
Pressure Sores: Management and Prevention in Domiciliary Care (England) Policy

Policy Statement

This care service aims to prevent pressure sores and maintain healthy, intact skin in all people who use services wherever possible and to assist in the care and treatment of pressure sores if they do occur.

This policy is in line with Regulation 12: Safe Care and Treatment and Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment of the Health and Social Care Act 2008 (Regulated/activities) Regulations 2014 and national guidance. Failure to treat pressure sores appropriately can lead to a complaint or safeguarding alert being made.

This care service ensures it complies with the requirement to submit a *Serious Injury to a Person Using the Service — Notification Form* to the CQC without delay, informing them about a person who uses services with a pressure sore of grade 3 or above (full thickness skin loss which can expose fat in areas where this exists. Damage is limited to the skin and fat layers. The depth of a grade/category 3 pressure ulcer varies by anatomical location).

Procedures

Procedure for pressure sore prevention

In domiciliary care, using a team approach, both care for an existing pressure sore and preventive measures to reduce the risk of new pressure sore development will be planned in partnership with care administered by other professionals, such as district nurses and specialists, and in accordance with any instructions from the person's GP.

All new people who started using services will undergo a full needs assessment upon referral to the service which will identify:

- any existing pressure sores and existing plans of care relating to these
- the person's level of risk of developing a pressure sore and preventive measures needed to reduce that risk.

The assessment will be repeated on a regular basis so that any developing pressure sore risks will be identified as early as possible.

Procedure for pressure sore treatment/management

In the event of a pressure sore developing, staff should maintain the procedure above and, in addition, follow the procedure below.

1. Refer the person who uses services to their GP or other appropriate healthcare professional for advice, medication and treatment which will be discussed with the person and recorded in their care plan.
2. Adopt and implement the prescribed plan of care or a suitable treatment plan. The choice of treatment for pressure sores depends on the stage of the ulcer, the presence or absence of infection and/or necrosis, and the location of the ulcer. For ulcer dressings, staff should refer to the policy on wound management.
3. Regularly document the position and grade of the sore.
4. Turn the person in bed according to the schedule set out in their plan of care and utilise preventive pressure relief aids to ensure pressure relief on high-risk areas, recording turns and positions in the individual's notes.
5. Provide appropriate and sensitive night-time care which is designed to maintain the requirements of the individual's plan of care and to ensure that they are able to get adequate rest and sleep.

Staff should use the following preventive aids as provided where they have adequate training.

1. For very high-risk skin areas — specialised bed systems such as fluid beds and alternating air filled pressure mattresses; alternating pressure cushions for wheelchairs/chairs.
2. For high-risk skin areas — alternating pressure overlays, mattresses or bed systems; specialist cushions for wheelchairs/chairs.
3. For at risk skin areas — overlays or specialist mattresses; specialist cushions for wheelchairs/chairs.
4. General aids — bed cradles; monkey poles for individuals to lift themselves up in bed without friction rubbing; specialist cushions plus elbow and ankle protectors; hoists and transfer devices for lifting.

Training

All care staff should be fully trained in the recognition of the above pressure sore risks and in the use of the above aids. Staff providing direct care for a pressure sore area should be appropriately trained and should have access to regular continual professional development in order to update their knowledge of current best practice. All staff involved in turning or moving a person in bed or in a chair to relieve pressure areas should have

received appropriate moving and handling training. All training should include relevant night staff who should also be trained in the specific aspects of night-time care.

Under no circumstances should staff attempt to provide care which is not specified in the plan of care and for which they have not been trained.

Review

Signed: _____

Date: _____

Policy review date: _____
