SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland

LIVING SAFELY IN THE HOME FALLS AND FRAILTY

MIDLOTHIAN EVALUATION REPORT

Midlothian

August 2017

Contents

Living Safely In the Home Falls and Frailty Evaluation

Introduction

Scottish Government places a duty on public services to work together to contribute to its purpose and the delivery of national outcomes. Since its inception, the Scottish Fire and Rescue Service (SFRS) has strived to meet the expectations of the Scottish Government and aspired to make a greater contribution to community safety. Whilst SFRS will, directly or indirectly, contribute to the national outcomes by working through economic, health, social and environmental issues together with partners, its core contribution relates to making communities safer and stronger.

The Scottish Governments Fire and Rescue Framework for Scotland 2016[1] clearly sets out its expectations of SFRS. It provides SFRS with a number of strategic priorities and objectives together with guidance on how SFRS should contribute to the Scottish Governments purpose. Service transformation features as one of the strategic priorities and contained within this priority is a commitment to "explore new and innovative ways to improve the safety and well-being of local communities by building on the traditional roles carried out by the fire service". Furthermore, the Framework states, "the reform agenda recognises the importance of working across boundaries to ensure there are no barriers between bodies that prevent more effective delivery of services to communities, and the SFRS needs to work with partners in a constructive manner to achieve this".

Historically the fire and rescue service, throughout Scotland, has demonstrated the benefits of investing in a preventative approach and this is illustrated best by a considerable reduction in accidental dwelling fires over the last 10 to 15 years. Although risk profiles and incident types may have changed somewhat during this period, resulting in the fire service attending more flooding, rescue and medical type incidents for example, an opportunity has arisen for SFRS to utilise this experience and broaden its role in promoting community safety.

By developing a holistic approach to community safety and broadening the role of SFRS, this provides the opportunity for all four pillars of the Christie[2] commission report, namely; People, Partnership, Performance and Prevention to be integrated throughout. This also supports SFRS in fulfilling its statutory obligations within the Community Planning Partnership and gives the opportunity for SFRS to add value in the promotion of community safety.

Background

Living Safely in the Home (LSITH) is an Initiative led by the Scottish Fire and Rescue Service in partnership with the Midlothian Enhanced Rapid Response and Intervention Team (MERRIT) and Midlothian Council. The focus of the initiative is on providing a more holistic approach to the assessment of risk within the home across the Midlothian area.

The project aims to reduce unintentional harm in the home by targeting the most high-risk groups, namely the elderly over 65's and the under 5's.

[1] Fire and Rescue Framework for Scotland 2016
[2] Commission on the Future Delivery of Public Services

Targeting of at risk groups was facilitated using the Home Fire Safety Visit (HFSV) process and, in relation to elderly persons, the SFRS Risk Rating form (Appendix 1) was used to identify potential candidates for screening.

If during a HFSV an occupant of the property was identified as being in the over 65 age category and or answered yes to question 14 of the Risk Rating form, does anyone in the household have any long-term health or mobility issues, then a level 1 conversation is offered.

The level 1 conversation consists of 6 simple questions (see Appendix 2) which were developed in consultation with MERRIT and are based on national guidelines produced by Scottish Government[3].

Participation in the conversation is purely consensual and where a positive response is given to any question, then a referral is forwarded to MERRIT.

Since the launch of the pilot in late August 2016, a high number of Level 1 conversations have been completed and forwarded to MERRIT for progression.

Midlothian was selected for the pilot due to the proportionately high number of occurrences of unintentional harm resulting in an emergency admission to Accident and Emergency services, see Appendix 3. These occurrences mainly involved the under 5's and the over 65's.

Aims

The aim of this evaluation was to gather feedback from all respective stakeholders and to inform the Living Safely in the Home (LSITH) working group moving forward. The outcomes from this evaluation process will enable the pilot initiative within Midlothian to be developed and embedded into the home fire safety visit process.

Evaluation Data

Since its launch on 25th August 2016 through to 28th February 2017, the following data has been collated.

- The total number of Home Fire Safety Visits facilitated within Midlothian
- The total number of Level 1 conversations
- Total number of consented referrals to MERRIT
- The total number of adaptations provided.

[3] The Prevention and Management of Falls in the Community: A FRAMEWORK FOR ACTION FOR SCOTLAND 2014/16

Subject	Total	%
Home Fire Safety Visits (HFSV)	478	
Level1 conversations	71	15% of total HFSV's
Consented referrals	56	79% of Level 1 conversations
No Consent	9	13% of Level 1 conversations
Criteria not met	6	8% of Level 1 conversations
Adaptations provided	7	10% of Level 1 conversations

Evaluation Returns

The aim of the evaluation was to gather feedback from the various stakeholders that included partners, SFRS staff and service users. Although at this stage the evaluation is of a qualitative nature, it does provide valuable information, which will enable the initiative to develop and improve.

Evaluation objectives;

- To reflect on initial engagement with SFRS and partnership development
- To reflect on facilitation of falls assessments and reporting process
- To share experiences and identify lessons learned
- To promote continuous improvement

The scoring methodology applied to the evaluation is detailed below;

1- Unsatisfactory
2- Less than Satisfactory
3- Satisfactory
4- Good
5- Very Good

Participants were encouraged to provide clarifying comment for a score of 2 or less.

Partner Evaluation

The partner evaluation detailed below provides feedback from the Midlothian Enhanced Rapid Response and Intervention Team (MERRIT), who were asked to score and provide feedback on the following four questions;

Question 1

Please provide feedback on the initial engagement with SFRS and the partnership development in respect of the following areas,

- Communication
- Objective setting
- Tasking

The above question areas resulted in a score very good and good with the following comments provided in support of this score.

Feedback
"Very good organisation to work with especially Mike who has been very approachable and easily contactable". "Has been difficult for MERRIT on occasion to respond quickly to project requirements (i.e. providing information, case studies, etc) due to conflicting priorities and service needs".

Question 2

Please provide feedback on the falls assessment process form and the subsequent reporting of this,

- Accuracy of Information
- Quality of Information
- Referral process

The above question areas recorded a score of satisfactory and the following comments were provided in support of this score.

Feedback
"Had duplicate referrals. Sometimes information not accurate; client details inaccurate or consent not given. However on the majority of referrals are completed correctly". "Egress email system could be better as have to request access from each referrer. This delays process".

Question 3

Please provide feedback on your experiences and lessons learned so far, with particular reference to the following areas:

- Service user response
- Staff response

The above question area recorded a score of good and the following comments were provided in support of this score.

Feedback
"Mixed response from service users. Usually find input very useful, however, on occasion people are questioning why they have been referred". "Positive outcome has been that we have had input with people not previously known to any services. This has given the opportunity to do preventative work. Improved link with partnership".

Question 4

Please provide any suggestions or additional comments that may improve or enhance the process moving forward.

Feedback
"Sort out Egress". "Continue to provide refresher training". "Continue to review and discuss quality of referral (good referrals and not so good)". "Provide feedback to SFRS staff on outcomes after Falls assessment by Falls Practitioner".

SFRS Feedback

The second evaluation detailed below, provides feedback from SFRS service delivery staff who were asked to score and provide feedback on the following five questions.

Question 1

Please provide feedback on the delivery of training you received and the support provided thereafter

- Training content
- Delivery method
- Training support

The above question area recorded a score of 53% satisfactory and 47% less than satisfactory. The following comments were provided in support of these scores.

Feedback
"Short initial session a long time ago, no input or follow up since". "Although the initial training was informative, we have discovered a lot of skill erosion. This in part is due to fire fighters not having the opportunity to use the form as often as others do".

Question 2

Please provide feedback on the falls assessment form and the subsequent reporting process

- Content of form
- Ease of use
- Referral method

The above question area recorded a score of 53% good and 40% satisfactory. The following comments were provided in support of these scores.

Feedback
"Repetition of work, filling out form physically and electronically. Template nowhere on intranet, so staff need to have a copy on their desktop". "Form is straightforward and easy to use with tick boxes and a comments section. Some fire fighters have asked why the form cannot be sent directly to source and must go via the CAT team". "Some irrelevant questions, which are also leading i.e. All old people are afraid of falling".

Question 3

Please provide feedback on your experiences and lessons learned so far, with particular reference to the following areas,

- Public Response
- Staff Confidence

The above question area recorded a score of 67% good/very good and 33% satisfactory. The following comments were provided in support of these scores.

Feedback
"The public response has been very favourable from good to very good. Staff confidence is a difficult question to answer. There are no concerns delivering the idea. The challenge arises when someone asks what outcomes have other people had from these enquiries. We get no feedback from the enquiries we make and therefore have no reference point to further enhance this service".

Question 4

Please provide feedback on the provision of aids and adaptations, with particular reference to the following areas,

- Staff confidence in promoting items
- Public perception
- Suitability of aids and adaptations

The above question area recorded a score of 21% good/very good, 43% satisfactory and 29% less than satisfactory. The following comments were provided in support of these scores.

Feedback
"Rarely use any aids. If a person has fallen they generally have their own stuff. If they haven't fallen then they don't feel they need them". "No input on contents of bag, child safety equipment with no explanations etc". "We have no concerns promoting the aids and adaptors. The public view this as very helpful and forward thinking. No one has required these however. This is because they either need a more in-depth aid or have already been given what we can supply".

Question 5

Please provide any further comments or suggestions that may assist the evaluation process,

Feedback
"Shorter more concise questions that are not leading, find out what aids are being requested and ditch the rest of the stuff. Have a paragraph to say what/why we are doing it in the first place". "Good service to be able to get help to people who may not be aware that they qualify or that extra help is available. Advice seems to be well received because it's coming from us and not social work etc. After fires people are also more likely to accept help that they may have refused in the past".

Service Users

The final evaluation detailed below provides feedback from the service user, who were asked to score and provide feedback on the following four questions.

Question1

Please provide feedback on the effectiveness of the Scottish Fire and Rescue Service (SFRS) staff in relation to:

- Communication - was it clear and the process explained appropriately?
- Staff Conduct – were staff polite and respectful?

The above question areas recorded a score of 93% very good and 7% good. The following comments were provided in support of this score.

Feedback
“Very professional”. “Treated with respect”. “My nurse phoned for help and the response was 2 minutes”. “91 year old lady here. Staff very kind and friendly”. “Very helpful”.

Question 2

Please provide feedback on the initial conversation facilitated by SFRS staff paying particular attention to the following areas:

- Questions clear and understood
- Was the conversation awkward or intrusive?

The above question areas recorded a score of 78% very good, 13% good, 4.5% Satisfactory and 4.5% unsatisfactory. The following comments were provided in support of this score.

Feedback
“Very pleasant and caring”. “Wonderful support and good advice”. “Very easy to understand”. “Taken time to go through things”.

Question 3

Please provide feedback on falls screening process, focusing on the following areas:

- Were you comfortable providing information to SFRS?
- Were the aids or adaptations useful (if applicable)?
- Is SFRS carrying out this process helpful?

The above question areas recorded a score of 87% very good, 9% good and 4% satisfactory. The following comments were provided in support of this score.

Feedback
"Aids very useful". "Calm and Firemen who appreciate old age problems".

Question 4

Please provide any additional comments focusing on the following areas:

- Should the initiative continue?
- Would you recommend the service to others?
- Did you receive a follow up visit or further assistance from another service?
- Was the follow up visit/call helpful?

The above question areas recorded a score of 87% very good, 8% good and 5% unsatisfactory. The following comments were provided in support of this score.

Feedback
"I would highly recommend the service". "I am 95 and have a nurse employed. I live alone and try not to use gas or electricity if I feel the need to sleep". "Can't remember if Social Work visits came before or after. Physio services have been received" "Occupational Therapist visited".

Adaptations

A stock of small aids and adaptations (see appendix 4) were purchased using funding provided by SFRS. The initial approach was to provide these items on a needs basis with operational crews leaving the items with the householder. Evidence from the pilot suggests the uptake of these items has been low and crews have reported that most individuals have these items or are comfortable waiting on a further assessment. It is unclear if crews are promoting the issuing of these items in the most appropriate way and whether or not a different approach is required. Some further discussion is required on the best method of promoting these items and whether some form of "goodie bag" should be provided rather than on a needs basis and is there an opportunity for these items to be distributed at promotion events and or similar events such as antenatal classes, Dementia groups, elderly forums, etc. In addition, the long-term sustainability of the provision of these types of items should be considered, together with any potential to mainstream funding into existing expenditure bearing in mind public sector budgets are continually decreasing.

Funding

The project received initial funding from SFRS amounting to £5,000 to be split across Midlothian, East Lothian and Scottish Borders. Approximately £1,600 was allocated to the Midlothian project and this was used to purchase the small aids and adaptations.

In addition to the aforementioned funding from SFRS, there has been a considerable investment in time and resources to develop the LSITH project within Midlothian. The table below gives a breakdown of SFRS "match funding" and it should be noted that these figures are notional based on recognised timescales and staff costs.

SFRS Resources	Time allocated	Financial cost
Initial Training of Operational and Community Action Team staff within Midlothian	10hrs	£967.24
Facilitation of Falls Assessments as part of the Home Fire Safety Visit process	35.5 hours	£960.63
Administration costs	35.5 hours	£480.31
Total	81 hours	£2408.18

No other funding has been provided for the initiative and any increased workload for MERRIT has been managed using current resources and within existing budgets.

Alignment of Project to Under 5's

The initial aim of the project was to reduce unintentional harm in the home by targeting the most high-risk groups, namely, the elderly and the under 5's. This report has been heavily influenced on positive outcomes in relation to engagement with the elderly, however, in respect of the under 5 group, the project so far has had minimal impact. This is acknowledged and can be partly attributed to current home fire safety visit targeting i.e. persons most at risk from fire tend to be the elderly and or infirm, therefore they fall within the same risk group.

A more inclusive approach is required that will align to one of Scottish Governments key priorities in the Building Safer Communities programme i.e. engagement with the under 5 age group. Details of this approach moving forward are contained within the conclusions and recommendations.

Conclusions

There is clear evidence that the development of a more holistic approach to home safety can enhance the quality of health and social care provision and contribute towards positive outcomes both nationally and locally. Through analysis of the feedback from partners, SFRS staff, service users and statistical data, the following conclusions have been reached;

- The establishment of effective collaborative working and referral pathway between SFRS and MERRIT has resulted in positive outcomes for persons residing in Midlothian. This is evidenced through the attached case studies within Appendix 5 of this report and the statistical data in Appendix 3
- MERRIT are currently managing additional referrals generated as a result of the initiative utilising existing resources
- Although no direct correlation can be made between level 1 conversations carried out and any subsequent reduction in emergency admissions to A&E due to a fall in the home involving the elderly, it should be noted that a fall in figures has been experienced across the Midlothian area (see Appendix 3)
- The Midlothian pilot aligns with Scottish Government Health Improvement Scotland priorities in relation to the Falls and Frailty Pathway
- Persons at risk of falls in the home fall within the same risk group in relation to fire in the home. Consequently, a more bespoke approach is required to target the under 5's risk group
- The value of providing small aids and adaptations is uncertain and requires more discussion in relation to promotion, training requirements, needs assessment and long term funding
- Current referral pathway presented initial problems e.g. compatibility of IT systems, secure email, duplication of recording information electronically and hard copy
- Initial training provided by MERRIT, supported by SFRS, was appropriate and relevant to the needs of the project, however, further follow up and refresher training would have been beneficial
- Public response has been very positive and supportive of the initiative

Recommendations

The following recommendations are provided for consideration by the LSITH working group and have been derived from the feedback contained within this report. The evaluation at this stage has been of a qualitative nature due to the relatively short duration of the project thus far, however, further scrutiny of relevant statistical data will be carried out in the very near future.

Recommendations

- Continuation of the project across Midlothian taking cognisance of the feedback provided and amendment of the referral process where required and or necessary
- Closely monitor any increased workloads and referrals received by MERRIT
- Provide refresher training to Service Delivery staff focusing on the objectives of the partnership and the desired outcomes
- Amendment of the process to ensure the referral pathway is clear and all relevant details are recorded in the most effective and efficient way possible

- Coordinate and align Midlothian LSITH project with National Falls and Frailty Pathway taking cognisance of any developments that arise from this forum

- LSITH working group to consider long-term sustainability of providing small aids and adaptations bearing in mind financial pressures on existing budgets

- Align to National Key priorities in relation to Building Safer Communities Phase 2, ensuring that key priorities for the elderly and under 5's are met

- Develop and identify partnership opportunities with Health Visitors, Health Care teams and community groups who engage with the under 5 risk group

- Strengthen existing partnerships within LSITH project and develop relationships with other relevant agencies such as SAS, Joint Health Improvement Teams and Council services

- More support and involvement from Third Sector organisations to promote, signpost and refer to project

- Develop appropriate joint training opportunities between SFRS and partners that will support and enhance delivery of the project

- Develop a communication strategy taking into consideration the outcomes of the evaluation and maximising the use of Social Media, technological opportunities and innovative approaches

Appendix 1

HOME FIRE SAFETY VISIT RISK RATING FORM

SCOTTISH

The information provided in this form will be confidential to the Scottish Fire and Rescue Service and will be used for risk rating purposes only. All information contained will be held securely in accordance with current Data Protection legislation.

Name: | Date of Birth:

Address: | Postcode:

Contact Number:

Property Ownership: Owner Occupied ☐ Local Authority ☐ Details

Private Let ☐ Housing Association ☐ Details

How did you hear about HFSV?

ALL QUESTIONS MUST BE COMPLETED - Please tick the appropriate box

1	Do you have a 'WORKING' smoke alarm?	☐ Yes	☐ No	
2	What age category are the members of your household?*	☐ Over 65	☐ 51-64	☐ Under 50
3	Is anyone regularly at home during the day?	☐ Yes	☐ No	☐ Sometimes
4	How many adults are in the home?	☐ 1	☐ More than 1	
5	Are there any children under 16 in the house?	☐ 1 to 2	☐ More than 2	☐ None
6	Does anyone smoke inside the house?	☐ Yes	☐ No	
7	How often in a week do people within the household consume alcohol?	☐ 0	☐ 1-2 times	☐ More than twice
8	Does anyone in the house have a fascination with fire?	☐ Yes	☐ No	
9	Have you ever had a fire in the home?	☐ Yes 1	☐ Yes more than 1	☐ None
10	Do you use a traditional chip pan or other deep fat cooking method e.g. Wok, Karahi etc?	☐ Yes	☐ No	
11	Does anyone in the household cook late at night? (after 9pm)	☐ Yes	☐ No	
12	Do you use candles, tea light candles or scented oil burners?	☐ Yes	☐ No	
13	Do you use adapters/extension cables on electrical sockets?	☐ Yes	☐ No	
14	Does anyone in the household have any long-term health or mobility issues?*	☐ Yes	☐ No	
15	Is there medical oxygen used or stored in the home?	☐ Yes	☐ No	
16	Does your household have a plan of what to do in the event of a fire?	☐ Yes	☐ No	
17	Is everyone in the household aware of this plan?	☐ Yes	☐ No	☐ N/A

** If Over 65 to Q2 or Yes to Q14 please complete Falls Screen Form overleaf*

Referrers Details - MUST BE COMPLETED PRE-VISIT

Partner Referral ☐ Self Referral ☐ PDIR ☐ Incident Number (If PDIR):

Organisation Name: | Contact Name: | Tel. No:

Any other relevant Risk information: *Disabilities, visual or hearing impairment. Joint visit required etc.*

This form should be returned to your local Community Fire Station. Or, for further information, call 0800 0731 999.

Appendix 2

Name:	DOB:

Address:	Contact Number:

Post Code:

Consent **(Verbal)** to share Information **Yes/No**	If **No**, please state reason:

		Yes	**No**
1	Do you have any unsteadiness on your feet or difficulties with your walking or balance? Or has the observer noted any unsteadiness or difficulties?		
2	Have you fallen in the last 6 months? If yes how many times?		
3	Did you break a bone?		
4	Are you or your carer/family anxious about falls?		
5	Did you experience a blackout*/dizziness when you fell or did you find yourself on the ground and didn't know why?		
6	*Blackouts – in the event of a blackout ask if their GP is aware of blackouts, if not ask service user to inform their GP as soon as possible.		

Has a Social Work referral been submitted? **Yes / No**

Note for Users

If yes to any of the questions above then please forward completed forms to the Midlothian Team via E.Melbcat@firescotland.gov.uk

Assessment outcome: **e.g. Have any aids and adaptations been issued? Has the person been assisted by SFRS after a Fall? etc.**

Form Completed by:		**Date:**	

Appendix 3

Falls in the Home among the Older Population and Children

Date: 12/07/2017
Requested by: Michael Jaffray, P&P Station Manager, SFRS
Produced by: Laura Yuill, Midlothian Partnership Analyst

Caveat: Please note that this information is generated from raw data collected from the NHS Intelligence Unit that has not been ratified. Data should be used for management purposes only and should under no circumstances be referred to as official statistics. Ratified data would need to be requested from the NHS Intelligence Unit at analyticalServices@nhslothian.scot.nhs.uk

Request
SFRS are currently running a pilot project across the Midlothian area in relation to the prevention of falls in the home together with Midlothian Council and the MERRIT team. An evaluation is currently being carried out and SFRS request NHS stats to provide a baseline for comparison during the pilot period.

The statistics required are emergency admissions to A&E due to a fall in the home for the 65 to 75 age group and the over 75's. SFRS are also looking for emergency admissions to A&E as a result of accidents in the home for the under 5's.

The date range for the pilot is 1st September 2016 to 28th February 2017 with the baseline being the equivalent period from the previous year.

Methodology
Data was extracted from NHS Intelligence Unit records for falls that occurred in the home where the person attended A&E and where the patient's postcode relates to the Midlothian local authority area. Note that many 'incident dates' were blank and therefore falls data was collated using NHS arrival weeks 36 - arrival week 9, which most closely matches the date period requested of 1 September - 28 February. The original request asked for patients aged 65-90+ years and under 5 years however due to the age categories used by NHS it was not possible to differentiate between and report on those 60-64 and 65-69 years, only 60-69 years could be reported on. The same was true for those aged under 5 years with the only category available being 0-9 years.

Results

Older Adults
Between September 2016 and February 2017 190 individuals aged 60+ years attended at A&E as a result of a fall in the home. During the same time period the previous year there were 232 patients – an overall decrease during 2016/17 of 18.1% (n=42).

Age Range	01/09/2016 – 28/02/2017	01/09/2015 – 28/02/2016	% Difference
60-69 years	37	60	-38.3%
70-79 years	57	62	-8.1%
80-89 years	68	87	-27.9%
90plus years	26	23	+13.0%
Total	***190***	***232***	***-18.1%***

The table below provides a breakdown of patient's postcodes for the date period the pilot ran and the 2015-16 comparative period.

***Number of Level 1 conversations carried out in postcode area during the pilot period.**

Postcode Sector	01/09/2016 – 28/02/2017	01/09/2015 – 28/02/2016	Difference (number)	*No. of Level 1 conversations
EH181	10	13	-3	1
EH192	18	27	-9	2
EH193	15	15	0	4
EH209	16	20	-4	1
EH221	27	25	+2	7
EH222	13	17	-4	5
EH223	9	11	-2	6
EH224	14	12	+2	4
EH225	10	14	-4	10
EH234	12	22	-10	13
EH249	2	6	-4	1
EH259	5	15	-10	0
EH260	14	8	+6	0
EH268	11	12	-1	1
EH269	7	14	-7	3
EH375	5	1	+4	0
(blank)	2	0		
Total	***190***	***232***		***59***

Children

Between September 2016 and February 2017 48 children aged under 0-9 years attended at A&E as a result of a fall in the home. During the same time period the previous year there were 47 patients – an overall increase during 2016/17 of 2.1% (n=1).

	01/09/2016 – 28/02/2017	01/09/2015 – 28/02/2016	% Difference
0-9 yrs	48	47	+2.1%

The table below provides a breakdown of patient's postcodes for the date period the pilot ran and the 2015-16 comparative period.

Postcode Sector	01/09/2016 – 28/02/2017	01/09/2015 – 28/02/2016	Difference (no)
EH181	0	1	-1
EH192	3	3	-0
EH193	7	4	+3
EH209	3	4	-1
EH221	4	2	-2
EH222	6	8	-2
EH223	0	0	0
EH224	4	1	+3
EH225	9	3	+6
EH234	6	7	-1

EH249	0	2	-2
EH259	1	4	-3
EH260	2	4	-2
EH268	1	1	0
EH269	1	2	-1
EH375	2	1	+1
(blank)	0	0	0
Total	***48***	***47***	

Appendix 4

List of Aids and Adaptations provided are detailed below,

- Cable clips
- Key cords
- No cold caller stickers
- Hair straightener bag
- Magnifies (ID Card type)
- Walking stick ferrule (23mm)
- Walking stick ferrule (37mm)
- Walking stick holder
- Shoe horn
- Plug mate
- Bath mat
- Electrical socket covers
- Clip safe71 cupboard lock
- Clip safe72 Cupboard Lock
- Corner cushions
- Blind Cleats
- TV Strap
- Bath temperature Indicators
- Door Jammers

Appendix 5

Falls Service Case Study 1

Client M referred to falls team on 18/10/16. The referral included some information regarding previous social work input including that she was awaiting a grab-rail installation.
M is a 72 year old female who lives at home with her husband in an upper villa. She has arthritis in her knees, asthma, chronic obstructive pulmonary disease, acute kidney injury, and carpal tunnel syndrome.

Multifactorial assessment was carried out on 25/10/16 with both client and husband present. M lives at home with her husband in a private upper villa.

There are 3 external steps into property with no handrails. M has difficulty mobilising on these steps on her own and requires assistance from her husband to use steps safely. M had previous assessment in 2013 regarding external handrail however nothing had come of this – it is unclear why this was not actioned at the time. I assessed and recommend external handrail on left side ascending over 3 external steps from about 1 metre on wall from ground down length of steps.

Due to arthritis in her knees she experiences difficulty with bending and mobilising, often experiencing weakness in knees, and knees prone to giving way. I gave her some exercises to aid strengthening in knees and improve confidence when mobilising also.

At the visit concerns were raised with medication compliance. M presented several boxes of medications to me; 3 large plastic boxes filled with various medications. M was unable to tell me exactly which medications she was prescribed at that time nor show me an accurate up-to-date prescription letter. I referred her to MERRIT pharmacist for medication review. Pharmacist visited and removed all unnecessary medications – several plastic bags full – and only current prescription medications were left in house. A dosette box was issued from pharmacist also to aid M in taking the right medications at the correct times.

Review call carried out on 24/11/16 to M. She reported that positive improvements after installation of handrail as she has been able to get outside independently and able to get out to the shops on her own. She is enjoying the independence and happy that she does not need to wait until her husband is with her in order to go outside. M reported feeling better in herself since medications reviewed and checked, no longer feeling dizzy or nauseous, and generally safer knowing she is only taking the prescribed medications at the correct times. M was appreciative for the input.

Falls Service Case Study 2

Client N was referred on the 18/10/16. The referral had the criteria questions ticked only with no further information given. Initial contact was made on the 19/10/16 with N, she did not feel an assessment was such but she did reported difficulty with outdoor mobility and is reluctant to go outside out of fear of falling. I advised her this is something that I can support with and she was agreeable to a visit.

N is female 87 years old. She lives on her own and has support from friends in the local area. Her family reside in England. Her medical history includes aortic stenosis and history of falling.

Multifactorial assessment carried out on 25/10/16 and it was identified from the assessment that a walking stick would be of benefit when walking outdoors. N remained very independent within the house without any aids and remained independent with daily tasks such as preparing meals and getting herself washed and dressed. I provided a walking stick at the visit and outdoor practice carried out. I support N to mobilise outdoors several hundred metres; she mobilised independently with the walking stick however confidence remained low due to fear of falling.

Two further visits were carried out to practice outdoor mobility only. This involved supporting N to mobilise along local street and to the local shops, both times with her walking stick. This input helped to develop Ns physical ability and strength to mobilise safely as well as her confidence to attempt this task on her own. After the third visit she felt she was able to attempt walking to shops on her own or with her friends at least and reported to me that the practice sessions had helped to reduce the fear of falling and helped her to regain her independence.

Fire Service Case Study 3 - J

Client J was referred on 19/12/16. He is male 79 years old and resides in sheltered accommodation. He had a heart attack 7 years ago, angina and arthritis. The referral reported that he had experience over 20 falls in last 6 months.

Multifactorial assessment completed on 20/12/16. J has rheumatoid arthritis in knees as well as everted feet which he has specialist insoles fitted in his shoes from podiatry. Due to arthritis in knees and inversion in feet I referred to physiotherapy colleague for full assessment and strengthening programme for his lower limbs.

Physiotherapist provided a specialist exercise programme for J and walking stick to support indoor mobility. He has a 3-wheeled walker to aid outdoor mobility. J walks to housing dining room several times a day as well as walking to local corner shop thus it is important for him to continue to mobilise outdoors safely.

A toilet frame was provided to ensure safe transfers at toilet. J struggled to stand from the toilet however with bi-lateral rails installed he was able to achieve this safely.

J demonstrated independent step transfer in and out of his bath using a grabrail however he requested an assessment for a wetroom. This has been carried out by community care OT previously and a wetroom could not be installed due to architectural reasons however J was provided with bathing aids. J refuses to use the bathing aids as he feels he does not require them to which I advised he would not receive a second assessment for a wetroom. Unfortunately in this instance if someone declines aids that are suggested then there are limited options that we can try. It may be that they have to take action privately in order to put in the desired aids or adaptations in place.

J was discharged from physiotherapy input when he was mobilising independently between his flat and the dining room within the complex, along the outdoor corridor.

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