



Adult Social Care

Tissue Viability & Pressure Ulcer Prevention Practice Guidance

Version 5

Version: 5 FOI Status: Public	Derbyshire County Council - Adult Social Care Tissue Viability & Pressure Ulcer Prevention Practice Guidance	Originally Issued: July 2005 V5 Issued: January 2023 Review Due: January 2025 Author: Quality and Compliance
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If you would like to make any comments, amendments or additions please email ASCH.AdultCare.Policy@derbyshire.gov.uk

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Aim

The aim of this guidance is to support effective pressure ulcer prevention and management across Derbyshire County Council's directly provided services.

Roles and Responsibilities

Residential managers must:

- complete the residential tissue viability risk assessment for all residents on admission - people admitted to community support beds require a risk assessment **if** it has not been provided by the discharging hospital.
- review the residential tissue viability risk assessment work-step in the following circumstances:
 - following a stay in hospital
 - due to change in need
 - identified risk factor or area of concern
 - annually as a minimum
- refer concerns in a timely manner to a health professional
- ensure 'personal service plan' is updated to reflect the care required
- order, label, monitor usage, report defects and return equipment as required
- monitor and audit repositioning charts weekly
- report to Care Quality Commission (CQC) and safeguarding as required
- complete incident section of the client incident and action record

Day service managers/ homecare domiciliary service organisers must:

- speak to the person regarding any highlighted areas of concern and escalate to an appropriate health professional
- record any health professional advice/interventions that are in place in the personal service plan and case note where appropriate
- ensure colleagues providing care are aware of any changes to the personal service plan' with regards pressure care
- escalate concerns regarding acquired pressure sore to the appropriate manager who will complete a CQC notification where required
- raise with Prevention and Personalisation (P&P) any safeguarding concerns and follow recommendations

All care workers must:

- report and record all concerns to manager/DSO on duty
- complete body map and/or repositioning charts as required

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- follow all health professional advice as directed
- use equipment as per instruction and report any defects immediately

Residential Tissue Viability Risk Assessment Guidance

The appropriate health professional is responsible for deciding what, if any, equipment, treatment and preventative measures are put in place to support effective pressure care. The treatment of any areas of concern will be monitored by the health professional who will advise on a treatment plan and its duration if required.

If a person has a pressure sore or area of concern this must be recorded at the beginning of the risk assessment including information on any category/grading and location.

The risk assessment identifies the key risk factors that could potentially contribute to the development of pressure areas, these include:

Previous or current pressure ulcer

Indicates that the resident is vulnerable in developing an ulcer.

Weight

The completion of the MUST tool will identify any changes in a person's weight that may be of concern as this may impact upon skin integrity and must be addressed appropriately.

Repositioning

Residents requiring assistance with repositioning have an increased risk of pressure sores forming, including residents who become reliant on staff to reposition them for any reason.

Incontinence

Incontinence of urine and/or faeces, will indicate a greater risk of developing a pressure ulcer.

Medication

Medication such as steroids, cytotoxic, anti-inflammatories, etc.

Diabetes

Diabetics can be prone to skin problems, especially on feet and lower legs.

Existing skin conditions

Long-term skin problems can have acute episodes or flare-ups. During these times the skin may be vulnerable to the development of pressure ulcers. It is also important to document any significant loss of sensation.

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Additional risk factors

Any additional risk factors that are identified by the health professional, i.e., anemia, organ failure.

When completing the risk assessment workstep, it is important to document any identified risk factors in detail in the text box provided.

Reviewing the risk assessment work step

The risk assessment must be reviewed whenever there is a change of need and as a minimum every 12 months where there are no risk factors identified and there is no change in need.

The risk assessment must be reviewed monthly where a single risk factor has been identified during the assessment. This person is classed as being at **risk** of developing a pressure area, see below regarding repositioning.

For residents who have multiple risk factors identified or have a repositioning need the risk assessment must be reviewed weekly. This person is classed as being at **high risk** of developing a pressure area, see below regarding repositioning.

The review of the risk assessment can be delegated to a senior worker on duty. The manager will then complete the outcome and action taken sections.

Repositioning

Where a person requires assistance with repositioning or were advised to do so by a health professional, care workers must help the person to change their position. For residents at **risk** (single risk factor) of developing a pressure ulcer this must be at least every 6 hours and those at **high risk** (multiple risk factors/repositioning need) every 4 hours in accordance with [National Institute for health and Social Care \(NICE\) guidance](#).

For some residents, repositioning equipment may be needed, and this will be agreed with the health professionals involved and the person's PSP must be updated to reflect the need for a particular piece of equipment. The frequency of repositioning should be appropriate for the individual and their needs and wishes and agreed with a health professional.

Where a resident is unable to reposition themselves or has specific repositioning requirements these must be recorded on the risk assessment and a repositioning chart put in place. Refer to [repositioning chart template](#).

Repositioning charts must be reviewed daily by the senior worker on duty and recorded on the [daily review sheet](#). The repositioning charts must then be audited by a manager when the risk assessment is reviewed, signed, and dated then stored securely and regularly uploaded to their electronic record.

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Training

All colleagues must have completed the essential training around tissue viability for their role.

Useful Links

[NHS Overview -Pressure Ulcers \(Pressure Sores\)](#)

[NICE Pressure Ulcers: Prevention and Management](#)

Judy Waterlow [The Waterlow Score](#)

Department of Health and Social Care (2018) [Safeguarding Adults Protocol: Pressure Ulcers and the interface with a Safeguarding Enquiry](#)

Care Quality Commission (CQC) [Regulation 18: Notification of Other Incidents](#)

Author History

Approval and authorisation history

Authored by: Jane Parke Service Manager – Development & Compliance July 2005

Approved by: Kieran Hickey Assistant Director July 2005

Change history

Version 1	July 2005	Jane Parke	New guidance
Version 2	October 2013	Jane Parke	Review update and combine guidance and trigger tool
Version 3	March 2018	Emma Benton	Complete review in consultation with Health
Version 4	May 2019	Emma Benton	Review. No changes.
Version 4a	October 2020	Emma Benton	Review. No changes.
Version 5	January 2023	Quality and Compliance	Significant Change