

Immediate Considerations and Actions:

- Immediate safety, support and care of individual
- Accident/Incident Form, Body Map, Capacity/Consent, Inform Relatives

Check the following:

- Was there an up-to-date care plan and risk assessment that identified pressure risk?
- Was a pressure care assessment undertaken on admission if relevant risk criteria identified?
- Were there signs of deterioration if previously independent? Was anything actioned?
- Consider the views of the individual in relation to care and consent
- Relevant medical factors, such as infection, medication, dehydration
- Check if any organisation factors could have been causative
- Ensure the incident is logged by provider as part of their governance
- Should a protection plan be formulated? Should safeguarding be notified if the pressure sore was avoidable?
- If no contributing actions found, was there an appropriate provider response?
- Partnership working evidence? E.g. GP, Tissue Viability Team, OT
- Consideration of CQC notification for safeguarding and serious injury
- Safeguarding must be informed if an incident has developed or escalated, such as an injury needing further medical attention

How can the risk be reduced?

Regularly change the individual's position, check their skin every day for signs and symptoms, encourage a healthy balanced diet without smoking.

Consideration for a S42

The key indicator is whether the development of a pressure sore was avoidable:

- Lack of timely medical attention
- Lack of timely specialist input
- Lack of appropriate in-house response
- Lack of pressure area risk assessment and care plan for prevention & treatment
- High level of harm
- Lack of transparency
- Organisational issues:
 - Lack of professional curiosity
 - Poor safeguarding culture
 - Staffing changes
 - Lack of qualifications and skill
 - Lack of Moving & Handling training

Poor maintenance of equipment
Lack of appropriate mattresses/cushions
Lack of knowledge in underlying evidence based practice

Risk factors

- Limited mobility
- Loss of feeling in part of the body
- History of pressure sores
- Poor nutrition and hydration
- Thin, dry or weak skin
- Significant cognitive impairment

It must be noted that condition may be unavoidable due to palliative care.

Evidence Base and Supporting Awareness:

Who is most at risk of pressure sores?

- Over 70s
- Bed-bound due to illness or after surgery
- Paralysis
- Obese
- Incontinent
- Poor diet
- Conditions that affect blood supply, make skin fragile or mobility

Treatments

- Regular repositioning
- Pressure relieving mattresses and cushions
- Dressings, creams and ointments
- Antibiotics
- Diet and nutrition
- Debridement/surgery