Falls to the Elderly in their Homes

Tool Kit to address the issue of falls to the elderly in their homes

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Chapter 1

Introduction – aims and objectives of the Initiative

Health Challenge Wales

1. The key themes of Health Challenge Wales have been selected because they are considered to be those issues that constitute a significant proportion of the ill health that could be avoided. One of the key themes is Accidents and Injuries.

2. Each year in the UK there are over 2.7 million accidents in the home which necessitate a visit to hospital and over one million of these are as a result of falls. A quarter of these fall accidents would be severe enough to be described as serious and people over the age of 65 will account for nearly half of the serious cases[i]. In addition to the trauma of a fall, the patient often suffer profound psychosocial effects such as, a reduction in confidence, increased isolation and a reduction in independence. Help the Aged estimate that half of all hip fracture patients loose the ability to live independently and this is a major factor leading to premature admission to residential care. In addition to the 1500 people over the age of 65 who are killed as a direct consequence of an accidental fall in their home[ii] each year, the long term prognosis for many of those who suffer a hip fracture is also poor; with one in five of patients likely to die within six months of their accident[iii] and 33% within one year[iv].

3. In addition to the tragic cost to the individuals concerned, the financial costs of falls to the NHS are staggering. Hip fractures alone cost the UK £1.8 billion each year[4], account for 20% of all Orthopaedic beds in hospitals[2] and the resultant cost of treatment is in the region of £12,000 per patient (Department of Health, 1994)[v].

4. In line with the Health Challenge Wales aspiration to reduce accidents and injuries this project seeks to reduce the number of falls in the home suffered by elderly people. Currently, if an elderly person falls at home, is then treated in casualty and returns home without needing to stay in hospital, or is treated in a GP Practice in consequence of a fall neither they, nor their home, is assessed for safety. They may therefore be returning to the same hazardous situation as caused the original fall. Furthermore, as they are rendered less mobile in consequence of the first fall a second fall, if suffered, could be worse and may lead to a fracture and hospital admission and possible permanent admission to a nursing or residential home. In some cases referrals are made to Occupational Therapists, when the salient issue is home safety related.

5. This initiative therefore is designed to address the issue of falls by the elderly in the home. It addresses a number of factors which could be causative in falls, offering both risk identification and remediation. It is consistent with the aims of Health Challenge Wales addressing the key theme of Accidents and Injuries, but also contributing to the aim of improving mental health and wellbeing, by seeking to ensure that the elderly remain fit and able to maintain an independent life in their own homes for as long as possible.

[i] Department of Trade and Industry (1998). Accidental falls in the home regional distribution of cases involving people aged over 65 in the UK, DTI Publications

[ii] Department of Trade and Industry (1999) Guidance for Professionals who work with older people. DTI Publications

[iii] Department of Trade and Industry (1999) Preventing accidental falls in and around the home – information for friends, neighbours, relatives and carers of older people. DTI Publications.

[iv] Help the Aged (2003) Reducing falls risk among older people, Help the Aged

[v] Health Development Agency (2001). International review of interventions in falls among older people. DTI Publications

Chapter 2

Home Safety – falls and the elderly

1. Initial considerations

Initial considerations for this project have to be addressed, including;

a. What is the target group?
b. Will the outcome have the desired outcome, i.e. reducing home falls in the target group?
c. How can the target group be reached?
d. Who are the key partners in the initiative?
e. How will the initiative be evaluated?
f. Will the initiative deliver value for money?

2. Target Group

Although the initiative seeks to reduce home falls in the elderly there is a necessity to define the age group to be targeted. The National Institute for Clinical Excellence [NICE] in their guidance on falls[vi] and the National Assembly's 'Keep Well This Winter' campaign identify an older person as someone over the age of 65 years. It is therefore suggested that this age limit should be adopted for the purposes of this initiative.

The initiative therefore is addressed at persons over the age of 65 years, who are owner occupiers or private tenants, living alone or with others persons within the target group.

3. Achieving the desired outcome

The reasons for people falling are complex. The NSF (2000) identified that the following extrinsic and intrinsic factors influence falling

Extrinsic Factors	Intrinsic Factors
Poor lighting, particularly on stairs.	Problems with balance, walking or mobility.
Steep Stairs.	Taking four or more medicines.
Loose carpets or rugs.	Visual impairment.
Slippery floors	Impaired cognition or depression
Badly fitting footwear or clothing	Postural hypotension
Lack of safety equipment e.g. grab rails.	Inaccessible lights or windows

As many as possible of the factors needed to be addressed to ensure that the desired aim of the intervention is met.

4. Reaching the Target Group

The target group can be reached by a marketing exercise, including a press launch and through the dissemination of leaflets to local voluntary groups (e.g. luncheon clubs)

day care centres and to interested individuals. Presentations outlining the scheme to local groups and statutory organisations are also worth considering. Those individuals and groups who express interest in the scheme can be invited to attend an event at which a presentation about the scheme can be made outlining what the scheme was seeking to do, and what could be done on behalf of participating individuals.

The target group can also be reached through a referral scheme, referrals being made by Social Services Department Home Carers and by Community Nurses, from local voluntary groups (e.g. Help the Aged/Age Concern) and by Occupational Therapists and by the Accident and Emergency Department of the local Hospital. Guidance must be issued in respect of referrals to ensure that only those persons who could benefit from the scheme were referred to it, and to ensure that the scheme is not swamped by referrals where the intervention made can only be minimal.

5. Who are the key partners in the initiative?

Partners to the scheme can include the local authority, through its environmental health department and its social services department Home Carers, the Care and Repair Agency, the local NHS Trust for the area, the local health board and interested bodies from the voluntary sector.

6. How will the initiative be evaluated?

Evaluation of the success of the project requires data collection that highlights the number of falls in the target group for a fixed period before the intervention, and for the same period after the intervention. The data, in the most part will be qualitative, since slight slips and trips in the home, which do not result in the intervention of a doctor or in admission to hospital are only capable of qualitative measurement, and similarly issues such as the feeling of being more safe in the home environment are subjective and only capable of qualitative assessment.

Questionnaires can be completed by the members of the target group taking part in the project to be completed a fixed period after the intervention to determine whether the incidence of falls has declined and whether the perception of being safe has increased.

Recording of admissions in Accident and Emergency department is not sufficiently consistent on a pan– Wales basis to allow for all Wales comparison of figures, however consideration can be given to use of such data as collected by local hospitals, where a greater degree of consistency of recording may be in place. Such figures can be collated and compared prior to the intervention and for the same period after it for evaluation purposes, although it will be necessary to compare like periods – e.g. summer with summer and winter with winter to prevent seasonal influences affecting the figures.

Similarly the Ambulance Service can be asked to provide data on the number of the target group using the 999 service to request ambulance admission to hospitals as the result of falls for a prescribed period, and the same data collected and compared for the same period after the intervention. Again there may be some colouring of the figures by external factors such as availability of family members to take the patient to the hospital etc, however a qualitative assessment should be capable of being derived.

It is suggested that independent reviews may be carried out of the scheme, where individual cases are analysed in detail by an independent and external individual or body, to assess whether the scheme is achieving its objectives and whether it is delivering value for money.

7. Will the initiative deliver value for money?

The cost of repairing one hip fracture, including hospitalisation and post operative care is in excess of £30,000 in cases where no complications arise. As noted in Chapter 1.2 the effects of such injuries can be considerable and life limiting.

The costs of this pilot project lie in the initial marketing and meetings to raise awareness of it. There are also costs of the inspection of properties of the individuals referred to the scheme, and the materials and labour costs of the necessary remedial works identified.

Costs to the local authority conducting the pilot project amounted to £70,000 for one year of the fully funded project. Part funding may be available from the Local Health Board, the local authority Housing Department and others, however this will be a matter for local decision.

The expenditure incurred in the pilot project over the course of one year would pay for the treatment of 2.33 uncomplicated hip fractures, and does not take account of the unquantifiable costs of the mental health benefits that accrue to the elderly through feeling safer in their homes. It is therefore suggested that this project does offer value for money.

[vi] National Institute for Clinical Excellence (2004) Falls: the assessment and prevention of falls in older people.

Chapter 3

Home Safety –Elderly people and falls in the home– Running an Initiative

The Campaign

The homes of elderly people are assessed for risks that may cause falls, and the identified risks are addressed, making the home environment a safer one.

Marketing the initiative

1. This campaign requires a critical mass of participants to ensure that it is cost effective. It is therefore necessary to ensure that as many of the eligible elderly people who could benefit from the scheme are aware of it, and register their interest in being part of it. To this end it is suggested that there should be a two pronged approach to engaging participants, a self nomination approach and a referral approach.

2. Self nomination is encouraged through a marketing programme. Fliers are sent out to a wide audience including local libraries, local voluntary groups (e.g. Age Concern, Help the Aged, Women's Institutes etc) luncheon clubs. Presentations are made to various local groups, and displays/presentations carried out at local events. The scheme could also be targeted to those areas where the highest proportions of older people live, or where hot spots of accidents have been identified. The flier invites the eligible persons to attend a presentation in a centrally convenient location, where the purpose and benefits of the scheme are outlined in a presentation. The presentation used in the pilot project is attached as Appendix 1. The local events could also be used to promote other health and well being messages to the target group, e.g. availability of winter flu jabs, winter heating messages, benefits messages etc, but care must be taken not to generate information overload and cloud the central Home Safety Scheme message.

3. The referral scheme must be carefully managed to ensure that the scheme is not overwhelmed. In the pilot scheme the power to refer was given to Social Services Home Carers and Community Nurses, being persons having intimate contact on a day to day basis with the elderly in their own homes. Guidance notes were produced to assist the referring parties in determining whether a referral to the scheme should be made, and a standard form was used for referrals. The Guidance Notes used in the pilot project appear as Appendix 2, the referral forms for the Care and Repair Agency and the local hospitals appear as Appendix 3a and 3b respectively.

Post referral assessment visit and action

4. Following referral the elderly person should be visited in their home, at a date and time convenient to them. The officer carrying out the visit should inspect the home looking for potential hazards that could cause slips or trips, as well as hazards that may lead to other types of accidents, such as burns or scalds. The inspection could also cover security, fire safety, the provision of carbon monoxide detectors, and heating provision. The range of issues covered will depend on local proprieties and the amount of resource available for remediation works. Where necessary

immediate advice can be given by the officer carrying out the inspection. At the end of the inspection a report should be produced detailing all of the works required. Some works will be minor repairs whilst other may be of new provision, such as security chains, or peepholes in doors. Referrals to Occupational Therapy or to an optician or a chiropodist may also be made at this time, to ensure that all physical and environmental factors which may cause trips or falls or other accidents are addressed.

5. Following the Inspection visit a craftsman should visit the premises to carry out the identified works. Where the property is not owner occupied it is wise to advise the owner of the property of the proposed works to ensure that no objection is made to their being carried out. This visit should be carried out at a date and time convenient to the householder. Where possible all of the identified works should be carried out on the same date, to cause minimum disruption and inconvenience to the householder.

Evaluation of the Scheme

6. As noted in Chapter 2.6 some quantitative evaluation of the success of the initiative can be made by comparison of local pre- and post-initiative data relating to admissions of the target group to local hospitals for treatment for trips and falls, and the same information can be sought from the All Wales Ambulance Service.

7. Some of the measures in this scheme are designed to reduce the fear of crime and to make the elderly feel safe in their own homes. Reduction in fear and the increased feeling of safety cannot be quantitatively evaluated, but there are important measures of success. It is therefore suggested that a customer satisfaction survey should be carried out, with all participants in the scheme. In this survey questions as to perceptions of safety and reductions or otherwise in fear about crime can be asked. The survey form used in the pilot project is attached as Appendix 4. The forms should be analysed to identify benefits and disbenefits arising from the scheme, and to inform the development of future schemes.

8. In order to allow some in depth analysis of the scheme and to gather material to justify continuation of the scheme, future roll out of the scheme on a county wide basis and to analyse the effectiveness of the marketing of the scheme, it is also useful to carry out in depth interviews with a selected number of participants in the scheme. These will also be useful as part of the qualitative evaluation process, as they will give a deeper assessment of the success or otherwise of the scheme than the Customer Satisfaction Questionnaire. It is suggested that number of these case studies should be carried out to supplement the information taken from the Customer Satisfaction Questionnaires. A number of case studies carried out in the pilot project are shown as Appendix 5.

Appendix 1

PowerPoint presentation for use at Marketing Event

See file **"07 b Home Safety Scheme Presentation launch 27-5-04 (English) .ppt"**

Appendix 2

Gofal a Thrwsio Ceredigion Care & Repair

Home Safety Scheme - Referral Guidance

To be used in conjunction with the Home Safety referral Form.

1. Firstly complete the “From”. This is to identify the Organisation and Department who is referring e.g. CSC, Social Services, Home Care Team South. We need this information in full for our records.

2. Complete all the client details, including a ‘Contact name and No.’, e.g. relative, neighbour.

3. Provide brief details as to why the Referral is being made, especially if there is a specific problem, that our officers may not be alerted to.
   e.g. Client is very anxious about security. Client very unsteady climbing the stairs.

4. Please indicate if it is not advisable to visit client alone, i.e. client a potential risk.

5. Client authorisation, or the authorisation of a responsible contact must be obtained, or we will not attempt to make contact, and the referral will be returned.

6. Referrer to sign, and print name clearly, so that we can identify the referrer.

7. ELLIGIBILITY CRITERIA

   The service user group for the service will be :

   Older people who are owner occupiers or private tenants and have Home Safety issues at home, which may lead to a fall or other safety related injury.

8. Fax a completed form to the number provided and keep a copy for your client records.

9. Any queries please do not hesitate to phone us for advice before faxing…

On 01970 639920

Appendix 3a

GOFAL A THRWSIO CEREDIGION CARE & REPAIR
Homesafety Referral

O/From: ……………………………………………………………………………..

I/To: **Cynllun Diogelwch Cartref**/Homesafety Scheme
Gofal a Thrwsio Ceredigion Care & Repair

Enw Client/Client's Name
……………………………………………………………………………..

Cyfeiriad/Address
……………………………………………………………………………..

……………………………………………………………………………..

Dyddiad Geni/ D.O.B ………………………………… **Côd Post**/ Post Code……………………...

Rhif Ffôn/ Tel No. ………………………… **Enw Cyswllt/**Contact Name ………………...
Rhif Cyswllt/Contact No. ……………………….

Manylion/Details:

Cytundeb Cleient
Client Authorisation: ………………………………………

Referrer Signature:……………………………….. Ref Tel No………………………

Referrer PRINT………………………………… **Dyddiad**/Date:……/……/…

FACS I/FAX TO 01970 639925

Appendix 3b

GOFAL A THRWSIO CEREDIGION CARE & REPAIR
Homesafety Referral

O/From: **Ysbyty Bronglais**/Bronglais Hospital
O/T ☐ 01970 635964
A&E ☐ 01970 623131 ex. 5736
Other …………………. 01970 623131 ex. ……..

I/To: **Cynllun Diogelwch Cartref**/Homesafety Scheme
Gofal a Thrwsio Ceredigion Care & Repair

Enw Client/Client's Name
……………………………………………………………………………..

Cyfeiriad/Address
……………………………………………………………………………..

……………………………………………………………………………..

Dyddiad Geni/ D.O.B ………………………………

Côd Post/ Post Code……………………...

Rhif Ffôn/ Tel No. …………………………

Enw Cyswllt/Contact Name ………………...

Rhif Cyswllt/Contact No. ……………………

Manylion/Details:

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Cytundeb Cleient

Client Authorisation: ………………………………………

Referrer Signature:……………………………….. Ref Tel No……………………

Referrer PRINT………………………………… **Dyddiad**/Date:……/……/…

Department ………………………………………………..

Appendix 4

GOFAL A THRWSIO CEREDIGION CARE & REPAIR
Home Safety Works Questionnaire

1. Do you feel safer and more secure in your home following the Homesafety Service?

Yes ☐ No ☐

Comments:

____

____

2. Has the service reduced the likelihood of you falling at home?

Yes ☐ No ☐

Comments:

____

____

3. Were you happy with the conduct and quality of works carried out by?

i) Homesafety Officer Yes ☐ No ☐

ii) Homesafety Craftsman Yes ☐ No ☐

Comments:

____

____

____

____

4. If you are unhappy with any part of the service,

i) would you like us to contact you to discuss the matter

Yes ☐ No ☐

____

____

or

ii) would you like us to send out a copy of our complaints procedure

Yes ☐ No ☐

____

____

Appendix 5

Case Study – 02168

Referral

Mr & Mrs B self referred on 02/11/2004 after attending a talk by the Manager of Care & Repair for the Osteoporosis Society.
The Clients aged 78 and 76 years respectively. Mr B has Osteoporosis, a heart condition and Spondylosis, Mrs B has a hearing impairment. They live alone.

Home Safety Assessment/Fire Audit

The Home Safety Officer visited the Clients on 05/11/2004, the following risks were identified and actions agreed;

- ✓ The Clients own seven cats and one dog who all live in the house, there were a lot of their toys on the floor of the living room and a blanket for the dog on the kitchen floor, all these objects, as well as the animals themselves were hazards that could be tripped over.
  The Clients were advised to try and keep the floor area clear of objects that might cause a fall, on a subsequent visit to the house it was noted that this advice had been followed.
- ✓ The front door step was slightly too high and also had a sill which could cause a trip or fall, Mrs B had previously fallen out of the door.
  The step was altered and handrails were fitted under the Rapid Response Adaptation Scheme.
- ✓ Around the side and back of the house were three steps to a shed which is used daily as it stores the animals food, the steps had no handrail and had a 400mm drop at one end. The outside light above these steps was not working.
  Handrails were fitted alongside the steps under the Rapid Response Adaptation Scheme, the Home Safety Craftsman fitted a grabrail to the side of the house. An electrician replaced the bulb in the outside light.
- ✓ There was a faulty bulb in the bathroom.
  The Home Safety Craftsman replaced the bulb and three others with low energy lightbulbs provided by British Gas.
- ✓ There were no smoke detectors.
  The Home Safety Craftsman fitted two smoke detectors provided by Mid & West Wales Fire and Rescue Service.
- ✓ Mr B was concerned about the LPG gas cooker in the kitchen; he has no sense of smell and worried about a gas leak if alone.
  After some research, a gas detector was provided and fitted under the Rapid Response and Adaptation Scheme. The detector is especially designed for people with no sense of smell and will sound an alarm and flash a light if gas is present.
- ✓ Mrs B would often not hear the phone ringing if she was not close to it.
  The Home Safety Craftsman fitted an amplifying bell which was provided by British Telecom free of charge.

- ✓ The Clients wanted advice on benefits.

  A Care & Repair case worker visited them, she helped them complete a successful claim for attendance allowance resulting in increased benefits of £39.95 per week.

An advice letter confirming the above was sent to the clients on
The Home Safety Cratfsman works and the work completed under RRAP was completed by the 22/11/2004.

The electrical work to hard wire the gas detector in was delayed as the electrics needed upgrading, the electrician came to a private arrangement with the clients and the work was completed by 12/02/2005.

Outcome

The Clients are safer in their home environment; they have a reduced risk of falling and a reduced fire risk. Mr B is assured that he will be able to identify a gas leak and Mrs B is able to hear the telephone ring more easily.
The Clients have an increased income of £39.99 per week.

Client Feedback

The Clients did not return the satisfaction form, however in a previous e mail (13/12/2004), Mr B wrote
"would like to take this opportunity of thanking you for the arrangements that Care and Repair made on our behalf in respect of the building work here, satisfactorily completed."

Case Study 02359

Referral

Mrs D was referred by the District Nurses on 24/02/2005.

The Client was aged 83 and lived alone, her husband having recently died. She has poor mobility and lives only on the ground floor of a 4bedroomed semi.

Home Safety Assessment/Fire Safety Audit

The Home Safety Officer visited the Client on 25/02/2005, the following main risks were identified and actions agreed;

- ✓ There was no smoke detector on the ground floor, the Client smokes.

  The Home Safety Craftsman fitted one smoke detector provided by Mid & West Wales Fire and Rescue Service.

- ✓ There were no handrails in the long hallway nor in the kitchen.

  The Home Safety Craftsman fitted three mopstick handrails.

- ✓ There were no low energy bulbs in the house.

  The Home Safety Craftsman fitted four low energy bulbs provided by British Gas.

An advice letter was sent to the client on 28/02/2005.

The Home Safety Craftsman completed the works on 02/03/2005.

A copy of the advice letter and confirmation of works completed was sent to the referrer on 02/03/2005.

Outcome

The Client now has a safer home environment, reduced risk of falling and reduced risk of fire. The Clients daughter was able to return to her own home, both her and the Clients carers being reassured as to her safety.

Client Feedback

The Client returned the satisfaction form on 07/03/2005, she expressed a high level of satisfaction.