

SKINtelligence: Supporting good skin health in the care home sector



Overview

Aged skin is more vulnerable to damage and stress

The skin is one of the biggest and most complex organs of the body, and contains hair follicles, oil glands, sweat glands, nerves and blood vessels. As the skin ages, the dermis and epidermis thin and subcutaneous fat and tissue atrophy and are lost. Aged skin is more vulnerable to damage and stress, and also slower to heal. Wound prevalence increases with age.

Residents of care homes are known to be at risk of skin problems and therefore it is important to take a proactive approach to maintaining skin integrity and assessing and treating any skin breakdown. This requires a whole system approach to care, with the care home staff working with specialist colleagues in the NHS to prevent avoidable harms in relation to older people's skin. In Oxfordshire, a number of organisations across the system are working with Thames Valley Knowledge Team to improve skin care.

Project Aims and Methods

The project aims to deliver an integrated end-to-end pathway for all older people with skin problems; and to develop a proactive approach to skin care which reduces wounds and manages them better, earlier.

The first stage of the project was to carry out a current state audit into pressure ulcers, leg ulcers and other wounds; both in the care home sector and in the local acute hospital. The purpose of this was to find out the prevalence of tissue viability problems from different sources in order to understand the problem better and plan an appropriate response.

The audit was sent to 57 local care homes with nursing and 28 responded (49%). The data collected was during a pre-determined time period 6th-21st June 2013. The size of homes ranged from 14-83 residents and there was no obvious correlation between the size of the home and the responses given. The in-patient audit was carried out between 8th-11th July 2013 and received 55 responses (97% response rate). The size of the clinical areas ranged from 3 to 69 patients and there was no obvious correlation between the size of the unit and the responses given.

49%
of local care homes responded to our audit

Findings

The average prevalence of tissue viability problems among care home residents was 9% of the total resident population, with a prevalence range of 1% to 21%. The top three reported problems were leg ulcers, skin tears and Grade 2 pressure ulcers. The dressings most commonly used in nursing homes were found to be those listed on the Oxfordshire tissue viability formulary, demonstrating that the nursing homes have adopted the recommended local guidance. There was a high use of assessment tools for pressure ulcers and wounds, but fewer than half of the homes used a validated assessment tool for leg ulcers which might explain their unexpectedly high prevalence. The majority of care home staff received less than five hours training per year in tissue viability.

The average prevalence of tissue viability problems for in-patients was 38%, with a prevalence range of 24% to 58%, surgical wounds being the highest category. Excluding these, the most common problems were pressure ulcers and leg ulcers. The largest categories of patients with these problems were admitted from their own home, with admissions from care homes being the second largest group. The majority of unit staff received less than five hours updating per year in tissue viability.

The implications of these two audits are that a consistent approach to tissue viability management needs to be introduced across Oxfordshire, to minimise skin problems and manage them earlier.

Recommendations

The work arising from these audits needs to focus on all aspects of tissue viability, as both audits found leg ulcers to be as significant a problem as pressure ulcers. The focus of attention needs to be prevention and early recognition of problems, so skin breakdown can be treated earlier on the pathway. Education and training of the whole workforce, as well as residents and carers, is a priority; as well as commonly shared assessment tools and other resources.

Working with Thames Valley Health Knowledge Team

This project was coordinated by the Knowledge Team with support from Oxford Brookes University. The audits were carried out by 3M with Oxford Health NHS Foundation Trust, Oxfordshire County Council and Oxford University Hospitals NHS Trust. We can help you by:

- Coordinating service improvement work integrated across multiple providers.
- Conducting needs assessments for change programmes.
- Sending you more information on the two audits and putting you in touch with the specialist tissue viability teams.

Thames Valley Health Knowledge Team

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