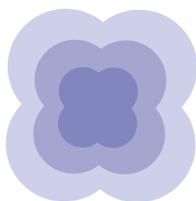
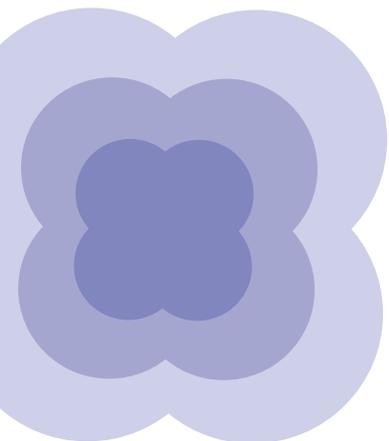
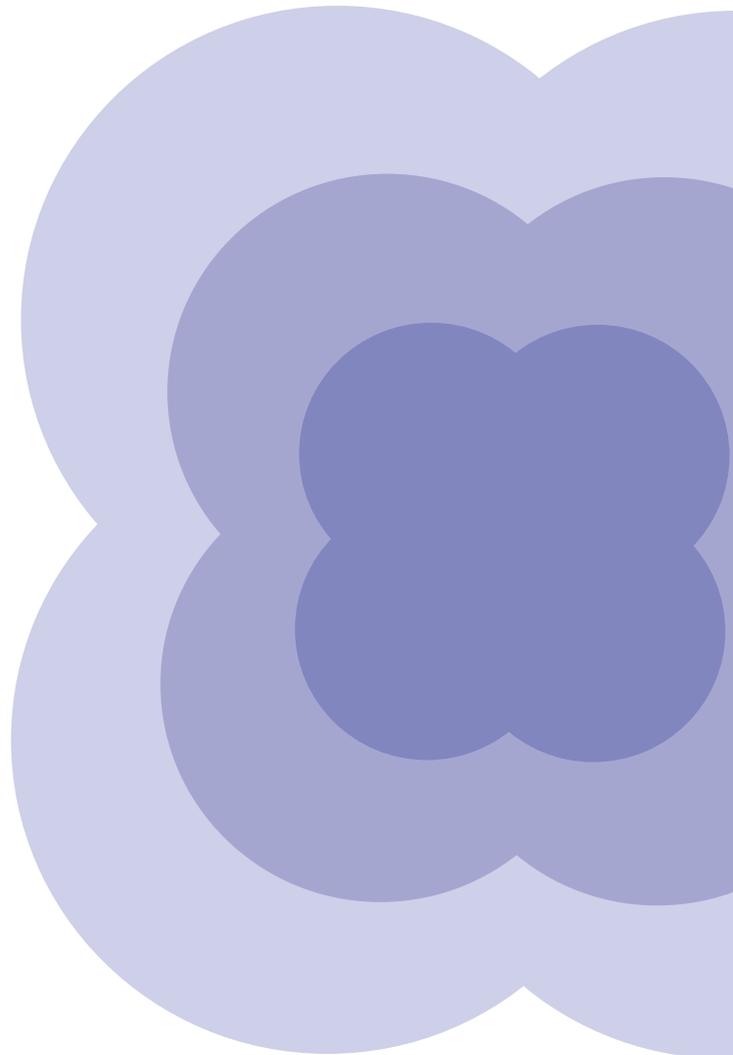
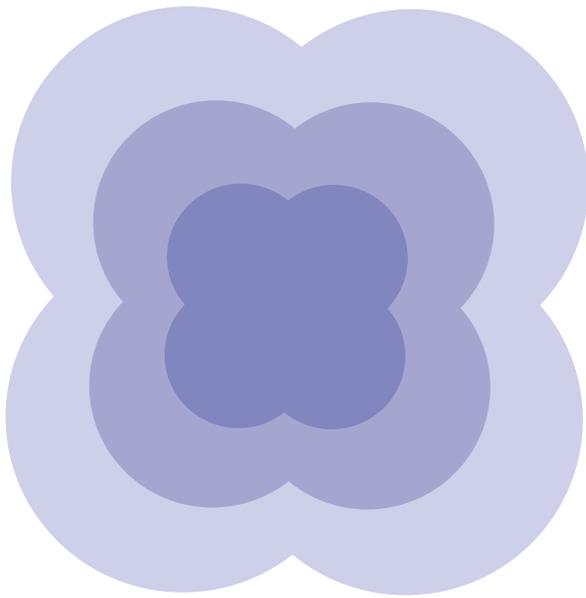


# Guidance for developing a policy for care at home services:

Pressure Ulcer Prevention and Management  
Standards (October 2020)



## Introduction

There is a requirement for care services to have policies and procedures in place which cover key areas of care and support as well as service delivery. A policy is a statement of intent about the quality of care, actions and interventions required by the care at home service based on standards, best practice guidance and what the service provider expects from its staff. Its aim is also to ensure the person experiencing care receives safe and effective care that promotes their quality of life.

**This policy content, any actions or interventions would apply only to those people experiencing care who have been identified at risk of developing pressure ulcers by the service, the district nurse or other health care professional. Assessment, care and treatment of individuals who have developed a pressure ulcer is the responsibility of the healthcare team. The care at home service has a responsibility to monitor the person during visits and report any changes or deterioration to the healthcare team.**

The [NHS Scotland Pressure Ulcer Prevention and Management Standards \(Oct 2020\)](#) are applicable to both health and social care which includes care at home services. The Care Inspectorate supported the initial development of these standards in 2016 and the update in 2020. It has signposted to these standards and may use these on inspection.

As a care at home service does not provide 24-hour care, only certain elements of these standards will be applicable. This guidance clearly sets out the areas that care at home services should consider and supports them to put these elements in place to help them meet the standards. In doing so, this will demonstrate that they have taken account of the standards and supporting guidance to put in place a robust approach to focusing on a preventative approach to pressure ulcer prevention.

Policies must have a review date and be reviewed either at that date or when there is a change in good practice guidance/standards or legislation. The policy should be audited by the service provider/managers to ensure that staff are achieving the expected good practice as outlined in the policy.

## Standard 1

### Leadership and governance

**The organisation demonstrates leadership in the prevention and management of pressure ulcers.**

In this section the policy should:

- Identify who is the organisational lead (for example service provider or area manager) for pressure ulcer prevention/skin care.
- Identify any leads at service level (for example manager of the service or a named member of staff) who acts as a champion for this care area. This person should link in with local health care team for additional training/information/updates.
- Outline referral/escalation routes for care staff when they identify a person has developed any skin issues or a pressure ulcer/skin breakdown, for

example contacting their manager/team leader or direct contact with health care team.

- Outline referral/escalation routes for manager/care staff re pressure reducing/re distributing equipment/aids that a person may require to be assessed for such as their manager/team leader or direct contact with nursing care team/Allied Health Professionals (AHP). The care at home service should have a system in place to ensure that any delays in provision of equipment or specialist advice are acted upon.
- Provide documentation and training to support care staff to record the person's pressure ulcer risk level, and prevention or management care planning, and ongoing monitoring of the person.
- Where a person develops a pressure ulcer, the manager should ensure that there is internal reflective discussion with staff so there is learning from this, if this is applicable to the situation as the care at home service does not provide 24-hour care.
- The care at home team should also endeavour to have representation at any NHS/Social Work adverse incident/investigation to ensure the service is involved in any learning or improvement.

## Standard 2

### Staff education and training

**The organisation demonstrates commitment to the education and training of all staff involved in the workplace in the prevention and management of pressure ulcers, appropriate to their roles and workplace setting.**

In this section the policy should cover:

- Who is organisational lead for delivery of staff training, either internally or externally.
- Staff training is planned based on individual's role and responsibilities.
- How staff training is recorded, for example staff training records contain a record of pressure ulcer prevention as part of staff induction programme and any ongoing refresher training
- Training topics for staff should depend on the level of skill required for the worker's role and cover the areas of skin care and care and support that the service may provide.

These include:

- structure and function of the skin
- skin changes that develop in an older/frail person
- risk factors contributing to skin breakdown
- skin care
- risk assessment and ongoing monitoring during visits to the person
- recognising early skin breakdown including non-blanching skin, excoriation/moisture lesions and the escalation of this and to whom
- caring for the person with a pressure ulcer during visits to the person

- where the person has pressure reducing or redistributing equipment in place, for example air mattress, training/information will be provided for carers included troubleshooting/individual settings for the mattress / escalation if the equipment is malfunctioning
- seeking support from specialist healthcare professionals.

### Useful links/reading

The [NES pressure ulcer workbook](#) aims to help the learner understand pressure ulcers - how they develop, how they are treated and, crucially, how they can be prevented. For care at home staff, modules can be selected to support their role and remit.

### Other relevant resources

[Skin integrity in the older person - assessment and management to optimise skin health](#)

[Skin integrity in the older person \(Powerpoint presentation\)](#)

[Care of the older person's skin: Best practice statement \(Wounds UK\)](#)

### Standard 3

#### Person-centred information and support for people (who experience care and their family or representative)

***Information and support are available for people with, or at risk of developing pressure ulcers and/or their representatives where appropriate.***

This section should include.

- information for care staff about where sources of information/leaflets can be obtained for clients and those important to them for example local NHS leaflet/company information
- this should also include information about specialist services who can support care staff and the person: GP, DN, AHP or TVN specialists.

Example:

[https://www.healthcareimprovementscotland.org/our\\_work/patient\\_safety/tissue\\_viability/education.aspx](https://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability/education.aspx)

The service provider may wish to develop their own information leaflet for people experiencing care and/or their representatives.

## Standard 4

### Initial risk of developing a pressure ulcer

**An initial assessment of risk is undertaken as part of admission to, or first contact with a care service to inform care planning.**

In this section the policy should cover:

- The manager or identified staff team member obtains information on the persons level of pressure ulcer risk from the referring agency and it is documented in their plan of care. Service has a recognised system in place for staff to monitor people during a visit, for example use of the [Preliminary Pressure Ulcer Risk Assessment \(PPURA\)](#) and/or the [You Are Our Eyes and Ears](#) resource.
- The policy should detail how often this monitoring assessment needs to be completed, by whom and frequency of how often it should be repeated, for example as part of each visit, a monthly review or more frequently depending on the risk level and/or when the individual's condition, care or treatment changes.
- How any delays in obtaining equipment or specialist assessment/advice should be documented and escalated.
- If staff observe any changes in the person's condition/presentation or their skin during a visit, this is documented and there is a clear escalation pathway outlined to discuss any changes in the person's care, treatment and support.

## Standard 5

### Re-assessment of risk

**Regular re-assessment is used to evaluate an individual's risk of developing pressure ulcers or experiencing further damage.**

In this section the policy should cover:

- how often staff should monitor and re-assess the person's risk and document this during visits.
- plans of care are amended when risk changes
- escalate any changes/deterioration or non-concordance of planned care to health care team/and those important to the person that become evident during a visit
- staff use re-assessment of risk as a way of ongoing monitoring of the person's risk of developing a pressure ulcer and overall condition
- how delays in obtaining specialist advice/support or equipment are escalated.

## Standard 6

### Care planning for prevention

**A person-centred care plan is developed and implemented to reduce the risk of developing pressure ulcers.**

In this section the policy should cover

- Care at home care plan should include any instructions/information from the health care team and include level of risk identified by the healthcare team and whether care at home service is using PPURA, how often and where to record this.
- A multi-professional approach to supporting the person with their skin care regime.
  - Individuals with existing skin issues, for example dry skin, have a care plan detailing care and treatment, both prescribed and over the counter topical products. This is monitored and reviewed on a regular basis by healthcare/ prescribing staff
  - Prescribed topical products are recorded by the carer applying the treatments and a clear method of documenting is used for example Topical MAR chart or recorded in persons daily record.
  - Carers who administer these topical applications have appropriate training/clear instructions on the products and their application. This includes when to report any adverse effects/changes in skin condition, for example redness, dry skin or allergies.
  - Guidance is given to carers about when it is appropriate to use skin foam cleansers as opposed to mild soap and water, and the use of any prescribed barrier products.
  - Guidance is given about identifying excoriated skin, in other words incontinence dermatitis and moisture lesions.
- People who are identified at risk of developing pressure ulcer should have a care plan in place which:
  - outlines how often their skin is checked during visits.
  - encourages the person to move position/mobilise during visits – this should cover people being cared for in bed or who are up/sitting
  - supports managing their continence needs during visits
  - ensures nutrition and hydration needs are met during visits
  - records the pressure reducing or redistributing equipment in place during visits, for example air mattress, (or delays in obtaining this equipment)
  - Records timescales re the review of the care plan.

The policy should outline all staff members' levels of responsibility to ensure that care plans in place are understood and implemented.

## Standard 7

### Assessment, grading and care planning for identified pressure ulcers

**This part of the policy is about people experiencing care who have developed a pressure ulcer. The grading of the pressure ulcer and wound management/treatment are the responsibility of the healthcare team.**

- Care at home staff should have training and be competent to recognise the following.
- Early warning signs such as redness/discolouration/blistering. The Scottish Social Services Council (SSSC) has produced a useful app which is available to support care staff to understand, identify and escalate skin breakdown – [Learning about skin breakdown](#)
- Grade 1 pressure damage – non blanchable intact skin (redness of an area of skin over a pressure point, such as heel, that does not turn white when pressed with light finger pressure).
- Excoriation (superficial breaks in the skin caused by moisture)/moisture related skin damage from urinary/faecal incontinence/moisture from perspiration or exudate (fluid leaking from the wound) – the [Excoriation and Moisture related skin damage tool \(2021\)](#) should assist with identifying this
- The policy should outline what care staff should do in an unexpected event, for example, when:
  - dressing falls off
  - dressing is contaminated with body fluids
  - Staff note a deterioration in the pressure ulcer/wound for example leakage which is visible through the dressing
  - excessive fluid/leakage from the dressing
  - malodour from the pressure ulcer/wound
  - increased pain
  - the person showing signs of possible wound infection such as confusion, fever or shivering, clammy or sweaty, increased pain in the wound.

The service should have clear written instructions/direction from the healthcare team as to the carer/services required actions/interventions for the individual should any of the above situations happen, to ensure any distress is minimised for the person and/or their family.

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