Pressure Ulcers and Safeguarding Adults Guidance

# Introduction

Pressure ulcers are a key indicator of the quality and experience of care. Those at risk of pressure ulcers are cared for in many different settings across health and social care including their own home. We know that many pressure ulcers are preventable and when they occur they can have a profound impact on the overall wellbeing of patients affecting many aspects of their life and can be both painful and debilitating.

# Aim

The aim of this paper is to provide a locally agreed response in line with the overarching Safeguarding Adults Protocol - Pressure Ulcers and the interface with a Safeguarding Enquiry [https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-](https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol) [protocol](https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol). Pressure ulcers are primarily an issue for clinical investigation. Indicators to help decide when a pressure ulcer case may additionally need a safeguarding enquiry are identified in Appendix 1; this should be used as a guide for both practitioners to support raising a safeguarding concern; and for safeguarding managers to support the decision whether further enquiry is required (e.g. under section 42 Care Act 2014; or a non-statutory enquiry).

Where a pressure ulcer is one of a number of safeguarding concerns in relation to an individual or setting then there should be a multi-agency approach coordinated by the local authority with health taking the lead for the clinical investigation.

Whilst the operational responsibility for investigating pressure ulcers is largely health led, the Safeguarding Adult Board (SAB) have a strategic interest in the prevalence of pressure ulcers across the sectors as one indicator of quality of care. It is important that both the SAB and Quality Surveillance Group (QSG) have access to comprehensive data on an agreed regular basis.

# Guidance

Where skin damage is identified as a result of pressure i.e. a pressure ulcer, it must be raised as a concern within an organisation; and if health services are not already involved then in discussion with the individual, appropriate actions should be taken to refer the person to health services.

Duty of Candour - it is a legal requirement for health, care service and social work organisations to inform an individual (and their families) when they have been harmed as a result of the care or treatment they have received.

A *clinician* should assess and document the cause of the pressure ulcer and recommend measures to allow healing to take place and prevent any recurrence. Any learning identified should be shared with the individual themselves and with the people caring for them, in order to prevent future harm occurring. If the individual lacks capacity to consent to some or all of

the care plan it must be clearly evidenced that care is being provided in their best interests in line with the principles of the Mental Capacity Act 2005.

Severe damage indicated as multiple pressure ulcers of category 2 or a single pressure ulcer of category 3 or 4 (to include unstageable and deep tissue injury) requires an internal investigation. This should be completed by the organisation that is taking care of the individual i.e. the District Nurse team leader; ward manager; or nursing home manager, in line with local organisational procedures. The investigator should have the appropriate clinical skills and experience in the prevention and management of pressure ulcers.

**Appendix One**: Adult Safeguarding Decision Guide for individuals with severe pressure ulcers. Where the decision guide indicates a total score of 15 or more a safeguarding concern should be raised to the local authority.

**Making Safeguarding Personal** – the individual (or their family/advocate) should be made aware of the decision to raise a safeguarding concern and their consent sought to be involved in any further enquiry. Further enquiry work should then consider the desired outcomes of the individual.

If consent is not given then a multi-agency enquiry may still proceed in the wider public interest where the concerns involve the actions or omissions of a registered care provider; or an informal carer whose actions or inactions may be regarded as wilful.

If the individual lacks capacity to consent to safeguarding then a family member/close friend may be asked to provide information about the person’s views; choices and wishes. Where there is no family/friend involvement in care then referral to advocacy services may need to be considered.

The decision as to whether there should be a safeguarding enquiry will be taken by the local authority, informed by a clinical view. A summary of the decision should be recorded and shared with all agencies involved.

**Appendix 1- Adult Safeguarding Decision Guide for individuals with severe pressure ulcers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Question | Answer | Score | Evidence /Comments |
| 1 | Has pressure ulcer deteriorated to category 3; 4; is unstageable or deep tissue injury;or are there multiple category 2 pressure ulcers from healthyunbroken skin since last assessment? | Yes = 5No = 0 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | Has there been recent change in person’s clinical conditione.g. infection, fever, anaemia, end of life care, critical illness | Yes = 0No = 5 |  |  |
| 3 | Was there a pressure ulcer risk assessment or reassessment with appropriate pressure ulcer care plan in place and documented - in line with the organisation’s policyand guidance | Yes = 0Partial = 5No = 15 |  |  |
| 4 | Is there a concern that the pressure ulcer developed as a result of the informal carerwilfully ignoring or preventing access to care or services | Yes = 15No = 0 |  |  |
| 5 | Is the level of damage to skin consistent with the patient’s risk for pressure ulcer development? | Yes - skin damage is less severe than risk indicates = 0No – skin damage is more severe than riskindicates = 10 |  |  |
| 6 | Answer (a) if the person has capacity to consent to all elements of the care plan.Answer (b) if the person has been assessed as not having capacity to consent to some or any of the care plan |
| (a) | Was the person compliant with the care plan having received information regarding the risks of non-compliance? | Person compliant and concordant with all parts of the care plan = 0Person has not followed the care plan and local non-concordance policies have been followed = 0Person followed some aspects of the care plan but not all = 3Person has not followed the care and local non- concordance policies have not been followed= 5 |  |  |
| (b) | Was appropriate care undertaken in the person’s best interests, following the checklist in the MentalCapacity Act Code of Practice and supported by | Yes = 0Partial = 5No = 10 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | documentation, e.g. capacity and best interest statementsand record of care delivered |  |  |  |
| A score of 15 or over indicates a safeguarding concern should be raised. Contact the safeguarding team for advice if necessary. | **TOTAL** = |