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FROM TREATMENT TO PREVENTION

A first baseline for wound care in social care, drawn from the records of over 26,000 people

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“We cannot survive as a society without care and support. In fact, according to Margaret Mead’s ‘Mended Bone Theory’, care and support are the point at which our civilisations begin. Yet we know far too little about their nature. Relying on well established ‘tribal knowledge’ and best practice passed on from passionate leaders and committed community groups. As a digital partner, we want to go beyond system support. We can use the data our platforms collect and turn them into actionable insights for all our users to utilise. ‘The descent of care’ is too often announced and not examined, we know our users consistently rise to the occasion, adapting to the world around them and keeping the people they support at the centre of everything we do. With quality research into care and support data we aim to champion best practice, elevate discussions and improve outcomes for everyone involved.”

Sudha Regmi
Director of Data & AI

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DATA DRIVEN DECISIONS

Care and support have never received the academic attention they deserve. At Nourish Care we recognise the unique position we are in. As the most trusted supplier of care and support management software in Britain, our users confide a huge range of data from their communities in us. Information, that when researched can unlock new levels of understanding and drive improved outcomes for everyone in care and support. Through co-production with our users, and the experience of our data managers and clinical experts, we are harnessing the data digitisation brought to our sector and putting the power of knowledge into the pockets of providers. Enabling services to make informed, impactful decisions about the care they provide, ultimately improving the quality of life for the people they support and their community.

MENDED WOUND THEORY

Wounds and wound care are the ideal place to begin our research into social care data. They present an encapsulation of the challenges and benefits of social care research. Easy to overlook yet found across our health and care services, wounds can represent both the inevitable and the avoidable realities of social care provision. The ability to accurately record, review and report on wound care unlocks not only more effective treatment but more preventative care.

Social care experienced a rapid digitisation following COVID. Through the government funded 'Assured Suppliers List', social care providers were able to utilise resources to bring digital care records into their services. The result was a success as the government helped increase the use of Digital Social Care Records (DSCRs) fourfold, from approx. 20% to approx. 80% over the course of the programme[1]. This shows care and support providers are already well on their way from analogue to digital. Additionally, it equips us as a software supplier, alongside our users, with the tools to start understanding how we can move from treatment to prevention in our communities. With wounds and wound care as a universal starting point.

Wounds affect an estimated 3.8 million people in England each year[2], with an annual cost to the NHS of £8.3 billion[3]. Making them the third highest area of spend in healthcare after cancer and diabetes. More than half of community nursing time is devoted to wound care, and yet outcomes remain highly variable: only 32% of leg wounds heal at 12 months, with recurrence rates approaching 46%.[4]

For those living with wounds, the impact extends far beyond health. Wounds compromise independence, mobility, and dignity while increasing reliance on social care services. They disproportionately affect older adults, people in deprived areas, women, and those experiencing homelessness. Adding complications and additional challenges to care and support teams that are already stretched thin.

The National Wound Care Strategy Programme (NWCSP) concluded in March 2025 with a clear recommendation. Integrated Care Boards (ICBs) should prioritise wound care as a transformational programme[5]. We believe care and support providers can go beyond this, blazing a transformational trail from treatment to prevention in our local communities[6]. One that takes full advantage of both the lived experience, and digital aptitude of the social care and support sector.

Of course, to prepare for the future effectively, one must understand the past.

1. Department of Health and Social Care (2025) Adult social care in England, monthly statistics: July 2025 https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-july-2025/adult-social-care-in-england-monthly-statistics-july-2025

2. Guest JF, Fuller GW, Vowden P. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253 https://bmjopen.bmj.com/content/10/12/e045253

3. Gray TA, Rhodes S, Atkinson RA, et al. Opportunities for better value wound care: a multiservice, cross-sectional survey of complex wounds and their care in a UK community population. https://bmjopen.bmj.com/content/8/3/e019440

4. NHS Benchmarking Network (2021) Generic Community Services Report 2020/21. https://apcp.csp.org.uk/system/files/documents/2022-01/generic_community_services_report_2020_21_1.pdf

5. National Wound Care Strategy Programme (2025) Key Messages, https://cdn.thehealthinnovationnetwork.co.uk/wp-content/uploads/2025/04/NWCSP-Programme-Key-Messages-March-2025.pdf

6. Nuno Almeida, Lorcán Murray et al (2025) 'The 10 year fix' https://www.homecareinsight.co.uk/e-magazines/september-2025/

HISTORY OF WOUND RESEARCH

Historically speaking, wound care data has been fragmented and inconsistent. A blend of paper notes, siloed community records, and varying GP entries that are difficult to collect and harder to collate. Previous research into wounds was largely in healthcare settings.

We put together a brief timeline outlining key findings in the recent history of wound care policy and research in England.

7. Guest JF, Ayoub N, McIlwraith T, et alHealth economic burden that wounds impose on the National Health Service in the UKBMJ Open 2015;5:e009283. doi: 10.1136/bmjopen-2015-009283 https://bmjopen.bmj.com/content/5/12/e009283

8. House of Lords Hansard, (2017) NHS: Wound Care, https://hansard.parliament.uk/lords/2017-11-22/debates/6C57E65A-A04D-449B-82E9-C836F088A696/NHSWoundCare

9. NHS RightCare (2017) NHS RightCare scenario: The variation between sub-optimal and optimal pathways: https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/nhs-rightcare-bettys-story-narrative-full.pdf

10. NWCSP official findings: https://thehealthinnovationnetwork.co.uk/programmes/patient-safety/wound-care/national-wound-care-strategy-programme/

11. https://www.england.nhs.uk/long-term-plan/

12. https://www.england.nhs.uk/publication/enhanced-health-in-care-homes-framework/

13. https://www.england.nhs.uk/publication/priorities-and-operational-planning-guidance-2024-25/

14. https://digital.nhs.uk/data-and-information/information-standards/governance/latest-activity/standards-and-collections/dapb4086-wound-care-information-standard

2015

- **'Burden of Wounds to the UK's NHS in 2012/13' is published estimating[7]:**
- 2.2 million UK patients with wounds
- Cost: £5.3bn annually
- 11% increase in pressure wounds each year
- Only 16% of lower-limb ulcers had Doppler ABPI recorded
- The House of Lords debated a need for a national strategy[8]

2015 - 2017

- **Smaller prevalence studies (e.g. Leeds) confirmed high burden of chronic wounds**
- **Evidence begins to show community services as the main setting for wound care delivery**
- **Betty's Story[9] illustrates poor pathways for leg ulcers, reinforcing unwarranted variation**

2018

- **BMJ Open study3**
- 3.8m patients with wounds (7% of adult population)
- Cost: £8.3bn annually, up 48% in real terms since 2012/13
- 71% increase in the annual prevalence of wounds between 2012/13 and 2017/18
- District/community nurse visits were the primary cost driver accounting for 29% of all costs
- GP office visits were the secondary cost driver accounting for a further 18% of the total cost
- Eighty-one per cent of the total annual NHS cost was incurred in the community
- Clear evidence of overuse of low-value care and underuse of proven interventions
- **NWCSP launched (Q4 2018) by NHS England/ NHS Improvement to create a national strategy for pressure ulcers, lower limb ulcers, and surgical wounds**

2020

- **BMJ Open study update[2] is published, further examining the data on complex wounds and their treatment:**
- 35% of patients with complex wounds were reported as being at risk of pressure ulceration
- 11% had a pressure ulcer at the time of survey
- 39% patients with pressure ulcers (and thus at high risk of developing a second) were reported as not having a pressure-relieving cushion or mattress
- 70% of wounds healed within 52 weeks (89% of acute wounds and 49% of chronic wounds)
- Persistent lack of diagnostic consistency: only 15% of leg/foot ulcers had ABPI recorded, 25% lacked documented diagnosis
- Marked variations were found in care, underuse of evidence-based practices and overuse of practices that are not supported by robust research evidence
- Reinforced urgency of NWCSP aims: data standards, evidence-based pathways, and system integration

2021 - 2025

- **NWCSP pilots and implementation phases:**
- Best Practice Bundles for lower limb wounds tested
- Early data: 84% healing at 52 weeks, recurrence reduced to 14%
- Workforce frameworks, digital referral tools, and product classification systems developed
- **NWCSP formally closes:**
- NHS commits to continuing its work, embedding:
- Standardised wound care pathways
- National datasets
- Digital integration
- Supply chain transparency
- **Wound care incorporated into:**
- NHS Long Term Plan (NHS 10 year Health Plan: Fit for the Future)
- Enhanced Health in Care Homes Framework
- 2024/25 NHS Operational Planning Guidance
- **NWCSP positioned as a system-wide quality improvement programme with national data standards (DAPB4086)**

INSIGHTS FROM CARE HOMES UTILISING NOURISH

It is clear in Social Care, we need to conduct our own research on issues that are relevant to our communities. While the NWCSP was hugely successful in its approach, it focused on three key areas in healthcare settings: outlining pathways of care, standardising education and considering how variations in care could be reduced. Which, while informative, is far too limited in scope to address issues that people carry with them throughout their health and care journey[15]. If we are to truly transition from managing sickness to promoting health across all health and social care services, we must conduct research beyond the limits of what currently exists.

Research in social care, while limited, does exist and is improving all the time. Organisations like Skills for Care and The Outstanding Society's research branch 'Vivaldi' produce research on workforce data and infection rates respectively. We are proud to work with Vivaldi Social Care to help them harness anonymised data from our users to support their research.

There is an undeniable opportunity to utilise data across social care to better understand the lived experience of people with support. The initial studies cited in this white paper, from both 2015[3] and 2018[2], were based on 3000 participants randomly selected from The Health Improvement Network (THIN) database. THIN is a nationally representative database of clinical practice among more than 11 million patients registered with general practitioners in the UK.

When it came to wound care, we realised we had the tools, experience and crucially, the data, to conduct our own investigation. As this is an area without pre-existing research we have focused on establishing a baseline of lived experience. Our findings are taken from anonymised data of over 26,000 people cared for in care homes, using the Nourish Better Care platform. We reviewed the same sets of data in November 2025 and February 2026 for comparison.

The methods of data recording range across several functionalities on our platform including body maps, hand over notes, photographic evidence, and incident and accident reporting.

These are combined to produce quantifiable data on wound care in social care settings. Representing an initial foray into a previously unexplored arena. We want to utilise data to shape the future of care, bringing together tribal knowledge, digital records and lived experience in a way that is easy to read, digest and evidence. The first step of that is always measuring the baseline and understanding where we are.

15. https://wounds-uk.com/journal-articles/wound-care-in-limbo/

Data Integrity Note

It is important to note that all our data is recorded by people. Because this is people recorded data, from a wide range of care homes in the UK, the skill levels differ from recorder to recorder. Our access to data, methodology for collecting data, and the accuracy of the data being recorded are improving all the time as care professionals become more familiar with the processes. As a result, for now we are focusing on high level insights, which are directionally correct, as a starting point.

The goal being to both expand and specify our areas of focus as digital skills develop and the consistency of data entry improves.

This analysis uses data that has undergone targeted data quality enhancements including removal of duplicate records. While variation in recording practices remains, these adjustments improve consistency and make the results suitable for high-level insight.

OVERVIEW OF DATA

24%

of people in care homes have 1 or more wounds

462

wounds per 1,000 people in care homes

Effectively a quarter of people in residential care settings have at least one wound. This reflects how crucial quality wound care is to quality of life. In the initial research on wounds, 7% of the general population are impacted. In residential social care settings this increases to a quarter of the population. That is a huge increase and reflects the need for further specific research in social care, and a concentrated plan for addressing wound care.

In many cases people have multiple wounds impacting their quality of life. Our findings showed a rate of 462 wounds per 1,000 people. Highlighting just how pervasive this issue is in residential care.

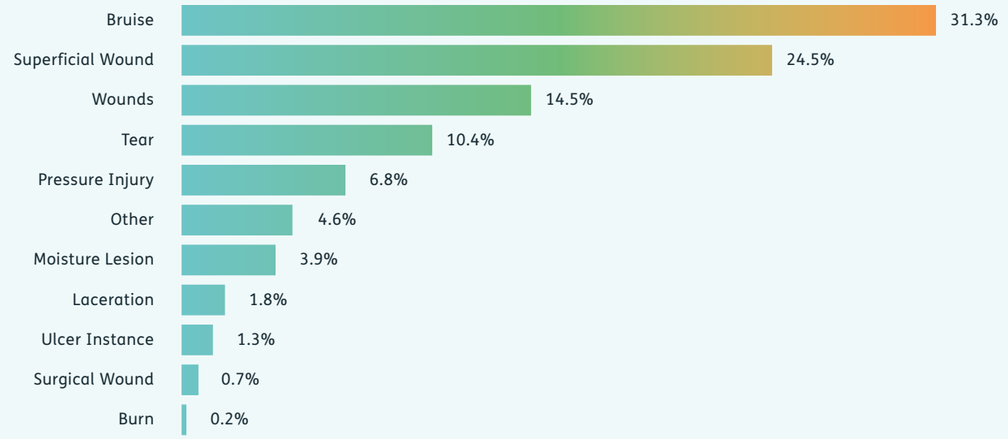
From there we examined the types of wounds recorded on Nourish Better Care. This gave a more detailed understanding of the overall nature of wounds in social care. The availability of this level of data is crucial for best understanding how we can drive improvements for people utilising care and support in residential settings. Which can be measured and compared to this baseline.

For example, care homes can look to reduce wounds like ‘pressure injuries’ with various techniques. The success of these techniques can then be measured and studied by reviewing any changes in the data from the initial point to the present.

As a private business, and not a governing body, we cannot use this information to shape public policy directly. (Though we are more than happy for it to be shared with governing bodies for this purpose!)

Nourish users can review their own data to shape their internal policies. Many providers are already doing this, evaluating and updating their wound care policies, informed by the data they have gathered and reviewed in Nourish Better Care.

WOUND TYPES



Impact of data

The providers participating in this research range in size and location, which can impact lived experience in a range of different ways. Consistency can be a difficult thing to pin down in a world as varied and vibrant as social care. That said, there were certain trends we witnessed across the November and February data which highlighted the positive impacts many providers are already experiencing. Specifically in their approach to reducing wound rates and wound duration.

All data points represent a change from Nov to Feb inclusive.

Reduction in wound rates

We have produced this statistic by comparing the ‘wounds per client’ figure. This focus, as opposed to referring to ‘total wounds’, maintains accuracy of lived experience over fluctuating numbers of people utilising support. This data point is a clear way to review the overall effectiveness of care in a service, where we can see how many wounds are incurred by the people utilising their support.

We recorded decreases in wounds per clients across a number of services, ranging in size from supporting a few dozen people, to several thousand. On average, the rate of wounds recorded decreased by 1.2 in the four-month time span. The range of reduction in wound rates was 5.4. This highlights the high variance in experience and scale of the different services who participated in the study. The lowest reduction was a 0.3 increase in recorded wounds, while the highest reduction was 5.1 fewer wounds per client.

Of the two largest participants, both with over five thousand participants each, the improvement was 1.7 and 0.7 respectively. We also saw significant reductions in smaller sample sizes, with the largest reduction of 5.1 over the four-month time span, happening in a smaller care home.

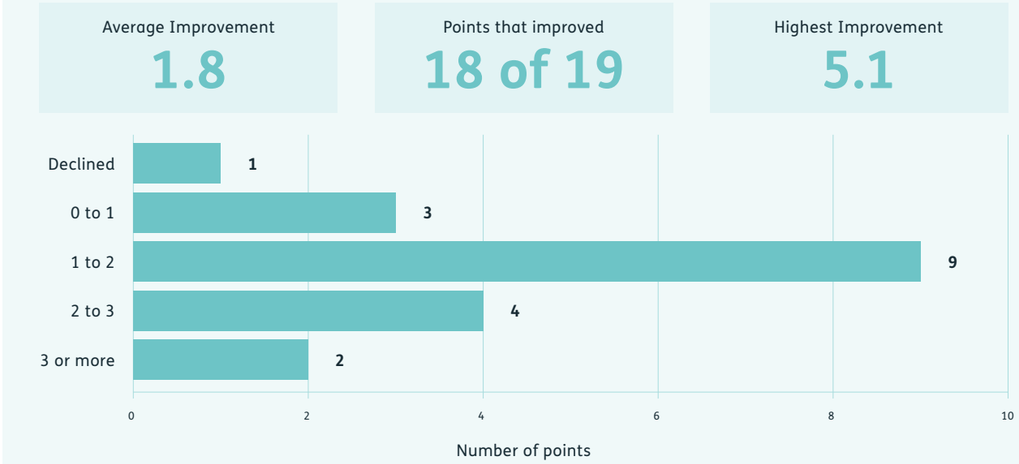
Reduction in wound duration

We measured reduction in wound duration by taking the average duration of wounds in weeks and comparing the difference from November to February. This data point does not reflect the wound type, or the number of wounds that either the person supported has, or the total number of wounds of everyone in the service. The ‘duration of a wound’ is the total time from the first recorded ‘identified - waiting assessment’ until the correlating ‘wound incident’ is closed. We focused on this metric as the clearest way to understand in a sweeping sense the effectiveness of our users’ responses to wounds.

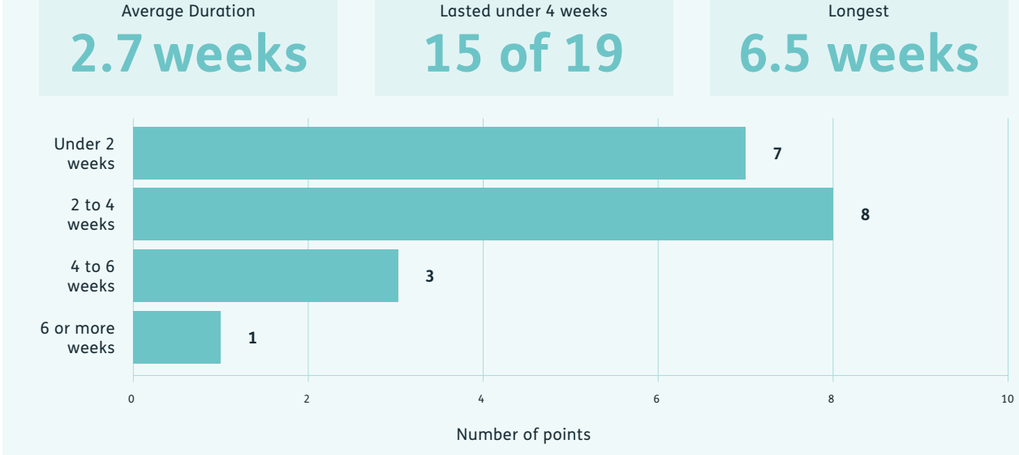
Overall, we saw very encouraging results between the February and November data sets. The average reduction across our main participants in the study was 2.7 weeks. The range of reduction in duration was 5.7 weeks. Again, pointing to variations in experience and scale across our participating services.

Size of service had a more significant impact on the results of this data point. With all of the larger providers, those with more than a thousand people participating, recording duration reductions under the average of 2.7 weeks, in the range of one to two weeks each. In contrast, several of the medium sized providers, those with between 250 and one thousand participants, recorded reductions in wound duration between 2.5 and 5 weeks.

REDUCTION IN WOUND DURATION - 75% OF WOUNDS DEALT WITH IN UNDER 4 WEEKS



REDUCTION IN WOUND RATES - MAJORITY OF RESIDENTS HAVE ONE OR MORE WOUNDS



SHIFTING GEARS

Knowledge is power. Digital systems can unlock that power for providers by helping them understand their data and utilise it effectively. From entry to examination, Nourish works with care professionals to effectively support the people utilising their service.

This study reflects the impact digital systems can have when used effectively by providers. It is research into the overall impact of digital systems, rather than a specific examination of the techniques used by individual services to address wounds in their communities. While outcomes vary between providers with both improvements and deterioration observed the overall trend shows positive movement in key measures such as wound rates and duration.

We help providers shape their responses to the data their teams gather by presenting it in easy to review and action dashboards. Well visualised data points make it easier to understand and apply the information recorded every day in care homes.

Variance is a constant in social care. The size and focus of this study as a collective is useful for understanding aspects of wound care in a general sense. When it comes to specifics, by provider, service or even person, views like our dashboards are essential.

Size, geography, service type all play definitive roles in a provider's data. For example, we focused on a main data group of providers for this study. Those with an adequate size and length of experience with our system to produce viable results. Our extended data group contained all Nourish users who have this functionality available to them and are using it in any capacity. When we compared the averages of the main data group to the total data group some results changed drastically. In wound rate the difference was 0.1 wounds per person (1.3 main to 1.2 total). Whereas with reduction in wound duration the difference was a whopping 2.2 weeks! (2.7 main to 4.9 total).

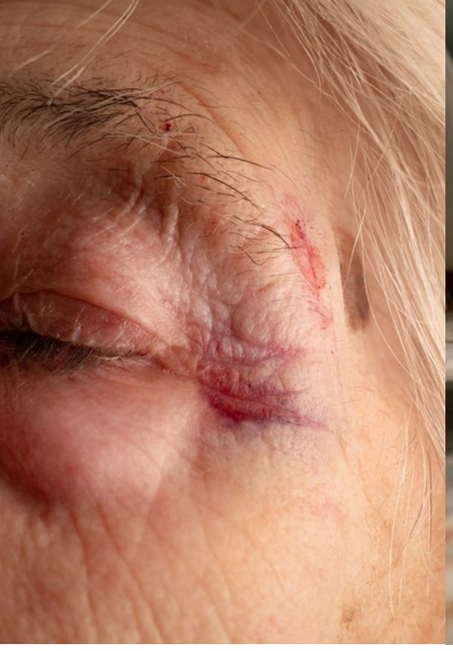
These snapshots offer a quick insight into a variety of different aspects of your service through impactful overviews of key statistics. In this example you can see a correlation between reduced assessment waiting times, increased numbers of total wounds and, crucially, a decrease in wounds per person as the wounds are addressed more effectively following identification.

Closed on Time - Assessment Closure Rate

These charts highlight how often assessments are closed on time, making it easier to spot trends and understand where and when delays are happening in your processes.

Wound Assessment Volume - By Wound Type

This view helps you understand both the vairety and quantity of the wounds your service is addressing, as well as highlighting what wounds are demanding the most of your time.




This shows the journey that is still ahead of us in social care research. The quality of data recording will continue to improve with the increased uptake of digital systems across services. Which will enable us to more precisely measure results.

For example, one provider in this study saw a slight increase in wound rate per person (0.3) with a notable increase in people supported reported (10%) and a significant decrease in wound duration (12.1 weeks down to 6.5). That reduction in wound duration effectively halved how long wounds were healing in their service. Such a significant reduction points more to the entry of data, and reforms within the provider's system use. It is more likely the provider and their team improved their use of the system when it comes to reporting on wound treatment, than they halved the average healing time of wounds. This is also a positive, as it highlights the progress we are making with digital systems in social care. In any perspective on that service's experience, things are improving.

Quality data leads to better understanding of lived experience, and as such, improved impact on the people utilising that service.

"Care and support are among the most human expressions of our shared values, reminding us that dignity and wellbeing should always sit at the heart of society. In practice, however, the way care is recorded and communicated has often been fragmented, making it difficult to see the full picture of a person's needs or to learn effectively from experience. Whether it is wound care or any other aspect of support, the details matter. They impact a person's comfort and safety as well as the trust and confidence of those around them. Digital Social Care Records (DSCRs) bring these details together, creating a holistic, person-centred view that enables clearer communication, stronger oversight, and the ability to track progress in meaningful ways. Just as importantly, they allow insights from individual experiences to be aggregated and analysed, helping services identify trends, share learning, and drive improvement for the future. In this sense, DSCRs transform record-keeping into a foundation for more compassionate and responsive care."

Carrie Taylor, Clinical Lead, Nourish Care

CONCLUSION

In conclusion, this is only the beginning.

This research shows that data, both in the way it was recorded, and the accessibility of its presentation, led to tangible benefits that impacted the quality of life for people utilising support.

Beyond that it points to the potential of digital systems to inform and shape quality care. As we continue to develop digital skills and digital applications across social care, we can increase our scope and produce results that can be factored into policy discussions at the highest levels of decision making.

And we must, because no one else is going to do it for us. We remain 2 years and the uglier part of a general election away from phase two of the Casey Commission on social care. Two years in which every provider will face dozens of private, personal 'moments of reckoning' as they continue to support people across the UK in whatever ways are available, viable and sustainable.

Too many, for too long, are working in the dark, with a narrow field of vision that needs to focus on today, never mind plan for tomorrow. We need to harness the data digitisation has collated. So, we can turn it toward research that is intrinsically linked to the lived experience of people utilising services, and the people providing them.

Additionally, with increased data quality and accessibility, we can improve the specificity of our research. Zooming in on specific experiences and approaches, that can be factored into care at the most direct level of decision making. Where the impact of data utilisation can be felt on an individual basis, transforming one life at a time, as we work toward transforming the whole system. As well as offering a more accessible view of the scale and value of care and support to the wider public.

This study only scratches the surface of the ways data driven decision making has a powerful impact on the quality of life of people utilising support. When the digital social care record assured supplier list was launched in 2022[16] a feeling of progress and opportunity reverberated around social care in England. In the following years many providers have introduced technology in a range of forms to support their communities. A vibrant and invigorating expression of the goals outlined in 2021's People at the Heart of Care: adult social care reform white paper[17].

With research rooted in our communities and empowered by digital platforms co-produced with those same communities, we can bring the people at the heart of our care, to the heart of regulatory and legislative decision making. Using the tools we have available, and the quantifiable language of change, we can evidence definitively that not only does society need care and support to survive, it is the best way we can ensure our communities thrive!

If you'd like to partner with Nourish as we co-produce this future with providers across the UK, contact us directly today.

16. https://www.sussexdigitalteam.co.uk/digital-social-care-records

17. https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper

Empowering people who care

At Nourish we understand quality care and support is a journey, not a destination. That's why we are not simply a technology company; we are a digital partner. One rooted in human connections, and with the person being supported at its core. We offer a range of co-produced software solutions, tailored to the unique challenges of modern social care, while still being flexible enough to meet the unique needs of each specific service we work with. We believe in order to achieve the shifts required of our sector we must build robust digital ecosystems, centred around the lived experience of the people utilising a service.

If you want to learn more about working with Nourish as a digital partner please get in touch.

Get in touch

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