



Protocol for the Provision of Equipment in Care Homes

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1. Introduction

The Scottish Government **Guidance on the Provision of Equipment and Adaptations** (CCD 5/2009¹), endorsed by COSLA Health and Well-Being Executive Group in November 2009, included a number of Key Actions relating to the provision of equipment to care homes. These were:

- In the circumstances where a care home is out of stock of items of equipment for which it is responsible, and the equipment can support early discharge from hospital it must be loaned, with urgency, free of charge for a period of up to four weeks.
- In the circumstances where a care home is out of stock of items of equipment for which it is responsible, and the provision of equipment can prevent admission to an acute hospital setting it must be loaned, with urgency, free of charge for a period of up to four weeks.
- Staff must be appropriately trained in the use, cleaning and maintenance of equipment as set out on H&S and MHRA regulations.
- Statutory providers should work with the care home sector to agree the suitable makes and models of equipment to be used in care homes to allow for the supply of appropriate bespoke attachments or accessories, when required.

Over recent years there have been a number of separate new developments (including the range and type of equipment available) providing support to care homes. There have also been community and specialist services developed to support older people being discharged from hospital. There is a complex picture of service delivery to care homes with inconsistent levels of service provided both to and by care homes.

The National Care Homes Contract Reference Group looked at two substantial pieces of work carried out in Highland and Greater Glasgow & Clyde. The work sought to clarify the responsibility and service delivery mechanisms for the provision of equipment to care homes. Both models were similar in approach, laying out responsibilities and conditions for safe supply, use and return of equipment.

The Greater Glasgow model was negotiated with care home providers, the NHS and local authority partners, and a formal pilot was carried out in 2008. This model was therefore viewed as an effective model, with potential for national development.

This National Protocol has been developed from the Glasgow Model to provide consistency of service delivery across Scotland, and provide clarity of roles and responsibility for both care homes and statutory organisations. The Protocol was discussed with CoSLA, Scottish Care, local authority representatives, the NHS and the Scottish National Association of Equipment Providers.

The Protocol will now form a part of the National Care Homes Contract.

¹ <http://www.scotland.gov.uk/Topics/Health/care/EandA/EandAGuidance>

2. Purpose

The purpose of this model protocol is to seek to establish a joint inter-agency agreement between Local Authorities, NHS Board and the care home sector regarding the responsibilities and management of equipment provision to care homes.

Specifically the model protocol seeks to:

- Clarify the responsibilities for equipment provision per agency and care home
- Clarify the assessment process, distinguishing between assessment for the provision of equipment and assessment for funded nursing care.
- Provide a shared language to improve understanding.
- Streamline access to service provision
- Maximise the use of resources

In addition it aims to establish a jointly agreed framework to guide decision making on the areas identified and to deliver procedures which should be followed to ensure a multi-agency and multi-disciplinary approach.

How to use this document

This document has been designed to be used by local health & social care partnerships and care home providers when providing community equipment to care homes. Scope has been left within the protocol to reflect local circumstances for the provision of equipment, assessment procedures etc.

Where you see text stating **[enter local arrangements]** or similar, please enter the appropriate information for your local circumstances.

3. Principles for the Provision of Equipment in Care Homes

The purpose of providing equipment is to increase or maintain functional independence of a person to support them to participate in day to day life, or allow for their safe management within the care home.

People should be assessed on their individual need for the provision of equipment. However, it should be recognised that the equipment needs of people residing in care homes are not necessarily the same as people living in their own home. People should be able to access necessary equipment regardless of their financial status or where they live.

Recognised and agreed assessment tools should be used for all assessments. Assessors should consider the most cost-effective way of addressing the assessed need (see section 7).

Staff must be appropriately trained in the use, cleaning and maintenance requirements of any equipment as set out in the Medical Health products Regulatory Agency (MHRA²) and other related documents.

Demonstration of the use of the equipment, and ensuring it is suitable immediately after it has been provided, is the responsibility of the assessor or delegated other and written instruction where appropriate should be provided.

Equipment purchased by the Care Home should only be passed on from one user to another following assessment and identification of need. Prior to it being passed on it must be cleaned and/or decontaminated as determined by the national standards on decontamination and manufacturers' instructions.

Where a person being admitted to a Care Home has already been provided with equipment in their own home, this should be returned to **[Enter local arrangement]** unless it is equipment that would be provided to the person in the Care Home by Social Work Services or Health (see Section 7). Where equipment is transferred into the Care Home this must comply with Infection Control Protocols.

Care homes that are contracted to take local authority clients for social care, people with learning disabilities and other disabled people and/or contracted to provide health care (accommodation, personal care), are expected to make provision for the standard equipment to fill their obligations to those clients and to their work force. This provision could be through purchase by the home, for example, or through a hire/maintenance arrangement with an equipment service.

² www.mhra.gov.uk

Care standards for care homes state that a plan of care, which includes all requirements for an individual, must be implemented.

Care Standards³ set out the National Minimum Standards for each service user group. The relevant standards relating to provision of equipment to older people are:

- Standard 4 Your Environment
- Standard 6 Support Arrangements
- Standard 9 Feeling Safe and Secure
- Standards 13 Eating Well
- Standard 14 Healthcare
- Standard 15 Medication
- Standard 16 Private Life
- Standard 18 Staying in Touch

While National Care Standards are slightly different for each service user group, including respite the same principles apply.

The starting point on 'Who should be providing what?' is that to meet national care standards, care homes should be able to demonstrate Fitness of Premises and Facilities in Care Homes. Therefore, any care home must have an adequate supply of equipment to meet the 24 hour needs of their clients [Regulation of Care Requirements as to Care Services (Scotland) Regulations 2002⁴ Nos 10 and 12]

For care homes providing nursing care, equipment is highly likely to include, amongst other things, equipment such as pressure reducing and relieving overlays and replacement mattresses to maintain tissue viability (static and dynamic systems). That is, if a client in a care home providing nursing care is assessed as requiring preventive care for pressure ulcers, the care home should provide for that client.

When a person is being considered for a place, assessment of their needs should include consideration of the equipment that is needed to support their care.

³ www.nationalcarestandards.org

⁴ www.legislation.gov.uk/ssi/2002/114/contents/made

Care homes should not accept people whose assessed needs they are unable to meet.

However, where the care home is temporarily out of stock of items of equipment for which it is responsible and the provision of equipment would facilitate a discharge from an acute hospital bed, or enable the client to stay in the care home, the equipment may be supplied on loan for a period of up to **four weeks** following an appropriate assessment.

When the requirement for equipment is bespoke or out of the ordinary, and where the equipment could not be used for another client when the need has passed, responsibility lies with [\[Enter local authority details\]](#), Social Work Services or [\[Enter Health Board Details\]](#)NHS for this provision.

Section 7 describes the Prescribed List of Equipment and sets out an agreement for who provides what.

Equipment loaned by [\[Local authority/NHS\]](#) will be for the exclusive use of the person for whom it was prescribed. If other people use the equipment and an incident occurs, the equipment provider cannot be held liable.

The loan of equipment to nursing homes is non-discriminatory, in line with legislation, policies and guidance. Ethnic and cultural aspects of the household must be taken into account. It may be necessary to seek appropriate advice.

Where equipment is provided, technical instruction must be given to the nominated care home personnel and end user by a suitable qualified individual. Thereafter it is the responsibility of the nominated care home personnel to cascade the instruction to any other people who require it. The Care Home should record any instruction received or cascaded.

Day-to-day operational cleaning/disinfection and maintenance are the responsibility of the care home and must follow manufacturers' instructions and local guidelines. Specific infection control considerations should be in place for equipment, held by the Care Home, which may be used by different people at different times e.g. raised toilet seats, urinals. The care home will meet the cost of all repairs arising from negligence, damage or inappropriate use and the cost of replacement if it is lost.

All repair and maintenance of loaned equipment would be co-ordinated and carried out by [\[enter local arrangements\]](#) staff or nominated other.

Care home staff will be responsible for notifying [\[enter local arrangements\]](#) when the individual no longer requires a loaned item of equipment and will make arrangements for its return. They will also be responsible for informing [\[enter local arrangements\]](#) when equipment breaks down or requires repair or service, and will make it accessible when needed.

If a client is being discharged from hospital to a care home then any requirement for equipment that has been identified through assessment should be supplied for discharge through the normal channels of provision e.g. [\[enter local arrangements\]](#).

4. Assessment and Assessors

Assessment identifies need and the outcome determines care solutions, which could be advice and may include the provision of standard/non-standard equipment. All staff assessing for equipment must be competent and confident, having received appropriate training.

First level/initial assessment is carried out by a suitably trained person who is working to what is 'reasonably' expected of someone of the grade at which they are employed.

Specialist assessment is carried out by a professional who has received enhanced training and is employed to carry out that type of assessment.

Assessment should take be undertaken as part of the Single shared assessment process. This means assessment, should be proportionate in scale and depth to the care needs of the individual, with the elimination of duplication between agencies. (See Appendix 1: Definitions)

People should be assessed on their individual need for the provision of equipment. However, it should be recognised that the equipment needs of people residing in care homes are not necessarily the same as people living in their own home.

Recognised and agreed assessment tools should be used for all assessments. Assessors should consider the most cost-effective way of addressing the assessed need. Permanent equipment, from whatever source, should only be provided when other alternatives, including rehabilitation, have been exhausted. Care homes should link as required with local community services to ensure all options in relation to rehabilitation and enablement have been pursued.

When there is a need for clarification on the provision of equipment an assessment can be provided through Social Work Services or the NHS.

When there is a requirement for bespoke equipment or that equipment identified is supplied via Primary Care or SWS, the Care Home should contact their local **[enter local arrangements]** to request assessment and provision.

5. Risk Management

Standard 4, 5, 9, and 13 of the National Care Standards implies that the care home manager must ensure, 'so far as reasonably practicable, the health, safety and welfare of residents and staff. The registered manager will be expected to comply with relevant legislation (see Annex B of National Care Standards), ensure that safe working practices are in operation, and provide a written statement of the policy, organisation and arrangements for the maintenance of safe working practices.'⁵ This covers matters such as:

- Security
- Health and safety.
- Administration of Medicines
- Fire safety.
- Food hygiene.
- Infection control.
- Accident or Incident Reporting
- Environmental Health
- Managing Risk
- Staff Training

If, as part of the assessment, the end user is identified as at risk of sustaining an injury e.g. pressure sores, falls, the care plan must include the provision of equipment to prevent and/or treat these injuries and it must be reviewed regularly.

The provision of certain types of equipment (for lifting and handling, for example) can be important for care homes as employers in relation to their health and safety responsibilities. 'Employers are required to define the preventative and protective measures to be taken in respect of any identified risks'. Management of Health and Safety at Work Regulations 1999⁶. The legislation identifies five main employer obligations:

- To assess the risk to the health and safety of staff and anyone affected by work activity.
- To make arrangements for putting into practice the preventative and protective measures that follow from the risk assessment.
- To set up emergency procedures.
- To inform and train staff as necessary.
- To carry out health surveillance of employees where appropriate.

All equipment/medical devices used to support the care of clients and patients is required to be managed and maintained as required in the guidance by the Medical Health products Regulatory Agency (MHRA) DB 2001(01)⁷

Equipment supplied and purchased by the care home should be maintained and repaired by them in conjunction with manufacturer's recommendations.

⁵ Cooper J, The Care Homes Legal Handbook, London, Kingsley, 2002

⁶ www.legislation.gov.uk/ukxi/1999/3242/contents/made

⁷ <http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON111565>

6. Training

All agencies involved in the protocol are committed to training and support for staff. In general care homes will be responsible for providing any mandatory training required in terms of Health & Safety and Risk Management. However, District Nursing staff have a role to play in instructing staff on how to use specialist equipment provided by the NHS.

There will be a requirement to ensure that staff in all agencies involved in the implementation of the Protocol fully understand the implications for their working practices, including joint working practice.

The agencies involved are committed to ensure that relevant staff are fully briefed on this protocol.

[Add local partnership/CH(c)P support arrangements]

7. Prescribed Equipment List

All placements should be in a care home that is able to provide for the individual's assessed need and is 'fit for (that) purpose'.

All equipment supplied by the NHS or Social Work Services is on the basis that there has been an appropriate assessment by a competent assessor and that the equipment is for the use of the assessed individual only.

Where equipment should be provided by a Care Home but is not available, the NHS/Social Work Services may lend equipment on a short-term basis where it will accelerate discharge from hospital or prevent admission to hospital.

When there is a requirement for bespoke equipment or that equipment identified is supplied via Primary Care or SWS, the Care Home should contact their local CHCP to request assessment and provision.

The equipment list is not exhaustive, but indicates how the principles set out in the main protocol determine responsibility for supplying the most common items of equipment required for the care of people in Care Homes.

Abbreviations in Appendix:

CH = Care home

EQUIP AGENCY = local equipment service

SIT = Sensory Impairment Team

OT = Occupational Therapist

PC = Primary Care (NHS) which supplies health equipment not normally part of the local equipment service

PT = Physiotherapist

RWS = Regional Wheelchair Service (Provider of bespoke Wheelchairs).

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| For Administration of Medicine | | | |
|--|----------------------|----------------------|--|
| Dose monitoring systems | Community Pharmacist | Community Pharmacist | Some pharmacists charge for this service |
| For administration of oral medicine e.g., measures, pill-cutters | CH | CH | Medication via prescription/ chemist packs |
| For administration of rectal medication, e.g., gloves | CH | CH | |
| For Administration of Medicine (Contd) | | | |
| For administration of medication by injection | CH | N/A – see comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |
| All syringe drivers and tubing | Primary Care | Primary Care | |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Respiration | | | |
|--|--------------|--------------------|--|
| For maintenance of respiration, e.g., suction units, tubing, masks | CH | N/A – see comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |
| Oxygen cylinders | Primary Care | Primary Care | Via prescription from GP or through Respiratory Services |
| Oxygen administration consumables | Primary care | Primary Care | Via prescription from GP |
| Nebulisers, humidifiers and equipment | Primary Care | Primary Care | Prescribed by Respiratory Consultant via prescription |
| Resuscitation equipment (e.g. mouth to mouth) | CH | CH | E.g. Ambu masks and bags for Nursing Homes only and Mouth shields for both. |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Nursing Equipment | | | |
|--|---|---|--|
| Vacutaine bottles for blood tests | Via prescription from GP or Nursing Home Practice | N/A – see comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |
| Syringes, needles, pre-injection swabs | CH | N/A – see comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |
| For procedures relating to aseptic and clean dressings | Via prescription from GP | Via prescription from GP | |
| Urine testing sticks | CH | Via prescription from GP | |
| For management of catheterisation, e.g., bag, stand, packs | Via prescription from GP | Via prescription from GP | |
| Prescription for catheters and bags | Via prescription from GP | Via prescription from GP | |
| Routine nursing procedure equipment, e.g., BM (glucometer), specimen bottles and wound swabs | Via prescription from GP or Nursing Home Practice | Via prescription from GP or Nursing Home Practice | Nursing homes may require to buy finger pricking devices for individual service users |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Nursing Equipment (Contd) | | | |
|---------------------------|----|---------------------|--|
| Blood Pressure | CH | N/A – see comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |
| Sterile Foil Bowls | CH | CH | |
| Oral hygiene Equipment | CH | CH | |
| Ear syringing Equipment | CH | N/A – see comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |
| Drip Stands | CH | Via Community Nurse | |
| Non-sterile Gloves | CH | CH | |
| Sterile Gloves | CH | N/A – see comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |
| Pencil Torch | CH | N/A – see comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Nursing Equipment (Contd) | | | |
|---------------------------|---|---|--|
| Stethoscope | CH | N/A – see comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |
| Doppler Machine/Equipment | Relevant equipment would be brought by professional carrying out intervention | Relevant equipment would be brought by professional carrying out intervention | |

| First Aid | | | |
|---------------------|----|----|--|
| First aid equipment | CH | CH | |

| Disposal Hazardous Waste | | | |
|------------------------------------|----|--------------|--|
| Boxes for disposal hazardous waste | CH | See comments | In a residential care home relevant equipment would be brought by professional carrying out intervention |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Help with Nutrition/Eating | | | |
|---|---|---|--------------------------|
| Enteral feeds | Via prescription from GP and may be delivered by contracted nutrition company | Via prescription from GP and may be delivered by contracted nutrition company | |
| Pump for Enteral feeding | Acute or contracted nutrition company | Acute or contracted nutrition company | |
| Enteral consumables | Via Community Nurse | Via Community Nurse | |
| Parental feeds/fluids | Via prescription from GP | Via prescription from GP | |
| Pump for parental feeding (where appropriate) | Hospital | Hospital | |
| Parental consumables | Via Community Nurse | Via Community Nurse | |
| Subcutaneous fluids and consumables | Via Community Nurse | Via Community Nurse | |
| Range of mealtime Equipment, including adapted cutlery and crockery | CH | CH | Individual OT assessment |
| Chair Scales and height measure | CH | CH | |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Beds | | | |
|---|--------------|--------------|--|
| Standard range of beds | CH | CH | Subject to Health and Safety risk-management |
| Standard hospital beds – variable height profiling | CH | See comments | Only in non-nursing settings after full risk assessment and supply via Community Nurse |
| Standard electric profiling | CH | See comments | Only in non-nursing settings after full risk assessment and supply via Community Nurse |
| Non-standard beds, e.g., for people with complex treatment and care needs. E.g. Egerton or bariatric beds | Primary Care | Primary Care | Assessment by community nurse |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Prevention Therapy and Management of Pressure Sores | | | |
|--|----|--|--|
| Static Mattresses (requires no power source) | | | |
| Foam Overlay (e.g. Parkhouse Permapad) and Memory Foam Overlay (e.g. NP140 Hill Rom) | CH | CH | |
| Air Filled Overlay (e.g. Medical Frontier Repose, Roho) | CH | Primary Care Following Assessment by Community Nurse | |
| Foam Replacement (e.g. Permaflex) | CH | CH | |
| Dynamic Mattresses (requires power source) | | | |
| Overlay (e.g. Parkhouse Eclipse, Talley Quatro) | CH | Primary Care Following Assessment by Community Nurse | |
| Replacement (e.g. Nimbus Huntleigh, Parkhouse Elite) | CH | Primary Care Following Assessment by Community Nurse | |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Patient Repositioning and Transfer | | | |
|--|--------------|--------------|---------------------------------|
| Hoists, slings, transfer boards and glide sheets | CH | CH | |
| Bariatric hoists | Primary Care | Primary Care | |
| Non-standard sling | Primary Care | Primary Care | Assessment by appropriate nurse |
| Standing turntable | CH | Primary Care | Assessment by OT/Physio |
| Standing frame | Primary Care | Primary Care | Assessment by OT/Physio |

| Bed Attachments | | | |
|--------------------------|----|--------------|---|
| Range of Back rests | CH | CH | |
| Range of Bed raisers | CH | CH | |
| Bed cage | CH | See comments | Only after full risk assessment and supply by Community Nurse |
| Mattress elevator | CH | CH | |
| Over bed Trolley Table | CH | CH | |
| Cot sides: Divan/Padded. | CH | See comments | Only after full risk assessment and supply by Community Nurse |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Toileting | | | |
|--|--------------|--------------|-------------------------------|
| Bed pan | CH | CH | |
| Toilet seats: standard raised 2", 4", 6" | CH | CH | Following OT assessment |
| Urinals/bottles | CH | CH | |
| Urinals/bottles: non-return valves | CH | CH | |
| Continence sheets/pads | Primary Care | Primary Care | Via Advisory Continence Nurse |
| Range of Commodes: standard | CH | CH | |
| Commodes: non-standard e.g. wheeled, bariatric | CH | CH | |

| Bathing Equipment | | | |
|---------------------------|----|----|--|
| Range of Bath Seats | CH | CH | |
| Range of Bath Boards | CH | CH | |
| Electric/Manual bath lift | CH | CH | |
| Range of Shower chair | CH | CH | |
| Range of Shower Stools | CH | CH | |
| Grab rails | CH | CH | |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Seating | | | |
|---|-----|-----|------------------|
| Range of standard adjustable chairs | CH | CH | |
| Standard support seating e.g. off the shelf seating from a range of suppliers, which supports safe seating position, transfers, and functional ability. | CH | CH | |
| Bespoke chairs manufactured for a service users unique needs, or accessories to customise standard support seating (as described above) | SWS | SWS | Assessment by OT |
| Foot stool | CH | CH | |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Pressure Reducing Cushions | | | |
|---|----|---------------------|---|
| Static (requires no power source) | | | |
| Foam Overlay (e.g. Propad Invacare, Permaflex low profile, Parkhouse) | CH | CH | |
| Air Filled Overlay (e.g. Repose, Medical Frontier) | CH | Primary Care or SWS | Following Assessment by Specialist Community Nurse |
| Foam Replacement (e.g. Flotech, Invacare) | CH | Primary Care or SWS | As above |
| Dynamic (requires power source) | | | |
| Replacement (e.g. Parkhouse dynamic, Hill Rom Response) | CH | Primary Care or SWS | Following Assessment by Specialist Community Nurse |
| Pressure relieving foot protectors (e.g. Repose, Medical Frontier) and elbow protectors | CH | See comments | Only after full risk assessment and Supply by Community Nurse |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Mobility Equipment | | | |
|---|-----|-----|---|
| Wheelchairs | | | |
| Attendant propelled wheelchairs, standard transit chairs, and wheelchair cushion/footplates/lap belts for short-term use | CH | CH | |
| Wheelchairs and accessories provided by Wheelchair service for <u>permanent and substantial usage</u> , short-term usage after trauma or short-term palliative care. | RWS | RWS | Via Regional Wheelchair Service referral form |

| Walking Equipment | | | |
|---------------------------------------|--|--|-------------------------------------|
| Orthotic devices – standard & bespoke | Acute Division | Acute Division | Through referral via Acute Division |
| Standard Walking Stick | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |
| Quadraped Stick | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |
| Fisher walking stick | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Walking Equipment (cont.) | | | |
|---|--|--|--|
| Walking frames | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |
| Wheeled walking frames (mobilator) | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |
| Walking Frame Atlas | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |
| Walking frame Gutter | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |
| Delta-type walker | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |
| Crutches | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |
| Gutter crutches | Via Physiotherapy Assessment, or local arrangement | Via Physiotherapy Assessment, or local arrangement | |
| Ferrules (rubber tips for walking aids) | CH | CH | |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Dressing Equipment | | | |
|------------------------------|-----------------------------|-----------------------------|--|
| Hip Protectors | [insert local arrangements] | [insert local arrangements] | |
| TED Stocking Aid/tights aids | CH | CH | |
| Long-handled shoe horn | CH | CH | |
| Button Hook | CH | CH | |
| Grooming aids | CH | CH | |

| Environmental Support | | | |
|-----------------------|----|----|--|
| Helping Hand | CH | CH | |

| Sensory/Hearing | | | |
|---|--------------|--------------|--|
| Vibrating Clocks | See Comments | See Comments | Following Specialist Assessment and Supply by the Sensory Impairment Team [insert local arrangements] |
| Flashing Fire Alarms (if for an individual and not part of building fabric) | See Comments | See Comments | As Above |
| Mini Comms | See Comments | See Comments | As Above |
| Hearing Loops (if for an individual and not part of building fabric) | See Comments | See Comments | As Above |

| Item of Equipment | Care Home Settings | | Comments |
|-------------------|--------------------|-------------|----------|
| | Nursing | Residential | |

| Sensory/Visual | | | |
|-------------------------|--------------|--------------|---|
| Range of Canes | See Comments | See Comments | Following Specialist Assessment and Supply by the Sensory Impairment Fieldwork Team |
| White Walking Stick | See Comments | See Comments | As Above |
| Liquid level indicators | See Comments | See Comments | As Above |
| Magnifiers glasses | See Comments | See Comments | As Above |

| Telecare | | | |
|---------------|----|----|--|
| Pressure mats | CH | CH | |

Appendix 1 – Definitions

Care Home

From the Regulation of Care (Scotland) Act 2001.

A care home is defined in Part 1. 2. Care services

A care home service is a service which provides accommodation, together with nursing, personal care or personal support for persons by reason of their vulnerability or need; but the expression does not include-

a hospital

an independent health care service; or

Part 1. 2. Care Services states

28) vulnerability or need, in relation to a person, means vulnerability or need arising by reason of that person-

being affected by infirmity or ageing

being, or having been, affected by disability, illness or mental disorder

being, or having been, dependent on alcohol or drugs; or

Fit for purpose

Fitness for purpose. The regulatory powers provided by the Regulation of Care (Scotland) Act 2001 are designed to ensure that care home managers, staff and premises are 'fit for their purpose'. In applying the standards, regulators will look for evidence that a home is successful in achieving its stated aims and objectives.

Reference to Regulation of Care (Requirements as to Care Services (Scotland) Regulations 2002 Nos7, 9, 10,12and 13.

Meeting assessed needs. In applying the standards, inspectors will look for evidence that care homes meet assessed needs of service users and that individuals' changing needs continue to be met. The assessment and service user plan carried out in the care home should be based on the care management individual care plan and determination of registered nursing input (where relevant) produced by local social services and NHS staff where they are purchasing the service. The needs of privately funded service users should be assessed by the care home prior to offering a place.

Single Shared Assessment

The purpose of the single assessment process is to ensure that older people receive appropriate, effective and timely responses to their health and social care needs, and that professional resources are used effectively. In pursuit of these aims, the single assessment process should ensure that the scale and depth of assessment is kept in proportion to older people's needs; agencies do not duplicate each other's assessments; and professionals contribute to assessments in the most effective way.

Nursing care

From HSC 2001/17: LAC (2001)26 Appendix 1

"services provided by a registered nurse and involving either the provision of care or the planning, supervision or delegation of the provision of care, other than any services which, having regard to their nature and the circumstances in which they are provided, do not need to be provided by a registered nurse" (Section 49 of the Health and Social Care Act 2001).

Regional Wheelchair Service

This is the specialist centre for wheelchair assessment and provision. It is based, [\[enter contact details\]](#) and referral to the service is via specialist referral form. People are normally referred via their GP or Hospital Consultant.

[\[Enter Board name\]](#) NHS Board

Has responsibility for the local operational management, planning, development and prioritisation of NHS services. These services are provided via:-

Primary Care: such as GPs, clinics and outreach services

Secondary Care: which are general medical services in hospital

Tertiary Care: specialised services such as cancer

Community Health (and Care) Partnerships

Community Health Partnerships and Community Health and Care Partnerships or CH(C)Ps for short, are the new organisations which are being developed across Scotland to manage a wide range of community based health services and, in partnership with local council, certain social care services. CH(C)Ps are designed to further improve the way local community health services are organised and managed and to develop closer partnerships between community health, social care and hospital based services. CH(C)Ps aim to break down barriers that have traditionally existed between health and social care to make it easier to access local services, regardless of whether these are provided by a health centre, local council or hospital. CH(C)Ps will also develop strong links with local GPs, dentists, pharmacists and opticians and others such as housing, leisure and education to help improve the health of local people.

Appendix 2 – Useful Contacts

[Insert Local Contact Details]

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| Advice on the provision of equipment: | Contractual Issues – Social Work Services |
| Sensory Advice | Equipment Store |
| Regional Wheelchair Service | Others |