

Enter and View Report

Cumberworth Lodge Residential Care Home

Date of visit - 6/12/18

Date of publication - 11/02/19

HWNL representatives: Annabel Tindale and Jane Brown

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

What is Enter and View?

Enter and View is the statutory power granted to every local Healthwatch which allows authorised representatives to observe how publicly funded health and social care services are being delivered.

Healthwatch North Lincolnshire use powers of enter and view to find out about the quality of services within North Lincolnshire.

Enter and View is not an inspection, it is a genuine opportunity to build positive relationships with local Health and Social Care providers and give service users an opportunity to give their views in order to improve service delivery.

Enter & View allows Healthwatch to:

- Observe the nature and quality of services
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives of service users
- Collate evidence-based feedback
- Enter and View can be announced or unannounced

The purpose of Enter and View can be part of the Healthwatch prioritised work plan or in response to local intelligence. Broadly, the purpose will fit into three areas of activity:

1. To contribute to a wider local Healthwatch programme of work
2. To look at a single issue across a number of premises
3. To respond to local intelligence at a single premises

Main Purpose of Visit

The main purpose of this visit was to look at safety, specifically around falls in the care home.

We wanted to:

- Observe the environment and routine of the care home with a particular focus on resident's safety in relation to falls prevention
- Speak to as many residents as possible about their experience of living in the care home and their personal view on their own safety in regards to falls prevention
- Give care home staff the opportunity to share their opinions on residents safety in relation to falls risk

The care home was given prior notification of the visit one week before it took place. This gave the Manager the opportunity to complete the Managers questionnaire and collate the relevant information before the visit. However the care home was not informed of the exact day or time of the visit.

As well as this short individual report, the information will form part of a larger thematic report from all 11 care settings visited. Healthwatch aim to determine best practice for preventing falls in care homes with a view to sharing this with all providers to encourage an overall raising of standards

It is important to note that Enter and View is not an inspection; it is a genuine opportunity to build positive relationships with local Health and Social Care providers and give service users an opportunity to give their views in order to improve service delivery.

Care Home - background

Cumberworth Lodge is a privately owned care home in the rural location of Graizelound on the Isle of Axholme. The care home has the capacity for 26 residents over the age of 65 in single rooms and is registered to accommodate residents who require nursing and/or personal care.

The care facility was rated good at the most recent CQC inspection.

Summary of the Manager's questionnaire

The registered Manager was provided with a copy of the questionnaire to complete a week before the visit and it was discussed in more detail on the day.

71 falls had occurred in Cumberworth Lodge in the last 12 months. The manager explained that the main reasons for these falls was due to:

- Residents not having an understanding of their own limitations and mobility problems.
- Residents not using the nurse to call for assistance.
- Residents wanting to maintain independence.
- Not using mobility aids as prescribed.

Of the 71 falls that occurred in the care home, 3 of these resulted in an ambulance call out and 4 resulted in a hospital admission.

When a new resident enters the care home, a falls risk assessment takes place on the first day. The assessment looks at the residents falls history, medications they are taking and the footwear they are wearing. Family and carers are involved in the assessment process. This process also applies to respite clients.

Falls risk assessments are also completed at critical points, for example, when a resident returns from hospital.

Any risks that are identified in the assessment are addressed by contacting the GP to make a referral to Occupational Therapy, or the staff will contact OT directly.

To help new residents become familiar with their new environment the care staff show them around the care home and to their private room. Residents are introduced to each other and are encouraged to use the communal areas.

If a resident has a fall they are assessed for injuries immediately. If there is an injury, a suspected fracture or the resident is on anticoagulant therapy the staff will call 999. If there are no injuries but the staff have any minor concerns the staff will call the single point of access for advice. The family will also be informed. If there are no injuries the resident will be assisted to get back up or a hoist will be used.

To identify the cause of the fall an accident and injury report will be completed and in order to prevent further falls specialist equipment may be sourced, such as a pressure mat. To apply learning from a fall across the home the information will be passed over at a handover.

Visual checks take place daily to identify any hazards within the care home and if any issues are identified, these are dealt with immediately.

Any changes that are needed to prevent a resident from falling are recorded in their care plan.

Information about falls and injuries are recorded on accident forms, in the residents care files and in health professional records. CQC are notified when required.

The care home has an activities coordinator who provides upper body games to improve strength and the occupational therapist devises specific exercises for residents who need it.

Residents are encouraged to walk around as much as possible to keep mobile, retain independence and increase social interactions.

Mobility aids used by residents are specifically prescribed and tailored for the use of the individual and the care home does not retain a general stock of equipment.

The Manager was asked about falls prevention and management training. She explained that 'hands on' moving and handling training takes place once a year and this covers aspects of falls prevention. However she went on to say that in the New Year she would be providing falls prevention training through Mulberry House Training which will be both theoretical and practical learning and will involve a knowledge test at the end of the training.

What did residents say about falls?

The enter and view team spoke to 5 residents on the day of the visit. Ages ranged from 84 - 97. Of the 5 residents spoken to one was confused and couldn't answer many of the questions. One had fallen within the care home and 3 had fallen prior to admission but had not fallen in Cumberworth Lodge. Two of the residents that were spoken to had a relative visiting who were able to help to answer the questions.

One resident had lived in the home for over four years and fallen three times during this time. However none of these falls occurred within the last 12 months.

The falls were as a result of trying to get out of bed and losing balance. On all occasions the staff attended to the resident straight away, and she did not need to see a doctor or nurse as a result of these falls. The resident told the enter and view representative that she hadn't been given any advice or information on how to sit or stand properly to prevent a fall.

The resident said that she does not worry about falling and her activities are not restricted as a result of falling in the past. However, she did say that she does not take part in any activities that involve moving around in the care home. The resident's daughter was also present and involved in the conversation. She added that she was not aware of any exercise programmes available in the care home and went on to say this is probably due to the fact that most of the residents are very elderly and frail. She also added;

"the care home is first class. All staff are very friendly and my mum feels well looked after"

The enter and view team spoke to a resident who was admitted to the care home six months ago following a fall in her own home which resulted in a hip fracture. She was attempting to use a walker at the time and had lost her balance.

The resident is no longer able to walk or stand and requires a wheelchair to help her get about. She does not take part in any activities within the care home that involve moving around as a result of this but she does receive support from a physiotherapist who visits the care home occasionally.

One resident who had lived in the care home for 3 and a half years had fallen before being admitted and stated that she feels safer now that she lives at Cumberworth Lodge and no longer worries about falling.

The care staff have explained to this resident how to sit and stand properly to prevent a fall. The resident has been advised to use the buzzer to ask for support and not attempt to

move around on her own. She said she doesn't take part in any activities that involve moving around but does like to do some stretches.

The team spoke to a resident who had been in the care home for four weeks. They had also fallen prior to being admitted to the care home as they had tripped over a step at home.

The resident attended A+E for their injuries and now finds it difficult to get about independently because they worry so much about falling. This resident has also been advised not to try and move around without support and to 'buzz' for assistance. They also added that the care staff respond very quickly to the buzzer.

This resident has support and exercises provided by a physiotherapist.

What did staff say?

The enter and view team spoke to two members of staff who were on duty on the day of the visit.

Both members of staff were aware how to manage the risk of falling by evaluating the safety of the environment and had been provided with information by the care home management.

One of the staff members spoken to had received training from the falls team in a previous job in Bassetlaw and demonstrated knowledge about the reasons why a person may fall such as medication, ill health and mobility issues. She was confident in her ability to evaluate a falls risk and ensures that the GP is informed for a possible referral to the falls team.

Both members of staff said they had received falls training in a previous job but not whilst working at Cumberworth Lodge.

One staff member had been working at the care home for 3 months. She told the team that moving and handling training was provided on induction which was a mixture of theoretical and practical learning and was refreshed annually. The care worker stated that the training was really good and very hands on.

Both care workers knew what to do in the event of a fall, and were aware of the falls policy. One member of staff also mentioned that she had first aid and defibrillator training.

In the event of a fall the care workers told the enter and view representative that they would assess the impact of the fall and call for the most senior member of staff on duty who would then decide on whether the GP, district nurse, single point of access or 999 would need to be called.

The resident would not be moved until the senior member of staff had checked them over and made the decision over the next steps to be taken.

Both members of staff were asked if they felt able to raise concerns to managers and whether they felt these concerns would be acted on. The response to this question was very positive;

"Yes, the Manager is very approachable. I am very happy here!"

"the Manager is brilliant, this is the best home I have worked in. She is very supportive"

Observations

No falls occurred within the care home on the day of the visit.

On walking around the care home the team found the environment to be well lit and clear of clutter and falls hazards. There is one set of stairs within the care home that is used by residents with good mobility. However these stairs were quite narrow.

When entering through the door at the top of the stairs, an enter and view representative tripped over a step which was to the left of the door. There was no sign to say that it was there which could be a risk for residents and staff who are unfamiliar with the environment.

The majority of the flooring within the care home is carpeted and is even with well maintained and secured threshold strips in place; however some of them appeared to be worn.

The flooring in the bathroom areas was slip resistant, all dry and even.

The furniture within the care home was at varying heights to suit the needs of the residents and some of the beds were electronically adjustable.

Call bells were located next to beds and chairs making them easily accessible for the residents to use, and they were seen to be answered very quickly by the staff on duty. Sensor mats were also observed in bedrooms and lounges as another means of alerting staff to an issue.

All of the residents were observed to be wearing appropriate footwear that appeared to be well kept and safe, and all mobility aids and wheelchairs appeared to be in good condition and suitable for use.

Resident's glasses appeared to be clean and in good repair. The Manager explained that a local optician visits the care home on a regular basis to ensure the resident's eye sight needs are met.

Walking routes both inside and outside of the care home appeared to be in good condition and well maintained. Handrails were in place throughout the building to enable residents to move about independently, and the team observed signs throughout the building to aid navigation to the toilets and bathrooms etc.

Conclusion

Cumberworth Lodge is responsive to the needs of the residents in relation to falls safety. Falls are responded to quickly and effectively, and care staff appear to be aware of their responsibilities if a resident does fall.

The two members of staff spoken to had good knowledge of how to manage a fall and the risk factors that may increase the resident's risk of falling. However, as specific falls prevention training has not been offered within the care home, there is a lack of consistency in knowledge and skills.


The care home appears to be well led and staff are confident in her leadership. Residents are happy living at Cumberworth Lodge and feel well cared for.

Recommendations

- Specific falls prevention training should be rolled out and made mandatory for all staff (Healthwatch are aware that this is planned for early 2019).
- The care home should consider offering a wider range of strength and balance exercises on a more regular basis that is offered to all residents in the care home.
- A warning sign should be placed at the top of the stairs to alert residents, staff and visitors to the step on the first floor that is a tripping hazard.
- Basic information to be provided and communicated to residents about how they can self reduce their risk of falls. The Chartered Society of Physiotherapists in partnership with SAGA have produced a patient friendly guide that could be used;

'Get up and Go' - a guide to staying steady

https://www.csp.org.uk/system/files/get_up_and_go_0.pdf

Signed on behalf of HWNL		Date: 23/1/19
--------------------------	---	---------------