

Enter and View Report

Carseld 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

It is important to note that 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.

Carseld Residential Home Background

Carseld is a residential care home located near Broughton, North Lincolnshire. The home can accommodate up to 22 residents. There are a mixture of single and double bedrooms with en-suite, wet room or toilet. There is also a self-contained unit with fully equipped wet room and kitchen, allowing people to rehabilitate and keep their independence after illness or a stay in hospital. At the time of the visit, the home had 18 residents.

Summary of the Manager's questionnaire

Healthwatch provided the Manager with a questionnaire about falls a week before the visit. The questionnaire asks how many falls have occurred in the home over the last 12 months. The manager recorded 50 falls in the last 12 month with loss of balance, legs giving way and falling out of bed as common reasons for falling. Out of the 50 falls, 9 residents were taken to hospital and 3 were admitted to hospital.

When asked 'How do you assess the fall risk of new residents' the Manager told Healthwatch that new residents mobility is assessed and they undertake a falls risk assessment. This happens before they arrive in the home through a pre-admission form and is monitored through their first week. The process is the same for permanent and respite residents.

Family and carers are informed of falls assessments and if any falls occur. Falls risk assessments are conducted monthly or sooner if required such as in the event of a fall or if

any new fall risks are identified. All action is documented and followed up. Staff help new residents become familiar with their new environment through communication and supporting them around the home.

In the event of a fall, Carseld has a falls policy and staff follow the falls protocol that is in each individual’s care plan. This usually includes checking for injuries, calling emergency services and family as necessary. If a minor injury occurs as a result of a fall, the staff would contact the district nurse. 999 and an ambulance would be requested for a more serious injury as a result of a fall. When a fall occurs staff would ask the resident and any witnesses what happened to identify the cause of the fall. Careful monitoring takes place after a fall to monitor the resident’s mobility and referral to professionals such as physiotherapy and occupational therapy as needed. The falls protocol for each individual is reviewed after each fall. All falls are communicated with staff at handovers and staff meetings.

Health and safety checks are carried out weekly to ensure the care home environment is clean and free from hazards. Any hazards such as a frayed carpet etc. are reported to maintenance for attention.

Medication reviews are carried out by the GP, not the care home staff. Reviews take place every 6 to 12 months depending on the individual. Care plans are evaluated on a monthly basis and if a resident is identified as being at risk of falling, they are updated in the care plan straight away.

All falls and injuries are recorded in the accident report file that is kept in the manager’s office. Staff fill in an accident form following any incidents. Referrals to health professionals such as physiotherapists are made over the phone or online if needed. The manager confirmed that they have a direct pathway to the following services and rate them as follows:

	YES	NO	RATING 1 TO 5 (5 being excellent)
Physiotherapy	x		3
Occupational Therapy	x		3
Continence Service	x		3
Podiatry	x		4
Opticians	x		4
Hearing Assessment	x		3

Chair based exercises are offered to residents to improve strength and balance. These are delivered by the activity coordinator in the care home. All mobility aids are tailored for the individual resident, there is no stock of mobility aids, just one transit wheelchair for emergency use.

The care home provides a full activity programme to promote active ageing. (See ‘what did staff say?’ for conversation with the activity coordinator).

Following the visit, Healthwatch discussed staff training relating to falls prevention with the Manager over the telephone. It was confirmed that all staff undertake specific falls prevention training which is updated regularly.

What did residents say about falls?

Healthwatch reps spoke to 9 residents throughout their visit aged between 75 and 90 years old. Quite a few residents had lived at Carseld for more than year and some had lived there for only a few months. 5 residents said they were worried about falling, all five had previously had a fall, but not all falls had taken place in Carseld. 4 falls had taken place at Carseld, and some residents had fallen previously in hospital, at home or another care home.

When asked 'How many times have you fallen in the last 12 months?' 5 residents said they had had a fall, but they couldn't remember if it was in the last 12 months or how many times they had fallen.

Healthwatch reps asked residents what they thought had caused them to fall. The reasons varied. One resident said they just blacked out (blood pressure related), one resident said they fell in Sir John Mason House whilst in the bathroom (caught their foot on their walking frame), lost balance, falls related to chronic health conditions i.e. stroke, cardiovascular health and finally one resident said they didn't want to bother staff to help her put her non-slip socks on. One resident told a Healthwatch rep that she had needed the district nurse to dress a wound after a fall.

Most residents said that staff responded within 5 minutes of falling. Two people said it took 5- 10 minutes for staff to respond and one person said 20 minutes. Residents said that it was easy to raise a call bell either using their personal pendant alarm or the call bell in their room. 3 residents said they had to see a doctor or nurse and 6 residents said that didn't need to see a medical professional or they couldn't remember.

What did staff say about falls?

Healthwatch reps spoke to three staff during their visit. The staff spoken to had been provided with information about the risk of falls and falls safety at induction and as part of continued training. Staff undertake theoretical training through Redcrier Training Solutions, an independent training provider that specialises in the care sector. Staff at Carseld complete units in moving and handling and falls safety through Redcrier and complete a knowledge test to show they have understood the subject. Once the units are passed, Redcrier provide staff with a certificate of completion. Falls safety theoretical training is completed at induction and every three years thereafter. Practical Moving and handling training is repeated every 12 months and is delivered by the manager of the Ann Tuplin Care Agency. Moving and handling covers what to do in the event of a fall, including physical moving and handling, when not to move a resident and what services you would call in the event of a fall. The Manager at Carseld confirmed that every individual care plan includes a protocol on falls and a step by step guide on what to do next and which services you may need to call e.g. 999 if the fall caused a bump to the head/ head injury, or for a skin tear/ lesion call the District Nurse.

When asked 'if a resident is injured, which service(s) would you call?' All staff said 999 if a serious injury. One staff member said the ambulance service responded promptly and would often send a first responder ahead of an ambulance. Another staff member said they would report all falls to their senior or manager and once an assessment had been carried

out they may call NHS 111 for advice or the District Nurse. All staff said the manager was very approachable and that any concerns would be acted on. Staff comments on falls included:

“The seniors and manager are all very approachable.”

“We have aids in place for falls such as sensor mats in rooms, staff keep an eye on residents.”

“Lots of training is available through the owners.”

One Healthwatch rep spoke to the activity coordinator. She confirmed that they deliver a programme of chair exercises twice a week for residents and often use online videos to aid this. If a resident has physiotherapy exercises they will often help support this and include in the programme of chair exercises or support each resident individually. Arm chair exercises are designed to promote coordination and independence. Dancing is also a popular activity at the care home that promotes active ageing and independence.

Observations

The Healthwatch team did not witness any falls during their visit. The environment was free of clutter and there were no slip, trip or fall hazards. Two cats lived in the care home which residents enjoyed, the cats didn't appear to be a trip hazard. All floors were clean and well surfaced. All chairs and tables seemed to be at the right height. Dining chairs had an extra strip of wood between the legs which made them sturdier, which may help reduce falls. All floors were slip resistant and mats in the entrance were also slip resistant.

Residents were encouraged to sit correctly and one Healthwatch rep saw the Manager supporting a resident to sit properly in their chair as they were sitting at the edge. Residents were encouraged to get up and move around independently and Healthwatch reps saw residents walking around the home using walking sticks and frames to support them.

All areas of the care home were well lit, especially the orangery that had a good source of natural light. Handrails were positioned at a good height along corridors and residents were encouraged to use them if they did not use a walking frame. There was no seating along walking routes as there wasn't room and this would create a hazard. All toilets, bathrooms etc. were identified with appropriate signage and threshold strips in doorways were well maintained.

Call bells were within easy reach for residents in their bedrooms and Healthwatch reps observed that call bells were answered very promptly by staff. Many residents wore telecare pendants and felt more secure knowing they could alert staff and press this if they felt unwell or had a fall.

All residents wore well-fitting shoes and slippers and Healthwatch reps observed these to be in good condition. Resident's glasses were clean and in good repair. Walking aids were within easy reach for each residents and wheelchairs were neatly stored under the stairs.

Conclusion

Overall, Healthwatch reps observed Carseld to be responsive to residents needs in relation to falls.

Staff regularly carry out risk assessments regarding falls that are individualised and recorded in individual care plans.

Falls training is delivered yearly in the form of theory and practical learning. Staff felt confident they knew what to do in the event of a fall, and that the Manager was approachable and any issues that were raised would be acted upon.

Although some residents were worried about falling, they felt confident that staff would promptly support and help them if they were to fall. Healthwatch reps observed staff to be attentive to resident's needs. Staff encouraged residents to move around independently and delivered a series of activities to improve coordination and promote independence.

Recommendations

1. Carry out daily rather than weekly hazard checks throughout the care home.
2. 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:
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