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Ousey, Karen

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Avoidable Pressure Ulcers: Neglect or a Safeguarding Concern?

Dr Karen Ousey
University of Huddersfield

Session Overview

- This session explores:
- Adults at risk
- Safeguarding
- Results from a research project investigating safeguarding and pressure damage in care/nursing homes

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The Future.....

- The older population is growing faster than the total population in practically all regions of the world— the difference in growth rates is increasing
- By 2025-2030, projections indicate that the population over 60 will be growing 3.5 times as rapidly as the total population (2.8 per cent compared to 0.8 per cent)
- By the year 2050, more than 1 in every 5 persons throughout the world is projected to be aged 60 or over, while nearly 1 in every 6 is projected to be at least 65 years old
<http://www.un.org/esa/population/publications/worldageing19502050/pdf/80chapterii.pdf>

Adults at Risk

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- ‘Is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him - or herself, and or unable to protect him - or herself against significant harm or exploitation’

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Pressure Ulcers

- Not all pressure ulcers in an adults at are the result of neglect
- Neglect is the deliberate withholding OR unintentional failure to provide appropriate and adequate care and support AND this has resulted in or is highly likely to result in a preventable pressure ulcer.

Investigating staff knowledge of safeguarding and pressure ulcers in care homes

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- Aim:
- To investigate whether nursing/care home staff regard pressure ulceration as a safeguarding issue; and to explore reporting mechanisms for pressure ulcers in nursing/care homes.

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Investigating staff knowledge of safeguarding and pressure ulcers in care/NH homes

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- Mixed methodology:
- On line questionnaire:
 - Sixty five respondents from 50 homes within one CCG
 - Assessing their experiences of avoidable and unavoidable pressure ulcers, grading systems, and systems in place for referral to safeguarding teams
- Semi structured interviews:
 - Understanding of safeguarding = 11 Participants

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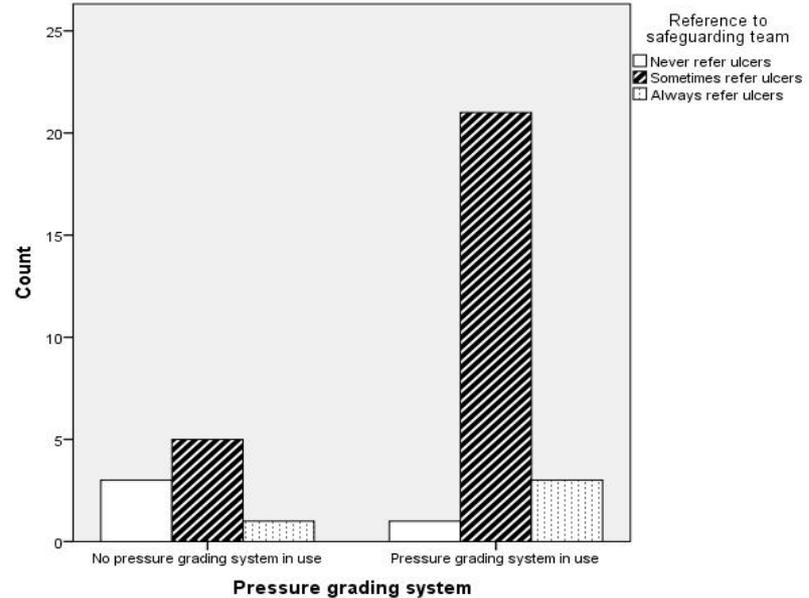
Demographics

Variable	Frequency (valid %)
Gender	
Female	59 (90.7%)
Male	6 (9.3%)
Age group	
18-30	19 (29.2%)
31-40	15 (23.1%)
41-50	10 (15.4%)
51-60	17 (26.2%)
60+	4 (6.2%)
Job title	
Registered nurse	8 (12.3%)
Care assistant/worker	31 (47.7%)
Senior care assistant/worker	12 (18.5%)
Manager/supervisor	6 (9.2%)
Other/not given	8 (12.3%)

- Respondents judged on average 45.6% of incidences of pressure ulcers to be avoidable, leaving an average of 1.48 incidences within the last 12 months (54.4%) unavoidable.

Using a grading system to report

- Amongst respondents who reported the use of a pressure grading system:
 - 24 out of 25 (96.0%) would refer ulcers some or all of the time
 - Amongst respondents who did not report the use of a pressure grading system: 6 out of 9 (66.7%) would refer ulcers some or all of the time.

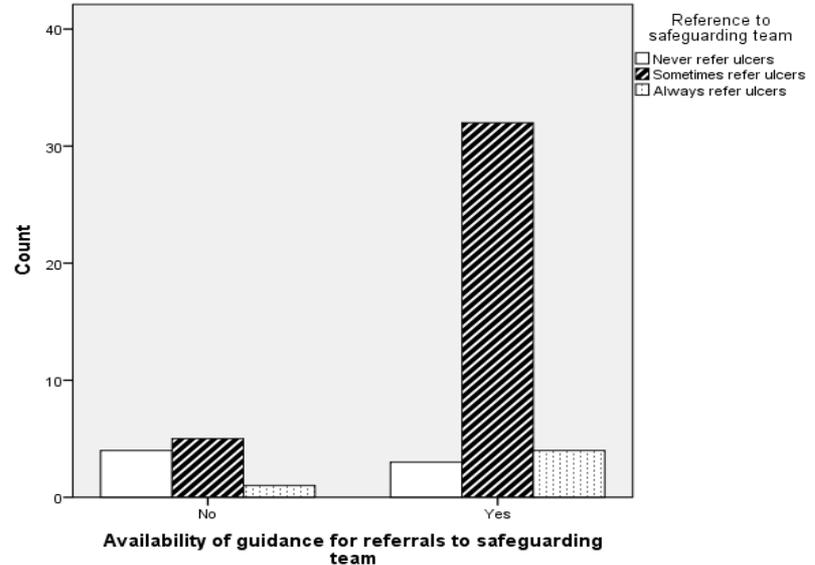


When to refer

- The majority of respondents would refer some, but not all ulcers to the safeguarding team:
 - 38 respondents; 71.7% of valid responses – referred category 3 and 4 pressure damage
 - 8 respondents; 15.1% - would refer all ulcers - this included category 1 and 2 pressure damage

Referral to Safeguarding

- Forty one respondents (80.4% of valid responses) reported that guidance was in place to refer to when referring ulcers to the safeguarding team.
- Ten respondents (19.6% of valid responses) reported no guidance present.



Referral to Safeguarding

- The provision of guidance was associated with a willingness to refer:
- Of those for whom guidance was provided:
 - 36 (92.3% of valid responses) would always or sometime refer ulcers
- Those for whom guidance was not provided:
 - six (60% of valid responses) would always or sometime refer ulcers.

PU development

- During the interviews, all respondents stated that they had a very low incidence of pressure damage acquired in the care or nursing home
- The majority of pressure damage being evident when residents were admitted from either the community or an acute hospital environment.

- Lack of clear written documentation/in depth verbal communication from community/hospitals to care/NH

‘the grade of ulcer was not clearly defined, with the discharge documentation stating ‘*query grade*’ rather than explicitly identifying that

it was a grade 3 or 4’.

Confusion with terms

- Confusion between 'safeguarding' and 'safeguard' within the care homes (N=4) interviewees.
- The 'Safeguard mechanism'.

Recommendations

- There is little research and evidence that investigates the understanding, knowledge and skills of care and nursing home staff in relation to pressure ulcer development and safeguarding
- There is an essential need for safeguarding teams to work closely with staff in care and nursing homes to highlight the role of safeguarding teams and to provide support in the prevention of incidences of pressure damage
- Community nursing staff, tissue viability and safeguarding teams must work in an inter professional manner

- Improved documentation and communication

Adults at Risk

Remember

All cases of actual or suspected neglect should be referred through the Safeguarding Adults procedures to ensure areas of concern are appropriately addressed.

- When a member of staff identifies safeguarding concerns about skin damage:
 - Initial assessment
 - two members of staff – 1 RN and 1 senior staff member

PU development - a sign of neglect?

- Not always
- Conclusions
 - Requires more education
 - Effective Inter disciplinary working
 - Effective communication channels

- Thank you for listening
- Questions?