

Enter and View Report

The Valleys Residential Care Home

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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

The Valleys Care Home is an 84 bed registered care facility. The Valleys offers different levels of care to suit resident's needs; Residential Care, Nursing Care, Dementia Care and Respite Care are all catered for. The care home is divided into four units, each one dedicated to certain care needs as follows:

Pearl Unit - Residential Care, dementia care but no challenging behaviours

Ruby Unit - Nursing, Palliative, Complex Care

Sapphire Unit - Dementia care with management of challenging behaviours

Diamond Unit - Respite Care, low dependency

At the time of the visit, 65 residents were currently living in the home. 46 members of staff work at the care home. This includes nursing staff and nursing assistants.

The most recent CQC inspection rated the care home as 'good' in all areas.

Summary of the Manager's questionnaire

There had been 97 falls within the Valleys Care Home within the last 12 months. Of these falls, 11 resulted in a hospital admission. The majority of falls had been unwitnessed. The Manager explained that sometimes residents are found on the floor and due to conditions such as dementia, sometimes it is difficult to know if they have just sat or laid down rather than fallen. However, these are all recorded as falls.

Family and carers are involved in the process of identifying a falls risk during pre-assessment. Family are able to advise if falls are frequent and this would be added to the mobility part of the pre assessment and a full falls assessment would take place on admission.

The falls risk assessments are reviewed monthly or if there is a change in the residents condition, and when a resident returns from hospital.

Equipment will be put in place if a need is identified in the risk assessment. This could include sensor mat or a bed rail. These actions are documented in the residents progress notes and reviewed monthly or if the residents circumstances change such as a change in medication or frequent UTIs.

If a falls assessment identifies a change in mobility, this is added to the moving and handling or maintaining safety care plan.

To ensure new residents become familiar with their environment they are taken on a tour of the suite in which they will reside.

If someone falls within the care home the staff will check the resident over for injury and assist them with other staff to get them off the floor. The nurse on duty is called to assist if the resident is unable to move and the staff team suspect a fracture or injury, 999 will be called.

The family will be informed and the accident book will be completed.

To identify the cause of a fall the Manager will enter into a discussion with the resident and/or witnesses and will share the information at handovers to apply learning across the home.

'Walk arounds' take place periodically throughout the day within the care home to assess the environment for safety and ensure no obstacles are in the way, although she didn't specify how often these take place.

Medications are reviewed annually or if there is a change in the residents condition.

Information about falls and associated injuries are reported in the falls and injuries data analysis and on an accident analysis form. The CQC are informed if a serious injury has occurred.

If a resident falls frequently, the GP will be notified and a referral to the Falls team will be made and the GP will review medications if necessary.

Mobility aids and equipment are provided following assessment.

Active ageing is promoted for residents by encouraging residents to mobilise and also take part in armchair exercises provided by a company called pulse aerobics.

A copy of the falls policy was provided on the day of the visit. The manager recorded all falls on a bespoke 'falls database' which provided her with a means of monitoring trends over time and identifying patterns such as location/type/outcome and so on. The analysis

from this database was used alongside other forms of feedback to inform the prevention and management of falls.

What did residents say about falls ?

The enter and view team listened to the views of 13 residents on the day of the visit. Some of the residents spoken to were quite confused and were not able to give an accurate picture of how they felt about falls. An enter and view representative found that asking too many questions caused some of these residents distress and felt it wasn't appropriate to continue the conversation.

The general feeling from the residents that were spoken to on the day of the visit was that they felt well looked after in the care home. One resident described the home to be 'very calming' with 'no shouting'

Of the 13 residents who spoke to the Enter and View team, 4 had fallen within the care home.

One resident told the team they had fallen within the care home over one year ago and this was due to tripping on the stairs. The care staff came to their aid straight away and no medical attention was required. The resident hadn't received any information about how to sit or stand properly to prevent a fall and told the team that they do not worry about falling.

This resident does not get involved in any activities that involve moving around. It was noted that this resident was not wearing slippers on the day of the visit.

Another resident told the enter and view team that they had experienced a fall trying to get out of bed. They were not sure how long it took for the care staff to come to their aid when this happened but knew they didn't need to see a doctor or nurse as a result of their fall. This resident had been given information on how to sit and stand safely to prevent a fall, and took part in activities that involved moving around. This resident used a walking frame which was her own.

The enter and view representatives spoke two residents who had both fallen in the care home but could not remember what had caused them to fall or how long it had taken for help to arrive. Both of these residents were frightened of falling but weren't sure if they had been given any information on how to sit or stand properly to prevent a fall.

Some of the residents spoken to had been admitted to the care home because they had been falling at home and it was felt that they were safer in residential care. One of these residents had fallen around three times last 12 months and was initially admitted to the Valleys as a respite client but has now decided to stay as permanent resident. He doesn't worry about falling.

Some of the activities residents said they like to take part in include, Boules, listening to guitarist, 'sing alongs' and going for a walk.

What did staff say?

The Enter and view representatives spoke to 4 members of staff on the day of the visit. All four staff members told the team that they had received information and training on the risk of falls and falls prevention but one mentioned they were not sure if there was an 'explicit strategy' around falls prevention.

Staff training varied, with one member of staff saying that falls training was included in their NVQ and three staff members saying it was part of wider training on moving and handling. The staff members said that there seemed to be a lot of e-learning and not much in house training. They all said that they 'learn on the job'

One member of staff told an enter and view representative that e-learning didn't always give them the understanding they require and felt that a more hands on, practical approach was needed. Another member of staff spoke positively about how her experience and training in social care settings had given her the confidence to start a graduate degree as an adult learner.

In the event of a fall all members of staff said they knew what they needed to do. Answers included ;

Do not move, call nurse/nursing assistant or senior member of staff who takes charge. One staff member said it would depend on the injury and that they would sometimes call 111 for advice, or if there is an injury 999 would be called.

All staff members said they would be able to raise concerns with the Manager.

Observations

There were no falls witnessed during the enter and view visit.

On walking around the Care home the team observed equipment in the reception area near the disabled toilet that could have been a falls risk and would have made access to the toilet difficult.

Lighting was good in most areas apart from on the main staircase. It was a dark day on the day of the visit.

The flooring was in good order with low pile carpets and non -slip flooring used throughout. There were no steps or threshold strips that could have posed a tripping hazard.

Beds and toilets all appeared to be at the correct height for the residents use.

Call bells were on a long cord in rooms which makes it easier to reach, but the cords within the toilets/bathrooms would be hard to reach if needed assistance whilst using the facilities.

Not all of the residents seen on the day of the visit were wearing footwear. The staff mentioned that some residents in the EMI unit refused to keep slippers on their feet. Some

residents were observed to be walking around in socks but it wasn't clear whether they were non slip or not. Footwear worn by residents appeared to be in good condition and safe.

Residents did not always have essential items such as drinks, glasses etc within reach and there were no call bells in the communal areas which meant that residents needed to wait until a member of staff was in earshot to get attention.

The Valleys appeared to be offering an enabling environment. There are handrails along all corridors for residents to steady themselves and many of the bathrooms were colour coded to help residents identify where everything is in the EMI unit. Names and photos of residents were also seen on the rooms. Slip resistant mats were used in rooms where required, and new slip resistant flooring had been installed in the EMI unit.

An enter and view representative noted that the door to the sluice was left unlocked on the day of the visit, meaning that residents could potentially access it. Keeping the sluice and other service areas locked was a recommendation made by Healthwatch following the last enter and view visit to the Valleys in September 2018. This was mentioned again on the day of the visit to the new Manager.

Although the EMI unit appeared clean and well maintained, Enter and View representatives noticed a very strong odour of urine. The smell was only present in the EMI Unit and it had not been there on the previous visit. The team members questioned why the smell was so overpowering given that the unit was a modern purpose built facility.

Conclusion

As the Valleys Care Home is a modern purpose built building, many of the physical/structural hazards that are seen in some of the older buildings are not present. For example, residents do not need to negotiate any steps or thresholds that may pose a risk. This is a clear advantage for falls prevention.

The team were impressed by the professionalism of the staff that they spoke to in particular the manager who clearly *led*, rather than managed, the staff team. This was reflected in the way that the staff and managers approached the prevention and management of falls. They appeared to be proactive in preventing falls and confident in the procedures to follow in the event of a fall occurring. The onsite presence of nursing staff means that appropriate clinical decisions are made more quickly and falls are managed more effectively.

Staff training appears to not be falls specific, and an understanding of the risk factors related to falls could be a gap in knowledge, particularly as the Care Home caters for a very diverse range of needs.


E- Learning was identified by staff members as not being sufficient to meet the complex needs of some of the residents.

Recommendations

- Falls specific training should be made mandatory, and should be hands on and relevant to the needs of the residents within the unit.
- The position of call bells in bathrooms should be reviewed to ensure they are easily reached by residents using the facilities.
- Management should ensure that the door to the sluice and the service areas are locked for safety.
- A review needs to be undertaken of the cleaning and ventilation of the EMI Unit and action taken to bring the air quality up to the standard of the rest of the building.
- 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: 21/12/18
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