



# COMMUNITY EQUIPMENT PROTOCOL

## FOR RESIDENTIAL HOMES, NURSING HOMES & HOSPICES ACROSS BRADFORD AND AIREDALE

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### Original Consultation Summary

- Several stakeholders were consulted and involved in the development of this protocol in 2011 and their comments/actions were incorporated and subsequently updated accordingly.

### Review Consultation Summary

Those listed below have been consulted and comments / actions incorporated as required:-

- BACES Board Members

#### 1. Introduction

1.1 The purpose of this protocol is to:

- Clarify the relationship between Bradford & Airedale Community Equipment Services (BACES) and registered Care Homes (Residential & Nursing) and Hospices across the Bradford and Airedale area
- Provide a basis for local protocols and contracts
- Enable commissioners of community equipment services to identify their obligations in relation to Care Homes/Hospices for adults and older people (i.e. this document

excludes equipment for children and those aged 18 or 19 years old in full time education)

- Provide prescribers with clear guidance on their obligations when assessing residents for equipment in Care Home settings
- Help Care Home owners understand their equipment obligations to residents and clarify who is responsible for funding the equipment

- 1.2 For the purpose of this protocol, both residential and nursing Care Homes shall be referred to as "Care Homes" unless otherwise specified - see definitions (Glossary of Terms) on page 12.
- 1.3 Care Homes and are required to provide equipment to maintain functional independence and well-being of service users based on their assessed eligible need. Equipment should be provided by the Care Home if it is the type of equipment required by its residents as part of its statement of purpose/registration. The equipment provided must be issued as part of a risk management process and staff competently trained in the use of equipment.
- 1.4 Above point (1.3) also applies to Hospices.
- 1.5 The Registered Manager of the Care Home/Hospice must 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. (There may be some situations where it may be appropriate to accept a service user see section 6. 2 for further details). [*Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15, Care Quality Commission*]

## **2. Aim**

The aim of this protocol is to promote understanding between Managers/owners of Care Homes/Hospices, health and social care commissioners and the community equipment service commissioned by health and the Local Authority. It forms the basis of local policies, agreements and contracts.

Community practitioners and Hospice staff play an important part in identifying equipment needs when a person commences living in a Care Home/Hospice and when their care needs change. People living in Care Homes/Hospices have the same rights to services, including the provision of some equipment, as those living in their own homes. Care Homes and Hospices may, in addition to their general provision, provide a range of care including intermediate care, palliative care, respite care and continuing health care.

Care Homes/Hospices 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 own care staff. Refer to table at Appendix A

The incorrect use of equipment can lead to safeguarding issues, 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/Hospices must ensure that any risks are minimised through the correct use of equipment, the training of staff and adherence to policies and standards

BACES loaned equipment is prescribed for the sole use of an individual resident as part of their care plan and must **not** be used by any other resident as this contravenes infection control standards and can cause harm if the equipment is unsuitable.

Care Homes/Hospices are responsible for ensuring that their staffs are competent and confident in using the full range of equipment in the home

**Care Homes/Hospices will be liable if BACES equipment is damaged or lost.**

The term 'loan equipment' in the context of this document does not include domestic furniture e.g. divan beds/armchairs as these will be provided by the Care Home, the resident themselves or their family/carers. All BACES loaned equipment must be returned to BACES as soon as it is no longer required for the resident for whom it was prescribed

Registered Nursing Homes/Hospices are responsible for meeting the equipment needs of their residents

The table at Appendix B details the local arrangements and the range of equipment that should be available from BACES.

Care Homes/Hospices **must** keep a record of BACES equipment on loan to their residents in case of any queries.

All practitioners (nursing & therapy staff) must adhere to these guidelines when assessing residents in Care Homes/Hospices.

- 2.1 Ensure that service users residing in Care Homes/Hospices have access to a range of suitable, safe equipment that adequately meets their assessed level of eligible need.
- 2.2 Provide guidance to Care Home owners/managers and Hospices staff to enable them to understand their obligations in relation to providing suitable equipment to service users.
- 2.3 Explain how BACES and Care Home/Hospice staff should work collaboratively to promote the safety and well-being of service users in their care who require equipment.

### **3. Definitions of Terms**

- 3.1 Definitions of the terms used such as 'service user' 'Care Home/', 'Hospices' and 'standard and non-standard equipment' can be located in Appendix B.

### **4. Roles and Responsibilities**

- 4.1 It is the duty of the Care Home/Hospice Registered Manager to ensure the health, safety and welfare at work of all employed staff. This duty extends in particular to the provision of such information, instruction, training and supervision as is necessary along with the correct use of equipment. The Care Home/Hospice Registered Manager also has a duty to conduct their business in such a way as to ensure that service users are not exposed to risks to their health and safety.
- 4.2 Health and Safety legislation identifies that the Care Home/Hospice Registered Manager has a responsibility to ensure that their staff are safe by carrying out a Manual Handling Risk Assessment (MHRA) and by identifying a safe system of work.

The Care Home/Hospice Registered Manager should make arrangements to fund and provide both the assessment and the equipment that has been identified as needed to create a safe system of work. The range of standard equipment provided by the Care Home should include equipment such as handling belts and slide sheets, hoists and slings, in different styles and sizes.

- 4.3 The commissioner of the placement within the Care Home/Hospice needs to ensure that the Care Home/Hospice have adequate health and safety arrangements in place. This will include arrangements for risk assessments, equipment provision, monitoring and review. It is a duty to review the care plan and an associated risk assessment at regular intervals and by doing so, the commissioner/provider complies with the requirements under the health and safety legislation to review risk assessments.

## **5. Assessment for Equipment**

- 5.1 There are a variety of types of assessment i.e. mobility, activities of daily living, pressure redistribution, nursing needs, falls and moving and handling. All types of assessments must be undertaken by a competent person who has received the appropriate training to carry it out. The Care Home/Hospice Manager has a Duty of Care to ensure assessments are carried out in a timely manner, involving health professionals where appropriate.
- 5.2 Equipment requirements need to be assessed on the service users individual needs and must take into account all of the service users' requirements e.g. a very tall or bariatric (obese) service user may require non-standard category 2 equipment. N.B. the equipment requirements of people residing in Care Homes/Hospices may differ from a service user in their own home as in a Care Home/Hospice, there is access to 24 hour staff support.
- 5.3 The equipment needs of the individual should be identified in the pre admission assessment / Care Plan / Safe System of Work carried out by or on behalf of the Registered Manager of the Care Home/Hospice.
- 5.4 It is the responsibility of the Registered Manager or their representative to advise the commissioner whether the Care Home/Hospice is able to meet the equipment needs of the prospective resident. In making this decision the Registered Manager or their representative should not anticipate that Adult Services or the NHS will agree to fund any equipment identified as being needed during the pre- assessment/ Care Plan / Safe System of Work.
- 5.5 For clients residing in a Care Home/Hospice, BACES will provide standard Bariatric Equipment when this has been identified as being needed by an individual or as part of a Care Plan or Safe System of Work. Whereby a client residing in a Care Home is assessed as requiring nursing care or Hospice care, BACES will support with the provision of bariatric equipment for a fixed period of 4 weeks to enable the Nursing Home/Hospice to purchase its own Bariatric equipment before the loaned equipment is returned to BACES.
- 5.6 A balance must be achieved between the choice, independence, and dignity of the service user and their health, safety, and welfare. Consideration must be given to the most cost effective method of meeting the service users assessed needs.
- 5.7 Recognised assessment tools should be used for all assessments, e.g. appropriate risk assessment tools for pressure ulcer risk assessment as detailed in the Bradford

District Care Foundation Trust: Tissue Viability Policy (January 2018) and Tissue Viability Guidance and Formulary (June 2018).

- 5.8 BACES staff will be able to support Care Home/Hospice staff by providing advice on equipment including its technical suitability and, where appropriate, demonstrate the use of specialist equipment. On-going support and advice to Care Home/Hospice staff about the use of equipment will be given by the visiting responsible clinical professional as appropriate.
- 5.9 The following organisations are responsible for providing/loaning equipment for the use of residents in Care Homes:-
- The NHS via BACES
  - BMDC via BACES
  - The Care Home/Hospices by external purchase.

Appendix B on pages 12 – 17 advises which organisation has the responsibility to provide or loan specific pieces of equipment.

- 5.10 The equipment identified in Appendix B should only be provided after an assessment has been carried out by a competent person. The assessment must identify the eligible need and identify appropriate equipment to meet that eligible need. The responsibility to carry out the assessment or arrange for the assessment to take place lies with the organisation responsible for the provision/loan of the equipment in the Care Home/Hospice.
- 5.11 BMDC and the NHS will require to see a copy of the MHRA and the Care Plan before accepting a referral to assess for the equipment identified in Appendix B. This is to ensure that arrangements have been made to enable the Care Home/Hospice to comply with Health and Safety legislation.

## **6. Provision of Equipment**

- 6.1 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). All registered managers of Care Homes must ensure that equipment is available in sufficient quantities in order to ensure the safety of service users and meet their assessed need.
  - Guidance for providers applies from 1 April 2015 and will replace in its entirety CQC's
  - Guidance about Compliance: Essential standards of quality and safety and the 28 outcomes – CQC Fundamental Standards
- 6.2 In exceptional circumstances BACES may loan equipment to Care Homes/Hospices to ensure a cost effective service for an individual resident. An example might be to facilitate a discharge from an acute hospital bed. BACES reserves the right to decide under what individual circumstances this will be. A careful balance must be achieved between the independence and dignity of the resident and the health, safety and welfare of the resident and care staff. The Care Home/Hospice will be expected to

replace the equipment within 4 weeks of the date of the loan. Long delivery lead times for bespoke equipment will require regular review of the provision.

- 6.3 When equipment is loaned by BACES for use by a service user in a Care Home/Hospice it will be for the exclusive use of the service user for whom it was prescribed following a clinical risk assessment.
- 6.4 BACES must be notified when the equipment is no longer needed by the individual for whom it was prescribed. BACES will then arrange to recover and reuse the equipment in accordance with the recycling and contamination policy.
- 6.5 BACES will seek to recover the cost of equipment when a Care Home/Hospice has failed to advise BACES that it is no longer needed, any third party hire costs will be transferred to the Care Home.
- 6.6 BACES will seek to recover the cost of equipment that was loaned for an agreed period, to enable the Care Home/Hospice to purchase suitable equipment, but was not then returned by the Care Home/Hospice in the agreed timescale using the agreed procedure for returns.
- 6.7 The loan of equipment to Care Homes/Hospices must be non-discriminatory, in line with legislation, policies and in line with best practice. All characteristics of the Equality Act must be taken into account as relevant together with the need to support the dignity and independence of the service user.
- 6.8 When a piece of equipment has been loaned by BACES for use in a Care Home, BACES and/or the prescribing clinician must give clear instruction on its safe use. This should include hazard and maintenance information and can be given to the service user (when appropriate), the Manager or the nominated responsible staff. Thereafter it is the responsibility of the Manager or the nominated staff member to provide instruction and training to any other people who require it. A record should be maintained of appropriate instruction as part of a risk assessment in accordance with the policies of BACES. Appropriate documentation should cover the terms and conditions of the loan.
- 6.9 If BACES are providing equipment to the Care Home/Hospices, it will be provided within 7 working days, unless bespoke, this will be within the manufacturer's time scales and the Care Home will be notified of the expected delivery date.
- 6.10 Please refer to appendix B on pages 12-17 for a list of all the equipment that should be provided by the Care Home/Hospices, NHS and BACES.

## **7. Use of Equipment**

- 7.1 Care Home Registered Managers have a regulatory obligation under Outcome 11 of the CQC Essential standards of quality and safety to ensure:-

*That people who use services and people who work in or visit the premises*

- *Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings and fittings).*
- *Benefit from equipment that is comfortable and meets their needs.*

This is because providers who comply with the regulation will:-

- Make sure that equipment:
  - is suitable and fit for purpose
  - is available
  - is properly maintained
  - is used correctly and safely
  - promotes independence
  - is comfortable
- Follow published guidance about how to use medical devices safely.” (CQC 2010).

7.2 Care Home/Hospice staff must be suitably trained prior to using any community equipment whether this be provided by the Care Home/Hospice or loaned by BACES. The Registered Care Home/Hospice Manager or owner needs to arrange for their staff to be appropriately trained. This can be provided by recognised practitioners from health and social care services, the independent sector as well as staff within the Care Homes/Hospices. Regular training must also be undertaken by all care providing staff and this may be accessed via BACES.

7.3 The Care Home/Hospice or the service user (depending on the nature of the loan agreement) will need to meet the cost of all repairs arising from negligence, damage or inappropriate use of loan equipment and the cost of replacement if it is lost or beyond repair.

7.4 All repair and maintenance of BACES loan equipment should be co-ordinated and carried out by the community equipment service staff or authorised service provider. BACES will keep appropriate computer records for tracking and traceability of the loan items.

7.5 Care Home/Hospice staff must be responsible for notifying BACES and where appropriate the responsible prescribing organisation e.g. District Nursing service without delay in the following circumstances:

- Service user no longer requires a loaned item of equipment.
- Service user has died or moved to another location
- Service user’s needs have changed and the loaned item of equipment may need to be replaced.
- Equipment breakdown or is in need of repair.

7.6 BACES equipment must not be dismantled and reassembled by anyone other than a representative of the BACES service.

## **8. Maintenance of Equipment**

8.1 All BACES home equipment must be installed, used and maintained correctly with reference to the specifications, manufacturer’s instructions, legislation and appropriate guidance from expert bodies. Any necessary repairs or modifications to equipment will only be carried out by BACES or a person authorised by BACES.

8.2 All Care Homes/Hospices will keep an evidence log of the dates that all their equipment has been serviced and when it is due to be serviced again as part of best



practice. This log should be accessible at all times and made available to BACES, commissioning staff from the NHS or Local Authority (Adult and Community Services) if requested.

- 8.3 Loaned equipment will need to be made accessible by the Care Home/Hospice to BACES for appropriate checks, repairs and maintenance. Arrangements need to be initiated by the Care Home/Hospices or the responsible prescribing organisation when an item is to be returned. These requirements are part of the loan agreement.
- 8.4 Care Homes/Hospices should take the appropriate action on receipt of alerts issued from an expert, professional body or a product manufacturer e.g. MHRA Hazard Notices.
- 8.5 Care Homes/Hospices need to ensure they undertake regular visual inspections of all the equipment used within the home and document that this is done. Where applicable, risk assessments should be reviewed thereafter, and any actions required are taken and documented.
- 8.6 Equipment will not be re-used if intended for single use.
- 8.7 Equipment must only be adjusted in line with manufacturer's instructions and guidelines by a competent person. Equipment must not be modified.

## **9. General Cleaning and Decontamination of Equipment**

- 9.1 It is the Care Homes/Hospices responsibility to ensure that all types of Care Home/Hospice owned or loaned equipment is kept clean at all times and is only cleaned with products recommended within the manufacturer's instructions or in the cases of loaned equipment, instructions provided by either the manufacturer or BACES.
- 9.2 Care Home/Hospice Registered Managers have a regulatory obligation under Outcome 8 of the CQC Essential Standards for Quality and Safety 2010 and regulation 12 of the Health and Social Care Act 2008 Code of Practice on prevention and control of infections and related guidance under criterion 2 to:

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

- Have clear arrangements which set out individual responsibilities for cleaning i.e. robust cleaning schedule/plan.
- Care Homes/Hospices should have a decontamination policy on how to clean all areas of the environment, fixtures and fittings (and medical devices if used) and what products to use. The policy should include:
  - How to clean the different areas of the environment, fixtures, fittings and
  - Specialist equipment (for example a hoist).
  - What products and equipment to use when cleaning.
  - What to do and what products to use if there is a spillage of blood or body fluids.
  - What training staffs need to implement the policy.

*(Department of Health 2010), (CQC 2015), (National Patient Safety Agency – NPSA 2010)*

## 10. Relevant Legislation

10.1 This document has been developed using Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3); Care Quality Commission (Registration) Regulations 2009 (Part 4); the Department of Health Guidance: *Community Equipment and Care Homes* (2004); Care Homes Regulations 2001; Health & Safety at Work Act 1974; Management of Health & Safety at Work Regulations 1992 and Provision and Use of Work Equipment Regulations (PUWER) 1998. Medicines and Health Care products Regulatory Agency (MHRA) publication "Managing Medical Devices Guidance for health care and social services organisations" (*MHRA DB 2006 (05)*)

10.2 Care Quality Commission Essential standards of quality and safety.

10.3 Health and Safety Executive (HSE) legislation including approved codes of practice (ACOP's) and best practice (HSG's) and guidance issued by the HSE (such as Bed Rails Risk Management).

## 11. Risk Management

11.2 Care Home/Hospice Registered Manager have regulatory obligations under Regulation 16, Outcome 11 of the CQC Essential standards of quality and safety 2015 to:

- Manage risk through effective procedures for learning and development
  - Have effective processes and systems to identify, manage, monitor and report risks, which include systems to gather information from service users, professionals and published audit reports and use this information to reduce unacceptable risks and keep this under review.
- Manage risk through effective procedures about equipment suitability
  - Have arrangements in place to report adverse events, incidents, errors, and near misses locally and where applicable nationally.
  - Have plans in place to manage a situation in the event of electricity, water or gas supply failure or other emergencies, the affect the equipment used to meet the needs of the service users.

11.4 The MHRA produce a variety of safety alerts and there is a "one stop shop for Care Homes" on their website that can be accessed at:

<http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/Carehomestaff/index.htm>

## 12. Fraud Reporting

12.1 Any suspicions of fraud relating to this protocol should be reported without delay to:

CCGs	Director of Finance
Local Authority	01274 432111 (Switchboard)
The NHS Fraud Helpline	0800 020 4060

## 13. References

- Bradford District Care Foundation Trust: Tissue Viability Policy (January 2018) and Tissue Viability Guidance and Formulary (June 2018)  
<http://connect.bdct.local/docs/policies/Pages/ClinicalPolicyForAcute.aspx>
- Care Quality Commission (March 2015), Essential standards of quality and safety.  
<http://www.cqc.org.uk>
- Department of Health (2010), The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. London: HMSO
- Department of Health and Medicines and Health Care products Regulatory Agency (2006) -  
<http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON2025142>
- Health and Safety at Work Act (1974) - <http://www.hse.gov.uk/legislation/hswa.htm>
- National Patient Safety Agency (2010) the national specifications for cleanliness: Guidance on setting and measuring performance outcomes in Care Homes
- National Association of Equipment Providers
- Provision and use of Work Equipment regulations (1998)  
<http://www.hse.gov.uk/equipment/legislation.htm>
- The Management of Health and Safety at Work Regulations (1999) (regulation 3 assessment) – <http://www.hse.gov.uk/risk/>

## Appendix A: Glossary of Terms

Residential Care Home	Is a place where service users are provided with personal care along with appropriate accommodation. Service users may live in a residential Care Home for short or long periods and for many it is their sole place of residence. In addition to this a nursing Care Home provides qualified nursing care to ensure the full needs of the service user are met.
Bespoke	Bespoke equipment refers to equipment that is specially tailored to the individual needs of a resident and is not available “off the shelf” from any manufacturer/supplier.
CES	<u>Community Equipment Services</u> - The local service for a particular area or county that is responsible for providing community equipment on loan to adults and children following assessment by health and/or social care practitioners. These services are sometimes provided ‘in-house’ i.e. directly provided by the NHS or a Local Authority or they may be contracted out to private sector companies.
CHC	NHS Continuing Health Care is a package of continuing care provided outside hospital, arranged and funded solely by the NHS, for people with on-going healthcare needs and subject to an eligibility assessment.
Clinical Practitioner	Is the person responsible for assessing the resident and their equipment needs.
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.
Loan Equipment	Equipment that is on loan to the Care Home from CES for use by an Equipment individual resident, where the need falls outside of the home’s general provision. Loan equipment does not include domestic furniture e.g. divan beds and armchairs. Loan equipment is supplied following an assessment by Health and/or Social Care staff in accordance with eligibility criteria.
MHRA	Medicines and Healthcare products Regulatory Agency (MHRA) are responsible for sending Medical Device Bulletins and Field Safety Notices. MDA DB 2006 (05) is guidance for managing medical devices and provides an outline for a systematic approach to the purchasing, deployment, maintenance, repair and disposal of medical devices.
PUWER	Provision and Use of Work Equipment Regulations came into force on 5th December 1998. The Regulations require that any risks to people’s health and safety, from equipment that they use at work, is prevented or controlled. Generally, any equipment that is used by an employee at work is covered. In addition to the requirements of PUWER, lifting equipment is also subject to the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

## Appendix B

**Note 1: All equipment supplied by NHS subject to joint assessment and reassessment**

**Note 2: BACES – Bradford and Airedale Community Equipment Service**

Items of Equipment	Care Home Setting			Clients own home	Comments
	Nursing	Non-nursing Provision	Hospices for discharge only	Long Term	
<b>Beds</b>					
Powered variable height, profiling bed	NH	RH*	BACES	BACES	It is the responsibility of all the Care Homes (Nursing, Non-nursing, Residential and Hospice) in terms of moving and handling legislation to supply equipment provision for care staff  * Provision to Client requires evidence that health care needs can only be met by profiling function
Powered variable height, bariatric profiling bed	NH*	BACES*	BACES	BACES	* Provision to Client requires evidence that health care needs can only be met by profiling function and the client's weight is above the maximum weight limit of the standard variable height profiling bed. Provision will be on the basis of assessment by NHS staff for a period of 4 weeks
Bed side rails	NH	RH*	BACES	BACES	Equipment must be preceded by a full risk assessment by the providing organisation.  * If bed is provided by BACES they will issue compatible bed rails/ bumpers
Bed rail bumpers	NH	RH*	BACES		Equipment must be preceded by a full risk assessment by the providing organisation. * If bed is provided by BACES they will issue compatible bed rails/ bumpers

Items of Equipment	Care Home Setting			Clients own home	Comments
	Nursing	Non-nursing Provision	Hospices for discharge only	Long Term	
High specification Foam replacement mattress	NH	RH*	BACES	BACES	*Provision to Client requires evidence that health care needs can only be met by profiling bed, then BACES will supply the Mattress
Alternating pressure and foam hybrid replacement mattress	NH	BACES	BACES	BACES	All equipment is on loan and BACES MUST be notified without delay when no longer required for the client it was prescribed for and NOT interchanged between clients
Replacement alternating pressure mattresses (e.g. Nimbus III)	NH	BACES	BACES	BACES	All equipment is on loan and BACES MUST be notified without delay when no longer required for the client it was prescribed for and NOT interchanged between clients
Bariatric High specification Foam replacement mattress	NH	BACES	BACES	BACES	All equipment is on loan and BACES MUST be notified without delay when no longer required for the client it was prescribed for and NOT interchanged between clients

Items of Equipment	Care Home Setting			Clients own home	Comments
	Nursing	Non-nursing Provision	Hospices for discharge only	Long Term	
<b>Cushions</b>					
Foam for at risk / low risk	NH	RH	BACES	BACES	
Foam / for medium / high / very high risk and treatment	NH	RH	BACES	BACES	
Dynamic (e.g. Aura)	NH	BACES	BACES	BACES	Provision to the residential home following assessment from tissue viability – Named client only. All equipment is on loan and BACES MUST be notified without delay when no longer required for the client it was prescribed for and NOT interchanged between clients
Bariatric Foam Cushion	NH	BACES	BACES	BACES	Provision to the residential home following assessment from tissue viability – Named client only. All equipment is on loan and BACES MUST be notified without delay when no longer required for the client it was prescribed for and NOT interchanged between clients

Items of Equipment	Care Home Setting			Clients own home	Comments
	Nursing	Non-nursing Provision	Hospices for discharge only	Long Term	
Standard Adjustable height chair	NH	RH	BACES	BACES	
Non-customised seating, e.g. riser chairs, recliner chairs	NH	RH	BACES	BACES	Must aid independence and not to be used for sleeping in. Not to be supplied with profiling beds, only in exceptional circumstances
Adult's complex seating: e.g. bespoke chairs	NH	BACES*	BACES	BACES	* Provision requires evidence of meeting health care need. NHS or functional independence (SSD). Provision and aid a panel request.
Bed-pan	NH	RH	Hospice	Own purchases	
Commodes: standard	NH	RH	BACES	BACES	
Commode Bariatric	NH	RH	BACES	BACES	
Toilet seats: standard raised 2", 4", 6"	NH	RH	BACES	BACES	
Toilet frames	NH	RH	BACES	BACES	
Urinals / bottles	NH	RH	Hospice	Own purchases	
Gildeabout commode	NH	RH	BACES	BACES	
Trolley	NH	RH	BACES	BACES	
Perching Stool	NH	RH	BACES	BACES	



Items of Equipment	Care Home Setting			Clients own home	Comments
	Nursing	Non-nursing Provision	Hospices for discharge only	Long Term	
<b>Other Items</b>					
Suction Machines	NH	BACES	N/A	BACES	BACES provide the unit and one sets of consumables. NHS supply on-going sets of consumables. All equipment is on loan and BACES MUST be notified without delay when no longer required for the client it was prescribed for and NOT interchanged between clients
Care Assists – Telecare	NH	RH	N/A	BACES*	*Provision following home assessment
Bed Sensors- Telecare	NH	RH	N/A	BACES*	*Provision following home assessment
Heel offloading products e.g. Repose wedge/ trough	NH	RH	BACES	BACES	

Items of Equipment	Care Home Setting			Clients own Home	Comments
	Nursing Provision	Non-Nursing Provision	Hospice for discharge	Long Term	
<b>Other Items</b>					
Children's complex seating: e.g. bespoke chairs	NH	NHS*	N/A	NHS/SSD	* For children in out of area educational establishments, the LA also contributes.  Provisions require evidence that the chair meets assessed health care needs (NHS) or functional independence (SSD)
Hoists: ceiling tracks (CTH)	NH	RH	N/A	BACES or (DFG)	It may be more effective for BACES to fund a CTH in certain situations  DFG – Disabled Facilities Grant
Hoists	NH	RH	BACES	BACES	Provision to Client requires evidence that health care needs can only be met by this equipment and the client's weight is above the maximum weight limit of the standard variable height profiling bed. Provision will be on the basis of assessment by NHS staff
Hoists Bariatric	NH	BACES	BACES	BACES	Provision to Client requires evidence that health care needs can only be met by this equipment and the client's weight is above the maximum weight limit of the standard variable height profiling bed. Provision will be on the basis of assessment by NHS staff
Standard Slings	NH	RH	BACES	BACES	Provision to Client requires evidence that health care needs can only be met by this equipment and the client's weight is above the maximum weight limit of the standard variable height profiling bed. Provision will be on the basis of assessment by NHS staff

Items of Equipment	Care Home Setting			Clients own Home	Comments
	Nursing Provision	Non-Nursing Provision	Hospice for discharge	Long Term	
Non-standard or BESPOKE sling	BACES*	BACES*	N/A	BACES	*Provision will be following an assessment by a clinical practitioner and is subject to BACES special order process and authorisation. It is the Care Home responsibility, as the employer for ensuring the correct usage of the sling and the hoist
Transfer Boards	NH	RH	N/A	BACES	
Glide sheets/ slide sheets	NH	RH	N/A	BACES	

Items of Equipment	Care Home Setting			Clients Own home	Comments
	Nursing Provision	Non-Nursing Provision	Hospices for discharge	Long Term	
Handling belts	NH	RH	N/A	BACES	
Standing aids/ Rota stands	NH	RH	N/A	BACES	
Back Rest	NH	RH	N/A	BACES	
Bed Raiser	NH	RH	N/A	BACES	
Mattress Variator	NH	RH	N/A	BACES	BACES provision is dependent upon the equipment meeting the identified health care need on the basis of independence
Over bed Trolley Table	NH	RH	N/A	Hospice@ Home	
Lifting Pole	NH	RH	N/A	BACES	BACES provision is on the basis of promoting independence
Pillow Lift	NH	RH	N/A	BACES	BACES provision is dependent upon the equipment meeting the identified health care need.  Provision is on the basis of independence