

Safer Care Homes



Safer Care Homes Toolkit

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INTRODUCTION

Background

Care homes occupy a significant place in the health economy. An ageing population and increasing numbers of patients with complex care needs has meant that care homes now provide more beds than NHS hospitals (Care Quality Commission, 2012, 2014). In Salford approximately 1,400 people are living in elderly care homes (residential and nursing). In 2016 care homes in Salford identified an opportunity to work together and embarked on a programme to facilitate improvement in safety for residents and staff, focusing specifically on:

- Reducing harm from falls
- Medication safety
- Pressure ulcer prevention

Care homes shared learning, built their understanding of safety culture and developed staff skills using the Breakthrough Series Collaborative model to support improvement. An expert panel supported this improvement programme, pooling

knowledge and experience from clinical, care and management staff. The Safer Care Homes initiative was part of a wider programme commissioned by Salford CCG called Safer Salford.



For more information on the Safer Care Homes collaborative, visit www.safersalford.org

This document reflects learning from the Safer Care Homes collaborative and intends to provide direction and advice to others looking to embark on improvement work in care homes. In this toolkit you will find details of the steps to take in identifying and solving problems in a care home setting, as well as a collection of change ideas tested by the homes in the collaborative.

Acknowledgements

This document wouldn't be possible without the the Salford care homes that participated in the Safer Care Homes collaborative: Barton Brook, Broughton House, Cherrytrees, Ecclesholme, Heartly Green, Newlands, The Fountains, Thornton Lodge, and Wentworth House. Also thanks to the following organisations whose expertise supported this programme: Salford Royal NHS Foundation Trust, Salford City Council, Salford Care Homes Forum, Salford Clinical Commissioning Group, the Care Quality Commission and Vida Healthcare.

SIX STEPS TO IMPROVEMENT

1: What's important to you?

Successful improvement projects have a clear and defined focus, tackling **a problem that is important to you and your team**. You may already have some ideas for where changes need to be made in your care home, but it is useful to get a fuller picture before you start working on a project. Some questions you might want to ask yourself are:

“What matters most to your residents?”

“What keeps you awake at night? What do you worry about?”

There are many useful sources of information you can look to develop a priority focus area: CQC inspection reports, resident feedback, risk assessments, themes from safety huddles and compliments and complaints.



Safety Huddles &
Resident of the
Day

Once you have identified a topic to focus your improvement project on, an aim statement will help you clearly outline what you are trying to achieve. Good aim statements are **“SMART”**:

Specific – does it clearly state what your focus area is?

Measurable – does it set a clear target for success?

Achievable – has this aim been achieved elsewhere? Is it possible?

Realistic – do you have the resources to deliver this aim?

Time-constrained – when will you have achieved this aim?



Collaborative participants discussing focus areas.

For example, instead of saying “I will lose weight”, a SMART aim would say “I will lose 10lbs by December 2018” – this gives a clear statement of intent which is easily understood.

2: Understand the problem

Before you start making changes, it is important to collect as much information as you can about your agreed focus area, and develop a **shared understanding of the problem**. Ineffective improvement projects will start implementing ideas before fully understanding the causes and context of a problem. Failing to fully explore a problem may mean you miss opportunities to make simple fixes or “quick-wins”.

Answering some simple questions will help you learn more about the current situation:

“How often does this happen?”

“Under what conditions does this problem occur more often?”

“Who is involved in this problem?”

“What can I learn from previous events where this problem has occurred?”

There are many different tools you can use to help get a clear and shared understanding of the problem – these will also help you develop your aim statement (step 1) and come up with ideas for change (step 3).

Make your data available

In your care home you will have access to many sources of information, some of these will be collected locally and reported to the CQC or your commissioners, others may be collected by health and care partners and reported back to you. In some cases you will already have access to the information you need, but it may be necessary to establish a new data collection process to learn about your focus area. For example, one care home in the Safer Care Homes programme initially reported no errors administering topical medicines; however, a renewed focus on how this data was collected surfaced problems which were not previously identified.



The true value of using data comes not from crunching numbers, but the discussions which are stimulated by sharing data with others. Starting a conversation with good data will provide an opportunity to stop and discuss why things are happening the way they are, the beginnings of building a common understanding. An additional benefit of sharing and discussing data in this way is that it will raise the profile of your focus area with teams, generating awareness of an interest in your improvement project.

3: Develop ideas for change

This stage is the fun part where you get the opportunity to explore and consider new ways of doing things in your care home! Ideas can come from many different places, some sources you might want to consider include:

- Evidence you have from elsewhere about what is most likely to work, e.g. previous work from other care homes or in other settings
- NICE guidelines
- Newspaper articles
- Care Homes CQUIN reports
- What you and your team think is a good idea
- The interventions included in this toolkit



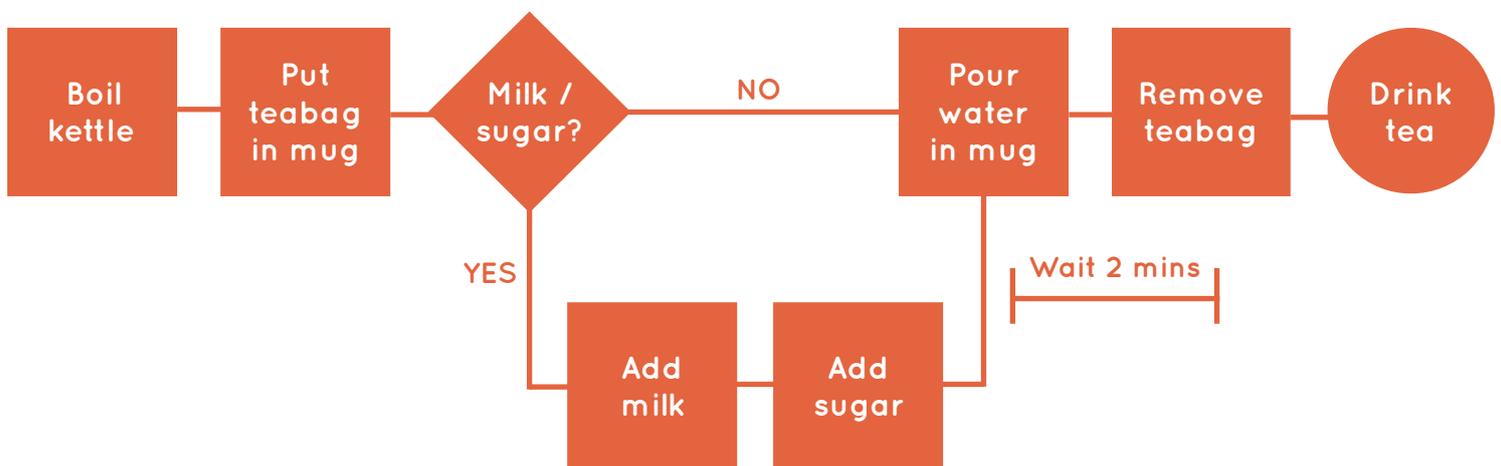
Visit the Safer Care Homes resources page for links to new ideas at www.safersalford.org

You can adapt ideas from others or be completely creative, you know your own care home best, so use your knowledge and experience to guide you. Gather together as many ideas as you can. These ideas will form the basis for the next step.

Process mapping

All work can be described as a series of individual tasks, or steps. Process maps are used to visually represent an activity, giving you insight into the various actions and individuals involved in a process, and allowing you to identify ideas for improvements. Ideas might include swapping the order that things happen in, or getting different (or the same) people to carry out particular tasks.

Example: Making a cup of tea



4: Test out your ideas and review your learning

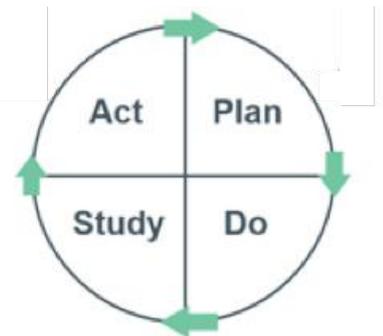
Now you have some ideas for things that might work in your care home, it is time to test them out. Sometimes ideas that work brilliantly in one situation don't work in another – every care home is different. For this reason, we use a method of testing ideas that is small enough to learn from, but not so big that it is costly in terms of both time and money.

A “**plan, do, study, act cycle (PDSA)**” is a method which tests an idea by trialling a change and assessing its impact – seeing what works well and what doesn't work so well. Multiple tests will build upon learning in a structured way before you decide whether to embed a new idea in your care home. When we talk about PDSAs we suggest testing on a small scale – perhaps try something new for one day, with one resident, or with one member of team. It's a really quick way to learn.



Care home staff testing an intervention.

- **Plan:** planning the change that you want to put in place and predicting what will happen during the test. This includes deciding what data will be collected, who will do what, when and where your idea will be tested.
- **Do:** running your test of change, measuring and gathering data as planned.
- **Study:** reviewing the data, compare your outcome to your predictions and summarise the learning.
- **Act:** deciding what you will do next as a result of this test of change, will you adopt, adapt or abandon this idea?





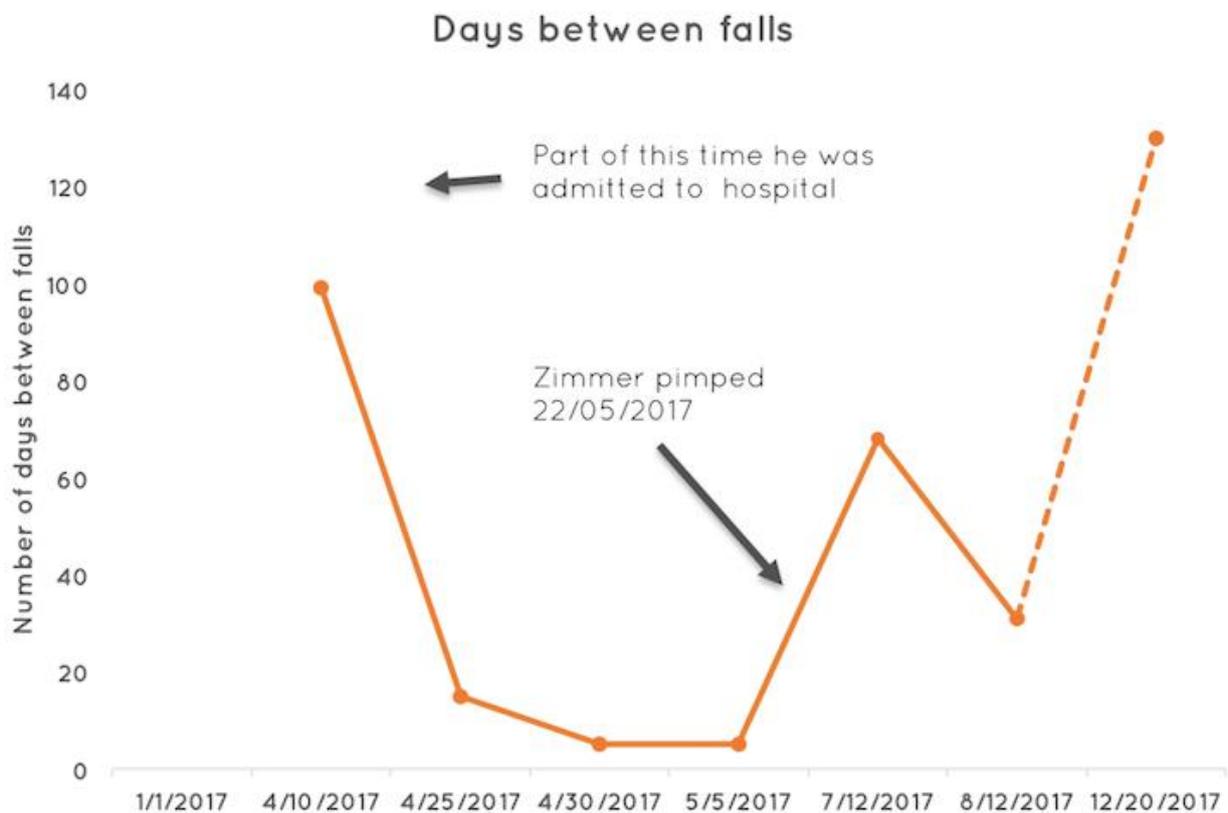
Using data to build confidence in a test of change

Thornton Lodge decided to collect data on how often individual residents were falling, before and after testing “pimp my Zimmer”. One resident, “M” was identified as falling regularly whilst walking, but not using his walking aid. His Zimmer frame was ‘pimped’ and since then he has only had two falls.

The team at Thornton Lodge continued to collect data on how M was progressing after the intervention, looking at where and when falls had happened:

- 12th July - in the dining room at lunchtime
- 12th August - in the bedroom at 6.15am

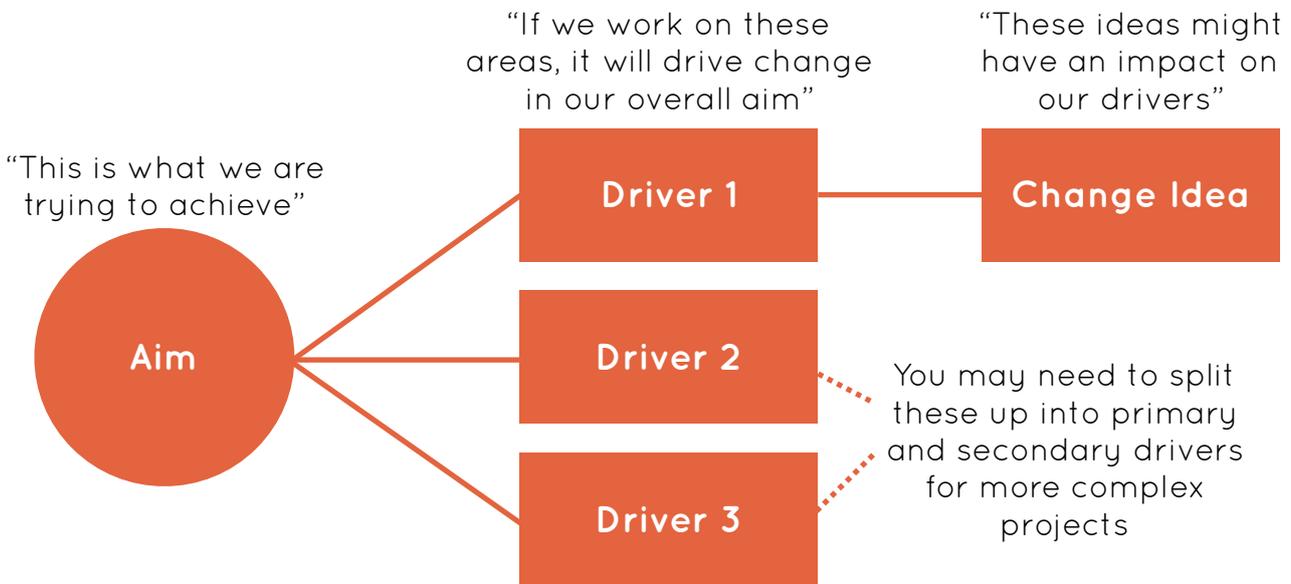
Using this information the team are considering what further interventions can be tested to reduce the risk of falls at lunchtime and in resident’s rooms (at waking up time).



5: Pulling it all together

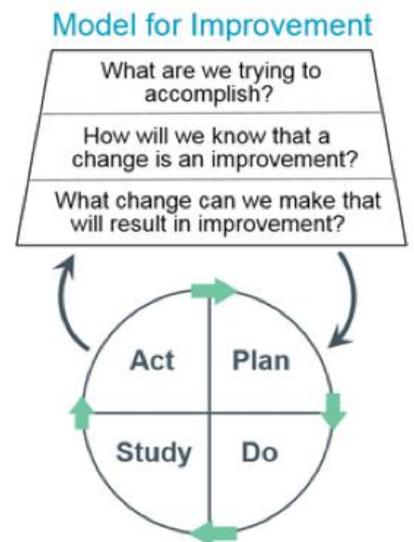
You've now started on your improvement journey, and should be seeing an impact from the changes you are making, but it doesn't stop here!

Many factors will influence what high quality care looks like for your residents, this is why the CQC looks at a multitude of factors when inspecting your care home. As an example, there are many factors that can lead to a fall in a care home, such as diet, medication, or failure to use walking aids. One of the tools we use to map these factors is a **driver diagram**, this helps to articulate our ideas into one place, consider the problem, and determine the areas we can influence to create improvement. Looking at your project in this way will help you identify a wider range of change ideas and different angles to approach the problem from:



An added benefit of bringing your improvement project together in a driver diagram, is that you can start to map measures which will help identify whether you are making progress; it might take time to see an impact in your overall aim, but checking whether you are having an impact on your primary drivers will give a good indication of progress.

The steps outlined in this toolkit are developed from a tried and tested method to deliver change in health and care, known as the **"Model for Improvement"**. This isn't always easy, but there are many sources of support to help you on this journey.



6: Share your learning

By joining together with other care homes, and visiting other sites, it is possible to learn a lot more in a shorter period of time, rather than if you attempt to do everything on your own. With the many pressures of the day to day job of working in a care home, you may only have the opportunity to work on one improvement project, but have a longer list of things you want to improve. Additionally, all care homes will have different ways of doing things, which provides an opportunity to learn and see things in a different context. Together we can create a platform for knowledge sharing, and collaborate together to think of further improvements.

Peer Site Visits

Throughout the duration of the collaborative peer site visits were held, allowing participants to visit other local care homes and share improvement ideas and learning. Participants gave feedback that the visits were highly valuable and supported them in progressing their improvement work.

"It gives us support, brings homes together and joins up ideas"



Thornton Lodge Care Home

"We like that we can all share our information and ideas with other care homes and can see both negative and positive points. Also the feeling of support from everybody and how this can benefit us all"



Ecclesholme Care Home



Care homes staff taking part in a peer exchange visit

OVERVIEW OF INTERVENTIONS TESTED

| Intervention | Confidence | Notes |
|--------------------------------|------------|--|
| Floor sensor mats | High | This intervention was tested in three residential care homes during the collaborative. |
| Pimp My Zimmer / Walking Stick | High | This has been a popular intervention, tested in six care homes in Salford. |
| Reviewing equipment needs | High | There are a range of different partners and services in Salford which can help identify and source the right equipment to meet specific needs of residents, for example the Falls Service. |
| Appropriate footwear | Medium | It may be necessary to refer residents to a podiatrist for further assessment and management if expert advice is required. |
| 'Call Don't Fall' posters | Medium | This intervention has been previously tested and used within acute care wards. In both acute and care home setting additional "nudging" is required to reinforce the message. |
| Glasses / Vision care | Medium | This intervention was tested by two care homes during the collaborative. |
| Soothing music | Medium | This intervention was tested by two care homes during the collaborative. |
| Luminous loos | Low | This intervention was tested by one care home during the collaborative. The intervention was quickly abandoned as the home found that lights distracted their residents and increased the likelihood of falls. |

Floor sensor mats can be strategically positioned at a resident's bedside for those that are prone to wandering or vulnerable to falls, alerting carers to the resident's whereabouts if they stray from a particular area. When pressure is applied to the sensor mat an alarm is triggered, alerting staff that someone is on the move. By making them aware of moving residents, staff are able to quickly provide assistance to the resident, reducing the risk of them falling while attempting to walk unaided.



A floor sensor mat used in a bedroom.

Top tip:



Check your data to make sure this is the right intervention for your resident. For example, if they often fall in their bedroom while trying to walk unaided this may be a useful option.

Points to consider:



- Sensor mats can be expensive.
- Sensor mats could create a risk of tripping for some residents.
- For this intervention to reduce falls staff must be available to respond quickly to the alarm.



Case Study, Heartly Green Care Home

"B", aged 98, fell twice within three weeks (11th & 29th March 2017). She is on no medication and very independent with mobility. Due to the two falls, she lost all confidence and became too scared to stand and kept shaking and refusing to walk. Consequently, she needed to be hoisted up. At this point, Heartly Green care home decided to test using a pressure mat, placed next to her bed at the beginning of April.

Since then, B has had no falls and she has regained her confidence and is mobilising with minimal assistance. The staff at Heartly Green state they "are really pleased the pressure mat has helped regain B's confidence with no falls since. We weren't sure whether it (the pressure mat) would work or not". B has been constantly monitored since this test of change and is now being encouraged to join in any exercise sessions that take place within the home.

Some residents are reluctant to use their walking aid, or use aids belonging to other residents, as they look so similar. This is especially true for residents with cognitive impairments, such as dementia. 'Pimping' the Zimmer frame / walking stick individualises the aid, making it more recognisable for resident, and therefore more likely to be used. This also allows staff to recognise when a resident is using the incorrect walking aid. Residents are less likely to fall if properly using the correct walking aid prescribed to them.

"This lady wouldn't walk at all before we did this, its improved her mobility 85% and her family love it because she's up and moving"



The Fountains Care Home



Top tip:

Involve the resident in decorating their walking aid and offer decorative materials related to their interests. For example, a keen football fan may wish to decorate their walking aid in their club colours.



Examples of 'pimped' walking aids created during the collaborative.

Points to consider:



- Before purchasing materials consider how to suitably attach them to the aid - some materials may be more likely to fall off.
- Residents who have fiddling habits may remove the materials.
- Will the decorations comply with infection control procedures?
- It's important to explain the reason for this project to relatives and gain their consent. Some families may reject to this as they feel it makes their loved one look "silly".

By assessing the individual needs of your residents, and identifying the appropriate styles equipment for them to use, the likelihood of them coming to harm or being unnecessarily deprived of their liberties can be reduced. Care homes are increasingly taking on responsibility for residents with more complex care needs, requiring more specialist knowledge and equipment.



Case Study, The Fountains Care Home

Resident “T” was admitted to the unit after suffering a Hypoxic Brain Injury, and following admission to the care home was placed in a wing-back chair when sat out of bed. On her 3rd day after admission, T was leaning forward in their chair carrying out a repetitive pattern (taking off their slippers/socks then trying to put them back on), T leaned forward too far and fell approx. 18 inches from the wing-back. No injuries were sustained, but as a precaution we kept T in bed for 24hrs and informed the GP.



When we got her up again we tried a different chair, a bucket-type, however this was also ineffective, as she could still lean forward. An urgent referral to the Falls Team was made. They recommended that we install one-way slide sheets, put her in a recliner and see how she went.

Following this, the home received a donation of a tilt-and-recline chair. We made the decision to transfer T to the chair to see how she would do in this type of chair. This has been really successful and has reduced occurrence of falls to zero!

‘Call Don’t Fall’ Posters

M

Residents often do not alert staff when they require help, and then fall while trying to walk unaided. “Call Don’t Fall” is a memorable slogan that can be used to increase falls awareness with residents and their families. By including this slogan on posters in strategic areas, such as bathrooms and high risk bedrooms, residents will be reminded to ask for help from staff when they need to move around.



An example poster.

Top tips:

- This strategy is best used alongside regular encouragements from staff. Residents may not want to bother staff by calling, therefore it is important to reinforce that staff are happy to help.
- Make sure the posters are placed in obvious areas, such as eye-level in bathrooms and on bedside walls.



Point to consider:

- This may be unsuitable for those with limited vision or comprehension, who are unable to recognise the poster.



Soothing Music

M

Residents suffering from dementia can often become agitated and disruptive during busier or more stressful times of the day, such as mealtimes. Research has suggested that playing a soothing style of music may reduce these behaviours.

Top tips:

- Test music out when residents are most likely to experience agitation, such as mealtimes.
- Ask your residents for feedback.



Point to consider:

- Although music may calm some residents, it could potentially irritate others - be prepared to be flexible and test different music styles to accommodate all residents.



Research vs. Real Life

This change was tested in two care homes. In one of the care homes a “calm music playlist” was played, but residents asked “what’s this?!” After further conversation with residents the home tested different types of music. Residents now enjoy piano and jazz music before lunch. By adapting the test of change, the residents benefited from the calming effects of playing music, whilst also being able to listen to music of their choice.



Supportive, sturdy, and secure footwear plays a key role in the prevention of falls. Residents are more likely to suffer a fall when wearing unsafe footwear, such as socks without grips, heeled shoes, and shoes without a back.

Point to consider:

As residents and their relatives are responsible for purchasing these items it is important to educate them about basic foot care and the associated risks of unsafe footwear.



Top tips:



- Identify ill-fitting or inappropriate footwear
- Ensure shoes are repaired when needed and cleaned regularly
- Recognise that residents who have a shuffling gait may be at higher risk of falling if they wear nonslip shoes on some carpeted floors
- Ensure that residents with urinary incontinence have dry, clean footwear
- Ensure residents have more than one pair of shoes in case shoes are soiled or damaged
- Discourage walking while wearing slippery socks and stockings
- Discourage the use of talcum powder, which may make floors slippery



A poster used to promote safe footwear during the collaborative.

Good vision is fundamental to coordinating movement and maintaining good balance, therefore wearing glasses with an incorrect or outdated prescription greatly increases the risk of falls in older people. By ensuring residents have regular eye examinations, and wear their own pair of glasses, this risk can be reduced.



Top tips:



- People aged 60 and over are eligible for a regular free NHS sight test - ensure your residents receive the recommended minimum of an annual vision check (subject to consent from residents and their relatives)
- Ensure all glasses are engraved or labelled with residents' names
- Ensure all glasses are cleaned in warm, soapy water weekly
- Ensure all residents who wear glasses have a spray cleaner and cloth available in their bedrooms
- Undertake spot inspections to check that residents are wearing their own glasses and that no glasses are left lying around

Point to consider:

Staff may be complacent about the need to enforce the regular glasses spot checks, encourage staff to ask residents "are you wearing the right, clean glasses?". 

"Since implementing glasses posters in F's room, the amount of falls occurring has reduced to Nil (an excellent result)"



Newlands Care Home

Residents often fall when they want to go to the toilet during the night. The toilet itself, or the route to it, can be hard to find in the dark, and residents either spend a lot of time searching for the light switch or attempt to go without light at all. Residents can also become distracted and walk aimlessly, increasing the risk of falling.

Battery powered light strips that activate when movement is detected in the bathroom can be attached to toilets, helping the resident reach the toilet without falling.



A toilet made more visible by light strips.

Top tip:

Examine your data to find suitable residents for this intervention, if a resident often falls while trying to access a toilet after dark this may be helpful to them.



Points to consider:

- Some residents may be distracted by the lights, or attempt to remove them from the toilet
- When attaching the lights consider how you will be able to effectively remove and clean them



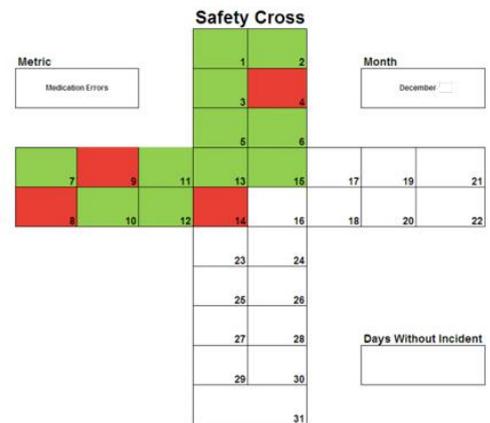
Many other safety interventions exist and may be suitable for testing in your care home. The interventions outlined in this document are a collection of some of those tested during the Safer Care Homes Collaborative.

OTHER IMPROVEMENT TOOLS

Safety Cross

The safety cross is a simple data collection tool; it is a one-month calendar that notes daily safety incidents using a colour coding system. Each number on the cross represents the day and date for that month. A colour is assigned to each incident e.g. falls in red, medications errors in blue, and incident-free days in green.

Any incidents occurring during that month must be marked on the cross using a colour assigned to them, then monthly data is plotted and displayed for residents, staff, and visitors to view. Regular multidisciplinary team meetings review the data trends and discuss and agree on rapid solutions for improvement.



Top tips:

- Laminate the cross to easily edit and re-use it each month
- Place the cross in a communal area where it can be viewed by everyone – the more staff you involve in discussions about the data, the more engaged they will be
- Consider including the number of incidents in the previous month, so you can compare this month to see if anything has changed



Staff Training

Ensuring your staff have received adequate training on preventing and responding to harm incidents is key in improving safety in your care home. For example, if all care home staff have received up-to-date specialist falls training it is likely that the number of falls in that home will be reduced, and the level of harm to residents post-fall will be lessened.



Care homes staff participating in falls training.

"I really enjoyed the session and can't wait to share what I have learnt with the rest of my colleagues back at the care home"



Anonymous feedback from the collaborative falls training session

Safety Concern Huddle

Safety huddles provide a space for immediate knowledge transfer on learning from errors and close calls. Staff can immediately assess a situation or an event to understand what happened, what should have happened, what accounted for the difference, and what corrective action could be implemented to prevent a similar event. Shift leaders can also use the huddles to examine other patient safety situations and to ensure that incident precautions are consistently applied in the shift handover process.

“The introduction of the huddle has meant that all staff on shift are aware of any issues a particular resident may have, how to deal with them and, possibly, how to prevent any adverse reactions to care”



The Fountains Care Home

Resident of the Day

During your regular staff huddles you may also choose to focus on a ‘Resident of the Day’. Choose a resident in your home and use the huddle to do an in-depth review of that person’s care package, highlighting any risks and identifying any actions that need to take place immediately. For example, this is a good time to check if the resident is wearing their correct glasses, or requires new footwear.

Top tip:

You can select a resident at random, or go through your residents alphabetically / by room number.



Staff from Wentworth House discussing their Resident of the Day