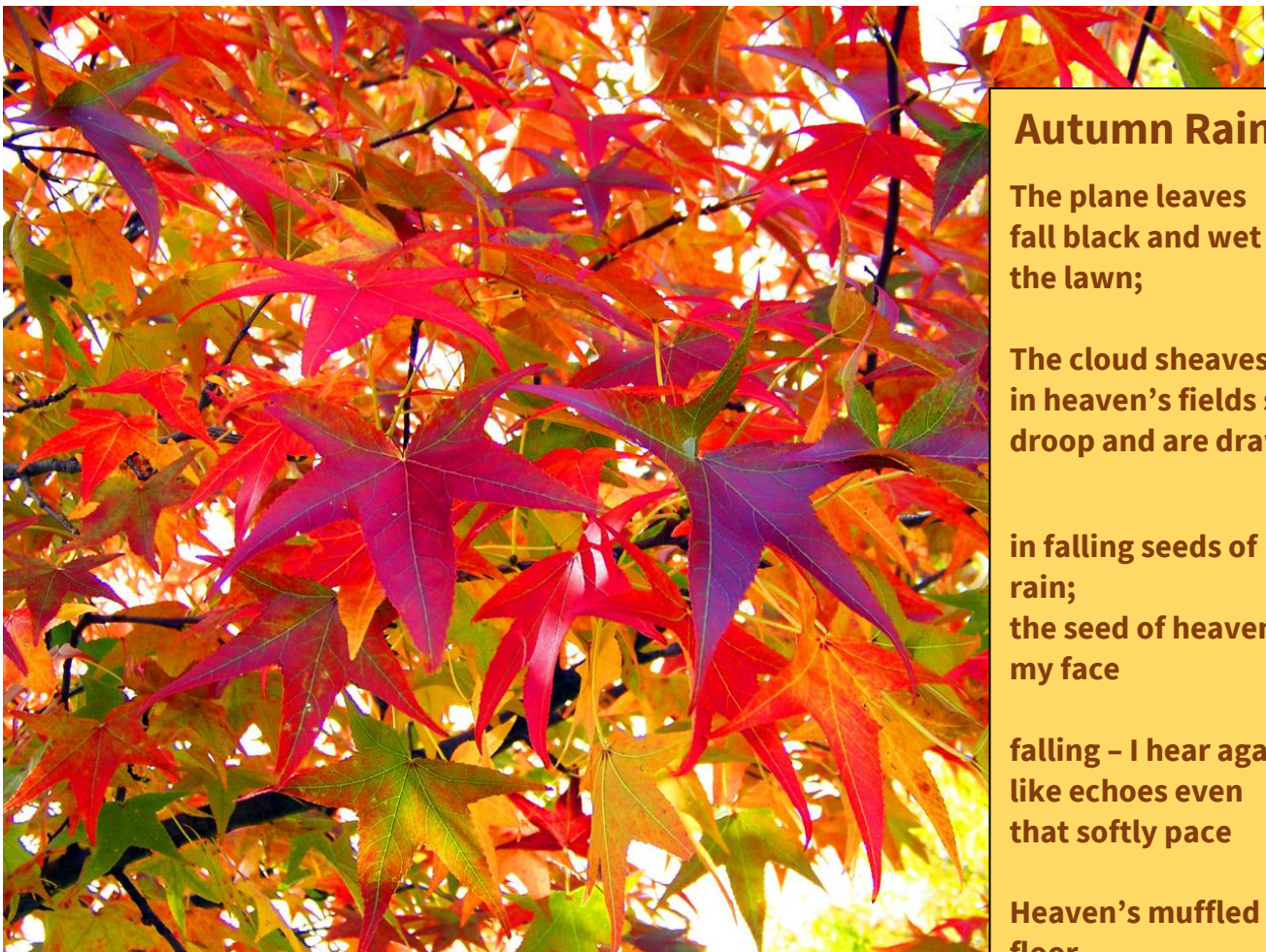


# BENTLEY WOOD NEWSLETTER

INCORPORATING YARRAWONGA AND MYRTLEFORD FACILITIES

## MARCH 2023



### Autumn Rain

The plane leaves  
fall black and wet on  
the lawn;

The cloud sheaves  
in heaven's fields set  
droop and are drawn

in falling seeds of  
rain;  
the seed of heaven on  
my face

falling – I hear again  
like echoes even  
that softly pace

Heaven's muffled  
floor.

*DH Lawrence*

## **Improvement Forms:**

*Residents, Resident Representatives and Visitors are encouraged to complete Improvement forms should you wish to provide feedback to the facility, Suggestions, Complaints and Compliments are welcomed as your feedback as always is important to us.*

*Improvement forms are available from Front Reception, please place completed forms in the locked Suggestion Box on the communication table in the residents' lounge area. Please don't hesitate to ask a staff member to assist, if needed.*

### **Food Safety Policy. 27.2.3**

#### **Instructions:**

1. Whilst this is the residents' home due to food safety requirements staff cannot be responsible for food brought in by residents or their relatives.
2. Food should be kept at an acceptable temperature by bringing it in a suitable container such as; insulated bag  $\pm$  an ice brick or a thermos flask.
3. Foods of *high risk* such as, cold meats, cooked chicken, pate or meat spreads, pre-prepared/packaged fruit or vegetable salads e.g. from salad bars, seafood, soft serve ice-cream, poultry, fish, dairy products, meat, eggs, rice brought in by the resident or relatives /friends must be consumed at the time of being brought to the facility. Staff must not store these food items or reheat them.
4. Food of low risk such as, biscuits, unfilled cakes, fruit, lollies are acceptable to be stored in sealed containers in the residents' rooms and served.
5. The Register of Food Donated /Brought to the Facility (27.2.3) needs to be completed if you bring food into the facility in case there are any problems.
6. **You must not give brought in food to other residents not only because of the food safety requirements but because the resident may have an allergy or a medical condition that may prevent them from eating the food including the possibility that they may choke.**

## Key facts

- Nearly 1 in 3 older Australians have experienced a fall in the past 12 months.
- Falls usually happen because gradual changes to our bodies make walking difficult, or they can be caused by hazards in and around the home.
- Falls can cause hip fractures and other injuries that require lengthy hospital care and long-term effects.
- See your doctor for a check-up if you have ever fallen before, even if you weren't injured as a result.

# Falls and the Elderly

## Why are falls a particular concern for older people?

Anyone can have a fall, but falls are a major health concern for older people (those aged 65 and over).

Falls are the leading cause of unintentional injury in older Australians. As our population ages and the number of older people grows, the likelihood of more falls and fall-related hospitalisations increases.

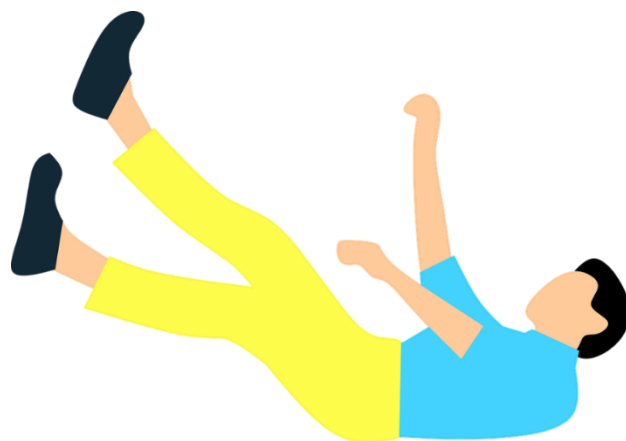
Nearly 1 in 3 older Australians have experienced a fall in the past 12 months. Of these, 1 in 5 required hospitalisation.

Even when falls don't cause an injury, they often trigger a loss of confidence in an older person and lead to an ongoing fear of falling. Over time, this can lead to the person limiting their movements and reducing their activity, which further increases the risk of falling.

Most falls, however, can be prevented and a person's risk of injury can be reduced. With motivation, healthy habits and an awareness of how to reduce risk, we can all play our part in preventing older people from having a fall.

## Why might older people fall?

If someone falls, it's not necessarily because they are not concentrating or they are clumsy. Reasons why older people might have a fall include:



## Changes to the body

Our bodies change gradually and over many years as part of the normal ageing process. As you get older, you may notice:

- balance problems, such as feeling unsteady when you walk.
- weaker muscles that, for example, make it harder to lift your feet when you walk.
- poorer eyesight, meaning you don't see quite as clearly, or have difficulty with sudden light changes or glare.
- slower reaction times.
- new health problems, such as incontinence (problems with urinating or with your bowels) or dementia.

These changes can be due to normal aging or they might be caused by an illness or condition. They can affect the way we move around — and sometimes they can cause us to fall.

## Dangers in and around the home

Nearly 2 out of 3 falls happen in and around the home. Common household hazards include:

- poor lighting
- unsafe footwear, such as loose slippers or narrow heels
- slippery surfaces, such as wet or polished floors, or spills
- trip hazards like rugs, floor mats and electrical cords
- steps and uneven surfaces

## Neglecting general health and wellbeing

Older people who don't keep physically active or fit tend to have poorer balance and weaker muscles, which increases the likelihood of their having a fall. Not eating well and not drinking enough water can also make it difficult for them to be strong enough to move about safely.

## What other risk factors are there for a fall?

Certain conditions increase the likelihood of a person falling. These include:

- A history of previous falls — If you have fallen more than once in the past 6 months, you are more likely to fall again.
- [Low blood pressure](#) — Older people with naturally low blood pressure may feel light-headed, dizzy or unsteady while moving.
- Postural (orthostatic) hypotension — With this condition, blood pressure drops when someone changes position, such as going from sitting to standing. Older people with postural hypotension — whether natural or due to a medication's side effect — are at increased risk of having a fall.
- [Incontinence](#) — You may need to hurry to the toilet often, increasing the risk of a fall, particularly at night.
- [Stroke](#), [Parkinson's disease](#) and [arthritis](#) — These conditions change the way you move, and make it harder to react quickly and stop yourself if you stumble.
- [Diabetes](#) — Changes in blood sugar levels can make you feel faint. Diabetes can also affect your eyesight and reduce feeling in your feet and legs.
- [Depression](#) — Older people with depression may take a medicine that can increase their risk of falling.
- [Alzheimer's disease](#) and other dementia — Older persons with dementia can become less aware of their surroundings and less able to react quickly.

While [osteoporosis](#) — characterised by thin, weak bones — is not a risk factor for falls, if someone does fall, there's a higher chance of their breaking or fracturing a bone.

## When should I see my doctor?

Speak with your doctor if you've had a fall — even if you feel fine. Falls could signal any one of a range of health issues, including a new medical problem, a side effect of your medications, balance problems or muscle weakness. Your doctor can suggest ways to reduce your chance of falling in the future.

It's also a good idea to see your doctor for regular check-ups. This helps to ensure any concerns you might have been addressed before they contribute to a more serious fall in the future.

## How are falls treated?

If you have had a fall, or you're concerned about your risk of experiencing a fall, your doctor may suggest the following interventions.

### ***Vitamin D and calcium supplements***

Your doctor may suggest taking [Vitamin D](#) and [calcium](#) supplements. This will help to improve your [bone health](#) and reduce the likelihood that a fall will cause a fracture.

### ***Medications review***

Some medicines cause side effects such as drowsiness, confusion, unsteadiness, or dizziness. Since these side effects can increase your risk of falling, your doctor or pharmacist can carry out a medication review to see if changes are needed.

### ***Podiatry assessment***

Ageing causes changes to the feet which can change the way we walk and our balance. If you have painful or swollen feet from walking or get other symptoms like tingling or pins and needles, see a podiatrist for advice on ways to improve your circulation, decrease swelling and reduce pain in the legs and feet.

### ***Eyesight assessments and cataract surgery***

Early detection of any [eye problems](#) can stop them from getting worse. See your optometrist or doctor to get your eyes checked. If you struggle to see due to cataracts, surgery to remove these will help you reduce the likelihood of future falls and fractures.

### ***Hip protectors***

Older people are particularly vulnerable to hip fractures, the most common injury from a fall. Consider whether hip protectors might be suitable for you. These are placed inside special underwear and positioned over the hips to protect them in case of a fall. They reduce the likelihood of a broken hip, particularly for those who have osteoporosis or who fall frequently.

## How can falls be prevented?

There are many practical ways to reduce the risk of falls occurring, including:

### *Lifestyle changes*

- Keep physically active. Whatever your age, aim to do at least 30 minutes of activity, 5 times a week that will help make you stronger and improve your balance. Suitable activities include tai chi, dancing, and group exercise programs.
- Eat healthily. Enjoy a wide variety of foods and drink, particularly during hot weather. Food supplements may help if you are very thin.
- Stand up slowly after you have been lying down or sitting to prevent posture-related dizziness.

### *Changes around the home*

You can also reduce the risk of your falling by making positive changes to 3 types of potential hazard found in your home: lighting, slipping, and tripping.

#### *Lighting*

Good lighting around the house is important. Turn lights on when you walk around. Leave hallway lights on at night. You can reduce glare inside your house by using net curtains or blinds on your windows. These changes make it easy for your eyes to see where you are going and reduce the chances of a fall.

#### *Slipping*

Changing what you wear around the home and fixing dangerous surfaces can reduce the risk of slips occurring. Use non-slip mats in wet zones, such as the shower and bathroom. For larger rooms, it may be worth making the whole floor with non-slip material. Install handrails or a seat in the shower or bath. Place non-skid tape on the edges of steps and stairs to make it easier to see. Remove moss, slime or fallen leaves from outdoor paths. Wearing properly fitted shoes that fit firmly to the foot can also help prevent slips.

#### *Tripping*

Even small things can be trip hazards. Keep any walkways clear of clutter, and tape down any electrical cords along skirting boards. Mark any small changes in floor level with contrasting colour so they're clearly seen. Install a "draught excluder" on the bottom of doors instead of loose material that can be tripped over. Get rid of old mats and torn or stretched carpet.

## Are there complications following a fall?

Falls can cause hip and thigh injuries both in men and women. They are the most common reason for hip fracture hospital admissions (9 in 10 cases). Other injuries that result from falls include head injuries, wrist fractures and other injuries.

Hip fractures also impose a heavy long-term burden as older people become less independent, more reliant on family members and carers, and have an increased chance of moving into an aged care facility.

After a fall, many older people become fearful of falling again and lose confidence in walking. You may start to do less physical activity. However, over time this reduced movement makes it more likely that you'll have another fall because of poorer balance, weaker muscles and stiffer joints.



Free Australian health advice you can count on.

Article courtesy of: <https://www.healthdirect.gov.au/>



### Visit from P1 – Year 10 Students

*On Tuesday the 28<sup>th</sup> of March the Residents at Woods Point Aged Care will be having a visit from Year 10 Students from P12 Yarrawonga.*

*There will be 22 Students coming along and will participate in activities with our Residents.*



At Bentley Wood our residents are assessed regularly for falls risk and measures are put in place to ensure the risk of falls for our residents is minimal as possible. We have a Falls Prevention Plan which includes providing information to staff and residents as follows:

All Residents undergo a comprehensive assessment including:

- Falls Risk Assessment tool (FRAT)
- Nutrition chart
- Fluid chart
- Safe shoe checklist
- Timed up and go test (TUG)
- Contenance assessment
- Equipment assessment
- Medication review
- Hearing assessment
- Vision assessment
- Hip protector assessment
- Vitamin D administration
- Environmental checklist
- Exercise program
- Mini mental

Throughout our facilities we have signs outlining what to do in the unfortunate circumstance that a resident does have a fall and all residents are advised of this.

We also have low beds available for those residents who require them so that if they do fall out of bed, as it is lowered, the risk of serious injury is minimised.

Residents who are at risk of falls also have alarms installed in their rooms.

Following all this if a Resident does have a fall, a full investigation is undertaken using the Falls Report Residential setting form to determine why the Resident did fall and how can it be prevented.

### If You Fall



**S**tay where you are.  
Don't try to get up.

**T**ry to get help.  
Call out  
Press the buzzer  
Bang the furniture  
(Make Noise)

**O**bserve  
Are you hurt?  
Why did you fall?

**P**articipate  
Staff will help you  
To rise after a fall.

## **What are Hip Protectors?**

Hip protectors are highly recommended for those people who are at risk of falls and/or have osteoporosis and help to reduce the chance of breaking a hip in the event of a fall.

They will not, however, prevent all hips from breaking. In the event of a car accident, falls onto the bottom, or in cases of severe osteoporosis, injuries including hip fracture could still occur.

**A study in Denmark found that the chance of hip fracture will reduce by at least 50% in older people who were living in a nursing home. The study found no adverse effects from the wearing of the hip protectors.**

Hip protectors are small plastic shields that fit over the bone on the outer part of each thigh below the hip it is a stiff but flexible plastic. They are held by modified underwear that has a pocket on each side to hold the shield. Because they slip into the pocket, they do not come into direct contact of the skin. The protectors do not irritate the skin and are comfortable to wear.

The underwear used is a micro fibre garment with the pockets sewn.



The 2023 AFL Footy Season is about to kick off for another year. At both of our facilities (ie Woods Point and Myrtleford, our Residents will be able to participate in a Footy Tipping Competition. Each facility conducts its own competition.

**Yarrowonga - Cost: \$20      Myrtleford - Cost \$23**

The season starts on the 16th of March and for those residents interested in participating will need to register and pay by the 11th of March.

For further information contact the Activities staff in each facility.





*Management and staff of Bentley Wood wish to pass on their condolences to family and friends of residents who have sadly passed.*

## **Yarrawonga:**

Joan (Vera) Anderson

John Ryder

Doreen (Dolly) Cassidy

John Lodge

Alan Hargreaves

## **Myrtleford**

Donald Arnold





# HAPPY BIRTHDAY

**MARCH 2023**

## **Yarrowonga**

- 3<sup>rd</sup> Don O'Rafferty**  
**9<sup>th</sup> Marion Saunders**  
**13<sup>th</sup> Pamela Gibbons**  
**Norman Looby**  
**14<sup>th</sup> Marguerite Bruton**  
**21<sup>st</sup> Rae Burns**  
**29<sup>th</sup> Heinz Baytala**  
**30<sup>th</sup> Andrew Spilva**

## **Myrtleford**

- 1<sup>st</sup> Lyn King**  
**4<sup>th</sup> Doreen McIlroy**  
**20<sup>th</sup> Lorraine Clasby**

## Resident Activities

During February, our Residents at Woods Point have been very busy with activities including art and craft, visits from dogs and puppies as well as a sing along much to their enjoyment.

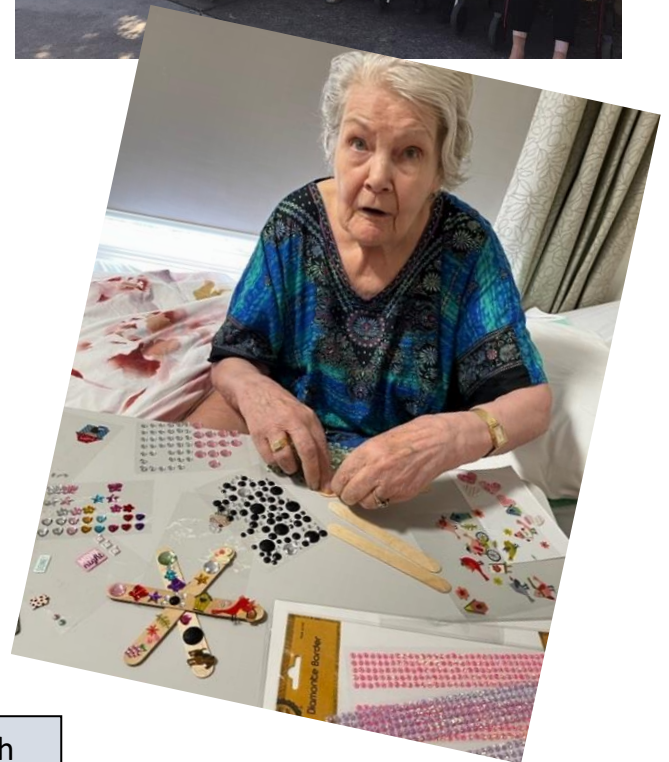
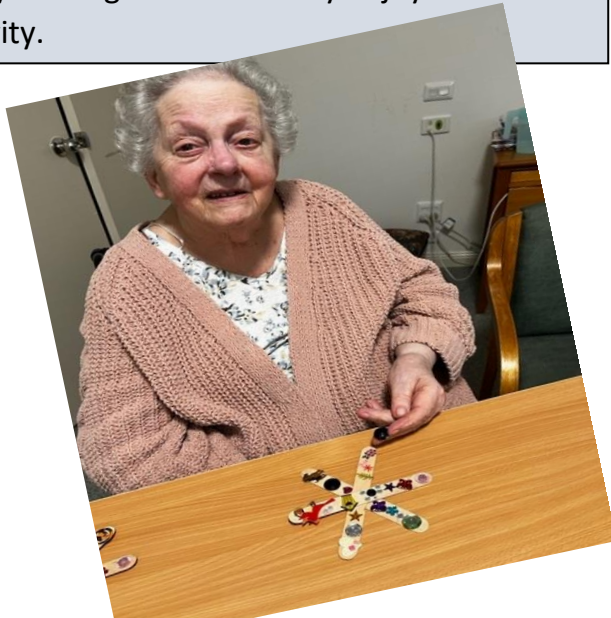
Elaine, Marguerite, Bob and Muriel all enjoyed a cuddle of the puppy.



# Resident Activities

Over in our Myrtleford facility, there is a group of residents who have come together as a walking group and every morning go for a walk following their exercises with the Physiotherapist. Pictured here is the walking group outside the facility.

Other pictures below show the residents participating in a new craft activity using coloured beads and stickers to create unique artwork to place on their room doors. Both Betty and Ingrid below really enjoyed this activity.



Card afternoons have become a great pastime with our residents at Myrtleford Lodge. Serafina, Silvio, Silvia and Domenico are enjoying a friendly game together

Spiritual care is provided at both our facilities each week through Anglican, Catholic and Uniting Church.

