Summary in English



Ukom



FALL SOM SYMPTOM

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This report examines an incident involving Anne, an older woman living in staffed supported housing, who had several falls on the same day. Anne was dizzy and intermittently confused. Both her daughter and her general practitioner (GP) had previously expressed concern about her deteriorating health. At the hospital, a CT scan revealed a subdural haematoma.

The investigation found that information about repeated falls, dizziness, confusion and changes in functioning did not prompt an early reassessment of her overall condition. Anne's existing health problems influenced how the new symptoms were understood. In older people, new or repeated falls may indicate illness, injury or deterioration. Services must therefore consider these changes together and assess them against the person's usual health and level of functioning.

Anne's daughter knew her well and recognised that the falls were unusual. Information and concerns from next of kin can complement observations and measurements. Safe follow-up must not, however, depend on next of kin repeatedly raising concerns, attending in person or obtaining emergency medical help themselves.

Anne fell several times and had unclear symptoms. Staff were unable to contact her GP and did not use other established routes for contacting a doctor during the daytime. They therefore continued to observe Anne and waited until the out-of-hours medical service opened in the afternoon. The investigation also shows that effective contact routes are not always enough. Establishing a shared understanding and arrangements for prompt medical support can be challenging when residents have different GPs.

The investigation also found a gap between the expectations that permanent staffing may create and the way individually assessed home-care services are organised. Permanent staffing does

not in itself ensure close observation or prompt medical assessment. Municipalities must regularly assess whether the service meets residents' needs and allows care to be adapted when those needs change.

Ukom makes three recommendations:

Recommendation 1:

Municipalities must ensure that staff in staffed supported housing have predictable access to medical consultation and that residents can receive prompt medical assessment around the clock. During the daytime, the municipality and the GP service must have established contact routes, clearly defined response arrangements. Municipalities must monitor whether these arrangements actually give staff prompt access to a doctor, including when the GP is unavailable.

Recommendation 2:

Municipalities must ensure that staff who follow up older people have the competence to recognise repeated falls as a possible sign of illness, injury or deterioration. Working methods must ensure that relevant information from next of kin is included in the overall assessment. The Norwegian Directorate of Health, in cooperation with the Centres for Development of Institutional and Home Care Services (USHT), can strengthen national professional support through advice, guidance and implementation support.

Recommendation 3:

Municipalities must regularly assess whether the services provided in staffed supported housing meet residents' needs and whether the service can adapt care when those needs change.

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