

Freedom of Information – Response – 27625

This is a request under the Freedom of Information Act 2000. It concerns adults aged 18 and over living in CQC-registered adult care homes in your local authority area, including care homes with and without nursing.

Please answer from recorded information held by the council. Please do not manually review individual case files. If a figure is not held in a structured or reasonably retrievable format, please state 'not held' or 'not separately reportable without manual case review' and answer the remaining questions.

For this request, 'OT-related referral/assessment' means a referral, review or assessment involving the council's adult social care occupational therapy, moving and handling, equipment, community equipment, trusted assessor or delegated OT pathway in relation to functional needs, moving and handling, hoists/slings, specialist seating, postural management, contracture risk, bed rails/bed levers, bathing/toileting access, transfers, bed-based care or related equipment needs.

Please provide information for the two most recent complete financial years: 2024/25 and 2025/26. If your systems use calendar years rather than financial years, please state this and provide the closest available equivalent.

1. Please provide the current written policy, procedure, eligibility criteria, operational guidance or referral pathway that explains how adults living in care homes can be referred to the council's adult social care OT/equipment service. If no written policy is held, please confirm this.

A –

Adults living in care homes can be referred into Adult Social Care where there is an appearance of need for care and support, including where occupational therapy (OT) or equipment input may be required. Referrals are made through the Adult Social Care front door/Customer First and then the Independence and Wellbeing Service is the first point of contact into Adult Social Care. This service gathers further information, provides information and advice, redirects where appropriate, and may arrange short-term, digital, community support or equipment solutions. Where longer-term, complex or specialist occupational therapy needs are identified, referrals are triaged and progressed to the relevant Adult Social Care occupational therapy team or integrated/neighbourhood team. Where the presenting need relates to a new or deteriorating health condition, or where there are combined health and social care needs, discussion and joint working with community health therapy services may be required to agree the most appropriate lead service. This applies regardless of whether the person lives in their own home or a care home environment.

2. Does the council accept adult social care OT/equipment referrals for people living in: (a) care homes without nursing; and (b) care homes with nursing? Please answer yes, no or depends for each, and provide any criteria or conditions that apply.

A –

a - care homes without nursing: Yes

b - care homes with nursing: Yes

Referrals are accepted for OT assessment in line with The Care Act 2014. The Council has a duty to assess any adult who appears to have needs for care and support, regardless of whether those needs are likely to be eligible including those living in care homes where there is an appearance of need. The outcome of an OT assessment could result in various interventions which could include recommendations for equipment

3. Does access to the council's adult social care OT/equipment service differ according to whether the resident is: (a) local authority-funded; (b) self-funding; (c) NHS Continuing Healthcare-funded; or (d) funded under another arrangement such as section 117 aftercare? Please state any differences or confirm that no different criteria are applied.

A –

Access to Adult Social Care OT assessment is based on the person's presenting needs for care and support under the Care Act 2014, as mentioned above. There is no different referral or assessment criteria according to how the resident is funded (local authority-funded, self-funding, NHS Continuing Healthcare-funded, or section 117 aftercare). However, the outcome of the assessment may identify that need for equipment for which the funding could sit with another organisation or funding route. Where a person has been awarded NHS Continuing Healthcare, equipment is the responsibility of CHC funding, although Adult Social Care and community health therapists may still need to work jointly to ensure the right assessment and clinical skill mix. Where needs fall under section 117 aftercare, responsibility would be considered in line with the relevant legal duties and the person's assessed needs. Therefore, no different access criteria are applied, but funding responsibility for any resulting equipment or provision may differ depending on the person's circumstances and the nature of the need.

4. For adult care home residents whose referrals are accepted, please state whether the council may provide: (a) assessment/advice only; (b) assessment and equipment recommendation/prescription; (c) funding or provision of equipment; and/or (d) demonstration or training to care home staff. Please include any policy distinction between standard care home equipment and bespoke, specialist, out-of-the-ordinary or resident-specific equipment.

- a. **A – Assessment/advice only:** The Council may provide assessment and advice where appropriate. This may include advice to the care home about the resident's assessed needs, safe approaches to care, and whether further referral or joint working with health colleagues is required.
- b. **Assessment and equipment recommendation/prescription:** The Council may make equipment recommendations or prescribe equipment where this is indicated by the assessment and falls within the relevant eligibility and funding responsibilities.
- c. **Funding or provision of equipment:** In line with the Eastern Region NAEP guidance, the Council does not routinely provide general or standard equipment that a care home is expected to have and maintain as part of its normal provision, registration, statement of purpose, contractual or regulatory responsibilities. Community Equipment Services may assist by providing equipment on loan for a named individual resident where the assessed need falls outside the home's general provision, for example bespoke, specialist, non-standard, out-of-the-ordinary or resident-specific equipment. Any such equipment is prescribed for the sole use of that resident, must not be used by other residents, and should be returned when no longer required.
- d. **Demonstration or training to care home staff:** Demonstration of prescribed equipment may be provided by clinical practitioners where this relates to equipment

prescribed for an individual resident. The Eastern Region National Association of Equipment Providers guidance also confirms that care homes are responsible for ensuring their staff are competent and confident in using the full range of equipment in the home; therefore ongoing staff training, supervision and competency in the use of the care home's own equipment remains the responsibility of the care home.

5. *Please provide any current written guidance, equipment list or local agreement that sets out which equipment care homes are expected to provide themselves and which equipment the council may assess, prescribe, fund or provide for an individual resident.*

A –

The Council uses the Eastern Region NAEP Group Guidance for Provision of Community Equipment in Care Homes, including the equipment matrix at Appendix 1, to support decisions about equipment responsibilities in care homes. The guidance states that care homes are expected to provide and maintain general equipment appropriate to their registration and residents' usual needs, including standard moving and handling equipment. The Community Equipment Service may provide equipment on loan for a named individual resident where assessment identifies a need outside the home's general provision, such as bespoke, specialist, non-standard or resident-specific equipment. Such equipment is for that resident's sole use and should be returned when no longer required.

6. *Does the council's case management, OT, community equipment or reporting system record the following as structured/reportable fields: (a) whether a referral relates to a care home resident; (b) whether the care home is with or without nursing; (c) the resident's funding status; (d) the primary reason for OT/equipment referral; and (e) whether the referral was accepted, declined or redirected? Please answer yes/no for each field.*

A –

a - If the individual is in a care home that is funded by the LA then yes

b - If the individual is in a care home that is funded by the LA then yes

c - If the individual is in a care home that is funded by the LA then yes

d - As this is recorded as a free text option this would not be reportable

e - Yes this is reportable

7. *For 2024/25 and 2025/26, please provide the following aggregate figures where held in a structured/reportable format: (a) total adult social care OT/equipment referrals received; (b) number of those referrals relating to care home residents; (c) number relating to care homes without nursing; (d) number relating to care homes with nursing; (e) number of distinct care homes from which at least one referral was received; (f) number of completed OT/equipment assessments or reviews for care home residents; and (g) number of care home referrals declined, not accepted or redirected.*

A –

Question 7	24/25	25/26
A	4300	4924
B	89	114
C	62	82
D	27	32
E	45	57
F	151	99
G	3	15

8. *For the declined, not accepted or redirected care home referrals in question 7, please provide the recorded reason categories where held, for example: out of council remit, NHS/CHC responsibility, provider responsibility, insufficient information, no eligible need, signposted elsewhere, duplicate referral, or other/not recorded.*

A – Suffolk County Council does not hold this information.

9. *For 2024/25 and 2025/26, where referral reason is held as structured/reportable data, please provide the number of care home OT/equipment referrals or completed assessments by broad primary reason: (a) moving and handling/hoisting/slings; (b) specialist seating; (c) postural management, contracture risk or body shape concern; (d) bed rails, bed levers or bed safety equipment; (e) bathing/toileting access; (f) falls/falls prevention; (g) pressure care/skin integrity; and (h) other/not recorded.*

A – Suffolk County Council does not hold this information in a reportable format.

10. *For 2024/25 and 2025/26, where held in a routinely reportable format, please provide the average or median time from referral to completed assessment for care home OT/equipment referrals, and the number of care home OT/equipment referrals awaiting assessment on the final day of each financial year.*

A –

Average time

24/25 – 113 Days

25/26 - 131 Days

Open assessments

24/25 - 1491

25/26 - 1477

11. *Please provide any written guidance, checklist, training material or referral triggers used by care homes, social workers, safeguarding teams, quality assurance teams or commissioning teams to identify when OT input should be requested for a care home resident. This may include triggers such as pain during movement, prolonged bed-based care, inappropriate slings, changes in posture, contracture risk, unsafe seating, falls, pressure damage, bed rail concerns or bathing/toileting access issues.*

A –

The Council holds written guidance that may support identification of when OT or equipment input should be requested for a care home resident, although there is not one single care-home-specific referral trigger checklist covering all of the examples listed. Relevant guidance includes the Eastern Region NAEP Group Guidance for Provision of Community Equipment in Care Homes, Suffolk Joint Assessment and Safe Use of Bedrails and Bed levers Policy as well as staff practise guidance. These documents indicate that Council OT or other professional input may be required where a resident's needs change, where existing care home equipment does not meet the person's needs, where alternative or bespoke equipment may be required, where moving and handling risks cannot be safely managed by the care home's standard equipment and trained staff, or where there are concerns about bed rails/bed levers, transfers, bathing/toileting access or other functional needs. Care homes remain responsible for completing and reviewing their own moving

and handling risk assessments and for referring to the appropriate service when a resident's needs change or where further professional assessment is required.

12. Does the council have any dedicated or proactive care home OT, moving and handling, postural management, provider support, quality assurance or safeguarding model that includes OT input? If yes, please provide the name/description, remit, start date and any evaluation or monitoring report held.

A –

The council does not have a dedicated OT resource for care homes, moving and handling, postural management, provider support, quality assurance or safeguarding. If these needs are identified for an individual or a care home, OT resource would come from the team supporting the postcode of the individual or care home.

13. Please provide any formal written interface, memorandum of understanding, escalation process or dispute-resolution pathway with NHS community therapy services, the ICB, CHC teams or community equipment services for care home residents whose OT/equipment needs may cross local authority and NHS responsibilities. If no formal written pathway is held, please confirm this.

A –

There is no formal written pathway, the National Association of Equipment Providers (NAEP) document helps guides team regarding provision of equipment for residents in care homes. This document has been attached to this request.



NAEP Eastern Regional Group

Guidance for Provision of Community Equipment in Care Homes

Issue 4: Updated March 2024

Eastern Regional Guidance for Provision of Community Equipment in Care Homes

	CONTENTS	PAGE
	Key Messages	2
1	Purpose of this document	4
2	Background and Introduction	4
3	Overview	5
4	Assessment	6
5	Working in Partnership	7
6	Principles of Equipment in Care Homes	7
7	Care Quality Commission Regulation 15	8
8	Equipment loaned by the Community Equipment Service	9
9	Technology Enabled Care Equipment	10
10	Wheelchairs	11
11	Care Home Records of CES Equipment	12
	<u>Appendix 1</u>	
	Equipment Matrix <i>(to be adapted to meet local needs)</i>	13
	<u>Appendix 2</u>	
	Change of Circumstances Form	22
	<u>Appendix 3</u>	
	Glossary of Terms	23

KEY MESSAGES WITHIN THIS DOCUMENT

CES = The local **C**ommunity **E**quipment **S**ervice for a particular area/county

- ❖ The table at Appendix 1 details the local arrangements and the range of equipment that should be available from the local CES for a given area.
- ❖ Community practitioners (nursing & therapy staff) must adhere to these guidelines when assessing residents in care homes. (section 4.1)
- ❖ For the purposes of this document, care homes are Residential Care Homes and Nursing Care Homes. (section 6.7 and 8.11)

CARE HOME RESPONSIBILITIES

- ❖ Care Homes must have and maintain, their own range of general equipment as part of their statement of purpose/registration (section 3.1)
- ❖ Care Homes must ensure that as CES loaned equipment is prescribed for the sole use of an individual resident it must not be used by any other resident (section 3.4; 5.1; 8.1; 8.10)
- ❖ Care Homes are responsible for ensuring that their staff are competent and confident in using the full range of equipment in the home (section 3.1 and 8.4)
- ❖ Care Homes are responsible for identifying and referring to the appropriate service when a resident's needs change and a review of equipment supplied by CES is required. (section 5.1)
- ❖ Care Homes must ensure that CES loaned equipment is returned to the CES as soon as it is no longer required for the resident for whom it was prescribed (section 5.1; 8.9; 8.13)
- ❖ Registered Nursing Homes are responsible for meeting the majority of the equipment needs of their residents (section 3.1; 6.3; 8.11 and Appendix 1)
- ❖ Care Homes are advised to keep a record of CES equipment on loan to their residents in case of any queries (section 11)
- ❖ Care Homes will be liable if CES equipment is damaged or lost (section 8.12)

CES RESPONSIBILITIES

- ❖ CES will provide the loan of equipment following assessment by a health or social care practitioner to named residents who are eligible under the criteria in Appendix 1 (section 3.3; 5.1)
- ❖ CES will maintain a schedule of all CES equipment in Care Homes requiring checks and maintenance, arrange and carry out checks, maintenance and repairs as required. (section 5.1; 8.6)
- ❖ CES will carry out audits of equipment on loan to Care Homes (section 8.15)
- ❖ CES will collect equipment no longer required by the resident within the standard collection period.

**Detailed explanations of all the above points are contained within
the individual sections of this document**

1.0 Purpose of this document

1.1 This document is based around the legislation for England.

1.2 The purpose of this document is to:

- clarify the relationship between CES and registered care homes across the relevant local area as specified at Appendix 1.
- provide a basis for local protocols and contracts.
- enable lead commissioners of community equipment services to identify their obligations in relation to care homes 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 An equipment matrix has been developed which takes into account local variations (see Appendix 1 – default position only). The matrix will be adapted by each area to meet local need and provision.

2.1 Background and Introduction

2.1 This document has been developed by the Eastern Region NAEP Group (see 2.2) using

- Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015 (Part 3) – July 2023 - Currently under review [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: consultation document - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/the-health-and-social-care-act-2008-regulated-activities-regulations-2014-consultation-document)
- The Care Act 2014
The Care and Support (Charging and Assessment of Resources) Regulations 2014 (Part 2) – July 2023 – currently under review [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/care-and-support-statutory-guidance)
- 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
- Provision and Use of Work Equipment Regulations (PUWER) 1998
- Royal College of Occupational Therapists *Care Homes and Equipment; Guiding Principles for Assessment and Provision* 2019; and
- Health and Safety Executive HSG220 *Health and Safety in Care Homes* 2014 (Chapter 4).

This legislation is based on English law and this list will need amending for use in the devolved nations.

- 2.2 Eastern Region NAEP Group: The National Association of Equipment Providers (NAEP) is divided into several regional geographical areas. This document has been developed by the Eastern Region Group which covers the following areas (issue 1: was published in consultation with the Chief Nurse for the NHS Midlands and East SHA and ADASS Contracting Group):
- Bedford Borough
 - Cambridgeshire
 - Central Bedfordshire
 - Essex
 - Hertfordshire
 - Luton
 - Milton Keynes
 - Norfolk
 - Peterborough
 - Southend-on-Sea
 - Suffolk
- 2.3 CES: These services are contracted by local commissioners to provide community equipment on loan to adults and children following assessment by Health and/or Social Care practitioners. Equipment is provided to assist people to perform essential activities of daily living and to maintain their health, independence, and wellbeing in the community.
- 2.4 The aim of this document is to promote understanding between managers/owners of care homes, health and social care commissioners and community equipment services commissioned by health and local authorities. It forms the basis of local policies, agreements, and contracts.
- 2.5 Care homes may, in addition to their general provision, provide a range of care including intermediate care, palliative care, respite care and continuing health care. People living in care homes have the same rights to services, including the provision of some equipment, as those living in their own homes. Refer to table at Appendix 1 starting on page 13.
- 2.6 Care homes are responsible for having and maintaining their own range of equipment to meet a variety of care needs, including variations in height, weight and size. This equipment should relate to the care for which the home is registered and fulfil the care homes' health and safety obligations to their own care staff. Refer to table at Appendix 1 starting on page 13.

3.0 Overview

- 3.1 Equipment provision should be focused on the residents' needs and should be provided by the care home, if it is the type of equipment required by its residents as part of its statement of purpose/registration. The equipment provided must be issued as part of a risk management process and staff competently trained in the use of equipment.

- 3.2 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 must ensure that any risks are minimised through the correct use of equipment, the training of staff and adherence to policies and standards.
- 3.3 CES can assist in providing equipment on loan for use by an individual when the need falls outside of the home's general provision as outlined in Appendix 1.
- 3.4 CES loaned equipment should be properly maintained, returned promptly, and is provided for a designated, individual resident as part of a care plan. It must **not** be used by any other resident as this contravenes infection control standards and harm can be caused if the equipment is unsuitable.
- 3.5 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.

4.0 Assessment

4.1 General Points

The assessment, care plan and review process (by care homes and clinical practitioners) are important for successfully meeting equipment needs. Many disputes about equipment provision can be avoided by good practice in assessment. Particular care should be given to early planning for hospital admissions and discharges. CES equipment will only be supplied following an assessment by Health or Social Care staff in accordance with CES eligibility criteria.

4.2 Moving & Handling (M&H) Assessments

Care home staff will need to complete a moving and handling risk assessment as soon as a resident moves into the home. This must be reviewed each time there is a change in health or functional ability. Care homes are expected to have a full range of modern, up-to-date moving and handling equipment available. Care home staff will need to be competent and confident to recommend which moving and handling equipment is appropriate for the range of needs within the home. Care Homes are responsible for providing M&H training to all their staff. The range of standard equipment provided by the care home should include equipment such as handling belts and slide sheets, hoists and slings, transfer aids in different styles and sizes. Referrals for additional professional expertise from moving and handling advisors, or Occupational Therapists, may be required when equipment provided by the care home does not meet a resident's needs and alternative or bespoke solutions may need to be considered.

5.0 Working in partnership

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

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

- advice on equipment loaned by the local CES
- maintenance and repair of equipment on loan from CES
- demonstration of equipment by clinical practitioners
- supply of equipment on loan for individual named residents as per section 4.1

Care homes should support community equipment services by:

- ensuring they understand who owns items of equipment that residents may bring with them when first admitted to the home.
- if CES equipment is brought into the home from the resident's property CES should be notified (refer to section 6.6)
- advising CES if a maintenance check on CES equipment is overdue.
- identifying when CES equipment is no longer required and arranging for its prompt collection (see also 8.9 and 8.13)
- ensuring that equipment prescribed for an individual resident is not used by other residents
- informing clinical practitioners of changes in residents' circumstances e.g. change in pressure care risk, change of functional ability,
- informing CES promptly in the event of CES equipment breakdown.

6.0 Principles of Equipment Provision in Care Homes

6.1 The purpose of providing equipment is to increase or maintain functional independence and wellbeing of residents and care staff as part of a risk management process. It is important to find practical ways of supporting residents, facilitating hospital discharges and avoiding unnecessary admissions, through the use of equipment.

6.2 Consideration must be given to the most cost-effective method of meeting the assessed need. A careful balance must be achieved between the independence and dignity of the resident and the health, safety and welfare of the resident and care staff.

6.3 Residents in registered nursing homes will have their equipment provided and funded by the nursing home. Standard equipment provided by the nursing home will include pressure care overlays and replacement mattresses to maintain tissue viability (static and dynamic systems), as well as profiling beds. See section 8.11

Registered nursing homes will have available a range of seating, including seating with integral pressure relief and/or postural support functions, to meet the needs of their residents.

- 6.4 Residents in registered nursing homes funded by NHS Continuing Health Care may have bespoke equipment needs. Assessment and provision/funding of these specialist items will be undertaken by the local NHS CHC Team. This assessment may occur before admission to the nursing home and further assessments may also be required if clinical needs change.
- 6.5 Specific items of equipment may also be provided by CES on a **short term up to 6-week loan** basis to assist with planned respite, emergency respite, long term discharge placement and short-term NHS discharge placement.
- 6.6 Equipment should not be transferred from or to a person's home for respite care due to infection control risks. However certain items such as mobility aids or bespoke slings may be permitted in consultation with the clinical practitioner and the care home manager.
- 6.7 If a client has their own tenancy with a supported living environment, then this is considered as living within the community and therefore equipment provision will be funded via the CES following an assessment by a clinical practitioner.
- 6.8 General equipment in extra care schemes which is available for use by more than one client must be funded by the Extra Care Housing Provider, or in consultation with the relevant Local Authority.
- 7.0 Care Quality Commission (CQC) Guidance for Providers on Meeting the Regulations (March 2015) – Regulation 15: Premises and Equipment**
- 7.1 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)
- 7.2 Section 2 of the guidance: Fundamental Standards includes a section on Regulation 15: Premises and Equipment (*page 55*). This regulation states that all premises and equipment used by the service provider (Care Home) must be:
- a) clean
 - b) secure
 - c) suitable for the purpose for which they are being used
 - d) properly used
 - e) properly maintained
 - f) appropriately located for the purpose for which they are being used
- 7.3 Providers (Care Homes) retain legal responsibility under these regulations when they delegate responsibility through contracts or legal agreements to a third party, independent suppliers, professionals, supply chains or contractors. They (the Care Homes) must therefore make sure that they

meet the regulation, as responsibility for any shortfall rests with the provider (Care Home).

Reference: Care Quality Commission: Guidance for providers on meeting the regulations (March 2015) <http://www.cqc.org.uk> [web site confirmed July 2023]

8.0 Equipment Loaned to a Care Home by CES

- 8.1 Following an assessment by a Health or Social Care practitioner, equipment on loan from CES will be for the **exclusive** use of the person for whom it is prescribed. (See section 3.3).
- 8.2 If the equipment provided for a specific individual is subsequently used with another resident and an incident or accident occurs, the care home will be held liable.
- 8.3 Equipment provided by CES is issued with manufacturer's instructions and guidelines for use and maintenance. Care staff must use the equipment within the manufacturer's guidance and maintain the item in good condition.
- 8.4 Care staff must be trained in the use of the equipment. This is the responsibility of the care home and is a mandatory requirement under the Health & Safety at Work Act (1974), the Provision and Use of Work Equipment Regulations (PUWER) (1998) and MHRA Managing Medical Devices (2015). See section 3.1
- 8.5 Day-to-day operational cleaning/disinfection of loan equipment is the responsibility of the care home, which must follow the manufacturer's instructions provided by the CES provider.
- 8.6 All repair and maintenance of CES loan equipment will be carried out by the CES provider. CES will be responsible for maintaining a schedule of all loan equipment requiring ongoing and regular maintenance.
- 8.7 Equipment provided on loan through CES will need to be made accessible for appropriate checks, repairs and maintenance when requested by the local CES provider.
- 8.8 CES equipment must not be dismantled and reassembled by anyone other than a representative of the CES Provider.
- 8.9 Care home staff are responsible for notifying CES in the following circumstances: (see also 5.1 and 8.13)
 - resident no longer requires a loaned item of equipment.
 - resident has died.
 - resident with CES equipment has moved to another location.
 - resident's needs have changed, and the loaned item of equipment is no longer suitable. (a further assessment will be required)
 - equipment breakdown or repair.

A sample form is attached at Appendix 2, which can be adapted and used to inform the CES provider of any of the above changes.

- 8.10 Equipment that is no longer needed by the resident for whom it was originally prescribed must **never** be transferred for use by another resident. Care homes will be closely monitored in this regard.
- 8.11 In dual registered care homes, residents who are transferred from a registered 'residential' bed to a registered 'nursing' bed should have their equipment needs provided by the registered nursing establishment. Any CES equipment they have at the point of transfer must be returned to CES unless there is a specialist, non-standard item of equipment prescribed for that individual's specific and specialist needs, and only after agreement with the relevant Health or Social Care practitioner. See section 6.3.
- 8.12 The care home will need to meet the cost of all repairs arising from negligence, damage or inappropriate use of loan equipment (this includes defacing the equipment or permanent marking with a resident's name), or the full replacement cost, if damage is beyond repair. Care homes will be charged for the full replacement cost for all equipment not returned or deemed 'lost'. (See also 8.13.) Invoices will be raised by the relevant CES budget holder/Commissioner/Finance department.
- 8.13 A charge will be made to care homes who fail to arrange for the collection of CES rental equipment (usually beds and specialist mattresses), when they are no longer required by the resident(s) for whom they were prescribed, e.g. in the event of a resident's death. This charge will be equal to the rental costs incurred by the CES budget from the time the equipment should have been returned by the care home, to the date the item(s) were collected and removed from hire by the CES. (see also 5.1 and 8.9)

(Not all equipment services have rental equipment and care homes should check arrangements in their local area).

- 8.14 Equipment awaiting collection by CES must be stored in a dry, secure, clean location and not stored alongside the care homes' own supply of clean equipment. This is to comply with infection control procedures for used equipment.
- 8.15 CES, in liaison with their Health and Social Care Commissioners, will monitor and audit equipment on loan to care homes at least annually.

9.0 Technology Enabled Care

- 9.1 Technology Enabled Care (TEC) is playing an increasing role in the development of services that support vulnerable people and enrich their quality of life. The technology can range from everyday devices to more specialist high tech equipment and might include such things as clocks and signage to support orientation; devices which prompt and remind such as medication dispensers; alerts and alarms, such as falls detectors; recorded

devices or ipad technologies; smart speakers; communication aids and technologies that support recreation and engagement. These devices have the potential to proactively support the care delivery within a care home.

- 9.2 It is important that care homes understand the implications of the advances in wireless and digital systems which move beyond traditional fixed nurse call systems and that these are upgraded to ensure they provide the best possible connectivity throughout the care home. Care home providers are also advised to keep up to date with regard to the implications for their homes of the national Digital Switchover which is due to be completed by 2025. Further information on this can be found at [Digital switchover hub | Local Government Association](#)
- 9.3 As technologies advance, it is important that care homes source the right technology at the right time. Many items of tech are becoming less specialist and more mainstream, so care home providers are expected to keep abreast of what assistive technology is available to support the majority of residents in their home. Care homes are advised to contact their local TEC teams for information and advice. Alternatively, information is also available on the Ask Sara site hosted by the Disabled Living Foundation ([Disabled Living Foundation – AskSARA \(livingmadeeasy.org.uk\)](#)) or via a local service In Peterborough and Cambridgeshire this is NRS Safe & Well [Safe and Well - Cambridgeshire](#)

10.0 Wheelchairs

- 10.1 The provision and use of a wheelchair can contribute to the wellbeing and quality of life for residents living in a care home. Access to a wheelchair can facilitate safe transportation around the care home for residents with restricted mobility. It is important to check local eligibility criteria as the provision of these services will vary from area to area. However, in many cases wheelchairs in care homes fall into two main categories.
- 10.2 Portering / transit to communal areas of the care home (attendant propelled chairs). Care homes are expected to have a stock of their own transit, attendant propelled chairs within the home, that can be used as and when required with any residents that need help moving around the home.
- 10.3 Independent mobility within a resident's own room, as well as independent mobility to other areas of the care home. This refers to residents who are permanent wheelchair users and able to self-propel or use a powered chair.
- 10.4 In most areas, local NHS wheelchair services will only supply a chair to a care home resident if the wheelchair is for their sole purpose and if the individual has specific requirements. E.g., they are able to self-propel or use a powered chair, or have some other specialist need such as moulded seating. See Appendix 1 for local detail.

11.0 Care Home Records of CES Equipment

- 11.1 It is highly recommended that care homes keep their own records of what CES equipment is on loan to their residents.
- 11.2 These records would be expected to show:
- Name of resident
 - Room number
 - Date delivered
 - Description of equipment on loan
 - CES product code/bar code/or serial number of each item
 - Service/maintenance/repair record
 - Location of where it is stored (whilst awaiting collection)
 - Date collected
- 11.3 If hard copies of signed delivery/collection notes are given to the care home by the CES Provider, these should be kept with the above records.

APPENDIX 1 - EQUIPMENT MATRIX for Suffolk (updated February 2025)

The table below is provided to assist community equipment services, care home providers and others in determining the local arrangements and responsibilities for the provision and maintenance of equipment in care homes in the following area(s).

Abbreviations:

RH	Residential Home
NH	Nursing Home
CES	Community Equipment Service (following assessment by identified prescriber/assessor)
SIS	Sensory Impairment Service (Service for people with visual and/or hearing impairment)
NHS	Health equipment not normally provided by CES
CHC	NHS Continuing Health Care
GP	General Practitioner via prescription
*	Further clarification at end of Matrix

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing home	Residential home	
Bathing equipment for standard and bariatric provision			Bariatric equipment is now a standard requirement in residential homes. Non-standard or bespoke equipment may be provided following an assessment by a clinical practitioner for an individual named resident and is subject to the special order authorisation process
Range of bath seats	NH	RH	
Range of bath boards	NH	RH	
Bath step	NH	RH	
Powered bath lift	NH	RH	
Swivel bathers	NH	RH	
Range of standard shower chairs	NH	RH	Please note a range of standard shower chairs should include tilt in space (TIS) shower chairs in nursing homes, however TIS shower chairs would be considered non-standard for residential homes.
Range of shower stools	NH	RH	
Standard bariatric shower chair	NH	RH	
Bespoke shower chairs	NH	CES	Please see glossary for definition of bespoke. TIS shower chairs are standard for nursing homes but would be non-standard for residential homes. Subject to special orders process and authorisation/local policies. May be provided following an assessment by clinical practitioner for an individual named resident.
Freestanding shower trolley/ table/ bench	NH	CES	Subject to special orders process and authorisation/local policies. May be provided following an assessment by clinical practitioner for an individual named resident.

			If the criteria is met for provision of a dynamic pressure care mattress, then a CES bed could be provided due to compatibility considerations. This should be discussed and agreed between the residential home and prescriber.
Variable height, profiling bariatric bed	NH	RH CES	Responsibility of the care home in terms of moving and handling legislation for care staff unless the resident has specific health needs as detailed above. The statement above applies in full AND where the person's weight is above the maximum weight limit of a standard variable height profiling bed, then the provision of a bariatric bed may be considered following a full documented risk assessment by the clinical practitioner. May be CHC funded in some cases.
Bed extensions and squabs	NH	RH	Bed extensions and squabs will only be provided if the person meets the criteria for a bed to be health funded (see above beds- powered variable height, profiling beds inc low rise) and the person requires the bed to be extended.
Bespoke beds for people with complex treatment and care needs (may be CHC funded)	CES CHC	CES CHC	Through NHS Continuing Health care panel only and if the person is eligible for NHS Continuing Health Care funding (eligibility must be established independently of the equipment)
Social care funded beds			Social care funded beds should be discussed on an individual case by case basis with the relevant OT therapy lead for social care.

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Bed Accessories			
Bed blocks and raisers	NH	RH	Responsibility of care home in terms of meeting moving & handling legislation for care staff.
Range of back rests	NH	RH	
Bed stick/ lever/ grab handle	NH	RH	
Blanket cradle	NH	RH	
Powered pillow lift/ mattress variator	NH	RH/CES	Provision for specific named resident following an assessment by an approved practitioner for health needs, these include: • Where the person has acute respiratory need and requires the profiling function to sit upright and other solutions i.e. back rest, bed wedge, pillow lift have been tried and found to be unsuccessful. • Where the profiling function is essential to assist in wound care management or pressure ulcers. Once the wound has healed, provision will be reviewed and removed if other criteria is not met. • As part of a prescribed rehabilitation programme where the profiling and variable height functions will enable client to transfer independently and prevent the use of a hoist. • May be CHC funded in some cases • End of Life Care
Over bed trolley/table	NH	RH	
Lifting pole	NH	RH	
Bed side rails: Profiling bed rails	NH	RH/CES	Subject to full documented risk assessment by the clinical practitioner as these are high risk items . – Please refer to Suffolk bed rail and bed lever policy Bed rails will be considered if a CES bed has been provided, due to compatibility considerations. No bed rails will be provided for use on non CES beds.
Fall out mat	NH	RH	It is the care homes responsibility to provide fall out mats, even if a low rise bed has been issued through CES. These are considered standard pieces of equipment.

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Accessories			
Chair Raising Equipment			
Chair blocks and raisers	NH	RH	
Dressing Equipment e.g.			
Stocking aid/Tights aid	NH	RH	Person may be required to purchase these privately
Long-handled shoe horn	NH	RH	Person may be required to purchase these privately
Other items as categorised			This list is not exhaustive
Environmental Support e.g.			
Helping hand	NH	RH	
Kitchen Trolley	NH	RH	
Perching stool	NH	RH	
Help with Feeding			
PEG feeding equipment	NHS	NHS	Provision through acute hospitals or GPs
PEG feeding consumables	NHS	NHS	Provision through acute hospitals or GPs
For intravenous feeding and transfusion	NHS	NHS	Provision through acute hospitals or GPs
Range of feeding equipment e.g. plate accessories, wide utensils	NH	RH	

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Mobility equipment for standard and bariatric provision			Bariatric equipment is now a standard requirement in residential homes. Non-standard or bespoke equipment may be provided following an assessment by a clinical practitioner for an individual named resident and is subject to the special order authorisation process
Walking stick	NHS/CES	NHS/CES	All these items may be available through local CES or other Health provision
Fisher walking stick	NHS/CES	NHS/CES	
Walking frames with/without wheels	NHS/CES	NHS/CES	
Gutter walking frame	NHS/CES	NHS/CES	
Elbow crutches	NHS/CES	NHS/CES	
Gutter crutches	NHS/CES	NHS/CES	
3 or 4-wheeled walkers	NHS/CES	NHS/CES	
Standing frame	NHS/CES	NHS/CES	
Heavy-duty mobility equipment	NHS/CES	NHS/CES	
Ramps	NH	RH	
Assorted grab rails	NH	RH	
Moving and handling equipment for standard and bariatric provision			Bariatric equipment is now a standard requirement in residential homes. Non-standard or bespoke equipment may be provided following an assessment by a clinical practitioner for an individual named resident and is subject to the special order authorisation process
Mobile standard hoist	NH	RH	
Ceiling track hoists	NH	RH	
Gantry hoists, inc bariatric provision	NH	RH	Subject to individual assessment by a clinical practitioner for an individual named resident and subject to the special order authorisation process
Standard bariatric hoists	NH	RH	
Standard slings	NH	RH	A range of standard slings should be provided by both residential and nursing homes. Please note that in-situ or leave in slings are considered to be standard.

Bespoke slings	CES	CES	Please see the glossary below for the definition of bespoke. Bespoke slings would include slings with modifications for example with a modified leg section. Provision will be following an assessment by a clinical practitioner (could be CHC funded in some cases, if the person is already identified as eligible and assessed for a bespoke sling). Stock not routinely held at CES. Subject to special orders process and authorisation.
Standing frame/Standing hoist (powered)	NH	RH CES	For common/general use - equipment is to be provided by the care home. For a named individual these may be provided on a short-term loan where a standing frame/standing hoist is assessed to be essential as part of a short-term prescribed rehabilitation programme * and the person is expected to progress to the use of a non-powered stand aid or independent transfers. If provided as a short-term loan under rehab/ reablement or exceptional circumstance, this must be agreed with the care home at point of assessment and documented. Prescriber needs to arrange collection at end of loan period.
Standing aid (non-powered) e.g. Rota stand, Arjo Sara Stedy, Cricket, Return	NH	RH	Under exceptional circumstances these can be ordered on a short-term loan. Prescriber is responsible for arranging collection after specified time. This should be agreed with the care home at point of assessment and documented. Prescriber needs to arrange collection at end of loan period.
Transfer boards	NH	RH	
Transfer aids e.g. turntable, turning discs, swivel cushions	NH	RH	
Handling belts	NH	RH	
Slide sheets/one-way glide sheets	NH	RH	
Wendylett sheets, Romedic top sheets, bed management systems	NH	RH	
Lifting cushions e.g. Mangar Elks, Raizers etc	NH	RH CES	For common/general use - equipment is to be provided by the care home. Subject to special orders process and authorisation/local policies. Provided following an assessment by clinical practitioner for an individual named resident.

Turning system i.e Vendlett	NH	CES	Residential homes- subject to special orders process and authorisation/local policies. May be provided following an assessment by clinical practitioner for an individual named resident.
	CES		Nursing homes- subject to special orders process and authorisation/local policies. May be provided following an assessment by clinical practitioner for an individual named resident.
Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Nursing Equipment and Nursing Procedures			
Venepuncture	GP	GP/NHS	Can be GP or NHS funded
Bottles for blood tests	GP	GP/NHS	Can be GP or NHS funded
Syringes and needles	NH	NHS	NHS supplies via NHS staff
• Catheterisation			
For management of catheterisation e.g. bag, stand, packs	NH	GP/NHS	Can be GP or NHS funded
Prescription for catheters and bags	GP	GP/NHS	Can be GP or NHS funded via prescription
• Dressings			
For procedures related to aseptic and clean dressings	GP	NHS	GP/nursing prescription/ rescue packs
• Medicine administration			
For administration of oral medicine/medication	NH	RH	Medicine via prescription/chemist packs
For administration of rectal medication	NH	NHS	These procedures are carried out by Community Nursing Service for residential care homes
For administration of medication by injection	NH	NHS	

Standard syringe drivers	NH	NHS	
Specialist syringe drivers, e.g. for IV	NHS	-	
• Nursing Procedures			
Routine nursing procedures e.g. testing urine, BP, BM (glucometer)	NH	NHS	Community Nursing Service and Specialist Nurses
Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Pressure care for standard and bariatric provision			Please note both residential homes and nursing homes should provide a range of preventative pressure relief for all residents. Providing equipment for prevention of pressure areas/ ulcers is a standard requirement and is expected to be part of the standard equipment provided by both residential and nursing homes. Pressure care equipment will only be provided through CES when a specialist risk assessment has been completed for a specific named resident for an individual assessed need.
High specification foam overlays/mattresses and cushions for low to medium risk	NH	RH	
Visco elastic/memory foam mattresses/cushions – for medium to high risk	NH	RH CES	Specific pressure relief equipment will be provided for a specific named resident following a specialist risk assessment for medium to high risk needs only. Intervention and assessment is required from a community clinician.
Alternating dynamic overlays/ mattresses/ cushions – for medium to high risk	NH	RH CES	Specific pressure relief equipment will be provided for a specific named resident following a specialist risk assessment for medium to high risk needs only. Intervention and assessment is required from a community clinician.

Lateral tilting device i.e Toto, Oska	NH	CES	Provision to specific named resident following a specialist risk assessment for medium to high risk needs only or pain management. Provided subject to special orders process and authorisation/local policies.
Positioning cushions for pressure care needs i.e Lejrelets	NH	CES	Specific pressure relief equipment will be provided for a specific named resident following a specialist risk assessment for medium to high risk needs only. Intervention and assessment is required from a community clinician.
Sleep Systems	CES	CES	Sleep systems will be provided for a specific named person following a specialist risk assessment for medium to high risk needs only. Intervention and assessment is required from a community clinician. Not bespoke but needs to be individually assessed with rep due to positioning considerations and training requirements by carers re: safe use.
Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Respiration			
For maintenance of respiration e.g. suction units	NH	NHS/CES	These units may be available for individual users in residential homes through local CES or other Health provision
Oxygen cylinders/concentrators	GP	GP	
Oxygen administration consumables	GP	GP	
Simple nebulisers	NH	GP	
Resuscitation equipment e.g. mouth to mouth-ambu masks and bags	NH	RH	
Pulse oximeters	NH	NHS	
Non-standard complex Nebuliser and humidifiers (e.g. for ENT, CPAP BIPAP)	NHS	NHS	Specialist secondary care services

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Seating equipment for standard and bariatric provision			Bariatric equipment is now a standard requirement in residential and nursing homes.
Standard chairs including a range of riser recliners and providing basic postural support	NH	RH	A range of appropriate seating including riser recliners should be provided by both residential and nursing homes. Please note TIS seating is considered standard for nursing homes.
Specialist postural support bespoke chairs	NH CES	RH CES	A range of appropriate seating including riser recliners should be provided by both residential and nursing homes. Please note TIS seating is considered standard for nursing homes. Please see the glossary for definition of bespoke. These items where pre-agreed, will only be available through IFR (individual funding requests) or other provision subject to special orders process/local policies, or if eligible for NHS Continuing Health Care funding and clinically prescribed as appropriate
Positioning wedge			
Wedges	NH	RH	Can be assessed for by a clinical practitioner however once assessment is complete, the residential home or nursing home would fund when used to support positioning for personal care, transfers or manual handling.
Sensory			
Range of sensory impairment equipment	NH/SIS	RH/SIS	Care homes are expected to provide a range of standard equipment such as flashing fire alarms/flashing door bells etc. Other sensory items may be available through referrals to local SIS teams

Type of Equipment	Arrangements & responsibilities for provision and maintenance		Comments
	Nursing Home	Residential Home	
Digital Care			
Range of digital items e.g. bed and chair mats, movement and door sensors, robotic companion animals, access to video calling devices	NH	RH	Care homes are expected to provide digital equipment to manage the needs of residents they are commissioned for. In certain circumstances, for example, where an existing resident may otherwise require 1:1 support due to a substantial change in behaviour, it may be that digital care equipment could be provided by social care to help support the person and reduce the need for additional staffed support
Telehealth			
Range of Telehealth items e.g. vital signs monitoring	NHS	NHS	Available through local Telehealth provision
Toileting Equipment for standard and bariatric provision			Bariatric equipment is now a standard requirement in residential homes.
Bed-pans and urine bottles	NH	RH	
Range of commodes: Standard and mobile	NH	RH	
Raised toilet seats	NH	RH	
Toilet frames	NH	RH	
Continence pads (local policies)	NH	RH/ NHS	Full assessment to be completed - must meet eligibility criteria for continence service
Special sheets (local policies)	NH	RH/ NHS	Full assessment to be completed - must meet eligibility criteria for continence service
Wheelchairs			
Push wheelchairs, standard transit chairs and basic wheelchair cushions	NH	RH	For common/general use within the care setting building and gardens.

Wheelchairs and accessories provided by wheelchair services for permanent and substantial usage after trauma or short-term palliative care **subject to eligibility criteria	NH/ NHS Wheelchair services	NHS Wheelchair services	For a named individual to use following an assessment by a qualified therapist only. Transit wheelchairs will only be issued into a nursing home or residential home if the person is leaving the complex 4 times a week to access the community. Self-propelled wheelchairs can be issued to enable the person to become independently mobile. Self-propelled wheelchairs will not be issued in lieu of a transit wheelchair. Powered wheelchairs can be issued, where person meets eligibility criteria. Bespoke postural management seating such as moulded seating within an NHS wheelchair, where clinically necessary, can be issued.
Wheelchair accessories	NH	RH	Standard wheelchair accessories for care setting provided wheelchairs will need to be provided by the care setting.
Wheelchair accessories **subject to eligibility criteria	NHS Wheelchair services	NHS Wheelchair services	Assessed on an individual basis. If a wheelchair is provided by the NHS, then the associated accessories will also be provided. Where appropriate individual component parts or accessories will be issued/replaced.

* At the end of the rehabilitation programme equipment will be removed as the assumed responsibility would be the homes to provide long term use.

* Items in the same categories will have the same criteria applied

** Wheelchair Criteria for the provision into Nursing and Residential Care Homes is documented in Appendix 3

Abbreviated appendix for equipment that may be provided into nursing homes

Type of equipment	Provider	Comments
Beds		
Bespoke beds for people (CHC funded) with complex treatment and care needs	CHC	Through NHS Continuing Health care panel only and if the person is eligible for NHS Continuing Health Care funding (eligibility must be established independently of the equipment)
Bed accessories		
Turning system i.e Romedic top sheet, Vendlett	CES	Subject to special orders process and authorisation/local policies. Provided following an assessment by clinical practitioner for an individual named resident.
Mobility equipment		
Walking stick	CES	All these items may be available through local CES or other Health provision
Fisher walking stick	CES	
Walking frames with/without wheels	CES	
Gutter walking frame	CES	
Elbow crutches	CES	
Gutter crutches	CES	
3 or 4-wheeled walkers	CES	
Standing frame	CES	
Heavy-duty mobility equipment	CES	
Moving and handling equipment		
Bespoke slings	CES	Provision will be following an assessment by a clinical practitioner (could be CHC funded in some cases, if the client is already identified as eligible and assessed for a bespoke sling). Stock not routinely held at CES. Subject to special orders process and authorisation. An example of bespoke would be a modified leg section.
Seating Equipment for standard and bariatric provision		
Specialist postural support bespoke chairs	CES	These items may be available through IFR or other provision subject to special orders process/local policies, or if eligible for NHS Continuing Health Care funding and clinically prescribed for such equipment

15. Wheelchair Criteria for the provision into Nursing and Residential Care Homes

- Suffolk WCS does not supply attendant pushed wheelchairs to Nursing Homes or Residential Homes.
- Previously issued attendant pushed wheelchairs must be returned to Suffolk Wheelchair Service when a patient permanently moves into a Care Home.
- Transit wheelchairs will only be issued into a care home if the patient is leaving the complex 4 times a week to access the community.
- **It is the responsibility of the Care Home in which the patient resides to provide and maintain the following equipment:**
 - Attendant pushed/transit wheelchairs for moving around the care setting grounds- indoors and in the garden.
 - Pressure relieving cushions to fit the above style wheelchairs and armchairs.
 - Standard wheelchair accessories for care setting supplied wheelchairs, for example (but not limited to): Elevating leg rests, footboards, hemi-armrests, angle-adjustable footplates, stump boards, calf panels, unifix arm rests.
 - Bariatrics wheelchair provision for portering.
 - Non-customised static seating e.g., riser armchairs, recliner armchairs and postural armchairs.
- **It is the responsibility of the Wheelchair Service to provide where appropriate following assessment:**
 - Self-propelled wheelchairs to enable the patient to become independently mobile to increase their personal and functional ability where there is a significant and measurable increase in the client's independence. Self-propelled wheelchairs will not be issued in lieu of a transit wheelchair for a patient not meeting that eligibility.
 - Powered wheelchairs where patients meet the Electrically Powered Indoor Wheelchairs (EPIC) / Electrically Powered Indoor/Outdoor Wheelchairs (EPIOC) eligibility.
 - Bespoke postural management seating within a wheelchair where clinically necessary. The person needs to use the chair at least 4 times a week and be using it off site.
 - Pressure relieving cushions and accessories for a wheelchair provided by the Wheelchair Service.
 - It is the responsibility of the patient, families and the Care Home to ensure that all Conditions of Loan are adhered to, that the equipment is used in the manner prescribed and to request reassessment when required.

Change in Circumstances Form
Equipment on Loan to Residents in Care Homes

This form is to be used by care home personnel.
 It must be used to inform the local Community Equipment Service when:

- residents' circumstances change
- the loan equipment is no longer needed by the resident it was prescribed to and should be collected
- a resident is moving to another establishment

RESIDENT'S DETAILS

Name:	Date of Birth:
Current address:	
Tel No:	

Equipment on loan (please list and include product code/barcode/serial number)

Item of Equipment	Product/Bar code/serial number

Please indicate the reason for completing this form

Equipment is no longer needed and should be collected ☐

Resident has moved/is moving to another establishment ☐

New Address:

.....

.....

Date of move

Email this form to CES.suffolk@wsh.nhs.uk

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	Community Equipment Services - 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 ongoing healthcare needs and subject to an eligibility assessment.
Clinical	Is the person responsible for assessing the resident and their equipment Practitioner 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.
IFR	Individual Funding Request are a process for considering making additional NHS funding available for the atypical or uncommon patient. The Clinical Commissioning Groups have an Individual Funding Request Panel to perform this function.
Loan	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.
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.

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).

TIS Tilt-in-space is a seating mechanism that maintains a constant backrest-to-seat angle while the entire seat unit tilts backwards.