

Introduction.

Unpacking the EHCH Framework; Exploring Falls Best Practice

Speakers:

Emma Self, NHS England

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Doug Reid, Bexley Adult Community Services

Vicki Dye, Cambs & Peterborough ICB

Mandy Steele, Cambs & Peterborough ICB

Enhanced Health in Care Homes (EHCH) national perspective

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3 principal aims:

1. Deliver high-quality proactive, personalised care within care homes
2. Care home residents have access to the right care at the right time in their place of choice
3. Enable effective use of resources by reducing unnecessary conveyances and admissions to hospital, whilst ensuring the best care for residents

What does it do?

1. Sets out **contractual requirements** for Primary Care Networks (PCNs) and NHS standard contract
2. Describes **evidence-based best practice**. Other than the contractual requirements, there are no defined standards or expectations for what care home residents should be receiving.

Contractual requirements to enable EHCH: Primary Care Network Directed Enhanced Service (PCN DES) & NHS Standard contract



Every care home:

- Aligned to a Primary Care Network
- Has a named Clinical Lead (who is responsible for overseeing implementation of the framework)
- Has a weekly home round or 'check in' supported by the Multi Disciplinary Team (MDT)

Every resident within 7 working days of admission or readmission:

- Has a comprehensive assessment of need undertaken by a member of the MDT
- Has their proactive, personalised care and support plan(s) developed by a member of the MDT
- **Network contract DES** provides for care home residents to have structured medication reviews (SMRs) , but no minimum contractual numbers set

EHCH Framework version 3.0



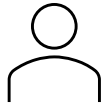
- **NO CHANGE to Contractual requirements:** Primary Care Network contract requirements, agreed as part of GP contract for 2020/21 – 2023/24 New GP contract imminent but no changes anticipated



- **Best practice** from the pandemic built in to recommended ways of working



- **Changes to the digital infrastructure** that enables implementation

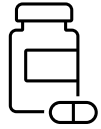


- **A focus on proactive, personalised care** to support holistic needs of those living in care homes



- **A subset of health and wellbeing elements** to focus on as these impact all people in care home and are key for commissioners to consider to aid proactive and prevention commissioning.

EHCH health and wellbeing focus areas



Structured medication review

People who live in a care home are likely to be taking multiple medicines (polypharmacy) and risks can outweigh benefits



Learning disability and autism

third largest setting that people with learning disabilities reside



Nutrition and hydration

higher prevalence of over-nourishment and undernourishment – which can lead to greater risk of falls, wounds, infections and catheter issues



Falls, Physical Activity, Strength & balance exercise

Greater prevalence of frailty and chance of falls. Recommendation to implement Action Falls (falls prevention and management programme)



Mental health

Complex conditions and ageing can negatively impact mental health



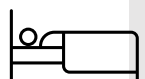
Dementia

>70% of people living in care homes have dementia or severe memory problems



Deterioration

Care home staff can recognise when a person may be becoming unwell before the person exhibits obvious clinical signs of a deterioration –prevents escalation of care



Palliative and end of life care

Caring for people who are at the end of their lives is a large part of what care homes provide

Why falls prevention?

- People aged >80 have a 50% chance of falling in a 12 month period (NICE, 2013)
- People aged >80 living in a care home are **5 times more likely** to fall in the same time period (Logan et al, 2021)
- People with dementia may experience up to **8 times more** falls incidents than a healthy control group (Allan et al, 2009)
- People living in a care home who fall are **10 times more likely** to suffer a serious injury than someone in their own home (DH, 2009)
- Approx **30% of all UK hip fractures** occur in a care home (2/3 residential, 1/3 nursing home) (NICE, 2011)
- Of the 72,160 hip fractures recorded in the UK 2022, over **21,000 occurred in a care home** (Royal College of Physicians, 2023)



**Surely the question must be,
why NOT falls prevention?**

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FinCH
IMP

A large, glowing blue and green Earth seen from space, centered in the background of the slide.

**Action Falls:
An evidence-based
intervention for care
home use**

Professor Pip Logan,
Professor of Rehabilitation
Research and Occupational
Therapist



Implementation of the Action Falls prevention programme into UK care homes (the FinCH Imp Nat study)

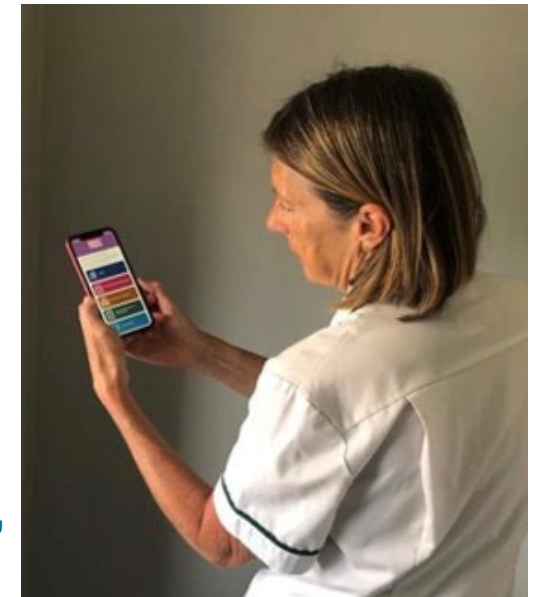
Fran Allen¹, Pip Logan^{1,9}, Janet Darby¹, Sandy Burgess¹, Jane Horne¹, Adam Gordon^{1,7,8}, Dan Lasserson², Barbara Hanratty³, Paul Leighton¹, Katie Robinson^{1,4}, Elizabeth Orton¹, Verity Hallam⁵, Maureen Godfrey⁶, Mike Fletcher¹, Caroline Norrie¹⁰, Peter Smith⁶, Boliang Guo¹, Emma McManus¹¹, Laura Houten⁹, Sevim Hodge¹

- 421,000 older people living in 15,000 care homes
- Falls account for 40% of all injury deaths that occur in care homes
- 1 in 10 care home residents who fall sustain a fracture
- Falls can create fear and anxiety in care home staff.
- 60-80% of residents are cognitively impaired





ACTION FALLS



“An unexpected event in which residents come to rest on the ground or floor”
World Health Organisation 2024

Publications

Thinking falls – taking action: a falls prevention tool for care homes. Robertson K, Logan P, Ward M, Pollard J, Gordon A, Williams W, Watson J. (2012). *British Journal of Community Nursing*, 17(5), 206-209.

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Evaluation of the Guide to Action Care Home fall prevention programme in care homes for older people: protocol for a multi-centre, single blinded, cluster randomised controlled trial (FinCH). Logan PA, McCartney K, Armstrong S, Clarke A, Conroy S, Darby J, Gladman J, Godfrey M, Gordon AL, Irvine L, Leighton P, Mountain G, Robertson K, Robinson K, Sach T, Sims E, Horne JC. *East Midlands Research into Ageing Network (EMRAN) Discussion Paper Series* ISSN 2059-3341 Issue 25, February 2019

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Thinking falls – taking action: a falls prevention tool for care homes

Kate Robertson, Pip Logan, Marie Ward, Julia Pollard, Adam Gordon, Wynne Williams, Julie Watson

Kate Robertson is Falls Clinical Specialist, County Health Partnerships, Nottingham; Dr Pip Logan is Clinical Associate Professor in Community Rehabilitation, University of Nottingham; Marie Ward is Falls and Bone Health Clinical Specialist, Nottingham CityCare; Julia Pollard is formerly Team Leader, Nottingham CityCare; Dr Adam Gordon is a consultant in geriatric medicine, Nottingham University Hospitals NHS Trust; Wynne Williams is Manager, Church Farm Nursing Home, Nottingham; Julie Watson is Deputy Manager, Church Farm Nursing Home, Nottingham

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Falls in older adults are common. There is considerable mortality and morbidity associated with falls in care homes, with hip fracture rates significantly higher than in community-dwelling older people, and rates in female care home residents being estimated as high as 50.8 hip fractures per 1000 person years (Rapp et al, 2008). Due to the seriousness of this injury, one fifth of those people will die within a year (Cooper et al, 1993; Liebson et al, 2002). In frailter older people with three or more comorbidities, mortality rises to 33% within a year of fracture (Roche et al, 2005). Beaupre et al (2007) found that most people admitted to hospital from long-term care facilities following a fall and fractured hip do not regain their pre-fracture level of function.

Although extensive research has been carried out into effective interventions to reduce falls in community-dwelling older people, there is limited evidence of the effectiveness of such interventions within care homes. In a meta-analysis of falls interventions in a care home setting, Oliver et al (2007) concluded that there was insufficient evidence regarding falls prevention in this setting and that further research is required,

but suggested that it makes sense to identify risk factors for the individual and reverse or reduce these where possible. This was supported by Close and Lord (2011) in their clinical review of falls risk-screening tools. A further issue is that protocols used to perform risk assessments for falls are often not validated, vary from care home to care home, and do not necessarily trigger individually-tailored interventions (Oliver et al, 2000).

We have previously reported the development of a Guide to Action for Falls Prevention Tool (GtA) for use with community-dwelling older people (Robertson et al, 2010). In this article we outline our development of a version for use within care homes: the Guide to Action for Falls Prevention Tool – Care Homes (GtACH).

Method

Development of the GtACH

The GtACH was developed using published meta-analyses and randomised controlled trials, where studies identified risk factors for falling significant to older people within care homes (not just UK studies) and effective interventions shown to reduce falls and injuries in this setting.

A multi-centre cluster randomised controlled trial to evaluate the Guide to Action Care Home fall prevention programme in care homes for older people

Older people living in care homes

Identification, screening and recruitment

Randomise homes

Control arm
Usual care as provided in the location

Intervention arm
GtACH programme

Follow-up assessments at 3, 6, 9 & 12 months
Falls
Fall injuries
Fractures
Functional ability using the Barthel Index
Physical activity and mobility using the (PAM-RC)
Quality of Life
Use of services

Rate of falls between 3 and 6 months

Process evaluation
6 care homes and a minimum 30 interviews

Realist methodology

Training of fall prevention experts, training of care home staff and implementation of the GtACH will be observed and assessed

Care home records will be reviewed to consider broad compliance with GtACH

Key stakeholders will be interviewed to explore the experience of introducing GtACH.

Economic evaluation

Use of services using the ADult Service Use Schedule Care Home (AD-SUS-CH)

Quality of life using the EQ-5D-5L-P
DEMQOL-U-5D, DEMQOL-P-4D, EQ-5D-5L,

Use of services using the ADult Service Use Schedule Care Home (AD-SUS-CH)

Recruitment

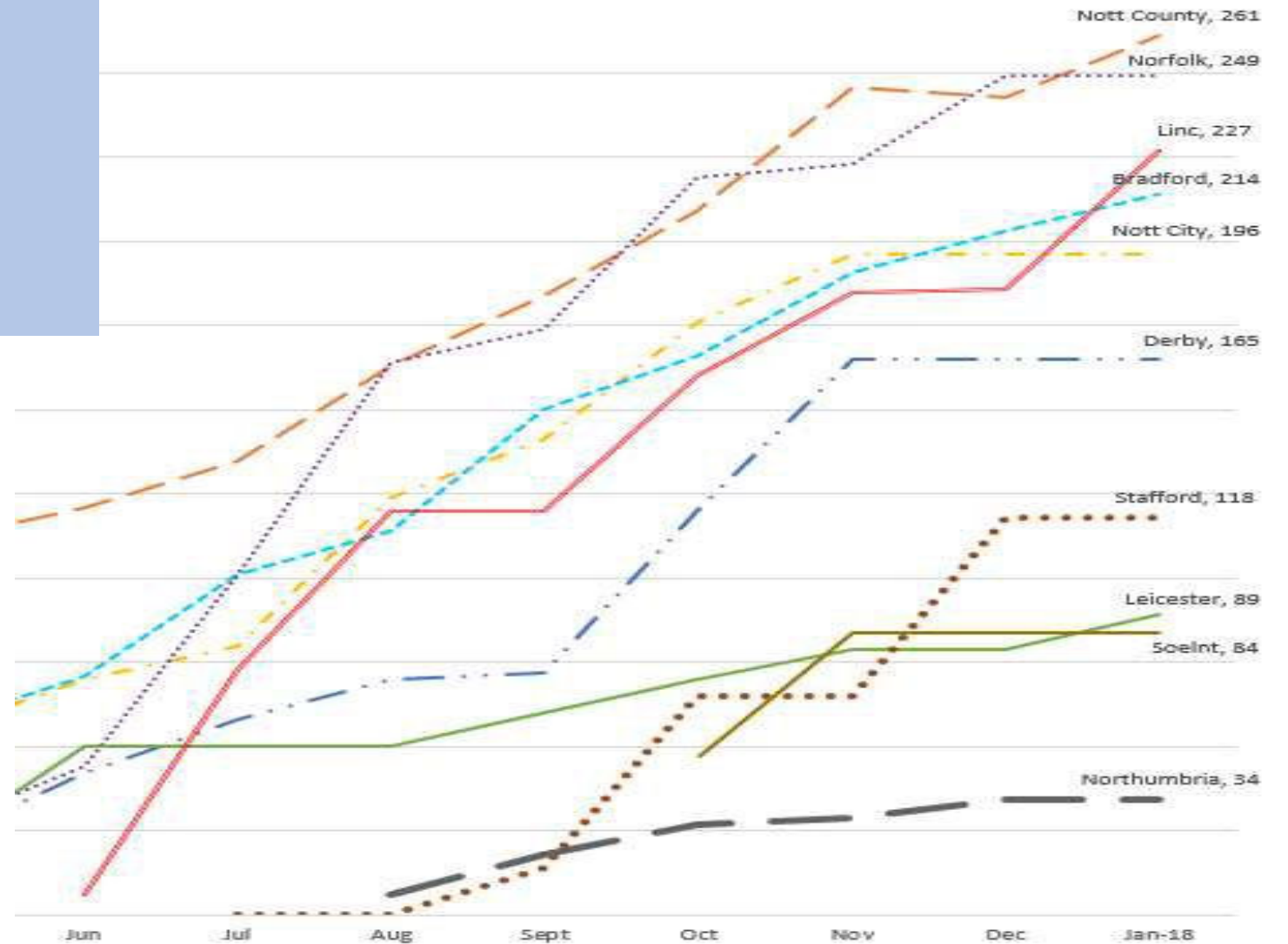
10 sites

87 care homes

1657 residents

1051 care home staff

< 20,000 medication events recorded



Results

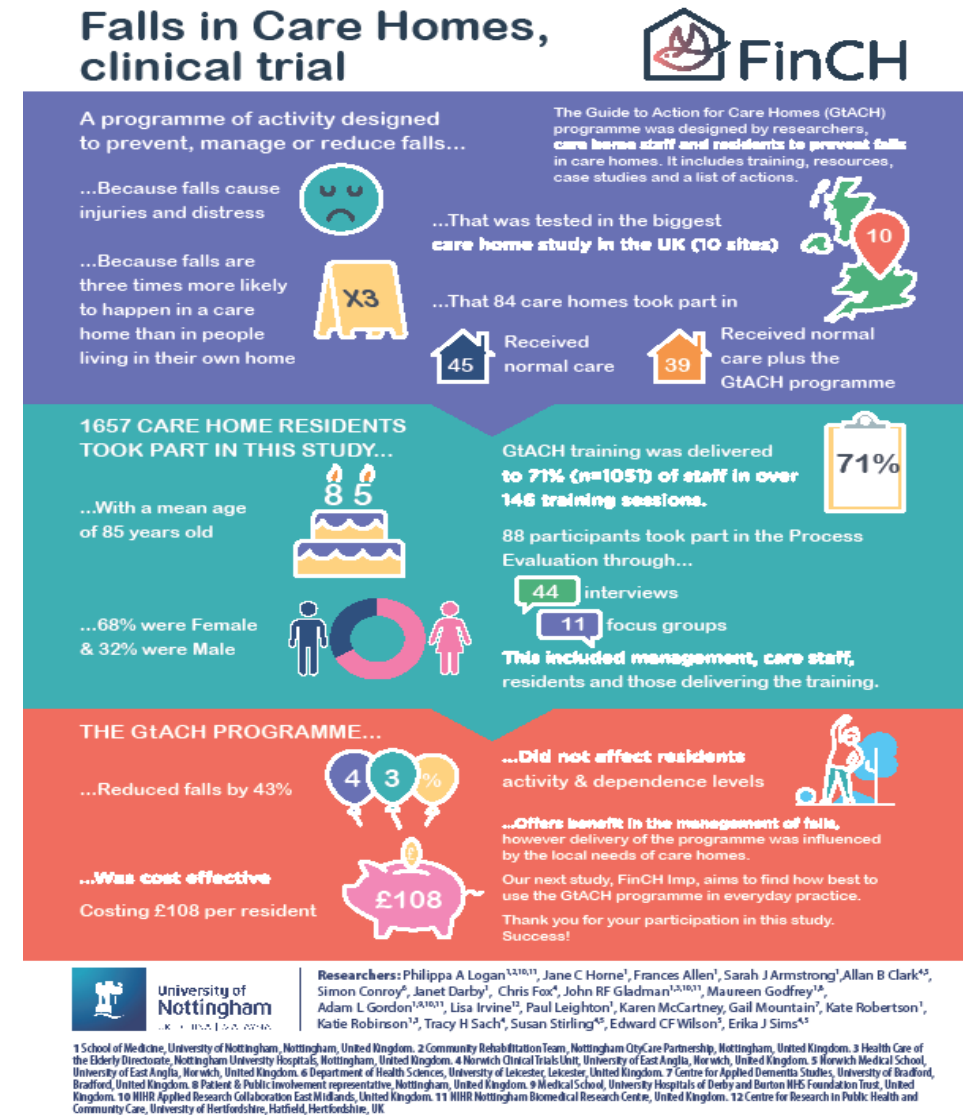
43% reduction in falls in the care homes that used the Action Falls programme

The cost per fall averted was £191

The cost per participant was £108

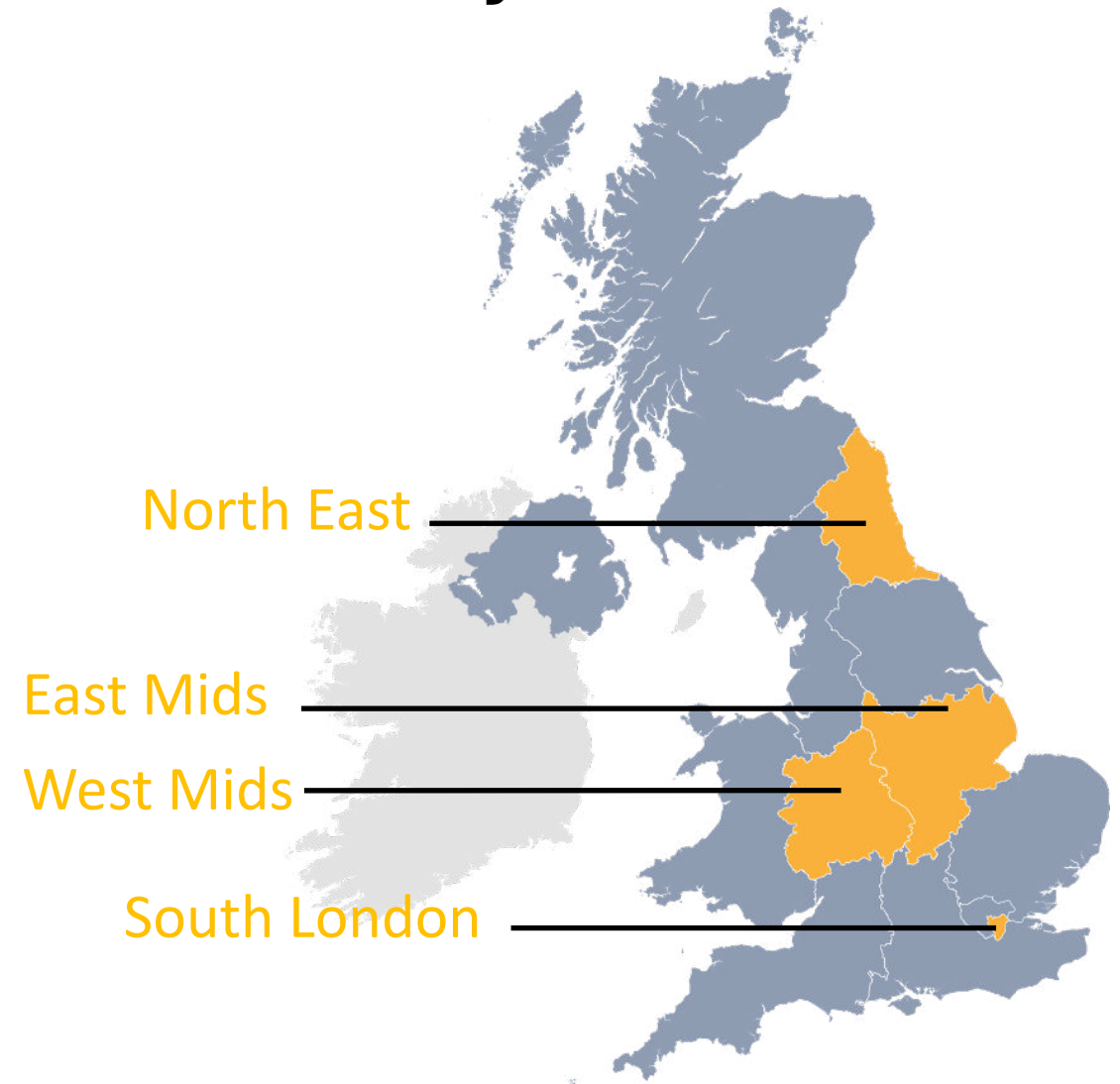
One hour training for care home staff

Care Staff preferred the training face to face



The FinCH Implementation National Study

- 60 care homes across 4 localities
- Trained Falls Leads
- Care home staff trained
- Quality Improvement Collaborations
- Care home staff engagement measures with questionnaires and interviews
- Number of falls recorded





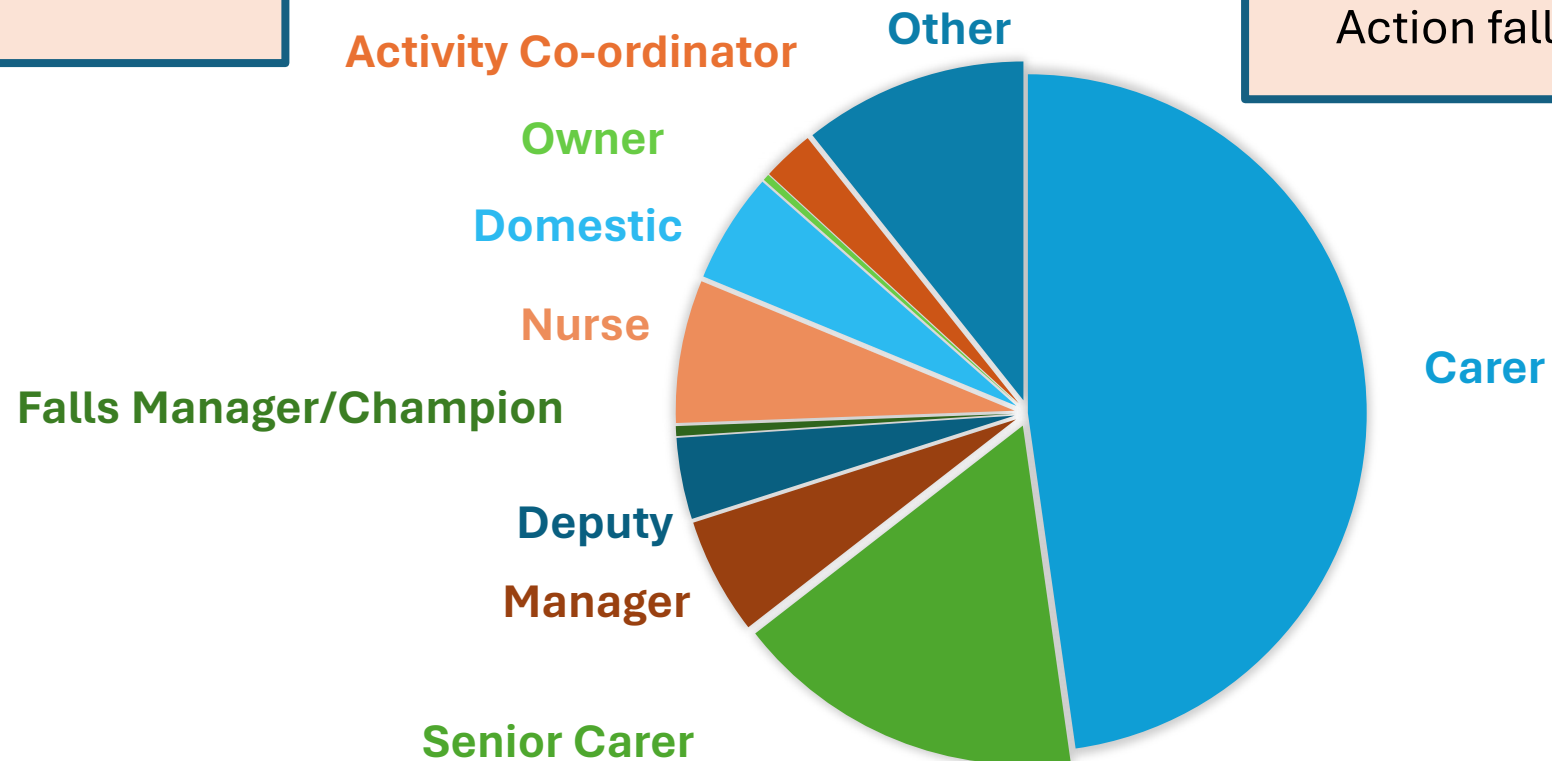
Results

Staff questionnaires:

- 663
- Engaged with training
- Coherence
- Collective Action
- Cognitive Participation

Falls Data

- 49 care homes (82%) returned falls rate data
- 5829 recorded falls
- 2.34 falls per resident
- More falls in homes that did not engage with the Action falls training





Conclusion

- Care home staff are crucial to reducing falls in care home residents
- To be implemented,
 - Action Falls needs to be embedded into existing electronic systems
 - Training in using Action Falls is essential
 - On going support for staff is needed
- Falls are most effectively reduced where staff have confidence in Action Falls, where they are supported by management and address falls as a team

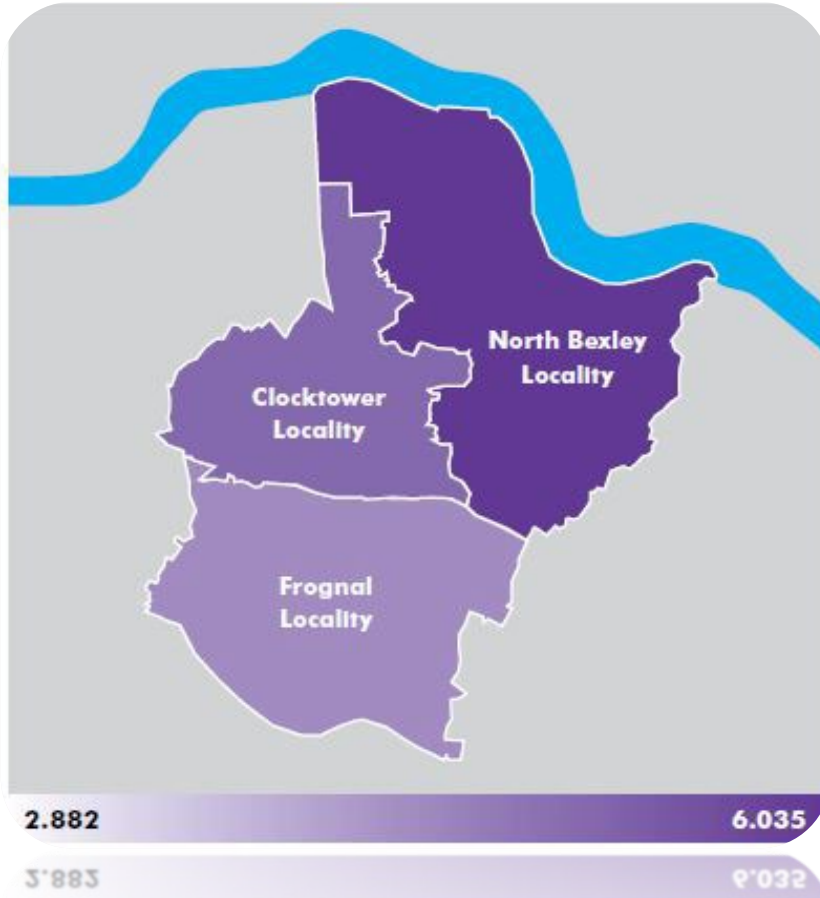




Complex Case Team - Care Home MDT

Lisa Cooper, Associate Director
Doug Reid, Service Manager

Oxleas
NHS
Improving lives



Bexley Local System

- 247,444 residents
- 3 Local Care Networks/4 Primary Care Networks
- 21 GP practices
- 0 Acute Hospital in borough
- 2 Urgent Care centres
- 20 Care Homes offering 1,307 beds
- 337 residential beds – across 13 homes
- 564 residential dementia beds – across 14 homes
- 303 general nursing beds – across 12 homes
- 103 nursing dementia beds – across 6 homes

Ranked 3 in London for highest over 65+ population

Complex Case Team

- Team established in June 2020 and consisted of Complex Case Manager, 8A and Band 3 Administrator
- Funding used from an existing service with the aim of supporting the care home population to proactively manage those with high risk/complex needs
- The Covid pandemic cemented our working relationship with the care home staff, and GP lead.
- System benefits included reduced ED presentations, better relationships, have sought to increase staffing through our Home First and Virtual Ward programmes



Complex Case Team

Monthly Virtual MDT's with all care homes

Focus on proactive early identification and management of individuals with complex health and social care needs, training of care home staff in relation to falls prevention and management.

Complex Case Manager

OT Falls Lead

Senior Physiotherapist

Physiotherapist

Team Admin

Advanced Clinical Practitioner

Advanced Primary Nurse

In-reach Nurse

Support staff x2

Access to community psychiatric nurse



Falls Prevention training in care homes



Scottish Care Inspectorate and NHS Scotland were contacted and consented for us to use “Managing Falls and Fractures in Care homes for Older people good practice resource” (2016)



September 2021 the Falls Prevention and Management Assessment tool was devised



presented to partners including the ICS, Quality Assurance team, London Borough of Bexley, Primary Care and the Care Home Forum



Used to highlight gaps in falls training needs, policies and procedures in place, environmental issues and current assessments and intervention being undertaken by the care home.

Falls Prevention cont'd

- Falls toolkit has been implemented care homes
- subsequently FinCH (Falls in Care Home) training has been undertaken with care home staff and weekly slots are available for the care homes to book in
- ICS and London Borough of Bexley Quality Assurance supporting as challenges with staff attending training



Falls Clinic

- Two clinic days per week for all care homes
- Patients identified via MDT's with care homes, GP, Quality assurance
- Receive weekly falls data from care homes
- No referral form required
- Therapy led face to face assessment in care home.

Key focus

- Two or more falls in the last 6 months
- Fear of falling
- Unexplained falls with apparent complex medical cause or loss of consciousness
- Complex medication issues, further medical investigation (e.g. dizziness, vertigo)
- One episode of fall that has led to a hospital admission/ injuries
- New or worsening gait/balance deficits.

Case Study

83 year-old female. Dementia diagnosis 15 years. Living in care home for 4 years. 3 hospital admissions in past year due to physical health issues including sepsis, infection and dehydration. Multiple falls on a weekly basis.

Reviewed in Falls clinic:

- Communication difficult– non communicative
- Unwitnessed falls, always found in corridor or lounge
- Lethargy due to constant pacing
- Losing weight

Actions from Falls clinic:

- Bloods showed pre diabetic, so dietitian input sought. Also, low Vit D
- Meaningful activities introduced based around past hobbies to reduce pacing
- Medication review and Risperidone reduced
- Advice given to staff on management including supporting to take naps

Outcome:

Resident was more alert and settled. Better nutritional and fluid intake. Reduced pacing and no falls between 2nd and 3rd clinic appointment. Staff aware notably settles after a singing activity. Less dependent on staff. Better engagement with other residents



Next steps:

- Keep learning
- Important we work together as equal partners
- Develop a wider dataset to evaluate impact



Thank you

Pilot: Falls lifting equipment

Vicki Dye (Project & Service Improvement Manager)
Mandy Steele (Clinical Quality & Patient Safety
Lead)



INTRODUCTION

This project was to install falls lifting equipment, supported by a training app / algorithm, into a selection of nursing / care homes across Cambridgeshire & Peterborough.

- The lifting equipment went into homes from February 2023 and the project finished in December 2023.
- The care homes were chosen by looking at data from EEAST.
- Monthly data was collected from the nursing / care homes.
- This project supports post fall management; it does not include falls prevention strategies which are being addressed withing the wider serves.

AIMS

The aims of the project are to improve the quality of care for residents if they fall.

- Improving quality of care for residents if they fall and maintaining their dignity. Residents remain in their 'home' and receive continuity of care from the team that know them best, and do not have to spend uncomfortable long periods of time on the floor waiting for an ambulance if it is not required, reducing nervousness/fear of future falls and other negative consequences of long lie.
- Reducing adverse consequences of residents laying on the floor for long periods whilst waiting for ambulance to attend, leading to avoidable hospital admission.
- Empowering care home staff.
- Reducing care home staff time attending the faller.
- Releasing ambulance resource.
- Reducing calls to 111 for initial advice.
- Reducing hospital emergency attendances, admissions, and associated costs.
- Reducing pressure on the acutes and emergency services.

Our Approach

- We invited 42 homes to participate – 39 accepted.
- Lifting equipment demos to each care home.
- The post fall assessment App's support care staff to identify when it is safe to lift a resident from the floor.
- The project commenced in February 2023 and was initially planned for 3-months.
- After 3-months, there was a review and analysis of data. The project was extended until December 2023.
- The Care Home team worked with the lifting equipment company to design a bespoke, supportive, training programme.




MANGAR EAGLE CUSHION



RAIZER II CHAIR



HelpFall – with Raizer Chair

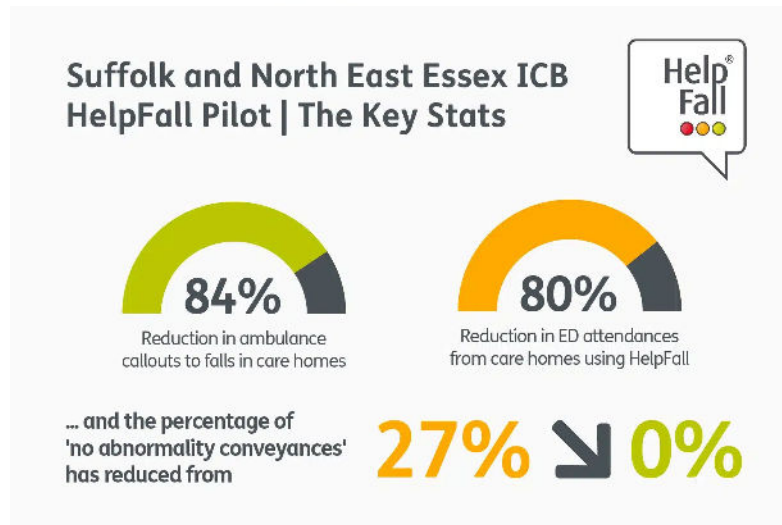


These are medical emergencies that require a 999 response, where you should not lift a person who has fallen.

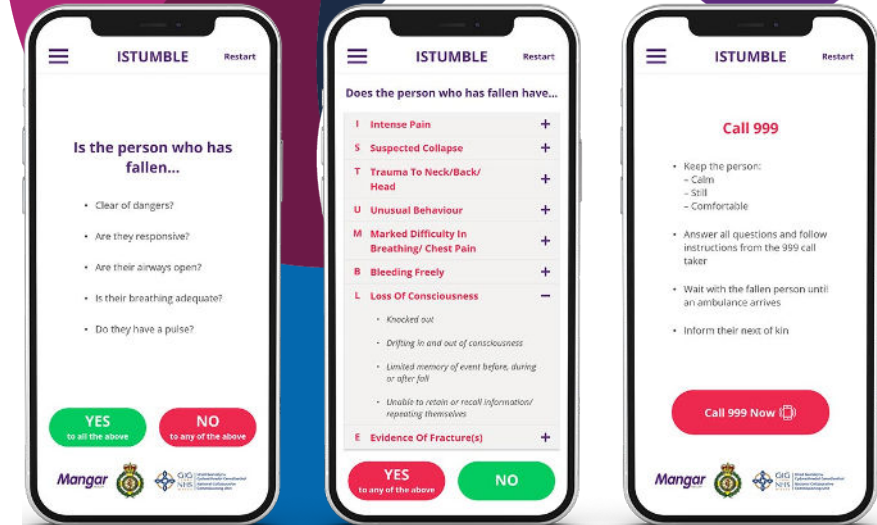
These are less urgent situations, where you should safely lift a person who has fallen and follow up with the GP, NHS 111 if out of hours, or other locally agreed pathway.

If there are no apparent new injuries or symptoms, you should safely lift a person who has fallen.

Based with permission on Post Falls Guidance by South Western Ambulance Service



ISTUMBLE – With Mangar



Both Tools generate an accident report which can be uploaded to care plans avoid additional recording for staff.



Enhanced Health in Care Homes (EHCH)

Updated 29th November 2023

D. Falls and falls prevention

Best practice in promoting physical activity, strength and balance, and preventing falls includes:

- Every care home has policies and procedures in place to determine how falls will be assessed and managed, aligned with [NICE guidelines](#): how to get a person who has fallen up from the floor, **how to use mechanical lifting aids**, and [when to call for additional support/advice](#) from community falls team/urgent community response before 111/999 (unless calling 999 is the most appropriate action).
- **Care homes have access to post falls assessment tools** (eg iSTUMBLE and HelpFall) **and mechanical lifting aids** (eg lifting cushions/chairs and hoists).



Finances

- **Mangar chair** – cost was £1886.00 which included the first years' servicing.
- **Raizer chair** – cost was £3574.00 which included the first years' servicing.
- Warranty for both chairs is 2 years.
- Cost to care homes to pilot the equipment = £0. Care homes keep the equipment.

- Costs have increased since the beginning of the project.
- Ongoing costs for care homes using the **Mangar chair** are:
 - servicing 1 year £70, 3 years £145, 5 years £205.
 - Parts are additional and will vary depending on what condition the cushion and compressors are in.
 - Warranty is 2 years (1 yr on the battery).

- Ongoing costs for care homes using the **Raizer chair** are:
 - servicing £187 per annum



Intended Outcomes – financial (January 2023)

Assumptions (some based upon pilot of a similar project in Mid & South Essex).

% call outs avoided (pilot data)			45%
Cost of a single ambulance callout (aligns with CPCCG)			£250
Average cost of an ED attendance (per CPCCG) - est 22/23			£170
Average cost of an admission (per CPCCG) - est 22/23			£2,525
% admissions avoided (research)			45%
Admissions data - average of 19/20 and 21/22 to exclude Covid year			

Calculations to support project (based on assumptions above – pilot was for 10 care homes)

	Pilot	
	Activity	£
Estimated annual savings		
Prevented callouts	32	£7,907
Reduced ED attendances	20	£3,404
Reduced hospital admissions	10	£26,086
Total Saving	62	£37,397



Care Home Feedback

Has the lifting equipment benefitted your residents?

100% said YES

- Not having to wait for outside support to lift them from the floor
- More dignity for them and they feel safe
- It made the resident feel safe and it was less messing around to get them off the floor which was their own feedback
- Resident doesn't have to wait for paramedics
- Safer and more reassuring way to assist them from the floor
- Reduced long lie time, reduced anxiety, can be used in confined space

Research more than 45% of fallers in care homes are uninjured and do not require transportation onto hospital.

(Cardiff University, 2006)

% of admissions avoided (research) 45%

Average cost of ED attendance is £170 est/
22/23 of admissions avoided (research) 45%

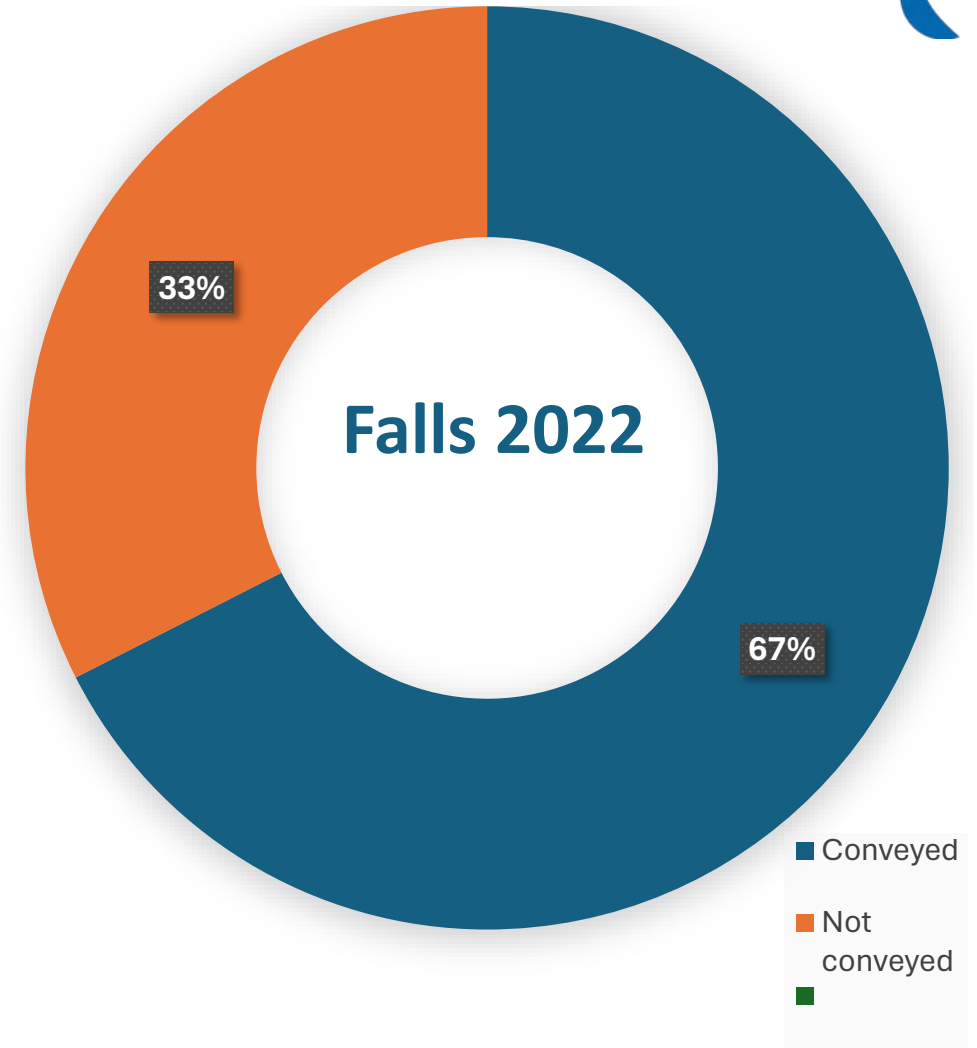


Savings

2022 Data

- Cost of ED attendance = £170
- There were 520 ambulance callouts for falls to care homes taking part in the pilot during Feb – Oct 2022
- 169 of these fallers did not require an ED attendance.
- 33% did not need to be conveyed.

Data from EEAST and assumptions that non conveyed fallers, do not require ED attendance.



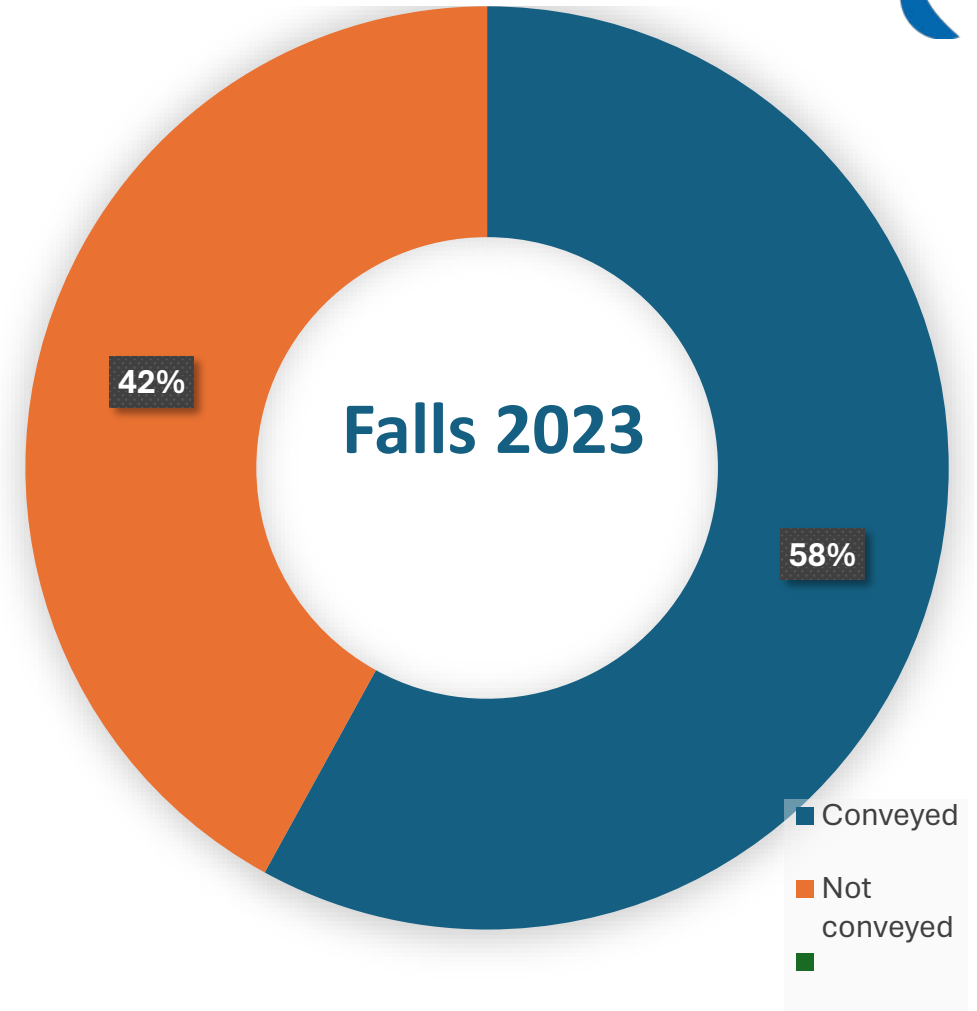


Savings

2023 Data

- There were 781 ambulance callouts for falls to care homes within the pilot during Feb – Oct 2023
- 324 fallers did not require an ED attendance.
- $324 \times \text{£}170 = \text{£}55,080$ saved
- 42% did not need to be conveyed.

Data from EEAST and assumptions that non conveyed fallers do not require ED attendance.





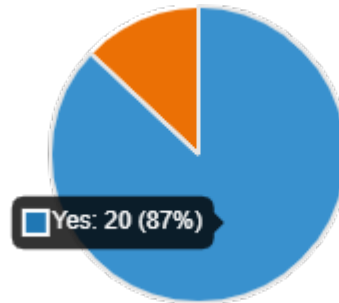
Intended Outcomes – non financial

- Reduction in the number of non-conveyed ambulance call-outs to care homes due to falls
- Care home staff make safe and effective assessment for injury after a resident falls
- Residents who have fallen without injuring themselves will be assisted by the care home staff, without emergency services getting involved.
- Enable care home staff to safely pick up an uninjured fallen resident using appropriate lifting equipment
- Care staff are trained in an easy, non-distressing way to assess and lift fallen residents with portable equipment that can be used in most situations
- Ensuring people have a positive experience of care

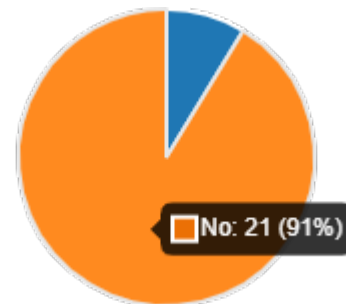


FEEDBACK

- Do your staff still use the equipment for the majority of falls?

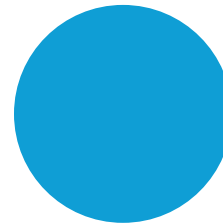
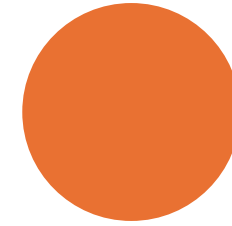


- *Do you think the residents would have the same outcome if you did not have the lifting equipment?*



Feedback

- The lifting equipment has had a major impact on support for residents which has truly been supportive of meeting needs.
- Staff feel this has added to the quality of care that they are able to give to residents.
- Stopped a long lie on the floor waiting for the paramedics.
- Makes it less evasive to lift, feel safer and is quicker to use.
- Helped resident up with paramedics – they were very impressed!



RESIDENT VOICE



Residents love using the raiser –
it's less 'messaging around'

The equipment does not scare the
residents –


there is no noise when using and comfortable

Some residents have preferred to use
the chair
rather than the hoist

Residents are calm
during lifts



CONCLUSION

- The introduction of lifting chairs, supported by the App's has improved quality of care.
- The care staff utilising the equipment have found it 'user friendly and effective'.
- Care home staff have gained in confidence 'especially when using the App'.
- The pilot has demonstrated savings relating to ED attendances amounting to £55,080 over the 9-month trial period.
- Competencies doc : 
Microsoft Word Document
- The lifting equipment has had a positive impact on residents.

HelpFall Reporting Dashboard - Sample Data

Select month:

Total Number of Reports

264

% Major/Minor/No Injury

Major	Minor	No Injury
24	56	184
9%	21%	70%

Where Did Falls Occur?

Location	Total Falls
Bedroom	28
Lounge	4
Resident room	3
Hallway	2
Conservatory	1
Kitchen	1
Corridor	1

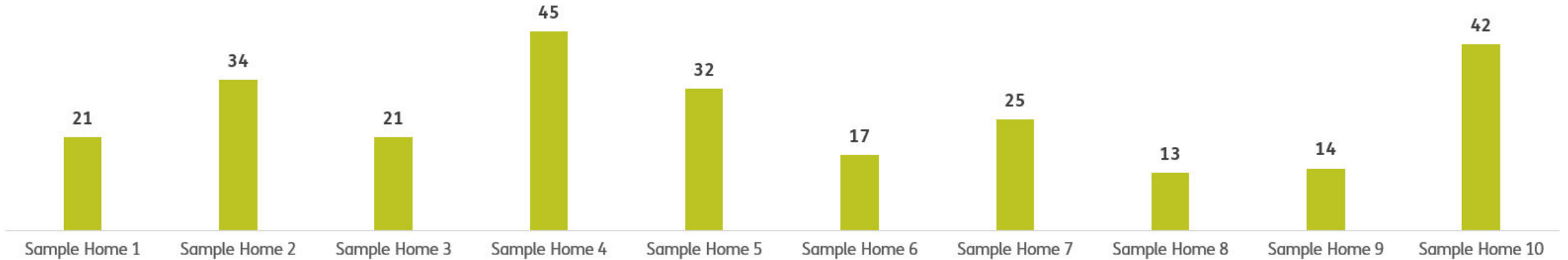
When Did Falls Occur?

Time Period	Total Falls
00:00-04:00	5
04:00-08:00	6
08:00-12:00	9
12:00-16:00	8
16:00-20:00	5
20:00-00:00	10

Predicted Cost Savings
from avoided ambulance callouts

£26,165

Number of Reports Per Home



Home Name	Date	Time	Location	Major/Minor/No Injury	Cause of Fall	Actions Taken
Home Name	24/06/2023	21:50:00	Bedroom	Minor	On weakness	Raizer used
Home Name	23/06/2023	01:25:00	Bedroom	No	didn't know why had fallen over but had had 2 glasses of whiskey	Raizer lift was used. Assisted to her chair as refused to get into bed. Call bell given to her and said to call if she needed anything
Home Name	22/06/2023	15:45:00	Bedroom	No	Slipped off chair	Raizer used.
Home Name	21/06/2023	07:00:00	Bedroom	Minor	Slipped out of bed onto floor	Raizer chair used. Is on Apixaban but app advised to continue with lift but monitor for any new symptoms. Advised granddaughter to contact 111 if she has any concerns.
Home Name	21/06/2023	23:42:00	Bedroom	Minor	Slipped from the chair	Raizer used
Home Name	21/06/2023	08:30:00	Bedroom	No	Resident walked independantly without zimmer frame.	Raizer used
Home Name	21/06/2023	15:40:00	Bedroom	No	Walking without zimmer frame	Assisted off the floor with Raizer chair.
Home Name	20/06/2023	18:00:00	Bedroom	No	She omitted to apply her brakes on her wheelchair, this was her own statement of events.	Glide sheet used to position correctly, bed put in front of her as she uses the bedrails for her transfers from chair to chair.
Home Name	19/06/2023	00:23:00	Lounge	No	Went to sit down in the chair and missed	Raizer used to get him to his feet. Sat in chair in back lounge with member of staff observing him
Home Name	19/06/2023	21:25:00	Bedroom	No	Got out of bed to go to toilet. Didn't press her emergency buzzer.	Raizer used
Home Name	16/06/2023	10:20:00	Bedroom	No	Unwitnessed fall	Used the Raizer and assisted to the chair.
Home Name	15/06/2023	23:30:00	Resident room	Minor	She has tried to come out of her room	Raizer used
Home Name	14/06/2023	08:03:00	Bedroom	No	Walking around his bedroom and found fell on the floor.	Raizer lift used. Assisted back to bed
Home Name	08/06/2023	00:25:00	Bedroom	No	He said he walked	Raizer used
Home Name	07/06/2023	08:28:00	Bedroom	Minor	Fell while trying to get things out of her wardrobe	999 called awaiting for ambulance up to 6 hour wait. Lifted with Raizer lift up into chair
Home Name	07/06/2023	15:55:00	Lounge	No	Walks independently without a walking aid and walks around the rooms during the day due to dementia	GP contacted and hourly checks put in place
Home Name	07/06/2023	11:50:00	Bedroom	No	Unwitnessed fall	Two staff assisted with Raizer lift up
Home Name	07/06/2023	23:14:00	Bedroom	No	Trying to get out of bed	Used Raizer lift to get to his feet
Home Name	06/06/2023	05:32:00	Bedroom	No	Slip from bed	Use of lifting chair and call ambulance
Home Name	05/06/2023	19:52:00	Bedroom	Minor	Found sitting on the floor by her bed she was mobilising with no frame	Raizer used
Home Name	04/06/2023	07:10:00	Bedroom	Major	Always has falls	Call 999 No lifting equipment used.
Home Name	04/06/2023	08:45:00	Bedroom	No	Getting out of bed on his own and lost balance	Checked over
Home Name	04/06/2023	22:55:00	Bedroom	No	Getting out of bed	Resident checked over.No injuries noticed. Raizer chair used to lift off floor.
Home Name	01/06/2023	15:05:00	Lounge	No	Stood up from chair, did not use his frame that was in front of him. Stated he was trying to get cake from another table. Acting out of character today - and a bit wobbly.	Raizer used.Falls and post falls paperwork implemented. Family informed. Remains on Hourly well being checks - staff informed to check for bruising. Sensor mat implemented.
Home Name	31/05/2023	19:40:00	Bedroom	No	Unknown. Rolled out of bed onto crash mat	Checked all over resident no injuries and assisted up using Raizer chair
Home Name	31/05/2023	13:19:00	Bedroom	No	Unsteady on feet, moved without assistance	Raizer used
Home Name	15/05/2023	18:51:00	Bedroom	Minor	Trying to stand up	Supported residents head with a pillow, using the Raizer chair we sat her up and then transferred her back to her chair and checked her over once more.

Q&A Session

