**Falls Audit For Month of March 2021**

|  |  |  |  |  |
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| **Service User Initials**  | **CB**  | **CB**  | **CB** |  |
| **Date**  | 30/03/2021  | 01/04/2021  | 03/04/2021 |  |
| **Time**  | 9:30  | 7:45  | 14:10 |  |
| **Location**  | Main lounge  | Main lounge  | Main lounge |  |
| **Witnessed or Not**  | Witnessed by Carer - Alex  | Unwitnessed  | Unwitnessed |  |
| **Trigger or antecedent behaviour**  | Walking without his Zimmer frame, stumbled and fell. | Walking without his Zimmer frame, stumbled and fell. | Walking without his Zimmer frame, stumbled and fell. |  |
| **Others involved**  | None  | None  | None |  |
| **What Happened** | CB had left his Zimmer frame by his chair and walked across to the window when he fell | CB decided to walk to the window to see the birds but fell on the way - left Zimmer frame | CB had left his Zimmer frame behind and furniture walked to the window |  |
| **Injuries & if ambulance or out of hours were called** | None injuries found, no call out required  | None injuries found, right hip reddened  | None injuries found, tender right hip |  |
| **Staff on Shift On That Unit** | Alex - Carer, Beth - Nurse, Paul - Senior, Michelle - Carer | May - Carer, Beth - Nurse Jen - Senior, Paula - Carer | Alex - Carer, Beth - Nurse Peter - Senior, Margaret - Carer |  |
| **Family Informed**  | Yes at 13:00 on 30/03/21  | Yes at 08:00 on 01/04/21  | Yes at 15:00 on 03/04/21 |  |
| **G.P Notified**  | Yes at 13:15 on 30/03/21  | Yes at 08:10 on 01/04/21  | Yes at 15:45 on 03/04/21 |  |
| **Local Authority + Funding Body Informed** | Yes at 13:30 on 30/3/21 by fax | Yes at 08:40 on 01/04/21 by fax | Yes at 17:10 on 03/04/21 by fax |  |
| **MDT Contacted** | Yes, physiotherapist & Parkinson's nurse informed 14:50 on 30/03/21 | Yes, physiotherapist & Parkinson's nurse informed 10:00 on 01/04/21 | Yes, physiotherapist & Parkinson's nurse informed 17:45 on 03/04/21 |  |

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| **Date**  |  |  |  |  |
| **Time**  |  |  |  |  |
| **Location**  |  |  |  |  |
| **Witnessed or Not**  |  |  |  |  |
| **Trigger or antecedent behaviour**  |  |  |  |  |
| **Others involved**  |  |  |  |  |
| **What Happened** |  |  |  |  |
| **Injuries & if ambulance or out of hours were called** |  |  |  |  |
| **Staff on Shift On That Unit** |  |  |  |  |
| **Family Informed**  |  |  |  |  |
| **G.P Notified**  |  |  |  |  |
| **Local Authority + Funding Body Informed** |  |  |  |  |
| **MDT Contacted** |  |  |  |  |

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| **Witnessed or Not**  |  |  |  |  |
| **Trigger or antecedent behaviour**  |  |  |  |  |
| **Others involved**  |  |  |  |  |
| **What Happened** |  |  |  |  |
| **Injuries & if ambulance or out of hours were called** |  |  |  |  |
| **Staff on Shift On That Unit** |  |  |  |  |
| **Family Informed**  |  |  |  |  |
| **G.P Notified**  |  |  |  |  |
| **Local Authority + Funding Body Informed** |  |  |  |  |
| **MDT Contacted** |  |  |  |  |

**Weekly Falls Analysis**

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| **Service User Initials**  | **CB** |  |  |  |
| **Week Commencing**  | 29/03/2021 |  |  |  |
| **Total Number of Falls This Week** | 3 |  |  |  |
| **Which Timeframe?**00:00-06:00 **OR** 06:00-10:00 10:00-14:00 **OR** 14:00-16:00 16:00-20:00 **OR** 20:00-00:00 | 06:00-10:00 - 2 falls 14:00-16:00 - 1 falls |  |  |  |
| **Locations of Falls** | All in the main lounge |  |  |  |
| **Any Unwitnessed Falls** | 2 falls both at 06:00-10:00 |  |  |  |
| **Trigger or antecedent behaviour**  | Walking to the window with Zimmer frame on all 3 falls |  |  |  |
| **Staff members usually on shift when the falls occurred** | Yes - Beth on every shift, Alex on two of the shifts |  |  |  |
| **Any common injury?**  | Yes, always right hip |  |  |  |
| **Number of Falls This Month**  | 8 |  |  |  |
| **Is the Care Plan up to date?** | Yes |  |  |  |
| **Action Steps** | **1.** Ensure staff are aware of the times when CB is falling and someone is in that lounge during these times. **2**. Ask CB if they want their chair next to the window **3**. Check main lounge flooring for trip hazards |  |  |  |