

Name of care home RESPONSE TO E&V REPORT & MONITORING RECOMMENDATIONS FORM

- The Enter & View report provided is factually accurate and I consider it to be ready to be published by Healthwatch North Lincolnshire.
- I would like to correct the following in-accuracy included in the report (continue on a separate sheet if required):

I would like to correct / amend the following statements:

1. The frame supplied by SJMH was allocated by OT specialists when there which was 6 weeks before coming to St Lawrence, no mention from SU that it had not been explained to them. They are the specialists in rehabilitation with OT and Physio's and we follow their recommendations, which was too mobile with the assessed allocated frame.
2. A SU had mentioned that they had a fall in their bedroom and it took staff 20 minutes to come to her aid as it was tea time and staff were busy. I would like to mention that this SU is self caring and mobilises with her allocated frame without need of supervision from staff, yes she did have a fall in her bedroom which staff were unaware of as the SU did not press their buzzer or do/shout for any assistance at the time of the fall, when this incident was discovered it was acted upon immediately, this had nothing to do with teatime or staff being busy or unavailable.
3. A SU stated that they had a fall shortly after being admitted to St Lawrence, this was in 2007 and has had no other falls since that date; even before becoming immobile.

Name of care home **RESPONSE TO E&V REPORT & MONITORING RECOMMENDATIONS FORM**

What has changed as a result of the Healthwatch visit?

Falls risk assessment added to pre assessment, review of risk assessment at critical points and slips, trips & falls is already on training matrix but to ensure all care staff receive this training

Name of care home RESPONSE TO E&V REPORT & MONITORING RECOMMENDATIONS FORM

Recommendations made January 2019	What action will be taken? If no action will be taken why not?	How will you monitor the action?	Timescale for the action
1-A falls risk assessment should be undertaken as part of a pre assessment to ensure that the needs of the resident will be met on admission; rather than within the first week.	This had immediately been added to pre assessment form	I do all assessments	Added immediately
2- Falls risk assessments should also be completed at critical points - for example, when a resident returns from hospital, if there is a change in medication or mobility.	Assessments will be undertaken at these critical points	Added to care plan following change	
3- Falls specific training should be made mandatory, and not part of general moving and handling training.	Training around falls obtained	Ensure any staff not undertaken training completes	All completed within 6 months
4 Staff should ensure that residents are given the correct advice and information on how to use mobility aids to ensure the resident is confident in using it and reduce their risk of falling - the walking aid was supplied at Sir JM so probably need to remove this.	We can only offer advice on mobility aids, direction of usage comes from OT or Physio who is allocating	Liase with OT or Physio to ensure that direction for usage is supplied	

Name of care home RESPONSE TO E&V REPORT & MONITORING RECOMMENDATIONS FORM

<p>5- As part of her overall review of the home's approach to falls management, the manager should analyse those instances where falls have occurred and assess whether or not lack of staff availability was a factor. If it was, the manager should work with the home's owner to address any shortfall.</p>	<p>Staffing levels are adequate</p>		
--	-------------------------------------	--	--