



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 1 April 2019



Loughview

Type of Service: Nursing Home (NH)
Address: 68 Fortwilliam Park, Belfast, BT15 4AS
Tel No: 02890771930
Inspector: Julie Palmer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 31 patients.

3.0 Service details

Organisation/Registered Provider: Loughview Homes Ltd Responsible Individuals: Paul Steele Michael Curran	Registered Manager and date registered: Margaret Lakehal 1 April 2005
Person in charge at the time of inspection: Margaret Lakehal	Number of registered places: 31
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 1 April 2019 from 09.10 hours to 16.30 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to communication, teamwork, staff rapport and interaction with patients and the registered manager's availability to patients, staff and stakeholders.

Areas requiring improvement were identified in relation to staff training, recording of wound care, management of prevention of pressure damage and infection prevention and control measures.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	5

*The total number of areas for improvement includes one under the regulations which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with, Margaret Lakehal, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 3 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 25 March to 7 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from April 2018
- fire risk assessment
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated at the next inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (e) and (f) Stated: First time	The registered person shall ensure that suitable arrangements are in place to ensure staff complete the necessary fire safety training; including the provision of and staffs' attendance at fire drills, per year. Records should be maintained to evidence staff attendance.	Not met
	Action taken as confirmed during the inspection: This area for improvement has not been met and has been stated for a second time, see section 6.4 for details.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure arrangements are in place to reduce the risk of infection; including <ul style="list-style-type: none"> • the appropriate use of sluice rooms • the remedial action required to the identified shower room • the safe storage of cleaning agents 	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed this area for improvement had been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that the system to monitor the registration status of staff with their professional bodies (NMC and NISCC) is robust and identifies that staff are registered and/or the process of registration had commenced.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the registered manager confirmed this area for improvement had been met.	

Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that a refurbishment/replacement programme is implemented in relation to the flooring in the kitchen, bathroom and upstairs corridors of the home.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed this area for improvement had been met.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to weekly review to ensure the assessed needs of the patients were met. A review of the staffing rota from 25 March to 7 April 2019 evidenced that the planned daily staffing levels were adhered to.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner, call bells were answered promptly and staff were observed to assist patients as necessary.

Staff spoken with were satisfied there were sufficient staff on duty to meet the needs of the patients. Staff said there was an occasional issue with short notice leave but shifts were generally 'covered'. They also spoke positively about teamwork and communication within the home, comments included:

- "Good teamwork, we all get on well."
- "I Love working here."

We also sought staff opinion on staffing via the online survey. Two members of staff responded to the survey and indicated they were very satisfied with staffing levels and also that the care being delivered was safe, effective, compassionate and well led.

Patients spoken with were satisfied there were generally enough staff on duty to meet their needs; one patient commented that they occasionally had to wait a short time for assistance but this was not a major problem.

We spoke to two patients' visitors and neither expressed any concerns or issues with staffing levels in the home.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; seven questionnaires were returned. Those who returned questionnaires indicated they were satisfied and/or very satisfied with staffing levels in Loughview, with one commenting "I think the staff work exceptionally hard at all times and go beyond all expectations to help the residents, way beyond the call of duty".

Review of two staff recruitment and induction files evidenced that appropriate pre-employment checks had been completed to ensure staff were suitable to work with patients in the home; enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records confirmed they had completed a period of induction. Staff also confirmed that they received supervision and a yearly appraisal.

Review of records confirmed there was a system in place to monitor the registration status of registered nurses with the NMC and care staff with the NISCC and this clearly identified the registration status of all staff.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns and had completed training in this area.

Infection prevention and control (IPC) measures were observed to be adhered to within the home; areas for improvement identified at the previous care inspection in relation to IPC measures had been resolved. Staff were observed to use personal protective equipment (PPE) and to carry out hand hygiene appropriately; PPE was readily available and stations were well stocked. However we observed that more effective cleaning of the underside of soap dispensers would be required in order to assure compliance with best practice guidelines in this area. This has been identified as an area for improvement.

Discussion with the registered manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging and an action plan was devised if necessary.

Review of care records and discussion with staff evidenced that a range of validated risk assessments were completed and informed the care planning process for patients. Where potential restrictive practices, such as bedrails were used, validated risk assessments and care plans were in place and these were reviewed regularly.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room, kitchen, sluices, the treatment room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. New carpet had recently been laid on the stairs and upstairs corridor along with new flooring in the kitchen and an upstairs bathroom. Bedrooms were nicely decorated and personalised with items that were meaningful to the patients. Sluices and storage areas were found to be clean and tidy.

Patients spoken with complimentary in respect of the home's environment, one commented "spotless, couldn't fault it for cleanliness" while another said "I'm thankful I've got this good room".

Fire exits and corridors were observed to be clear of clutter and obstruction. The most recent fire risk assessors report, completed in June 2018, was available to view. However, review of training records evidenced that staff had only undertaken one session of fire safety training/awareness within the previous year and this should be provided at least twice yearly; a date for a second session had not been planned. This area for improvement had been identified under regulation at the previous care inspection and has been stated for a second time.

We observed two staff transferring a patient from a wheelchair to a chair using a standing hoist; they explained the process to the patient, offered reassurance throughout and carried out the procedure in accordance with moving and handling guidelines. However, further review of training records evidenced that staff training in regard to moving and handling and managing behaviours that challenge, was also required to meet the home’s own mandatory training schedule; this has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment and induction, supervision and appraisal, risk management and the home’s environment.

Areas for improvement

Two new areas for improvement were identified in this domain in relation to more effective cleaning of soap dispensers and provision of staff training for moving and handling and managing behaviours that challenge.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke to patients about the delivery of care in the home and they were satisfied they got the right care at the right time. Patients spoken with were complimentary about staff and the interactions they had with them, one commented that “I’ve no complaints at all”.

We observed the serving of the lunchtime meal in the dining room. Staff assisted patients to the dining room or delivered trays to them in their rooms. The dining room was clean and tidy; tables were clean and nicely set with cutlery, napkins and condiments. Staff offered patients a selection of drinks including juice, milk and tea throughout the meal. A menu, in written format, was displayed on a whiteboard outside the dining room. Staff assisted patients appropriately throughout the meal and a registered nurse was overseeing the mealtime. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, which patients required modified diets, how to thicken fluids if necessary and how to care for patients during mealtimes. The mealtime was relaxed and unhurried; there was a pleasant atmosphere throughout with plenty of chat between patients and staff.

Discussion with the chef confirmed that menus were rotated over a three week cycle and revised twice yearly following consultation with patients as to their preferred choices. For example, mango mousse was a recent new addition to the dessert menu and the chef said patient feedback about this was very positive. The chef also demonstrated his knowledge of which patients required a modified diet; he confirmed a record of this was maintained in the kitchen and updated as and when recommendations changed. Patients able to communicate indicated that they enjoyed their meal, one commented that the “chef is very good, great selection of food”.

Review of four patients’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. We reviewed the management of nutrition, falls, wounds, pressure area care and restrictive practice. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where necessary, referrals were made to other healthcare professionals. Patients nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients’ weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SLT) where required. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals where necessary.

We reviewed management of wound care for two patients and found that validated risk assessments and care plans were in place to direct the care required. There was evidence that referrals had been made to the podiatrist and the tissue viability nurse (TVN) and that care plans had been updated following their recommendations. However, in one of the care records reviewed we observed a ‘gap’ in the record keeping of a wound dressing. Discussion with staff confirmed the dressing had been changed in accordance with the patient’s care plan and that a record of when dressings were due to be changed was maintained in the daily diary but the wound chart and daily record for the identified patient were not up to date. This was identified as an area for improvement.

Review of care records evidenced that a range of validated risk assessments and care plans were in place to minimise the risk of falls in line with best practice guidance and that this was reviewed at least monthly.

Validated risk assessments and care plans were also in place to direct care for prevention of pressure damage. However, we observed that in the care record for one identified patient, who was mostly nursed in bed, the care plan did not indicate that a pressure relieving mattress was used or that a repositioning schedule was in operation. We also observed that the dial to adjust the pressure of the patient’s pressure relieving mattress was missing thus preventing staff from adjusting the pressure or being able to identify what setting the mattress was at; this was brought to the attention of the registered manager who assured us that remedial action would be taken as soon as possible. Review of the patient’s repositioning chart and discussion with staff evidenced that repositioning was regularly carried out and the patient’s pressure areas were intact. Record keeping in relation to the management of prevention of pressure damage and ensuring pressure relieving equipment was maintained in good condition were identified as areas for improvement.

Staff spoken with remarked positively about teamwork and morale within the home; each staff member knew their role, function and responsibilities. Staff demonstrated their understanding of how to effectively communicate with patients and other staff and also of requirements regarding patient information and confidentiality. Staff confirmed they were required to attend a handover at the beginning of each shift.

Patients’ visitors spoken with were complimentary about the care provided and felt that patients’ needs were met as and when required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of nutrition and prevention of falls, communication between residents, staff and other key stakeholders and care delivery.

Areas for improvement

Three areas were identified for improvement in relation to recording of wound care, record keeping in relation to management of prevention of pressure damage and maintaining pressure relieving equipment in good condition.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.10 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast in the dining room or their bedroom as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or assessed need. Patients who were up and about were nicely dressed and well groomed, it was clear that staff paid attention to all aspects of personal care and to making sure that patients looked their best. One patients’ visitor spoken with commented that staff went “over and above” what he would have expected and he felt this was very reassuring.

During the inspection we spoke to 11 patients, two patients’ visitors and eight staff. Patients spoken with remarked positively about living in Loughview and the care they received in the home. Comments included:

- “Your life is your own in here.”
- “Staff are very kind.”

Staff interactions with patients were observed to be compassionate, caring and timely; patients were treated with dignity and respect by staff. The culture and ethos in the home was observed to be supportive, flexible, comforting and inclusive. Staff spoke warmly about the patients in their care and it was clear staff and patients knew each other well.

Patients and patients' visitors spoken with indicated that they were involved in care planning and decision making with regard to their care needs and that staff supported them in this. One patient commented that he required regular walking practice and that staff were "keen to help facilitate my needs", he stated he was impressed by their willingness to help him progress with his rehabilitation.

Patients' visitors also spoke positively about staff and the home in general, comments included:

- "The girls are great with mum."
- "Lovely place to visit."

Discussion with the registered manager confirmed that a new activity coordinator had recently started work in the home and was in the process of updating the activity programme following consultation with patients as to what they would like to do. Patients commented positively on the activity programme offered and confirmed their opinions were sought on what this should involve.

We reviewed compliments received and recorded in the home, these included:

- "Dinner looked delicious, have you any more beds?"
- "When I need a nursing home I will put my name down for this one."

We also sought the opinion of patients and their visitors on care received via questionnaires and as previously stated seven of these were returned. Those who responded were satisfied to very satisfied with the effectiveness and compassion of care provided, comments included:

- "I am very pleased with the care my mum receives in Loughview."
- "The care of mum is fantastic couldn't ask for better would not leave her anywhere else."
- "Had one brother and sister in Loughview years ago so know current sister is getting good care."

We noted there was a suggestion box in the entrance hall where patients and patients' visitors could leave a card with their views or thoughts on the home. Patients and patients' visitors knew who to report a concern to and commented that they felt listened to. Staff spoken with also demonstrated their knowledge of reporting a concern and stated that they felt confident approaching any of the more senior members of staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing the opinion of patients and their visitors.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the entrance hall of the home. Discussion with staff and observations confirmed that the home was operating within the categories of care registered.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours and the capacity in which these were worked were clearly recorded. Discussion with staff, patients and visitors confirmed that the registered manager's working patterns allowed for plenty of opportunities to meet with her if necessary. As previously mentioned the registered manager was approachable and accessible to patients, visitors and staff. Staff demonstrated they were able to identify the person in charge of the home in the absence of the registered manager.

One of the questionnaires returned indicated the respondent was unsatisfied that care was well led/managed. However the respondent did not indicate if they were a patient or a patient's visitor and made no additional comments to elaborate on their opinion.

Staff spoken with confirmed that the registered manager was supportive and responsive to any concerns raised or suggestions made. One member of staff from the catering team commented that, at her recent appraisal, she had mentioned that she sometimes found it difficult to deal with the loss of patients in the home as she got to know them so well. The registered manager had suggested that taking part in the next palliative care training session held in the home might be helpful; the staff member said that she felt listened to and supported.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review, for example, accidents/incidents, IPC measures, falls and record keeping.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed. A patients' visitor spoken with commented that another family member had made a complaint to a member of staff over the previous weekend. Discussion with the registered manager and deputy manager confirmed they were aware of this complaint and it was being investigated. However, we observed that the complaint had not yet been recorded in the complaints book; this was discussed with the registered manager who agreed to remind staff of their responsibility in this area and to ensure the record was updated immediately. The complaints procedure was displayed in the entrance hall of the home for the information of patients and visitors. Patients and patients' visitors spoken with were aware of how to make a complaint and felt confident this would be dealt with.

Staff spoken with were aware of the home's whistleblowing policy and their responsibilities around reporting concerns. Staff also commented that communication within the home was effective and the registered manager kept them informed of new developments or any changes that occurred.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed a sample of reports of monthly monitoring visits by the registered provider; these were comprehensive and included actions required, by whom and a completion date for resolution.

Patients, visitors and staff spoken with all commented positively on the accessibility and approachability of the registered manager; staff stated that the “door was always open”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management, governance arrangements, reporting of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Lakehal, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (e) and (f) Stated: Second time To be completed by: 31 May 2019	<p>The registered person shall ensure that suitable arrangements are in place to ensure staff complete the necessary fire safety training; including the provision of and staffs' attendance at fire drills, per year. Records should be maintained to evidence staff attendance.</p> <p>Ref: 6.2 and 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Fire training has been arranged for June and will be carried forward on a 6 monthly basis. Records for attendance at fire drills are already in place.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: 4 April 2019	<p>The registered person shall ensure effective cleaning of the underside of soap dispensers is carried out in order to ensure compliance with best practice in IPC measures.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The cleaning of the underside of the soap dispensers has been added to the cleaning schedule.</p>
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 31 May 2019	<p>The registered person shall ensure training sessions for moving and handling and managing behaviours that challenge are arranged in order to ensure staff training needs are met.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Training has been arranged for moving and handling and managing behaviours that challenge.</p>
Area for improvement 3 Ref: Standard 4 Stated: First time To be completed by: 4 April 2019	<p>The registered person shall ensure up to date records of wound care are maintained in accordance with NMC and best practice guidelines in management of wound care.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Wound charts are in place. Registered Nurses have been reminded to ensure that details are updated on both the Wound Chart and the Care Plan.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 4 April 2019</p>	<p>The registered person shall ensure that care plans for prevention of pressure damage indicate if pressure relieving equipment and/or a repositioning schedule is required.</p> <p>Ref: 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 4 April 2019</p>	<p>Response by registered person detailing the actions taken: Registered Nurses have been reminded to ensure that the use of pressure relieving equipment and/or a repositioning schedule is recorded in care plans.</p> <p>The registered person shall ensure that equipment in use for the prevention of pressure damage is maintained in good condition and full working order.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The item identified has been repaired. All equipment for the prevention of pressure damage is regularly serviced and certified by service engineers.</p>

Please ensure this document is completed in full and returned via Web Portal



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