East Sussex County Council

Adult Social Care

Safeguarding Adults at Risk

Falls and safeguarding toolkit

Version control V3

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Notes:

1. What is the purpose of this toolkit?

The aim of the toolkit

This toolkit is designed to assist Adult Social Care & Health (ASC&H) staff and providers to prevent and reduce the risk of adults experiencing harm or neglect from a fall.

The toolkit aims to promote falls prevention.

The toolkit may be particularly useful where a fall has occurred in a residential care home, nursing home or hospital ward. It can also be useful within other services which could include homecare and respite care services.

The scale of the problem

Every year, more than one in three (3.4 million) people in the UK over 65 experience a fall. Some of these may cause serious injury or even death.

In 2015 the number of injuries due to falls amongst over 65s in East Sussex was 7,100 adults (NHS England 2015).

Even a minor fall can have serious consequences for an older person's physical and mental health.

A fall can damage self-confidence, increase social isolation, reduce independence, and hasten a move into residential care.

The fear of falling again may lead to deterioration in a person's well-being and quality of life, even if the fall itself does not result in serious consequences.

2. Falls and Safeguarding

Care Act 2014

Since April 2015 the safeguarding duties under the Care Act means each local authority must make enquiries or ensure others do so, if it believes an adult is subject to or at risk of abuse or neglect. There are ten categories of abuse, one of which includes neglect. This is the category that a fall is most likely to come under.

Section 42 of the Care Act places a duty on local authorities to undertake an enquiry, or cause an enquiry to be made, where the 'Three Key Tests' are met.

These are:

- An adult who has needs for care and support (whether or not the authority is meeting any of those needs)
- May be experiencing, or at risk of abuse or neglect and
- As a result of those needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

NB: Carers are also included where they meet these three key tests

Falls

Falls may or may not result in an adult sustaining harm. A fall may happen as a one off incident, or on more than one occasion to one individual and other adults at risk who they reside with.

2. Falls and safeguarding

When to raise a safeguarding concern

In the context of a person having fallen, service providers should raise a safeguarding concern when abuse and/or neglect is suspected. Indicators for this may include:

- No falls specific risk assessment in place for a person at risk of falls
- No care plan in place, or not updated, following the identification of a risk of falls or a fall having taken place
- No evidence of necessary alterations to the environment, and/or risks from and to others through interaction with others using the service.
- No appropriate medical intervention sought or given
- No plan to review the assessment of risks of falls.

The purpose of an enquiry in relation to falls is to:

- identify the factors that led to the person falling
- address the cause through actions in the safeguarding plan
- determine actions that need to be taken

Safeguarding enquiries should follow the Sussex Safeguarding Adults Policy and Procedures, using a person-centred, outcomes focused approach which involves the adult at every stage of decision-making.

3. How can you identify that a fall is the result of neglect?

It should be remembered that according to Age UK: **"Falls are not inevitable."**

When considering whether or not a fall is the result of neglect, it is necessary to establish that everything practicable was done to reduce the risk of the person falling. Whilst not an exhaustive list, the following should be taken into account:

Assessment and recording

- Has an adequately detailed falls risk assessment, including a falls screening tool, been undertaken?
- Has there been a reassessment of the adult's risk factors after each fall, and control measures updated?
- Is there evidence that the adult has been supported to make decisions about how they might reduce their risk of falling?
- Has a Mental Capacity Assessment been undertaken where a lack of mental capacity might compromise the person's ability to understand the risk of falling?
- Are any falls-related restrictions or restraint measures taken for an adult who lacks capacity evidenced in best interest records and in their support plan?
- Does the recording of incidents / accidents meet the required CQC standards for the home / ward?
- Has falls data (within residential / nursing homes or hospitals) identified patterns, evaluated and acted upon? For example, time of falls, meal times, environmental factors.

3. How to identify that a fall is the result of neglect?

Nutrition and hydration

- Is there evidence of good nutritional care eg. is the client well nourished and hydrated?

Independence

- Does the adult's support plan reflect the support needed to remain safely active and mobile?
- Are there opportunities for the adult to exercise safely, and is support given to enable them to remain as mobile as possible?

The workforce

- Are there enough staff to support the needs of the client group?
- Are staff trained to ensure they are competent in moving and handling of adults in relation to falls prevention?

Referrals to specialist professionals

- Is there evidence that referrals have been made to appropriate health care professionals once a risk has been identified (eg. GP, CMHN, eye specialist, Falls Clinic and Falls Management Team)?

3. How to identify that a fall is the result of neglect?

Safe systems

- Is there clear guidance for staff to follow once a adult has fallen, including:
  - Immediate action including examination, signs to look for, whether to move the client if injury is suspected.
  - Who to contact (eg. GP, emergency services etc) and when.
  - Follow-up action – reporting, recording, supervision and monitoring and reviewing of an adult.

3. How can you identify if a fall is the result of neglect?

Appropriate equipment

- Have appropriate equipment and aids to help prevent falls been provided once a risk has been identified?

Is equipment in good repair?

- Is there appropriate equipment and training to assist staff to safely lift an adult from the floor following a fall?
- Are bedside rails being used appropriately? (see Appendix 1 – Safe use of bedside rails)

Environment / footwear

- Are there hazards around the premises that could lead to falls eg Uneven, and worn flooring / ground, changes in level, types floor covering, lack of appropriate safety measures around stairs, poorly lit areas, trailing wires?
- Is the adult wearing poorly fitting or inappropriate footwear?

4. Planning an enquiry

- A safeguarding enquiry can range from a conversation with the individual to a much more formal multi-agency arrangement, which could be a professional who already knows the adult best and is the person best placed to carry this out.

- The enquiry must centre on the desired outcomes of an individual through ascertaining the adult's views or representative including an independent advocate if required.

- To determine whether neglect has occurred by establishing facts. This will include:

  - Assessing whether those providing care carried out appropriate risk assessments considering both intrinsic and extrinsic risk factors.

  - Assessing whether patterns of falls for both the individual and the service have been identified, and risk factors acted upon in a timely manner.

For further information see:

Recognising the risk from falls.

- A well planned meeting or discussion which involves and utilises the skills of multi-disciplinary partners at the earliest opportunity.

  For further information see:

  Who can help with what?

4. Planning an enquiry

- To assess the needs for protection and prevention within the enquiry in accordance with the adult's or representative's wishes. This should include consideration of the physical and psychological impact of the fall.

For further information see:

How does a fall affect an individual?

Prevention.

- To consider the legal context.

For further information see:

Legal context.

Enquiries into 'neglect by falls' follows the Sussex Safeguarding Adults Policy and Procedures

5. Recognising risks from falls

There are two separate sets of factors leading to falls:

- The characteristics of the person at risk of falling (intrinsic risk factors).
- The factors associated with the environment in which the fall occurs (extrinsic risk factors).

Intrinsic risk factors

Intrinsic risk factors specific or generic can include:

- Medical conditions and changes associated with ageing.
- Balance, gait or mobility problems.
- Dizziness / blackouts.
- Vision / hearing.
- Confusion / cognitive impairment.
- Bone health.
- Medication.
- Continence.
- Footwear.
- Nutrition.
- History of falls.

Extrinsic risk factors

Extrinsic risk factors in the home / ward environment specific or generic can include:

- Lighting including poor lighting (particularly on stairs) and glare as some people find too much lighting a problem.
- Poor contrast eg objects that blend into the background are more likely to cause trips and falls.
- Steep stairs.
- Inaccessible lights or windows.
- Lack of safety equipment, such as grab rails.
- Loose carpets or rugs.
- Slippery floors.
- Badly fitting footwear or clothing.
- Low staffing levels.
- Changes in level and types of floor covering.

5. Recognising risks from falls

It is often a combination of factors that leads to a fall and all of these need to be addressed to reduce someone's risk of falling.

6. Who can help with what?

A key element of any enquiry is identifying what information needs to be gathered and planning who to involve.

This section aims to give you an overview of the resources available to you when undertaking an enquiry.

The GP

The individual's GP will be able to provide information about their current medical condition and history.

The Quality Monitoring Team

The Quality Monitoring Team may be able to assist a safeguarding enquiry when neglect by falls has been identified within any of the following settings:

- a care home,
- a domiciliary setting,
- supported living, and
- day care.

Sussex Police

Sussex Police will be involved in an enquiry where there is an allegation of wilful neglect. If the adult does not have capacity this could be dealt with under Section 44 of the Mental Capacity Act 2005 or if the adult does have capacity, other relevant criminal legislation could be considered.

Where a practitioner is investigating neglect by falls and suspects that wilful neglect may have occurred, Sussex Police should be notified by following the procedure outlined in the Agency Referral Process to Sussex Police.

The Care Quality Commission (CQC)

CQC should be made aware of any safeguarding concerns within a regulated service, and may need to attend adult safeguarding meetings if the registered service is directly implicated.

6. Who can help with what?

Occupational Therapy Team and Sensory Impairment Team

The Occupational Therapy Teams and Sensory Impairment Team can support an enquiry through agreed tasks and safeguarding planning. In particular, the teams can:

- Provide specialist advice in relation to:
  - mobility, transfer techniques etc
  - contrast, orientation etc.
- Develop adaptive techniques specific to the client and their home / care environment.
- Prescribe specialist equipment to reduce the risk of falls.

Joint Community Rehabilitation (JCR) Service

The JCR Service is an integrated domiciliary service delivered jointly by Adult Social Care (ASC) and East Sussex Hospital Trust (ESHT). It provides rehabilitation and reablement to individuals within their own home or other community settings including equipment, exercise and mobility.

If there is a rehabilitation goal within the safeguarding plan, particularly following injury, illness or a fracture, the JCR Service can provide support in relation to the individual's assessment, action plan and review.

6. Who can help with what?

For a referral to be made to the service, the individual must:

- Be 18 or over
- Be registered with an East Sussex GP, or is resident within East Sussex
- Consent to the referral
- Be medically stable
- Benefit from assessment and therapeutic or rehabilitation/reablement intervention
- Be at the optimum stage to benefit from rehabilitation/reablement
- Have identifiable goals.

For more information see:

Joint Community Rehab (JCR) within Integrated Locality Teams: Referral criteria (ESCC staff only – link to internal intranet)

Falls clinic

There are consultant-led clinics, at Eastbourne District General Hospital and Conquest District General Hospital in St. Leonard's on Sea.

The clinics will investigate as to whether there is a medical reason for the person's falls, and treat any underlying problems. They will review medication, consider bone health and make referrals to the JCR Service as necessary.

Referrals to the clinics may be made by the individual's GP, Accident & Emergency, JCR and therapists from the Eastbourne District General Hospital and the Conquest Hospital.

7. How does a fall affect an individual?

The impact of a fall should not be underestimated. The adverse physical consequences on someone who suffers harm or significant harm as a result of a fall can be devastating. However, the psychological and social impact may be more prevalent and have far reaching consequences.

Fear of falling and loss of confidence Fear of falling has been linked to increased levels of depression, anxiety and dependency. In addition, the fear of falling can increase the risk of falls occurring because the individual tends to freeze, becomes agitated and panics.

Physical health Falls can lead to serious injury and a variety of physical disabilities.

Falls are the main cause of disability and the leading cause of death from injury among people aged over 75 in the UK. (Age UK)

Psychological health Falls or the fear of falling can lead to social isolation and depression. People with a fear of falling tend to reduce their activity levels, possibly to avoid putting themselves in a situation which may result in anxiety over falling or in an actual fall.

Loss of independence Reduced activity and associated increased levels of dependency can result in greater demands being placed on carers.

8. Prevention

Falls prevention is a key aspect in safeguarding people from harm.

This section is intended to support providers to identify risks so that measures can be put in place that will reduce the incidence or recurrence of falls.

The section is also designed to be cross-referenced by ASC&H staff when creating and agreeing a safeguarding plan. The purpose of the plan is to highlight risks and how these can be effectively managed.

Mobility / balance
Is the adult unsteady or have mobility problems? Does the adult have a fear of falling? **Consider:** • Moving and handling assessment. • Mobility assessment. • Activity of Daily Living Skills assessment including transfers • Support plan. • Encouraging safe activity with use of appropriate and monitored walking aids. • Referral to Joint Community Rehabilitation Service / Falls Clinic. • Assessment for hip protectors. • Monitoring alcohol/drugs intake.

8. Prevention

Confusion / cognitive impairment

Is the adult cognitively impaired?

Is the adult currently presenting as more confused?

Consider:

- Current health eg. pain, dehydration, nutrition, constipation.
- Ruling out infection / delirium/other Mental Health conditions.
- Seeking advice from GP / CMHN.
- Optimising environmental safety.
- Telecare.
- Promoting safe exercise and activity.
- Assessment for hip protectors.

Falls history

Have there been previous falls?

If so, how many; what were the causes and consequences?

Consider:

- Pre-admission information / strategies.
- Supervision plan, using walking aids where required.
- Encouraging safe activity.
- Referral for further assessment eg. physio, GP or falls service, if high risk, or unexplained falls or several recent falls.
- Assessment for hip protectors.

8. Prevention

Medication

Is the adult taking benzodiazepine / psychotropics, four or more medicines, or any other high risk drugs?

Consider:

- Asking about and observing for dizziness / drowsiness.
- Checking blood pressure (lying / standing).
- Medication review by GP.
- CMHN review.

Dizziness / blackouts

Does the adult appear to be dizzy or have fainting attacks?

Consider:

- GP review, including medication review.
- Checking lying / standing blood pressure.
- Referral to Falls Clinic.

Continence

Are there any continence issues?

Consider:

- Checking for infection.
- Toileting regime/Suitable toilet facilities.
- Positioning near toilet/location/distance.
- Referral to DN or continence service.
- Appropriate clothing.
- A commode or urinal.
- Using night lights.

8. Prevention

Bone health

Does the adult have osteoporosis or osteoporosis risk factors?

Consider:

- Osteoporosis medication and / or calcium and vitamin D.
- Discussing bone health with GP.
- Lifestyle advice eg. calcium rich diet, safe sunlight exposure, sensible alcohol intake, smoking cessation, weight-bearing activity.

Poor nutrition/hydration

Is the adult underweight or have poor food/liquid intake?

Consider:

- Referral to GP or dietician.
- Starting a food record chart (as advised by GP or dietician).
- Encouraging good fluid intake.

Foot health / footwear

Is footwear suitable?

Are there foot health problems?

Consider:

- Discussing suitable footwear with adult and family.
- Introducing a foot care regime.
- Referral to podiatry.

8. Prevention

Vision / hearing

Does the adult have impaired hearing or sight?

Consider:

- Ensuring glasses have the right prescription as there is higher risk of falls in older people who wear bifocal/varifocal spectacles.

- Ensuring staff have understanding of eye conditions which includes Age Related Macular Degeneration (AMD), glaucoma and cataracts.
- Ensuring staff have understanding of sensory needs which includes loss of colour, loss of central or peripheral vision, loss of depth perception and problems with glare.
- Ensuring glasses and hearing aids are in a good state of repair.
- Ensuring lighting is good.
- Checking for ear wax.
- Referral to optician / audiologist.

Environment

Is the environment safe and suitable for the adult?

Consider:

- Orientating client to the environment.
- Using the ‘Environment Assessment Tool’.
- Aids, appliances and / or signage.

8. Prevention

Environment and orientation check

This tool can be used as a prompt to consider environmental risks relating to the individual and their own surroundings.

Footwear / clothing

Is footwear correct and non-slip?

Are clothes non-slip and correct length?

Consider:

- Liaising with next of kin and discussing with the adult the importance of suitable footwear and clothing.
- Checking footwear monthly.
- Provision of equipment eg. Long handled shoehorn, helping hand if required.

Mobility aid / wheelchair

Do they require an appropriate mobility aid?

Do they require an assessment for mobility?

Is their own walking aid / wheelchair clean and in a good state of repair?

Consider:

- Referral to the Occupational Therapy Team (equipment) or Joint Community Rehabilitation Service / Falls Clinic (rehabilitation), a Physiotherapist, or the Wheelchair Service.
- Checking condition of mobility aid, replace ferrules if required.
- Checking condition of wheelchair, arrange wheelchair repair if required.
- Check if lap belts are being used appropriately.

8. Prevention

Flooring

Is the flooring in good condition and non-slip?

Are all thresholds flush?

Is there adequate space, free from clutter?

Consider:

- Reporting and recording any problems.
- Re-arranging furniture if required.
- Encouraging good housekeeping.

Bathroom/Toileting

Does the bathroom meet the adult's / staff needs?

Can the adult access and use the bathroom?

Consider:

- Position/height of buzzer / hand washer/call bell/alarm.
- Position/height of soap / hand towels/toilet rolls.
- Using a raised toilet seat / toilet frame.
- Is there space for walking aid / moving and handling equipment?
- Signage.
- Grab rails.
- Lightweight door.
- Adequate circulation space.
- Contrasting colours.

8. Prevention

Furniture

Is there adequate space including circulation space for mobility aid / moving and handling equipment?

Consider:

- Rearranging furniture.
- Removing unnecessary furniture.
- Are footstools able to be moved and stored safely?
- Accessibility to:
  - buzzer/call bells/alarm.
  - electrical equipment.
  - wardrobes and drawers.

Bed

Is the bed suitable for the adult's assessed needs?

Consider:

- Height.
- Mattress suitability.
- Position in room.
- Circulation around bed.
- Accessibility and ability to use buzzer.
- Grab rails.
- Need for bedside rails. (See Appendix 1)

8. Prevention

Chair

Is their chair suitable for the adult's assessed needs?

Consider:

- Height.
- Arm rests.
- Support for transfer.
- Depth and width.
- Accessibility to buzzer/call bells/alarms.

Surrounding area

Are the hallways well lit and well signposted for the adult?

Is there level and well lit access?

Consider:

- Additional lighting.
- Additional signage.
- Marking edges (eg. steps or stairs, or a change in surfaces) with a bright contrast edging, so they are visible.
- Floors different colour from walls. (eg.door frames different colour from door and door handle different colour from door) – for colour contrast.
- Adequate and well designed handrails.
- Clutter free.
- Reporting and recording any issues.

Lighting

Is the lighting suitable for the adult's needs within their room?

Consider:

- Night light.
- Bedside light.
- Accessibility to adult.
- Adjustable lighting that is sufficient to see but not so bright that it causes glare.
- Additional lighting if required.
- Timer lighting if required.
- Appropriate monitoring technology including telecare.

9. Self-help

Suggestions for how adults can help themselves to reduce their risk of falling.

Exercise Focus on regular activities to improve your balance and strengthen your legs eg. gardening, dancing or tai chi.

Medicines Contact your GP or pharmacist if your medicines are affecting your balance or making you feel faint.

Eyesight and hearing Your eyesight and hearing may affect your balance and co-ordination. So it is important to have regular sight and hearing tests, and to discuss any ear pain or difficulties with your GP.

For more information see: www.lookafteryoureyes.org/eye-care/vision-and-ageing

Feet Pain can affect your balance. You should wear well-fitting shoes and slippers, and discuss any foot problems with your GP or chiropodist.

Calcium and vitamin D A diet rich in calcium and vitamin D helps to keep bones strong. Good sources of calcium are milk, cheese, yoghurt, fortified soya products and canned fish. Good sources of vitamin D are sunshine, oily fish and eggs.

GP If you have had a fall or are worried about falling, make an appointment with your GP.

Hazards in the home Ensure your home is well lit and free from hazards eg. Loose wires, clutter, loose or frayed carpets.

10. Legal context

Additionally to the Care Act 2014 the legal framework for keeping adult's safe from injury, including injuries caused by falls, is to be found within a wide range of statutes and regulations.

Currently, the primary obligations on care providers and professionals can be found in the following regulations.

However, where practitioners are in any doubt as to compliance with the law they should seek specific legal advice. In the first instance, they should email Legal Services. A duty solicitor will be able to assist and, if necessary, elicit further advice from a barrister specialising in this area of the law.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 9 – Person centred care

Care providers must do everything reasonably practicable to make sure that people who use the service receive person centred care and treatment that is appropriate and meets their needs which includes:

- Carrying out, an assessment of the needs and preferences for care and treatment of the service user,
- Designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met,

10. Legal context

- Enabling and supporting relevant persons to understand the care or treatment choices available to the service user and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment,
- Enabling and supporting relevant persons to make, or participate in making, decisions relating to the service user's care or treatment to the maximum extent possible,
- Making reasonable adjustments to enable the service user to receive their care or treatment,
- Where meeting a service user's nutritional and hydration needs, having regard to the service user's well-being,

Regulation 12 – Safe Care and Treatment

Care providers must provide care and treatment in a safe way and do all that is reasonably practicable to mitigate risks which includes:

- Assessing the risks to the health and safety of service users of receiving the care or treatment,
- Doing all that is reasonably practicable to mitigate any such risk ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely,
- Ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way,

10. Legal context

- Ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way,
- Where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs,
- The proper and safe management of medicines, assessing the risk of, and preventing, detecting and controlling the spread of infections.

Regulation 15 Premises and Equipment –

Care providers should ensure all premises and equipment where care and treatment are delivered are clean, suitable for the intended purpose, which includes:

- Clean, secure and suitable for the purpose for which they are being used,
- Properly used, properly maintained, and appropriately located for the purpose for which they are being used.

Regulation 17 – Good Governance

Care providers must have effective governance, including assurance and auditing systems or processes which includes:

- Assessing , monitoring and improving the quality and safety of the services,
- Assessing , monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk,

10. Legal context

- Maintain securely an accurate, complete and contemporaneous records in respect of each service user,
- Maintain securely such other records as are necessary to be kept in relation to management of regulated activity.

10. Legal context

Health and Safety in Care Homes 2001

This Health and Safety Executive guidance advises on a wide range of legal, managerial and technical matters relating to effective health and safety management. The guidance is intended for owners and managers of care homes, their staff and safety representatives. It describes the main risks found in care homes and how to safeguard workers and residents. It can be downloaded free of charge at www.hse.gov.uk.

The Health and Safety at Work Act 1974

This act places a duty on employers to protect those not in their employment (eg. care home residents, patients and members of the public) from health and safety risks.

The act also demands that employees conduct themselves appropriately to safeguard their own health and safety and that of others affected by their actions. They should also co-operate with their employer over the employer's health and safety obligations.

The Workplace (Health, Safety and Welfare) Regulations 1992

These regulations stipulate that every floor and the surface of every thoroughfare should be suitable for the purpose for which it is used. Floors should not pose a risk to a person's health or safety because they slope, or are uneven or slippery.

The Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out an appropriate assessment of the risks, arising from the business, to the health and safety of those not in their employment.

10. Legal context

The Mental Capacity Act 2005

Section 44 of the Mental Capacity Act 2005 introduced new offences of wilful neglect and ill-treatment of a person lacking mental capacity.

Practitioners should also be aware of negligence under common law. If someone suffers injury or harm as a result of another person failing to take reasonable care, where it was foreseeable that their failure could cause injury or harm, then that person could be sued.

Most of the above legislation can be found by searching www.legislation.gov.uk. However, practitioners are advised that this area of law is continuously being updated and therefore legal advice should be sought to confirm whether statutes or regulations have been repealed or superseded.

Three recent examples of falls-related prosecutions against care homes may be found on the Health and Safety Executive website:

- Western Park Leicester Ltd
- GA Projects Ltd
- Bupa Care Homes Ltd

11. Case examples

Mr B

Mr B, a man in his seventies, was a resident at a residential home for people with dementia. A safeguarding concern was raised by Sussex Police following a post mortem which was carried out after a fall in the home which resulted in him sustaining a fractured cervical spine which then led to his death.

The allegation was one of neglect. It was reported that Mr B had a number of falls prior to the fall which resulted in his death.

Action taken

A safeguarding enquiry took place. This focussed on the residential home's management of the falls, including preventative measures implemented and action taken after each fall.

The Enquiry Officer examined:

- Documentation held by the residential home including risk assessments and hospital discharge assessments.
- Documentation held by Sussex Partnership NHS Foundation Trust.
- The enquiry report completed by the registered manager of the home which gave details of all the falls suffered by Mr B and others.
- The coroner's report.
- The report provided by the GP.
- Witness statements from carers on duty at the residential home.

11. Case examples

The Enquiry Officer interviewed and consulted:

- Mr B's nephew.
- A representative of the Community Rehabilitation Team.
- The Compliance Officer, CQC.
- The Quality and Monitoring Team.

The Enquiry Officer also had a meeting with the person thought to be the cause of risk i.e., the registered manager of the residential home, to gain their perspective on the allegation.

The outcome of the enquiry was that the allegation of neglect supported the concern which was based upon:

- The risk of falls had been identified but no action had been taken forward from this.
- There had been no evaluation of the risk and no plans to manage the risk, eg. Use of equipment, had been put in place.
- A failure to review the risk after each fall.
- The increase in Mr B's level of confusion had not been taken into account when assessing the risk of falls.
- There were no guidelines to staff of how monitoring and supervision should be done.
- There was no evidence of an assessment being undertaken by the residential home following Mr B's discharge from hospital.

11. Case examples

A safeguarding plan was implemented. This:

- Introduced a new falls policy and procedure including:
  - who needs to be contacted,
  - completion of accident / incident form,
  - updating of risk assessments and care plans,
  - increased monitoring of all clients after a fall.
- Stipulated that risk assessments were to be audited by team leaders once a month.
- Introduced a procedure for evaluating falls within the residential home to identify any patterns.
- Ensured that an assessment prior to discharge from hospital was completed by the team leader, manager or deputy manager.

11. Case examples

Mrs A

Mrs A moved into a residential care home for the over 65s. She is in her 80s and has the early stages of dementia. This has increased her risk of falling, and her mobility is decreasing.

A safeguarding concern was raised by the manager of the home as a result of Mrs A being found on the floor in her bedroom by staff during the night. She had sustained an injury to her forehead which required stitches.

The allegation was one of neglect due to the harm Mrs A suffered as a result of the fall which required a hospital admission and treatment for a head injury.

Action taken

A safeguarding enquiry took place. This looked at the management of Mrs A's falls, including action taken after a fall and prevention.

The people involved in the enquiry were:

- Mrs A and her son,
- The Community Mental Health Nurse,
- The provider manager,
- The provider area manager,
- The consultant psychiatrist,
- Mrs A's GP.

11. Case examples

The Enquiry Officer examined:

- Mrs A's risk assessments, care and support plans.
- The provider report completed by the registered manager of the residential care home.
- Community Mental Health Nurse records.
- A mental capacity assessment for Mrs A, who was assessed as having capacity to understand the safeguarding enquiry.

Outcome

The outcome of the enquiry did not support the concern. Mrs A had wanted to go to the toilet during the night and had not thought it necessary to use the call bell to alert the night staff. She slipped whilst getting out of bed and fell onto the floor. The night staff were alerted by Mrs A's sensor pad and contacted emergency services immediately.

There was evidence of preventative measures being in place to reduce the risk of Mrs A falling. These included:

- A falls risk assessment had been completed and was up-to-date. This identified that Mrs A had not fallen but was at increased risk due to becoming more unsteady.
- The physiotherapist had advised on transfer techniques, use of a rollator and grab rails within the home.
- Mrs A's GP ruled out any concerns about her diet, blood pressure or osteoporosis, but changed her medication following a recommendation by her Community Mental Health Nurse.

11. Case examples

- Recent input from a podiatrist had recommended that Mrs A should have appropriate footwear at night.
- Checks for Mrs A's eyesight and hearing were up-to-date, and no concerns had been identified.

A safeguarding plan was implemented with agreed additional preventative measures being actioned prior to Mrs A's discharge:

- Mrs A would be referred to the Falls Clinic at the hospital (due to the high risk of her falling again).
- Continence issues would be checked.
- The night and bedside lighting in Mrs A's room would be checked.
- A falls evaluation system for the home would be implemented.

12. Appendix 1 – Bedside rails

Bedside rails can be used to reduce the risk of falls from a bed. They should only be prescribed where there is a risk of the bed occupant falling out of bed, and when bed safety rails are considered to be the safest way forward.

They are not:

- intended to limit the freedom of movement,
- meant to be used to restrain people, or
- to be used as grab handles.

There have been more than 20 deaths from bedside rails in the UK since 2007.

The risks associated with the use of bedside rails are:

- entrapment of the head or neck,
- hitting head on rails if restless,
- attempts to climb over the rail, head or footboard,
- unlatching the device,
- violently shaking the rails and dislodging them,
- adult fear of confinement by bedside rails.

The following should be considered when using bedside rails:

- A thorough risk assessment must be carried out by a qualified person before bedside rails are ordered. This should be reviewed regularly with further risk assessments completed after any change in bed equipment or the bed occupant's condition.

12. Appendix 1 – Bedside rails

- Only use bedside rails when they are the right solution to prevent falls.
- The Mental Capacity Act and deprivation of liberty should be considered.
- The rail must be suitable for the bed and mattress.
- The mattress must fit snugly between the rails.
- The bedside rail must be correctly fitted.
- Gaps that could cause entrapment of the neck, head and chest must be eliminated.
- Staff must be fully trained in the safe use of bedside rails.
- The client and their family must be involved in the decision.

For more information see:

- NHS East Sussex Adult Social Care Equipment Guidance for Bedside Rails (ESCC staff only – link to internal intranet)
- NHS East Sussex Adult Social Care Equipment Guidance for Bed grab Rails (ESCC staff only – link to internal intranet)
- www.hse.gov.uk

13. Additional resources

Falls prevention resources

ageuk.org.uk

Clinical practice guideline for the assessment and prevention of falls in older people, National Institute for Clinical Excellence, November 2004

nice.org.uk

Managing falls in care homes, Derbyshire County NHS

derbyshire.gov.uk

Commissioning care homes: common safeguarding challenges, Social Care Institute for Excellence, February 2012

scie.org.uk

‘Commissioning for Value’ NHS

14. Who to contact

How to report a safeguarding concern

- Tel: 0345 60 80 191
- Email: HSCC@eastsussex.gov.uk

The Quality Monitoring Team – Residential

- Tel: 01323 466495
- Email: qmresidential@eastsussex.gov.uk

The Quality Monitoring Team – Non-residential

- Tel: 01323 466573
- Email: qmnonresidential@eastsussex.gov.uk

Sussex Police

- Email: contact.centre@sussex.pnn.police.uk

  Note: Sussex Police should be contacted by following the procedure outlined in the Agency Referral Process to Sussex Police (NB: this link can only be accessed by ESCC staff)

Care Quality Commission

- Tel: 03000 616161
- Fax: 03000 616171
- Email: enquires@cqc.org.uk

Occupational Therapy Teams and Sensory Impairment Teams

Hastings & Rother

- Email: ASCSRT-.Hastings&Rother@eastsussex.gov.uk

Eastbourne & South Wealden

- Email: ASCOTRT-.Eastbourne&SouthWealden@eastsussex.gov.uk

14. Who to contact

Lewes & North Wealden

- Email: ASCSRT-.Lewes&NorthWealden@eastsussex.gov.uk

The Sensory Impairment Team

- Email: AS.Sensory.Duty@eastsussex.gov.uk

Joint Community Rehabilitation Service (JCR)

Note: Referrals should be made to **Health and Social Care Connect (HSCC)**

- Tel: 0345 60 80 191
- Email: HSCC@eastsussex.gov.uk

POhWER – independent advocacy service in East Sussex

- Tel: 0300 456 2370
- Email: pohwer@pohwer.net