

Welcome to this first issue of the social care supplement to Wounds UK

If we are to properly manage the burden of patients with wounds across the UK and, more importantly, manage the impact of those wounds on the people living with them, it is important to understand the size of the problem. There is a significant amount of literature that outlines the burden of wounds in hospital and community, for example Stephenson et al (2021) and Guest et al (2020), but these data do not address the area where a significant proportion of the older population and particularly those living with dementia, reside – care homes (both nursing and residential care.)

In 2022, about 408,371 people were living in care homes in the UK (Statista, 2023). In England alone there are approximately 350,000–353,000 residents in care homes (among providers who responded (Department of Health and Social Care, 2025)).

There is little published data on the impact of wounds in this population, but several studies and surveys give reasonable estimates.

A survey of 16 nursing care homes in the UK (458 residents) found 25.14% (115 out of 458) had one or more wounds (Kingsley et al, 2010). A larger-scale audit across 186 care homes in Scotland (6,510 residents) found an overall wound rate of 138.6 per 1,000 residents. That translates to about 13.86% of residents having one or more wounds in that particular audit (Brash et al, 2023).

It is clear that more work is needed in this area. Therefore, a small working group was commenced in April led by the Clinical Lead for Tissue Viability for NHS England. The group currently consists of representation from a small group of care home chains. Since initiation in April 2025, it has organised an audit of wounds (see information below), a free half-day event focused on social care at the Wounds UK conference in Harrogate (on Wednesday 12 November) and this social care supplement to the journal that will appear regularly.

We welcome submissions from those of you working across the care home sector to highlight the work you are doing to prevent or treat wounds. Equally if you would like to participate in future work, please do let us know.

Initial findings of the audit.

Four of the care home chains (including

Barchester Healthcare, BUPA, The Orders of St John Care Trust and one other) agreed to participate in a headline data capture during July. This aimed to identify the number of residents with wounds and the operational policies that were in place to support care delivery. The audit was based on data pulled from electronic care records. It is accepted that these data may be a significant underestimate. Qian and Yu (2014) identified the challenges of electronic care records, specifically identifying issues related to the documentation of wound care. The four organisations that participated accounted for 41,847 people living across 849 care homes.

Care was provided across a range of care home types [Figures 1a and 1b] almost a quarter of beds (23%; n=9,635) were provided

Jacqui Fletcher OBE

Clinical Editor, Wounds UK

Figure 1a: Type of home

Figure 1b: Number of beds by care home type

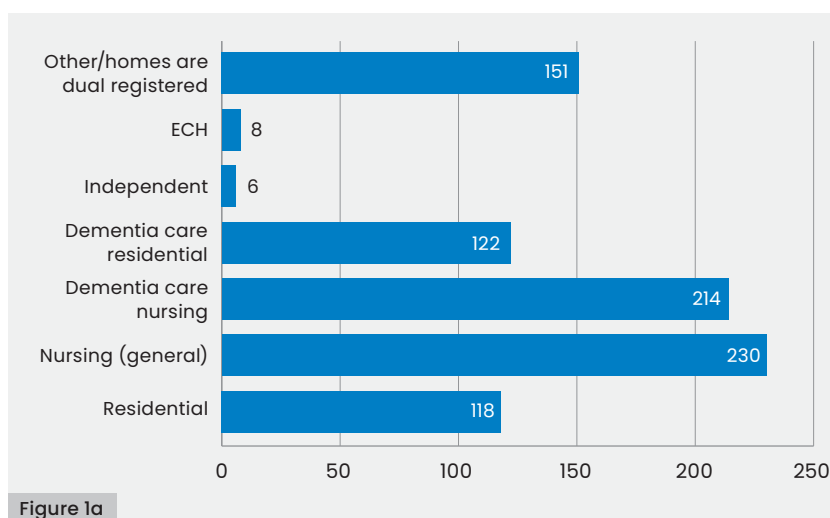


Figure 1a

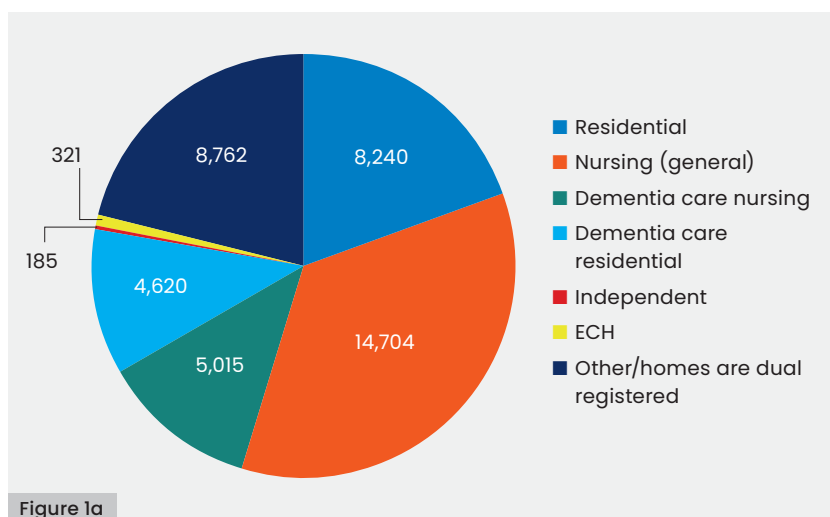


Figure 1a

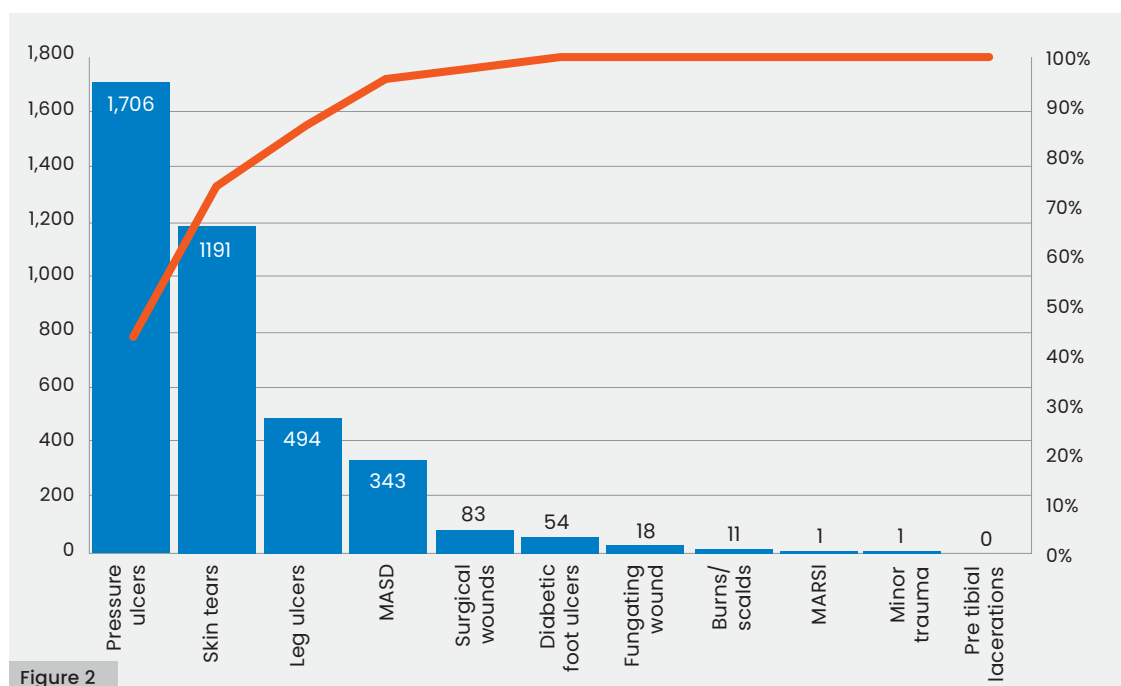


Figure 2: Wound aetiologies across the homes

for people were living with dementia.

Of the 41,847 people, 3,901 had a wound (9.32%). Data were captured on the frequency of common wound aetiologies [Figure 2]. The majority (80%) of patients with wounds had a pressure ulcer or a skin tear.

Guidance in place

All organisations had some form of guidance for pressure ulcers, leg ulcers, wound infection and skin tears. Three organisations had guidance for general wound care and the fourth organisation has work in progress to develop this. No organisations had guidance for post-operative wound care, two cited referral to local pathways. Two organisations had a form of guidance for MASD and for MARS. None of the organisations had a policy for negative pressure wound therapy (NPWT), and one specifically stated that it does not have patients across their sites using NPWT.

Pressure ulcers

Three organisations use Waterlow and 1 PURPOSE T as their risk assessment tool. All four organisations use categories 1–4 and sDTI. Two organisations do not use DTI. No organisations

use Mucosal and only one uses DRPU.

Further information and analysis from this audit will be available in a future edition of *Wounds UK*. ●

References

- Brash V, Breen J, Farrell E et al (2023) Skin integrity needs of older adults in care homes: prevalence audit. *J Community Nurs* 37(5): 30–5
- Department of Health and Social Care (2025) Adult social care in England, monthly statistics: September 2025. Available at: <https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-september-2025/adult-social-care-in-england-monthly-statistics-september-2025> (accessed 29.10.2025)
- Guest JF, Fuller GW, Vowden P (2020) Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. *BMJ Open* 10: e045253.
- Kingsley A, Hucker M, McEndoo K, Manser M (2010) Auditing wound prevalence in nursing homes. *Wounds UK* 6(3): 61–6
- Statista (2023) Number of people living in care homes in the United Kingdom in 2022, by country. Available at: <https://www.statista.com/statistics/1082379/number-of-people-living-in-care-homes-in-the-united-kingdom> (accessed 29.10.2025)
- Stephenson J, Fletcher J, Parfitt G, Ousey K (2021) National audit of pressure ulcer prevalence in England: a cross sectional study. *Wounds UK* 17(4): 45–55
- Qian S, Yu P (2014) Fitting clinical workflow: the case for wound care in a residential aged care home. *Stud Health Technol Inform* 204: 130–6