

## Policy for Provision of Equipment to Care Home Residents

### 1. Introduction

1.1 The purpose of this document is to clarify the responsibilities for the provision of equipment between Portsmouth City Council, Southampton City Council, NHS Portsmouth CCG, NHS Southampton CCG and Care Homes including those offering residential or nursing care.

1.2 The outcome of the policy is for residents in care homes to have their needs appropriately assessed and the necessary equipment provided that will enable them to participate in personal care, leisure and social activities, access environments of their choice and maintain their health and independence.

### 2. Definition of Terms

Care Home - Either Residential or Nursing Home

CES - Community Equipment Store

Resident - Any person who is living in a care or nursing home for either a short or long stay.

### 3. Overarching Principles

3.1 Residents of care homes have the same rights to a service and access to an assessment of their needs, including the provision of some equipment, as any other resident in their local area.

3.2 Residents have the right to safety and security; respect, privacy and dignity; freedom of thought, faith and self-expression; autonomy and choice and social participation and inclusion. Equipment can assist in meeting and maintaining these rights and support a person's health and well-being.

3.3 The provision of equipment can increase or optimize the functional independence and well-being of care home residents and carers. It enables occupational engagement, choice and participation in activities that are important to an individual.

3.4 The Care Act 2014, Care and Support Statutory Guidance, Chapter 8, 8.11 states that the Local Authority must not charge for certain types of care and support which must be provided free. This includes community equipment (aids and minor adaptations) **must** be provided free of charge when provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less.

### 4. Responsibilities of Care Homes Providers

4.1 Care Homes may provide a range of care including long term care, intermediate care, palliative care and continuing health care.

4.2 Care Homes have a duty to ensure that they can meet the needs of their residents. They should not accept people whose assessed needs they are unable to meet.

4.3 CQC Guidance for providers on meeting the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states:

4.3.1 Care settings should be suitable for the purpose for which they are being used. Premises must be fit for purpose in line with statutory requirements and should take account of national best practice. Premises must be suitable for the service provided, including the layout, and be big enough to accommodate the potential number of people using the service at any one time. There must be sufficient equipment to provide the service. 15 (1)

4.3.2 A Care Home should provide a range of equipment to meet the needs of its residents and its aims as defined by its statement of purpose, and fulfil its health and safety obligations to its own staff.

4.3.3. Sufficient equipment and/or medical devices that are necessary to meet people's needs should be available at all times and devices should be kept in full working order. They should be available when needed and within a reasonable time without posing a risk. 12(2)

4.3.4 Equipment must be accessible at all times to meet the needs of the people using the service. This means it must be available when needed, or obtained in a reasonable time so as not to pose a risk to the person using the service. 15(1)(f)

4.4 Equipment includes, but is not limited to, chairs, beds, clinical equipment and moving and handling equipment. A range of equipment should cater to residents with a variety in height, weight size and support needs and where possible, the residents preferences.

4.5 The Health and Safety at Work Act (1974) requires employers to provide suitably maintained equipment, staff training, and supervision in a safe working environment. It is the employee's responsibility to follow instructions and to ensure their own safety and that of others at all times. The Management of Health and Safety at Work Act (1992) requires employers to ensure risk assessments are carried out and that risks are minimised as far as possible.

4.6 Details of what care homes (residential care homes and nursing care homes) are expected to provide as "standard" and what they are not expected to provide, can be found in **Appendix A**.

4.7 Other regulations which should be taken into account by the Care Home are:

- The Care Act (2014)
- The Lifting Operations and Lifting Equipment Regulations (1998) - LOLER in relation to the use of lifting equipment at work including hoists.
- The Provision and Use of Work Equipment Regulations (1998) - PUWER in relation to the provision of suitable work equipment, maintenance, instruction and training
- The Manual Handling Operations Regulations (1992) which relate to Manual Handling needs of staff and residents.
- The Care Standards Act (2000) which requires that the health, safety and welfare of Residents and staff are promoted and protected. It is the responsibility of the registered manager to ensure that all working practices are safe. This includes infection control, moving and handling, fire safety, first aid and food hygiene.

## 5. Assessment for Equipment

5.1 When a care home accepts a resident, they should make their own assessment and compile a resident's plan of care, based on the care and support plan provided by NHS/Council. This care plan should include more detailed information on the practical considerations around the use of equipment such as training, maintenance and storage arrangements as well documenting who is responsible for the equipment. Reviews should take place regularly by the care home.

If, as part of the assessment (and using the agreed local risk assessment tool), the resident is identified as at risk of developing pressure injuries, the support plan must include the provision of equipment to prevent and/or treat these injuries and it must be reviewed regularly. This is likely to include amongst other things, equipment such as pressure reducing and relieving overlays and replacement mattresses/seat cushions to maintain tissue viability (static and dynamic systems).

5.2 In order to ensure no cross infection, the Community Equipment Store (CES) should be asked to collect equipment from a Resident's home address when they move permanently into a Care Home or if a temporary placement requires equipment loaned and available at their private address. Equipment should not be taken into a Care Home from a Resident's home address without authority from the CES or Reviewer.

5.3 There are three common scenarios where assessment or review of needs in relation to equipment may occur. See below:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>Scenario 1:</b> New admission to or transfer between to care homes</p> <p>A review of the person's needs and their equipment requirements for use in the care home must be undertaken prior to admission. This review should be undertaken by a suitably qualified professional. The following procedure should then be followed:</p> <ul style="list-style-type: none"><li>• Suitably qualified professional to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the support plan.</li><li>• If the care home does not have the appropriate equipment the suitably qualified professional should ensure its provision by establishing whose responsibility it is to provide the equipment using <b>Appendix A</b> of this document.</li><li>• If the person has CES equipment already in their own home, it should not transfer into a care home to avoid cross contamination.</li></ul> | <p><b>Scenario 2:</b> Existing resident in care home</p> <p>A review of the person's needs and their equipment requirements for use in the care home must be organised by the care home and undertaken by a suitably qualified professional. The support plan/plan of care should be amended accordingly. The following procedure should then be followed:</p> <ul style="list-style-type: none"><li>• A suitably qualified professional to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the amended support plan/plan of care</li><li>• If the home does not have the appropriate equipment the suitably qualified professional should check Appendix A (at the end of this document) to establish who should provide. A referral may be required to health or social care services to obtain appropriate equipment.</li><li>• For PCC owned Care Homes, refer to <b>Appendix C</b></li></ul> |
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### **Scenario 3: Urgent placement**

A review of the person's needs and their equipment requirements for use in the care home must be undertaken prior to admission. This review should be undertaken by a suitably qualified professional.

The following procedure should then be followed:

- Suitably qualified professional to liaise with the care home to establish whether the home has the appropriate equipment available as identified in the support plan.
- If the equipment is non-standard the suitably qualified professional should ensure its provision by establishing whose responsibility it is to provide the equipment using Appendix A of this document.
- If the care home does not have the appropriate equipment the reviewer should liaise with CES to arrange a loan of equipment for 28 days. A review should take place within 28 days to establish if resident is likely to be discharged or if home have made arrangements to provide the equipment.
- The Care home manager should sign the 28 day loan agreement letter, **Appendix B**
- The prescriber should arrange for the CES to collect loaned equipment before the end of the 28 days.

## **6 Provision of Equipment by the Community Equipment Store (CES)**

6.1 Where equipment is loaned to a resident in a care home it will be for the exclusive use of the person for whom it was prescribed, following assessment by a Health or Social Care practitioner. 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.

6.2 There is no time limit on how long this bespoke equipment can be used by the resident to meet their needs but the care home must inform the health or social care services if the residents needs change or contact the CES for collection of the equipment if it is no longer required, if the client has died or moved to another location.

6.3 When an item has been provided by the CES, it will include instruction on its use and maintenance. Care staff must use the equipment within the manufacturer's guidance and maintain the item in good condition.

6.4 Where the equipment has been provided through the CES store, it is the responsibility of the equipment prescriber to demonstrate or arrange for the demonstration of the equipment to the user and a nominated person within the care home and provide advice re the maintenance required. Thereafter it is the responsibility of the nominated care home staff to provide instruction and training to

any other people who require it. A record should be maintained of appropriate instruction together with any method statement and any visual prompts.

6.5 Day-to-day operational cleaning/disinfection of loan equipment is the responsibility of the care home which must follow manufacturers' instructions and instructions provided by the CES.

6.6 The care home must inform the CES if the equipment breaks down or requires a repair

6.7 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 cost of replacement if damage is beyond repair.

6.8 Care homes will be charged the full replacement cost for all equipment not returned/or deemed 'lost' following the loan period.

6.9 All repair and maintenance of CES loan equipment will be carried out by the contracted CES provider or authorised sub-contractor where appropriate. The CES provider will be responsible for maintaining a list of all loan equipment requiring ongoing and regular maintenance.

## **7. Temporary Loan of Equipment to Facilitate a Care Home Placement.**

A Care Home has a clear responsibility to ensure that they can meet the assessed needs of their residents and provide a range of equipment. However, where the absence of a particular piece of equipment in a home is temporary and the provision of the equipment would facilitate an urgent placement or hospital discharge or prevent an admission, a temporary loan from CES may be arranged. This will be for a maximum of **28 days** with the agreement of the Care Home to source/ purchase that equipment within this timescale.

- The resident must be assessed by an appropriately qualified professional.
- The prescriber will agree a 28-day loan and complete the loan letter (Appendix 2) with the care home manager which explains their commitment to purchase
- The prescriber arranges delivery of the equipment from CES and arranges a collection date of 28 days maximum.
- The Care Home will source or buy the equipment and arrange collection of the loaned equipment
- The CES will contact the Care Home to collect the equipment if not arranged prior to 28days.
- Extenuating circumstances for a loan extension must be agreed with CES commissioner.
- If the equipment is not returned to the CES at end of the agreed loan period, a charge will be made to the Care Home for the full replacement cost of the piece of equipment.

All other criteria in point 6, apart from 6.2 will apply.

Please see **Appendix C** for additional information re Loan of equipment to PCC owned Care Homes

### **7a Extension of Temporary Loan Period.**

Provided the care home can meet a person's needs, it is against the ethos of care to move a person from their current care home if they have a new condition that requires equipment for a temporary period. In these cases, CES may extend the 28-day loan period. This will be considered on a case-by-case basis by commissioners. It may be expected that the care home fund equipment in certain circumstances.

Exceptional circumstances for an extension could include:

- A resident in the care home is in receipt of end of life care (EOL).
- Short term care including intermediate care, reablement, transitional & interim in any care home
- Treatment for pressure ulcers following discharge from hospital for a new or current resident in a residential care home

**See Appendix B for a 28-day loan letter template.**

## **8. Provision of NON standard or bespoke equipment**

8.1 It is expected that the Home will have a variety of equipment to meet most of their resident's needs. However, there will be a very small number of Residents who may need a bespoke piece of equipment provided or purchased to meet their needs. In these circumstances the Care Home should refer the resident for an assessment via Single Point of Access or Social Care Duty. Advice can also be sought from the Clinical Advisory Team if specialist advice is required for moving and handling, equipment for independence, posture management, pressure relief and tissue viability.

Single Point of Access Tel: 0300 300 2011

PCC Adult Social Care Help Desk 02392 680810

Clinical Advisory Team via email on: [hiowh.portsandsoton-cat@nhs.net](mailto:hiowh.portsandsoton-cat@nhs.net)

## **9. Current Community Equipment Store Provider**

**Portsmouth**  
**Millbrook**  
**Unit E6 & 9 Voyager Park**  
**Portfield Road,**  
**Portsmouth,**  
**PO3 5FL**  
**Tel 03332 408 334**

**Southampton**  
**Millbrook**  
**Unit B Centurion Park**  
**Bitterne Road West**  
**Southampton**  
**SO18 1UB**  
**Tel 03332 408 335**

**Email:**

**Portsmouth stores** [Contactusportsmouth@millbrookhealthcare.co.uk](mailto:Contactusportsmouth@millbrookhealthcare.co.uk)

**Southampton stores** [Contactussouthampton@millbrookhealthcare.co.uk](mailto:Contactussouthampton@millbrookhealthcare.co.uk)

## Equipment provision in Residential and Nursing Care homes in Southampton and Portsmouth

## Appendix A

| Equipment Type                                                                                                                                  | Provided by Residential Care Home - YES or NO | Provided by Nursing Care Home - YES or NO | Other - Provider Details | Comments                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|--------------------------|-------------------------------------------------------------------------|
| <b>Beds</b>                                                                                                                                     |                                               |                                           |                          |                                                                         |
| Range of domestic beds                                                                                                                          | YES                                           | YES                                       |                          |                                                                         |
| Standard hospital type beds, variable height, may include integral cot sides. Up to 28 stone.                                                   | YES                                           | YES                                       |                          |                                                                         |
| Electric Profiling Beds                                                                                                                         | YES                                           | YES                                       |                          | In exceptional circumstance loans up to 28 days will be considered.     |
| Bariatric electric Profiling Bed (up to 40 stone)                                                                                               | YES                                           | YES                                       |                          |                                                                         |
| Non-standard very specialist beds, e.g. for people with complex treatment and care needs                                                        | NO                                            | NO                                        | CES                      | Funding via CCG (CHC) following assessment by an authorised prescriber. |
| <b>Mattresses (check mattress and bed provision are compatible under MHRA guidance from April 2013 companies will provide this information)</b> |                                               |                                           |                          |                                                                         |
| Bariatric Pressure Relieving Mattress (up to 40 stone)                                                                                          | YES                                           | YES                                       |                          |                                                                         |
| Static foam overlays and replacement mattresses.                                                                                                | YES                                           | YES                                       |                          |                                                                         |
| Dynamic Overlay Mattress 1:2 or 1:4                                                                                                             | NO                                            | YES                                       | CES                      |                                                                         |
| Replacement Dynamic Mattress                                                                                                                    | NO                                            | YES                                       | CES                      |                                                                         |
| Dry Floatation mattress Sections                                                                                                                | NO                                            | NO                                        | CES                      | E.g. RoHo or Sofflex mattress sections                                  |
| Mattress and Cushion Set (Repose)                                                                                                               | NO                                            | YES                                       | CES                      |                                                                         |
| <b>Beds Accessories</b>                                                                                                                         |                                               |                                           |                          |                                                                         |
| Range of bed raisers                                                                                                                            | YES                                           | YES                                       |                          |                                                                         |
| Bed safety rails/ bed guards (e.g. safe sides)                                                                                                  | YES                                           | YES                                       |                          | MHRA risk assessment required. <b>(see Appendix D)</b>                  |
| Bed Guard Protector/ bumper<br>3/4 bed guards<br>Foam Protectors/ bumpers, for safety rails/ bed guards                                         | YES                                           | YES                                       |                          | Qualified assessment required.<br>MHRA risk assessment required.        |

| Equipment Type                                                                                                                                               | Provided by Residential Care Home - YES or NO | Provided by Nursing Care Home - YES or NO | Other - Provider Details | Comments                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------|
| Range of Bed Grab Handles for profiling beds                                                                                                                 | YES                                           | YES                                       |                          |                                                                                                   |
| Range of Bed Grab Handles to fit your bed type e.g. divan/ slatted beds                                                                                      | YES                                           | YES                                       |                          | Qualified assessment required.<br>MHRA risk assessment required.                                  |
| Leg Lifter - Powered                                                                                                                                         | NO                                            | NO                                        | CES                      |                                                                                                   |
| Mattress Elevator -Powered                                                                                                                                   | NO                                            | NO                                        | CES                      |                                                                                                   |
| Mattress Elevator Knee Break                                                                                                                                 | NO                                            | NO                                        | CES                      |                                                                                                   |
| Mattress Elevator- side rails                                                                                                                                | NO                                            | NO                                        | CES                      |                                                                                                   |
| Powered Pillow Lift                                                                                                                                          | NO                                            | NO                                        | CES                      |                                                                                                   |
| Over bed tables                                                                                                                                              | YES                                           | YES                                       |                          |                                                                                                   |
| <b>Static chair/ Accessories</b>                                                                                                                             |                                               |                                           |                          |                                                                                                   |
| Range of standard high seat chairs                                                                                                                           | YES                                           | YES                                       |                          |                                                                                                   |
| Chair raisers                                                                                                                                                | YES                                           | YES                                       |                          |                                                                                                   |
| Adjustable height, high back chair                                                                                                                           | YES                                           | YES                                       |                          |                                                                                                   |
| Bariatric High Back Chair (up to 40 stone)                                                                                                                   | YES                                           | YES                                       |                          |                                                                                                   |
| Foot stools - Adjustable height                                                                                                                              | YES                                           | YES                                       |                          |                                                                                                   |
| <b>Specialist Seating</b>                                                                                                                                    |                                               |                                           |                          |                                                                                                   |
| Riser/recliner Chair to enable independence                                                                                                                  | YES                                           | YES                                       |                          |                                                                                                   |
| Riser /recliner chair with integral pressure relief and low level postural support e.g. configura                                                            | NO                                            | YES                                       | CES                      |                                                                                                   |
| Bariatric riser / recline chair (up to 40 stone)                                                                                                             | YES                                           | YES                                       |                          |                                                                                                   |
| Gas Action or Electronically powered tilt in space chair with footboard and arching leg-rest elevation in a variety of sizes.                                | NO                                            | YES                                       | CES                      |                                                                                                   |
| Specialist postural support and specialist tilt in space chairs. Bespoke seating for users with complex needs.<br>Accessories, e.g. thoracic, head supports. | NO                                            | NO                                        | CES                      | Specialist provision supported by a prescriber who has attended a complex seating/posture course. |

| Equipment Type                                                                       | Provided by Residential Care Home - YES or NO | Provided by Nursing Care Home - YES or NO | Other - Provider Details | Comments                                                                              |
|--------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------------------------------------------------|
| <b>Cushions</b>                                                                      |                                               |                                           |                          |                                                                                       |
| Static foam cushion                                                                  | YES                                           | YES                                       |                          |                                                                                       |
| Vicair Cushions (Various)                                                            | NO                                            | NO                                        | CES                      |                                                                                       |
| Contour cushion                                                                      | NO                                            | YES                                       | CES                      |                                                                                       |
| Dry Floatation cushion (various)                                                     | NO                                            | NO                                        | CES                      | e.g. Roho                                                                             |
| Pressure reducing/ relieving cushions for use in transit occasional use wheelchairs. | YES                                           | YES                                       |                          |                                                                                       |
| Pressure reducing/ relieving cushions for use by full time wheelchair users          | NO                                            | NO                                        | Wheelchairs service      |                                                                                       |
| <b>Pressure care</b>                                                                 |                                               |                                           |                          |                                                                                       |
| Range of Foot Protectors                                                             | NO                                            | YES                                       | CES                      | Not sheepskin                                                                         |
| Positioning Cushions- Polystyrene bead filling and chipped foam                      | NO                                            | YES                                       | CES                      | Following PMA assessment                                                              |
| Positioning Cushion Covers                                                           | NO                                            | YES                                       | CES                      | Covers will not be replaced by CES.                                                   |
| Bespoke positioning equipment to support lying posture including visco elastic foam. | NO                                            | NO                                        | CES                      |                                                                                       |
| <b>Repositioning, moving and handling.</b>                                           |                                               |                                           |                          |                                                                                       |
| Weighing scales either integral or hoist or others                                   | YES                                           | YES                                       |                          | Provision to weigh all residents must be made.                                        |
| Standing Frames                                                                      | NO                                            | NO                                        | CES                      | Via clinical assessment and prescription.                                             |
| Mobile hoists                                                                        | YES                                           | YES                                       |                          | Transfers to/from bed, wheelchair, commode, toilet, chair, bath/shower, shower chair. |
| Powered Stand Aid Hoist with standard slings                                         | NO                                            | YES                                       | CES                      |                                                                                       |
| Portable Track Hoist                                                                 | NO                                            | NO                                        | CES                      | Client specific loan following assessment                                             |
| Ceiling Track Hoist                                                                  | YES                                           | YES                                       |                          |                                                                                       |
| Standing aid e.g. Arjo Stedy                                                         | NO                                            | YES                                       | CES                      |                                                                                       |
| Stand and turn Aid (Rotunda)                                                         | NO                                            | YES                                       | CES                      |                                                                                       |
| Stand and turn Aid (Rotunda) - Extra Wide                                            | NO                                            | YES                                       | CES                      |                                                                                       |
| Standard slings and range of sizes eg universal, quickfit, S, M, L, XL               | YES                                           | YES                                       |                          |                                                                                       |

| Equipment Type                                                                                                                             | Provided by Residential Care Home - YES or NO | Provided by Nursing Care Home - YES or NO | Other - Provider Details | Comments                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|--------------------------|------------------------------------------------|
| Standard insitu slings, range of sizes                                                                                                     | NO                                            | YES                                       | CES                      | Assessment required                            |
| Sling with head support- range of sizes                                                                                                    | NO                                            | NO                                        | CES                      | Issued to an individual and not for global use |
| Non-standard slings or bespoke                                                                                                             | NO                                            | NO                                        | CES                      | Issued to an individual and not for global use |
| Glide Tube- medium/large                                                                                                                   | YES                                           | YES                                       |                          |                                                |
| Slide Sheet                                                                                                                                | YES                                           | YES                                       |                          |                                                |
| Leave in bed slide sheet system eg satin sheets                                                                                            | NO                                            | YES                                       | CES                      |                                                |
| Bariatric in bed slide sheet system                                                                                                        | NO                                            | YES                                       | CES                      |                                                |
| Transfer Boards - Curved/straight/ butterfly                                                                                               | NO                                            | YES                                       | CES                      |                                                |
| Bed Hand Blocks                                                                                                                            | NO                                            | NO                                        | CES                      |                                                |
| Emergency lifting cushion (from floor)                                                                                                     | YES                                           | YES                                       |                          |                                                |
| <b>Toileting</b>                                                                                                                           |                                               |                                           |                          |                                                |
| Bed Pan                                                                                                                                    | YES                                           | YES                                       |                          |                                                |
| Toilet Seats: raised 50mm, 100mm                                                                                                           | YES                                           | YES                                       |                          |                                                |
| Raised Toilet Seat With Frame                                                                                                              | YES                                           | YES                                       |                          |                                                |
| Urinals/ bottles and non-return valves                                                                                                     | YES                                           | YES                                       |                          |                                                |
| Commodes (static versions) to meet all needs i.e. height adjustable, detachable arm rests to enable sliding transfers. Including bariatric | YES                                           | YES                                       |                          |                                                |
| Mobile commodes to meet all needs and weights i.e. height adjustable and with detachable arm rests to enable sliding transfers. Lap strap. | YES                                           | YES                                       |                          |                                                |
| Static Toilet Frame                                                                                                                        | YES                                           | YES                                       |                          |                                                |
| Bariatric Raised Toilet Seat (up to 40 stone)                                                                                              | YES                                           | YES                                       |                          |                                                |
| <b>Bathing and Showering</b>                                                                                                               |                                               |                                           |                          |                                                |
| Bath board and seat                                                                                                                        | YES                                           | YES                                       |                          |                                                |
| Powered bath lift                                                                                                                          | YES                                           | YES                                       |                          |                                                |
| Static shower chair                                                                                                                        | YES                                           | YES                                       |                          |                                                |
| Mobile shower chair including bariatric                                                                                                    | YES                                           | YES                                       |                          |                                                |
| Shower commode chair including bariatric                                                                                                   | YES                                           | YES                                       |                          |                                                |
| Bespoke shower/commode chair                                                                                                               | NO                                            | NO                                        | CES                      |                                                |

| Equipment Type                                                                                                                                          | Provided by Residential Care Home - YES or NO |  | Provided by Nursing Care Home - YES or NO |  | Other - Provider Details |  | Comments           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-------------------------------------------|--|--------------------------|--|--------------------|
| Household                                                                                                                                               |                                               |  |                                           |  |                          |  |                    |
| Trolley - height adjustable                                                                                                                             | YES                                           |  | YES                                       |  |                          |  |                    |
| Perching Stool with back and arms                                                                                                                       | YES                                           |  | YES                                       |  |                          |  |                    |
| Bariatric Perching Stool (up to 40 stone)                                                                                                               | YES                                           |  | YES                                       |  |                          |  |                    |
| Mobility Equipment - Via clinical assessment and prescription.                                                                                          |                                               |  |                                           |  |                          |  |                    |
| Three Wheeled Walker - lightweight                                                                                                                      | NO                                            |  | NO                                        |  | CES                      |  |                    |
| 4 Wheeled Walker                                                                                                                                        | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Walking Frame (range of sizes)                                                                                                                          | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Elbow Crutches                                                                                                                                          | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Fischer Crutches                                                                                                                                        | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Fischer Adjustable Walking Stick                                                                                                                        | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Gutter Frame                                                                                                                                            | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Range of Walking Sticks                                                                                                                                 | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Adjustable Walking frame - bariatric                                                                                                                    | NO                                            |  | NO                                        |  | CES                      |  |                    |
| 4 Wheeled Walker - bariatric                                                                                                                            | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Swan Necked Walking Stick - Bariatric                                                                                                                   | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Quadrapod/ Tetrapod.                                                                                                                                    | NO                                            |  | NO                                        |  | CES                      |  |                    |
| Wheelchair (for emergency use, transit use, variety of widths)                                                                                          | YES                                           |  | YES                                       |  |                          |  |                    |
| Wheelchair for full time wheelchair user.                                                                                                               | NO                                            |  | NO                                        |  | WCS                      |  | Wheelchair Service |
| Ferrules for sticks and walking frames.                                                                                                                 | NO                                            |  | NO                                        |  | CES                      |  |                    |
| General Infrastructure                                                                                                                                  |                                               |  |                                           |  |                          |  |                    |
| Fixed items (as needed), such as grab rails, horizontal rails in corridors, floor to ceiling poles, drop down rails, threshold ramps and other ramping. |                                               |  |                                           |  |                          |  |                    |

| Equipment Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Provided by Residential<br>Care Home - YES or NO | Provided by Nursing<br>Care Home - YES or NO | Other - Provider<br>Details | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|-----------------------------|----------|
| <p><b>Other</b></p> <p>Many medical items can be ordered on NHS prescription for individual use. There is a <a href="#">guide to the items available on prescription</a>.</p> <p><b>It is expected homes will have medical dressings as listed in the Hampshire &amp; Isle of Wight Healthcare Foundation Trust Wound Formulary Handbook:</b></p> <ul style="list-style-type: none"> <li>• Sterile saline</li> <li>• Dressing packs</li> <li>• A gelling fibre dressing</li> <li>• Hydrocolloid</li> <li>• Foam dressing</li> <li>• Absorbent dressing</li> <li>• Lightweight conforming dressing</li> <li>• Layer 1 bandage</li> <li>• Elasticated viscose stockinette</li> <li>• Tape'</li> </ul> |                                                  |                                              |                             |          |

## Appendix B

Millbrook Healthcare  
Unit E6 & 9 Voyager Park  
Portfield Road  
Portsmouth  
PO3 5FL

Dear

### Re: Temporary Loan of equipment to Care or Residential Home

The community equipment store agrees to temporary loan the following piece(s) of equipment:

| CES Number | Description |
|------------|-------------|
|            |             |
|            |             |

To: Care /Residential Home address: .....

.....

Post Code..... Tel number.....

For the sole use of: (service users name)

.....

The equipment is to be returned within 28 days by the owner/ manager of the address where the equipment is located, (please enter managers details below.)

Manager

.....

As the Manager of the above property, I agree to return the equipment within 28 days, or I will be liable to be charged for the loan and maintenance of the equipment. Millbrook Healthcare can be contacted on 03332 408334 to arrange a collection.

If the equipment has not been returned during the 28-day loan period, it will be collected by

Millbrook Healthcare 28 days after the delivery date.

Print Name: ..... Signature ..... Date .... /.../....

Address if different from above:

.....

.....Post Code .....

Prescribers Name..... Tel No ,.....

## Appendix C

### Loan of Equipment to Portsmouth City Council owned Care Homes

Portsmouth City Council own three care homes in the City:

Shearwater

Harry Sotnik

Russetts

For residents in these homes, provided the care home can meet a person's needs and where a resident has been assessed as requiring a piece of equipment by a suitably qualified professional that the care home does not have, the following applies:

#### Standard CES equipment

Order standard CES stock items directly from the CES

#### Non-standard equipment

If the required piece of equipment is not available as standard CES stock or as a recycled special then the purchasing of the equipment may be considered on a case by case basis. An email should be sent for purchasing approval to PCC Principal Occupational Therapist and cc the CES commissioner stating the item of equipment required, the cost of the equipment and the clinical reasoning for the request.

Principal OT

[Karen.wigley@portsmouthcc.gov.uk](mailto:Karen.wigley@portsmouthcc.gov.uk)

Tel. 02392 688171

CES Commissioner:

Ben Gallagher - [ben.gallagher@nhs.net](mailto:ben.gallagher@nhs.net)

**NOTE This ONLY applies for individual client need and is not for generic equipment provision to the home.**