Elizabeth Finn Homes

Falls Prevention and Management of Risk Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as ‘we statements’, they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Person-centred care

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Scope

A fall is defined as an event which causes a person to, unintentionally, rest on the ground or a lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard.

Falls are a common, but often overlooked, cause of injury. Around 1 in 3 adults over 65 who live at home will have at least one fall a year, and about half of these will have more frequent falls.

Falls can lead to injury and even death, especially in people over 75 where falls is the leading cause of injury related death.

Falls can become recurrent and result in injuries including head injuries and hip fractures.

Falls are events resulting from the presence of risk factors. The likelihood and severity of injury resulting from an event is related to bone health. People with low bone mineral density are more likely to experience a fracture following a fall. One of the main reasons why people have low bone mineral density is osteoporosis.

Over 3 million people in the UK have osteoporosis and they are at much greater risk of fragility fractures. Hip fractures alone account for 1.8 million hospital bed days and £1.9 billion in hospital costs every year, excluding the high cost of social care.

Causes of falls

The causes of having a fall are multifactorial – a fall is the result of the interplay of multiple risk factors. These include:

- having a history of falls
- muscle weakness
- poor balance
- visual impairment
- polypharmacy - and the use of certain medicines
- environmental hazards and a number of specific conditions.

Frailty is a clinically recognised state of increased vulnerability in older adults. It is associated with a decline in an individual's physical and psychological reserves. Frailty is related to falls in that an older person living with frailty has an increased risk of falling; conversely, a fall may be a sign of underlying frailty.

People who are Known to be at Increased Risk of Falls:

- Over 65 years of age
- History of falls
- Mobility impairment
- Person in need of frequent toileting especially at night
- Person agitated or confused
- Sensory deficits e.g. vision, hearing, sensation
- Neurological changes
- Medication known to affect balance/cognition or poly-pharmacy
- Medications that Increase Risk of Falls

Older people are more sensitive to the effects of medication and evidence suggests that there is a significantly increased risk of falling in those people that receive the following medications:

- Psychotropic medication (neuroleptics, benzodiazepines and antidepressants)
- Anti-arrhythmic medications
- Digoxin
- Diuretics

- Opioids

NICE recommends that older people coming into contact with professionals and organisations that have health and social care as part of their remit should be asked routinely about falls. Older people reporting a fall or at risk of falling should be considered for risk assessment and risk reduction interventions.

EFH will as part of the admission procedure and ongoing evaluation of the residents care plan continually assess the risk of falling and implement interventions where practicably possible to reduce such risk.

EFH will recognise that following every fall there will be a review of the risk and after one fall each resident will be referred where possible to an appropriate Falls Clinic / Care Home Support Team / GP/ANP.

An incident form 3.0 must be completed after a fall, the Registered Manager informed, and an investigation undertaken by the manager to identify learnings.

An Incident Follow On Form 3.04 will be completed after every fall.

Staff should be aware of the factors that contribute to falls risks, and work with residents and families to minimise them. Delirium and confusion can contribute to falls, and residents suffering from delirium and confusion will need additional support.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

This policy needs to be read, understood and followed by all members of staff delivering care and their managers.

The likelihood and severity of injury resulting from a fall is related but not limited to a number of possible factors including bone health, risk of falls, frailty and low weight.

The care assessments and care and support plans include risk assessments associated with the health of the resident and link to their mobility risk assessment. The purpose of this policy is to:

- Make staff aware of the risks factors that contribute to the risk of residents falling.
- The actions that staff can take to minimise the risk of falls when supporting residents.
- Promote a safe environment using effective assessment and intervention.
- Support residents to remain independent, empowered and safe through person-centred care planning.
- Ensure supportive observation is a shared responsibility between members of the multi-disciplinary team.
- Staff understand the referral pathway to local services available in the community to reduce fall risks.

All staff must read and follow this policy and raise any questions or concerns with the Registered Manager if they are unsure or require additional support and/or training relevant to falls management.

The Policy

EFH is committed to the safe, effective, caring, responsive and well-led delivery of service to ensure a high-quality service to the residents who receive care and support. This will be achieved through training, competency assessment and effective risk management.

A resident referred to EFH will have a falls risk assessment documented through Access Care and Clinical Form 1.05 completed as part of the initial needs assessment that feeds into the personal care and support plan for that resident. A health and safety risk assessment will also be completed of the resident's bedroom environment to ensure that hazards are identified and risks minimised.

The staff member completing the risk assessment is responsible for:

- Fully documenting the risk assessment, including updating progress notes, the falls risk assessment and associated care plan.
- Alerting the team to the risk of falls and ensuring interventions to minimise the risk of falls are implemented.
- Making appropriate referrals as indicated on the assessment, with the agreement of the person.

This will include all details required for the assessment of risk.

This information will be used in conjunction with HSP 24 to mitigate the risk.

Care plans will include personal risk factors:

- weak muscles, unsteadiness (poor balance) and/or difficulty walking and moving around
- slowed reactions
- foot problems
- numbness in the ankles and feet
- vision and hearing problems
- dizziness or blackouts
- seizures
- continence problems
- fear of falling
- pain
- cognitive problems, such as memory loss, lack of awareness of safety, a person not knowing their own limits and risk, impulsive behaviour, confusion (acute or chronic) and reduced understanding.

Care plans will also take into consideration environmental factors:

- poor lighting, especially on stairs
- low temperature
- wet, slippery or uneven floor surfaces
- clutter
- chairs, toilets or beds being too high, low or unstable • inappropriate or unsafe walking aids
- inadequately maintained wheelchairs, for example, brakes not locking
- improper use of wheelchairs, for example, failing to clear foot plates
- unsafe or absent equipment, such as handrails • loose fitting footwear and clothing. Certain activities can be 'high risk' because of the specific interaction of risk factors involved, for example, getting up to use the toilet at night. Risk could relate to a person's strength, balance and walking, but also to their inability to use a call bell to get help and lack of lighting.

When staff attend to resident's personal care, they should:

- Routinely ask residents about any falls.
- Observe residents for deficits in gait and balance.

- Ensure residents have appropriate footwear.

- Know how to recognise the signs of potential risks that could increase a risk of falling.
- Assess potential risks, including changing needs and medical conditions which might predispose a person to a fall.
- Reassure residents and their carers or families, that help is available to reduce the risk of falling e.g. assessment from an Occupational Therapist (OT).
- When leaving, staff should check that the resident is left safe by ensuring, for example, that they have glasses or visual aids to hand, and the environment is free of hazards.

The following can influence falls and should be reviewed or considered:

- Shock absorbent pads e.g. hip protector pads absorb the shock when hitting the ground and works to minimise the chance of hip fractures
- Adjustable height beds - easier for the individual to get in or out of bed independently and therefore reduces the potential of a fall.
- Personal alarms – able to raise alarm when resident has fallen.
- Exercise and activity for balance, strength and mobility.
- Outpatient 'balance' classes or physiotherapists' 'falls prevention classes can be arranged through GP and NHS.
- Calcium and vitamin D supplements, i.e. to minimise Osteoporosis. This must be discussed with the GP.
- Medication review with GP.
- Sight checks, as sight plays an important part in balance and gait stability.
- Footwear: residents are encouraged to wear non-slip footwear.
- Footwear should also be comfortable and well fitting.
- Floppy slippers or shoes will add to the danger of falling and must be discouraged.
- Foot care: hard skin or corns cause pain and this causes mobility problems.

Appropriate seating:

- Seats that are too low, can cause problems in getting up and can lead to a loss of balance.
- Seats that are too high where the feet do not touch the ground result in the problem of overbalancing.

Walking aids:

- An occupational therapist or physiotherapist must always be involved in choice and use of these.
- They should be regularly checked for damage.
- They must be cleaned to prevent cross infection
- The rubber ends (ferrules) must be regularly checked and replaced as necessary to prevent slipping.
- Walking aids must be regularly reviewed as the individual's needs change. They should always be kept within easy reach of the individual.
- Staff must be vigilant and put equipment away so as not to create a hazard.

Physical intervention: for example, bed rails must be fully risk assessed and discussed with the relevant professional before being used or implemented.

Residents and family members must be involved. It is important that the individual with capacity understands what is being suggested to help prevent falls and also that they consent to what is being put in place.

Effective staff training is important. Staff need to be aware of who is at risk and what risks need to be considered when considering falls management.

Good communication and recording play an important part in recognising potential risks to the individual and prevention of falls i.e. recording and learning from incidents and near misses.

Understanding why people fall and what can be done to prevent it assists staff to keep the individual safe.

Incontinence management: people often fall when rushing to the toilet for fear of incontinence.

The individual's medication needs to be considered, the dose and time of day prescribed where this impacts on continence.

The individual needs to know where the toilet/commodes are, and the necessary aids should be in place to enable them to use it safely.

The use of incontinence aids that reduce the fear to the individual of having an accident could be considered.

Postural hypertension is a medical condition where blood pressure falls rapidly after the body changes position most commonly occurring after standing up after sitting for long periods of time. This can be managed by making movements more slowly and being aware of the condition.

Personal items should be kept in easy reach or accessible to the individual:

- For example, the phone, spectacles, radio.
- This will prevent unnecessary movement for someone with poor mobility or balance.

However, mobility is important so this goes along side keeping the area free of hazards so people can walk around safely and still mobilise when appropriate.

All falls both witnessed and unwitnessed will be reported through Access Care and Clinical Incident report and residents care plan evaluated after a fall.

Management of People Who Experience a Fall

PLEASE REFER TO MANAGEMENT OF SLIPS, TRIPS AND FALLS POLICY (Includes post Fall Protocol)

EFH is committed to maintaining residents' safety, and minimising the risk of injury to residents and staff.

If present as the resident is falling staff should:

- Attempt to protect the resident's head; this should not compromise the staff member's safety.
- Try to move any objects which may cause injury to the resident.
- Not intervene if they have any personal physical limitations e.g. pregnancy or musculoskeletal injuries.
- Not catch, support the full body weight, or physically lower a falling resident, but instead consider the option of redirecting them e.g. guiding them away from harm without taking full body weight.

Essential Care After a Fall

Refer to EFH Post Falls Protocol

Following a fall there is still an opportunity to reduce the degree of harm to the person by:

- Assessing any injuries. This includes checking for signs and symptoms of fracture, potential for spinal injury or serious head injury before the person is moved. If there is any clinical uncertainty staff must not move the person, or use any hoist, and seek medical support.
- Dialling 999 and seek emergency support if the individual has seriously hurt themselves e.g. suspected head injury, a broken bone, open wound or similar.
- Considering what caused the resident to fall and to take any remedial action.
- Completing the incident form and ensure that the Registered Manager is aware. The Registered Manager will follow the Accidents & Incidents (Reporting & Managing) Policy e.g. investigation and learning outcomes.
- Reviewing the falls risk assessment for the resident.

Delirium

Sudden confusion (delirium) can have many different causes. Staff should seek medical support immediately if a resident suddenly becomes confused (delirious).

The causes for this can be numerous but include:

- An infection – urinary tract infections (UTIs) are a common cause in elderly people or people living with dementia
- A stroke or TIA ("mini-stroke")
- A low blood sugar level in people with diabetes
- A head injury
- Some types of prescription medicine
- Alcohol poisoning or alcohol withdrawal
- Taking illegal drugs
- Carbon monoxide poisoning – especially if other people in the environment are unwell
- A severe asthma attack – or other problems with the lungs or heart
- Varying capacity for residents living with dementia

Staff should be vigilant of residents who are at risk of developing delirium, e.g. a history of UTI, as these persons are often at high risk of falling.

If a resident demonstrates signs of delirium, staff should request a medical assessment from the GP, or if they are concerned about the residents immediate safety they should dial 999 and call for an ambulance. Where appropriate they should liaise with other health or social care services involved in the resident's care.

In supporting a resident with delirium:

- Where possible, the resident should be cared for by staff who are familiar to them.
- Staff should avoid moving the resident within and between rooms unless necessary.
- Promote positive orientation for the resident, where possible, by providing appropriate lighting, clear signage, an easily visible clock and calendar.
- Talking to the person to reorientate them, explaining where they are, who they are and the roles of the members of the team.
- Assess, as far as possible, whether the resident is suffering from dehydration, constipation, poor nutrition, pain, sensory impairment or hypoxia (a condition in which the body or a region of the body is deprived of adequate oxygen supply at the tissue level.
- Encourage mobility.
- Promote good sleep patterns and sleep hygiene.

Serious Incident Investigation

Serious incidents relating to falls incidents must be reported and investigated in line with EFH Accident & Incidents (Reporting & Managing) Policy.

All serious incidents must be reported to the Registered Manager / On Call Manager as soon as possible after the incident. Out of office hours the senior manager on call should be made aware of the incident. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), CQC and commissioner, safeguarding and duty of candour processes may need to be followed.

Mental Capacity Act 2005

Residents who lack capacity will require support to prevent falls that does not deprive them of their liberty and follows the Mental Capacity Act 2005 Code of Practice (see our Mental Capacity Policy). A DoLS referral or Best Interest should be obtained if necessary e.g. where there is concern that the falls support restricts the resident liberty for example the use of bed rails.

Training

Care staff are provided with training regarding Falls Management at all suitable stages of their employment from induction onwards.

Seeking Feedback about

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of Falls / Risk Management of a resident where it is appropriate to do so. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make because of their feedback.

References

Falls in older people: assessing risk and prevention, NICE

Head injury: assessment and early management, NICE, Clinical Guideline 176. Updated 2017.

Falls in older people, NICE, Quality Standard 86 (reviewed 2017)

Delirium: diagnosis, prevention and management, NICE, Clinical Guideline 103

RIDDOR

Review date	Next Review Date
May 2024	May 2027