

Pressure Ulcer Policy

Adult Social Care

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Pressure Ulcer Policy

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Division & Service:	Adult Social Care		
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CQC Assurance Key Areas:

This policy document supports CQC Assurance Key Areas (detailed in section 14):

Safe	Effective	Caring	Responsive	Well-led
●	●	●	●	●

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It is the responsibility of every individual to ensure that they are working to the most current version of this document.

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1. Introduction

- 1.1. Pressure ulcers, also known as bedsores or pressure sores, are areas of damaged skin and tissue that develop when constant pressure cuts off the blood supply to parts of the body, usually over a bony prominence. They are a significant concern in residential care homes due to their impact on people's wellbeing and the cost of treatment.
- 1.2. People most at risk include those who are immobile, have a poor nutrition, are experiencing incontinence, have impaired sensation, or are critically ill. Elderly persons, those with spinal cord injuries, and people with chronic conditions such as diabetes or vascular disease are also at increased risk.
- 1.3. The prevention and management of pressure ulcers is the responsibility of all care staff. This includes care assistants, nurses, and health professionals. It is essential that all team members work collaboratively to assess, prevent, and manage pressure ulcers.
- 1.4. This policy outlines the guidelines and procedures to prevent the development of pressure ulcers among people receiving care in Central Bedfordshire Council's Adult Social Care, Care and Support Services.

2. Legislation and Regulatory Framework

- 1.1. This policy has been reviewed with reference to the following:

- [Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk) - [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) - Regulation 12: Safe care and treatment.

This regulation requires care providers to provide safe care and treatment, which includes preventing avoidable harm such as pressure ulcers. Care homes must assess the risks to people's health and safety, including the risk of pressure ulcers, and take appropriate action to mitigate these risks.

- [The Care Act 2014](#)

Duty of Care: This act places a duty on local authorities to promote wellbeing and provide support to those in need. It includes the responsibility to ensure care providers take appropriate measures to prevent pressure ulcers as part of their duty to safeguard and protect vulnerable adults.

- [The Health and Safety at Work Act 1974](#)

General Duty: Employers have a general duty to ensure, so far as is reasonably practicable, the health, safety, and welfare of their employees and those affected by their operations, including people who live in a care home. This includes the prevention and management of pressure ulcers.

- [National Institute for Health and Care Excellence \(NICE\) Guideline CG179: "Pressure Ulcers: Prevention and Management"](#)

This guideline provides comprehensive recommendations for the prevention, assessment, and management of pressure ulcers, including risk assessment, use of pressure-relieving devices, repositioning, and nutrition.

3. Pressure Ulcer Classification

3.1. The 2019 International Guideline for the Prevention and Treatment of Pressure Ulcers/Injuries was developed by the National Pressure Injury Advisory Panel (NPIAP), European Pressure Ulcer Advisory Panel (EPUAP), and the Pan Pacific Pressure Injury Alliance (PPPIA). This guideline provides comprehensive recommendations for the classification, prevention, and treatment of pressure ulcers, also known as pressure injuries.

3.2. The guideline outlines a staging system for pressure ulcers as follows:

Stage 1: Non-blanchable Erythema of Intact Skin

Intact skin with a localised area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes.

Stage 2: Partial-thickness Skin Loss with Exposed Dermis

Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible, and deeper tissues are not exposed. Granulation tissue, slough, and eschar are not present.

Stage 3: Full-thickness Skin Loss

Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer, and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunnelling may occur.

Stage 4: Full-thickness Skin and Tissue Loss

Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining, and/or tunnelling often occur. Depth varies by anatomical location.

Unstageable Pressure Injury: Obscured Full-thickness Skin and Tissue Loss

Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar on the heel or ischaemic limb should not be softened or removed.

Deep Tissue Pressure Injury: Persistent Non-blanchable Deep Red, Maroon, or Purple Discolouration

Intact or non-intact skin with localised area of persistent non-blanchable deep red, maroon, purple discolouration, or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin colour changes. Discolouration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The

wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss.

Medical Device Related Pressure Injury

Medical device-related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the above criteria.

Mucosal Membrane Pressure Injury

Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue, these injuries cannot be staged.

Recommendations for Prevention and Treatment

3.3. The guideline also provides detailed recommendations for the prevention and treatment of pressure ulcers, which include:

- **Risk Assessment:** Regular and systematic assessment of people risk factors.
- **Skin Care:** Proper skin care practices to maintain skin integrity.
- **Nutrition:** Adequate nutrition to support skin health.
- **Repositioning:** Regular repositioning to alleviate pressure on vulnerable areas.
- **Support Surfaces:** Use of specialised mattresses, cushions, and other support surfaces to redistribute pressure.

3.4. These guidelines aim to standardise the classification and management of pressure ulcers, improving peoples' outcomes through evidence-based practices.

3.5. For more information refer to the full [2019 Guideline — International Guideline](#)

4. The aSSKINg Framework

4.1. The aSSKINg framework is a structured approach to prevent pressure ulcers, ensuring comprehensive care through a set of evidence-based interventions. The aSSKINg framework is an acronym that identifies key components in pressure ulcer prevention and care. It stands for:

- a: Assessment
- S: Surface
- S: Skin inspection
- K: Keep moving
- I: Incontinence management
- N: Nutrition
- G: Give information

Components of the aSSKINg framework

a: Assessment

- **Risk Assessment:** Perform regular and systematic risk assessments using tools like the Waterlow score or Braden scale to identify people at risk of pressure ulcers.
- **Personalised Care Plans:** Develop and implement personalised care plans based on assessment outcomes, addressing specific needs and risk factors.

S: Skin Inspection

- **Regular Checks:** Conduct regular and thorough skin inspections, particularly over bony prominences, to detect early signs of pressure damage such as redness, discoloration, or breaks in the skin.
- **Documentation:** Document findings meticulously and act promptly on any early signs of pressure damage.

S: Surface

- **Support Surfaces:** Use appropriate pressure-relieving devices such as specialised mattresses, overlays, and cushions to redistribute pressure and reduce risk.
- **Regular Review:** Regularly review the condition and suitability of support surfaces to ensure they meet the person's current needs.

K: Keep Moving

- **Repositioning:** Encourage and assist people to change their position frequently to alleviate pressure on vulnerable areas. Follow a repositioning schedule tailored to the person's needs.
- **Mobility Aids:** Provide appropriate mobility aids and support to facilitate movement and reduce periods of immobility.

I: Incontinence

- **Incontinence Management:** Implement effective incontinence management strategies to keep the skin clean and dry. Use absorbent products and barrier creams to protect the skin from moisture-related damage.
- **Skin Care:** Ensure proper hygiene and skin care routines to prevent moisture-associated skin damage.

N: Nutrition/Hydration

- **Nutritional Assessment:** Conduct regular nutritional assessments to identify deficiencies or needs. Collaborate with dietitians to create nutritional plans that support skin health.
- **Hydration:** Ensure people receive adequate hydration to maintain skin turgor and overall health.

G: Give Information

- **Education:** Educate people, their families, and care staff about the importance of pressure ulcer prevention and the role of each component of the aSSKINg bundle.
- **Communication:** Maintain open communication channels to ensure everyone involved understands the care plan and their role in preventing pressure ulcers.

5. Skin Assessment and Monitoring

- 5.1. Carry out regular skin assessments for all persons using tools such as the Waterlow score or Braden scale, paying particular attention to bony prominences and areas prone to pressure ulcers.
- 5.2. All pressure ulcers must be documented and reported according to local and national guidelines. Detailed records should include the location, size, and stage of the ulcer, as well as the preventative measures taken. This information is essential for monitoring trends, improving care, and meeting legal and regulatory requirements.
- 5.3. If an area of concern develops, the district nurse must be informed, and a visit should be arranged as soon as possible.
- 5.4. Monitor high-risk people more frequently and implement preventive measures accordingly.

6. Safeguarding

- 6.1. Incidents relating to pressure sores may not automatically trigger a safeguarding concern. The initial responsibility to respond and manage an incident is with the registered managers. Safeguarding concerns arise when an incident points to the possibility of abuse, neglect or acts of omission. This may include failure to adhere to the requirements set out within this policy, such as a failure to adequately assess a need or follow a care plan, as well as deliberate ill treatment. An assessment of known events leading up to and following an incident should inform a decision to report safeguarding concerns to the local authority.
- 6.2. Where any uncertainty exists, this should be discussed with the service manager/ senior manager or advice sought from the Safeguarding Team: 0300 300 8122.
Email: adult.protection@centralbedfordshire.gov.uk
- 6.3. For further guidance see - [Safeguarding adults protocol: pressure ulcers and raising a safeguarding concern - GOV.UK \(www.gov.uk\)](#)
- 6.4. All pressure sores at grade 3 or above must be reported to the Care Quality Commission using the Serious Injury to a Person who uses the Service Statutory notification form, which can be found on the CQC website: <http://www.cqc.org.uk/content/notifications>

7. Mobility and Repositioning

- 7.1. Encourage regular movement and repositioning to relieve pressure on vulnerable areas.
- 7.2. Develop repositioning schedules based on the person's mobility, tolerance, and risk level.
- 7.3. Train staff members on lifting and transferring techniques to minimize shear and friction during repositioning.

8. Aids and Adaptations

- 8.1. Aids and adaptations are essential for the prevention and management of pressure ulcers, particularly in vulnerable populations such as those living in care homes. Effective use of these tools can significantly improve the quality of life and health outcomes for people at risk of developing pressure ulcers.

8.2. If a person develops a pressure sore, the District Nurses should be contacted, and they will arrange the referral for appropriate equipment, as outlined below:

Pressure-Relieving Mattresses and Overlays

- Alternating Pressure Mattresses: These mattresses have air cells that inflate and deflate alternately to redistribute pressure.
- Foam Mattresses: High-density foam mattresses provide support and reduce pressure on vulnerable areas.
- Gel Mattresses: These mattresses use gel to redistribute weight and reduce pressure points.

Cushions

- Foam Cushions: Made from high-density foam, these cushions provide support and pressure relief.
- Gel Cushions: Gel-filled cushions conform to the body's shape, distributing pressure evenly.
- Air Cushions: These cushions use air cells to distribute pressure and can be adjusted to the person's needs.

Positioning Devices

- Wedges and Bolsters: These devices help maintain proper positioning and reduce pressure on specific areas.
- Heel Protectors: Designed to offload pressure from the heels, which are common sites for pressure ulcers.

Mobility Aids

- Hoists and Slings: Assist with safe movement and repositioning of people to reduce the risk of pressure ulcers from prolonged immobility.
- Wheelchairs and Recliners: Specially designed chairs that distribute weight evenly and reduce pressure points.

9. Nutrition and Hydration

- 9.1. Assess nutritional status and hydration needs for all people and provide appropriate interventions.
- 9.2. Offer a balanced diet rich in protein, vitamins, and minerals to support tissue repair and wound healing.
- 9.3. Ensure people receive adequate hydration to maintain skin integrity and prevent dehydration-related complications.
- 9.4. For further information see Nutrition and Hydration Policy.

10. Skin Care and Incontinence Management

- 10.1. Implement a comprehensive skin care regimen, including gentle cleansing, moisturizing, and protection against moisture-associated skin damage.
- 10.2. Use appropriate incontinence management strategies to keep the skin clean, dry, and free from irritation.
- 10.3. Educate people and care workers on proper skin care techniques and the importance of maintaining skin health.

11. Training

- 11.1. Provide training to staff members on pressure ulcer prevention strategies, risk assessment tools, and skin care practices.
- 11.2. Offer ongoing training and professional development opportunities to enhance staff knowledge and skills.
- 11.3. Empower people and their families to actively participate in pressure ulcer prevention and recognise early signs of skin damage.

12. Equality and Diversity

- 12.1. All Adult Social Care policies are accompanied by an Equality Impact Assessment (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.
- 12.2. We will be proactive, putting in place arrangements to ensure that we do not unfairly discriminate against people on the grounds of their protected characteristics.
- 12.3. We will provide culturally appropriate care (also called 'culturally competent care'). We will be alert and responsive to people's cultural identity or heritage. Personal choices around their moving and positioning support will be respected and carefully considered.
- 12.4. Care Quality Commission (CQC) states "Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality, or religion. Or it might be to do with the person's sexuality or gender identity. Lesbian, gay, bisexual, and transgender people have a particular culture. So do Deaf people who use British Sign Language."
- 12.5. Examples of culturally appropriated care:
 - Some people may not wish to be moved or positioned by someone of the opposite gender.
 - If someone lacks mental capacity to consent to a decision about a particular care or treatment option. It is important to apply the Mental Capacity Act. When assessing if someone lacks capacity or giving information to support someone to make a decision, you should take cultural factors into account. Using the Mental Capacity Act to make a 'best interests' decision must include considering the person's beliefs and values.
- 12.6. The requests of people will be respected as far as possible. Where there are difficulties in meeting these requests, they will be discussed with the person and/or their representatives.

13. Relevant Policies

- Moving and Positioning Policy
- Nutrition and Hydration
- Bedfordshire Safeguarding Adults Policy and Procedures

14. Monitoring and Reporting Arrangements

- 14.1. The implementation of this policy and procedures will be monitored by managers via regular audits and supervision. The results of these audits will be reported to Operations Manager, the Head of Service and during managers meetings.
- 14.2. All Adult Social Care will implement the policy and review its on-going application in practice, staff to reflect on the requirements of people who use the service.
- 14.3. A key factor in implementing the policy is to ensure that all those involved in meeting the healthcare needs of people receive appropriate training and on-going support to meet these needs.
- 14.4. Induction training will be delivered when a member of staff joins the service. On-going training will be provided to meet the person needs of people.
- 14.5. This policy supports the Care Quality Commission (CQC) Assurance Key Areas and Statements below:

Key question:	Quality statements we will use to assess quality
Safe	<p>Learning culture</p> <p>We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learnt to continually identify and embed good practices.</p> <p>Safeguarding</p> <p>We collaborate with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.</p> <p>Safe environments</p> <p>We detect and control potential risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.</p> <p>Safe and effective staffing</p> <p>We make sure there are enough qualified, skilled, and experienced people, who receive effective support, supervision, and development. They work together effectively to provide safe care that meets people's individual needs.</p>

	<p>Infection prevention and control</p> <p>We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.</p>
Effective	<p>Assessing needs</p> <p>We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p> <p>Consent to care and treatment</p> <p>We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.</p>
Caring	<p>Treating people as individuals</p> <p>We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.</p> <p>Independence, choice and control</p> <p>We promote people's independence, so they know their rights and have choice and control over their own care, treatment, and wellbeing.</p> <p>Responding to people's immediate needs</p> <p>We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern, or distress.</p>
Responsive	<p>Person-centred care</p> <p>We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.</p> <p>Equity in access</p> <p>We make sure that everyone can access the care, support, and treatment they need when they need it.</p>
Well-led	<p>Governance, management, and sustainability</p> <p>We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.</p>

14.6. Information regarding CQC Assurance statements is available here: [Key questions and quality statements - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/key-questions-and-quality-statements)

15. Evaluation and Review

15.1. This policy will be reviewed 2 yearly. In addition, the policy will be amended when new legislation is introduced, including identification of risks identified during investigations, to ensure that the services are meeting the needs of people safely.

16. References

Helping to prevent pressure ulcers Quick guides to social care topics Social care NICE Communities About NICE	Pressure ulcers: prevention and management (NICE guideline)
Pressure ulcers (NICE quality standard)	Decision-making and mental capacity (NICE guideline)
Safeguarding adults protocol: pressure ulcers and the interface with a safeguarding enquiry (Department of Health and Social Care)	Pressure ulcers: applying All Our Health - GOV.UK (www.gov.uk)
React To Red: Pressure Ulcer Prevention Awareness for Carers React To	Pressure ulcers (skillsforcare.org.uk)
Resources Archive - Society of Tissue Viability	National Wound Care Strategy Programme (NWCSP)
The Society of Tissue Viability Formerly known as the TVS	

17. Reader Confirmation

Reader Confirmation

Please click the link below to complete the reader confirmation form. This form is to verify that you have read and understood the contents of this document:

[ASC Policy Reader Confirmation Form](#)