

# Falls Project Newsletter

Autumn 2015



Leaves  
are supposed  
to fall.  
People aren't.



**Falls prevention & management  
in Bristol's Care Homes**



Sandra Payne – Head of Clinical Excellence, Brunelcare

# Falls Project – So what was it all about...?

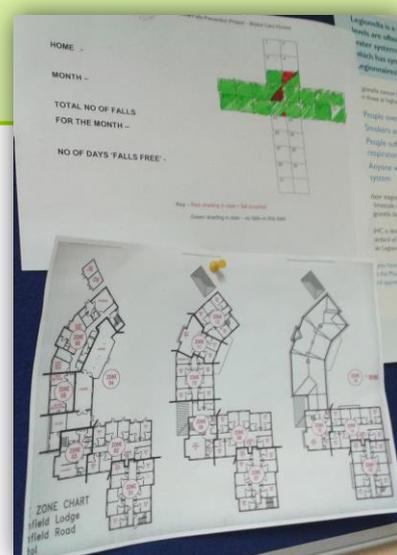
The Falls Prevention Project started in April 2015 and was commissioned by Bristol City Council to run for 6 months with Brunelcare with the aim of improving falls management in Care Homes. Sandra Payne, Head of Clinical Excellence for Brunelcare and Rob Benington, Commissioning, Contracts & Quality for Bristol City Council are the project leads.

**HOMES TAKING PART**– St George Care Home, Bamfield Lodge, Rosedale, Katherine House, Bernash, Kingsmead Lodge, Westbury Nursing Home, Meadowcare, Horfield Lodge, Bishopsmead, Hartcliffe Nursing Home, Druid Stoke, Whiteladies Residential Home, Humphry Repton House, Amerind Grove and Riversway

## Principles of the Project

The introduction of plotting the time and place of a fall is the underlying principle of the project. Establishing existing audit systems and training in place in each home was also undertaken. Looking at just the number of falls in isolation can be misleading and does not provide a true picture. Using the clock face over the period of a month to plot a time and a floor plan to map where falls occur helps all of the staff in the home to really look into the **Who/Why/When & Where** of falls. Trends in time and place can be established and because the **clock face** and **maps** are easy to understand staff benefit from the visual impact of these tools. When there is so much going on in the home on a day to day basis, the map and the clock serve as an instant audit of who is most at risk of falls.

The **Safety Cross - Bamfield Lodge** Safety Cross and floor map pictured - is another really effective tool that has been used throughout the project. This, again, is so simple but the best things often are! Green shading on the date indicates no falls, red shading indicates a fall or falls have occurred. The greener the cross the better. The safety cross can then give an indication to the number of days between falls and the number of days in a month that have been falls free. This is an excellent tool to demonstrate effective falls management at a glance and a really good way of demonstrating your Duty of Candour – being open and transparent about the falls that are occurring in your home and what you are doing about it.





### **Meadowcare – Proud to be Plotting!**

Since working on the project, Meadowcare have reduced their falls by a massive 57%! This is a fantastic achievement which the home is really proud of.

Meadowcare home Manager Evelyn and Deputy Juliet have been working on the Falls Project since the very beginning. They have been enthusiastic from the outset and quickly grasped the concept of plotting and mapping falls and evidencing the incidence of falls using the safety cross.

Evelyn and Juliet say that the general staff awareness of who is 'at risk' has increased enormously. Staff found all of the tools helpful, easy to use and a clear source of evidence. CQC visited to inspect the home whilst the Falls Project was in place and were very impressed with the visual impact of the mapping and plotting. They were also pleased to see that the home was working in partnership with external professionals in order to achieve best practice in falls management.

### **Falls Prevention – a view from Bristol City Council**

Falling is not an inevitable part of ageing. This newsletter describes how working with Brunelcare has helped homes achieve really good reductions in falls, proving that the risk of falling can be reduced. Admissions following falls are generating a lot of interest in Bristol at present, both because of the pain, suffering and fear that they cause, and because of the costs of treating the injuries. Commissioners see the many links between the numbers of falls and other aspects of care, and understand that how falls are addressed tells us a lot about what else is going on in Bristol's care homes.

The experiences described in this newsletter show we can already do a lot to improve the outcomes for the people we care for. The successes being achieved are very encouraging, and will strengthen the resolve of Council and our health service partners to keep falls in focus. I'd like to thank all the Managers and staff who have been working with Sandra and Brunelcare during 2015. I hope to meet with you at the Falls Champions meetings on November 6<sup>th</sup>, and in February next year, to hear more about the work you have been doing.

**Rob Benington**  
**Commissioning, Contracts and Quality**  
**Bristol City Council.**



## Horfield Lodge - Falls Champions



Alex, Kelly and Cezary are the designated Falls Champions for the home and cover the 3 separate areas, Residential, Care Suites and Nursing.

They immediately introduced the plotting and mapping of falls across the home and have a safety cross for each of the areas in place.

Alex, Kelly and Cezary all agree that the general staff awareness of who is at risk and falls prevention has increased and that they will continue using the plotting, mapping and safety cross after the project ends.

## Riversway – Keen to Continue

**Riversway** were later joining the project but have been just as keen to implement the plotting, mapping and safety cross, initially piloting this on the ground floor. Mandy Adams and Georgina Hatrimen, Falls Champions, have been able to determine where falls have been happening and the clocks have also shown some trends in time. They are looking to initiate Team Leaders into the Falls Champion role as their next step.

## Katherine House – Awareness & Prevention

Vivienne Withers, Home Manager and Lisa James, Falls Champion at **Katherine House** have used the Falls Project tools to enhance systems already in place in the home for falls management. Vivienne had a 'tracking' system in place to identify the who/why/when/where of falls, but this was a management audit tool that staff were not aware of. Vivienne says *"The plotting, mapping and safety cross have definitely made the staff more aware. We will continue to use this as it gives us a really good audit trail that the staff are involved in and understand"*. Lisa gave an example of a resident who had a number of falls. Lisa says *"The clock and map helped us to understand that we needed to look at the person's room and change things around. Once we did this, falls reduced. The project has also encouraged us to look at other things and make us more aware. We are referring more people through to services such as the Falls Clinic"*. Lisa has been doing a brilliant job, leading the whole home as the Falls Champion and is looking to initiate another colleague to be a second Falls Champion for Katherine House. Well done Lisa!



## Druid Stoke – Carers Empowered

Gail Northover, Home Manager of **Druid Stoke** Nursing & Residential Home, has introduced the concepts of the project on the residential area of the home with Imelda Valdarez as the Falls Champion. Gail says *“We will definitely be carrying on with plotting and mapping after the project. It is so effective because it is carer led and they are the people who know the residents best. Carers feel empowered and valued as they have been encouraged to have input and make decisions.”*

## Kingsmead Lodge – Identifies Trends



Falls Champion, Eva Healova (pictured) has introduced the falls initiative on the Nursing Unit of **Kingsmead Lodge** whilst her colleague, Roxsanna Majchrowicz, has implemented it on the Residential Unit. Eva has been using the Safety Cross for individual people who are frequently falling along with the clock face and floor plan. Eva says *“It has helped us with 1 particular gentleman. We were able to identify that there was no trend to time but a trend to a fall happening every time the resident wanted to go to the toilet. He was struggling to open the bathroom door whilst holding on to his frame and then losing his balance and falling. Staff now know to leave the door open for him and we are looking to see if we can change the door to make it easier.”* Eva says that the project has helped to encourage staff to complete incident forms more accurately with time and place.

## What the Numbers Say

Collecting the number of falls per month across the homes has been important for us to be able to have a real measure of the success of interventions introduced.

Some of the most impressive improvements are –

Westbury Nursing Home – 63% reduction in falls

Meadowcare – 57% reduction in falls

Bernash Residential Home – 54% reduction in falls

Bamfield Lodge – 45% reduction in falls

## Bamfield Lodge - Future Plans



Sharon Parnham, Falls Champion for Bamfield Lodge has been working across the whole home raising awareness by plotting, mapping and using the safety cross. Sharon says she has really enjoyed her new role and will continue. Even though there has been a rise in the number of falls in September, staff are now aware of this and the reasons behind the falls. Sharon is planning a ‘Falls Awareness Week’ to keep things going after the project ends – what a brilliant idea!

## Environment changes at Bernash



**Bernash Residential Home Falls Champion, Jemma Nash,** has been looking at some of the environmental risk factors in her home that may contribute to falls. Jemma first reviewed the main lounge/dining area in order to see what hazards were there. Jemma says *“There was so much furniture in the lounge, it was really cluttered. I decided that we needed to change the layout of the room to make it safer and Sue, Home Manager, was pleased that I had used my initiative. We have now replaced the flooring in the main lounge and dining area as a direct result of the falls work. Staff are more aware and I am always looking out for hazards that may cause falls”*. Individual clocks are used in the home for people identified as frequently falling and 1 safety cross for the whole home is in use and this works well. Jemma is planning on introducing a Falls Champion at night as she has identified that this is when there is the highest incidence of falls. She is also looking to incorporate falls awareness into the staff’s manual handling training so that she can get the whole staff group on board with plotting and mapping falls.

Well done Jemma!

## Falls Reducing at Westbury

**Westbury Nursing Home** has been using the principles of the project both in the nursing and in the residential areas.

Penny Brown, Home Manager, is really pleased with the way that the staff have embraced the plotting, mapping and safety cross tools in each area of the home. The safety cross has proven to be particularly effective with healthy competition taking place between floors to see who can get the ‘greenest cross’! Penny says *“ Westbury will definitely continue with the tools after the project finishes, they have made a real difference”*.

## FALLS AWARENESS & PREVENTION



**WHO** – is falling? Identify who is ‘at risk’ by checking gait, balance and the person’s history of falling. Record every fall in the person’s care/support plan

**WHY** – are they falling? Investigate every fall. What was the cause? The person’s care/support plan should address the causes, including underlying clinical risk factors.

**WHEN** – do falls occur? Use the clock face to ‘plot’ the time of falls.

**WHERE** – do falls occur? Use the floor plan to ‘map’ the location of falls; eg bedrooms, bathrooms, lounge.

**WHAT NEXT?** – Look at the plotting & mapping to see what it tells you. Are there any trends in time or location of falls?



## Social Activity & Well-Being

People living with a Dementia who move into a care home are suddenly placed into an unfamiliar environment. Their reality may be back in their 20's or 30's when they were busy at work or at home with children to care for and chores to do. Sometimes falls occur due to confusion, disorientation or the person looking for a purpose.

Positive approaches towards occupation and activity are often a very effective way of relieving boredom and agitation which can lead to falls occurring. Validating a person's reality and purpose are essential to improving the lived experience of a person with a Dementia.

An example of this is from **Bamfield Lodge**. A lady living with a Dementia was very driven, walking around the home all day and experiencing frequent falls. All medical, physio and OT reasons for falls were eliminated and so staff needed to look at what the lady was looking for each day and where she was in her reality. The staff stated that the lady used to be a cleaner in a factory and so was used to working long shifts in a big environment. We concluded that she may be back in that reality, thinking she was at work, keeping busy around the home. On discussion with Sharon Parnham, Falls Champion for the home, we decided to try to meaningfully occupy the lady by giving her some cleaning tools (feather duster etc). Falls for this lady, since the start of the project decreased. It was really positive that the staff have tried to look at every possible contributory factor to the falls adopting a holistic approach to the ladies care and support needs.



## Medication Review

If you're residents are taking long-term medication, your link GP should undertake a medication review at least once a year to make sure they're still appropriate to the person's current medical needs. It's particularly important that medications are reviewed when a person is presenting with a history of falls so that any link between the two can be either established or eliminated.

Some medications can cause side effects of dizziness or drowsiness which can be a contributory factor to falls.

The GP may recommend alternative medication or lower doses if they feel the side effects increase the chances of having a fall. In some cases, it may be possible for the medication to be stopped. Timing of a medication may also be an important factor, particularly for people prescribed Parkinson's medication as the administration of these drugs is time critical.

Observing and communicating with the resident on a day to day basis is a very important factor in monitoring the effects of medication and supporting them. By doing this, you will be able to collect a lot of information that you are able to pass on to the GP. It is also important to accurately record and report any medication effects or changes in the care plan and at staff handover.



Most falls are preventable and are not a natural part of the ageing process. Some contributory factors and helpful hints are -

- Is the person wearing worn out or loosely fitting slippers or shoes? A good fastening, good support and a sturdy sole are the most important things to consider.
- Are there trailing cables, trip hazards or loose mats in the person's room or communal areas of the home?
- Is the lighting adequate? People with a Dementia need 80% more light to enable them to see things as clearly as a person without a Dementia.
- Are there appropriate bannisters, grab rails etc. where they are needed to enable the person to mobilize safely and as independently as possible?
- Does the person need a shower seat or a non-slip bath mat?
- Does the person take regular exercise – would they like to? This can help with muscle strength, balance and general well-being.
- How often does the person have their eye sight tested? Arrange for them to have their eyesight checked regularly. Anyone over 60 is entitled to a free NHS funded eye sight test at their local optician.
- Does the person wear a hearing aid? Is it clean, in correctly and has it been checked to see that the batteries are ok and it is on the correct setting?
- Has the person got 'clean' glasses on? Dirty lenses will be like looking through a fog and will hinder mobilization as hazards may not be seen clearly.
- Any issues relating to sensory aids can cause significant problems for the person when mobilizing and so it is always beneficial to check.
- If the person has a walking aid, is this in good order? (e.g. no worn rubber feet etc.) Is the walking aid the right height for the person?
- Are areas of the home easily identifiable for the person when mobilizing around independently? It may be helpful to consider some methods to help the person to navigate their way around e.g. toilet door frames painted in a particular colour, bedroom door personalised to aid recognition, communal areas signposted.
- Is the person's room easy for them to walk around? Looking at the layout of the room with the person may help particularly if the mapping of falls has evidenced that most falls are occurring in the person's bedroom.

## FALLS PREVENTION AND BONE HEALTH

A fall can have many damaging effects. Beyond physical injuries, there can be a loss of confidence and dignity. This, in turn, is linked to further falls and poorer health. Frequent falls can cause anxiety and depression. They also have consequences for carers, loved ones and on health and social care providers.

The chances of falling increase with age. Falls are the commonest cause of accidental injury in older people. About 6% of falls in those over 65 result in a fracture, with 1% being of the hip.

Falls are the commonest reason for older people to attend A&E and for being admitted to hospital. Injury is more common in frailer people and the nature of the fall affects injury risk and type.

Falls due to syncope (blackouts) are particularly likely to result in injury. In more active and younger people, wrist fractures are common, whereas from 75+ hip fractures are most likely.

The cost to the NHS and local government of managing people who have had falls is considerable. About half is linked to inpatient fracture management and almost as much with long term care provision. Long hospital stays are a big factor. *(Source – Lothian NHS Trust)*

People living with a Dementia are less likely to have osteoporosis diagnosed and treated. Dementia can disrupt bone remodelling which leads to the progressive weakening of bones in people with a Dementia. Therefore, a fracture following a fall is more likely for this group of people.

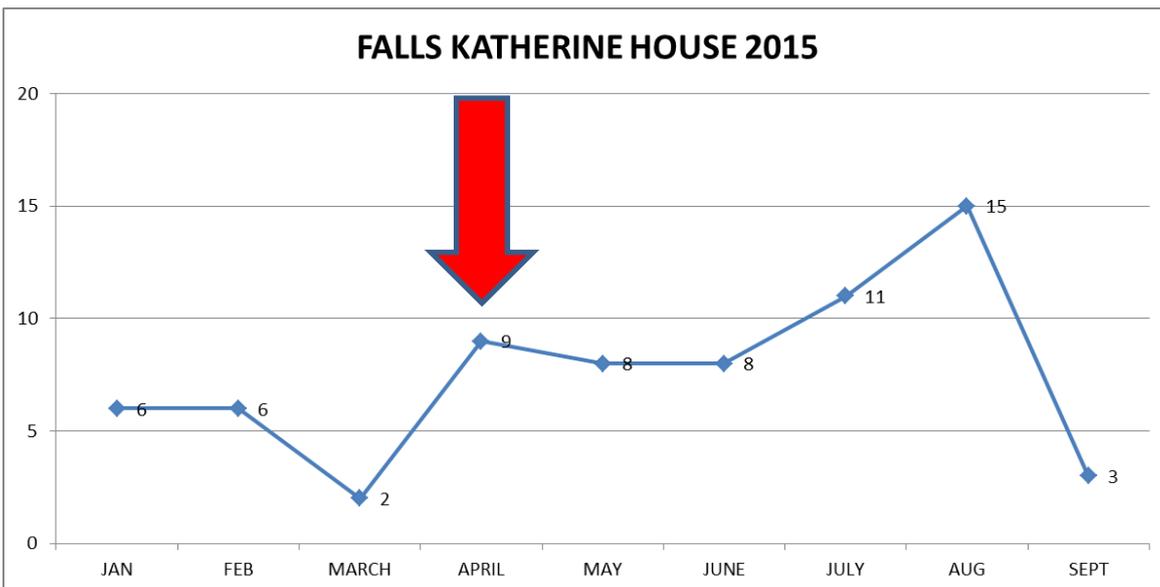
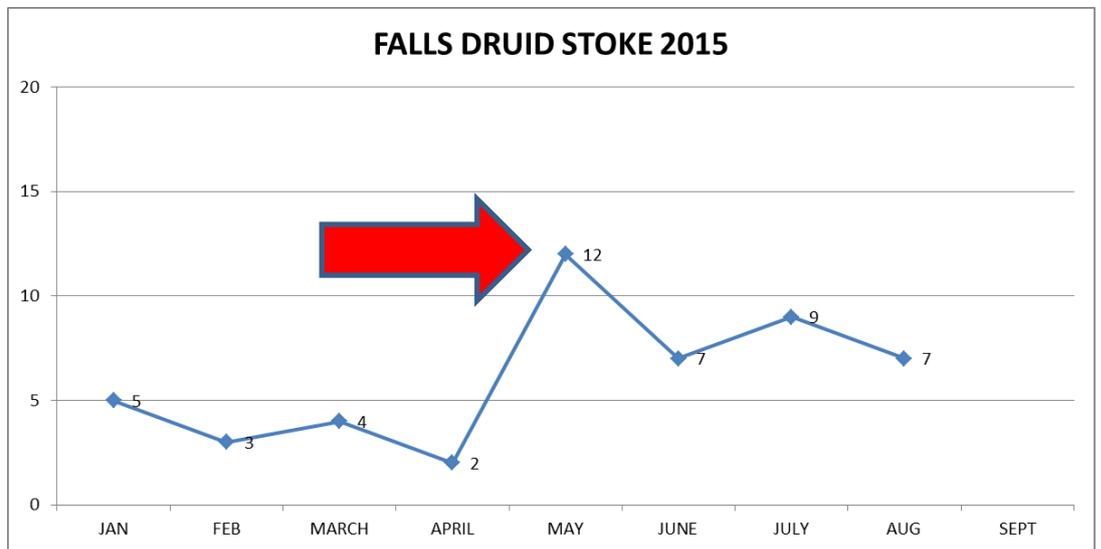
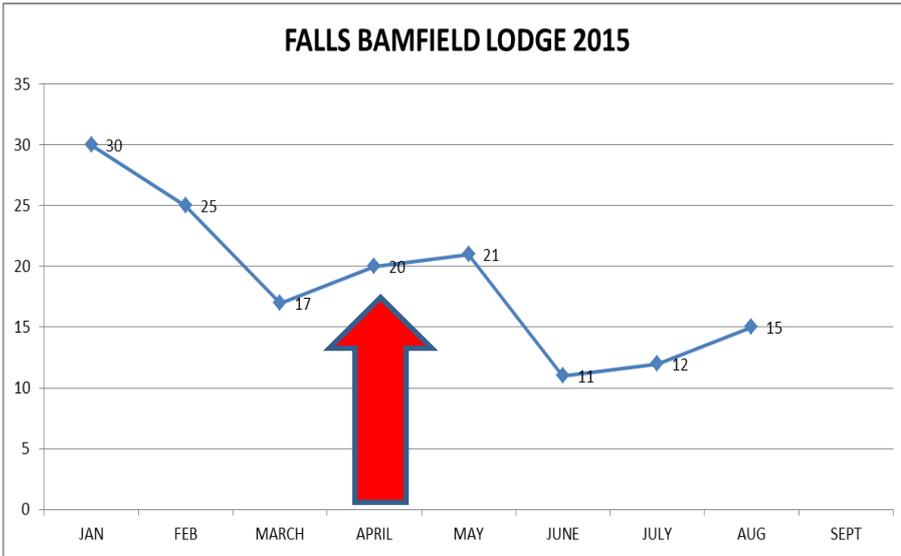


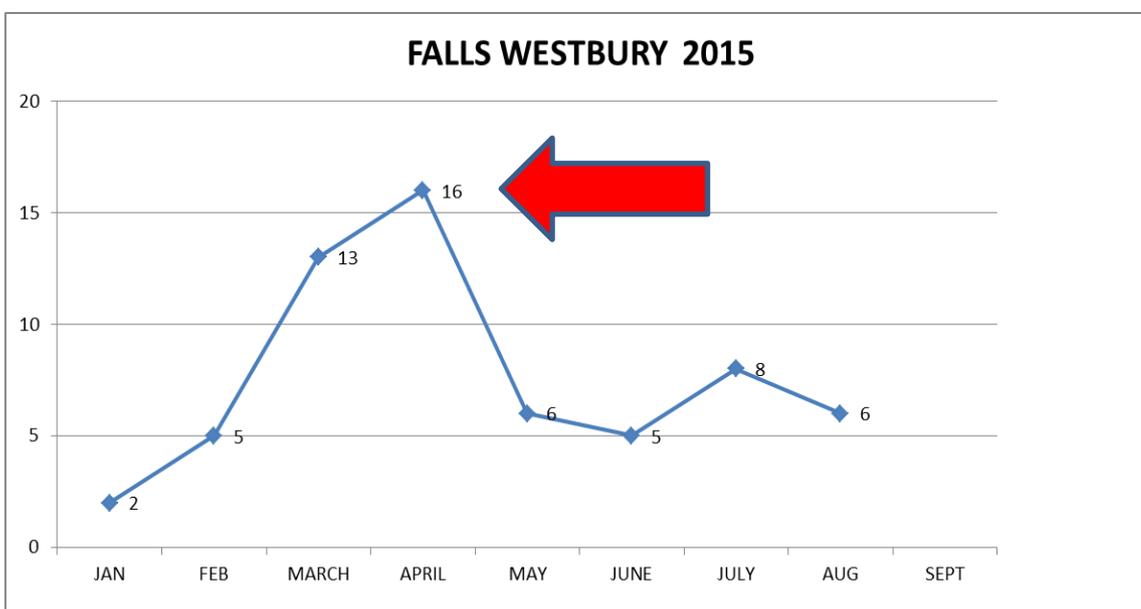
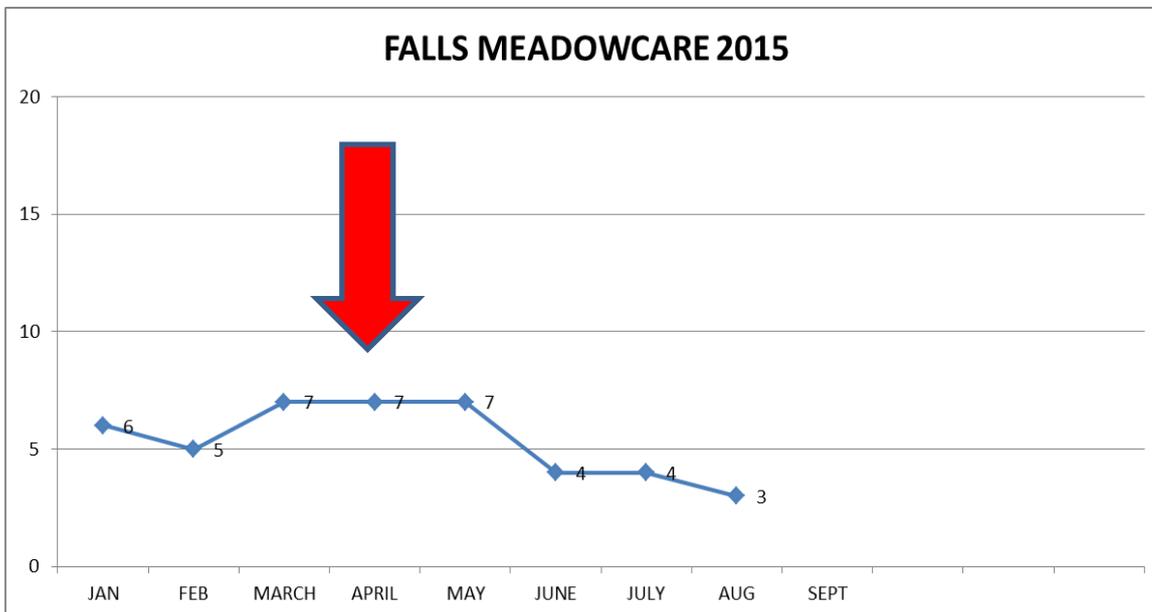
# sacn

Scientific Advisory Committee on Nutrition

Current government advice is that at-risk groups should take a daily vitamin D supplement. These groups are pregnant and breastfeeding women, babies and children aged 6 months to five years, adults aged 65 and over, people who do not expose their skin to sunlight or are confined indoors for long periods of time and people who have darker skin such as people of African, Afro-Caribbean and South Asian origin. This advice will remain until SACN has considered any consultation responses and then submitted its final recommendations to government.

## FALLS AWARENESS & PREVENTION – DATA CHARTS





The red arrow indicates when the project work started in each home. As the charts demonstrate, there have been some significant reductions and also some 'peaks' and 'troughs' in the line graphs. In each case, all of the homes are able to explain the causes behind the rise in numbers eg due to 1 resident with a UTI within a particular month. The difference since the project is that now the care staff on the floor are able to understand the reasons behind any increase or decrease in numbers of falls in the home. This is definitely not something they were able to demonstrate before the project started. Staff have stated that they now look at the plotting, mapping and safety cross before their shift begins or after returning from days off in order to understand the **who/why/when/where** of falls in the home.

The project has enabled the whole staff group to be involved in the falls management process in the homes. This, in turn, encourages a culture of problem solving and decision making amongst the team rather than decisions being made solely at management level. Staff adopt a holistic approach, looking at every factor affecting the person who is falling rather than the number of falls in isolation. This methodology develops an individualised, outcome focused audit system that is truly beneficial.



## FALLS PROJECT MEETINGS

### Meeting 1

Friday 6<sup>th</sup> November 2015

9.30 am to 1 pm

Saffron Gardens, Whitehall

Join us to share best practice in falls management – All welcome!

### Meeting 2

Wednesday 10<sup>th</sup> February 2016

9.30 am to 1 pm

Saffron Gardens, Whitehall



### Further reading & guidance

Falls: Assessment and Prevention of Falls in Older People -

NICE Clinical Guideline 161, June 2013

Falls in Older People: Assessment After A Fall and Preventing Further Falls -

NICE quality standard 86, March 2015

Medicines and Falls in Hospital Guidance – John Radcliffe Hospital, March 2011

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