**Bournemouth & Poole and Dorset Safeguarding Adults Boards Policy & Procedures Group**

# GUIDANCE ON WHEN PRESSURE ULCERS NUTRITION/HYDRATION AND FALLS BECOME A SAFEGUARDING ISSUE

**17 June 2014**

**Introduction:**

All agencies should be aware of the national indicators to support Health and Social care employees that assist them in determining when safeguarding issues may arise.

This guide aims to identify the issues that commonly lead to safeguarding alerts from health and social care. Prevention checklists are provided to help both commissioners and providers to work towards a reduction in occurrence of these issues. There are additional links to resources included in each section.

In all cases of suspected neglect or harm, the Bournemouth, Dorset & Poole Multi-Agency Safeguarding Adults Policies and Procedures should be followed. The safety of the individual concerned should be of paramount importance, and all action taken and decisions made should be clearly recorded. Local protocols should determine when a concern should be alerted through safeguarding procedures.

There is a need to distinguish between concerns around the quality of care provided and care that reaches the safeguarding thresholds. This may include the difference between suboptimal or neglectful care.

This guidance aims to support professionals to decide if a concern about care is a quality issue or has reached the threshold to make a safeguarding concern. If the checklists indicate that appropriate care has not been given then raising a safeguarding adults concern should be considered and the decision documented. If a professional cannot decide if the threshold to make a safeguarding concern has been reached then they should contact social services to seek further advice.

**Common Safeguarding Issues:**

**<u>Poor nutritional care:</u>**

The provision of poor nutritional care within care homes, hospitals and a person's own home has been frequently highlighted in recent years. 1 in 3 people admitted to hospitals suffer from malnourishment and every ten minutes someone dies with malnourishment in hospital nationally.

37% of those admitted to care homes suffer from malnutrition and 45% of those admitted to nursing homes suffer from malnutrition.

To combat malnutrition across Dorset a partnership has been created and a Nutritional Care Strategy for Adults and action plan produced. This strategy aims to ensure the highest levels of good practice in nutritional care for all adults. The strategy and accompanying documents can be found on Dorset for You http://www.dorsetforyou.com/adult-nutrition. The production of Care Pathways and their implementation is part of the Nutritional Care Strategy for Adults action plan and they are being developed and piloted in different areas across the county.

## Indicators and Prevention Checklist

A person's nutritional care requirements should include the following:

- Support to maintain oral hygiene and the condition of mouth teeth and dentures is checked.
- Nutritional screening (e.g. MUST) for service users is carried out on admission and at regular intervals thereafter as stipulated in their care plan.
- If service users do not consent to the use of a nutritional assessment, then alternative methods of monitoring malnutrition must be introduced and documented.
- Care plans reflect the individual's nutritional needs and outcomes from a nutritional assessment, including those as a result of medical conditions or risk of malnutrition.
- Personal aids, special diets, food and fluid consistencies, special equipment and how individuals need to be seated are all catered for.
- Good Practice indicates that staff are trained in recognising those with swallowing difficulties and are able to implement the Safe Swallow Plan recommendations.
- Good practice indicates that staff are trained in special dietary requirements, including people with diabetes, dementia, and chronic illness, those with other wounds or with swallowing difficulties and specifically in the special dietary requirements of their service users.
- Concerns highlighted in screening are acted upon and timely referrals are made to community health professionals.
- Daily food and fluid intake is recorded for those who are identified at risk.
- Individuals are provided with a choice of good quality food and drinks in adequate amounts in the recommended consistency and likes and dislikes are catered for.
- Privacy is offered to those who have difficulties eating or need help and may wish to avoid loss of dignity in communal eating areas.
- The food is well prepared in a safe environment and food hygiene standards are met.
- Individual needs and preferences, including any specific dietary, cultural and religious requirements, are recorded in individual care plans and catered for, including special occasions, when they like to celebrate them and how.

- Safe Swallow Plans are displayed or within easy access for staff to check specific speech and language therapy recommendations for patients with feeding and swallowing difficulties.
- Individuals have access to food and drink 24 hours a day.
- Food is provided in an environment conducive to eating and with regard to individual choice (e.g. when and where people want to eat and with whom).
- The establishment ensures that there are sufficient staff and volunteers to support those in need of help and encouragement to eat their food.
- Regular feedback from individuals on the quality of food provision is encouraged.

***Resources:***

- SCIE. 2009. *Nutritional Care and Older People*. Available from: http://www.scie.org.uk/publications/ataglance/ataglance03.asp
- SCIE. 2012. *Social Care TV: Nutritional Care for Older People*. Available from: http://www.scie.org.uk/socialcaretv/video-player.asp?guid=3e55885f-2190-4d6e-8c15-090cf5c7e68e
- Malnutrition Task Force website : http://www.malnutritiontaskforce.org.uk/
- Dorset For You. 2013. *Nutritional Care Strategy for Adults.* Available from: http://www.dorsetforyou.com/media.jsp?mediaid=181792&filetype=pdf
- Dorset for You. 2013. *Just Add Water.* Available from: http://www.dorsetforyou.com/media.jsp?mediaid=185490&filetype=pdf
- National Association of Care Catering. 2012. *Good Practice Guidelines updated for 2012.* Available from: http://www.thenacc.co.uk/assets/SUA575%20NACC%20Good%20Practice%20Guide_FINAL_LRes.pdf?PHPSESSID=847c5468ea0d9984666c8108f77aa517

**Pressure Ulcers:**

It is recommended that this policy is read in conjunction with the NHS South of England Pressure Ulcer guidelines which is obtainable from the Dorset Clinical Commissioning group.

*"A pressure ulcer is 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" (EPUAP/NPUAP 2009)*

Many people who are frail, with multiple diseases could potentially have restricted mobility. These individuals are at greater risk of developing pressure ulcers, if for example they sit or lie in one position for a long period of time.

Pressure ulcers (also known as pressure sores or bed sores) normally start with skin discoloration, and if left untreated, these can develop into extensive wounds, which could become very deep and infected; in the worst cases they can be life threatening.

With appropriate management and care, these pressure ulcers can be avoided in most cases.

Pressure ulcers are not always due to poor care and neglect, so each individual case should be considered independently, taking into account the person's medical condition, prognosis, and any underlying skin conditions whilst considering the view of the individual about their care or treatment.

All of the above issues alongside the stage, grading or category of the pressure ulcers should determine whether a safeguarding alert is appropriate. Other signs of personal or self neglect, such as poor personal hygiene and living environment, poor nutrition and hydration may help to influence this decision.

**Prevention checklist:**

- All service users are holistically assessed on their risk of developing pressure ulcers using an appropriate risk assessment tool such as Waterlow, Braden, Walsall or the SSKIN bundle, the frequency as determined by the organisations local policy. Identified actions from the assessment should be implemented.
- All service users receiving care are assessed for their nutritional needs using an appropriate risk assessment such as MUST nutritional screening tool.
- All service users at risk of developing pressure ulcers are assessed for any appropriate pressure relieving equipment they may need and ensure that it is provided promptly.
- All service users receiving care have a manual handling assessment undertaken.
- Good practice indicates that people caring for service users either within hospital, community, care homes or those providing domiciliary care must be sufficiently trained in pressure area prevention and are able to identify when pressure damage is developing or pressure areas are deteriorating and follow their own policy and procedures to manage this care need. Timely referrals for those who need to receive prompt support are made to community health professionals and / or to the tissue viability service to seek expert knowledge around pressure ulcer prevention and management.
- All service users receiving care have a body map completed to identify and monitor any current pressure ulcers or other marks to the person’s skin.
- Organisations must regularly review the care provided to service users to manage pressure ulcer care and develop risk management and action plans. Appropriate reporting mechanisms, must be in place together with identifying need for providing training programmes where needed.

***Resources:***


- NICE. 2005. The prevention and Treatment of Pressure Ulcers. London. NICE. Dorset HealthCare University NHS Foundation Trust. 2012. Prevention Ulcer Prevention and Management Policy and Guidelines. Dorset HealthCare University NHS Foundation Trust.
- NPUAP & EPUAP. 2009 Pressure Ulcer Prevention: Quick Reference Guide.

Available from: http://www.npuap.org

- Royal College of Nursing. 2005. *The Management of Pressure Ulcers in Primary and Secondary Care: A Clinical Practice Guideline.* Available from: http://www.rcn.org.uk/__data/assets/pdf_file/0017/65015/management_pressure_ulcers.pdf

**Falls:**

Individuals should be supported to stay as active and independently mobile as possible and any additional support they need should be identified and recorded in their care plans. Some people who are frail or have mobility problems may be at greater risk of falling. The consequences of falls can be very costly for both the individual - in terms of their health, wellbeing and mobility - and for any services they may be receiving.

Following a fall, the individual may require more intensive services for longer and, in some cases, may never return to previous levels of mobility. A fall does not automatically indicate neglect and each individual case should be examined in order to determine whether there is a safeguarding concern.

There are a number of things that can be done to reduce the risk of falls while keeping individuals active and mobile.

**Prevention checklist:**

- All service users are assessed on the risk of falls and care plans reflect the support needed to remain active and mobile.
- Referral for further assessment of the individual's risk of falls and preventative measures should be considered and the outcome recorded.
- Service users are supported to make decisions about how they may reduce their risk of falling.
- Where there are concerns about a service user's capacity to understand the risk and implications of falling, capacity must be assessed under the Mental Capacity Act and if needed a best interest decision made to maintain the service user's safety. The outcome of this assessment must be recorded in the person's care plan.
- Service Users, who lack capacity to manage their own risk, need to be assessed for the requirement of any restrictions or restraint to reduce the risk of falls. This may require an application for Deprivation of Liberty Safeguards (DoLS). This is evidenced in records of the best interest decision-making process and must be documented within the service users care plan
- Organisations must ensure that staff providing care are appropriately trained and competent within moving and handling procedures
- There is a clear process for staff to follow when someone has fallen, including how to support the service user, when to seek medical attention and when to consider if a referral for safeguarding needs to be made.
- Appropriate aids and equipment to reduce the risk of falls are provided promptly following risk identification.

- Good nutritional care is provided to ensure individuals are properly nourished and hydrated.
- Opportunities to exercise are encouraged and individuals are supported to stay as mobile as possible.
- Links are maintained with the local falls prevention service.
- Medications reviews are undertaken to identify if any medications may increase the risk of a person falling or if the risk of harm from falling is increased. E.g. sedatives may increase the risk of falling and anti-coagulants may increase the risk of bleeding/bruising after a fall.

***Resources:***


- SCIE. 2005. Research Briefing: Preventing Falls in Care Homes. Available from: http://www.scie.org.uk/publications/briefings/files/briefing01.pdf
- NICE 2013 The Assessment and prevention of falls in older people (replaced cg 021) http://guidance.nice.org.uk/CG161
- Age UK. 2009. *Stop Falling: Start Saving Lives and Money.* London. Age UK
- Independent Living. 2014. Fall Prevention. Available from: http://www.independentliving.co.uk/advice/fall-prevention/

**Quick Reference Checklist for Nursing and Residential Care Homes / Domiciliary Care Providers.**

**Please use bullet points as prompts:**

**Nutrition:**

- Has a nutritional assessment (MUST) been completed?
- If required have food and fluid intake charts been kept?
- Has a care plan been developed from the assessment?
- Has the service user had their weight recorded, is so how often, is there any-unplanned weight loss
- Are there any underlying medical conditions e.g.; PEG tube, urinary tract infection, pressure ulcers, amputation of upper or lower limbs.
- Is there a history of falls?
- Are they known to dietetic or Speech and Language Therapists services?
- Are there swallowing difficulties or risk of choking?
- Is Safe Swallow Plan displayed or within easy access?
- Dependency levels e.g.; Able to feed self, needs some support with eating/drinking, reliant fully on carer for eating/drinking

**Falls:**

- Type of fall, how it happened, impact of fall
- Was medical/ambulance attention sought?
- Falls assessment completed - history of falls
- Level of dependency
- Body maps completed
- Equipment in place and being used correctly
- Known to services e.g.; falls clinic, Occupational Therapists
- Medical history
- Accident/incident form completed
- Continence needs
- Pressure Area Care

**Pressure Area Care:**

- Body map completed
- Risk assessment completed
- Nutritional Assessment completed
- Care plan based on risk assessment
- Grade, size, location and duration of pressure ulcer
- Identify equipment is being used or is needed
- Consider involving other services such as District Nurses, GP's, Tissue Viability Services
- Medical condition
- Continence needs
- Patient concordance

**NB: All topics inter-relate with each other**