Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

NHS
Enfield
Clinical Commissioning Group

ENFIELD
Council

STAFF FALLS QUESTIONNAIRE

This questionnaire can be used by new staff during induction to check knowledge or by any staff reading the falls folder to check own knowledge and identify areas of strength of weakness.

1) When would you do a first falls risk assessment for a resident?

a) As soon as possible on admission to the Care Home
b) After fall
c) Whilst a resident is falling

2) What information would you like to know if a resident has fallen?

a) Time, place, cause/reason
b) Any witnesses, any injuries sustained to resident,
c) Anything which may have contributed like wet floor, trailing wires, on antibiotics for UTI,
d) All of the above

3) When would you call 999 post fall?

a) If a resident has fallen with no obvious injury, no pain and mobilising as usual
b) If there is a head injury with drowsiness, vomiting, bleeding, or confusion
c) If a resident has fever
d) If the resident is complaining of severe pain, obvious limb deformity, unable to mobilise as per usual or use the limb hurt in the fall as usual
e) If the resident has a bruise, superficial cut or abrasion
f) If the resident has a deep cut or laceration that may require stiches or gluing or if bleeding from an injury does not stop with compression.

4) When would you update/repeat a falls risk assessment/care plan?

a) Monthly
b) Yearly
c) Post fall
d) If the residents mobility or condition changes
e) Prior to an outpatient appointment
f) If the resident is started on a new medication that might affect their mobility

5) If a fall has taken place in the bathroom what information would you need to know?

a) Is there adequate lighting in the bathroom?
b) Is the toilet seat the right height to aid transfers?
c) Is there space for a walking aid?
d) Does the bathroom have appropriate flooring, was it wet?
e) Was the bathroom clutter free?
f) Are there enough hand rails to aid transfers?
h) All of the above

6) A resident has fallen in their bedroom but no injury sustained and no escalation to 999 needed but you notice it is very cluttered, what would you do?

a) Remove their mobility aid as they can't use it in the limited space anyway
b) Discuss with resident and family the need to de clutter and with consent remove or rearrange some items
c) Discuss with senior staff/care manager about falls risk due to clutter to see if anything else can be done (provided a bigger room, any items stored in their belonging to the home removed)
d) Complete an incident form, inform GP/CHAT
e) Nothing, residents have the right to live in cluttered rooms if they wish

7) A resident has fallen several times whilst walking with their Zimmer frame which she has used for 10 years. No obvious injury and no need for escalation to 999 but what would you do?

a) Check the ferrules on the Zimmer frame and if worn contact community physio
b) Check the Zimmer frame is an appropriate height (resident not stooping or reaching up to use it) and if concerned contact community physio to re assess
c) Ask GP/CHAT to review as multiple falls
d) Update falls risk assessment/care plan
e) Complete an incident form
f) Refer to community physio to assess if Zimmer frame is still the most appropriate walking aid
g) Remove the Zimmer frame and let them mobilise without an aid
h) Replace the Zimmer frame with a stick
i) All of the above

8) What should you consider when assessing a residents footwear?

a) Heel size, shape, non-slip sole, condition (not worn or damaged), be lightweight, fit appropriately, have fastenings that allow for expansion if feet swell but fasten securely, suitable for the activity/purpose
b) Design, colour, matching clothing/accessories, that they are clean and shiny

Answers

No cheating!!! Only use the answers below once you have completed the questionnaire to check your knowledge and identify areas for improvement.

1) a)

2) d)

3) b) d) f)

4) a) c) d) f)

5) h)

6) b) c) d)

7) a) b) c) d) e) f)

8) a)