

Care Homes and Equipment

Guiding principles for assessment and provision

Royal College of Occupational Therapists



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Occupational
Therapists



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Author: Royal College of Occupational Therapists

Writer: Henny Pearmain

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Contents

Introduction	iv
Overarching principles	1
The purpose and value of equipment	2
Assessment for equipment	4
Provision of equipment	7
Maintenance of equipment	12
<i>Resources</i>	16
<i>References</i>	21
<i>Bibliography</i>	24

Introduction

The intention of this guidance is to identify a number of principles which need to underpin local decision-making when planning the provision of, or providing, equipment for care home residents. First and foremost, these principles place the person at the heart of the planning, decision-making and equipment provision.

Current legislation and guidance do not always provide clear-cut answers to certain questions concerning the provision of equipment in care homes. Using case scenarios, this document will highlight a number of responsibilities and standards of practice to help prioritise the importance of the person's wellbeing in the decision-making process for the provision of equipment.

Throughout this document the person/people for whom the equipment is provided will be termed the resident or residents, which includes those who are being assessed prior to their admission to the care home.

Overarching principles

The Royal College of Occupational Therapists would urge all partners to hold to the following principles and standards when planning and providing equipment to care home residents:

- 1** Residents of care homes have the same access to a needs assessment, with the provision of equipment and other services, as any other resident in their local area (DHSC 2018, section 6.13; DH 2013, section 47b and UK country equivalent guidance).
- 2** The focus of the planning and provision of equipment to care homes starts with the residents and their needs, with their chosen goals or outcomes (DHSC 2018, section 1.1). Equipment is a tool to enhance wellbeing, enabling a person to actively and safely participate in occupations (everyday activities).
- 3** No single organisation can step back from their responsibility to be part of a comprehensive service to care home residents.
- 4** The totality of equipment provision services in an area are primarily shaped by the needs of residents, not by funding structures. Provider partners plan and work together to prevent delays in equipment provision.

The purpose and value of equipment

Residents have the right to safety and security; respect, privacy and dignity; freedom of thought, faith and self-expression; autonomy and choice; participation, inclusion and society. Equipment can assist in meeting and maintaining these rights and support people's health and wellbeing in the following ways:

- Equipment enables occupational engagement (Daley et al 2016). It optimises independence, choice and participation. Occupational engagement encompasses performance of and participation in activities that are meaningful to the individual, such as self-care, social and leisure activities. When a resident's needs are assessed, this includes the need for equipment to enable occupational engagement.
- Occupations are fundamental to human health and wellbeing because they provide meaning, identity and structure to people's lives and reflect society's values and culture (Whiteford 2004). To deny suitable equipment to achieve these would potentially limit a person's autonomy and access to the lifestyle of their choice.
- Appropriate provision and use of equipment can maintain and increase physical health. By facilitating good positioning and movement,

equipment can optimise the normal use of many body systems which support health and wellbeing, for example the musculoskeletal, respiratory, circulatory and digestive systems.

- Equipment contributes to safety, independence, quality of life and personal dignity (Sainty et al 2009). Timely provision of appropriate equipment can help to prevent deterioration in health, skin integrity, welfare and independence, leading to a long-term cost saving for care providers (Daley et al 2016).

Assessment for equipment

Example from practice

Mrs M has dementia, she used a walking stick to get about within the care home. She became unwell with a virus and stayed in bed for a week. When able to sit in her chair, the staff had difficulty moving her as she had become very weak. Mrs M was reluctant to be hoisted. Under the *Care Act 2014* staff requested a needs assessment to see if Mrs M would benefit from reablement to prevent deterioration, or additional equipment to aid her transfers and reinstate her independence. The local authority refused to assess because Mrs M was in a care home, with a diagnosis of dementia and did not meet their criteria for reablement services.

Desired outcome: Mrs M is assessed by the reablement team. Mrs M wants to be able to walk again. This goal is agreed and equipment and training are provided to Mrs M and care home staff to support transfers and mobility. After 5 weeks Mrs M is able to get on and off a chair independently and walk with a rollator.

Local authorities must undertake an assessment for any adult with an appearance of need for care and support ... Wherever an individual expresses a

need, or any challenges and difficulties they face because of their condition(s), the local authority should ensure that it has established the impact of that on the individual's day-to-day life ... For example where an adult expresses a need regarding their physical condition and mobility, the local authority must establish the impact of this on the adult's desired outcomes ... During the assessment, local authorities must consider all of the adult's care and support needs, regardless of any support being provided by a carer.

(Adapted from DHSC 2018, section 6.13–6.15)

The following principles apply to assessment of equipment and should guide practice:

- Using the same criteria as people living in their own home, residents admitted to hospital should be considered for an occupational therapy assessment. Following assessment, temporary loans of equipment should be offered, in line with local agreements between health and local authorities, to enable discharge and to prevent the exacerbation of health issues.
- Equipment provision should be based upon the assessed needs of the resident/s. These are met with the most appropriate equipment. There is no 'standard' resident or 'one size fits all' response.
- Very particular or specialised needs, outwith the care home's stated purpose, should be assessed and met with specific apposite equipment from the most appropriate provider. Equipment provided to

meet a particular resident's needs should only be used with that resident.

- The individual who is assessing the need for, recommending, providing, or using the equipment, must be demonstrably trained and experienced to do so. Expert advice and assistance should be shared across provider partners when necessary.
- Assessors and providers should consider the most cost-effective way of meeting the individual's needs, as well as the health, safety and welfare of both the resident and any formal or informal carers.
- Alongside an assessment of need, a full assessment of risk should be made. This defines how the right equipment will be used appropriately to enable the safe movement and care of a resident, whilst protecting both the resident and the care staff from injury. The assessment should consider any particular needs or circumstances of the resident, any environmental circumstances within the home, instructions from the manufacturer/supplier and current legislation. The knowledge and experience of the care home staff should also be taken into account, with any particular skills and training requirements for specific equipment identified.

Provision of equipment

Equipment ... should be provided by the care home if it is the type of equipment often required by its users as part of its statement of purpose.

(Department of Health Integrating Community Equipment Services 2004, p.iv)

Example from practice

Mr A had a stroke 5 years ago, resulting in residual right-sided weakness. Although not mobile, he was transferred via hoist and wheelchair to a high-backed chair in the communal areas, where he participated in all social activities of the home. Following a general deterioration in health, he began to lean heavily to the right and had several falls from the chair. An occupational therapist completed an assessment and recommended a specialist seat with tilt-in-space-function and additional side supports. The local authority said they would not fund the specialist seat as it was up to the residential home to provide a chair to meet his needs, in spite of acknowledging that had Mr A been in his own home, he would have qualified for funding. The home felt that as this was specialist equipment it could not be seen as part of the standard equipment provided by the care home. During the delay in decision-making, Mr A deteriorated, became bed-bound and was moved to nursing care as his needs were now too great for a residential setting.

Desired outcome: Prevention of further deterioration of health is recognised as a priority. Mr A is awarded the same rights and considerations as a person living in their own home. Locally agreed decision processes for bespoke or out of the ordinary equipment are in place.

The standard equipment which a care home may be expected to have would equate to that which is widely available to end users in their own homes. Standard equipment may be of the type that will:

- be used by more than one person;
- be frequently/regularly used by the end user;
- support care given by informal or funded carers;
- support general personal or nursing care;
- assist activities of daily living and enable independence;
- be issued without the requirement for an advanced assessment;
- be for short-term or long-term need; and
- support a safe environment for users.

Although care homes are expected to have a range of equipment to meet variations in height, weight, size and support needs, this list would suggest that items of equipment specifically tailored to meet one resident's needs and not suitable for use by other care home residents would be supplied by the community equipment service and not the care home.

Equipment may be provided by the community equipment service if a person has a need for bespoke or 'out of the ordinary' equipment. 'Out of the ordinary' describes equipment that would not usually be required by people in the care home. For example, a person may have a need for a paediatric shower chair. Whilst a shower chair is a standard item and not bespoke for the individual it is 'out of the ordinary' provision for the care home registered for adults, and may be provided.

The contract for local authority-funded placements should identify and include any individual requirements of the resident. When a resident's needs change and equipment is required that is not standard provision, then the contract should be referred to when agreeing funding for further provision. For self-funders reference needs to be made to their original contract.

The following principles apply to the provision of equipment and should guide practice:

- Clear and comprehensive local agreements, considering every potential situation, are essential to ensure the totality of users' needs are met as seamlessly and effortlessly as possible (Donnelly B 2015, point 2.4). It is the local agreement which should define for all partners who is responsible for what element of service provision. The legislation, funding streams and processes may vary across the United Kingdom (UK), but the wellbeing and rights of the residents concerned will not change.

- A care home should provide a range of standard equipment to meet the needs of its residents and its aims, as defined by its statement of purpose, and to fulfil its health and safety obligations to its own staff. This includes equipment to cater for residents with a variety in height, weight, size and support needs and, where possible, the resident's preferences (Care Quality Commission 2015, p28). The care home funds this equipment. A nursing home would also provide and fund standard nursing equipment.
- To be 'fit for purpose' the home should demonstrate that it is successful in meeting its stated aims (Great Britain. Parliament 2000, Section 23 (1)). Any care home should have an adequate supply of equipment to meet the needs of their residents. They are required to provide adequate information, instruction, training and supervision to ensure the health and safety of employees and the resident (HSE 2014).
- The *Care Act 2014* (Great Britain. Parliament 2014), or equivalent UK legislation, places a general duty on the local authority to provide, arrange or otherwise identify services, facilities and resources to prevent, delay or reduce the needs of adults for care and support in the local area. In England, equipment can come within this. When provided as part of preventative services under the Act, all equipment must be free of charge to the end user/ resident (COT 2016).
- The local authority *can* offer a personal budget/ direct payment to residents for equipment to meet a clinically assessed need as part of a community care assessment. This can be used to purchase equipment similar to that which is provided by the

community equipment service. The resident has the option of topping up the funding to purchase preferred equipment, so long as it is shown to meet the assessed needs as identified by the local authority. The ongoing responsibility for care and maintenance of this equipment should be the same as for any person living at home using direct payment.

- In England, Wales and Northern Ireland, if the person is in receipt of NHS continuing healthcare (CHC), then funding for bespoke or other equipment that is required to meet specific needs as identified in the CHC care plan should be met by the clinical commissioning group (CCG) or equivalent commissioning arrangements (DH 2012, part 1, section 172).
- In Scotland, The *Community Care and Health (Scotland) Act* (Scotland. Scottish Government 2002) entitles free personal care for older people, regardless of income or whether they live at home or in residential care. NHS Continuing Healthcare was replaced by Hospital Based Complex Clinical Care and is only offered within specially commissioned care homes. Specialist equipment should be provided following assessment of need in relation to personal and nursing care.

Maintenance of equipment

Under the *Provision and Use of Work Equipment Regulations 1998* (Great Britain. Parliament 1998a) and the *Lifting Operations and Lifting Equipment Regulations 1998* (LOLER) (Great Britain. Parliament 1998b) any equipment used by an employee at work must be right for the job, used safely by trained people and maintained so that it is safe.

The following regulations apply to the maintenance of equipment and should guide practice:

- Care home staff should ensure that a piece of equipment is safe, clean, comfortable and suitable for use by residents. They should be able to recognise when a resident's level of health, wellbeing, mobility or functional ability reduces, indicating that they need a review of their equipment needs. This review must then be actioned.
- It is recognised that the use of inappropriate or inadequate equipment, or the lack of provision, may be seen as a safeguarding concern, where it is degrading for the resident, it significantly disregards their needs, or causes inappropriate restraint (Care Quality Commission 2018).

Hoists and slings

Example from practice

A new resident brought her own sling with her to a care home. This was not inspected when she was admitted. The male resident in the neighbouring room was regularly hoisted. When his sling was taken away for laundering a member of staff borrowed the sling of the new resident, not realising that it was the wrong size and not thinking to check its safety, creating significant potential risk of harm.

Desired outcome: The care home has a range of slings; care staff are trained and procedures are in place to ensure that the most appropriate sling is selected to meet the needs of the resident.

Where people are lifted using mobile or fixed hoists, the slings used must be of a suitable design to work with the type of hoist available. The sling must also be the correct size and type for the person and activity being undertaken. Care home staff should be trained in the safe and appropriate use of lifting equipment and be aware of their responsibilities in terms of maintenance, safety and cleanliness/ infection control.

In addition to routine maintenance and servicing, the *Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)* (Great Britain. Parliament 1998b) require lifting equipment to be inspected and thoroughly examined by a 'competent person' at six-monthly intervals, or in accordance with a written scheme of examination. A competent person is someone with the relevant technical knowledge and

practical experience of lifting equipment to enable them to detect defects or weaknesses and to assess their importance in relation to the safety and continued use of the specific equipment being examined (Health and Safety Executive 2011, p3).

Wheelchairs

Example from practice

A resident was unable to walk from her room to the communal sitting room. She was transferred to a very large attendant-controlled wheelchair, offering her little trunk support. The wheelchair had only one footplate and no cushion.

Desired outcome: The resident is transferred safely and comfortably, sitting in an optimum position.

In the situation above, the safety and welfare of the resident is actually put at risk due to the use of an inappropriate and poorly maintained wheelchair. Care homes should have a range of standard attendant-propelled wheelchairs, including enough to cater for any extremes of size and weight. The wheelchairs should have standard seat cushions, leg rests, foot plates and working brakes. No resident should be put at risk by the use of unsafe, incomplete or inappropriate equipment.

Wheelchairs are regarded as medical devices. Care homes should ensure that all residents who use a wheelchair are provided with appliances that are fit for purpose and are correctly used. This entails following the manufacturer's instructions regarding use, maintenance and servicing, and current

guidelines from the Medicines and Healthcare products Regulatory Agency.

Specialist seating

Example from practice

A resident wished to sit in a chair as opposed to remaining in bed. The care home did not have a static chair to support the resident safely in a good position. She therefore remained in bed, so limiting her occupational engagement.

Desired outcome: The provision of a specialist chair allows the resident to sit in the communal area, enjoy companionship, be part of the life of the home and to feed herself. This benefits her mood, health and wellbeing; her ability to communicate and socialise; and overall independence.

A range of seating should be available as standard, including adjustable height and reclining chairs and those suitable for particularly small or heavier residents. If the needs are specialised, the care home should request an assessment of the resident's seating needs and obtain a suitable chair.

The resident, whether self-funding or not, is entitled to an assessment. As the resident's needs are specialised and the chair is supplied for the use of the particular resident only, this would not be funded by the care home. The impact and potential risks to the resident of remaining in bed must be taken into account when negotiating funding.

Resources

UK wide

Community Equipment Code of Practice Scheme (CECOPS)

Donnelly B (2015) *Code of Practice for disability equipment, wheelchair and seating services: a quality framework for procurement and provision of services*. Kibworth Beauchamp: Matador. Available at: <http://www.cecops.org.uk/code-of-practice-scheme/the-official-code-of-practice-book/>

Produced by CECOPS, this document sets out a framework to maximise the efficiency of services, for delivering good quality and safe care.

Equality and Human Rights Commission

Equality and Human Rights Commission (2011) *Your rights to equality from healthcare and social care services: guidance*. (Equality Act 2010. Guidance for service users. Vol. 4 of 7). [s.l.]: Equality and Human Rights Commission. Available at: https://www.equalityhumanrights.com/sites/default/files/your_rights_to_equality_from_healthcare_and_social_care_services.pdf

This guide is one of a series written by the Equality and Human Rights Commission to support the implementation of the *Equality Act 2010*. The guidance

applies to England, Scotland and Wales. It has been aligned with the *Statutory Code of Practice on Services, Public Functions and Associations* (Equality and Human Rights commission 2011).

Royal College of Occupational Therapists

Royal College of Occupational Therapists (2018) *Embracing risk; enabling choice: guidance for occupational therapists*. London: RCOT. Available at: <https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/embracing-risk>

This guidance is an essential reference point that provides an understanding of the principles and process of risk management.

England

Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The CQC gives guidance to providers and hosts an online discussion forum for providers and professionals.

<https://www.cqc.org.uk/>

Department of Health

Department of Health (2004) *Community equipment and care homes*. London: DH. Available at: <https://www.scie-socialcareonline.org.uk/community-equipment-and-care-homes/r/a11G00000017vWnIAI>

This document is designed to promote understanding between managers of care homes, integrated

community equipment services and other parties interested in the provision of equipment in care homes. It can be used as a starting point in the development of local policies and agreements. It is of particular value to service commissioners responsible for purchasing and contracting with care homes. Staff with care management responsibilities play an important part in identifying equipment needs when a person commences with a care home and when their needs change. People in local authority and private care homes have the same rights to services, including the provision of equipment, as those living in their own homes.

National Council for Palliative Care

National Council for Palliative Care (2006) *Introductory guide to end of life care in care homes*. London: [s.n.].

Available at:

<http://www.ncpc.org.uk/sites/default/files/GuideToEoLC%20CareHomes.pdf>

Northern Ireland

Department of Health

Department of Health [n.d.] *Care standards*. Belfast: DH. Available at:

<https://www.health-ni.gov.uk/articles/care-standards>

Regulation and Quality Improvement Authority (Northern Ireland)

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for

monitoring and inspecting the availability and quality of health and social care services in Northern Ireland.
<https://rqia.org.uk/>

Scotland

Care Information Scotland

Care Information Scotland [n.d.] *Legislation protecting people in care*. [s.l.]: Care Information Scotland.

Available at:

<http://www.careinfoscotland.scot/topics/your-rights/legislation-protecting-people-in-care/>

Legislation protecting people in care, with reference to Scotland.

Care Inspectorate (Scotland)

The Care Inspectorate (Scotland) is a scrutiny body which looks at the quality of care in Scotland and hosts resources for good practice.

<http://www.careinspectorate.com/>

Convention of Scottish Local Authorities (CosLA)

Convention of Scottish Local Authorities (2012)
Protocol for the provision of equipment to care homes.

Edinburgh: CosLA. Available at:

<https://www.gov.scot/Topics/Health/Support-Social-Care/Independent-Living/Equipment-Adaptations/Carehomes-Protocol>

This National Protocol provides clarity of roles and responsibilities for both care homes and statutory

organisations and forms a part of the National Care Homes Contract.

Wales

Care Inspectorate Wales

The Welsh Care Inspectorate registers, inspects and takes action to improve the quality and safety of services for the wellbeing of the people of Wales.

<https://careinspectorate.wales/>

Social Care Wales

A one stop shop for a range of resources about Wales's social care legislation.

<https://socialcare.wales/hub/about>

Social Care Wales (2017) *All Wales induction framework for health and social care: resources, legislation, policy links and relevant reviews to subject area.* [Cardiff]:

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Department of Health (2012) *National framework for NHS continuing healthcare and NHS-funded nursing care*. London: DH. Available at: <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

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Care Homes and Equipment

Guiding principles for assessment and provision

This guide sets out overarching principles for the assessment, provision and maintenance of equipment for people living in care homes. Current legislation lacks clarity in regards to responsibility for the provision of specialist or 'out of the ordinary' equipment in care homes. Using case scenarios, this document highlights a number of responsibilities and standards of practice to help prioritise the importance of the person's wellbeing in the decision-making process.

Produced by the Royal College of Occupational Therapists in consultation with its members, this publication will assist occupational therapy practitioners with local decision-making and the timely provision of equipment. This guide will also provide a useful reference point for members of the public, employing organisations and others who need to be aware of the process for assessing and providing equipment for people living in care homes.

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