

Tom's Story



CASE STUDY: Reducing fear and falls

Fear and disorientation often result in increased risk of bed falls. In this case study, a user at risk of frequent bed falls trialled the FloorBed with remarkable results.

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➤ Case Study:

Tom is a 92 year old gentleman who was diagnosed with Vascular Dementia in 2011. He also has poor vision as a result of Macular Degeneration. Tom previously lived in his own home with his wife. In November 2013 he required more care than his wife could provide at home; he was moved into a care home where he was provided with a low rise bed of 350mm height (including the mattress).

Tom is not orientated to time, place, or people (other than his wife). He struggles to follow instructions and is not aware of the difference between night and day; he has very poor insight into his level of function and poor risk awareness. He is hoisted for transfers between the shower chair and bed as he is unable to weight bear. Tom experiences frequent and vivid hallucinations and becomes fearful of falling, even to the extent of imagining he is falling from an aeroplane or boat. Tom grips the edges of the bed whilst experiencing these hallucinations and appears agitated and anxious.

On one occasion Tom displayed these distressed and agitated behaviours for an extended period of time, thus making his care difficult. He had refused to sit out of bed for several months, and so was confined to bed. In spite of this, he would still attempt to get out of bed at inappropriate times. When the carers asked him to stay in bed, he would become agitated and raise his voice, telling them to leave him and go away.

Tom was identified as an appropriate candidate for the trial, as he was frequently attempting to get of bed alone, resulting in bed falls. Even with the use of a crash mat, these falls caused bruising, head injuries and other damage. Medical intervention was often required and incident reports were being completed on a regular basis.

➤ **Results:**

The FloorBed was provided for Tom and set very low when he was left alone. The carers and Tom's wife report that since having the bed, Tom has not attempted to get out of bed at all and so has not had any bed falls. They also report that Tom appears safe and comfortable in the bed and is happy to be left there alone. In addition, it is reported that Tom has been a lot calmer throughout the day and night. Since using the FloorBed, he appears more alert, more responsive and better able to follow instructions.

Another observation is that Tom has fewer and less intense hallucinations; Tom's wife believes that Tom feels a lot safer and more secure when left alone which has led to him being more relaxed and calm.

The carers report that the FloorBed has not only improved Tom's overall quality of life, but has also had a very positive impact on them. Relationships between the carers and Tom have greatly improved as they no longer have to cause him distress by repeated requests to stay in bed. The carers no longer have to fill out incident reports or provide such frequent supervision. The need for medical intervention has been significantly reduced, decreasing the carers' workload.

Statement from Carer:

"Best thing I've seen anywhere for people at risk, no risk of tripping on the crash mats. This helps the carers a lot – makes the residents much happier, no calling doctors, no incident form, not having to monitor him as much."

Statement from Tom's wife:

"He is much calmer in this bed, maybe he feels safer and the hallucinations have become much better."

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Since qualifying in 2006, Debra has worked as an Occupational Therapist in health and social care settings both in community and inpatient environments. After three years on a mixed NHS and Social Care rotation, Debra moved to Brent local authority where she worked for 5 years. She now divides her time between Luton local authority and a consultancy role with Accora.

Debra's role at Accora involves working alongside colleagues in the product development team, using her clinical knowledge and experience to advise on user needs. In addition, she delivers training from a clinical perspective on seating and bed falls risk management.
