

Essence of Care 2010

Benchmarks for Prevention and
Management of Pressure Ulcers



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Description	Essence of Care 2010 includes all the benchmarks developed since it was first launched in 2001, including the latest on the Prevention and Management of Pain. All the benchmarks have been reviewed to reflect the current views of people requiring care, carers and staff
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BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

**Benchmarks for Prevention and
Management of Pressure Ulcers**





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Best Practice – General Indicators

The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of *people* and carers. However, there are a number of general issues¹ that must be considered with every factor.

These are:

People's experience

- *People* feel that care is delivered at all times with compassion and empathy in a respectful and non-judgemental way
- The best interests of *people* are maintained throughout the assessment, planning, implementation, evaluation and revision of care and development of services
- A system for continuous improvement of quality of care is in place

Diversity and individual needs

- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account when diagnosing a health or social condition, assessing, planning, implementing, evaluating and revising care and providing equality of access to services

Effectiveness

- The effectiveness of practice and care is continuously monitored and improved as appropriate
- Practice and care are evidence-based, underpinned by research and supported by practice development

Consent and confidentiality

- Explicit or expressed valid consent is obtained and recorded prior to sharing information or providing treatment or care

1 Also see Department of Health (2010) NHS Constitution The NHS belongs to us all. Department of Health: London accessed 07 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf

- *People's* best interests are maintained where they lack the capacity to make particular decisions.²
- Confidentiality is maintained by all staff members

People, carer and community members' participation

- *People, carers' and community members' views and choices* underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Strategies are used to involve *people* and carers from isolated or hard to reach communities

Leadership

- Effective leadership is in place throughout the organisation

Education and training

- Staff are competent to assess, plan, implement, evaluate and revise care according to all *people's* and carers' individual needs
- Education and training are available and accessed to develop the required competencies of all those delivering care
- *People* and carers are provided with the knowledge, skills and support to best manage care

Documentation

- Care records are clear, maintained according to relevant guidance and subject to appropriate scrutiny
- Evidence-based policies, procedures, protocols and guidelines for care are up-to-date, clear and utilised

Service delivery

- Co-ordinated, consistent and accessible services exist between health and social care organisations that work in partnership with other relevant agencies

2 Mental Capacity Act 2005 accessed 25 November 2008 at <http://www.legislation.gov.uk/ukpga/2005/9/contents>

- Care is integrated with clear and effective communication between organisations, agencies, staff, *people* and carers
- Resources required to deliver care are available

Safety

- Safety and security of *people*, carers and staff is maintained at all times

Safeguarding

- Robust, integrated systems are in place to identify and respond to abuse, harm and neglect³
- All agencies working with babies, children and young *people* and their families take all reasonable measures to ensure that the risks of harm to babies, children's and young *people's* welfare are minimised.⁴

3 Department of Health (2010) Clinical Governance and Adult Safeguarding – An Integrated Approach Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf

4 Department of Health (2006) Safeguarding Children. A Summary of the Joint Chief Inspector's Report on Arrangements to Safeguard Children Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103428

Benchmarks for Prevention and Management of Pressure Ulcers

Agreed person-focused outcome

People experience care that maintains or improves the condition of their skin and underlying tissues

Definitions

For the purpose of these benchmarks, a **pressure ulcer** is:

an area of localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated (European Pressure Ulcer Advisory Panel)⁵

For simplicity, **people requiring care** is shortened to *people* (in italics) or omitted from most of the body of the text. **People** includes babies, children, young people under the age of 18 years and adults. **Carers** (for example, members of families and friends) are included as appropriate.

The term **carers** refers to those who 'look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid' (adapted from Carers UK, 2008). Please note, within these benchmarks it is acknowledged that the term 'carer' can include children and young people aged under 18 years.

The term **staff** refers to any employee, or paid and unpaid worker (for example, a volunteer), who has an agreement to work in that setting and is involved in promoting well-being.

5 European Pressure Ulcer Advisory Panel (2010) **Pressure Ulcer Prevention Quick Reference Guide** European Pressure Ulcer Advisory Panel website accessed 26 August 2010 at <http://www.epuap.org/guidelines.html>

The **care environment** is defined as an area where care takes place. For example, this could be a building or a vehicle.

The **personal environment** is defined as the immediate area in which a person receives care. For example, this can be in a person's home, a consulting room, hospital bed space, prison, or any treatment/clinic area.

Agreed person-focused outcome

People experience care that maintains or improves the condition of their skin and underlying tissues

Factor	Best practice
1. Screening and assessment	<i>People</i> who are screened on initial contact and identified at risk of developing pressure ulcers receive a full assessment of their risk
2. Information	<i>People</i> and carers have ongoing access to evidence-based information concerning pressure ulcer prevention and management
3. Planning, implementation, evaluation and revision of care	<i>People's</i> care is planned, implemented, continuously evaluated and revised to meet their individual needs and preferences concerning pressure ulcer prevention and management
4. Prevention – repositioning	<i>People</i> are repositioned to reduce the risk, and manage the care, of pressure ulcers
5. Prevention – pressure redistribution	<i>People</i> are cared for on pressure redistributing support surfaces to reduce the risk, and manage the care, of pressure ulcers
6. Prevention – resources and equipment	<i>People</i> have the resources and equipment required to reduce the risk, and manage the care, of pressure ulcers

Factor 1

Screening and assessment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

POOR PRACTICE

People's existing pressure ulcers, or their risk of developing pressure ulcers, are not identified

BEST PRACTICE

People who are screened on initial contact and identified at risk of developing pressure ulcers receive a full assessment of their risk

Indicators of best practice for factor 1

The following indicators support best practice for pressure ulcer prevention and management:

- a. *general indicators* (see page 4) are considered in relation to this factor
- b. *people* are screened on admission to hospital, care homes or other care environments or situations
- c. screening is repeated for *people* when there is a concern about risk. This is done at least weekly for *people* in hospital and for those who are at risk of developing pressure ulcers
- d. *people* who are identified initially as having pressure ulcers or who are vulnerable to the development of pressure ulcers should receive a full assessment using an evidence-based tool
- e. the screening and assessment tools are evidence-based and adequate and include a manual handling assessment and nutritional assessment

- f. screening, assessment and reassessment is carried out within an acceptable time frame according to national guidance
- g. staff conducting screening and assessment must be competent
- h. assessment by someone with specialist training, experience and knowledge is available and can be readily accessed if required
- i. *add your local indicators here*

Factor 2

Information

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

POOR PRACTICE

People and carers have no access to information

BEST PRACTICE

People and carers have ongoing access to evidence-based information concerning pressure ulcer prevention and management

Indicators of best practice for factor 2

The following indicators support best practice for pressure ulcer prevention and management:

- a. *general indicators (see page 4) are considered in relation to this factor*
- b. a range of information is available in a format that meets the needs of *people* and carers
- c. information is evidence-based
- d. *people* and carers have the opportunity to discuss information and its relevance to their needs with a competent member of staff
- e. *people's* and carers understanding of information is assessed and choices and preferences are documented
- f. *add your local indicators here*

Factor 3

Planning, implementation, evaluation and revision of care

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 3

The following indicators support best practice for pressure ulcer prevention and management:

- a. *general indicators (see page 4)* are considered in relation to this factor
- b. *people* and carers (as appropriate) are involved in planning, implementation, evaluation and revision of advice and care
- c. all relevant staff are involved in planning, implementation, evaluation and revision of advice and care, for example, dietician, nurse, doctor, occupational therapist, physiotherapist, tissue viability nurse etc
- d. responsibilities of *people*, carers and staff members with regard to treatments, interventions, milestones and targets are negotiated and agreed
- e. all care plans are underpinned by best evidence

- f. mechanisms are in place to ensure the review of plans and evaluation
- g. variance to implementation of care and progress is evaluated and recorded
- h. education and training in the prevention and management of pressure ulcers is provided for *people* and carers
- i. documentation reflects accurate and timely evaluation, for example audit of records
- j. guidelines and policies are in use that support prevention and management of pressure ulcers
- k. *add your local indicators here*

Factor 4

Prevention – repositioning

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 4

The following indicators support best practice for pressure ulcer prevention and management:

- a. *general indicators (see page 4) are considered in relation to this factor*
- b. *people's need for repositioning is assessed, documented, met and evaluated with evidence of ongoing reassessment*
- c. *equipment is available to enable correct moving, handling and positioning of people*
- d. *people are positioned in a manner that is comfortable for them*
- e. *information for re-positioning is available for people and/or carers*
- f. *policies or guidelines are in use, for example, health and safety, manual handling and use of equipment*
- g. *add your local indicators here*

Factor 5

Prevention – pressure redistribution

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

POOR PRACTICE

People do not have access to pressure redistribution support surface devices



BEST PRACTICE

People are cared for on pressure redistributing support surfaces to reduce the risk, and manage the care, of pressure ulcers

Indicators of best practice for factor 5

The following indicators support best practice for pressure ulcer prevention and management:

- a. *general indicators (see page 4) are considered in relation to this factor*
- b. *people's* need for pressure redistribution is assessed, documented, met and evaluated with evidence of ongoing reassessment
- c. *people* are offered and/or receive the appropriate pressure redistribution for their level of need such as seating, mattresses, specialist beds, bed frames, electric profiling bed frames, moving and handling hoists, footwear and insoles etc
- d. *people's* comfort is assessed and maintained

- e. information on how to access and use the pressure redistribution surfaces is provided to *people*, carers and staff
- f. audits are conducted to assess the appropriateness of the use of pressure redistribution surfaces
- g. *add your local indicators here*

Factor 6

Prevention – resources and equipment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

POOR PRACTICE

People are not provided with any resources or equipment

BEST PRACTICE

People have the resources and equipment required to reduce the risk, and manage the care, of pressure ulcers

Indicators of best practice for factor 6

The following indicators support best practice for pressure ulcer prevention and management:

- a. *general indicators (see page 4) are considered in relation to this factor*
- b. a range of resources and equipment appropriate to the area of practice is available, for example, pressure redistribution of support surface devices such as seating, mattresses, specialist beds, bed frames, electric profiling bed frames, moving and handling hoists, footwear and insoles etc
- c. arrangements for the cleaning, maintenance and storage of equipment are in place
- d. ordering, delivery and monitoring systems are in place for resources and equipment

- e. *people*, carers and staff are made aware of the equipment available and how to use it safely
- f. where *people's* need for resources and equipment is identified there is a system in place to ensure these are made available in a timely manner
- g. *add your local indicators here*

Notes

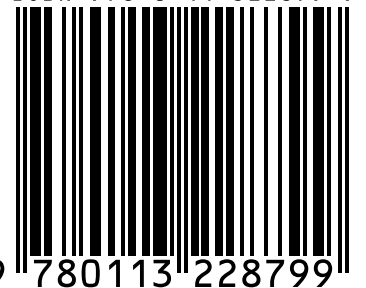


Notes



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