

## Enter and View Report

### St Lawrence Residential Care Home

Date of visit - 27/11/18

Date of publication - 15/1/19

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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

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## Care Home - background

St Lawrence Care home is a small residential care facility that caters for the needs of older people, and those living with dementia. The Care home has the capacity to accommodate 23 residents but at the time of the visit, 16 were living there.

The most recent CQC inspection (December 2017) rated the Care Home as good which was an improvement on the previous inspection.

## Summary of the Manager's questionnaire

14 falls had occurred in St Lawrence over the last 12 months. The Manager explained that some of these falls were unwitnessed and some had occurred as a result of illness (infection etc).

Of the 14 falls that occurred, 4 resulted in an ambulance callout and hospital admission.

New residents (including respite clients) within the care home undergo a falls risk assessment within the first week of being admitted to the care facility.

Family and carers are informed of the results of the risk assessment and the details are kept in the resident's files.

The risk assessments are repeated monthly throughout the residents stay.

The risk assessment is not reviewed at critical points such as return from hospital, however during discussion with the Manager she felt this would be a good opportunity to re-evaluate the falls risk and whole care plan, incorporating changes to mobility etc.

Any issues that are highlighted as a result of a falls risk assessment are addressed straightaway through observation, and looking at footwear etc.

When a new resident enters the care home they are escorted around the facility to familiarise themselves with the environment and are shown the location of the bathrooms, toilets and lounges.

If a resident does fall within the care home, members of staff check the resident for pain or injury. In the event of an injury, 111 is called and an Emergency Care Practitioner will advise or attend the scene. In the event of an emergency, 999 is called.

When a fall occurs staff are made aware of the fall and management try to find out the cause of the fall if it is unwitnessed.

Daily checks of the environment take place within the care home to ensure that no trailing wires or trip hazards are present.

Medication reviews take place yearly with the resident and GP. If the falls become regular, the GP will be informed.

All falls are recorded in the accident book and incident reports. Serious injuries are reported to the CQC.

Mobility aids are provided for each resident following an assessment or are purchased by the service user. All mobility aids and equipment are specifically for the individual.

The care home offers a physical activity programme to improve strength and balance. This takes the form of armchair exercises and sitting Zumba. The staff at the care home endeavour to keep the residents mobile for as long as possible to encourage active ageing.

## What did residents say about falls?

The enter and view team listened to the views of eight residents on the day of the visit. Ages ranged from 82 - 92 and four of these had lived in the care facility for over five years. One had been a resident for 22 years.

Of the eight residents spoken to, two had fallen within the care home.

One resident who had fallen twice (over 12 months ago) said that on one occasion they had fallen in their bedroom and it took staff over 20 minutes to come to her aid. The resident said this was because it was tea time and everyone was busy. This incident resulted in a severe cut to the head that required hospital treatment.

This resident told the enter and view team that they do not worry about falling and do not let the risk of falling stop them from doing anything. The resident does not take part in any activities that involve moving around.

Another resident told the enter and view representative that they fell in the care home shortly after being admitted to St Lawrence's when trying to get into the lift. This was when she was still mobile. On this occasion the carers came to her aid straight away. The resident couldn't recall whether she needed to see a doctor or nurse as a result of the fall.

The resident does not worry about falling because she is no longer mobile and uses a wheelchair to get around so she feels there is less risk. She went on to explain that she has been given advice on how to prevent a fall from care staff and likes to take part in chair exercise classes.

Two residents spoken to are husband and wife and live together in the care home. They were both admitted less than six months ago following a fall in their own home. They had both fallen on the same night and had not been found until the following morning.

Both residents are worried about falling and find that this does make them more cautious when taking part in the activities that they enjoy together. However, the staff at the home encourage them keep their weekly routines such as shopping in town and visiting their favourite local Chinese restaurant. They still share a bedroom and feel very much part of a family.

The wife stated;

*“Moving to St Lawrence has been a massive relief to my husband and I and to our family”*

One resident told an enter and view representative that they were in the care home as part of a rehabilitation plan following falls. She felt very apprehensive about moving about as a result of this and an ongoing hip problem. She explained that she had been given a standard wheeled walking aid at Sir John Mason House but had not been given any advice or instructions on how to use it.

## What did staff say?

The enter and view team spoke to two staff members on duty on the day of the visit. Both staff members told the team that they received training on how to prevent and manage a fall as part of moving and handling training and they took part in regular refreshers.

Staff knew what to do in the event of a fall. It was explained that procedure involves calling the single point of access /111 to determine whether the injury requires an ambulance or not. If there is a head injury 999 will be called straight away.

Both members of staff said they felt comfortable raising concerns to managers and these concerns would be acted upon.

## Observations

No falls were witnessed on the day of the visit.

Generally the environment was clear of clutter, however the carpet was slightly frayed and could be tripping hazard. The Manager explained that the care home will be undergoing a refurbishment soon.

The remainder of the flooring surfaces were even and non-slip flooring was present in the bathrooms.

All furniture such as chairs, beds and toilets appear to be at the correct height for the residents using them.

Call bells were available in the bedrooms and bathrooms, but not in communal areas as staff were present in sitting rooms to help if required.

All walking routes within the care home appear to be safe and well maintained, with few obstacles, however upstairs there was one step that could be a hazard. The Manager explained that staff always accompanied residents in this area. This is due to the fact the building is old and the corridor is narrow so that this cannot be amended.

Handrails are present within the care home to create an enabling environment, and seating areas were observed along walking routes to allow residents to rest while moving around.

## Conclusion

St Lawrence Care Home is a small care home with a low number of residents and subsequently a low number of falls. The care staff are attentive and have good knowledge of each resident and their risk of falls. However, staffing levels may not always be sufficient - particularly in busy periods. This could mean that staff are not always alerted to a fall.

The care home appears to be an enabling environment that encourages the residents to be independent and to improve their strength and balance.

The residents clearly valued the homely and family-orientated culture that has been encouraged by the manager and her team.

## Recommendations

- 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.
- 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.
- Falls specific training should be made mandatory, and not part of general moving and handling training.
- 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.
- 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.
- 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](https://www.csp.org.uk/system/files/get_up_and_go_0.pdf)

Signed on behalf of HWNL

A handwritten signature in black ink, appearing to read 'Bentley'.

Date: 15/1/19