

Equipment Provision To Care Homes Policy 2017

1. Purpose:

To ensure clarity of responsibility, for provision of equipment and supporting arrangements, for Care Homes, the Equipment Provider and Commissioners. The same principles apply to privately owned and any Council owned residential and nursing homes

2. Definitions:

Primary Contractor

The contractor providing the community equipment on behalf of the Commissioners

Commissioners

Torbay Council and South Devon and Torbay Clinical Commissioning Group (SD&TCCG)

Joint Community Equipment Store (JCES)

This makes provision, following assessment, to supply community equipment, minor adaptations, speech and language equipment and telecare.

Stock Equipment

Equipment within the JCES Catalogue that has been agreed between the JCES Operational Group and the Primary Contractor as being available at all times. For example, standard profiling bed frames, pressure care mattresses and cushions, hoists, slings, bath lifts, mobility equipment, transfer sheets, toileting equipment etc.

Non Stock Equipment

JCES Equipment not specified as Stock Equipment within the JCES Catalogue and may be ordered on an ad-hoc basis. For example a special bed frame, mattress or special item of mobility equipment.

Bespoke Equipment

Equipment or an adaptation that is custom made or adapted to meet the specific needs of a Service User. For example a custom made sling to suit an individual resident's needs only.

NHS Continuing Health Care (CHC)

A package of care that is arranged and funded solely by the NHS, for individuals who are not in hospital but have complex ongoing healthcare needs.

Authorised Prescriber

A healthcare professional who is able to evaluate the needs of an individual and to establish what equipment would be of benefit to them. This is usually an Occupational Therapist (OT)

3. Legislation and Context

Care Homes must have available suitable equipment to meet the needs of either the existing residents or any residents they choose to accept.

- The Department of Health (2004) "Community Equipment and Care Homes"
- The Department of Health (2003) "Care Homes for Older People National Minimum Standards"
- The Care Standards Act (2000)
- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 (Revised)

Care Homes are expected to have a wide range of equipment to account for the diverse needs of the population. This may come under the 'Non-stock' category and Care Homes are expected to have good supply of such equipment. What was considered 'special/rare' five years ago, including bariatric equipment, would be routine today. Care Homes with an extended statement of purpose will be expected to have further related equipment for that purpose.

4. Arrangements to support equipment provision to residential and nursing homes in Torbay

Stock equipment from the JCES contract and non stock equipment provided by the Primary Contractor will be available to buy or for hire through private arrangement between the Care Home and the Primary Contractor. The Primary Contractor can deliver equipment with the following single delivery charges which include collection: a single charge for same day/2 hour delivery £35, next day/5 day delivery charging £25. Each item of equipment will incur a daily hire charge; a full list of charges can be requested direct from the Primary Contractor. The Primary Contractor will invoice the Care Home directly and make all arrangements, including delivery and collections without recourse to the equipment service commissioners or their officers. The Care Homes may choose to hire or purchase equipment from any suitable market provider, not just the Primary Contractor.

If the resident is eligible for NHS Continuing Healthcare (CHC), then the equipment requirements may be funded by CHC with prior agreement from the NHS manager responsible for funding the resident's CHC package of care.

Should the Care Home have a resident, or be considering accepting a resident, whose equipment needs exceed those that it would be reasonable for the Home to be able to meet (that is stock or non stock equipment will not meet their needs) and there is a requirement for a 'bespoke' or 'made to measure' piece of equipment to be used solely for a specific individual resident, consideration will be given to provision of that bespoke piece of equipment. This will only be considered following full needs led assessment by an Authorised Prescriber (an officer of the commissioners) and subject to the usual authorisation process. Should a piece of bespoke equipment be provided, the equipment will remain the property of the Commissioners and will be provided on loan, free of charge, to be used solely by the identified specific individual who has been assessed. Any need for repair or maintenance of the bespoke equipment, will be the responsibility of the Primary Contractor on behalf of the Commissioners. However, should such equipment no longer be required by the intended individual, the Care Home will be responsible for advising the Primary Contractor to arrange for immediate collection of the equipment. The equipment must not be used by another resident under any circumstances.

11. Document Control Information

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| Purpose of document: | To ensure clarity of responsibility, for provision of equipment and supporting arrangements, for Care Homes, the Equipment Provider and Commissioners. | | |
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| Author: | Strategic Commissioning Officer | | |
| Directorate: | Community | | |
| Equality Impact: | The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief | | |
| Committee(s) approving the document: | Care and Clinical Policies Group | | |
| Date approved: | 21 December 2016 | | |
| Links or overlaps with other policies: | All TSDFT Trust Strategies, policies and procedure documents | | |

| | <i>Please select</i> | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Have you considered using Equality Impact Assessment? | <input type="checkbox"/> | <input type="checkbox"/> |
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Document Amendment History

| Date | Version no. | Amendment summary | Ratified by: |
|------------------|-------------|--|--|
| 3 February 2017 | 4 | New | Acknowledged by the Care and Clinical Policies Group |
| 19 February 2018 | 4 | Review date extended from 2 years to 3 years | |

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme