

Enter and View Report

The Birches Residential Care Home

Date of visit - 04/12/2018

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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.

Aims;

- 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

The Birches is a purpose built residential care service based in Brigg that caters for adults over the age of 18 with learning disabilities. At the time of the visit, the age of residents living within the care home ranged from 21 - 95.

Up to 31 residents can be accommodated at the care home. The setting is divided into four bungalows and two bedsits. Accommodation is allocated according to the level of support needs.

The latest CQC inspection (2018) rated the service as requires improvement.

Summary of the Manager's questionnaire

A copy of the Managers questionnaire was provided one week prior to the visit and was discussed verbally on the day of the visit.

The Manager confirmed that there had been 20 falls in the Birches within the last 12 months and the most common causes of falls within this care home were loss of balance and seizure activity. The Manager explained that this number is low which is usual for a learning disability setting.

Of these incidents, two resulted in an ambulance call out, and one in a hospital admission.

To assess the falls risk of new residents a falls risk assessment is completed within four hours of arrival at the care home. Falls risk is also identified in a pre-assessment questionnaire, which is completed with input from family and carers.

The risk assessments are completed monthly, or sooner if required. For example if a resident returns from hospital.

The risk assessments also apply for respite clients.

If the resident is considered to be at a high risk of falls, equipment such as bed rails or sensor mats will be provided if required and the resident will be referred to occupational health or physiotherapy.

To help the new resident to become familiar with their environment, their name is displayed on their bedroom door and they are shown around the facility. Residents are encouraged to personalise their own bedrooms.

If a resident falls within the care home the care staff call for help from a senior care worker and do not move the resident. If there is an obvious injury, or the fall was unwitnessed, 999 is called. 111 will be called if the injury is minor. If the resident can get themselves back up from the floor and there is no injury, a 72 hour monitoring plan is put in place.

If a fall occurs, the environment is assessed and the resident is spoken to and asked how the fall happened.

The Manager undertakes environmental audits on a monthly basis to assess the safety of service and identify any hazards that need addressing.

Medication reviews take place yearly with the GP, but if the staff have any concerns about the medication, an appointment is made sooner.

Residents support plans are assessed monthly and can be updated and rewritten to incorporate any changes that may be needed as a result of a falls risk being identified. Handover documentation also reflects this if a resident falls.

Information regarding a fall is recorded in the accident book, the falls diary and the Managers spreadsheet.

If a resident does fall within the care home, this is communicated to GPs and other care settings in a review meeting. However, if the care staff feel that it is needed, an appointment or referral to the relevant organisation will be triggered.

The care home does not offer any strength or balance training for residents as they are currently awaiting training to be able to deliver this.

Mobility aids used by the residents are prescribed specifically for their individual needs or are purchased by the individual.

What did residents say about falls?

The enter and view team listened to the views of two residents on the day of the visit, as many of the residents did not have verbal skills.

One of the residents told the enter and view representatives that since being in the care home they had fallen on four occasions. One of the reasons she fell was due to a mirror being in the way and she tripped over it. On this occasion, staff assisted the resident straight away and an ambulance was called. A member of staff accompanied the resident to hospital.

This resident told the enter and view representative that they were worried about falling and as a result of this no longer liked to go out, and are concerned that if they have another fall it will stop them from doing things.

She told the team that she has been given information about how to stand and sit properly to help prevent a fall. She is also encouraged to use her walking frame at all times.

The resident does not take part in any activities that help prevent falls such as tai chi or physiotherapy.

She said that she enjoys living in the care home and likes to take part in drawing activities and visiting the garden centre.

The second resident that spoke to the team had not fallen in the care home but had suffered a fall before being admitted to the Birches.

This resident does not worry about falling and told the team that she has been given information on how to prevent a fall. She makes sure she uses the handrails inside the bungalow and outdoors.

She told the team that she walks a lot inside and outside of the building and is quite independent. She likes to make her own porridge, and is supervised by staff to do this.

The resident also told the team that she is very happy living at the Birches and the staff are very helpful.

On the day of the visit one resident was in bed and was upset about being bedbound. Staff explained straight away that the resident was unwell (had been vomiting) so needed to stay in bed to prevent the spread of the illness. This particular resident is usually in a wheelchair and moving around the home and was upset they weren't able to do this.

What did staff say?

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

All staff members said they had been given information about the risk of falls and falls prevention. One staff member said this was provided as part of their initial basic training and they all had read the falls policy.

The enter and view team asked the staff if they had received any training on falls prevention. Four members of staff said they had completed this as part of moving and handling training which was both theoretical and practical. One member of staff was unsure and another told the team that they had training on induction.

All members of staff said they completed a six monthly refresher of their training.

All of the staff members said they knew what to do in the event of a fall. They would not move the resident, and would call for help from their team. The resident's family members would be informed of the incident and if there is an injury, the ambulance would be called.

All staff members said that they felt that they could raise concerns with the Manager if needed. Staff also told the enter and view team that they were happy working at the Birches and were observed to be happy and cheerful.

Observations

There were no falls witnessed during the visit. The care home was found to be well lit in most places, and the environment was generally clear of clutter with the exception of a Christmas tree that was in the middle main corridor that the staff hadn't finished decorating. The enter and view team were advised to 'mind the tree'.

A delivery had arrived during the visit and the staff members carefully ensured that this was stored away and not a tripping hazard.

All flooring was slip resistant, but there were some areas that appeared quite uneven.

Beds, chairs and furniture were at varying heights, and seemed to be individualised for the resident's needs. Some chairs had chair raisers to adjust the height for the resident.

Call bells were on the walls in each bungalow, but some residents were not able to reach these independently. Sensor mats were also used to alert nurses if a resident is unable to use a call bell. No call bells were heard on the day of the visit.

All residents were observed wearing footwear, and all footwear was in good condition.

Walking aids were within easy reach of the residents who needed to use them, but the enter and view team did not observe any other essential items such as glasses and drinks near to the residents.

All equipment that was used by the residents looked in good condition, well maintained and suitable for the use of the individual.

All walking routes within the building were clear with no obstructions present. Handrails were present throughout the building and rooms were colour coded depicting where the bathroom/ shower rooms are but there were no signs on the toilet doors.

Slip resistant flooring is used throughout the entire building and threshold strips between the bedrooms and hallways were well maintained and secure.

A resident was observed to be using a vacuum cleaner under supervision from a staff member.

Conclusion

The number of falls that have occurred within the Birches Care home is low which is expected for a learning disability setting where less residents are frail than in care homes for older people. Nevertheless the Home appears to be proactive in preventing falls and staff members are confident in dealing with a resident who has fallen.

Training around falls prevention seems to be limited to moving and handling training, and although this takes place frequently may not be sufficient to cover all of the causes of falls and how to prevent them.

Due to the limitations of the residents it was difficult to get a clear picture of how they feel about falls and their concerns around their safety. However the two residents spoken to, appeared happy and enjoy living at the Birches. Residents also appear to be encouraged to be independent as much as possible.

Recommendations

- Staff should undertake specific falls prevention training on induction and as part of ongoing learning.
- The care home should consider offering physical activities that help improve balance and strength.
- The care home should routinely review the environment for hazards daily rather than monthly.
- 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

Signed on behalf of HWNL		Date: 8/1/19
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UPDATE - The Birches were given 20 days to respond to the report. As of 12/2/19 no response has been received.