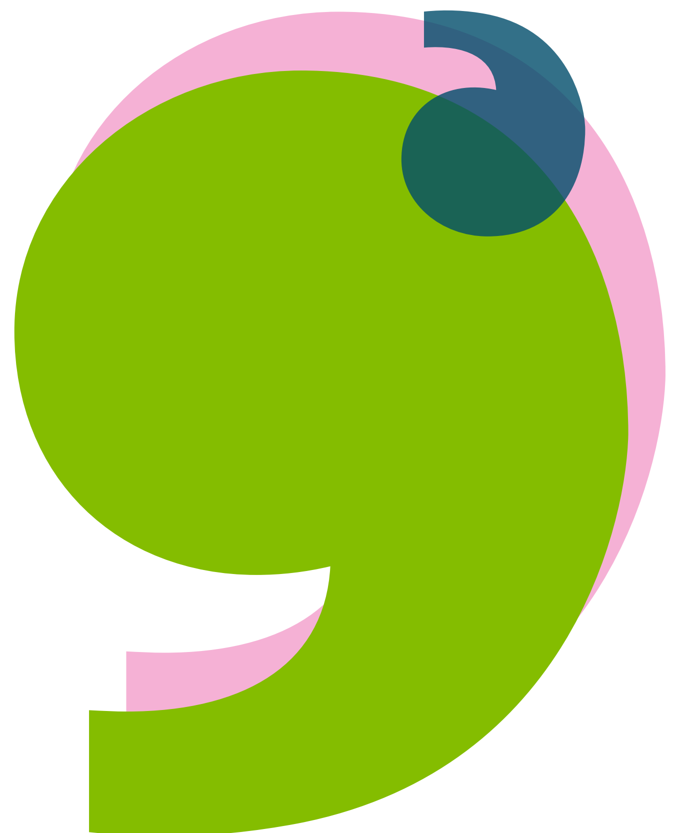
healthwatch North Lincolnshire

Falls in Residential Care Homes

North Lincolnshire

Findings report

March 2019



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1 Introduction

1.1 Who are Healthwatch North Lincolnshire?

The Health and Social Care Act 2012 set an ambition to put people at the centre of Health and Social Care. This legislation created a Healthwatch in every local authority in England.

Healthwatch North Lincolnshire is the local independent consumer champion created to gather and represent the views of the public.

Healthwatch North Lincolnshire ensures that the views of those using services in North Lincolnshire are taken into account and used to influence and shape Health and Social care at a local and national level.

1.2 What is Enter and view?

Part of the local Healthwatch programme is to carry out Enter and view visits. *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.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as; hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and view visits can happen if people tell Healthwatch there is a problem with a service, but equally they can occur when services have a good reputation, so Healthwatch can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

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

Healthwatch Enter and views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they are instructed to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

1.3 Disclaimer

Please note that this report relates only to findings observed on the dates of the visits. The report does not represent the experiences of all service users and staff, only an account of what was observed and contributed at the time. The findings are based upon the perceptions of those taking part, which are not verified for factual accuracy.

2 Background

2.1 Why this subject?

According to the National Institute for Health and Care Excellence (NICE), 30% of adults over 65 will fall each year. The risk increases to 50% of those over the age of 80 living at home or in a care home. Falling has an impact on the lives of those affected, causing injury, pain, loss of independence and confidence, and in some circumstances – death. Falling also has a significant cost impact on the NHS, with the annual cost of falls related injuries and admissions to be estimated at £2.3 billion. [1]

A fall is defined as *'an unintentional/unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level'* [2]

Risks of falling include:

- Environmental issues such as wet floors, dim lighting and flooring not properly secured.
- Balance problems and muscle weakness
- History of falling, resulting in loss of confidence and fear
- Poor vision
- Long term health conditions such as such as heart disease and dementia or low blood pressure which could lead to dizziness and brief loss of consciousness.[3]

North Lincolnshire has an ageing population with over 20% of its residents aged over 65. This is higher than the England average of 17.9% [4] and is a figure that is predicted to continue to rise.

Between 2015 and 2018, there were 1571 emergency admissions to hospital as a result of falling in North Lincolnshire in the over 65 age group. Of these admissions, 633 were due to a hip fracture[5].

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[1] Falls: NICE clinical guideline 161 (June 2013)

[2] Falls :NICE risk assessment (Jan 2014)

[3] https://www.nhs.uk/conditions/falls (2018)

[4] PHE fingertips profiles 2018

[5] Hospital episode statistics NHS Digital (2019)

2.2 Strategic drivers

Healthwatch enter and view representatives had received comments from residents in previous generic enter and view visits that they had fallen, but it appeared that homes had an inconsistent approach to responding to falls. One care home had displayed the number of falls that had occurred in the past year on their notice board but no other information was immediately available on other visits.

It had been reported locally that a high number of ambulance call outs to care homes were in response to falls, and a high number of falls admissions to hospital were residents from care homes in North Lincolnshire.

Healthwatch were also aware that there are a number of work streams locally looking at falls, and based on the falls related comments that had been received from past visits, the team recognised that there was an opportunity to conduct a targeted Enter and View programme on falls prevention and management that would provide useful intelligence to feed into this local work.

Given the fact that North Lincolnshire has a high proportion of residents aged 65+ and the risk of falling in this group is high, an investigation into the impact of this issue is highly relevant and timely.

2.3 Purpose of Visit

The main purpose of the enter and view visits was to look at residents' safety, specifically around falls in the care home.

The objectives of the project:

- Observe the environment and routine of the care home with a particular focus on resident's safety in relation to falls prevention and management.

- 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.

- Allow care home staff the opportunity to share their opinions on residents safety in relation to falls risk.

2.3 Methodology

This report provides an overview of the themes and highlights good practice in relation to falls prevention and management in the residential homes that were visited between the 15th of November and the 11th December 2018.

The Managers at each care home were notified by letter that a visit would be taking place. One weeks' notice was given, but the day and time was not specified.

The letter also contained an in depth questionnaire to be completed by the Manager before the visit. This was to allow the Manager time to collect the information required, and allow more time to discuss the questions on the day of each visit.

The aim across the care homes was to speak to residents, family members and staff. The visits took place at different times of day for around three hours in duration and the same questionnaires were used as a prompt by all representatives in all care homes.

The care homes were selected as a mixture of CQC rated 'requires improvement' and 'good' across all care networks in North Lincolnshire.

The majority of the settings visited were residential care providers for adults over 65, however a small number also offered nursing care.

Most of the settings visited provided care for residents with varying levels of dementia and enter and view representatives ensured that this was taken into consideration when communicating with the residents. Care staff were consulted before speaking to the residents to ensure that appropriate interactions took place.

The size of the care homes varied, with capacity ranging from 28 – 84 residents.

In total, the enter and view representatives listened to the views of 59 residents, 5 relatives / visitors, 24 members of staff and 9 care home Managers. However one Manager had only been in post for 3 days and was unable to answer the questions fully so the results of this questionnaire have not been included in this report.

In addition to this, the team walked around the care home and recorded observations to gain an overall picture of the safety of residents in relation to falls.

At the end of each visit, the enter and view lead representative provided feedback to each care home Manager which allowed them to provide additional information if needed.

Following the visits, an individual report with recommendations was produced for each setting and shared with the providers who were given 20 days in which to respond.

All reports have been shared with the CQC, the Provider Development Team at North Lincolnshire Council and the CCG, and are available to read on the Healthwatch North Lincolnshire website:

http://www.healthwatchnorthlincolnshire.co.uk/falls-care-homes

Two of the care homes visited were a cause for concern and issues that came to light during the visits were escalated to the CQC, the Local Authority Provider Development Team and Safeguarding Adults Team.

This report will be shared with all care home providers within North Lincolnshire, the local authority, the CCG and the CQC.

Healthwatch intend to use the results of this report to contribute to ongoing work streams that are looking at the issue of falls in North Lincolnshire.

The following care homes were visited as part of the enter and view programme.

- Carseld
- Warley House
- The Valleys
- Randolph House
- St Lawrence
- Castlethorpe
- Holme Farm
- Cumberworth Lodge
- Grafton House

Healthwatch North Lincolnshire also visited Sir John Mason House (an intermediate care facility) as part of this piece of work to learn more about how falls are managed in a reablement and rehabilitation environment. The findings from this visit have not been included in the main body of the report as this is a very different setting to a residential home. However, information on how the Home First team at Sir John Mason House manage falls is included in the 'Spotlight' section of this report.

3 Findings

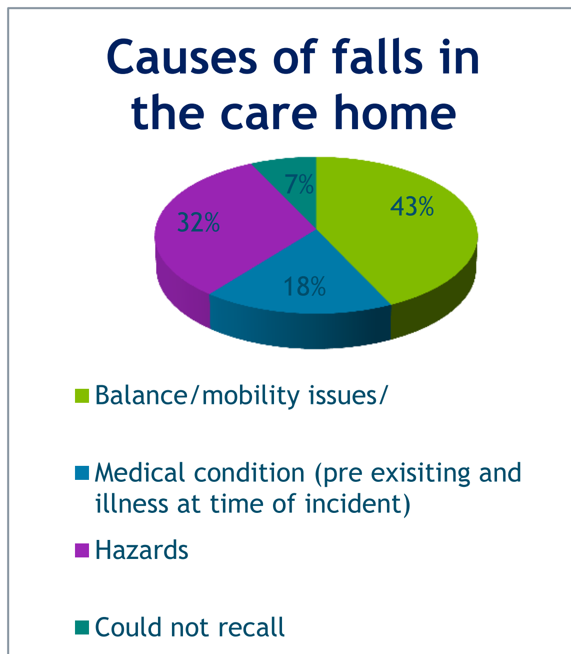
3.1 What did Residents say about falls?

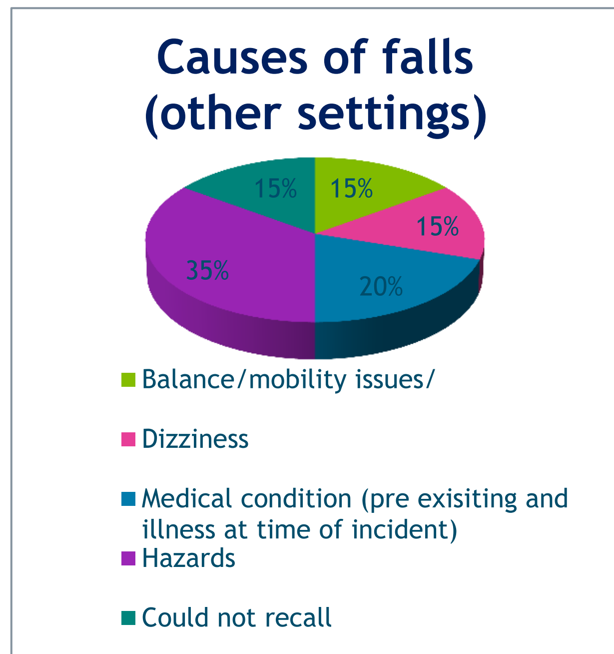
The enter and view team spoke to 59 residents and 5 family members during the enter and view visits. Most of the residents were female (45) and ages ranged from 55 to 99, with the majority of the residents in their 80s and 90s.

Of the 64 interviews that took place, 52 residents had experienced falling (81%).

Of these incidents, 28 had fallen within a care home setting and 20 had fallen in other settings such as their own home or hospital. 6 residents were unsure/ were unable to recall where the fall occurred.

Causes of falls





Residents were asked if they could recall what had caused them to fall. As the answers were so varied, they have been categorised in order to identify common themes. For example, one resident told the enter and view team they had tripped over a step, which comes under the category of 'hazards' and another told the team that they had fallen over when trying to get out of bed unaided, which has been classified as 'balance/mobility issues.

The most common cause of falls, according to the group of residents who had fallen within the care home was balance / mobility issues. This accounted for 43% of the falls that had occurred. Residents explained that incidents occurred when they tried to move around independently. Comments included;

"I fell trying to get to the toilet, I was waiting for the care workers to come"

"I got up but I can't walk properly, I fell out of my door. I have a frame but it tangles me up"

"I lost my balance when I was trying to get dressed"

"I fell out of bed in the night when I needed to go to the toilet"

One common theme that emerged from listening to the views of residents who had fallen in this way was a reluctance to ask for help, as residents wanted to retain as much independence as possible. Another theme that became clear was that calls for help with moving around were often not being answered within a time frame that the resident expected. In some of the care homes visited, the lack of staff capacity to cope with the demands of the residents was evident.

The second most common cause of falls was due to hazards within the care home environment (32%). Hazards included tripping over a mirror, tripping over a step, falling when trying to get into the lift and slipping on a wet floor. One resident told the enter and view team that they had fallen from the top to the bottom of the stairs in one care home. Surprisingly, there was no significant difference between the percentage of residents who had fallen in another setting such as their own home due to hazards (35%) and those who had fallen within a care home (32%).

Most of the care homes that were visited were safe, with very few trip, slip or fall hazards but it is evident from the comments received from residents that some environments were unsafe and did not adequately address the risk of falling.

Two residents also mentioned that they tripped over the mobility aids that they had been given to use. One of these residents told the enter and view team that they had been given a walking frame but were not shown how to use it properly.

Physical impact of falling

The enter and view representatives asked residents who had fallen in both their own home and in the care home environment whether they received treatment from a doctor or nurse as a result of their fall. 58% of respondents needed treatment. 25% did not require treatment and 17% could not remember.

Residents described a range of injuries experienced as a result of falling, including:

- Broken arm
- Broken wrists

- Broken bones in hand
- Broken hip
- Broken pelvis
- Hurt face
- Cut head
- Head injury – bleed on the brain
- Multiple injuries to hips, feet, side, back ribs and elbows.

The injuries suffered by many of the residents who fell in their own home have had an impact on independence and ability to take care of themselves, meaning that moving to the care home became necessary.

The enter and view team spoke to an elderly married couple who had both been admitted to the same care home following a fall. It was decided that it was no longer safe for them to live in their own home.

The wife stated; *"Moving to the care home has been a massive relief to my husband and I and to our family"*

Residents who had fallen within the care home environment also reported that falling had affected their mobility and independence.

One resident told the team that a previous fall had left her with a broken wrist. This is now stopping her from moving around without help, as she can no longer use her frame and cannot get around without support from a care worker.

Seven residents told the team they can no longer stand or walk as a result of falling and are now reliant on being pushed in a wheelchair to get around.

Two of the residents spoken to are now completely bed bound. Both of these had fallen and suffered injuries but it was unclear whether the injuries had caused them to be completely immobile.

Many residents now use mobility aids to get around which now enables them to retain some independence.

Emotional impact of falling

Of the 52 residents who had fallen previously, 27 (52%) were worried about falling again, and this stopped them from taking part in activities that they would normally do.

One resident told the team;

"I worry all the time about falling. I am scared of hurting myself"

When asked if this stopped him from taking part in any activities he added;

"I sit here all day now. Sometimes they put me in bed. I used to like a walk about but I'm too scared now"

One gentleman said;

"I am frightened but I have slowed down now. I've accepted that as you get older you lose your balance"

42% of residents who had fallen previously did not worry about falling again. Some of the residents told the team that this was because they were now immobile and didn't perceive that there was a risk anymore.

One resident told the team that they don't worry about falling because they don't try to do anything themselves anymore.

"I don't bother any more, they (the care staff) come to help me"

Some of the residents told the team that they worry less now that they are in the care home.

"I feel safer in here, and I don't worry anymore"

"They (the care staff) watch you all the time"

Fear of falling was less of an issue in the group of residents who had never fallen, with only two residents reporting that worrying about falling stops them from carrying out their usual daily tasks.

Self- management of falls risk

Residents were asked *'Have staff at the care home talked to you about ways of preventing a fall such as how to sit/ stand safely?'*

Of the 64 respondents, 25% stated that they had been given information on how to prevent a fall. 43% had not been given any advice on how to prevent a fall and 31% were unsure whether they had been given any advice or information.

Activities to improve strength and balance

Residents were asked if they take part in any activities to help prevent falls such as tai chi, or physiotherapy activities.

Overwhelmingly, 67% of the residents spoken to said they did not take part in any activities.

Many residents were reluctant to take part in any activities that the care homes offered. Some of the comments included;

"I didn't like school when I had to go, so I don't want to start now"

"I don't do activities; I don't want to show myself up"

"No thank you, I don't like activities"

Three residents told the enter and view representatives that they hadn't taken part in activities yet, but would like to if they became available.

One resident said;

"They (the care staff) don't come and get me so I don't know when they are on. Would like to join in sometimes"

Some of the residents told the team that they couldn't take part in any physical activities anymore because they were now less mobile and it wasn't possible.

The daughter of a resident who had lived in a care home for over four years and had fallen previously wasn't aware of any activities to prevent falls. She was very happy with the care that her mother was receiving but her perception was that perhaps the home didn't offer this type of activities as many of the residents were ***'very elderly and frail'***.

20% of respondents said they had taken part in activities such as gentle keep fit, armchair Zumba and stretches. Some of the resident's spoken to received regular physiotherapy sessions on a one to one basis and in group sessions.

13% of respondents were either unsure or did not answer the question.

3.2 What did Staff say?

The enter and view team spoke to 23 staff members during the visits to the care homes.

When asked if they had received information on how to prevent a fall, 21 said they had, and 2 said they hadn't. Some of the respondents mentioned being given information when they first started in their jobs, and through previous NVQ training. One member of staff who was an experienced care worker and had moved to a new care home said ***"I haven't seen or heard of any falls information since starting work here"***

The staff members were asked if they had received any training specifically around the prevention of falls.

11 respondents said that they had received training; however the level of training received varied between care homes.

One member of staff explained that they had completed online training provided by the local authority; 'be safe, be steady, preventing falls', and some staff members reported completing level 2 distance learning training from an external provider (The Skills Network). One reported that this training was good ***"but it doesn't include much information on falls management"***.

One care worker did not feel that online training was enough to equip them with the necessary skills to deal with a fall appropriately, and felt that practical and face to face training would be better; ***"online training is ok, but doesn't give you chance to ask questions or practice anything"***.

Training in the form of 'Red Crier'[i] booklets was also reported to have been undertaken by members of staff at two of the care homes visited. The quality of this training was considered very good by a member of staff at one particular care home who felt that using the booklets alongside the practical, hands on training gave them the confidence to handle and prevent a fall properly.

One member of staff said that their training was not structured, but was ***"on the job"*** and you ***"learn from each fall"***

Two care workers had received training in a previous post but not in their current role. Another mentioned that they had received face to face training from the falls team in Bassetlaw.

Amongst the members of staff who hadn't received training specifically on falls prevention and management, five mentioned that they had completed moving and handling training which included information on falls management. One member of staff said ***"I have done moving and handling training which covers falls but I'm not aware of any falls training available"***.

Two care workers mentioned that falls prevention and management is also covered in the NVQ.

One member of staff said ***"we have an induction but no training on falls"***

Of the staff members who had received falls specific training, nine stated that the training was provided on induction and was part of continued learning, and two members of staff said that it was provided on induction only.

One member of staff made a comment about training in general to the enter and view representatives;

"Caring has changed a lot over the years and we now have more residents with more complex needs to look after. I think we need to have better training to be able to cope with this"

Although training around falls prevention varied across the care homes, all staff spoken to said that had received training in what to do in the event of a fall.

In the nursing homes where there was the presence of nursing staff, many of the injuries were dealt with initially by the onsite registered nurse, reducing the need to contact other services.

All staff members felt confident that they knew which services to contact if a resident is injured following a fall, however responses across the care homes varied.

The majority of respondents said that this would depend on the injury with 111 being the first option for 56% of the staff members spoken to. One staff member mentioned that ***"111 are very good - always helpful"***

"If the resident is alert and not injured - call 111. If the resident has a head injury call 999"

One member of staff mentioned that a district nurse would be called if there is a skin tear.

The procedure for falls management varied across the care homes, with some senior members of staff taking the lead on managing the fall; ***"Use the call bell, and do not move the resident. The Senior on duty makes all of the decisions"***

Members of staff were asked if they felt comfortable in raising concerns with the Manager and whether they felt their concerns would be acted upon. 21 respondents answered yes to this question.

Two staff members were unsure as they had a new Manager and hadn't got to know them yet.

Other comments included;

"The Manager is brilliant; this is the best home I have ever worked in"

"We have an open door policy, I feel that my concerns are taken seriously"

3.3. The Managers Questionnaire

The recorded number of falls ranged from 14 – 131 per care home over a 12 month period.

These figures encompass falls that have caused serious injury as well as those that are considered minor. For example, in one care home, the Manager explained that one resident shuffles themselves out of a chair and lands on the floor. These incidents have never resulted in an injury, but nevertheless are recorded as a fall.

As part of Care Quality Commission (CQC) Quality Monitoring, Managers should record falls in line with their falls policy and procedures and use the information to identify patterns and trends. The Manager is also required to notify the CQC if the resident suffers an injury if the fall results in hospitalisation or fracture.

The CQC expects that the care home learns from this information and takes action to prevent further falls. Four of the Managers spoken to said that they analysed this information on a monthly basis.

Half of the Mangers who completed the questionnaire reported that many of the falls are unwitnessed and therefore a cause could not be determined.

Other causes of falls were considered to be due to residents attempting to mobilise independently, changes in mobility due to illness or infection, and loss of balance.

One Manager found that some residents were impatient ***"one or two just will not wait for help"***

Assessing risk

To assess the falls risk of new residents, risk assessments are carried out in all of the care homes visited. In five of the care homes this assessment takes place pre admission and is monitored throughout the first few days / week following admission. In these care homes, family and carers are very much part of the pre assessment process.

One manager stated ***"family members are really useful in helping us understand the capabilities of a resident and their opinions are used to evaluate what is needed for the resident"***

In two of the care homes, assessments take place on the day of admission. In one setting the assessment takes place within the first week.

In these care homes the Managers explained that they inform the relatives and carers of the resident to inform them what has been put in place.

Some of this takes place over the phone or face to face when a relative visits. One Manager explained that there is an ***"open door"*** policy and that relatives can discuss issues at any time.

Falls prevention

Residential Home Managers were asked; *'what do you do to assess the environment to prevent falls? How often do you do this?*

All of the Managers spoken to reported undertaking environmental checks which involves walking around the care facility and checking for hazards.

"ensure no trailing wires or trip hazards on walkways, ensure environment is ergonomically friendly and hazard free as practical.

The frequency of these checks varied amongst the respondents, with some Managers explaining that they carry out daily checks and others carry them out weekly.

One Manager explained that they undertake health and safety audits every three months, and another stated that this was done weekly.

"We carry out checks to ensure space to wander around without obstructions, and ensure flooring is non slip. We do daily walk arounds and weekly health and safety audits"

One Manager explained that although they understand the need to provide a safe environment it is important to ***'keep the balance between safety and being too institutionalised'***

Managers were asked how often medication reviews took place with residents.

In two of the care homes, a resident's medication is reviewed monthly by the Residential Home Manager, with 6 monthly reviews with the GP. In the remainder of the care homes, the medications are reviewed yearly with the GP, or when deemed necessary.

In one care home, the Manger explained that members of staff monitor the resident if a medication is changed to observe changes in mobility etc.

All changes are documented in the residents care plan.

Care home Managers were asked; *'What do you do to promote active ageing for your residents?'*

With the exception of one Manager, all Managers told the team that they offered activity programmes to help residents stay as mobile as possible.

Activities were varied and included sitting Zumba, football, pulse aerobics and move it mobility.

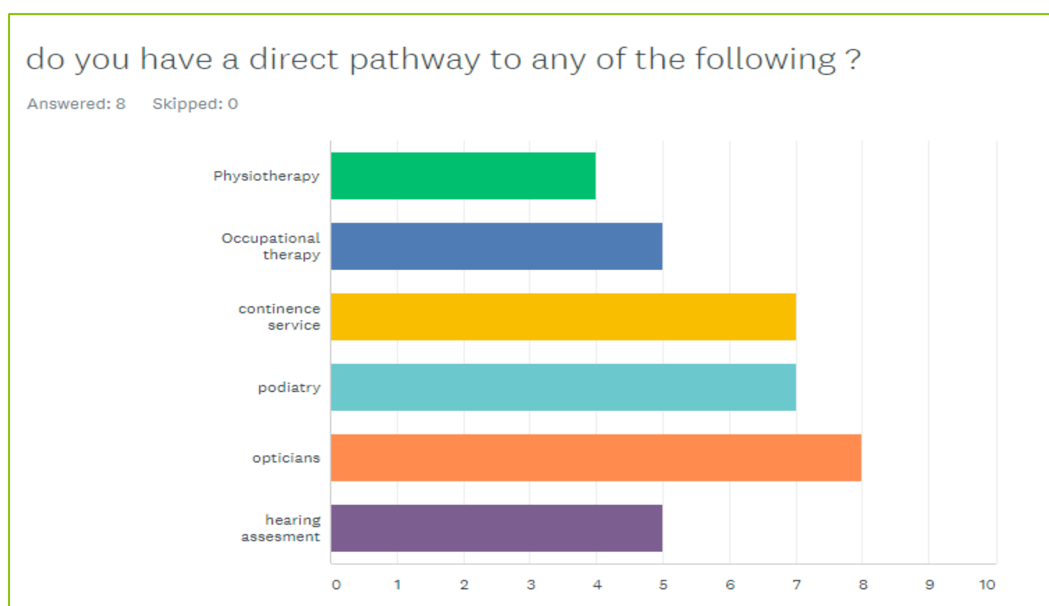
Activities were generally provided by an Activities Coordinator or an external exercise instructor.

Two Managers explained that activities are also provided by physiotherapists and occupational therapists on a 1-1 basis.

Other agencies

The Managers were asked whether they had a direct referral pathway to the following agencies.

- Physiotherapy
- Occupational Therapy
- Continence Service
- Podiatry
- Opticians
- Hearing Assessment



Direct access to Occupational Therapy and Physiotherapy services is inconsistent amongst the care homes. Only four of the respondents said they had a direct pathway to the physiotherapy service for their residents. One mentioned that they needed to ***'go through the GP or health professional'*** in order to access this service.

One Manager mentioned that the continence service is ***'very stretched'*.**

Another Manager mentioned that the organisation that their care home belonged to employed an optician that visited the care home regularly to monitor the eyesight of the residents, and a podiatrist attended every 6-8 weeks.

One Manager mentioned that they refer residents for a SAFE assessment (Specialist assessment for Frail and Elderly) which is a relatively new service commissioned by the CCG. Further information is detailed in the 'Spotlight' section of this report.

3.4 The Care Home Environment

The enter and view teams spent time during their visits observing the care home environment, paying particular attention to the residents safety in relation to falls. The enter and view team completed 23 observation sheets based on all nine settings.

Hazards

No residents slipped, tripped or fell during any of the visits to the care homes.

Some of the care homes were generally tidy, clear of clutter and walking routes were easy to navigate both inside and outside of the homes. The representatives observed the outside environments to be well maintained and the gardens well looked after.

However the enter and view representatives noticed that in some of the settings, equipment had been left in doorways where they could be easily tripped over and some toilets were used for storage that could have been accessed by residents. Other hazards included boxes near a reception area and a broken chair left in the way.

In one care home, a step on the first floor was not marked and one of the representatives tripped over this.

In another care home, there was a stair gate at the top of the stairs that opened towards the person trying to access the first floor. This stair gate appeared to be particularly hazardous for residents and staff within the setting.

All of the hazards that were observed were immediately raised with the Managers on duty on the day of the visit.

Lighting

The lighting was generally good in all of the settings visited, particularly in areas that could be hazardous such as the stairs. Some care homes however were quite dim in places, and in two homes visited, lighting wasn't working in two of the residents' bedrooms. These observations were brought to the attention of the respective Managers and were dealt with immediately.

The Care Homes that were particularly light tended to be the newer purpose built buildings which had large windows, letting in natural light.

One of the care homes acknowledged that the lighting wasn't particularly good but had mentioned that they were undergoing maintenance and this was already being addressed.

Flooring

Most of the care homes were carpeted, with the exception of the dining areas and bathrooms which tended to have non slip or vinyl flooring.

The carpeted areas were generally even and in good condition with no frayed areas, however in many of the care homes the threshold between the carpeted and vinyl flooring was uneven, and the threshold strips that were in place were not secured well to the floor.

In one of the care homes the vinyl flooring used along one of the corridors was uneven, as though it had lifted from the floor. In another care home, the flooring was sticky, which could have been a falls risk.

Beds, chairs and equipment

The enter and view team looked at the beds and chairs in the residents rooms to see if they were at the correct height for the residents using them. On all of the visits the representatives noticed that the beds and chairs in the bedrooms were at varying heights, and adjustments had been made to some to ensure they were the correct height for the user.

Some residents used reflect cushions on their chairs which are used to relieve pressure on residents who sit for long periods of time.

Some of the beds observed were specialist beds that lifted electronically to allow the user to sit in an upright position and adjust the height to meet their needs.

In one care home visited, the Manager was constructing an ultra-low profile bed for a resident who was being discharged from hospital on the day of the visit. This particular resident had fallen when trying to get out of bed and it was decided that a very low bed would be the safest option to reduce further injury. This care home

was also in the process of installing a sensor alarm which alerts the care workers if the resident is trying to get out of bed unaided.

Some of the care homes used crash mats next to the beds to cushion the residents fall if they were at high risk of falling out of bed.

Call bells and alarms were in easy reach of residents in their rooms in the majority of the care homes, with some of the alarms on a long cord for ease of use. Some of the call bells were also portable. Some of the care homes did not have call bells available in the communal areas. In these settings there was supposed to be a member of staff present at all times, however this was not always the case.

Call bells in all care homes were answered quickly by the staff with the exception of one care home when a call bell was answered after 7 minutes.

It was also observed that in many of the settings visited, essential items such as drinks and walking aids were not within easy reach of the residents.

The walking aids and wheelchairs used by the residents appeared to be in good condition in all of the settings visited.

Footwear

Most of the residents within the care homes visited were wearing footwear such as slippers or shoes however the team observed that the condition of the footwear varied.

On some occasions the footwear was observed to be poorly fitting and worn. One gentleman was wearing slippers that had large holes in the front, meaning that his toes protruded.

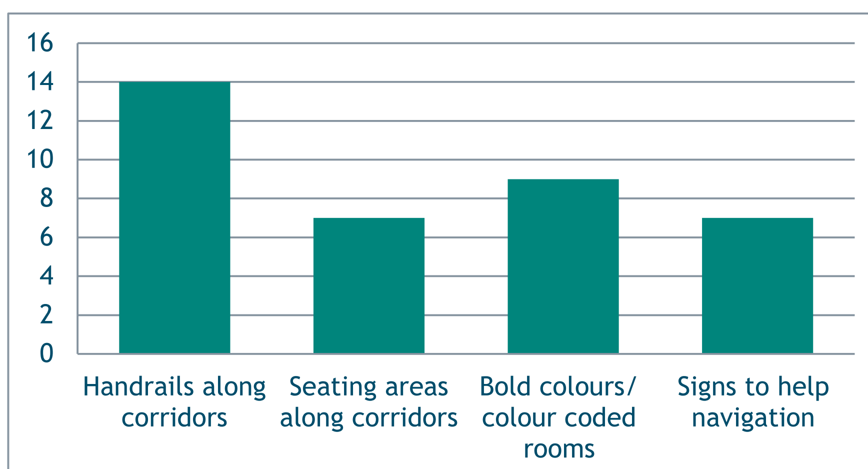
Another resident who was provided with a pair of slippers when the representative asked why she was barefoot but the slippers did not belong to her and did not fit.

Some residents preferred to be barefoot as they found it easier to walk this way, and others wore non slip socks.

Is it an enabling environment?

The representatives were also asked to consider whether it was an environment that enabled the residents to be as independent as possible, commenting on whether they noticed the following;

- Handrails along corridors to enable a resident to move around safely.
- Seating along walking routes to allow a resident to take a break from walking if they need to.
- Bold colours and colour coded rooms to enable residents to easily identify toilets, bedrooms etc.
- Signs to aid navigation around the care home.



Most of the care homes were observed to have handrails available for residents to use. However some Managers didn't see this as necessary, and one Manager felt that handrails could be hazardous in themselves as he had observed a resident breaking their arm in a previous job when trying to use a handrail. Few care homes had seating areas available along corridors as many of the corridors were too narrow to accommodate this.

The use of bold colours and navigation signs around the buildings varied, and were observed more in the larger care homes and the newer, purpose built facilities.

4. Spotlight on Sir John Mason House

Home First Residential (Sir John Mason House)

Sir John Mason House is an intermediate care facility in Winterton, part of North Lincolnshire Council's Home First suite of services. The service provides rehabilitation and re-ablement support to improve mobility, meet social care needs and help with daily living activities and practical skills. The facility offers support to adults over the age of 18, although a high percentage of residents are elderly, and many of the injuries sustained prior to admission are as a result of falling.

All residents using the Home First residential service must be committed to a comprehensive programme of physiotherapy and occupational therapy.

The services work to develop people's confidence, strength and skills to carry out daily activities independently to enable individuals to continue to live confidently at home. The aim is to support people to maximise their independence in a manner and level appropriate to their individual abilities. This means supporting people by assisting with tasks the resident is unable to undertake without support, and to work with individuals to improve their skills and strength to be able to complete tasks independently. The team explore ways of improving a person's independence with the individual. This may mean doing things differently or using equipment that assists the person to reach their personal goals, and to regain or retain the skills needed to live independently.

The following case study gives an example of the rehabilitation that takes place within Sir John Mason House.

Mrs X was advised to mobilise only in the presence of staff after a recent surgery. It was explained to her that she needed to build her strength and stamina up to reduce the risk of falls and any further injury.
Mrs X told the staff that she felt able to mobilise unsupported and was aware of the risk but would be doing all she could to become strong enough to go home. Mrs X gradually built her ability up after following a daily therapy plan and the support of staff. She was provided with equipment, initially to help her mobilise and she was very determined to walk the full length from her room to the dining room and back. She was encouraged by staff and therapist that if she was to do this it would be safer for her to sit on the fixed rest chairs in the corridors to ensure she was not overdoing things and to take her time. Staff would walk behind her to offer assistance if it was required. This made her feel that she was doing something for herself and managing the risks. She did not wish to be away from home any longer than she needed to. Mrs X did progress well, she did eventually managed to walk the full length of the corridor and back without any support or equipment. She was discharged home with no ongoing support after 20 days.

The Home First team take an innovative approach to managing falls, making use of specialist equipment to allow one member of staff rather than two or more to assist a resident who has fallen.

All staff within Sir John Mason House undertake a two day training course to enable them to be confident in using equipment, and regular refreshers/updates take place. This 'single handed' approach is part of the teams ongoing moving with dignity project and has been successful in reducing the need for emergency services attending the scene and preventing hospital visits.

Data provided by the Home First service indicated that 1200 people were successfully moved with the specialist lifting cushion in 2018. (This data also includes people who had fallen in their own home and were attended by the Home First Community team).

5. Spotlight on S.A.F.E

Specialist Assessments for Frail and Elderly (S.A.F.E)

From August 2018, a new service was commissioned by North Lincolnshire CCG with the intention of addressing the issue of frailty in older people. The service, provided by Safecare Network Ltd takes a holistic approach to addressing the wellbeing of older people by looking at their physical, psychological, social and environmental needs via a SAFE assessment which is completed by a GP or Geriatrician.

Patients can be referred for a SAFE assessment if they meet the following criteria;

- A history of falls
- Reduced mobility
- Hospital discharge following an unplanned admission for a person with frailty
- Housebound patient with multiple complex problems
- Recent multiple contacts with different health agents where a GP feels a CGA (comprehensive geriatric assessment) would be of benefit.
- Must be over 65

Multidisciplinary team meetings take place with community nurses, physiotherapists, occupational therapists and social services to coordinate the care of the individual and a care plan is put together which is based on the patients' needs and preferences.

Care homes are encouraged to refer residents for a SAFE assessment, however it was found that at the time of the visits, only one care home was aware of this service.

6.Conclusion

Falling has a profound physical and emotional impact on older people. Although some residents felt safer living in the care home environment, it is clear that residents are frightened of falling. As the fear of falling is considered a risk in itself it is important that residents are empowered to understand how to manage their own falls risk to increase their confidence. This is not happening consistently within the care homes.

Although the Managers stated that activities to improve strength and balance are being offered in almost all of the care homes, many residents are not participating in them, either by choice or not being aware that they are available. This indicates a lack of understanding of staff and residents of the importance of physical activity.

The culture of 'positive risk taking' which is embedded into the facility at Sir John Mason House appears to be lacking in many of the care homes visited. Although this setting focuses on the overall goal of rehabilitation and the approach may not be appropriate for many residents, more could be done to improve the mobility and confidence of residents.

Managers explained that care home environments are checked for hazards regularly; however the visits showed there is no significant difference in the risk of falling due to hazards within the care home setting than within the residents own home. The frequency and thoroughness of these checks are sometimes questionable, as the enter and view representatives observed several hazards during the visits.

Care home staff members are responsive to falls when they occur in the residential setting and are confident in the procedures for managing and reporting a fall, and residents are responded to quickly and treated appropriately. However, training around falls prevention is inconsistent, and tends to form part of Moving and Handling training. Care staff would benefit from a combination of theoretical and practical, face to face training.

Managers and staff did not seem to be aware of the SAFE assessments that were available to assess the needs of the frail resident, and there appeared to be inconsistent pathways to many services such as physiotherapy and occupational therapy.

Residents generally expressed positive views on living within the care home setting and praised staff for their hard work and attentiveness.

Staff appear to have confidence in the leadership in the care settings and Managers are considered approachable.

7. Recommendations

1. All staff within care homes should undertake specific falls prevention training. This training should be delivered face to face and cover both theoretical and practical elements. Training should be offered on induction and refreshed at regular intervals. Adherence, appropriateness and consistency in delivery across all homes could be achieved by the Local Authority and CCG co-commissioning local training provision.

2. A falls risk assessment should be carried out by all care homes as part of the pre admission process and should involve the input of relatives and carers where possible to provide insight into the residents' capabilities.

3. All residents who meet the criteria for a SAFE assessment should be referred by the care home staff on admission to ensure a package of care and therapy is in place for the resident.

4. North Lincolnshire CCG should ensure optimum awareness and promotion of the SAFE assessment offer to ensure Managers within care homes are aware of the service and how to refer.

5. Managers should review their methods for assessing the safety of the environment to ensure that hazards are reduced which should include staff carrying out regular checks throughout the day to make sure there are no trip hazards around the home.

6. All residents should be given information on how they can help reduce the risk of a fall. The Chartered Society of Physiotherapists in partnership with SAGA produced a patient friendly guide that could be used. This information should be provided on admission and readily available throughout the care home for residents to refer to.

7. Residents should be made aware of the importance of staying mobile and encouraged to take part in activities to improve strength and balance.

8. Managers should ensure that mechanisms are in place to improve the learning culture around falls to aid future prevention.

9. As part of a review of care home contracts, commissioning teams should consider including specific KPIs around falls in care homes to ensure robust quality monitoring. This should include;

    a. Mandatory requirement for staff to be trained in falls prevention and management which should be evidenced by the care home.

b. Specific requirements for the evidence of the recording of falls, including the cause of the fall, the outcome and evidence of learning from falls to be provided at provider support visits.
c. Appropriate and evidence based physical activity sessions should be offered on a regular basis to all residents and should be provided by a trained professional.

10. As part of contract monitoring, commissioning teams should also ensure care homes are continuously adhering to the recommendations within this report.

11. North Lincolnshire CCG to review the referral pathway from care homes to community based and therapeutic services, and ensure that all care homes are updated on current referral routes.

Healthwatch aim to continue to support the reduction of falls in care homes by taking the following actions;

- Promotion of SAFE assessments to care home Managers to ensure a package of appropriate support and therapy is available to the resident.
- Raising awareness of how to self-manage the risk of falls by sharing information in the Healthwatch newsletter, website and other platforms.
- Continued involvement in current work streams that are focussing on the issue of falls.

7 Next steps

Under Healthwatch powers to produce reports and recommendations, the following services have 20 working days from receipt to respond:

- Carseld
- Warley House
- The Valleys
- Randolph House
- St Lawrence
- Castlethorpe
- Holme Farm
- Cumberworth Lodge
- Grafton House
- North Lincolnshire CCG
- North Lincolnshire Council- Adult Social Care Commissioning Team.

Healthwatch North Lincolnshire will monitor responses to the recommendations within this report and keep members of the public and stakeholders informed of progress and actions to deliver improved services.

Healthwatch North Lincolnshire will also share this report with the following groups and organisations:

- All Care Homes in North Lincolnshire
- The Provider Development Team at North Lincolnshire Council
- North Lincolnshire Safeguarding Adults Team
- The Care Quality Commission
- The Health and Social Care Standards Board

The report will be published, along with responses on the Healthwatch North Lincolnshire website.

7.1 Acknowledgements

Healthwatch North Lincolnshire would like to thank the residents who shared their views during the enter and view visits and the staff and managers who welcomed the team into their care homes.

Healthwatch North Lincolnshire would also like to thank the team of dedicated volunteers for their valued contribution to the enter and view programme.

Additionally, the Healthwatch Manager would like to extend gratitude to the Manager at Sir John Mason House, and the Back Care Lead Office for Home First Community support who shared their knowledge of rehabilitation and falls management.