

## Pressure Care

### Westmorland and Furness Care Services

To ensure staff are fully aware of the causes of pressure ulcers, the preventative measures to take and how to care for a service user who has pressure care needs.

#### Procedure

Appropriate Personal Protective Equipment must be always used when assisting with personal care needs.

1. If it is identified that a new service user has a pressure ulcer or poor tissue viability, then admission must be deferred until appropriate equipment and input can be obtained from the Health Professional. This must be recorded on the pre-admission assessment. New service users must have a B2 body map completed on admission.
2. The person-centred care plan/support plan should indicate if a service user is deemed to have a pressure ulcer or to be at risk from pressure areas forming. Daily observations of the service user's skin integrity should be carried out or agreed with the service user and all Infection, Prevention and Control (IPC) procedures must be followed.
3. Any service user who is unable to reposition themselves independently should have a repositioning chart (Appendix 1) / risk assessment in place and the Health Professional should advise. All information must be recorded in the person-centred care plan.
4. For all service user's, any marks or discoloration, such as redness, a feeling of heat on the skin or any other abnormalities should be recorded on the B2 Body map and in the service user's daily diary /communication / Electronic care records. It must be reported to the supervisor on duty.
5. Any concerns about the service user's skin integrity must be reported to the Health Professionals e.g District Nurse and a full assessment should be requested.
6. An individual risk assessment must be completed for pressure care and the advice from the Health Professional intervention must be recorded and followed. For services using the Electronic Care Planning system (IAS), the risk assessment must be added to the relevant section(s).
7. Following consultation; pressure relieving equipment will be supplied/prescribed by the Health Professional, as they deem appropriate. All pressure relieving equipment must be recorded on the service user's person-centred care plan/support plan. Instructions for correct use must be available.
8. Visual checks of equipment must be recorded in the daily diaries. For Day Services a visual check must be completed, and any defects must be reported immediately.
9. If the Health Professional advice requires staff intervention such as pressure care or repositioning, Appendix 1 must be completed. Details of the advice must be recorded in the daily diary / communication records and the person-centred care plan/support plan

updated. Extra Care Housing / Domiciliary / Reablement staff must inform the district office / supervisor. For services using the Electronic Care Planning system (IAS), the pressure care/repositioning form must be completed.

10. Staff should be aware that the following could increase the risk of pressure ulcers forming:
  - Excessive use of soap (decreases the sebum content of the skin)
  - The effects of leaving a faeces/urine mix on the skin
  - Plastic incontinence aids/insufficient absorbency of pads increases the risk of the skin breaking down
  - Detergent residue left in bedding/clothing can affect the skin
  - Talcum powder on damp skin can cause encrustation
  - Creases in clothing or bedding
  - Reduced mobility, immobility, poor posture or seating
  - Any form of unrelieved pressure for more than 2 hours
11. Staff should ensure that all moving and handling procedures are followed correctly to prevent friction occurring when assisting the service user.

## Nutrition / dehydration

Staff should be aware that poor nutritional content of food and / or dehydration can also cause pressure ulcers. Advice should be sought from the Health Professional if concerns are raised around food and fluid intake.

## Reporting and recording

If a Health Professional has identified a pressure area and it has been categorised at level 3 or above, it must be reported to the Safeguarding team and CQC.

## Appendix 1

[Repositioning Chart - Appendix 1](#)