

Body Map Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Person-centred care

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

This guidance is for care staff who have a responsibility for caring for residents. As part of this, care staff must ensure that any change to a resident's skin is reported and recorded. Care staff are required to complete a body map.

The aim of this guideline is to assist staff in completing a body map, knowing when to complete a body map, and the purpose of a body map.

EFH utilises body maps on Access and Clinical Wound chart and on Access and Clinical Medication Management.

This policy sets out a clear framework for staff and provides best practice guidance about supporting residents. This is to ensure the resident's skin condition is monitored with actions being taken where necessary.

This policy is relevant to all staff that assist residents as part of the care and support they are offering the resident. A body map should be completed on first admission or contact with the resident. A body map shall then be used as and when it is required, dependent on the resident's skin condition.

This policy and procedure are provided for the regulated activity of accommodation for people requiring personal care or nursing.

The Policy

EFH aims to provide a safe, effective, caring, responsive, and well-led service to all its residents and their family who receive a service. This is achieved through policies and procedures, staff supervision and oversight from management, which includes quality assurance and audit.

All staff will be provided with training to ensure they are able to effectively support residents to ensure their skin condition is monitored. Any concerns will be recorded with actions taken to ensure the resident receives the appropriate professional treatment if required.

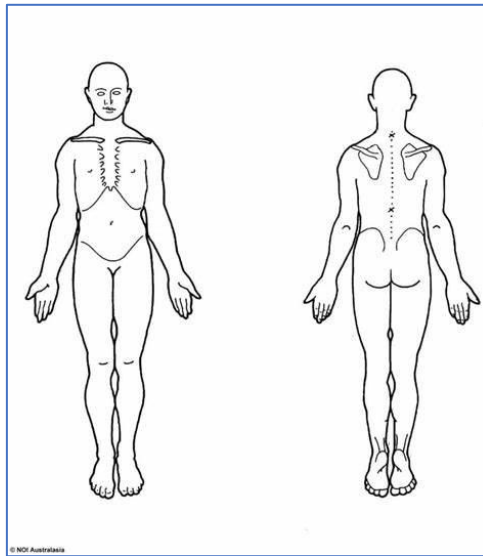
Body Map

Body maps are used to communicate and record areas of skin damage, bruising and/or areas of concern. The body map is a useful tool for supporting staff to quickly identify where there is an area which needs to be observed for healing, treated and/or protected when undertaking transfers. An example is provided below:

A body map should be completed in line with local policy as well as marking the location on the body map, using the assigned coding system to ensure consistent notation of marking or injury.

Body maps should be used to record skin damage and can be applied as evidence, if necessary, at a later date.

If two workers observed the skin damage, they should both sign the body map.



Skin Conditions

Skin concerns which may be identified include:

- Discolouration
- Bruising
- Skin tear
- Pressure ulcer
- Redness or sore skin
- Excoriation
- Scratches
- Cuts/wounds
- Scalds/burns

In addition, body maps can be used to support the application of topical medications, ensuring staff have a clear indication of where the treatment must be applied and over what area.

Pressure Sores

Many people who are frail and have restricted mobility are at risk of developing sores on the points of their body which receive the most pressure. These are known as pressure sores or pressure ulcers. Pressure sores start with skin discoloration but, if left untreated, they can become very deep and infected; in the worst cases they can be life threatening. With management and care, pressure sores can be avoided in most cases.

Pressure sores are not always due to neglect and each individual case should be considered, taking into account the person's medical condition, prognosis, any skin conditions and their own views on their care and treatment. These things, rather than the grading of the pressure sore, should determine whether a safeguarding referral is appropriate. Other signs of neglect, such as poor personal hygiene and living environment, poor nutrition and hydration may help to influence this decision.

A body map, completed regularly, assists staff to identify and monitor any pressure sores and allows them to determine if they are improving and worsening.

Falls

Residents should be supported to stay as active and independently mobile as possible and the support they need should be recorded in their care plans. People who are frail or have mobility problems may be at greater risk of falling. Following a fall, a body map will need to be completed for the resident – regardless of whether any injuries are apparent or not. If there are none, then it should be indicated that a 'top to toe' check of the skin integrity has been completed and that there were no apparent injuries at this time.

Rough or Rushed Treatment

Unexplained bruising is another reason for staff to complete a body map. This can help the home and senior management team to investigate if rough or rushed handling could be the cause. Staff should be mindful that the people they are caring for may be in pain due to illness or disability and may bruise easily due to physical frailty.

Physical Abuse of Residents

Physical abuse of residents may manifest as bruising or damage to skin, which will need to be recorded to support investigations and safeguarding reports.

This includes abuse caused by:

- Other residents
- Staff
- Family members

When there are signs of unexplained bruising or damage to the skin, all incidents should be recorded, and staff should complete body maps at the point of potential injury and again if any bruising or injuries are observed during personal care.

This will allow management to investigate the abuse, raise safeguarding concerns, and document how any skin concerns may have occurred as a result of the incident.

References and Further Reading

<https://assets.publishing.service.gov.uk/media/65aa61c6b2f3c6000de5d5ea/pressure-ulcers-safeguarding-adults-appendices-january-2024.odt>

Review date	Next Review Date
July 2024	July 2027