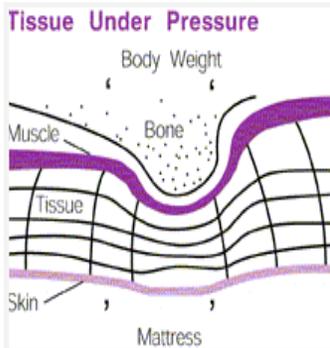


## Preventing Pressure Ulcers



The East Midlands Patient Safety Collaborative, working in partnership with 360 Assurance and the National Institute for Health and Care Excellence, has produced a series of resources designed to help care home staff to identify and provide safe, effective care. Each resource highlights priority areas for quality improvement based on relevant NICE quality standards. Service review questions are suggested to help care home managers and their teams identify any areas where quality and safety can be improved. This paper considers 7 aspects of the standard for [the prevention, assessment and management of pressure ulcers](#) in all settings

**Tip:** This [NICE resource](#)\* explains how you can make use of NICE quality standards, and sets out the improvement opportunities offered by the quality standards in the context of the Care Quality Commission's new framework for inspection.

**1. Care homes with nursing ensure that systems are in place for healthcare professionals to be trained in assessing pressure ulcer risk, and that they carry out and document a pressure ulcer risk assessment within 6 hours of a person being admitted.**

**Rationale:** By carrying out a pressure ulcer risk assessment within 6 hours of when a person is admitted to hospital or a care home with nursing, those at risk or high risk of developing pressure ulcers can be identified without delay. Acting on the results of the risk assessments allows healthcare professionals to offer preventative treatment to people at risk.

### Suggested service review questions (for care homes with nursing):

1. Do we have local arrangements to ensure that healthcare professionals in our care homes know how to carry out pressure ulcer risk assessments?
2. Who carries out pressure ulcer risk assessments?
3. Has this person/people completed up to date training in assessing pressure ulcer risk?
4. Does this risk assessment take place within 6 hours of a person being admitted into our care home?

### Hints, Tips & Links:

Link to NICE guideline: <http://www.nice.org.uk/guidance/cg179/chapter/1-Recommendations#prevention-adults>

People are deemed to be at risk are those who, after assessment using clinical judgement and/or a validated risk assessment tool, are considered to be at risk of developing a pressure ulcer. Risk factors include:

- significantly limited mobility (for example, people with a spinal cord injury)
- significant loss of sensation
- a previous or current pressure ulcer
- malnutrition
- the inability to reposition themselves
- significant cognitive impairment.

People considered to be at high risk of developing a pressure ulcer will usually have multiple risk factors identified during risk assessment with or without a validated risk assessment tool. Adults with a history of pressure ulcers or a current pressure ulcer are also considered to be at high risk.

An assessment of pressure ulcer risk should be based on clinical judgement and/or the use of a validated scale such as the Braden scale, the Waterlow scale or the Norton risk-assessment scale for adults and the Braden Q scale for children.

\*<https://www.nice.org.uk/guidance/sc1/resources/using-quality-standards-to-improve-practice-in-care-homes-for-older-people-62241661>

## 2. Care homes with nursing ensure that systems and protocols are in place for healthcare professionals to be trained in assessing pressure ulcer risk and that they carry out a pressure ulcer risk reassessment after a change in care environment following a transfer.

**Rationale:** Pressure ulcer risk status is not constant and is likely to change during the course of care. A pressure ulcer risk assessment should be repeated if there is a change in a person's clinical status (including after a person's care environment changes following a transfer in any setting).

### **Suggested service review questions (for care homes with nursing):**

1. What is our local protocol for reassessing a person's risk of developing a pressure ulcer following a change in their care environment?
2. Do we routinely (re)assess pressure ulcer risk following transfer of care back to our care home?
3. Who carries out pressure ulcer risk assessments?
4. Has this person/people completed up to date training in assessing pressure ulcer risk?
5. Does this risk assessment take place within 6 hours of a person being transferred back to our care home?

### **Hints, Tips & Links:**

Link to NICE guideline: Pressure Ulcers, *NICE guideline 2014*, recommendations 1.1.4

<http://www.nice.org.uk/guidance/cg179/chapter/1-Recommendations#prevention-adults>

## 3. Care homes with nursing ensure that healthcare professionals are trained to carry out skin assessments, and that they carry out a skin assessment if a person is identified as high risk of developing pressure ulcers.

**Rationale:** Whenever a person has a pressure ulcer risk assessment that shows they are at high risk of developing pressure ulcers, a follow-up skin assessment should be carried out. A clinical assessment of the skin by a healthcare professional, taking into account any pain reported by the person, may predict the development of a pressure ulcer. The results of the skin assessment can be used to offer suitable preventative interventions.

### **Suggested service review questions (for care homes with nursing):**

1. Does an appropriately trained healthcare professional carry out a skin assessment for people who are identified as being at high risk of developing pressure ulcers?
2. Who carries out the skin assessment?
3. Does the skin assessment take into account (as a minimum):
  - any pain or discomfort reported by the patient
  - skin integrity in areas of pressure
  - colour changes or discoloration
  - variations in heat, firmness and moisture (for example because of incontinence, oedema, dry or inflamed skin).
4. Has this person/people completed up to date training in carrying out skin assessment?

### **Hints, Tips & Links:**

Link to NICE guideline: Pressure Ulcers, *NICE guideline 2014*, recommendations 1.1.4

<http://www.nice.org.uk/guidance/cg179/chapter/1-Recommendations#prevention-adults>

**4. Care homes with nursing ensure that people who are at risk of developing pressure ulcers are given advice on the benefits of repositioning and frequency of repositioning according to their level of risk.**

**Rationale:** Repositioning, where the person moves into a different position in a chair or bed, aims to reduce or stop pressure on the area at risk. Health and social care professionals should advise people at risk of developing pressure ulcers (or their carers, as appropriate) about the importance of frequent repositioning, and that it may help to prevent pressure ulcers. The frequency of repositioning advised should be appropriate for the individual person and their wishes and needs. For safety reasons, repositioning is recommended at least every 6 hours for adults at risk, and every 4 hours for adults at high risk.

**Suggested service review questions(for care homes with nursing):**

1. Are adults newly identified as being **at risk** of developing pressure ulcers given advice to change position at least every 6 hours?
2. Are adults newly identified as being **at high risk** of developing pressure ulcers given advice to reposition at least every 4 hours?
3. How is this advice communicated to residents and/or carers?

**Hints, Tips & Links:**

Link to NICE guidance: Pressure Ulcers, *NICE guideline 2014*, CG179 recommendations 1.1.8 (key priority for implementation), 1.1.9, 1.2.5, 1.2.6, 1.2.8 & 1.2.11:

<http://www.nice.org.uk/guidance/cg179/chapter/1-Recommendations#prevention-adults>

**5. Care homes with nursing ensure that training in repositioning techniques and use of repositioning equipment are provided for health and social care practitioners so that they can help to reposition people at risk of pressure ulcers if they are unable to reposition themselves.**

**Rationale:** A lack of mobility and sensation are risk factors for developing pressure ulcers. If a person is unable to reposition themselves, health and social care professionals should help them to change their position, to prevent the development of pressure ulcers. For some people, repositioning equipment may be needed. The frequency of repositioning should be appropriate for the individual and their wishes and needs. For safety reasons, repositioning is recommended at least every 6 hours for adults at risk, and every 4 hours for adults at high risk. For children and young people at risk, repositioning is recommended at least every 4 hours, and more frequently for those at high risk.

**Suggested service review questions(for care homes with nursing):**

1. Do we encourage people who have been assessed as being at risk of developing a pressure ulcer to change their position frequently and at least every 6 hours (or every 4 hours if they have been assessed as being at high risk of developing a pressure ulcer)?
2. Where do we document the frequency of repositioning required and how is this communicated to care staff?
3. If people are unable to reposition themselves, do we routinely offer help to do so, using appropriate equipment if needed?
4. Are all care staff trained in repositioning techniques and use of repositioning equipment?

**Hints, Tips & Links:**

Link to NICE guidance: Pressure Ulcers, *NICE guideline 2014*, recommendations 1.1.8

<http://www.nice.org.uk/guidance/cg179/chapter/1-Recommendations#prevention-adults>

## 6. Care homes with nursing ensure that systems are in place for healthcare professionals to give tailored information on preventing pressure ulcers to people who are at high risk of developing pressure ulcers (and to their carers, as appropriate).

**Rationale:** Many pressure ulcers are preventable. Much of the preventative care needed takes place in a person's own home and needs to be delivered regularly to ensure patient safety. Healthcare professionals should give information to people at high risk of developing pressure ulcers (and their carers, as appropriate) about preventative care that may stop pressure ulcers from developing. Information about preventing pressure ulcers should be appropriate to the individual person and their carers. Information should include the causes and signs of pressure ulcers and how they affect health and quality of life. It should also include a demonstration of how to use equipment that may be supplied, and what people can do to help prevent pressure ulcers from developing.

### **Suggested service review questions (for care homes with nursing)**

1. Do we offer timely, tailored information to people who have been assessed as being at high risk of developing a pressure ulcer, and their family or care staff?
2. Is the information provided by a trained or experienced healthcare professional?
3. Does the information include:
  - the causes of pressure ulcers
  - the early signs of pressure ulcers
  - ways to prevent pressure ulcers
  - the effect of having a pressure ulcer (for example, for general health, treatment options and the risk of developing pressure ulcers in the future)
  - a demonstration of techniques and equipment used to prevent a pressure ulcer.
  - any monitoring tests that are needed

### **Hints, Tips & Links:**

NICE guideline: Pressure Ulcers, *NICE guideline 2014*, recommendations 1.3.2

<http://www.nice.org.uk/guidance/cg179/chapter/1-Recommendations#prevention-all-ages>

## 7. Care homes with nursing ensure that people at high risk of developing pressure ulcers in all settings are provided with pressure redistribution devices when they need them.

**Rationale:** Pressure redistribution devices work by reducing or redistributing pressure, friction or shear forces. Devices include high-specification mattresses, pressure redistribution cushions and equipment that offloads heel pressure. The type of device a person needs will depend on their circumstances, for example, their mobility, the results of the skin assessment, their level of risk, the site that is at risk, the person's weight and the person's general health. Using pressure redistribution devices as soon as possible can prevent pressure ulcers developing and help to treat them if they do arise, ensuring patient safety and improving the experience of people at high risk of pressure ulcers.

### **Suggested service review questions (for care homes with nursing)**

1. Are pressure redistribution devices considered as part of the care plan for people at high risk of developing pressure ulcers?
2. Are pressure redistribution devices made available to people in line with their care plan?
3. Are care staff shown how to use the devices as appropriate?

### **Hints, Tips & Links:**

NICE guideline: Pressure Ulcers, *NICE guideline 2014*, recommendations 1.1.2 and 1.2.1.

<http://www.nice.org.uk/guidance/cg179/chapter/1-Recommendations#prevention-adults>

### **Other subjects covered by this series of resources for care homes:**

- Medicines Management
- Promoting Continence
- Falls
- Delirium
- Nutrition

If you would like additional copies of this resource, or would like support in accessing the documents from any of the web links, please call Emma Coates on **0115 7484336**. Visit <http://emahsn.org.uk/resource-hub/> for an electronic copy of this resource.