# Adult Social Care

# Falls Prevention Practice Guidance for Use by Staff Working in Domiciliary Care and Day Centres

# Version 2a

**Contents**



If you would like to make any comments, amendments, additions etc. please email ASCH.AdultCare.Policy@derbyshire.gov.uk

## Aims

This policy has been produced for operational staff working within Derbyshire County Council's regulated homecare and day care services for adults. The purpose of the policy is to support staff to identify individuals who are at risk of falls and to identify the range of interventions that may be required, to reduce the risk of falls and reduce the severity of harm where harm does occur.

The policy applies to all adults being cared in their own home or at day centre services provided by Derbyshire County Council and aims to promote a culture that falls are not an inevitable sign of ageing whilst acknowledging that not all falls can be prevented, and that a **proactive rather than reactive** strategy should be implemented.

For the purposes of this policy a 'fall' is an event that results in a person coming to rest inadvertently on the ground or floor or other lower level (World Health Organisation 2018).

This policy has been produced in consultation with relevant medical, safety and regulatory bodies and incorporates guidance from:

- Derbyshire and Derby Joint Strategic Needs Assessment Falls in Older People 2017
- Five Steps to Risk Assessment Health and Safety Executive 2011
- Falls in Older People NICE Guidance CG161 June 2013
- Falls in Older People NICE Quality Standard QS86 updated January 2017
- Falls prevention: DCHS
- Age UK: Live Stronger for Longer

## Risk and Risk Management

The management of risks involves identifying and controlling hazards before an incident arises. A hazard being anything with the potential to cause harm (this could be a matter that relates to the individual, such as drug prescription or to an environmental hazard such as a cluttered environment). Completing and regularly reviewing risk assessments will ensure that information is up to date and takes account of any developments with the individual's presentation.

When a person receives a service these risks are assessed in a number of ways and the following assessments are completed where appropriate;

- DIAG personal handling risk assessment (which includes an environmental risk assessment)
- a multi factorial falls risk assessment

The information drawn from the 'client incident and action record' on falls allows the incidents to be mapped by location and timing to identify themes and trends to be monitored and learning to take place. A report is sent on a monthly basis to all managers to allow for this detailed analysis. The Provider overview of these incidents can be seen in the Quality Improvement Programme (QIP) Dashboard.

## Assessment and Care Planning

Individuals should be assessed using the multifactorial falls risk assessment available on MOSIAC where a risk of falls is identified in their Personal Service Plan and a professional judgement has been made and dictates this is required.

The assessment includes the identification of the following risk factors in accordance with NICE guidelines:

- identification of falls history
- fear of falls
- cognitive impairment
- continence problems
- footwear
- medication
- visual impairment
- balance and mobility problems
- environmental factors
- health problems including a diagnosis of osteoporosis

The multifactorial risk assessment should inform the Personal Service Plan which should include any safeguards to be put in place following the identification of risk. All appropriate referrals should be made at the initial assessment stage and at subsequent reviews. The individual (and their family where appropriate) should be involved as much as possible with the assessment and any falls prevention strategies which can be followed.

### Evaluation and re-assessment

The individual's initial risk assessment must be reviewed in the following circumstances:

- after a fall (whether this is reported by the client or witnessed)
- after an admission to hospital
- when the individual's environment changes e.g. move house, rooms or bed position
- when there are any significant changes in an individual's health which may impact on their mobility

### Assessment and management following a fall

Where an individual has fallen and this is witnessed by a member of staff or the person is found on the floor, the member of staff in attendance must ensure that a primary survey is carried out prior to any attempt to move them unless there is deemed to be a life-threatening risk to the individual. The primary survey of the person that has fallen should follow the principles of 'look, feel, move' and staff should gain an account of the fall from the individual or any witnesses to assist in detection of the possible injuries.

**Look** - any signs of bleeding, bruising, swelling or deformity of limbs

**Feel** - is there any loss of sensation or pain reported

**Move** - is the person able to move their limbs without discomfort.

On initial assessment if there is **cause for concern** the worker should make a decision about what action is appropriate and consult a manager where required. This may include:

- seek advice/clarification from a duty manager (if required)
- 111 or seeking health professional advice (cut, swollen or bruised areas for a person on blood thinner/antiplatelet medication)
- calling 999 in an emergency
- call 999 if the person is on an anticoagulant and/or antiplatelet therapy - (anti-coagulants which may include; Warfarin, Rivaroxaban, Apixaban, Edoxaban, Herparin (Tinzaparin), Enoxaparin (Clexane), Dalteparin (Fragmin) and Antiplatlet drugs include Aspirin, Clopidogrel, Aspirin + Dipyridamole (Asasantin))
- when there is a confirmed or suspected head injury
- should the person deteriorate or there is a change in their condition or the waiting time given is detrimental the person this should be escalated e.g. ring 999 (see NHS urgent and emergency guidance)

Following consultation, the recommended advice must be recorded and adhered to.

Or if, on initial assessment, there are **no serious concerns** and the person is able to push themselves to a sitting position and their movement is no more restricted than usual, the workers can assist the person from the floor, this may involve the use of equipment where available.

If the person is on an anticoagulant and/or anti-platelet therapy medical attention should be sought even if there is no obvious injury. If the person has capacity to understand the decision to refuse medical attention, then this is recorded in the persons Mosaic record.

Following every fall, the following should be completed:

- deciding whether additional monitoring of the person is required
- wherever possible, ascertain what caused the fall so steps can be taken to minimise the chance of this happening again
- recording in detail all information regarding the situation and action taken, **see client incident and action record section**
- notify family where appropriate

**Head Injury Guidance**

Where a person may have banged their head, or suspected, as a result of a fall then the head injury guidance at Appendix 1 should be followed. Where a paramedic or any other health professional attends to review the person, the medical professional in attendance will make a decision about whether or not the person requires attention at A&E.

In day services the head injury guidance (Appendix 1) should be printed, laminated and

displayed in an area that staff can readily access.

**Client Incident and Action Record**

Every fall, whether this is witnessed or where a staff member is informed about it by the person, or their family, must be recorded on the 'Client Incident and Action Record' which asks you to document all action taken following the fall. This must include a detailed account of the primary survey undertaken at the time of the event and reason for decision of any action taken. The Client Incident and Action Record prompts you to review a person's falls risk assessment (RA) and other relevant documentation after every fall as is best practice. To evidence that a review has taken place, you will be asked to tick one of two options;

- that you have reviewed and that no changes are required; OR
- that you have reviewed and changes are required and they have been made

Where there are no changes required, a properly completed Client Incident and Action Record is sufficient evidence that you have reviewed the falls RA. Where changes are required, you will need to ensure that the changes are recorded on a new version of the falls RA and stored in the relevant place.

The Client Incident and Action Record can be started by any worker with access to MOSAIC but cannot be marked as 'complete' until reviewed by the appropriate manager.

There are a number of actions that **may** be taken following a fall and this will depend upon a number of factors, including, but not limited to:

- the nature of the fall
- the frequency with which the person falls
- the severity of any injury

The manager ***may*** consider one or more of the following actions to be appropriate:

- a referral to a GP for a medication review
- use of technology such as alarms may be trialled
- A referral to the local falls team
- Initiate a review of the DIAG Personal Handling Risk Assessment
- signpost to Falls Prevention services

**Falls occurring at night-time (Extra Care only)**

Where a person falls and there is no manager on shift, this policy should be followed by the staff on duty and the form attached at Appendix 2 should be completed. The 'Client Incident and Action Record' will then be completed the next day.

**Reporting Incidents to the Care Quality Commission (Homecare Only)**

The Care Quality Commission (CQC) should be notified under regulation 18 if the person has suffered a serious injury *as defined by the regulations* as a result of the fall that has taken place

whilst the regulated activity is being provided. In these cases, consider whether the duty of candour obligations apply. *The Quality and Compliance team should be contacted when a notification under Regulation 18 is being made following a fall.*

**Awareness and Training**

All staff should have completed all mandatory falls training relevant for their role including refresher courses in accordance with the requirements set out on Derbyshire Learning Online.

## Conclusion

Many slips, trips and falls are preventable. Injuries arising from a fall can be reduced by prior intervention. Post fall assessment, review and remedial action can reduce the likelihood of further falls. It is important that those persons who have fallen and those who may be at risk from falling in the future have regular reviews of all risk factors.

The most effective way to manage falls is to take a preventive approach, looking at the wide range of contributory risk factors that relate to the individual and the environment in which they live.

Falls should always be considered as everyone's responsibility.

If you consider that you are unable to follow this guidance or need further support for any reason, please raise this directly with your line manager.

## Approval and Authorisation History

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| Name | Date |
|---|---|
| Authored by Quality and Compliance Group Manager | June 2021 |
| Approved by Tanya Henson Assistant Director | June 2021 |
| Authorised by SMT | July 2021 |

**Change History**

| Version | Date | Name | Reason |
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| Version 2 | July 2024 | Quality and Compliance | Review and update |
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