Improving home care workers' skills in venous leg ulcer care

This article describes a collaborative project between social care and wound care services aimed at increasing the skills of home care workers in emollient therapy and the safe application of compression hosiery. It is hoped that this project will help in preventing ulcer recurrence and promoting quicker referrals back to district nursing services when hosiery and skin problems occur. The main aim is to promote a better outcome for patients. In the current healthcare climate, it is important to demonstrate how services can work together and drive up quality, increasing productivity and patient satisfaction (Dowsett and White, 2010).

A leg ulcer is often defined as a break in the skin on the lower leg that is taking more than 4–6 weeks to heal (Scottish Intercollegiate Guideline Network [SIGN], 2010). Venous leg ulcers are the most common type of leg ulceration and about 70% are venous (Anderson, 2009). At any given time, around 100,000 people in the UK have a leg ulcer (Briggs and Closs, 2003).

Compression has been successfully applied during the management of leg ulceration for centuries (Cullum et al, 2001), and has improved healing rates and patients' quality of life. Although leg ulceration is seen mainly as an older person's problem, it can develop in younger age groups as well (Kanter and Margolis, 2007). Once healed, the person with a leg ulcer needs to keep wearing compression hosiery as underlying venous disease is, as yet, untreatable and the hosiery will simply manage the symptoms (in this case, maintaining the healed ulceration). Unfortunately, ulcer recurrence is common (European Wound Management Association [EWMA], 2003) with some patients experiencing multiple episodes of ulceration. The mainstay of preventative treatment is compression hosiery and evidence suggests that the higher the compression that the patient can tolerate, the lower the rate of recurrence (Harper et al, 1995; Dowsett, 2010).

Background

Many patients on a district nurse's caseload who have had venous leg ulcers that have healed will need to wear compression hosiery for life. Other patients who may also need to wear compression include those who suffer from chronic oedema and lymphoedema.

As these patients get older and frailer, they are less able to care for their skin by applying emollients and compression hosiery. This means they are at risk of further tissue breakdown and re-ulceration, very dry skin, varicose eczema and possible cellulitis.

- Home care workers
- Leg ulcers
- Compression

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In some parts of Bristol, home care workers have historically applied compression hosiery and emollients for housebound patients, while in other parts of the city, this has not been the case. This has contributed to an inequitable service and levels of care.

However, the aim of the district nursing and social care services in the Bristol area is to transform local care and ensure that services provide value for money, both for the service and for users.

As part of the author's role as a leg ulcer nurse specialist, she was asked by the home care managers to put on a skin care and compression hosiery workshop for home care workers. The aim was to standardise education across the area. The author wanted to be part of this project as in her role as a district nurse and lymphoedma key worker, she had witnessed first-hand the impact on patients who have no one to help them apply skin care and compression hosiery.

Skin care and compression hosiery are crucial in leg ulcer care, but finding clinicians skilled enough to perform these duties is often difficult, especially when there are disagreements about whether this service falls under social or health care.

Development of practice

Social care services are normally run by local councils, sometimes in conjunction with local NHS providers and organisations. Many councils often work together to run social care services.

Home care workers, sometimes referred to as domiciliary carers or simply carers, are employed by social care services to help patients stay in their own homes, often by assisting them with personal care. The aim is to help people live independently and safely.

Anyone in Bristol who needs help from social care services to continue living at home is first supported by short-term assessment and re-ablement service (STAR). This service can last for up to six weeks and will help to assess the person's long-term care needs. Home care workers also work in homes for the very frail and in warden-controlled homes. This project with home care workers was open to all social service employed home care workers.

In the case of patients who are housebound, but only need skin care and compression applying, as opposed to patients who have all kinds of other problems, such as dementia, the district nurse teams will continue to visit the patients on a weekly basis to carry out skin care and apply a clean pair of compression stockings. However, this is being discouraged due to resource issuess and district nurses are being encouraged to discharge patients from their caseloads, leaving a gap in patient need.

It is hoped that by increasing the skills of all home care workers through the workshop, as well as by introducing competencies, it will be possible to discharge many patients from the district nurse caseload.

Home care has to be paid for, but the patient is means-tested by a financial assessment and their ability to pay. In the UK, NHS treatment is free at source, therefore, some patients feel that the NHS should provide these skin and compression services, and refuse to pay, especially as some patients and nurses do not see them as essential. Therefore, patients may face a cycle of compression bandaging, healing and breakdown. This is, of course, short-sighted and a higher cost implication in resources for the NHS.

Getting started

Before this project was finalised, meetings were held with the home care managers, line manager, and director of nursing (via email), the district nurse lead, some district nurses and members of the wound care service. The project did not meet any obstacles — in fact, it was more a case of how soon it could begin. The need for this workshop came about following years of frustration for some district nurses and home care managers and the proposed solution centred on collaboration to improve outcomes for the patient.

There were 178 home care workers attended the workshop over a six-month period and it was hoped that, after this time, conclusions would be drawn to then decide if the project could be further developed.

Industry donated emollient samples, compression hosiery and compression hosiery applicators for the workshops and all handouts were provided by the wound care service.

Aims of the workshops

The workshops were split into two sections, which incorporated a 10-minute break, and were planned and conducted by the author. These two sections comprised part one focusing on skin care, including the evaluation of various creams, lotions and topical steroid therapy. Part two, meanwhile, centred on different types of compression hosiery, and how best to apply these. Both sections were informal with some theory and mixed presentations with practical demonstrations.

The aims of the workshop included:

- To gain understanding of essential skin care (emollient therapy)
- Why there is a need to have compression therapy applied (indications)
- How to apply compression hosiery correctly

- The use of applicators to assist safe hosiery application
- Skin damage (what to look out for)
- Care of compression hosiery
- Types of compression hosiery available
- Practical demonstration and practice of compression hosiery application.

Outcomes

A few of the home care workers had learnt how to apply topical steroids many years ago, while the vast majority had not received any training relating to skin care and compression hosiery. This was fed back to the author at the beginning of the workshops verbally and was also written on the pre-workshop questionnaires.

A pre-workshop questionnaire was handed out to establish how the home workers felt about the workshop, their expectations, and their experiences of using emollients and compression hosiery. Most of them had not attended a workshop previously, but were carrying out the care, without prior training.

Overall, 178 responses were analysed — 21 (12%) of these had attended a workshop on creams and steroids before, but 157 had not (88%). For those who had previously attended, they felt confident with their practice.

No one had ever attended a workshop on hosiery application, but 39 (22%) did not feel confident in applying the hosiery. Those who felt confident were open to gaining new knowledge; most carers had been shown one application by a district nurse and then were left to get on with it.

The carers were asked how often they came into contact with clients with skin care and compression hosiery needs, with some 36 (20%) stating that they were very experienced as it was a daily occurrence, while 125 (70%) carers explained that they frequently came into contact with clients with these needs. A further 17 (10%) carers were new to the job and would be coming into contact with the clients who needed skin care and compression hosiery application for the first time.

The carers were then asked what their expectations of the workshop were and all were positive and wanted to learn as much as they could to improve the care and understand more about the needs of these clients.

Some 90% of the carers also commented that most of their clients wore compression hosiery. A total of of 7% of the carers said they felt apprehensive about caring for their clients' needs, while 3% felt nervous. Many carers were happy (22%) and looking forward (24%) to the workshop and felt that the knowledge would make them more confident (36%).

The workshops lasted between two and two-and-a-half hours, depending on the questions and how long the practical sessions took. They were very relaxed, using PowerPoint and lots of pictures, with approximately an hour spent on skin care and a further hour on compression hosiery, with a quick tea break half way through.

The practical sessions with the hosiery aids/applicators were well received as many carers had been struggling with putting hosiery on, hurting themselves and the clients in the process. They now plan on applying compression hosiery without a slide aid, (ActiGlide® [Activa] or Easy-Slide® [Bay Home Medical & Rehab]), which was the consensus of opinion, supported by the author.

Home care workers were shown the differences between the two types of compression available, i.e. the varying stiffness and strength of the fabric in British and RAL (German) compression hosiery.

The carers were educated as to which type was best in different cases — lymphoedema, chronic oedema or venous disease, for instance.

Understanding that hosiery needs to be renewed every six months was also a good learning curve, due to many carers being responsible for washing and ordering new hosiery.

One-hundred-and-seventy-eight home care workers, senior home care workers and some team managers have attended the workshops to date.

Correct application of emollients

Sample bags of emollients were given out so that the home care workers could try the different lotions, creams and hydrogels themselves.

Dressings and bandages were not provided as these are covered by health and not social care, but some carers did ask about dressings and bandages out of interest.

Post-workshop questionnaires

Carers were asked to evaluate the workshops and the results were encouraging — some 82% rated them as 'very good' and 18% rated them as 'good'. Among some of the comments received were the following:

'Thank you very interesting and I picked up a lot of information.'

'Thank you I learnt a lot of new ways to put stockings on.'
'Useful information about emollients.'

'Very good advice given about different products.'

'I enjoyed the workshop it gave me more knowledge with skin care.'

All of the carers felt that the workshops met their expectations, while 98% felt more confident than they did before the workshop in applying compression hosiery, emollients and topical steroids.

Discussion

Anecdotally, home care workers are usually untrained and mainly unqualified, coming from all walks of life. The home care workers who attended the workshops are managed by social services, but care is also provided by private agencies.

At present, the workshops have only been provided to the social service home care workers. It is hoped that in the future, the home care agencies will be approached to put on training for their care staff. However, in today's challenging economic climate, a charge will be necessary to provide a revenue stream for this social enterprise.

The workshops were also instrumental in prompting a discussion of problems in practice from a practical point of view, such as the difficulty of applying ill-fitting compression hosiery, which was then painful for the career and patient. Many carers did not know about the compression hosiery applicators, Easy-Slide and ActiGlide. The issue of when to apply and where to apply compression hosiery was also discussed.

A better understanding of the role of the clinician was achieved as well as the reasons why skin care and compression hosiery was being applied. Many carers did not know when and how the compression hosiery should be replaced or whose responsibility it was. The laundering of compression hosiery is not always the home carer's responsibility, but, in some cases, they do end up washing the stockings and so guidance was also given on this.

Competencies have been written for home care on both emollient therapy and application of compression hosiery, however, they need to be agreed with social care managers and assessors must be identified.

A draft checklist for the district nurses has been written for handover to home care once the patient's skin care and hosiery needs have been stabilised. These are yet to be rolled out, however.

Home care will also need the referrer's (most likely the district nursing team) details stored in their plan of care for referral back, should any problems occur.

Conclusion

The workshop project proved to be both enjoyable and rewarding and the attendees were very enthusiastic, and eager to learn and take part. It has helped them understand why they were carrying out the skin care regimens and application of the compression hosiery, as well as how to do it more effectively.

Providing these workshops for the home care workers responsible for applying emollients and compression hosiery can only promote better care for the patient. If the patient is incapable of applying the compression hosiery and emollients, then this will lead to re-ulceration and skin problems. Therefore, re-ulceration rates should be reduced through ongoing care.

The workshops and competencies will now be used within the social enterprise for unregistered staff and registered nurses alike, and will include information on oedema management.

The wound care service is also looking at a similar project, centring on the reduction of pressure ulceration within the social care setting. As clinicians, we need to be constantly striving for innovative ways of achieving clinically and cost-effective patient-centred care. WE

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