

P was a 63 year old lady who had a diagnosis of Multiple Sclerosis. She had developed contractures in both of her legs which resulted in multiple pressure ulcers due to her positioning.

P had been issued with pressure relieving and postural management equipment including a Toto lateral turning system when she had lived independently with support from carers but these had not always been used consistently. When P moved into a nursing home it was not recognized that she had specialist equipment and it was not moved with her. P passed away in hospital due to sepsis and infected pressure ulcers.

It was noted that many professionals and care staff were unaware of what a contracture was and/or the intervention that could be provided, it was also noted that no service was available for care home residents with contractures

Lessons

- **Equipment:** Specialist equipment such as postural management cushions and lateral turning systems should be moved with the patient when they move into a different care setting e.g. nursing home. If the patients needs have changed a review should be requested from an Occupational Therapist, Physiotherapist or Nurse trained in postural management.
- **Contractures and positioning:** All Health and Social Care staff should have an awareness of contractures and the importance of good positioning. They should also be aware of the appropriate service to contact if they have a patient they suspect has contractures and requires intervention.
- **Pressure Ulcers:** Poor bed or chair positioning can result in patients developing pressure ulcers. All Health and Social care staff should have an awareness of the impact of poor positioning on skin integrity. They should also be able to refer patients they have concerns about to a specialist service.

7-minute Learning Summary

Safeguarding Adults Review P

Safeguarding Process

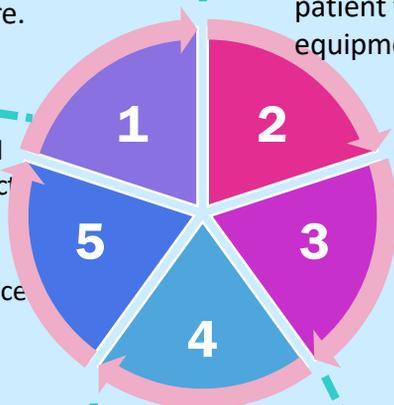
- When safeguarding referrals are made it is important to ensure that the patient and their family members are aware that the referral has been made unless there are clear reasons why it would be unsafe to do so
- When safeguarding investigations are completed it is important to ensure that the referrer, patient and their family are involved to ensure a holistic approach and the patients voice is heard
- For patients with complex needs consideration should be given to whether a care coordinator should be allocated within the local authority to ensure continuing oversight and coordination of care.

Contractures and Postural Management

- Research has identified that the numbers of people living with contractures in care homes is estimated at 55%
- Professionals should ensure they are aware of what a contracture is and any services that may be available to support. This short video was created to help raise awareness in Berkshire West:

Postural Management Awareness – YouTube

- Patients with contractures will often develop secondary complications such as pressure ulcers and it is important that professional groups work together to address these with the patient
- If a patient has been issued with specialist seating which cannot be used for a period of time due to a change in need a reassessment should be requested to ensure that their joint range of movement is maintained.
- If a patient has been issued with a positioning profile this should be made available to anyone providing care to that patient to ensure they are clear how the equipment should be used.



Equipment

- Berkshire Local Authorities and Clinical Commissioning Groups have a contract with NRS Healthcare to provide equipment, under the heading of Berkshire Community Equipment Service (BCES).
- Equipment is ordered online via IRIS : <https://iris4.nrs-uk.co.uk/Authentication/Login.aspx>
- Specialist equipment such as sleep systems/postural management equipment can be transferred with the patient when they move into a care home. Consideration should however be given to whether the patients needs have changed and a reassessment may be needed.
- It is important that a patients contact details are updated on the IRIS system when they move address so the equipment can be traced and any servicing carried out
- All equipment should be used as prescribed and any changes should only be made by a professional trained to make this decision, e.g. if a toto is prescribed it should be left turned on unless stated within the patients care plan.
- If a patient moves into alternative accommodation e.g. nursing care it is the responsibility of that care provider to ensure they are aware of the equipment that patient needs and this will be provided/transferred to the new setting. Where there are issues in providing/transferring equipment providers should seek the guidance of the professional and/or their organisation who prescribed the equipment.

Pain Management

- The patients voice should be heard in regards to their experience of pain e.g. if a patient shouts when being moved this should be discussed with them and questions asked to understand the their experience and needs
- Any care plan regarding pain management should be made in conjunction with the patient and reviewed on a regular basis.

Mental Capacity

- The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The same rules apply whether the decisions are life-changing events or everyday matters.
- Mental capacity needs to be explicitly addressed, particularly where someone's behaviour compromises their health, at every stage of decision –making
- Individuals should receive appropriate support where they experience difficulty in participating in decision-making, for whatever reason