

The Power of Delegation

Real stories from carers delivering delegated healthcare activities

How did you find out about delegated healthcare activity?

I first learned about the delegated healthcare activity (the post-fall assessment process) during a team meeting at Woodside Grange, where the [iStumble tool](#) was introduced. Previously, care staff had to wait for paramedics to attend every time a resident fell before they could move them. This often meant the person remained on the floor for a long time, causing distress and frequently resulting in an unnecessary hospital visit.

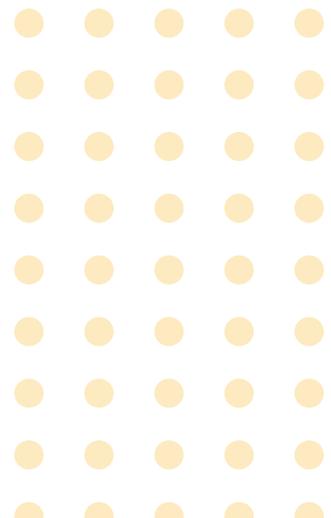
Our Director of Care and Development explained that, with a lifting cushion available, senior care and nursing staff would complete the post-fall assessment as a delegated healthcare activity. The iStumble tool provides a clear, step-by-step process to determine whether it is safe to lift the person using the cushion or whether they should remain where they are and wait for the ambulance service. This reduces distress for the person who may not need to wait on the floor and provides clear escalation when needed.

The delegation was supported with written guidance and a structured training session delivered by paramedics from the North East Ambulance Service (NEAS), covering iStumble in detail and confirming thresholds for escalation. It was clear that this was a carefully considered delegation, with safety and resident wellbeing at the centre. I appreciated that we were being trusted with more responsibility and that ongoing advice from NEAS was available when we needed it.



By Clare Whould,
Quality Lead at
St Martins Care.

Setting:
Residential Care
Homes and Care
Homes with
Nursing.

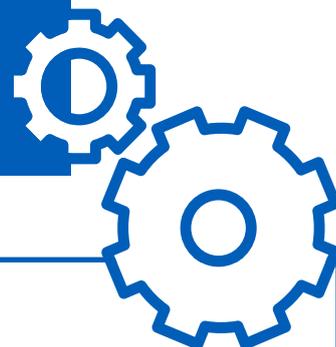


What was your experience?

It's a big responsibility to carry out a post-fall assessment using iStumble, but having a supportive team (including nurses, nursing associates, seniors, and experienced care staff) makes a real difference. We also have ongoing support from NEAS, which is reassuring as we make decisions, carry out safe clinical observations, and act appropriately. In this scenario, the delegator is the paramedic, who delegates to the care staff to complete the assessment and escalate if needed. Acknowledging this support was important because it gave us confidence in managing these situations safely and effectively.

At first, I was nervous, as we know falls can be distressing for the resident, others around at the time, and the staff involved. The training, practice, and support helped me feel more prepared. My first experience using iStumble was with a resident who had slipped near their bed. I followed the checklist carefully, checking for pain, movement, and consciousness. It was reassuring to have a clear structure to follow, and I knew that if anything seemed uncertain, I could ask for support from a clinical lead.

The resident was calm and reassured by my confidence, and we were able to safely use the lifting cushion without needing to call an ambulance. That experience gave me a real sense of pride and showed me how valuable our role is in early intervention and resident safety.



What was the process?

The process of being delegated the post-falls assessment task was structured and supportive. It began with a formal training session delivered by NEAS, who introduced the iStumble tool and explained its purpose. We learned how to assess for signs of injury, pain, confusion, and mobility before deciding whether it was safe to use the lifting cushion. The training included both theory and practical demonstrations, and we were given printed guidance to refer to during shifts.

After training, we were observed performing the assessment under supervision. We practiced repeatedly, using simulated fall scenarios where I would lie on the floor and ask staff to get me up using iStumble and the lifting cushion. This helped ensure we followed the iStumble steps correctly and documented everything accurately.

Supervision didn't stop there. We encouraged the team to ask questions, and clinical advice remained available to support us during any fall incidents. This ongoing support helped build confidence and ensured continuous learning.

Overall, the process was clear, collaborative, and focused on safety. It gave us the tools and reassurance we needed to carry out the activity effectively and responsibly.

What were the challenges and how did you overcome them?

Clare's challenges

One of the main challenges was the initial anxiety about carrying out post-fall assessments. We're used to supporting residents with daily needs, but assessing someone after a fall felt like a significant responsibility. I was concerned about following the process correctly and ensuring safety.

To overcome this, additional support was provided during my first few assessments. We continued to revisit the iStumble checklist regularly, and the Clinical Leads, as well as NEAS were very supportive. They reminded us that if we were ever unsure, we should seek further advice. Over time, we grew more confident in using the tool and escalating when necessary.

Another challenge was managing the emotional side of falls. Residents can be frightened or in pain, and others nearby may also feel distressed. In these moments, I learned to stay calm, speak gently, and lead the situation with reassurance. Having a clear protocol helped reduce panic and gave me something to anchor to.

There were also practical challenges, such as ensuring the lifting cushion was charged and accessible. We keep it in the same place so everyone knows where to find it. On one occasion, the charger didn't work, but this was resolved within a few days. We now check the equipment regularly to avoid delays.

Communicating with families after a fall can be sensitive. I've learned to be honest, reassuring, and explain that we followed the correct procedure. Over time, my confidence has grown, and I now feel capable of responding to falls safely, professionally and with care.



What was the impact on others?

Person drawing on care and support

The biggest impact has been on the residents themselves. Before using the lifting cushions and iStumble, they often had to wait for paramedics after a fall, even when there were no injuries. This led to long periods on the floor, discomfort, and distress. Now residents are helped up more quickly and safely, reducing the risk of complications from a long lie, and emotional distress. Residents have expressed relief and gratitude when we respond promptly and confidently.

Family members

Families have responded positively to the change. They feel reassured knowing that staff are trained to respond to falls safely and that their loved ones won't be left waiting unnecessarily. When we explain the process and how we use iStumble to make safe decisions, it builds trust. One family member even commented that they were impressed by how quickly and professionally we responded to a recent fall, and that it gave them peace of mind.

The organisation

It has improved resident wellbeing, reducing hospital admissions, and reduced unnecessary ambulance call-outs, which benefits both the care home and the wider healthcare system. It has also empowered the care team to feel more valued and capable, which contributes to better job satisfaction. The home's ability to respond swiftly to falls has also been noted positively in audits and inspections.

Regulated healthcare professionals

As a team, we now feel more confident in the management of post-fall assessments. This process has strengthened our relationship across teams, including our nurses, community nursing teams and the NEAS, fostering mutual respect and collaboration. They trust us to carry out the first steps, which has helped to improve outcomes for residents, and reduce hospital admissions.

What would be your top tips for other carers thinking about delegation?



Take your time to learn the process properly and don't be afraid to ask questions. Use the tools provided like iStumble as your guide and always escalate if you're unsure. Stay calm, follow the steps, and trust your training. Most importantly, remember that delegation is a sign of trust in your abilities, it's a chance to grow and make a real difference in residents' lives.

Is there anything else you would like to share about your delegated healthcare activity journey?

This journey has been empowering, it's shown me that with the right training and support, we can take on more responsibility and contribute meaningfully to the wellbeing of the residents after a fall. I've gained confidence, new skills, and a deeper understanding of how to keep residents safe. I think it's strengthened the team, we are working more closely than ever, and that benefits everyone.