**A picture containing drawing

Description automatically generated**

**Bariatric Care**

This document is uncontrolled when downloaded or printed.

Copyright © Care4Quality Ltd All rights reserved.

|  |  |
| --- | --- |
| Reference number | **REGCP29** |
| Version | 1 |
| Author | D Martin |
| Owned by |  |
| Date ratified |  |
| Ratified by:  (Signed) |  |
| Issue date |  |
| Review date:  (Signed) |  |
| Target audience | Registered Managers, Registered Nurses, Care Team |

|  |  |
| --- | --- |
| **1** | **Purpose & Application** |
| **2** | **Responsibilities** |
| **3** | **Legislation & Regulation** |
| **4** | **Bariatric Care: Policy & Procedure** |
| **5** | **Equality Impact Assessment** |

**Contents**

1. **Purpose & Application**

This policy has been developed to provide guidance and information around the care of the Bariatric service user within our care service.

The aim of the policy is to put in place proper procedures to ensure that safe care of Bariatric service users is in place from correctly and properly trained and competent staff members.

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action in the event that this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy.

**Any care staff** that have had additional training to care for Bariatric service users.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills, and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe, appropriate, and where applicable, available in sufficient quantities. Medicines must be supplied in sufficient quantities, managed safely, and administered appropriately to make sure people are safe.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety, and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a service user using the service or if a service user using the service is exposed to significant risk of harm. CQC do not have to serve a Warning Notice before prosecution.

1. **Bariatric Care: Policy & Procedure**

People with a BMI above 25 is classed as overweight, above 30 is obese, over 35 is classed as severe/morbid obesity and over 50 is super obesity. The risk of developing co-morbidities increases as BMI rises. Their needs will be related to their weight, weight distribution, girth, mobility, and health status. A robust process of assessment and communication must be in place to ensure that the service is ready to receive a Bariatric patient. Standard equipment may not be appropriate, and the Bariatric equipment required may need to be sourced before admission.

**Equipment**

The moving and handling needs of the service user must always be assessed and provision made to ensure the safety of staff and service user, and equipment must be checked to make sure that the load specification is adequate for the task.

Specialist equipment will be required by the Bariatric patient. This may include Bariatric profiling bed, pressure relieving mattress, chair, commode, hoist and slings, standing aid, walking aids, appropriate weighing equipment if unable to stand, blood pressure cuffs and bed pans to name a few. This list is not exhaustive and will need to be adjusted according to the individual service user.

**Moving and Handling**

A comprehensive risk assessment must be completed and documented by a competent health care professional. The assessment must be regularly reviewed and updated when there is a change in the service user’s condition of handling needs. It is important to encourage the service user to be as independent as possible, check weight limits of current equipment in the service, check suitability of equipment, obtain specialist equipment if required before admission, ensure staff receive training on use of the equipment, ensure adequate space is available, it may be necessary to use two bed spaces so a large room is required, ensure sufficient staff are available to move the service user, avoid working in bent, twisted and static postures and seek advice from other specialists, e.g., physiotherapists, occupational therapists as required and appropriate.

Staff may not be trained for moving and handling Bariatric people and will need to have updated/refresher training pertinent to the individual situation.

**Tissue Viability**

People deemed to be Bariatric are more at risk of developing pressure ulcers because of poor circulation to fatty tissue and pressure from the sides of equipment may cause pressure on the hips such as wheelchairs, commodes, and chairs. It is essential to ensure the correct equipment is used to support the service user’s size and width. The service needs to be fully aware of the risk involved from using equipment and must report to the person in charge any noted marks or bruising or noted discomfort and seek advice and guidance for the use of appropriate equipment and seek specialist equipment if required.

**Dietary Needs**

A nutritional assessment needs to be undertaken on admission. Support may be required with meal choices and advice from a dietician should be sourced to ensure a well-balanced diet is given as appropriate. Should the service user wish to undertake a weight-reducing diet, full support and advice from professionals and staff must be provided in a dignified and respectful manner.

**Staffing**

Due to more staff required in certain situations to provide Bariatric care practices, staffing levels may need to be reviewed and adjusted to accommodate care needs of the service users, e.g., three or more staff for moving and handling purposes and change of position. These levels will need to be agreed on an individual basis pertinent to the planned procedure over the 24-hour period, taking into consideration the number of staff required in the service to provide safe levels of staffing for emergency situations.

**Emergency Evacuation of the Service**

It is important that the Bariatric service user has a room that is on the ground floor, if possible, to aid evacuation in the event of an emergency. If possible, the doorway of the room should be able to accommodate the width of the bed/wheelchair and the corridor and fire exit is clear of any obstruction and wide enough to accommodate the bed/wheelchair for ease of access to a designated safe area. The fire panel evacuation folder should make clear where Bariatric people are in the service, and it is good practice to inform the fire service when Bariatric people are admitted to make sure that any fire firefighting equipment that may be required is able to be adapted for Bariatric use.

**In the Event of Death**

The service will need to ensure that the appropriate equipment, facilities, and handling procedures are in place, so that the deceased service user can be moved safely, whilst maintaining the service user’s dignity and respect. It is important that the funeral director is aware of the deceased being deemed Bariatric when making the initial call to make sure they can deal with the situation.

|  |  |
| --- | --- |
| **Service Specific Information** | |
| Where does the service source bariatric equipment from? |  |
| Who is responsible for maintaining the stock? |  |
| Are Bariatric care plans and risk assessments in place? |  |

**5. Equality Impact Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equality Impact Assessment Checklist** | | **Yes/No?** | **Comments** |
| **1.** | Does the procedural document affect one group less or more favorably than another on the basis of: |  |  |
| * Race? | No |  |
| * Ethnic origins (including gypsies and travelers)? | No |  |
| * Nationality? | No |  |
| * Gender? | No |  |
| * Culture? | No |  |
| * Religion or belief? | No |  |
| * Sexual orientation, including lesbian, gay and bisexual people? | No |  |
| * Age? | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | Not intentionally, but due to the nature of the policy, it is a possibility. | There is potential for discrimination due to the number of people required to move the service users from one place to another. Discussions and subsequent actions will need to be carried out in a non-discriminatory and supportive way to achieve best outcomes for service users. |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.