

## Self assessment form

### A. Guidance for improving the quality of care

**A1 The self assessment is completed annually and areas for improvement are identified.**

Page 21                      Assessment:    Yes                      No

A2 There is a system in place to record and analyse falls on a regular basis to identify improvements required.

Page 82                      Assessment:    Yes                      No

A3 An action plan is in place which details improvement priorities, who is responsible, completion and review dates

Page 21                      Assessment:    Yes                      No

## B. Prevention of falls and fractures

B1 The admission assessment includes a multifactorial falls risk screen (MFRS), using an agreed tool or proforma.

Page 28                      Assessment:    Yes                      No

B2 The MFRS includes an osteoporosis risk screen.

Page 75                      Assessment:    Yes                      No

B3 The MFRS has a linked falls care plan, tailored to the individual resident, which links any risks identified with suitable actions (for inclusion in the wider care plan).

Page 28                      Assessment:    Yes                      No

B4 The MFRS and falls care plan are updated monthly and reviewed formally on a regular basis (for example, every six months or according to local policy).

Page 31                      Assessment:    Yes                      No

B5 The MFRS and falls care plan are updated after every fall.

Page 31                      Assessment:    Yes                      No

B6 The MFRS and falls care plan are updated after any significant change in a resident's condition.

Page 31                      Assessment:    Yes                      No

B7 The MFRS and falls care plan are updated on re-admission to the care home following discharge from another setting, for example discharge from hospital.

Page 31                      Assessment:    Yes                      No

B8 There is a system in place and used routinely to provide information about a resident's falls risk and linked plan of care when a resident is transferred from the care home to hospital or another care setting.

Page 31                      Assessment:    Yes                      No

B9 There is a system in place and used routinely to receive information about a resident's falls risk and linked plan of care when a resident is discharged from hospital back to the care home.

Page 31                      Assessment:    Yes                      No

B10 Risk of falls and falls prevention is discussed with the resident and the resident's family.

Page 31                      Assessment:    Yes                      No

### **C. Keeping well – learning more about risk factors and how to prevent falls and fractures**

C1 Residents have opportunities for suitable exercise (either in a group or on a 1:1 basis; in the care home or outside locally), which includes strength and balance exercises.

Page 34                      Assessment:    Yes                      No

C2 There is a system in place to routinely review residents' cognitive ability and any specific risks related to this noted in their MFRS and falls care plan.

Page 39                      Assessment:    Yes                      No

C3 Residents have regular (at least annual) medication reviews by a GP or pharmacist, which considers falls and bone health and this is documented.

Page 44                      Assessment:    Yes                      No

C4 Residents are supported to remain continent through sensitive continence promotion and an appropriate environment. This is clearly noted in their falls care plan.

Page 45                      Assessment:    Yes                      No

C5 Resident foot health and footwear assessments are carried out on a regular basis, or according to local policy, and this is documented.

Page 50                      Assessment:    Yes                      No

C6 Residents experiencing dizziness or unexplained falls are checked for postural/orthostatic hypotension (either by care home staff or their GP practice) and this is documented.

Page 53

Assessment: Yes No

C7 Residents (aged over 60) have eye health checks by an optometrist every year and this is documented.

Page 56

Assessment: Yes No

C8 Environmental checks/audits are carried out and documented on a regular basis, for example, monthly, or according to local policy and this is documented.

Page 60

Assessment: Yes No

C9 Walking aids are checked for wear and tear on a regular basis, for example, monthly, or according to local policy, and this is documented.

Page 38                      Assessment:    Yes                      No

C10 Wheelchairs are checked for wear and tear on a regular basis, for example monthly, or according to local policy, and this is documented.

Page 38                      Assessment:    Yes                      No

C11 Residents food and fluid intake is monitored and reviewed regularly and this is documented.

Page 67                      Assessment:    Yes                      No

C12 Vitamin D and calcium are considered for residents with increased risk of falls and/or suspected/confirmed vitamin D deficiency (unless unsuitable for medical reasons).

Page 75                      Assessment:    Yes                      No

C13 Medication for osteoporosis is administered as prescribed, using correct protocols to ensure maximum benefits and prevention of side-effects where possible.

Page 75                      Assessment:    Yes                      No

#### **D. Management of falls and fractures**

D1 A post fall pathway should be available and accessible for staff to follow to provide immediate essential care after a resident has fallen

Page 78                      Assessment:    Yes                      No

D2 Following a fall, the possible reasons for the fall are reviewed.

Page 83

Assessment: Yes No

D3 Following a fall, the MFRS is updated and the falls care plan is revised as indicated by the assessment.

Page 84

Assessment: Yes No

D4 Following a fall, there is an environmental check of the site of the fall and this is documented.

Page 83

Assessment: Yes No

D5 There is a written definition of a fall for the purposes of reporting.

Page 10, 82      Assessment:    Yes                    No

D6 There is a system in place and used routinely to record resident falls (falls diary or database).

Page 84              Assessment:    Yes                    No

D7 There is a system in place and used routinely to report resident falls (incident/accident form or database).

Page 84              Assessment:    Yes                    No

D8 The report of a fall includes:

- the date, time and place of the fall
- a description of the fall, including the activity at the time of the fall.
- any injuries at the time of the fall
- possible causes of the fall
- assessment of cognitive state
- if a doctor or ambulance was called.
- if the resident attended the Emergency Department
- if the resident was admitted to hospital
- if the next of kin has been informed
- what has been learnt from the fall
- what actions have been triggered by the fall, for example, changes to the resident's care plan, the environment, procedures and/or policies.

Page 83

Assessment: Yes

No

D9 There is a mechanism for identifying residents who fall repeatedly.

Page 84

Assessment: Yes

No

D10 There is a system in place and used routinely to analyse resident falls (in order to establish causes and guide management).

Page 85

Assessment: Yes No

D11 The care home routinely reviews the overall pattern and trends for resident falls to inform revisions in policy, protocols and procedures and/or staff training on falls.

Page 84

Assessment: Yes No

## **E. Working together**

E1 There is written information on local services, which may be involved in falls and fracture prevention and management, and how to access them (for example direct referral or through the GP).

Page 91                      Assessment:    Yes                      No

## **F. Education and written guidance**

F1 Falls prevention and bone health awareness is included in staff induction training. (the falls resource pack could be used for induction.)

Page 93                      Assessment:    Yes                      No

F2 Identified members of staff (for example falls champion or link person) receive regular training (at least annually, or according to local policy) on falls and bone health.

Page 93                      Assessment:    Yes                      No

F3 The organisation supports all staff to access regular falls and bone health awareness training (at least annually, or according to local policy) to enable staff to feel confident and competent in promoting falls prevention and management in their role.

Page 93                      Assessment:    Yes                      No

F4 There is written guidance on falls prevention/reduction, which includes reference to the involvement of local services with individual residents.

Page 28,90                      Assessment:    Yes                      No

F5 There is written guidance on the safe and appropriate use of equipment to prevent falls and injuries such as bedrails, lap straps, harnesses, specialist seating and hip protectors.

Page 62, 76                      Assessment:    Yes                      No

F6 There is written guidance on the use of low-profiling beds.

Page 66

Assessment: Yes

No

F7 There is written guidance on the use of assistive technology and alarms.

Page 67

Assessment: Yes

No

F8 There is written guidance on how to record, report and monitor falls.

Page 82

Assessment: Yes

No

F9 There is written guidance on immediate essential care when a resident has fallen or has been found on the floor.

Page 66

Assessment: Yes No

F10 There is written guidance on further actions to be taken after a resident has fallen.

Page 67

Assessment: Yes No

F11 There is written guidance on medication reviews.

Page 82

Assessment: Yes No

F12 There is written guidance on eye health check and hearing tests.

Page 56

Assessment: Yes No

F13 There is written guidance on diet, food and water intake.

Page 67

Assessment: Yes No

F14 There is written guidance on pre-admission falls risk assessment (including bone health).

Page 27

Assessment: Yes No

F15 Staff, residents and families are kept informed about falls and fractures (eg meetings, one to one, through posters/charts, handover)

Page 31

Assessment: Yes

No

Name:

Designation:

Date:

Review date:

Your next step is to **decide on the improvements** you require to make and develop an action plan (see tool 2a and 2b).