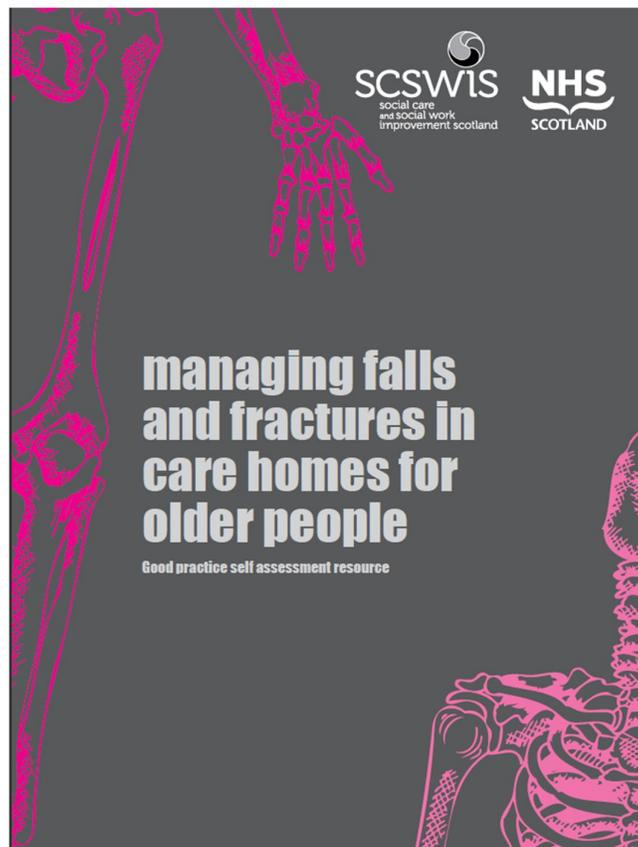




Evaluation of 'Managing falls and fractures in care homes for older people'



May 2012

This evaluation was undertaken by WorksOut
in association with Work and Wellbeing Consultants Ltd

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EXECUTIVE SUMMARY

Introduction

The resource pack 'Managing falls and fractures in care homes for older people' was issued to all 915 care homes for older people in Scotland in June 2011. A survey was undertaken in October – December 2011 to evaluate the use and early impact of the resource pack.

Resource pack

Altogether 459 care homes responded to the survey (50% response rate); of these, 26% did not recall having received it. Of the 338 respondents who had received the resource pack, the majority had read it (82%) and watched the accompanying DVD (74%). Almost a third (31%) had completed the self-assessment (concerning their procedures relating to managing falls and fractures), and almost a fifth (18%) had written an action plan to address the needs identified in it. Materials from the resource pack had been included in training by a quarter (26%) of care homes. Of those who had not taken action in these areas the majority planned to do so. Reasons given for not using the resource pack included lack of time and the existing systems being thought to be adequate.

Based on the outcome of their self-assessment, the actions identified by care homes as required to improve care were:

- to provide education and training (83%)
- to take actions to prevent falls and fractures (62%)
- to undertake falls and fractures risk assessment and care planning (58%)
- to record and report information on falls (57%).

Encouragingly, almost a third of respondents (32%) had started implementing all the measures identified in their post self-assessment action plan, with over a quarter (26%) having completed them all. Only 2% had not started to take any action.

The resource pack was rated as helpful or very helpful in the following areas:

- identifying good practice already undertaken (87%)
- reviewing current practice (81%)
- reviewing and providing education and training (80%)
- understanding the issues (79%).

In terms of the impact of the resource pack, respondents reported that it had helped them to:

- personalise care in relation to falls management (49%)
- identify necessary new actions (45%)
- address the identified actions more easily (41%)
- look at issues sooner than planned (39%)
- respond better following a fall / fracture (29%)
- prevent falls and fractures (22%), although the survey was undertaken relatively soon after issuing the resource pack and this might have been difficult for care homes to quantify.

Only 7% said it had made no difference to their management of falls and fractures. Approximately 15% of respondents reported that they had not needed the resource pack in order to gain management commitment, develop written guidance, undertake risk assessments or take actions following a fall. It appears from subsequent comments that this was because they already had appropriate measures in place.

The sections of the resource pack rated most positively by respondents were:

- the tools (68% found them helpful or very helpful)
- the case studies (61%)
- the guidance on making improvements (61%)
- the self-assessment form (53%)
- the action plan templates (51%).

DVD

The DVD had been shown to a range of groups working within care homes, most frequently to:

- care staff (92%)
- management (53%)
- nursing staff (49%).

It had been used in regular training (by 57% of respondents), special falls and fracture training (56%), and induction training (54%).

The DVD was viewed as helpful or very helpful in:

- raising awareness of the issue (89%)
- changing practice or behaviour (80%).

The majority (91%) of those who had not used the DVD for training staff do plan to in the future.

Wider support

Support for care homes in managing falls and fractures is provided by the wider health and social care team (Care Inspectorate, NHS, etc.). Over 40% of care homes had received such support in the previous 12 months, and over a quarter (27%) reported receiving this support on a regular basis.

The most common type of support was:

- advice on falls and fractures management (56%)
- training on falls and fractures management (49%)
- support with assessment of risks for individuals (40%).

This was most frequently provided when requested by the care home following an incident, or if triggered by an individual resident's needs (56%).

This support was provided by a wide range of external professionals including:

- physiotherapists (41%)
- Community Health Partnership (CHP) falls leads (34%)
- care homes liaison / support team (30%)
- occupational therapists (25%).

Significantly, 25% of respondents did not know whom to contact in the wider health and social care team for support in relation to managing falls and fractures.

Altogether, 71 care homes (15% of the respondents) had had contact with the wider health and social care team as a result of the resource pack, implying that it has encouraged closer working.

Record keeping

The vast majority of respondents (99%) kept a record of falls in the care home. Over 90% recorded the location of the fall, resident details, injury sustained, reasons for fall, and external services required. The outcomes of treatment were recorded by 85% of respondents. The least frequently recorded information was the lessons learnt following a fall, recorded by 57% of respondents.

A quarter (25%) of care homes which had received the resource pack reported that their recording of falls had changed as a result. In most cases this constituted using new tools and recording additional or more detailed information.

Records were used for a variety of purposes including:

- reviewing an individual's risk assessment (96%)
- reviewing the trend in falls and fractures (88%)
- completing incident report forms (84%)
- reporting to management (77%)
- reviewing falls management written guidance (64%).

Records on falls were generally reviewed on a monthly basis (77%), or after an incident or change in the health status of a resident (66%). Only 11 care homes (3% of respondents) reported that they did not formally review the information gathered.

Conclusions

Overall, survey responses suggest the resource pack has been well received by care homes for older people in Scotland, with many reporting it has prompted and facilitated positive changes.

The following actions aim to address key issues identified in the survey:

1. The Care Inspectorate will re-issue the resource pack in hard copy with a covering letter providing step-by-step guidance on how to use it.
2. The Care Inspectorate's Rehabilitation Consultant and the National Falls Programme Manager will work with care homes, falls leads and Care Inspectorate staff to explore options for local implementation support.
3. The Care Inspectorate's Rehabilitation Consultant and the National Falls Programme Manager will undertake further evaluation to identify the impact of using the pack on the number of falls, fractures and emergency admissions to hospital following a fall.

1. INTRODUCTION

1.1 The resource pack

The resource pack 'Managing falls and fractures in care homes for older people' was produced by NHS Scotland and the Care Inspectorate (formerly Social Care and Social Work Improvement Scotland) to support care homes to manage the risks of falls and fractures. The pack contained guidance, a self-assessment form and tools, and was issued on a USB stick. A falls awareness DVD was also produced in partnership with NHS Lothian. The USB stick and DVD were posted with a covering letter explaining the use of the pack to all care homes for older people in Scotland in June 2011. A paper copy of the resource was also produced, which care homes could receive on request.

To benefit fully from using the resource pack, the care home staff were encouraged to work through the improvement process outlined in the resource pack in manageable amounts; first completing the self-assessment, then developing a prioritised, time specific improvement plan and taking action on it.

In order to evaluate the use and the initial impact of the resource pack, a survey of all care homes for older people was undertaken in October – December 2011. This report presents the findings of that evaluation.

1.2 The survey

Care homes were informed in advance of the survey via key overarching bodies to encourage their response. A questionnaire, with covering letter and reply paid envelope, was posted to all 915 care homes for older people in Scotland during the week commencing 10 October 2011 with an initial return date of 31 October.

A reminder letter, second copy of the questionnaire and reply paid envelope was posted to non-responders (n=799) during the week commencing 8 November. This second mailing encouraged all recipients to complete the survey whether or not they considered they had received the pack.

A reminder email was issued to care homes by the Deputy CEO of Scottish Care on 14 November to encourage members to respond to the postal survey. A further reminder email, this time including a link to an online version of the questionnaire, was issued by Scottish Care on 29 November. This second email reminder provided another opportunity to respond to the survey by the final closing date of 2 December 2011.

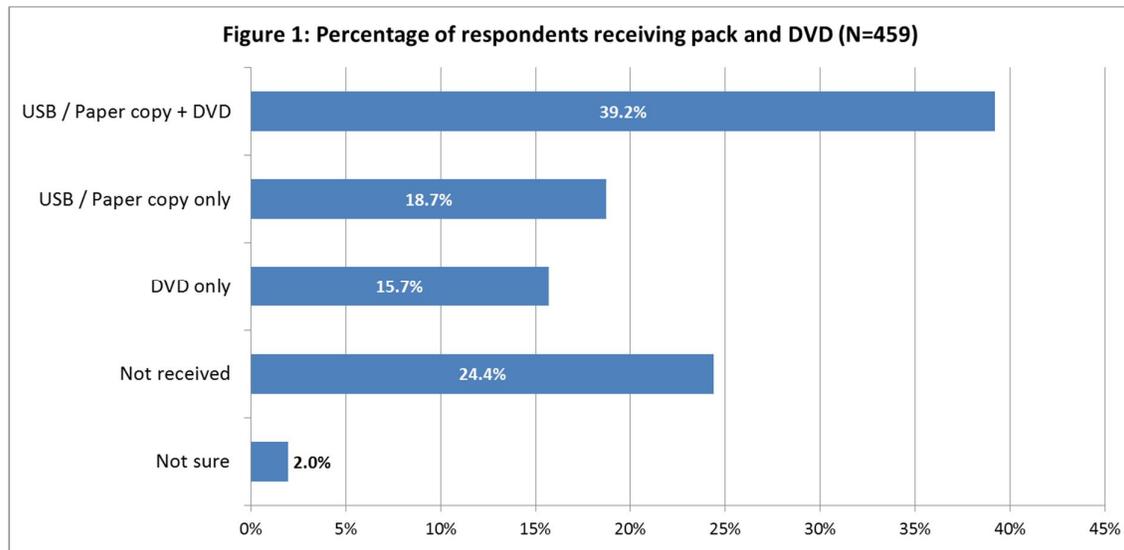
2. RESULTS

2.1 Responses

Altogether 459 care homes responded to the questionnaire (50.2% response rate).

When it was launched, the USB (containing the resource pack) and DVD were issued together to all care homes for older people, with a covering letter explaining the use of the pack. However, 121 respondents (26.4%) reported they did not receive the pack or were unsure whether they had received it. Figure 1 shows what respondents reported they had received.

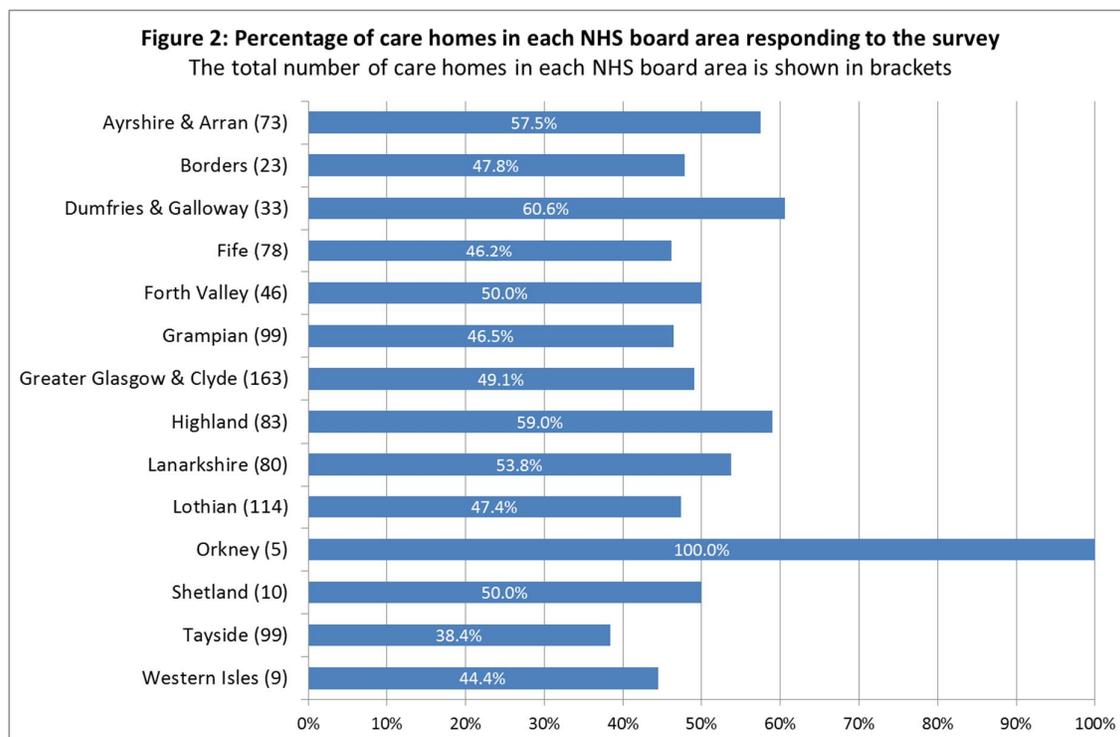
It appears that those who responded to the questionnaire may not recollect receiving the DVD or other components of the pack, or that it was not delivered or passed on within the organisation. However, the self-reported data in Figure 1 should be interpreted with some caution: answers to subsequent questions suggested that an additional 18 respondents (3.9%) who reported not receiving the DVD had shown it to colleagues, and that similarly, 35 respondents (7.6%) who reported not receiving the pack had undertaken actions triggered by it, implying that they may have answered this initial question incorrectly. Despite this, almost three quarters of respondents are aware of having received the resource pack.



2.2 Representativeness of the respondents

2.2.1 NHS board area

Figure 2 shows the percentage of care homes within each NHS board area that responded to the questionnaire, with the total number of care homes in each area shown in parenthesis. Three respondents did not give their geographical area. Although there are differences in response rate between board areas, over a third of care homes in each area responded.



2.2.2 Ownership of care homes

The majority of care homes for older people in Scotland (636 = 69.5%) are privately owned; 161 (17.6%) are owned by the local authority, with 118 (12.9%) being owned by voluntary / not for profit organisations (July 2011). There was a slightly higher response rate to the survey from private care homes (53.1%) compared to local authority care homes (42.9%) and voluntary / not for profit care homes (39.0%). Six respondents did not the state ownership of their care home.

Of the survey responses, 73.6% were from private care homes, 15.0% were from local authority and 10.0% were from voluntary / not for profit care homes.

2.2.3 Size of care homes

Where the number of beds was provided by the care home, they ranged in size from 6 to 230. The average number of beds was 42.5, with the median being 39 beds.

2.2.4 Representativeness of respondents

The types of care homes from which responses were received are broadly representative of all the care homes in Scotland, although there are a slightly higher proportion of responses from private care homes than from local authority and voluntary / not for profit care homes. The relatively high response rate (50.2%) allows some confidence to be placed in the generality of the findings, although it is possible that those who did not respond have not engaged with the resource pack.

2.2.5 Respondents' job titles

Preventing falls and fractures within a care home is everyone's responsibility, however it was anticipated that implementation of the resource pack would be led by managers or delegated to appropriate staff.

Not surprisingly, the majority of respondents (407 = 88.7%) were managers, with other responses from 12 (2.6%) nurses, seven (1.5%) matrons / deputy matrons, six (1.3%) physiotherapists, five (1.1%) senior social care workers / senior social care officer / social care officer. One respondent each (0.2%) gave the following job titles: senior project worker, senior support worker, support worker, administrator, staff trainer. Altogether 17 respondents (3.7%) did not give their job title.

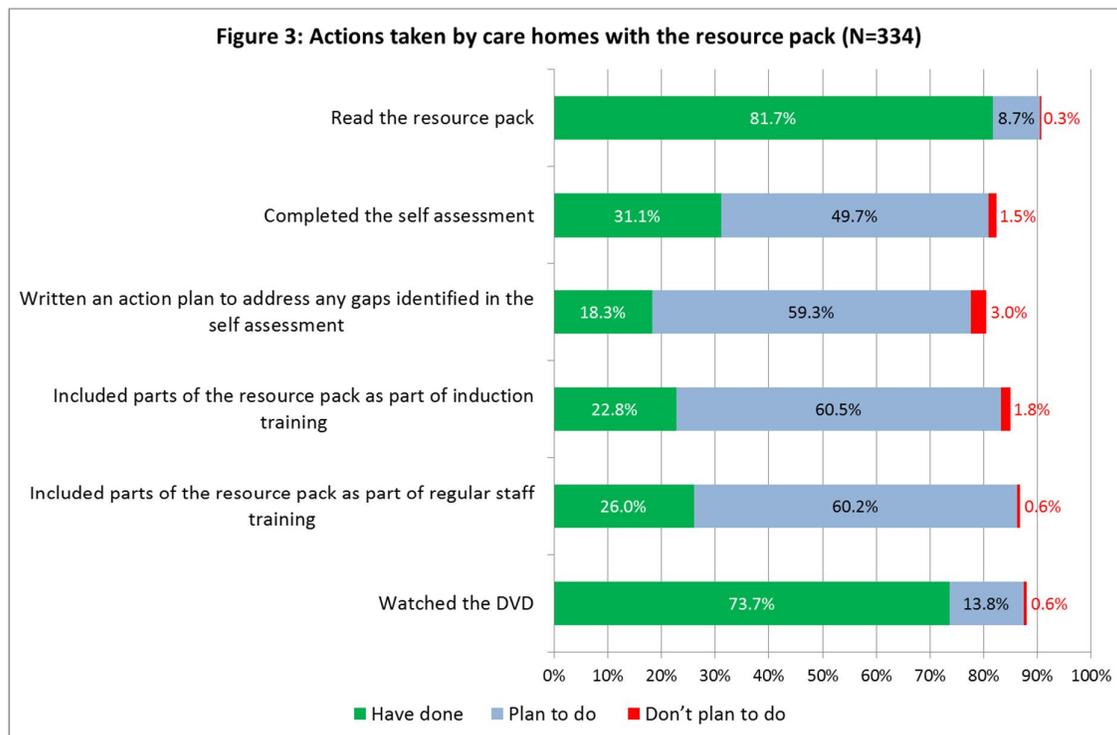
2.3 How care homes had used the resource pack

The 338 care homes that reported receiving the resource pack provided further information about its use and impact. Not all respondents answered every question in the survey, and in the following sections the percentages are derived from the number of respondents to that question.

Figure 3 shows the actions that care homes have taken with the resource pack. Encouragingly, the majority of respondents (81.7%) had read the resource pack, with almost a third (31.1%) having completed the self-assessment. Fewer (18.3%) had written an action plan following on from the self-assessment, although the majority (59.3%) planned to do so. Approximately a quarter had included parts of the resource pack into induction training (22.8%) and regular staff training (26.0%). Almost three quarters (73.7%) had watched the DVD.

Reasons for not reading the resource pack or watching the DVD were given as lack of time (21 respondents), that they did not receive the resource pack (12), the systems in place already (some of which involved working with NHS professionals) were thought to be acceptable (12), they were addressing other priorities first (5), and they had problems using the USB device (3).

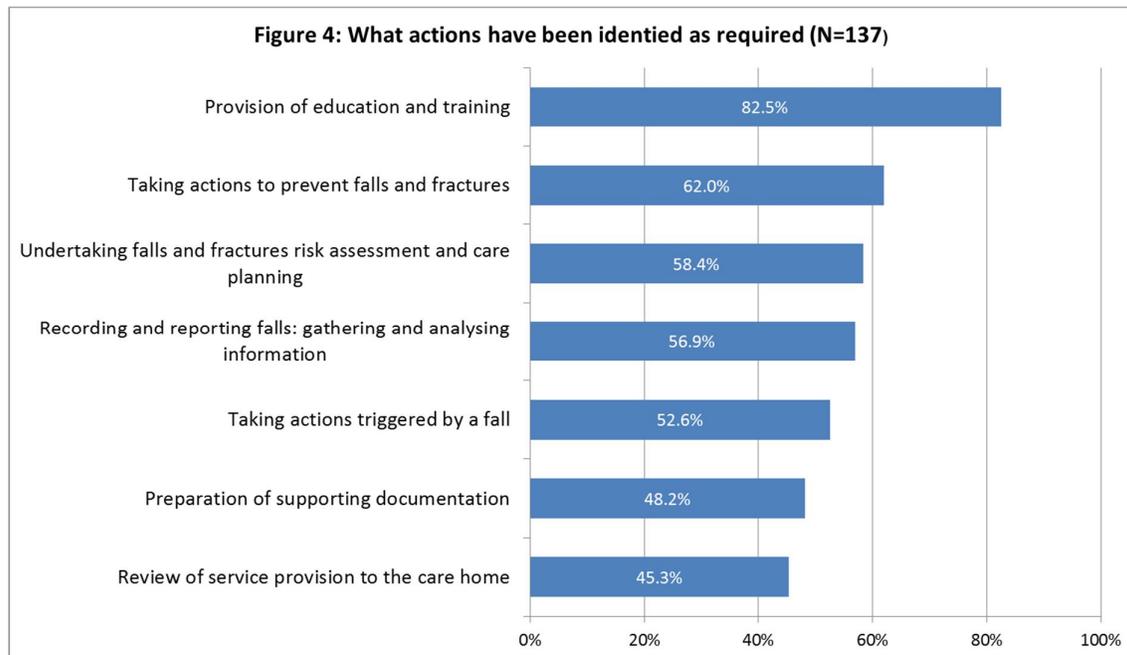
The vast majority of care homes that had not yet completed the self-assessment, written an action plan or included appropriate elements of the resource pack into their training, did plan to do so. Fewer than 3% of respondents reported that they did not plan to use an element of the resource pack.



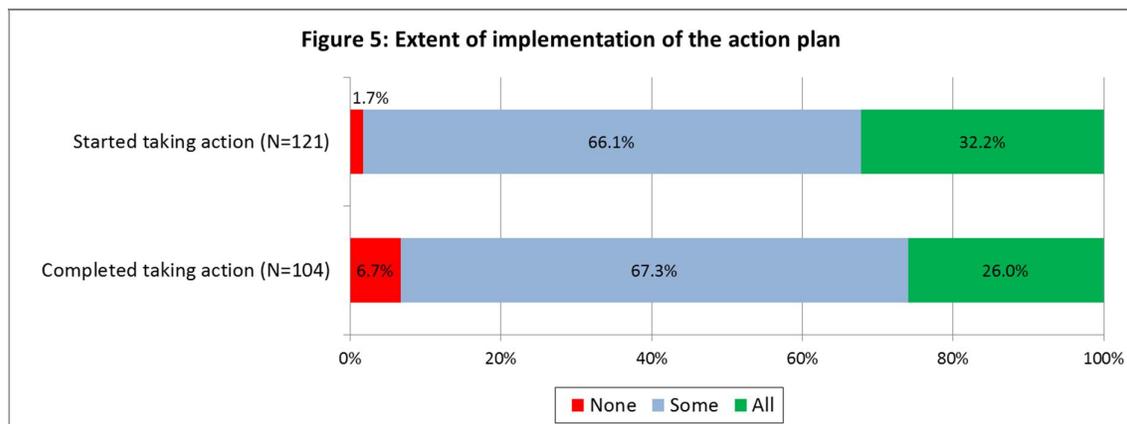
2.4 Action planning

In total, 61 respondents said that they had written an action plan as a result of receiving the resource pack. The subsequent question asked about what had been included in their action plan. Altogether, 137 respondents answered this question, which implies that the majority of these respondents had an action plan in place prior to receiving the resource pack. The actions that were identified in the action plans are shown in Figure 4.

The most frequently identified action was the need to provide information and training to staff (82.5%), with the majority of respondents also identifying the need to take actions to prevent falls and fractures (62.0%), to undertake falls and fractures risk assessment and care planning (58.4%) and to record and analyse information in relation to falls (56.9%).



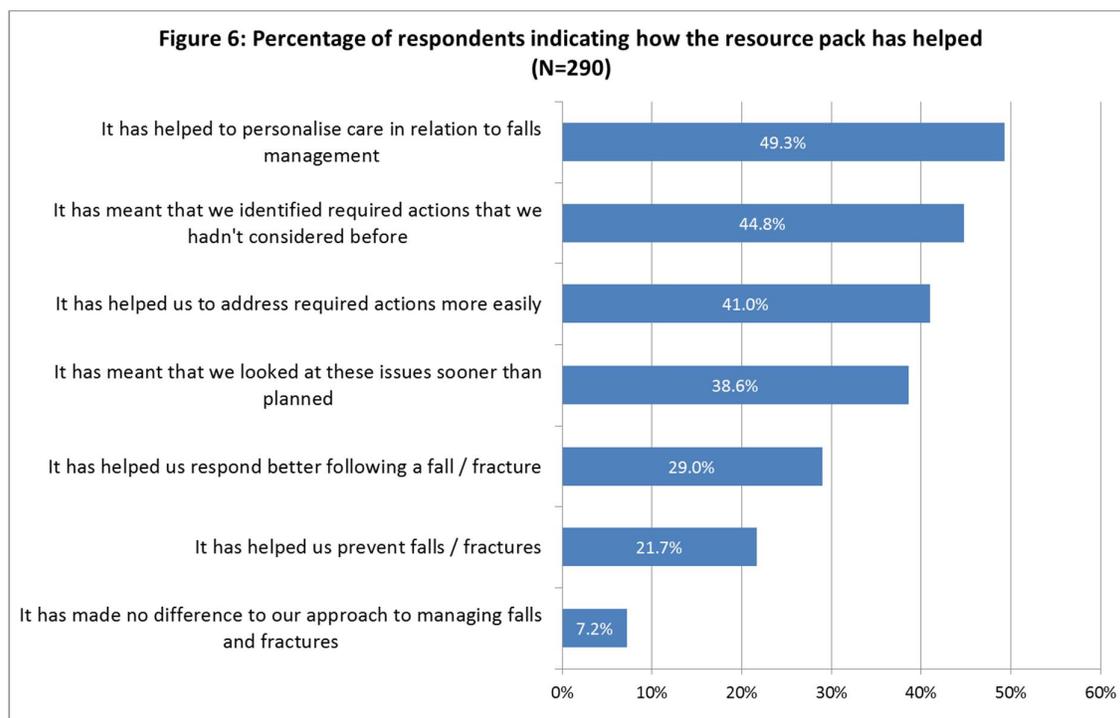
Respondents were asked whether they had started implementing their action plan. The vast majority had started taking some action (98.3%) and 32.2% reported having started *all* the identified actions. Encouragingly, over a quarter (26.0%) reported that they had completed all the actions identified. The extent to which respondents had started or completed the actions identified is shown in Figure 5, where the percentages shown are of the respondents who answered each question.



2.5 Usefulness of the resource pack

Respondents were asked how the resource pack had helped them manage the risk of falls and fractures. The percentage of respondents responding positively to each option is shown in Figure 6.

Respondents reported that it had helped to personalise client care (49.3%), identify new actions to manage falls and fractures that had not been considered previously (44.8%) and address the identified actions (41.0%). It had also acted as an impetus for considering falls and fractures, with 38.6% reporting that it had meant that they looked at these issues sooner than planned. In terms of actually preventing falls and fractures, 21.7% of respondents said that it had helped them to do so; the questionnaire was completed between 4 and 6 months after the resource pack was received, and this may be too soon for many care homes to say that they have prevented falls and fractures as a result of it. It is encouraging to note that only a small minority of care homes (7.2%) said that the resource pack had made no difference to their management of falls and fractures.



Other responses indicated that the resource pack had helped care homes with audit and review of practice, planning, risk assessment and general management of the risks. It had also helped in the delivery of training, establishing appropriate paperwork, and reinforcing current good practice.

A sample of comments received is given below:

"It has made staff really assess all the possible reasons for falls, heightened awareness."

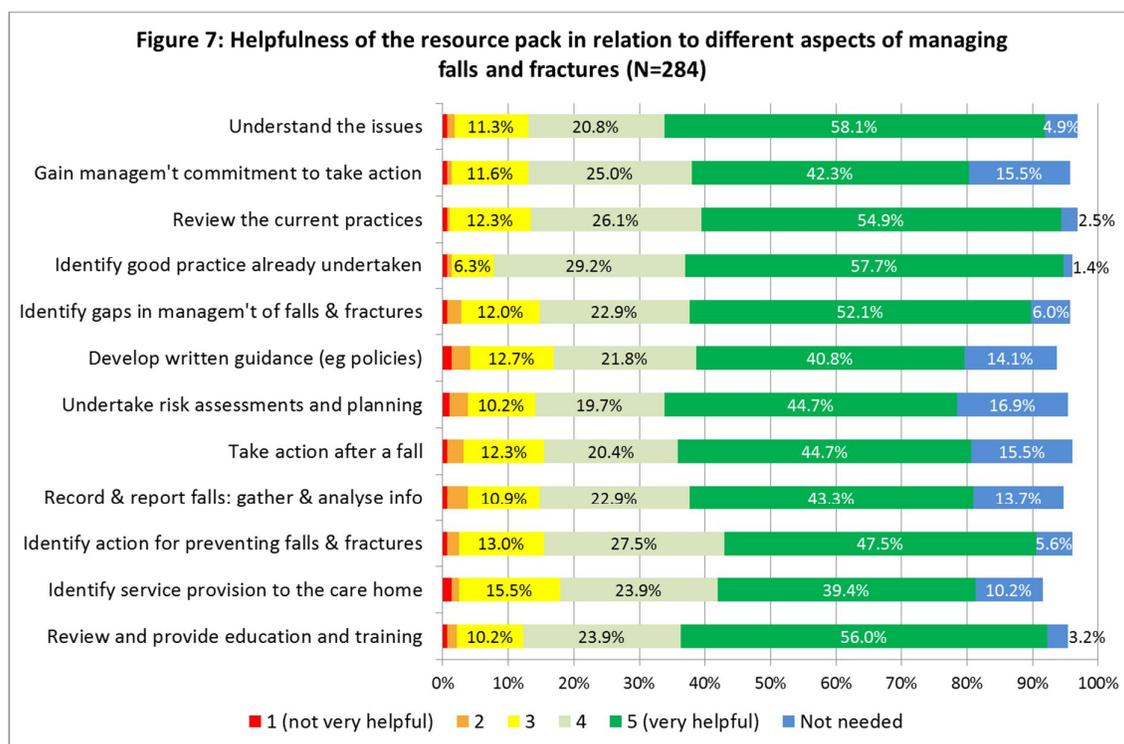
"We have formed a falls prevention team to roll the whole programme out."

"It has enhanced processes already in place."

"Prior to the resource pack's introduction we had improved our own falls risk assessment and monitoring procedures and record of staff training."

Respondents were asked how helpful the resource pack had been in different elements of managing falls and fractures; this is shown in Figure 7. The pack was rated as being most helpful in identifying good practice already undertaken (86.9% rated it as 'very helpful' or 'helpful'), reviewing the current practices (81.0%), reviewing and providing education and training (79.9%), understanding the issues (78.9%), identifying actions to prevent falls and fractures (75.0%), and identifying gaps in the management of falls and fractures (75.0%). Over 60% of respondents reported the pack to be 'very helpful' or 'helpful' for each aspect of managing falls and fractures.

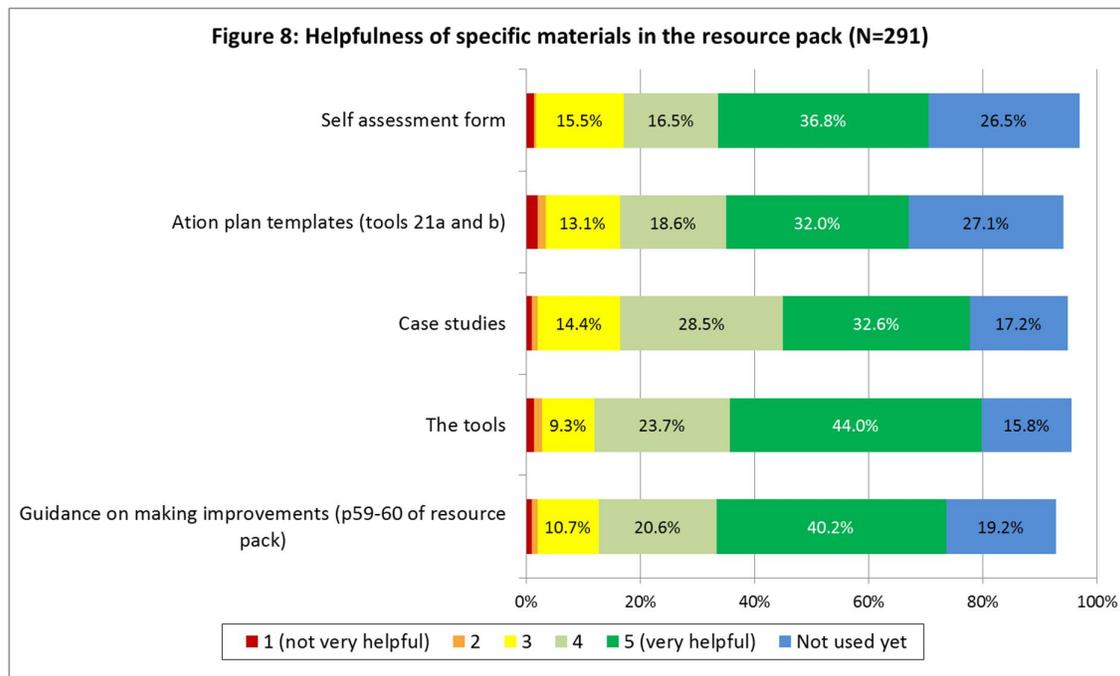
It is encouraging to note that a significant minority of respondents indicated that they had not required assistance in some areas, specifically, 16.9% did not require assistance in undertaking risk assessment and planning; gaining management commitment to tackle the issue (15.5%); taking action after a fall (15.5%); or developing written guidance (14.1%). It is presumed that this is because their existing measures were considered to be adequate. This is supported by the fact that 87.0% of respondents said that the resource pack had helped them to identify good practice that they were already undertaking. It is known that, prior to the launch of the resource pack, significant activity had been undertaken by the wider health and social care team in some localities to support care homes in relation to falls and fracture management



2.6 Helpfulness of materials in the resource pack

Respondents rated how helpful they had found the different materials in the resource pack, using a scale of 1 (not very helpful) to 5 (very helpful). Responses are shown in Figure 8.

Those who had used the pack were generally very positive about it. Scores of 4 (helpful) or 5 (very helpful) were received by 67.7% of respondents for the tools; 61.1% for the case studies; 60.8% for the guidance on making improvements to falls and fractures management (pages 59-60 of the resource pack); 53.3% for the self-assessment form; and 50.6% for the action plan templates (tools 21a and b).



A small number (14) of respondents made suggestions about other information they would have liked from the resource pack. These included further guidance on checking a resident for injury following a fall.

In total 57 respondents provided a general comment about the resource pack. The majority were very positive, typically stating that the pack had been helpful. Less positive comments related to the lengthiness of the resource and perceived time required for implementation (six comments), relevance to their specific care home situation (four comments), and clarity (“found the USB confusing”) (three comments). Two care homes made suggestions for additions to the resource pack (making forms editable and including a training test and certificate) and one care home identified difficulty with gaining contact with the external falls management team.

A sample of comments received is given below:

“I found it very informative and a very useful tool to use with my team.”

“Excellent resource. Made me think about falls more in-depth. Well put together, will be a great resource for my staff.”

“This was [an] excellent resource which enabled us to review our service and implement some changes. Staff found the DVD simple to understand and very relevant to their role.”

“A fantastic resource to help improve practice. A lot to implement but it is great to get this type of support.”

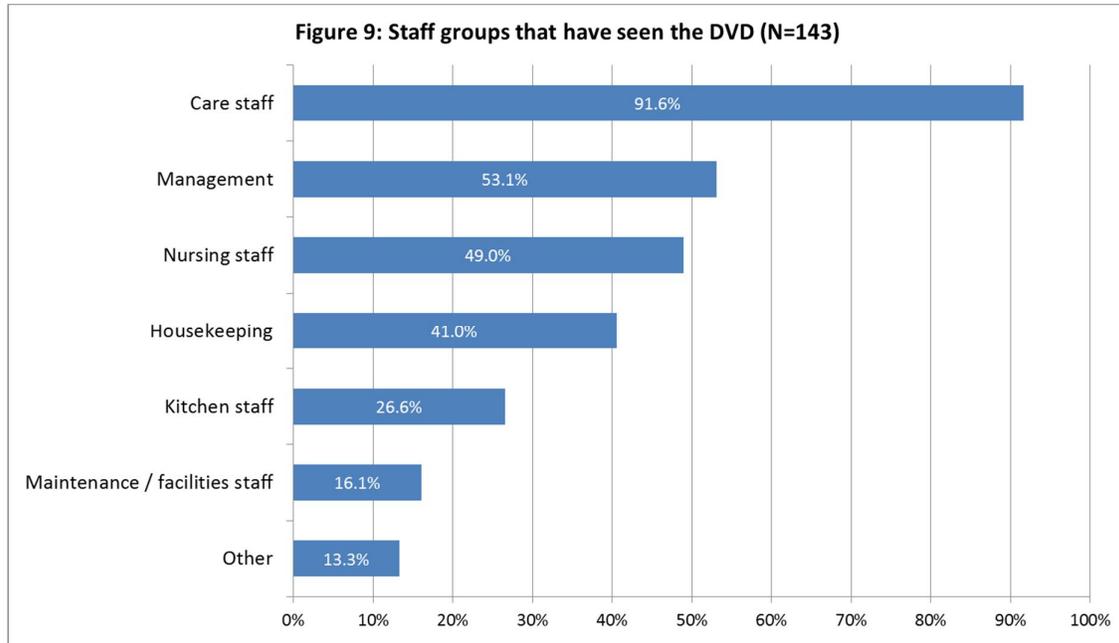
“... found the USB confusing. I am left wondering if we are expected to adopt the paperwork in [its] entirety.”

“Found it quite lengthy to follow.”

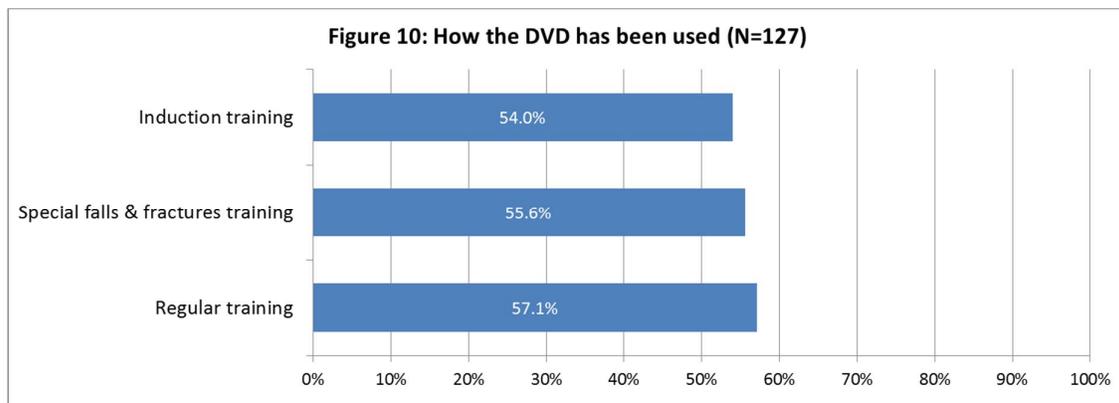
2.7. Uses of the DVD

Altogether, 136 respondents said they had used the DVD for staff training, although 143 respondents provided information on the staff groups to whom they had shown it (see Figure 9). The majority of care homes that have used the DVD have shown it to care staff (91.6%). Housekeeping, kitchen and maintenance / facilities staff had also been shown it in a significant minority of care homes. Other people to whom it had been shown included:

- Residents (3 respondents)
- Activities' coordinators (2)
- Physiotherapy staff (2)
- Volunteers (2).

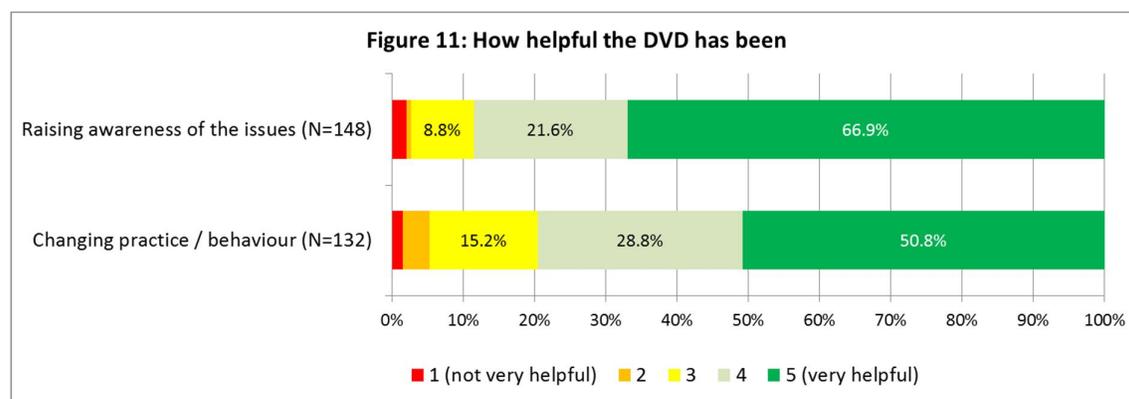


The DVD had been used for induction training, special falls and fracture management training as well as regular training by over half of respondents. The percentage of respondents who had used it for these different forms of training is shown in Figure 10.



2.8 Helpfulness of the DVD

In terms of the content of the DVD, 88.5% of those who answered the question thought that the DVD was helpful or very helpful in raising awareness of the issue. A similarly high percentage (79.6%) thought it had been helpful or very helpful in changing practice or behaviour (see Figure 11).



The majority of respondents (96.0%) thought that the level of detail provided in the DVD was about right. However, a small percentage (8.8%) reported the content was not sufficiently comprehensive. Comments included that the material was not appropriate for clients with complex needs / medical conditions or without good cognitive abilities (three respondents), and the focus was thought to be too clinical (two respondents).

The majority (90.6%) of those who had not used the DVD for training staff do plan to in the future. Eighteen respondents reported that they did not plan to use it, with reasons given being:

- Other priorities (1 respondent)
- Time constraints (1)
- Not finding anything new / helpful in the DVD (1)
- DVD training not thought to be appropriate for staff (1)
- Focus of the DVD did not appear to be appropriate to client group (who are dependent rather than residential) (1).

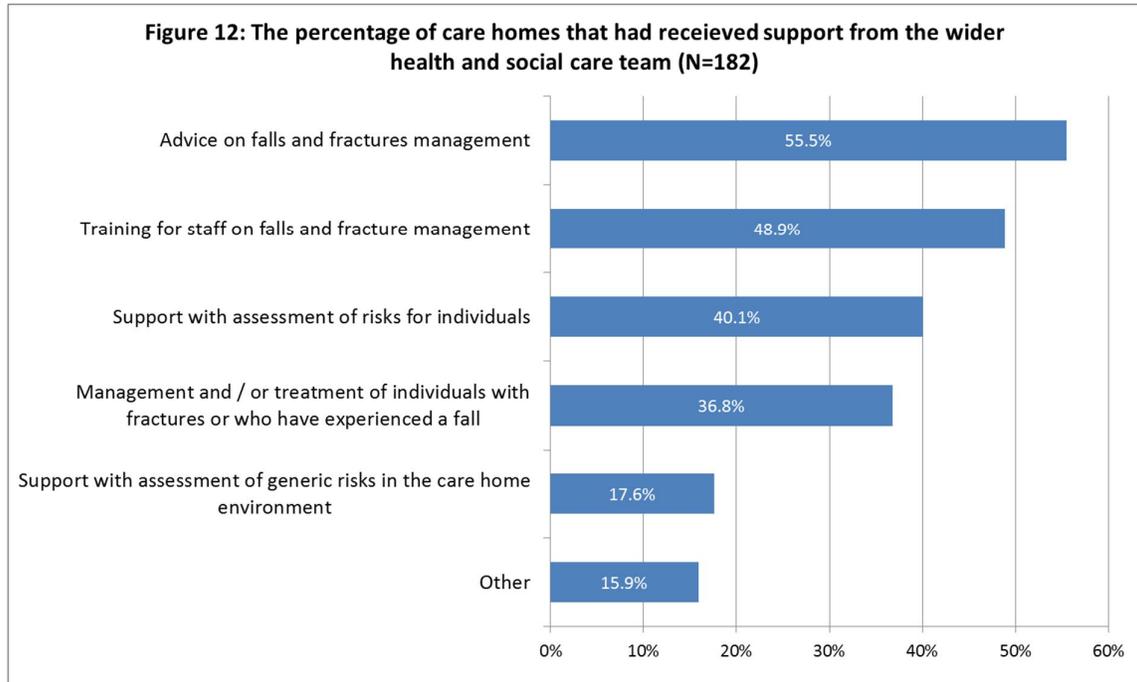
2.9 Wider support

2.9.1 What support is provided

Respondents were asked whether they had received any support within the previous 12 months from the wider health and social care team concerning the management of falls and fractures. Altogether 183 respondents (41.5% of the 441 respondents who answered the question) had received this support. The type of support that had been received is shown in Figure 12. Advice (55.5%) and training (48.9%) were the most frequently provided support.

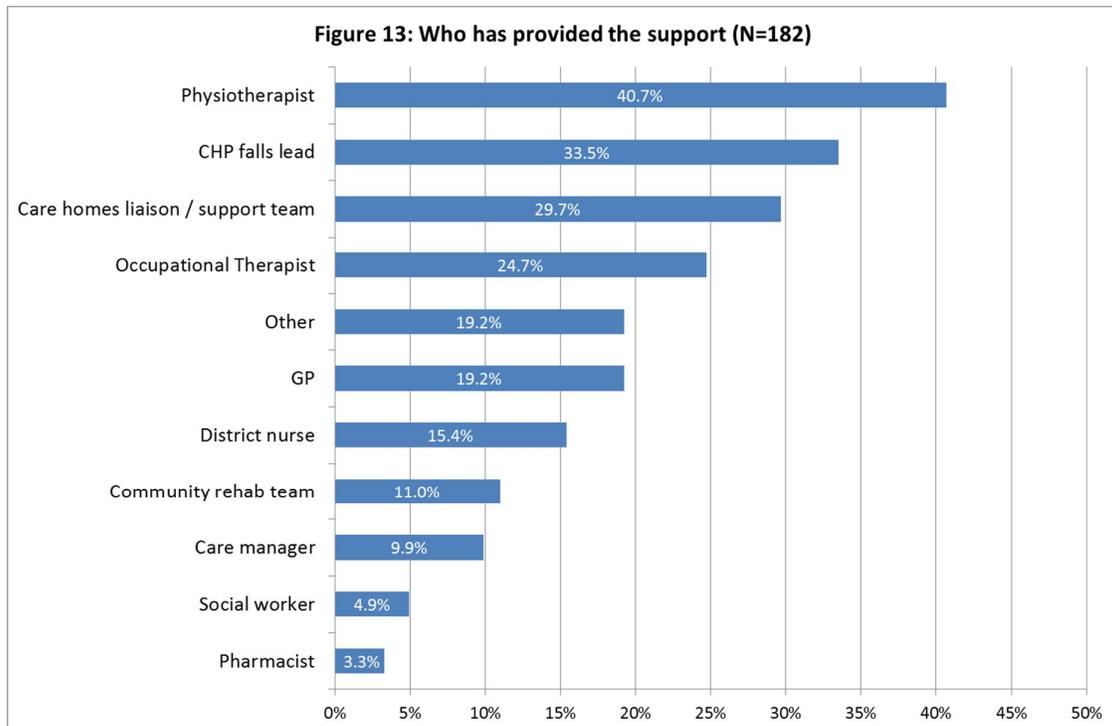
Other support received included:

- Support from the falls team / SCSWIS (Care Inspectorate) (4 respondents)
- Conferences / seminars (3)
- Support groups and multidisciplinary meetings (3)
- Written advice, e.g. booklet and manual (2)
- Review of equipment provided (2)
- Provision of equipment (e.g. hip protectors) (1)
- Project to trial telecare equipment (1).



2.9.2 Who provides support

Support was provided by a range of specialists, as shown in Figure 13. Physiotherapists were the profession who most frequently provided support (40.7%), with a third (33.5%) receiving support from Community Health Partnership (CHP) falls leads.



Support was also received from:

- Falls prevention professionals (13 respondents)
- Hospital / NHS (13)
- Within organisation support (4)
- SCSWIS (Care Inspectorate) (3)
- Dietician (2)
- Health and safety teams (2).

2.9.3 When support is provided

Of the 165 respondents who answered the question on when this support is provided, the most frequent response (55.8%) was, 'when requested by the care home following an incident or if triggered by an individual resident's needs'. Almost half (47.9%) reported that support was provided when requested for training or for an identified general need. Just over a quarter (26.7%) reported that support was provided on a regular basis, regardless of any incident.

2.9.4 Further support

Respondents were asked if they knew who to contact in the wider health and social care team for support in relation to falls and fracture prevention and management. Almost three quarters (74.9% of 426 respondents) did know who to contact, although 25.1% reported that they did not.

2.10 Impact of the resource pack on closer working

Altogether 56 care homes (13.6%) were aware of having been contacted by health and social care staff as a result of the resource pack, while 39 care homes (9.7%) had themselves contacted health and social care staff as a result of receiving or using the resource pack. Note that 18 care homes had been both contacted by and made contact with health and social care. It therefore appears that 71 care homes (15.5% of the 459 respondents) had received contact with the wider team as a result of the resource pack.

In total, 134 respondents said they would like further advice and support in relation to managing falls and fractures. Suggestions for this support included:

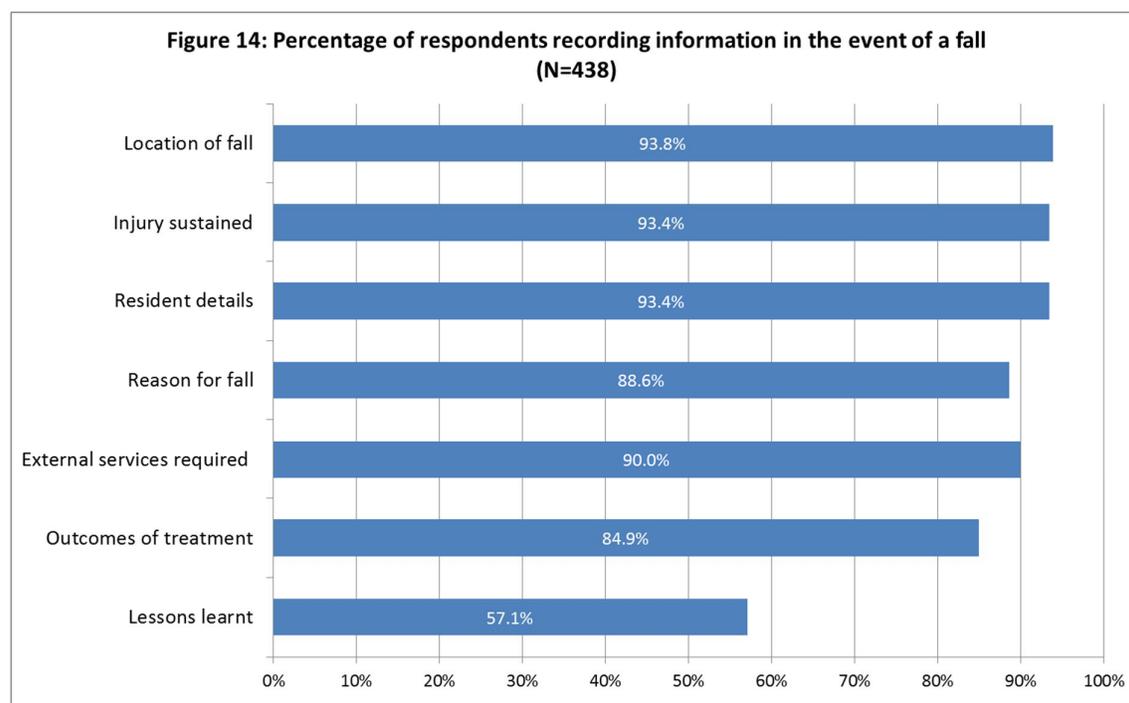
- Receipt of resource pack (from the respondents who had not received it) (37 respondents)
- Training (25)
- Provision of contact details for further support (6)
- Establishment of local NHS falls liaison teams (3)
- Specific advice on individual cases (1)
- Equipment and chair advice (1).

2.11 Records

2.11.1 What is recorded

The vast majority of respondents (99.3%) reported keeping a record of falls in the care home. Of those 438 respondents who did, the percentage who recorded specific information following a fall is shown in Figure 14.

The majority of care homes record the recommended information following a fall, although there is an indication that information obtained following the fall (i.e. outcomes of treatment) is less commonly recorded. Lessons learnt following a fall are only recorded by 57.1% of care homes.



Other information documented includes:

- That the next of kin has been informed (20 respondents)
- Amendments / review of the risk assessment and care plan (16)
- Environmental and personal factors relating to the fall (9)
- Risk reduction actions taken (7)
- Time of fall (6)
- Outcome of follow up assessments (4)
- Who has received a report concerning the incident (e.g. statutory bodies) (4)
- Witnesses present and statement (3)
- Actions taken (2)
- Formal reports (e.g. accident forms) (1).

2.11.2 Impact of resource pack on records

Altogether 86 care homes (25.4% of those who had received the resource pack) reported that what they recorded had changed as a result of it. The main ways that this was reported to have changed were:

- New tools used (16 respondents)
- Additional information is recorded (13)
- More detail is recorded (10)
- Paperwork has changed (5).

Some answers were given to this question that related more generally to management and how the records were used. This included audit, helping with identifying high risk areas, putting action plans in place and management of risks generally being better.

Some comments provided on changes as a result of the pack are:

“Able to look at wider issues, for example infection, medication etc, which may contribute to the fall.”

“Action plans now contain more details – better [able to] inform the NHS if transferred to hospital – accuracy.”

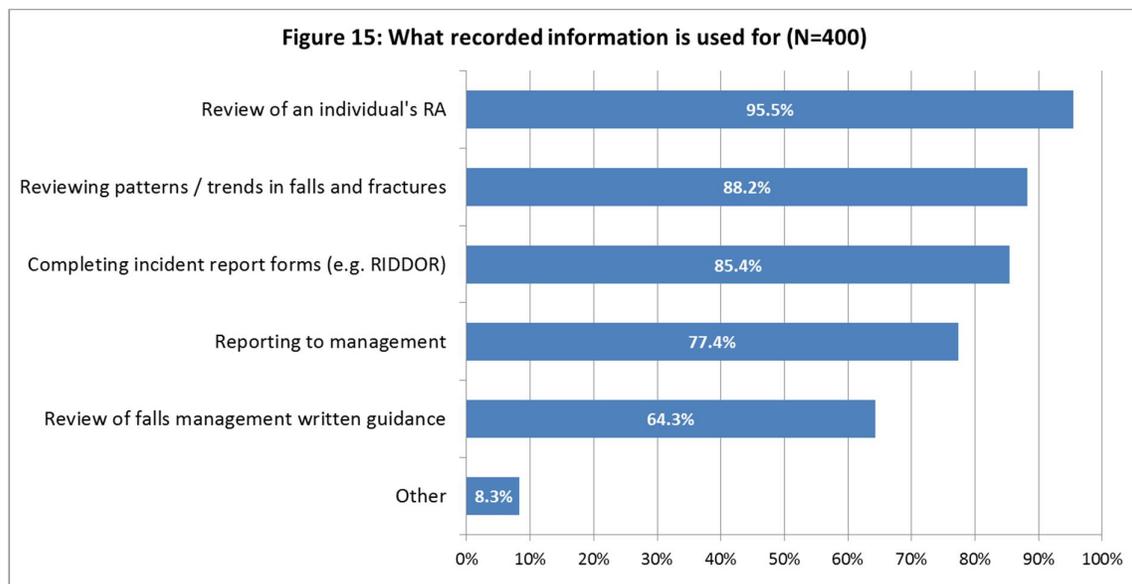
“In the process of pulling all the information together in one place – at present it is rather disjointed.”

Tool 10b in the resource pack, *Post fall incident report form*, had been adopted by a number of care homes:

“We use 10b of the resource pack, which allows us to record greater amount of information with better outcomes for all.”

2.11.3 Use of records

The information that is recorded was used for a range of purposes (see Figure 15). Most commonly it was used to review an individual’s risk assessment (RA) (95.5%), reviewing the pattern of trends in falls and fractures (88.2%) and completing incident report forms (85.4%).

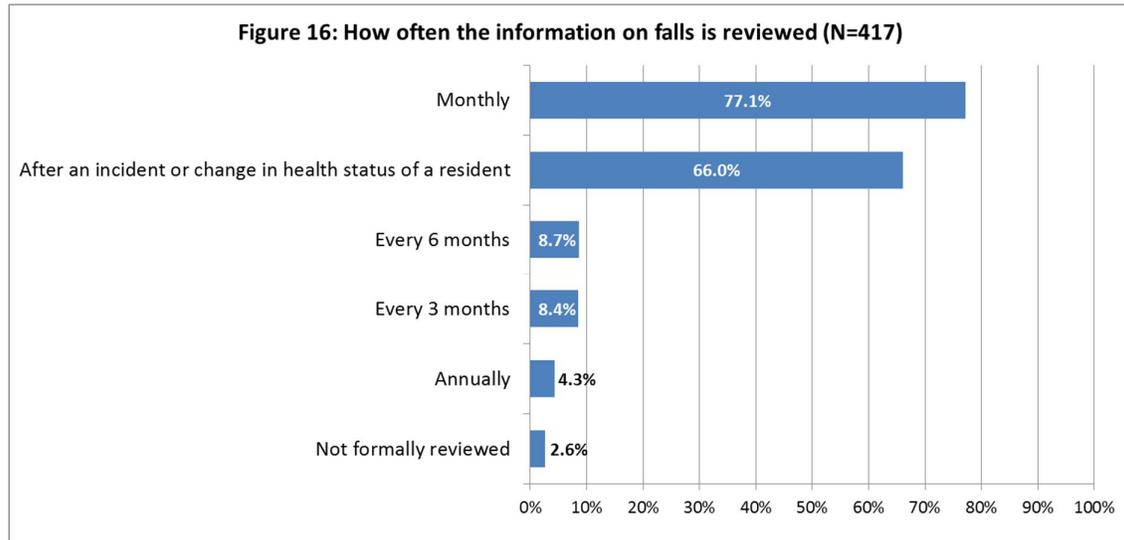


Other uses reported for the information collected included:

- Reporting
 - To SCSWIS (Care Inspectorate) (6 respondents)
 - To families (2)
 - To GPs (1)
 - To management (1)
- Reviewing staff needs (4)
- Audit (3)
- Reviews(3)
- Risk reduction (3)
- Changes for the individual (3).

2.11.4 Frequency of review of information on falls

Figure 16 shows how often the collected data is reviewed.



The majority of respondents reported reviewing the information they have gathered about falls on a monthly basis (77.1%), or after an incident or change in the health status of a resident (66.0%). Eleven care homes (2.6% of respondents) reported that they did not formally review the information gathered.

2.12 Survey method

The survey questionnaire was issued in paper format. In order to inform future surveys or methods of communication, respondents were asked whether they would have preferred to complete it on-line rather than paper. More than half (56%) had no preference, while 32% would have preferred to complete it on-line and only 13% preferred to complete a paper version. This implies that most respondents had access to a computer and that this may be the preferred method of data collection in future surveys. It also suggests that electronic communication will be suitable for most, but not all, care homes.

3. SUMMARY AND ACTION PLAN

3.1 Summary

Overall, the survey suggests the resource pack has been well received by care homes for older people in Scotland, with evidence that it has prompted and facilitated staff to make positive changes to manage falls and fractures.

In summary, the main findings are:

- Disappointingly, over a quarter (26%) of respondents to the questionnaire did not recollect receiving the USB device containing the electronic resource pack, the falls awareness DVD and the letter of explanation. The reasons for this are not clear, although it may be that the USB was occasionally accidentally discarded with the envelope as it was relatively small and easy to overlook. It may also be that the resource was not passed to the person who answered the questionnaire. *Addressed by Action 1.*
- Of the responding care homes that received the pack, the majority had read it (82%) and watched the falls awareness DVD (74%).
- Almost a third (31%) had completed the self-assessment, in which they identified existing good practice and areas for improvement. Altogether, 18% had developed an action plan to ensure a consistent person-centred approach to falls and fracture management, with the vast majority of these (98%) having started to take identified actions.
- The vast majority of care homes that had not yet completed the self-assessment, written an action plan or included appropriate elements of the resource pack into their training did plan to do so. Less than 3% of respondents did not plan to use any part of the resource pack, implying that it was generally perceived to be useful. *Addressed by Action 2.*
- Reasons for not using the resource pack included lack of time (highlighting the many competing demands and priorities facing care home staff); and the existing systems being thought to be adequate (highlighting that some care homes had taken action to manage falls and fractures prior to the issuing of the resource pack). It is known that in some localities care home staff were already working closely with NHS professionals to improve care prior to the launch of the resource pack.
- Over 80% of respondents identified that further training was required for their staff in relation to managing falls and fractures. At the time of the survey, about a quarter of care homes had used the DVD in regular and induction training for staff.
- Over 40% of care homes had received support in the previous 12 months from the wider health and social care team in relation to falls and fracture management, and over a quarter reported receiving regular support from them. However, a significant minority (25%) did not know who to contact when help was required. *Addressed by Action 2.*
- Altogether, 71 care homes (15.5% of the respondents) had had contact with the wider health and social care team as a result of the resource pack. The resource pack therefore appears to have encouraged closer working.

- Nearly all care homes reported that they collected data on residents' falls. The data was used most commonly to review individual resident's falls risk and to identify trends or patterns in residents' falls. A quarter of care homes had enhanced their data recording procedures as a result of the resource pack.

The good response rate (50.2%) indicates that these findings are likely to be broadly representative of the experience of care homes for older people in Scotland.

3.2 Recommended actions to further support the implementation of the resource pack

Based on a review of the findings, the following actions have been identified as required.

| Action: | Actioned by: | Timescale: |
|---|--|-------------------------|
| 1. Re-issue the resource pack in paper copy with a covering letter providing step-by-step guidance on how to use the resource pack. This will ensure all care homes have received it in a format which reduces the apparent confusion around the use of the electronic version of the pack. | Care Inspectorate Scottish Government | April 2012 |
| 2. Work in partnership to further explore options to support local implementation of the pack. | Care Inspectorate's Rehabilitation Consultant National Falls Programme Manager Care Homes CH(C)P Falls Leads Care Inspectorate staff | Commencing May 2012 |
| 3. Complete further evaluation which will aim to identify the impact that using the pack has on the number of falls, fractures and emergency admissions to hospital following a fall. | Care Inspectorate's Rehabilitation Consultant National Falls Programme Manager Early implementer care homes | Commencing July 2012 |