

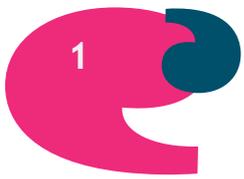


The Impact of Falls on Residents and their Carers

Contents

	page
1. Introduction	1
2. Methodology	1
3. Sheltered Accommodation	3
4. Resident's Stories	3-5
5. Focus Groups	6
6. Consequences of suffering a fall	7-8
7. Conclusion	9





1. Introduction

Blackburn with Darwen Borough Council, along with its partners, is undertaking an Integrated Strategic Needs Assessment (ISNA) on "Falls". A fall is defined as when a person finds him/ herself at a different level.

Falls have been highlighted as a significant issue that, in some cases, involves serious clinical intervention and long term after care. Residential care for the elderly is too often an outcome of a serious injury.

Healthwatch BwD commissioned Age UK to develop and run an engagement program with residents over 50 years old. The remit of this research was to engage with local residents and listen to their experience of falls, identifying the causes of falls and the support they required after a fall.

The information gathered can then be used to shape the ISNA and local commissioning to ensure the public voice is able to shape and improve local services.

2. Methodology

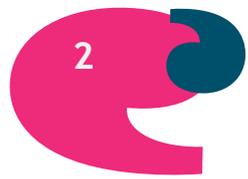
A mixture of engagement techniques were used to gather feedback, including interviews, focus groups, and policy reviews of sheltered accommodation.

In total, seven housing schemes were visited and engaged with. This represented six social housing providers and one private sector provider.

Ten local residents, aged between 30-40 and 95 years old, shared their story and personal experiences of falls, and the following consequences and impact.

Finally, two focus groups were run with both residents who had experienced a fall, and carers of elderly residents. The focus groups aimed to explore the risks associated with falls, the consequences of a fall, and their ideas to prevent falls.





3. Sheltered Accommodation

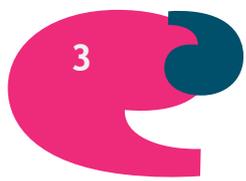
In total, seven housing schemes were visited, representing 6 social housing providers plus one in the private sector.

The protocols for reporting falls differed with each provider and sometimes reflected the personal attitude of a specific manager:

- One provider usually sent for an ambulance as there is a no lift policy in place as residents live independently. It is not a residential care home.
- Some schemes only reported falls in communal areas whilst other reported all incidents of a fall within the premises, whether in communal or private areas. One provider's policy is to record falls in the resident's case notes and to adjust any support plan as appropriate.
- One manager felt it important to record falls in a resident's flat as it highlighted the need for home safety advice. Hazards are actively discouraged especially doormats in the corridors, mats in bathrooms even though the floors have a non-slip surface. Low coffee tables create problems as people fall over them. Hopefully, patterns in causes of incidents will inform policy when designing alterations/ refits to flats and communal areas.
- One scheme used the Rapid Assessment Unit as the usual link with people as their time frame is good – 24-48 hours offering medical support and reassurance. However, there can be issues regarding an individual's dependency on the nurses from the rapid assessment team.
- Another scheme voiced concerns that, at hospital discharge, people seem to be encouraged into residential care. The manager wondered if this is an easier option for nursing and care staff.
- One scheme manager knew her clients well. She reported that approximately 33% of the residents had suffered a fall in the last 12 months. Most were related to medical conditions that led to poor balance: the removal of a big toe; an old head injury from a motorcycle accident; a stroke.

GP attitudes were also mentioned. Some older people seem to be dismissed and the effects of a fall not taken seriously. One doctor has been known to tell a patient to expect to fall more as he gets older.





4. Resident's Stories

Various individual older people offered to talk about falls they had suffered. Below are 10 local residents experiences with falls.

Mavis, aged 77

Mavis has dementia, lives alone with the help of carers, and has a history of falls. Her first fall was 8 years ago and caused her to break her wrist. At the hospital she had difficulty answering questions about herself which led to her later being diagnosed with dementia.

She was referred to the falls service, had improvements made to her home and attended the falls groups every Tuesday for exercise. She enjoyed the social aspect of this more than anything. They would go out for Christmas meals and things like that. She stopped going after a while and doesn't remember why and she does still stumble and fall occasionally.

She thinks these are becoming more frequent but her memory is getting worse so she isn't sure. Her last fall was when she was walking to the nearby shop. She doesn't know what caused it. She just found herself lying on the floor and thinks she may have blacked out.

She didn't report this incident to anyone. She doesn't think her doctor is interested in the falls and just wants her out of his office as soon as possible. She hasn't told any of her visiting care staff to help as she doesn't think they needed to know.

She is looking forward to joining the falls group again and is making every effort to remain independent for as long as possible.

Bea - aged 95

Bea overbalanced whilst getting dressed. Paramedics attended and took her to hospital. X-rays revealed no fractures. She was just badly bruised and was sent home. The next day she was in agony and her daughter sent for an ambulance. She was in hospital 11 weeks followed by re-ablement in Pendle. She returned with re-ablement help and now has carers at home.

Edna - aged 90

Edna has vascular and cardiac problems. She fell off a couch. She alerted the manager using an alarm pendant. She was able to get up and didn't want an ambulance. A locum doctor attended and prescribed paracetamol and ibuprofen. Later she was prescribed co-codamol as the pain was severe. The GP was called out several times. She began to lose weight. She was not sent for further checks to see if an injury had occurred. Recovery was very slow. Several months later a routine Xray for another problem revealed she had fractured her spine.

Jean - aged 84

Jean was especially vulnerable because of a recent bereavement of a daughter. She fell in her bathroom and cut herself badly. She bled heavily. She pulled the emergency cord and the manager attended. Because of her position and distress, an ambulance was called. The manager alerted Jean's family to meet her at the hospital as they didn't live locally. 3 hours later, she called the family again to inform them that the ambulance had not arrived. Her son came and took her to the hospital himself. It was not classified as urgent by the ambulance dispatcher.

Margaret - aged 85

Margaret repeatedly falls over "for no reason". She does have aids in her home to help her to get up. She has medical issues including thyroid problems, heart problems and high blood pressure. Since her last fall when she banged her head, she has suffered bad headaches. She has lost all confidence to go out. She has a "walker" to hold on to around the house and communal areas of the sheltered accommodation but won't go out alone. Visiting the doctor can be problematic and a home visit is difficult to arrange. She feels very isolated now and suffers bouts of depression. Family members sometimes take her out in a wheelchair. Often taxis aren't big enough to accommodate her and recently one black cab driver asked for a double fare for a wheelchair.

Doreen - aged 85

Doreen regularly falls over. She suffered a back injury some years ago and now has no real feeling in her feet and lower limbs. She also suffers from sciatica as a result of the previous injury and can get spasms that stiffen the left side of her body. This leads to a fall and she would be concerned to be out alone in case this happens. She now uses a walking stick for support but won't go out at all without someone with her.

Bill - age not disclosed

Bill suffered a fall whilst out and about in the town. He suffered a broken leg and had a lengthy stay in the hospital. He was offered residential care to recuperate but he was determined not to go. He had some rehab in the hospital, followed by domiciliary re-ablement. He is now independent again although using a walking frame to give him confidence.

Janet - age 30-40

Janet cares for a child who has no mobility, no speech, is incontinent (in nappies) and needs to be peg fed. She had a fall two years ago and broke her right hand. She received one half hour support each afternoon to assist getting the child out of his wheelchair after school. Her husband returned from work about an hour later. Once the school broke up for the summer, there was no help during the day. She had to phone for people to come to help change him. She is now under pain management because the fall escalated severe back problems.

Arthur - age 70+

Arthur suffers from a rare form of dementia and his story was told by his wife and principal carer. Arthur fell backwards through the front door and sustained a broken hip. He went into hospital but needed to have a carer with him at all times as the staff could not manage his condition. Following surgery, Arthur received services from Physio and occupational therapy. This proved unsuccessful as he couldn't understand the tasks asked of him. He couldn't comprehend the purpose of walking aids - kept stroking the walking frame but didn't know what it was for. The carers were frustrated that their efforts to explain the problems with communication were not really taken on board. The professional staff were frustrated that their normal range of support was out of Arthur's reach. It took a combination of support to make headway.

On discharge, Arthur went home at the request of the family. To go to a care home was not really an option. No initial support was available. The family had arranged for a single bed to be brought downstairs as Arthur could not manage stairs. The district nurse visited on the second day at home and was astonished that a hospital bed had not been provided. One was provided on the Saturday and the family had to take the single bed back upstairs creating some stress and disruption for Arthur. On the following Monday, another hospital bed was delivered courtesy of the hospital and three days after discharge. The family became frustrated at the lack of joined up thinking. The Therapists visited but efforts continued to be frustrated by Arthur's lack of comprehension. The carers took charge of some of the exercises.

Arthur's wife is concerned that there needs to be appropriate training for professionals when dealing with people with dementia or other conditions that affect a person's ability to follow instructions and also a greater consideration given to what the full time carers can contribute as they are the ones who know how to manage an individual's foibles.

Sarah- age not disclosed

After a day shopping with her friend, Sarah was walking from the bus stop towards home. She was aware that there were lots of potholes and uneven pavements and had deliberately worn flat shoes to aid her balance. She fell face forward over a hole in the tarmac. She couldn't get up and a man from the local garage sent for an ambulance. She was taken to the hospital and remembers little except that she was sitting in a wheelchair for a long time, having Xrays and then being in a bed. Her son was summoned from Accrington.

Sarah hurt her back but had no fractures. She was in hospital three days and afterwards attended the outpatient clinic. She received no physiotherapy or other follow up service. Although the accident happened seven months ago, she still hurts. She needs to sit straight and her walking is more limited. She finds standing difficult and carries a stick with a seat. She is often uncomfortable and still needs painkillers. She prefers now to only go out when someone can be with her.

5. Focus Groups

Two focus groups took place to explore the risks associated with falls, the consequences of a fall and ideas to prevent falls. One group was of older adults, not all had experienced a fall. The second group was of carers who had a very different perspective on the consequences.

The risks were widely recognised:

Being in a hurry - running for the bus, trip over kerbs, locating public toilets, taking shortcuts to destination and not being careful, not feeling secure/ at ease in local community, not paying attention/ being mindful.

Obstacles in the home - loose carpets, rugs, chair legs, pets, leaving things on the stairs, walking in stocking feet, slippers with no backs, slippery floors, step ladders – steps too narrow, stepping stools slipping away, balancing (especially on stairs) when carrying something.

Obstacles outdoors - wet surfaces, uneven surfaces, wet/ icy pavements, coach policy that drivers can't help mount/dismount steps, bus drivers stopping too quickly, objects in the way, high steps on buses
 Health - dizzy spells, poor eyesight, unsteady legs, lacking confidence having a bath/ shower, balance on stairs – keeping a hand free to balance
 Other - ill fitting shoes, lack of supports e.g. handrails.

There were many ideas on preventing falls including:

At home – improve lighting (blinding colours and lights) changing between white & coloured lights; medication can cause dizziness; remove hazards in the home – e.g. rugs; have a home safety check.

Outdoors - access to shops – beware of steps; cyclists on pavements are dangerous; put bells on pushchairs; street lights need to be brighter in winter; beware of slippery pavements; stop cars parking on pavements and dropped kerbs; be aware that slopes for wheelchairs sometimes too steep.

Personal - encourage people to exercise; be mindful of environment; pay attention; know your own limitations; have a social service assessment if appropriate.

Other - need more policemen about to help if a fall occurs; bus drivers need to be more patient, making sure elderly people have sat down before driving off; challenge health & safety that says drivers can't help people to get on/ off buses or taxis.





6. Consequences of suffering a fall

When asked, participants talked about the different consequences of suffering a fall.

The older people who had suffered a fall concentrated on the pathway following an injury, and who else in their immediate family and friends would be affected

Case Study 1:

A fall on a rug meant one participant need paramedic support, and so rang lifeline for help. This resulted in a trip to the hospital, which later resulted in surgery. District nurses were required after their discharge to visit their home, which resulted in family upheaval after the care. Following the fall home safety advice was needed, which helped identify and remove hazards to reduce the risk of future falls.

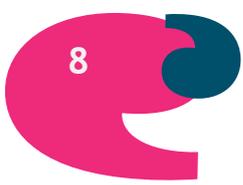
Case Study 2:

On participate fell in the kitchen and blacked out. The participant went to the Hospital, but nothing was broken. On returning home the participant felt unbalanced and lost some confidence. They received home safety advice, which lowered the front step to the house, provided hand rails, pinned carpets to the floor, and provided special equipment which included a table with wheels.

Case Study 3:

One participant fell in the kitchen and was badly bruised. They contacted the Care line, who informed the family and called an Ambulance which took them to Hospital. The participant lives alone, and so respite care was provided. They also were put on the falls pathway, but reported they now live in fear of falling/ The Home Safety check was also conducted, and highlighted a need for a stair lift, which is currently being applied for through a grant.

lost confidence
upheaval
unbalanced
alone
fear



Those who were carers focused on the impact having a fall could have on the person they cared for and the support services available.

What do Carers feel are the issues if they have a fall?

The Carers spoke about their feelings and the concerns they'd have in the event of themselves having a fall.

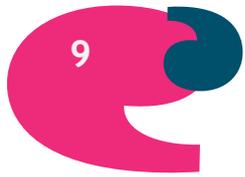
If their fall needs attention, then this could lead to being admitted to Hospital. The Carers told us that this could have a huge impact on the person they're caring for, and they'd want to be discharged at the earliest availability so they can get back to their caring role.

If the Carers had a serious injury and unable to return to their duties, arrangements would have to be made to ensure the needs to the person they care for are met. Carers told us that the people they care for can react badly to a change of routine, which can then upset the individuals and cause setbacks in their condition and general health and wellbeing. This could lead to respite care being needed, and add extra pressure on temporary care providers and services.

Another point Carers told us is the impact on their emotional wellbeing a fall may have, as they'd worry about the person they're caring for. This can also have a negative impact on their recovery but also their mental health

The final point made was the importance of communication to carers. The need to know when the person they care for is coming home in order to ensure everything is ready for their return.

Respite
Duties
Carer
Routine
Recovery
Pressure
Communication
Impact



7. Conclusion

Conversations with older people showed a real awareness of the risk factors of falling and the steps that can be taken to reduce accidents. It is easier to tackle safety hazards in the home than in the outside environment.

Whilst it is easy to see the need to fasten down rugs and wear correct footwear, for example, there needs to be more emphasis on helping people to understand and cope with diminishing capabilities – they may be slower and more unsteady. Rushing for a bus or climbing a stepladder might not be the best thing to do. For some, the clinical falls pathway may not be appropriate but support may still be required and other lower level pathways may need to be developed. Education and training in personal safety and in knowing what aids and adaptations are available to individuals to support them is vital.

A broad range of cause and effect of having a fall was highlighted – not just for the person suffering the fall but for carers, families and neighbours. A holistic view of each circumstance needs to be recognised in the provision of after care.

The loss of confidence after a fall, even if there is no serious injury, is a common consequence. It is important that individuals, particularly those living alone, are encouraged to get active again to prevent isolation.

