

# 1 Incident details

In a communal area of a care home, a resident was hoisted into a standard riser-recliner chair. They lacked any ability to support their own posture or communicate. Made comfortable and legs elevated via the remote control. Staff then went to assist other residents before a planned function was due to start. While unattended, another resident without capacity found the remote control to the chair and with no mal-intention raised and tilted the chair and the resident fell out. The individual sustained a head injury, and subsequently passed away.

# 2 Coroner concerns

- “These chairs are commonplace in care home settings, where residents have cognitive impairment ... the risks.... was (sic)not foreseen... then it is likely others have not foreseen it either”
- “Enquiries with manufacturers ...about the ability to “lock” the remote control ...cannot be purchased and there do not appear to be any regulatory or manufacturing standards (over and above manufacturing standards for consumers).”

# 3 Who is at risk?

- Everyone who uses an electric rise and recliner chair in any setting.
- Vulnerable individuals: with limited mobility, unable to support themselves.
- People with limited communication, who are unable to alert someone to the situation happening.
- Even with capacity and communication skills an individual may not physically be able to stop it happening.
- Limited dexterity to use remote control.
- People living with others with needs and/or pets.

# 4 Action to be taken

Ensuring that Individual risk assessments are in place based on all service users not just those using the chair.  
Risk assess the environments e.g. communal rooms and own bedrooms where others are able to access.

Risks discussed with residents, family members and staff especially if they own the chair or are planning a purchase. Risks to be highlighted during staff induction.

Monitor movement of chairs around the care home, update risk assessment.

# 5 Prevention

Placing the remote control inside pocket of chair as a protective measure. Switching off the electric supply to chair or unplug, however being aware of this measure, so as not to waste time in an emergency as this could cause health and safety issues if needed to be operated quickly.

Communal areas having staff present to assist and monitor residents. Permanently immobilising chairs not in use.

If there are any concerns about a resident, they are entitled to an OT assessment via GP/PCN. Consider choice and capacity.

# 6 Maintaining safety

Staff allocation to communal areas to be audited.  
Reporting and recognising near misses. Considering and assessing new admissions. Staff inductions to understand risk and risk assessments.

Identify who is responsible for completing risk assessments and the frequency of reviewing and reassessing. Audit monthly to ensure protective measures are in place. Process of information sharing with all staff and other homes within company. A consideration for all environments, acute, community, hospices and own homes.

# 7 Useful references

Example of risk assessments and monthly audit for possible adaption to meet your service need.

[COT-Risk-Assessment-Riser-Recliner-Chairs-16-10-12.pdf](#)  
([newport.gov.uk](http://newport.gov.uk))