



Mr D Winter  
Deputy Chief Coroner of England and Wales and Her Majesty's Senior Coroner for the City of  
Sunderland  
Civic Centre  
Burdon Road  
Room 2.108 Office of HM Coroner  
Sunderland  
SR2 7DN

Dear Mr Winter

12<sup>th</sup> January 2021

Further to the Regulation 28 Report to Prevent Future Deaths received on 10<sup>th</sup> December 2020 in respect of the late Mr Edward Mallaby; as per the terms of that report I wish to confirm that actions taken to reduce the risk of future deaths at Alexandra View Care Home and across the Roseberry Care Centres portfolio of homes.

I wish to reassure you that action has been taken to improve our policies and tighten our procedures considering the accident and the outcome of the inquest.

We have discussed the accident involving Mr Mallaby at our Group Care and Clinical Governance meetings and have agreed a number of changes to policy.

Please find enclosed updated policies in respect of:

- Residents Belongings
- Admission of a Resident
- Management and Prevention of Falls

These policies have been issued to the homes throughout the Group with 'read and sign' sheets to ensure and evidence that all staff have read the changes to policy. Specifically, in Alexandra View these updated policies have been introduced in small group supervision sessions so staff have the opportunity to discuss their understanding and raise any questions. This process, at Alexandra View, was completed on 31<sup>st</sup> December 2020.

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The policy updates cover the areas as highlighted during the inquest and as detailed in the report received 10<sup>th</sup> December 2020:

- Management of residents property, which may be hazardous
- Sensor mat monitoring
- Frequency of observations, including whether bedroom doors should be open or closed

In addition, I have introduced an Observation and Monitoring form (also enclosed) to be used in accordance with the updated Management and Prevention of Falls policy and updated the Falls Risk Assessment to reference this new record (attached). At the time of Mr Mallaby's accident, sensor mats were checked at each shift changeover and recorded on the handover by the person in charge. The introduction of this form will ensure sensor equipment is checked for its position and that it is in working order throughout the shift and a minimum of hourly. This amendment to policy and additional checking is being monitored daily at Alexandra View by on site senior management.

The staff at Alexandra View have also repeated their Prevention and Management of Falls training to refresh their knowledge; all staff successfully completed this by 7<sup>th</sup> January 2021.

Should you require any further information please do not hesitate to contact me.

Yours sincerely



  
Chief Executive  
Roseberry Care Centres

Enc.



## **Admission of a Resident**

**Date: 2<sup>nd</sup> April 2012**

**Policy team: Operations**

**Approved by:** [REDACTED]

<b>Review Date</b>	<b>Reviewed Sections</b>
July 2020	Review
17.12.20	Reviewed 2.1, 3.1.4, 3.2.3 Added 3.3.12, 3.2.13

**Next review date 17.12.21**

**Reference to Procedures and other Policies:**

**Service Users Belongings**

Policy CA-PR-08

CA-PR-08 Admission of a resident V4 reviewed Dec 2020

## **1.0 POLICY**

- 1.1 Each new Resident will be warmly welcomed into the Care Centre and all appropriate documentation will be completed in order to provide effective person-centred care.

## **2.0 RESPONSIBILITIES**

- 2.1 Home Manager is responsible for implementing this policy to ensure that all new Residents are made welcome and that their needs and preferences are properly identified, any risks are identified, and they made known to relevant staff members.
- 2.2 Person in Charge is responsible, in the absence of the Home Manager, for the implementation of this policy.
- 2.3 Named Nurse/Key Worker is responsible for the introduction into the Care Centre of each new Resident allocated to their care, and for developing person centred care plans in collaboration with the Residents and / or their representative.
- 2.4 The Administrator is responsible for maintaining the register of new Residents coming into the Care Centre.

## **3.0 PROCEDURE**

### **3.1 Preparation**

- 3.1.1 Subsequent to the successful pre-admission assessment of a prospective new Resident, preparations are made in anticipation of the new Resident's arrival in the Care Centre.
- 3.1.2 The Home Manager will inform the appropriate staff members in the Daily Safety Huddle in the days prior to and on the day of admission and ensure that the Resident's accommodation is properly prepared.
- 3.1.3 Where possible the new Resident is given a choice of room.
- 3.1.4 Preparation of the Resident's room includes the following:
- The Resident's name is typed; using their preferred name / title, and secured to the bedroom door
  - The bedroom and, where applicable, en-suite are clean and fresh and have been redecorated as necessary.
  - The Resident's bed is freshly made up; clean towels and toilet tissue are available in the en-suite where applicable.
  - Equipment required based on the pre-admission information will be available pending assessment of need and mental capacity / Best Interest e.g., bedrails, sensor mat, pressure mattress
  - The bedroom lay out should be discussed with the Resident & Relative to reduce the risk of falls e.g., access to ensuite, orientation for those who suffer from Dementia and based on the moving & assisting assessment, to allow for correct moving & handling needs to be carried out should a slide sheet or hoist be assessed as required for safe practices.

- 3.1.5 Prior to the arrival of the new Resident, the Home Manager will delegate a Named Nurse/Key Worker and a Named Carer. Wherever possible, both of these staff members will be on duty to assist the new Resident to settle into the new surroundings of the Care Centre.
  
- 3.2 New Resident Reception (this procedure may differ in light of Coronavirus risk management assessments which may be in place)
  - 3.2.1 On arrival at the Care Centre the new Resident and Relatives are made welcome by the Home Manager personally whenever this is possible. The person in charge to assess whether light refreshments, in accordance with the known care needs, may be served in order to help them feel welcome and at ease.
  - 3.2.2 The Home Manager ensures that the new Resident and Relatives are provided with the necessary information regarding life in the care home in the form of a Service User Guide.
  - 3.2.3 The Person in charge will decide if it is appropriate for the Resident to be given a tour of the Care Centre depending on the individual or the home's current status of any infection – isolation may be in place. Only where possible, the Resident & Relative, is accompanied to be introduced to the Named Nurse/Key Worker and Named Carers. Similarly, introductions are made to other staff members and to fellow Residents only where possible and assessed safe to do so.
  - 3.2.4 Where it has not been possible for the new Resident to be introduced to the Named Nurse/Team Leader or the Named Carer on arrival at the Care Centre, appropriate introductions should take place normally within 24 hours of Admission.
  - 3.2.5 A Resident, once settled into the care home, may wish to choose their own named nurse and / or key worker. Changes will be recorded in the Residents care notes as applicable
  
- 3.3 New Resident admission
  - 3.3.1 The Care Centre Manager will ensure that all relevant information pertaining to the Resident is made available to the Care Centre Administrator to enable the preparation and completion of the necessary financial documentation on the day of admission.
  - 3.3.2 The Care Centre Administrator will complete the Register of Residents.
  - 3.3.3 The new Resident Care File is prepared by the admitting staff member.
  - 3.3.4 Referencing the information in the pre-admission assessment and any other updated information, i.e., discharge letter if from transferred from hospital, social worker assessment, trusted assessors' assessment, the admitting staff member will plan appropriate person-centred care, including appropriate information relating to the Resident's social and medical history, including evidence of Power of Attorney. Any documentation to evidence e.g., DNAR to be updated with the current details i.e., change of address asap. The development of the care file must be completed with the Resident and / or name Next of Kin / Lasting Power of Attorney for Health & Welfare

- 3.3.5 A 72hrs care plan will be formulated which will include immediate care needs. The following risk assessments must be completed on admission –
- \* Moving and Handling
  - \* Choking
  - \* MUST
  - \* Waterlow
  - \* Falls
  - \* Dependency
- Review of need of a Deprivation of Liberty safeguarding & Best Interests Assessment
- 3.3.6 The following observations will be recorded within 12 hours:
- Pulse, weight, height, respirations, temperature, B.P. and Blood Sugar (BM) for nursing Residents.
- 3.3.7 A Personal Emergency Evacuation Plan (PEEPs) will be recorded for both day & night-time requirements. 1 copy for the care file and 1 copy to be placed in the emergency evacuation bag
- 3.3.8 A body map will be completed and recorded as soon after admission as possible but within a maximum of 6 hours. Clinical photograph should be considered and conducted in accordance with the Clinical Photography policy as necessary
- 3.3.9 The admissions/readmission protocol will be followed in that the Care Centre Manager will check the file is complete within 72 hours of admission.
- 3.3.10 The Named Nurse/Key Worker will formulate person centred care plans in collaboration with the Residents and/or representative LPA health & welfare as per policy Person Centred Care (CA-PR-01) within 7 days of admission.
- 3.3.11 The Care Centre Manager will audit the care file 7 days after admission as per Quality Assurance Audit and Meeting Schedule.
- 3.3.12 It is recognised by Roseberry Care Centres that Residents may wish to bring items from home into the Care Home. We would always try to accommodate these items but on occasion it may be necessary to prevent these items being brought into the Care Home or the timing of their acceptance into the Care Home may need to be negotiated. Such occasions may include:
- a) Electrical items need to be either visually checked for their safety if items are new or Portable Appliance Tested if used; therefore, these items will not be accepted into the Care Home out of business hours as the personnel responsible for these checks does not work outside of office hours
  - b) Items which may present as a falls / trip hazard, for example rugs / mats or large items which may restrict the usable floor space in a bedroom.
- 3.3.13 The Person in Charge on the day of admission is responsible for conducting a risk assessment of the items brought into the care home. This should include an assessment of

furniture and electrical items; taking into consideration the size of items of furniture and television sets which may cause a hazardous environment in which to deliver care. For example, a large sideboard may restrict the turning circle of a hoist needed for moving & handling, or a large TV may balance unsafely on a standard chest of drawers. Further to this risk assessment, which must be recorded in the Residents care plan, and in conjunction with the Residents where able, relatives may be asked to remove items from the Care Home.

### 3.4 Medication

- 3.4.1 Medicines brought into the Care Centre will be checked and recorded by the admitting staff member on a MAR chart as per the Medication Management Policy (CA-PR-64).
- 3.4.2 In the first instance it may be necessary for the admitting staff member to transcribe details of the Resident's current medication on to the Medicines Administration Record (MAR chart) until printed MARs are received from the Pharmacist. Great care should be exercised to ensure accuracy. The details must be checked and signed by a second staff member, suitably trained and competent to do so.
- 3.4.3 Stock balances must be recorded of all medicines received into the care home.
- 3.4.4 Medicines received, including the prescription, must be cross referenced with any discharge documentation to ensure any changes to prescribed medicines are recorded

### 3.5 New Resident's General Practitioner

- 3.5.1 If the Resident is not currently on the list of a local General Practitioner, the local protocol is adhered to and registration forms are completed within 24 hours.
- 3.5.2 If the new Resident is registered with a local General Practitioner, he/she will be informed of the Resident's admission to the Care Centre within 24 hours.
- 3.5.3 In the event of an emergency admission and the Resident is not Registered with a local GP, then Staff are to refer to 111 should advice or treatment be required

### 3.6 Resident's belongings

- 3.6.1 Using the record of Residents belongings form the admitting staff member records details of the belongings brought into the Care Centre by the Resident. The form is completed carefully ensuring that items of potential value are properly described. (i.e., yellow metal not gold ring). Photographs of jewellery, ornaments etc. should be taken so that identification can be made if lost or misplaced.
- 3.6.2 Where possible the Resident and/or relative will sign the personal belonging sheets. If this is not possible then a second staff member will sign the personal belonging sheet.
- 3.6.3 The Residents' belongings form clearly states the terms and conditions under which Residents' personal property is accepted into the Care Centre in order to indemnify the Care Centre as far as is practical. This information is also available in the Service User Guide.

- 3.6.4 For items of value the staff member will advise the Home Manager who will then advise the Resident/Representative of the limitations of the Care Centre's insurance policies, and of the possible need to arrange insurance for the items separately.
- 3.6.5 The Company reserves the right to refuse to accept the following:
- Items felt to be of significant value.
  - Items that could present a hazard to Health and Safety, e.g., electrical equipment, and furnishings.
- 3.6.6 The Resident/Representative will be advised that all clothing must be labelled discreetly to facilitate subsequent traceability through the laundry process.
- 3.6.7 All portable electrical items (TVs, razors, hair dryers etc.) will be recorded in the Care Centres Equipment Maintenance System and, unless new with evidence of purchase (receipt), will not be used until checked visibly for electrical safety; thereafter all electrical items will be subject to annual Portable Appliance Testing.
- 3.6.8 A locked drawer will be made available in the Resident's room for the storage of valuables and medicines (if self-medicating See CA-PR-65). Duplicate keys are held by the Care Centre Manager in the event of loss. Additionally, there is a safe available under the direct responsibility of the Care Centre Manager for the storage of valuables until such time as safekeeping can be transferred to the safe care of the Representative at an alternate location.
- 3.6.9 Both the Resident and Representatives are informed that when new items are brought into the Care Centre or items previously recorded are removed from the Care Centre a staff member must be informed and the details recorded on the Record of Resident's Belongings form.



	<b>Falls Risk Assessment</b>	
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Residents Name:	DOB:	Room:
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Initial Assessment Completed by:

Date:

Assessment		Score	Resident Condition
A	Mental Status	0	Alert & Orientated or unconscious
		2	Disorientated at all times
		4	Confused at times
B	History of Falls	0	No history of falls
		2	1 or more falls in past 12 months
		4	1 or more falls in past 3 months
C	Mobility and/or Elimination Status	0	Mobile & Continent
		2	Limited or assisted mobility and assisted with toileting
		4	Mobile and continence difficulties
D	Vision	0	Adequate – with or without glasses
		2	Poor – with or without glasses
		4	Registered Blind
E	Walking & Balance	0	No problems with walking or balance OR Immobile
		1	Balance problem whilst standing, walking or sitting
		1	Co-ordination problems
		1	Jerking or unstable
		1	Shuffles
		1	Uses Zimmer frame or similar walking device
F	Dizziness	4	Complains of dizziness when sitting up or standing up

Respond below based on the following types of medications: Antihypertensives; (Blood Pressure) Antiseizure; (Epilepsy) Benzodiazepines; Laxatives; Diuretics; Hypoglycaemics; (Diabetic) Opioids; (Strong Pain Killers) Psychotropics; Sedatives

G	Medications	0	None of these medications taken
		2	Takes 1 or 2 of these type of medications
		4	Takes 3 or 4 of these type of medications

Respond below based on the following predisposing conditions: Hypotension, (Low blood pressure) Stroke, Dizziness/Vertigo, Diabetes, Parkinson's Disease, Dementia with Lewy Bodies, Loss of Limb(s), Seizures, Arthritis, Osteoporosis, Fractures, Fainting

H	Illness/Disease making falls more likely	0	None present
		2	1 or 2 present
		4	3 or more present

### Monthly Review

Section	Date	Date	Date	Date	Date	Date	Date	Date	Date
A									
B									
C									
D									
E									
F									
G									
H									
Total									
Signature									

A score of 10 or above represents HIGH RISK

**All Residents scoring 10 or above should have a specific care plan and have their well-being monitored using the Observation and Monitoring form**



# SERVICE USERS BELONGINGS POLICY

**Date: 2<sup>nd</sup> April 2012**

**Policy team: Administration**

**Approved by:**

<b>Review Date</b>	<b>Reviewed Sections</b>
02.04.13	4.0, 4.1 added
02.04.14	Review
05.11.15	3.1.4, 3.1.5, 3.1.6 added 3.1.7- amended
05.11.17	Review
05.11.19	Reviewed 3.1.1 amended
05.11.20	Reviewed 3.1.3, 3.1.5 amended
17.11.20	Reviewed 1.1, 2.1, 2.2, 2.3, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.2.1 Added 4.0

**Next review date November 2021**

**Reference to Procedures and other Policies:  
Admission of a Resident CA-PR-08**

## **1.0 POLICY**

- 1.1 It is Roseberry Care Centres policy to ensure that all belongings brought to the homes are documented, easily identifiable, risk assessed for their safety and protected from harm / loss.

## **2.0 RESPONSIBILITIES**

- 2.1 **Home Manager** is responsible for ensuring that all belongings brought to the home are documented, easily identifiable, and risk assessed for their safety and protected from harm / loss.

- 2.2 **Person in Charge** has the responsibility to ensure that all belongings brought to the home are documented, easily identifiable, and risk assessed for their safety and protected from harm / loss.

- 2.3 **The administrator** is responsible for ensuring that all belongings of value brought to the home are documented, easily identifiable and protected from harm / loss

## **3.0 PROCEDURE**

### **3.1 General**

- 3.1.1 Ensure that all items brought to the home at any time are marked with the owner's name and room number, this is the responsibility of the next of kin.
- 3.1.2 On the noticeboards in the home, always keep a reminder to relatives and friends to pass any additional items brought into the home after the day of admission, to the staff for tagging and recording in the belongings log.
- 3.1.3 Any valuables be passed to the administration department for logging in the safe-keeping log. Photographs are to be taken of any item of value on admission into the home and held with the safe keeping log for identification purposes.
- 3.1.4 Residents should always be advised and encouraged to make their own arrangements for the safekeeping of valuables and ensure valuables are insured. The resident's family / nominated individual should be encouraged to look after the valuables where the resident is unable to make their own arrangements.
- 3.1.5 Where agreed by the Home Manager, the care home will hold items of value in the safe until the resident leaves or requests return of the items. In the event of the resident's death items are to be returned to the next of kin or financial representative on production of identification and original receipt.
- 3.1.6 In order to maintain confidentiality only the Home Manager, Deputy and Administrator may have access to the safe keeping log information.

### **3.2 Insurance**

- 3.2.1 Resident's personal belongings of value kept in their own room are at their own risk and should be covered by personal insurance.
- 3.2.2 Accidental damage to and/or loss of valuables are excluded.

### 3.2.3 Valuables are:

- a) Curios, pictures, or other works of art.
- b) Stamps, medals, or coin collections.
- c) Articles of yellow coloured metal, white coloured metal, or other precious metals.
- d) Jewellery, fur, clocks, or watches.

**The Home Manager must bring this to the attention of prospective residents.**

## **4.0 Belongings which are considered 'hazardous' and / or could result in harm**

4.1 It is recognised by Roseberry Care Centres that Residents may wish to bring items from home into the Care Home. We would always try to accommodate these items but on occasion it may be necessary to prevent these items being brought into the Care Home or the timing of their acceptance into the Care Home may need to be negotiated. Such occasions may include:

- a) Electrical items need to be either visually checked for their safety if items are new or Portable Appliance Tested if used; therefore, these items will not be accepted into the Care Home out of business hours as the personnel responsible for these checks does not work outside of office hours
- b) Items which may present as a falls / trip hazard, for example rugs / mats or large items which may restrict the usable floor space in a bedroom.

4.2 The Person in Charge on the day of admission is responsible for conducting a risk assessment of the items brought into the care home. This should include an assessment of furniture and electrical items; taking into consideration the size of items of furniture and television sets which may cause a hazardous environment in which to deliver care. For example, a large sideboard may restrict the turning circle of a hoist needed for moving & handling, or a large TV may balance unsafely on a standard chest of drawers. Further to this risk assessment, which must be recorded in the Residents care plan, and in conjunction with the Residents where able, relatives may be asked to remove items from the Care Home.

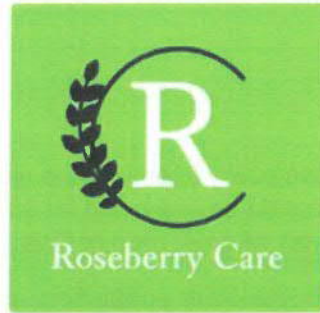
4.3 Consideration should also be given to the Residents level of mobility and risk of falls. We recognise that mobility and risk can change throughout a Residents stay in a Care Home and therefore it may be necessary to ask for items to be removed from a Residents room should a risk be identified.

## **5.0 EQUALITY IMPACT ASSESSMENT**

5.1 All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in gender, marital status, race, ethnic origin, colour, nationality, national origin, disability, sexual orientation, transgender status, religion or belief, age, membership of a Trade Union or political affiliation or because you are pregnant or on parental leave.

If you, or any other groups, believe you are disadvantaged by this policy please contact the Regional Operations Manager for the Care Centre, or for

non-Care Centre based staff, contact your manager. Roseberry Care Centres will actively respond to the enquiry.



## Prevention and Management of Falls

**Policy team: Operations**

**Approved by** [REDACTED]

**Review Date**

August 2019

21.12.20

**Reviewed Sections**

Review

Reviewed 3.1.3, 3.3.4

Added 3.1.11, 3.5.3

**Next review date 21.12.21**

Policy CA-PR-16

Roseberry Care Centres Management of Falls Policy v4 Dec 2020

## **1.0 POLICY**

- 1.1 It is Roseberry Care Centres policy to ensure the welfare and safety of Residents, Staff and Visitors by providing a safe environment for all, which includes that processes will be in place to reduce the risk of slips, trips or falls.
- 1.2 Falls are not uncommon in the older population, and therefore, there is an increased risk in a Care Centre setting. Falls occur in Care Centres for a number of reasons such as when Residents do not always utilise their walking aids or use them inappropriately, or they may be suffering from an infection which may cause confusion and disorientation.
- 1.3 The World Health Organisation (WHO) define a fall as ***'an event which results in a person coming to rest inadvertently on the ground or floor or other lower level'***. When Residents are 'found on floor' it should be assumed as a fall unless it can be confirmed as an intentional act. It is not always possible to prevent all falls, but it is possible to implement processes and plans of care that can reduce risk (Patient Safety First: The 'How To' Guide. Reducing harm from falls. NPSA, 2009 – reviewed 2013).
- 1.4 Each Care Centre will have details of the local falls team which will be easily available and current to ensure accurate referral as required.

## **2.0 RESPONSIBILITES**

- 2.1 The Home Manager is responsible for the implementation of this policy and for ensuring that all staff read the policy and sign to confirm they have read and understood the contents.
- 2.2 The Home Manager is also responsible for ensuring that staff access Falls Management Training and Moving and Handling Training, which are updated annually.
- 2.3 All Care Centres should have a Falls Champion who will take responsibility for supporting staff and Residents to maintain a safe environment, and who will keep up to date with latest research and best practice in the prevention and management of falls and cascade this information across the Care Centre.
- 2.4 The Home Manager will conduct a daily walk round (as per the Quality Assurance Schedule), during which they will address any issues identified that may contribute to the risk of slips, trips and falls.
- 2.5 The Home Manager is responsible for ensuring that they sign off any accident forms which may be completed following a fall. They are also responsible for investigating the fall and implementing any changes in practice to minimise the risk of a repeat incident, and to cascade this to staff. Any changes in practice in the management of falls will be discussed and recorded as a 'lesson learnt' in the local Governance Meeting (as per the Quality Assurance Schedule).
- 2.6a The Home Manager is responsible for monitoring and recording all falls in the Care Centre each month as part of the Clinical Performance Indicators (CPIs) and for producing a falls analysis which will inform the need for any specific response relating to an individual Resident and the management of their falls and inform any change in practice. Any changes in practice in the management of falls will be discussed and



recorded as a 'lesson learnt' in the local Governance Meeting (as per the Quality Assurance Schedule).

- 2.6b The Home Manager is responsible for sending the falls analysis to the Regional Operations Manager each month end in accordance with the Quality Assurance Schedule. The Regional Operations Manager is responsible for conducting a regional review of falls and alerting the Director of Operations & Compliance of any high-risk residents or factors which increase the risk of falls occurring. This information is shared at the Group Care and Clinical Governance Meetings.
- 2.7 In the absence of the Home Manager, the Deputy or Person in Charge will be responsible for points 2.1-2.6 (inclusive).
- 2.8 All staff are responsible for ensuring risks are reduced and that Residents are given the assistance they require as per policy.

### **3.0 PROCEDURE**

#### **3.1 Risk Assessment and Care Plans**

3.1.1 A falls risk assessment will be undertaken at the pre-admission assessment that is undertaken prior to any Resident being admitted to the Care Centre; this includes permanent and respite admissions.

3.1.2 The falls risk assessment will include:

Individual's falls history and current mobility, including any aids used

Individual's safety in bed and any history of falling out of bed

Nutrition and Hydration status of the individual

Medication, paying attention to any medications that may cause drowsiness

The individual's cognitive function

The individual's vision and any impairment – are they able to see objects clearly?

The presence of any infection

3.1.3 Upon admission a Care Plan will be formulated in collaboration with the Resident (and/or Relative/LPA/Representative) if possible, If the Resident's risk assessment indicates a moderate to high risk of falls then a specific care plan will developed and close observation and monitoring will be carried out; the frequency of these checks will be determined by risk and detailed in the care plan. Observation and monitoring will be conducted a minimum of hourly and recorded on the Observation and Monitoring form. The care plan will be evaluated monthly, or more often if the Resident has a fall, and other interventions considered as required.

3.1.4. Falls risk assessments will be evaluated monthly and at the time of a fall; if the risk increases this will be reflected in the care plan and risk assessment. If a Resident's safety in bed is already a risk or becomes a risk, bed rails may be considered as an option to improve safety. A bed rail assessment will be undertaken which will incorporate the risk that bed rails can cause – asphyxiation or entrapment (if capacity is in question a capacity assessment will be undertaken and if the Resident is deemed not to have capacity to make a decision regarding bed rails a Best Interest meeting will take place).

- 3.1.5 Residents should be supported to access chiropodist interventions (which should be recorded on the Dental, Optical and Chiropody recording document) to support good foot care.
  - 3.1.6 If a Resident has three consecutive falls a referral will automatically be made to the falls team; this may differ in some local authorities so reference to the local policy should also be considered.
  - 3.1.7 Staff will ensure that the Resident's mobility aid (if they have one) is accessible for them to reach so that the risk of over-reaching and subsequent fall is reduced. Staff should ensure that any mobility aids are in good working order and clean.
  - 3.1.8 If a resident has a wheelchair assessed and assigned for their use, staff will ensure the use of any lap strap is risk assessed and forms part of the falls risk assessment and falls care plan.
  - 3.1.9 Staff will also encourage and support Residents to wear appropriate footwear that fit and are in good condition.
  - 3.1.10 Staff will ensure that the Resident's call-bell and any personal items they may want or need, such as spectacles, tissues, books, and drinks, are within reach so that the Resident does not have to overreach, which will increase the risk of falling.
  - 3.1.11 The Care Plan will be detailed to include whether the bedroom door will remain open to improve levels of observation of those residents assessed at high risk of falls
- 3.2. Management of a fall
- 3.2.1 When a Resident is found on the floor it should be assumed that they have fallen unless they state they have put themselves there or have been seen to put themselves on the floor.
  - 3.2.2 The Resident should be assessed to ensure that the airway, breathing, and circulation are not impaired.
  - 3.2.3 The person who is first at the scene of the fall should then raise the alarm.
  - 3.2.4 The person in charge will check the Resident for injury and decide as to whether to support the Resident from the floor. If they are not sure they will call 111 for advice. If there is evidence of a serious injury, such as a head injury or possible fracture, the Resident will not be moved and will be kept warm and offered reassurance by staff whilst the Person in Charge rings 999.
  - 3.2.5 If a resident is prescribed an anticoagulant medication, then medical advice should be sought even if there is no obvious sign of injury; in most cases the Resident will be transferred to hospital for opinion.
  - 3.2.6 If there is no evidence of serious injury and it is safe to support the Resident from the floor, following a risk assessment at the scene, staff should support the Resident using approved methods of moving and handling and following the Resident's current care plan regarding moving and handling.
  - 3.2.7 An observation chart will be commenced for 24 hours after all falls. This will monitor any changes in movement, pain, discoloration of tissue etc.
  - 3.2.8 An accident report will be completed as soon after the event as possible, which will include a body map.

- 3.2.9 Residents will be encouraged and supported to participate in activities which promote balance, mobility, and posture.

### 3.3 Equipment

#### 3.3.1 Footwear

Slip resistance relies upon maintaining a suitable combination of footwear and flooring. The choice of footwear is therefore an important part in preventing falls. It is vital that Residents wear footwear that is both properly fitting and compatible with floor surfaces. Particular attention should be paid to those Residents who have problems with their feet. It is good practice to encourage Residents to wear footwear that provides a sole with good grip and an adjustable fastening (such as Velcro) to ensure good fit.

#### 3.3.2 Mobility Aids

There is a range of equipment that can be provided to help mobility; mobility aids require adjustment to meet a Resident's individual needs. It is therefore essential to have in place a system to ensure that such equipment can be easily identified and used only by the designated user.

Personal adjustments (for example, walking frame height) must only be made by a suitably qualified person. A system by which adjustments can be checked to confirm they are correct is advisable. Mobility aids must be readily available, particularly at times of most need and close to beds and seating. Remember that one person's mobility aid can become a trip hazard to others.

#### 3.3.3 Hip Protectors

Hip protectors consist of a specially designed pad made up of an outer shield of polypropylene with an inner lining sewn or placed into special cotton Lycra underpants. The pad helps to absorb and spread the impact of a fall. NICE guidance suggests that more research is required into the effectiveness of hip protectors. They are thought to be particularly useful for frail, thin, older people who do not have substantial fat layers which are known to protect bony areas during impact. The garment must be worn 24 hours a day to be effective and there have been some problems with acceptance by users. When used, the hip protectors are washable at up to 40°C and can be worn with a continence pad. There are three types of protector currently available in the UK.

Hip protector pads are most suitable for residents who are at high risk of repeated falls and at risk of fracture — especially if they have osteoporosis. They should only be used as part of a multi-factorial falls reduction management plan — they should not be considered in isolation.

#### 3.3.4 Sensor Mats

Sensor mats should be used if the Resident is at risk of falling when rising from bed or their chair and sustaining injury. The use of a sensor mat will be discussed with the Resident (where possible). If capacity is in question, a capacity assessment will be undertaken and if it is deemed that the Resident does not have the capacity to make this specific decision, a Best Interest Meeting will take place. Once a sensor mat is in situ it will be connected to the wall plug by a 'Y' connector which will enable the Resident to also use the call bell system; the sensor mat will be checked daily to ensure it is in good working order; this will be recorded on the handover document. On applying pressure to the mat by standing, the staff will be alerted that the Resident is attempting to stand and or mobilise. Sensor mats will be checked to ensure they are plugged in and working on each observation and monitoring check – the frequency determined by

risk and detailed in the care plan. The check will be recorded on the Observation and Monitoring form.

### 3.3.5 High Low Beds

High Low beds should be used where a Resident is at risk of falls due to needing assistance with mobility and would attempt to get out of bed unaided. These beds are to be no more than 14 inches off the floor when the Resident is left alone in it. The use of these beds will be discussed with the Resident where possible (and/or Relative/LPA/Representative). If capacity is in question, a capacity assessment will be undertaken and if it is deemed that the Resident does not have the capacity to make this specific decision, a Best Interest Meeting will take place. These beds have remote controls, and the remote control should not be left with the Resident if there is a risk of them raising the bed to an unsafe height. High Low beds will be checked as per Resident of the Day to ensure they are in good working order.

### 3.3.6 Crash Mats

Crash mats are used to reduce the risk of injury following a fall from bed. The bed should be as low as possible when in use as this will lower the risk of fracture if a fall occurs. The crash mattress should be >50mm in depth. They should be made of a high-density foam and have a waterproof cover that can be wiped clean.

### 3.3.7 Profiling beds and integral rails

Telescopic metal rails **will not be used** in the care centre. If a Resident is deemed to be at risk of a fall from the bed due a history of falls from bed, then the equipment above (3.3.5) should be tried first. If these fail, then a profile bed with integral rails should be used. The use of bed rails and bumpers requires risk assessment, including the risk of asphyxiation or entrapment. The use of bed rails will be discussed with the Resident if possible (and/or Relative/LPA/Representative). If capacity is in question, a capacity assessment will be undertaken and if it is deemed that the Resident does not have the capacity to make this particular decision a Best Interest Meeting will take place. The bed rails will be checked at each intervention and any issues reported immediately to the Maintenance Department. The bed rails will also be checked as per Resident of the Day.

### 3.3.8 Straps and harnesses

It may be necessary to implement the use of lap straps to prevent a Resident from falling from a wheelchair whilst mobilising. The use of a lap strap will be discussed with the Resident if possible (and/or Relative/LPA/Representative). If capacity is in question, a capacity assessment will be undertaken and if it is deemed that the Resident does not have the capacity to make this specific decision, a Best Interest Meeting will take place. The lap strap will be checked for safety at every use. Details of when to fasten the lap strap will be recorded in the corresponding care plan.

### 3.3.9 Helmets

A helmet is a form of protective gear worn to protect the head. Protective headgear reduces the risk of head injury for Residents with poor balance or equilibrium, seizure disorders and those prone to self-injurious behaviours such as head banging. Protective headgear is designed to absorb shock and redistribute impact on contact. The use of such protection will be discussed with the Resident if possible (and/or Relative/LPA/Representative). If capacity is in question, a capacity assessment will be undertaken and if it is deemed that the Resident does not have the capacity to make

this specific decision a Best Interest Meeting will take place. Referral to GP/Occupational Therapist should be made to arrange for the appropriate protection.

Whichever measure is used, the care plan and risk assessment will detail when and where the equipment is used.

### 3.4 Falls Reporting and Monitoring

3.4.1 Following a fall, the person in charge should complete an incident report immediately following the fall.

3.4.2 The person in charge will ensure the fall and details of action taken is reported to Relatives. If a Resident is admitted to hospital following a fall, every effort will be made to contact the Relatives/LPA/Representative to provide details of which hospital their loved one has been admitted to.

3.4.3 If the fall has resulted in a Resident requiring hospital treatment, the Home Manager (their Deputy or Person in Charge in the absence of the Manager) will notify the CQC and consideration should be given to submit a Safeguarding form and or RIDDOR form following discussion with the Regional Operations Manager. The Regional Operations Manager will be informed by the Home Manager (their Deputy or Person in Charge, in the absence of the Manager).

3.4.4 The Home Manager will investigate the fall and record their finding in the relevant section of the Accident/Incident Form. All falls will be included in the monthly Falls Analysis and form part of the monthly Clinical Performance Indicators which will inform any trends and changes in practice that may be required across the Home or change in interventions for a particular Resident. Changes in practice will be cascaded by the Home Manager and discussed at the local Governance Meeting and recorded under 'lessons learnt.' The care plan will be updated accordingly.

### 3.5 Near Misses

3.5.1 A near miss is an unplanned event that has the potential to cause but does not actually result in human injury, environmental or equipment damage, or an interruption to normal operations.

3.5.2 During a review of accident forms, near misses should be considered and any interventions discussed at Health and Safety Meetings. It should be clearly marked as a near miss on all forms.

3.5.3 Near Misses should be reviewed at the time of the fall and at each month end to consider if lessons can be learned and changes to practice implemented to reduce the risk of a further near miss.

### 3.6 Training

All care, nursing, management, and operational staff will complete online Falls Management training annually. In addition, all care, nursing, management, and operational staff will attend face to face Falls Management Training every two years.

**Local Falls Team contact details**

Telephone Number.....

Fax Number.....

Email.....

**Bibliography:**

**National Patient Agency: Slips, Trips, Falls in Hospital; London, NPSA, 2010**

**NICE – Delirium – diagnosis, prevention, management; Clinical Guide 103, 2010**

**References**

**Patient Safety First – The ‘how to’ guide, reducing harm from falls; NPSA 2009**

**World Health Organisation (2018)**



