation to a non-medical bed e.g. height, width, weight, cognition, a non-medical bed, e.g.</p> <ul style="list-style-type: none"> • bed raisers to a domestic bed • standard height adjustable bed for carer intervention • longer length /extendable beds • wider beds 	✓	✓

Standard electric variable height profiling bed	✓	CELS
Full auto-regression profiling bed	✓	CELS
Bed frame which at the lowest setting the bed platform rests on the floor to prevent fall from bed	✓	CELS
Non-standard beds, for example, for people with complex treatment and care needs. Individual needs would require an assessment by an appropriate therapist with the authority to be able to order specialist equipment.	CELS	CELS
Bed Attachments for Risk Management	Nursing	Residential
Range of back rests	✓	✓
Rope ladders	✓	✓
Mattress variators / Elevators - single	✓	CELS
Over bed trolley table	✓	✓
Bed levers where an CELS bed is provided	✓	CELS
Lifting (monkey) pole	✓	CELS
Bed rails where an CELS bed is provided	✓	CELS

Mattresses	Nursing	Residential
Static Foam replacement mattress	✓	CELS
Static air overlay mattress for the prevention and appropriate treatment of pressure ulcers.	✓	CELS
Alternating pressure overlay prevention of pressure ulcer and if the pressure ulcer develops within the care setting	✓	CELS
Alternating pressure mattress replacement. Prevention of pressure ulcer	✓	CELS
Alternating pressure overlay treatment of pressure ulcer	Tissue Viability CCG	CELS
Alternating pressure mattress treatment of pressure ulcer	Tissue Viability	CELS

	CCG	
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Cushions	Nursing	Residential
First line preventative cushion	✓	CELS
Gel cushion	✓	CELS
Static Air cushion	✓	CELS
Dynamic cushion	✓	CELS

Off-loading products for the prevention and treatment of pressure ulcers	Nursing	Residential
Heels	✓	CELS
Elbows	✓	CELS

Chairs and raising equipment Ref: Appendix 1. Generic Seating Specifications	Nursing	Residential
A range of seating options with adjustable dimensions, e.g. width, depth, footplate & full tilt in space and is transportable	✓	✓
Riser / Recliners including those with a modular function	✓	✓
Postural adjustable chairs e.g. Kirton & Careflex seating	✓	CELS
Adult Complex Seating (bespoke to an individual person's needs)	CELS	CELS

Repositioning Equipment	Nursing	Residential
Standard Transfer Equipment (including hoists, stand-aid, patient turners, transfer boards,)	✓	✓
Slide sheet	✓	✓
Standard Sling that meet infection control guidelines including in situ slings with and without an aperture and slings for plus size and smaller stature individuals	✓	✓

Non-standard Sling (bespoke to an individual person's needs where specific alterations are needed to a sling which have to be specially made to accommodate an individual)	CELS	CELS
Non-standard Transfer Equipment (bespoke to an individual person's needs)	CELS	CELS
Ceiling Track Hoist A ceiling track hoist system if desired as an option by the home e.g. the track is fixed to either the ceiling or fitted using wall brackets.	✓	✓
Bed management system e.g. Satin sheets or multi-directional slide sheets.	✓	✓
Postural positioning support systems e.g. cushions, rolls, wedges.	CELS	CELS
Automatic repositioning device	✓	CELS
Devices used to lift person off floor following a fall	✓	✓

Feeding Equipment	Nursing	Residential
Feeding equipment including Cutlery, mugs, plates, bowls, beakers, hydration packs or neater eater device	✓	✓

Toileting Equipment	Nursing	Residential
Bed pan /slipper pan	✓	✓
Commodes standard including adjustable height, width and a range of safe working weight limits, plus size	✓	✓
Commodes-mobile.	✓	✓
Raised Toilet seats 2", 4", 6"	✓	✓
Urinals / bottles (including non-return valve)	✓	✓
Toilet frame or mowbray	✓	✓
Non Standard Commodes (bespoke to an individual person's needs)	CELS	CELS

Bathing / Showering	Nursing	Residential
Bathing equipment such as bath board and bath seats (powered and non-powered, Swivel bath seat and a range of safe working weight limits)	✓	✓
Range of shower stools (with/without back and arms padded and non-padded and a range of safe working weight limits)	✓	✓
Shower benches with a range of safe working weight limits	✓	✓
Range of shower chairs (standard wheeled and static including adjustable height, width, tilt in space and a range of safe working weight limits)	✓	✓
Non Standard shower chair (bespoke to an individual person's needs)	CELS	CELS

Sensor mat	Nursing	Residential
Chair sensor mat	✓	✓
Bed sensor mat	✓	✓

Annex D: Replacement of Equipment

When new equipment purchases need to be made it is recommended that consideration be given to replacing with a variety of models to meet different needs. Electric or manual profiling beds can meet residents and care workers' needs.

- Chairs and commodes should be offered in a variety of heights and widths.
- Chairs with wooden ended arms will show less wear and tear than fabric and are better for pushing up from sitting to standing.
- Commodes can be offered with removable arms to allow for sideways transfers, they may be wheeled or static and the model chosen should have a generous weight limit. Height adjustable commodes allow for individual needs to be met.
- Electric hoists allow for greater ease of use than manual models.
- Bath hoists can have reclining backs which can be more comfortable for the resident.
- Consider integral weighing scales when replacing hoists.

When purchasing new dynamic (pressure relieving) equipment it may be helpful to consider the following:

- Is it comfortable? Does it have a comfort dial?
- How durable is it? What is the anticipated life expectancy?
- How easy is it to clean? Are there nooks and crannies making cleaning difficult?
- Do the leads from the mattress to the motor have easily cleaned sleeves?
- How noisy is it? Is it likely to disturb the resident's sleep?
- Do you need a CPR facility? Are any residents who might need resuscitating going to be nursed on it?
- Will the manufacturers provide on-going service?
- Will the manufacturer provide free of charge loan in the event of breakdown during the warranty period?

- Will the manufacturer provide ongoing in-service training for new staff on the use of the equipment?

In future it may be possible to hire equipment through CELS, amongst other local and national suppliers.

Bespoke equipment

This is a non-standard item of community equipment which is specifically tailored in respect of design, size and weight to meet the assessed needs of an individual and must not be used by other residents. It would not be capable of being used by other care home residents. It is expected that the home will have a variety of equipment to meet most needs, however there will always be some residents who may need a piece of equipment to be made or purchased to meet their clinically assessed needs.

Annex E: Plus size Equipment

It is important that users are aware of safe working limits on equipment.

Manufacturers of equipment will be able to provide this information.

The following are generic examples of safe working limits (SWL) for common lines of equipment available from a range of suppliers, reference National Association of Equipment Providers (NAEP) June 2016

- Extra wide Toilet frame, SWL 40st/254kg
- Shower stool with padded back and arms, SWL 40st/ 254kg
- Wide adjustable height commode, SWL 40st/254kg
- Perch stool (PU Moulded) SWL 44st/279kg
- Standard width (900 mm) four section profile bed, SWL 30st/190kg
- Plus size width (1200 mm) four section profile bed, SWL 40st/254kg
- Standard width (900 mm) foam mattress, SWL 39st/247.6kg
- Plus size width (1200 mm) foam mattress, SWL 53.5st/340kg

NB: When items are used in combination such as beds and mattresses, both need to have a suitable safe working limit.

When the standard range of equipment does not meet the needs of an individual, some equipment suppliers supply a range of plus size equipment that can be purchased or rented.

A useful source of up to date product and supplier information is the Disabled Living Foundation Equipment Helpline 0845 130 9177 or their Factsheet “Choosing Equipment for Heavier Person”.

Solutions to practical difficulties must take into account the changes in the body morph of a heavier person as this can cause an increased risk of injury to both the person and the carer(s). In such situations a complex assessment may be required (ref 5.5) and will be completed by a multi-disciplinary team which includes an appropriate representative from the care home. Training in the correct use of equipment is essential. The expertise of a nurse, occupational therapist or physiotherapist can help to identify areas of need and

activities which increase risk and to decide on the best and safest solutions including the selection of equipment.

Appendix 1: Generic Seat Specifications

General considerations:

- Level of pressure relief with the chair as standard and ability to upgrade the level of pressure relief through the introduction of alternative pressure cushions.
- Recyclability of chair, chairs with a modular design can be used to meet the needs of a range of people.
- Service users level of mobility and transfer.
- Moving and handling implications for example if a hoist transfer is required.
- Environmental issues (space available), transportation within the care home.
- Level of care needed.
- Seating is part of a 24 hour approach to postural management.
- Repositioning of person required as part of 24 hour care plan.
- Consider chair function and chair design; adjustability of chair width and depth, back rest type button or water fall some designs lend themselves to providing adjustment. Arm rest height and type of material, footplate design, adjustment (angle and size) and material.
- Safe working weight limit of chair
- Adjustable using modular seating system to accommodate a range of postures postural supports are not fixed to frame secured using Velcro type fixing, or similar which can be easily introduced and removed.
- Seating fabric; multi stretch fabric to improve pressure relief
- Seating fabric should be suitable to meet infection control requirements.

Person

Key considerations for all seating:

- Body shape
- Weight of person
- Skin integrity
- Diagnosis and prognosis
- Continence
- Mobility
- Transfer
- Moving and Handling
- Posture and sitting balance
- Cognitive function and behaviour

	Chairs and raising equipment	Nursing	Residential
1	A universal chair with adjustable dimensions e.g. width, depth, footplate and full tilt in space and is transportable	✓	✓
2	Riser/recliners including those with a modular function	✓	✓
3	Postural adjustable chairs e.g. Kirton & Careflex seating	✓	ICES
4	Adult Complex Seating (bespoke to an individual person's needs)	ICES	ICES

1 Range of seating options with adjustable dimensions e.g. width, depth, footplate and full tilt in space and is transportable.

Equipment Functionality

- Back rest and leg rest can be operated independently of each to alter position, tilt function of chair can be used independently or simultaneously in varying combinations (the number of combinations is dependent on the number of motors or manual adjustment available)
- Tilt in space action enables the seat and back angle to remain the same in relation to each other.

- Adjustable to accommodate a range of postures
- Easy to move from room to room
- Chair has a level of pressure relief built into seat with the option of upgrading using a range of pressure relief products if required
- Can help in the management of leg oedema (this is dependent on the position achieved within chair)
- Dependent on manufacturer of chair it may be available for plus size persons
- Footplate is available with chair to assist with the distribution of pressure

Contraindications

- Tilt in space not to be used as a form of restraint
- Persons posture and level of movement
- For those who have varied mobility the use of a care chair can affect their level of independence, access to a variety of chairs will be required.

Considerations

- Cognitive function of person using chair
- Dimension of person using chair
- Skin integrity of person using chair
- Pressure redistribution options available for contact surfaces
- Manual/Electric combinations available
- Modular configuration of chair (dependent on make and model) will allow for use with a number of residents
- Environmental factors
- Mobility/transfer ability of person(s) using chair
- Level of care required

Person

Considered

- Non-ambulant persons
- Can be considered for persons with neurological conditions and kyphosis
- For those with limited knee extension (dependent on make and

model of chair)

- For those who need to be moved from room to room
- For those who require moderate postural support
- Repositioning of person required as part of 24 hour care plan

Not considered

- When the person has a fixed posture with contractures
- Complex postural requirements
- Limited range of knee flexion (dependent on make and model of chair)
- For those who need a riser function to transfer

2 Riser/recliners including those with a modular function

Riser recliner chair with single motor

Equipment

Functionality

- Assists with sit to stand/stand to sit may enable more frequent standing
- Adjustment of chair to improve comfort and functional independence
- Dependent on manufacture the single motor chair may have additional tilt in space functionality
- Dependent on make a model of chair the modular formation of the back and seat will allow for the repositioning of chair parts to provide postural support
- Chair has a level of pressure relief built into seat with the option of upgrading using a range of pressure relief products if required
- Dependent on manufacturer of chair it may be available for plus size persons

- Ability to set at different rise action; flat, vertical, vertical tilt rise

Contraindications

- Function of chair can result in tissue damage through shear and friction (the position achieved will be dependent on the make and model of chair)
- Limited pressure distribution if no tilt in space
- Limited options if pressure relieving cushions are required (some chairs can have additional pressure cushions fitted, this will depend on the make and model of the chair)
- If tilt in space available this must not be used as a form of restraint
- May contribute to poor or damaging posture e.g. sacral sitting if not sat in correct size chair.

Considerations

- Cognitive function of person using chair
- Dimension of person using chair
- Skin integrity of person using chair
- Environmental factors
- Over reliance on riser mechanism may not encourage independent standing and have a negative impact on other transfers.
- Sitting balance of person using the chair
- Standing tolerance, strength and balance of person using the chair
- Equipment used to assist/facilitate transfer may not work with riser chair.

Person

Considered

- Used for ambulant and semi ambulant and non-ambulant persons
- Can be considered for persons with neurological conditions and kyphosis
- Rise action required to facilitate transfer.
- Repositioning of person required as part of 24 hour care plan

Not considered

- When the person has a fixed posture with contractors
- Complex postural requirements
- Limited range of knee flexion
- When the person will need to be transported from room to room

Riser recliner chair with Dual motor

Equipment

Functionality

- Back rest and leg rest can be operated independently of each to alter position
- Assists with sit to stand/stand to sit may enable more frequent standing
- Adjustment of chair to improve comfort and functional independence
- Dependent on manufacture the dual motor chair may have additional tilt in space functionality
- Dependent on make a model of chair the modular formation of the back and seat will allow for the repositioning of chair parts to provide postural support
- Chair has a level of pressure relief built into seat with the option of upgrading using a range of pressure relief products if required
- Dependent on manufacturer of chair it may be available for plus size persons
- Ability to set at different rise action; flat, vertical, vertical tilt rise
- Back angle of chair when used independently of leg section can be used in combination to open up the hip angle this assist with comfort and reduced abdominal pressure.

Contraindications

- Function of chair can result in tissue damage through shear and friction (the position achieved will be dependent on the make and model of chair)
- Limited pressure distribution, if no tilt in space is available.

- Limited options if pressure relieving cushions are required (some chairs can have additional pressure cushions fitted, this will depend on the make and model of the chair)
- May contribute to poor or damaging posture e.g. sacral sitting if not sat in correct size chair.
- Over reliance on riser mechanism may not encourage independent standing and have a negative impact on other transfers.
- Sitting balance of person using the chair.
- Standing tolerance, strength and balance of person using the chair.
- Equipment used to assist/facilitate transfer may not work with riser chair.

Considerations

- Cognitive function of person using chair
- Dimension of person using chair
- Skin integrity of person using chair
- Environmental factors
- Over reliance on riser mechanism may not encourage independent standing

Person

Considered

- Used for ambulant and semi ambulant and non-ambulant persons
- Can be considered for person(s) with neurological conditions and kyphosis
- Rise action required to facilitate transfer.
- Repositioning of person required as part of 24 hour care plan

Not considered

- When the person has a fixed posture with contracture(s).
- Complex postural requirements
- Limited range of knee flexion
- When the person will need to be transported from room to room

Riser recliner chair with full Tilt in Space

Equipment

Functionality

- Tilt function of chair can be used independently or simultaneously in varying combinations (the number of combinations is dependent on the number of motors, within the chair).
- Tilt in space action enables the seat and back angle to remain the same in relation to each other.
- Manual and electric options are available.
- Assists with sit to stand/stand to sit and may enable the person to stand more regularly
- Tilt-in-space to aid position and pressure redistribution
- Reduce risk of associated secondary medical complications can help in the management of leg oedema (this is dependent of position achieved within chair)
- Chair has a level of pressure relief built into seat with the option of upgrading using a range of pressure relief products if required
- Dependent on manufacturer of chair it may be available for plus size persons
- Assists with hoisting and positioning
- Seat and back angle to remain the same as whole system tilts posteriorly.

Contraindications

- Limited options if pressure relieving cushions are required (some chairs can have additional pressure cushions fitted, this will depend on the make and model of the chair)
- Tilt in space must not be used as a form of restraint
- May contribute to poor or damaging posture e.g. sacral sitting if not sat in correct size chair.
- Over reliance on riser mechanism may not encourage independent standing and have a negative impact on other transfers.
- Sitting balance of person using the chair.
- Standing tolerance, strength and balance of person using the chair.

- Equipment used to assist/facilitate transfer may not work with riser chair.

Considerations

- Cognitive function of person using chair
- Dimension of person using chair
- Skin integrity of person using chair
- Environmental factors
- Over reliance on riser mechanism may not encourage independent standing

Person

Considered

- Used for ambulant and semi ambulant and non-ambulant persons
- Can be considered for person(s) with neurological conditions and kyphosis
- Rise action required to facilitate transfer.
- Repositioning of person required as part of 24 hour care plan

Not considered

- When the person has a fixed posture with contracture(s).
- Complex postural requirements
- Limited range of knee flexion
- When the person will need to be transported from room to room

3 Postural adjustable chairs e.g. Kirton and Careflex seating

Postural adjustable chairs e.g. Kirton and Careflex seating

Equipment

Functionality

- Back rest and leg rest can be operated independently of each to alter position, tilt function of chair can be used independently or simultaneously in varying combinations (the number of combinations is dependent on the number of motors or manual adjustment available)
- Tilt in space action enables the seat and back angle to remain the same in relation to each other.
- Adjustable to accommodate a range of complex postures, the chair has a number of adjustable features.
- Ability to meet needs of those with deteriorating condition,
- Chair has a level of pressure relief built into seat with the option of upgrading using a range of pressure relief products if required
- Can help in the management of leg oedema (this is dependent of position achieved within chair).
- Dependent on manufacturer of chair it may be available for plus size persons

Contraindications

- Tilt in space not to be used as a form of restraint
- Service user posture and level of movement

Considerations

- Cognitive function of person using chair
- Dimension of person using chair
- Skin integrity of person using chair
- Pressure redistribution options available for contact surfaces
- Manual/Electric combinations available
- Modular configuration of chair (dependent on make and model) will allow for use with a number of residents
- To be considered as part of a 24 hour postural management approach
- Environmental factors
- Mobility/transfer ability of person(s) using chair
- Level of care required

Person

Considered

- Non-ambulant persons
- Can be considered for persons with neurological conditions and kyphosis
- For those with limited knee extension (dependent on make and model of chair)
- For those who need to be moved from room to room
- For those who require complex postural support
- Repositioning of person required as part of 24 hour care plan

Not considered

- For those who need a riser function to transfer
- For those who do not require fixed postural support

4 Adult Complex seating (bespoke to an individual person's needs)

Clinically lead assessment of person whose seating needs cannot be met using the range of chairs previously identified.

Postural adjustable chairs which require adjusting and fixing to accommodate the postural requirements of the person, the adjustment will be completed by the clinician and will be fixed. The chair will be bespoke to the person assessed and will not be suitable for any other person within the home environment.

Equipment

Functionality

- Back rest and leg rest can be operated independently of each other to alter position, tilt function of chair can be used independently or simultaneously in varying combinations (the number of combinations is dependent on the number of motors or manual adjustment available)
- Tilt in space action enables the seat and back angle to remain the same in relation to each other.
- Adjustable to accommodate a range of complex postures, the chair has a number of adjustable features which are locked into position and would only fit the service user.
- Ability to meet needs of those with deteriorating condition,
- Chair has a level of pressure relief built into seat with the option of upgrading using a range of pressure relief products if required
- Dependent on manufacturer of chair it may be available for plus size persons.

Contraindications

- Tilt in space not to be used as a form of restraint
- Service user posture and level of movement

Considerations

- Cognitive function of person using chair
- Dimension of person using chair
- Skin integrity of person using chair
- Pressure redistribution options available for contact surfaces
- Manual/Electric combinations available
- To be considered as part of a 24 hour postural management approach
- Environmental factors
- Mobility/transfer ability of person using chair
- Level of care required
- Adjustability of chair and fixing options available which will accommodate the person's postural requirement.

Person

Considered

- Non-ambulant persons
- Can be considered for persons with neurological conditions.
- For those with limited knee extension (dependent on make and model of chair)
- For those who need to be moved from room to room
- For those with highly complex postural/seating requirements.
- For those whose seating requirements may change or deteriorate
- Multiple disabilities which may be complex or fluctuate.
- Seating to be considered as part of a 24 hour postural management approach.
- For those person(s) who may demonstrate; very poor trunk control, be unable to sit unsupported, have limited range of movement in limbs and reduced limb function, pressure damage, associated respiratory function issues, joint contractures and spinal curvature(s).

Not considered

- For those who need a riser function to transfer
- For those who do not require fixed postural support

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NHS England Definitions of Need. National Wheelchair Operational Data collection Definitions Annexe A (edited June 2015)

Royal College of Occupational Therapy Care Homes and Equipment Guiding Principles for assessment and provision

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