RESTRICTED


# Adult Social Care and Health

# Falls Prevention Practice Guidance for Use in Residential Settings

## Version 2

## Contents

## Aims

This practice guidance has been produced for operational colleagues working within Derbyshire County Council's regulated residential services for adults. The purpose of the practice guidance is to support colleagues to identify residents 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 guidance applies to all adults being cared for in a residential setting and aims to promote a culture where 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 guidance 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 guidance 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
- NICE Guidance; Falls and Falls Risk Assessment in Care and Hospital Settings 2015
- 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 Lead at DCHS

## Risk and Risk Management

The management of risk 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 slippery floor). Completing and regularly reviewing risk assessments will ensure that information is up to date and takes account of any developments with the resident's presentation.

When a person is admitted to a residential establishment these risks are assessed in a number of ways and the following assessments are completed:

- DIAG moving and handling plan (which includes an environmental risk assessment
- a multi factorial falls risk assessment

The Derbyshire County Council's Adult Social Care Admission and Discharge Policy sets out when these assessments must be completed on admission.

Derbyshire County Council has an assessment tool which allows falls to be mapped for location and timing to allow all themes and trends to be monitored. A report is sent on a monthly basis to all managers to allow for detailed analysis. The information within this report is drawn from the 'client incident and action record'.

## Person Specific Risk Factors

Person specific risk factors can be related to:

- drugs and alcohol use, including prescribed medication
- physiological changes which can be age related e.g. vision, incontinence
- medical conditions e.g. stroke, Parkinson's disease, and epilepsy
- cognition, memory and mental health problems including dementia
- psychological difficulties resulting in anxiety and/or agitation
- instability, balance and physical inactivity
- footwear or foot care issues
- lack of or incorrect use of mobility aids and postural care
- pain
- nutritional status (MUST score)

## Assessment and Care Planning

All persons admitted to a residential setting should be assessed using the multifactorial falls risk assessment (Appendix A) on the day of admission or within 24 hours of admission if the person is admitted at night. Reasons for any delay in the completion of the assessment should be clearly documented on the resident's MOSAIC record.

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

- cognitive impairment
- continence problems
- footwear
- medication
- visual impairment
- balance mobility problems
- environmental factors
- health problems including a diagnosis of osteoporosis

This 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 resident (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 resident's risk assessment must be reviewed in the following circumstances:

- after every fall
- after a hospital admission
- when the resident's environment is changed e.g. move rooms or bed position
- when there are any significant changes in a resident's health which may impact on their mobility

### Assessment and Management Following a Fall

Where a resident has fallen, the appropriate worker 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 resident. The *primary survey* of the fallen resident should follow the principles of 'Look, Feel, Move' and staff should gain an account of the fall from the resident or any witnesses to assist in detection of the possible injuries.

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

**Fee**l - is there any loss of sensation or pain reported.

**Move** - is the resident able to get up of the floor and move their limbs without discomfort.

If, on initial assessment, there are no serious injuries present and the resident is able to stand, the senior care worker, manager or designated deputy should make a decision about what action is appropriate. This may include:

- calling 999 in an emergency situation
- deciding whether additional monitoring of the resident is required as a result of the fall
- if the person is on an anticoagulant and/or anti-platelet therapy they are at risk of internal bleeding and medical advice must be sought on every occasion - (anti-coagulants include; Warfarin, Rivaroxaban, Herparin, Enoxaparin (Clexane), Dalteparin (Fragmin) and Anti Platlet drugs include Aspirin, Clopidogrel, Aspirin + Dipyridamole (Asasantin))
- wherever possible, ascertain what caused the fall so steps can be taken to minimise the chance of this happening again
- the falls risk assessment must be reviewed and any revisions considered appropriate must be made within 24 hours of a fall
- a 'client incident and action record' on MOSAIC must be completed and any action taken following the fall must be recorded here

### Head Injury Guidance

Where a person may have banged their head as a result of a fall then the 'head injury guidance' at Appendix C should be followed. Where a paramedic or any other health professional attends to review the person, the medical professional in attendance will decide whether the person requires admission to hospital.

The head injury guidance (Appendix C) should be printed, laminated and displayed in all establishments.

## Client Incident and Action Record

Every fall must be recorded on the 'client incident and action record' which requires all action taken to be documented following the fall. The client accident and incident record prompts you to review a resident falls risk assessment after every fall. To evidence that a review of the risk assessment has taken place, you will be asked to tick one of two options:

A. that you have reviewed the risk assessment and no changes are required; OR

B. that you have reviewed the risk assessment and changes are required and they have been made

The client accident and incident record can be completed by any worker with access to MOSAIC but cannot be marked as 'complete' until reviewed and completed by a unit manager or deputy unit 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.

One of the most important parts of responding to a fall is a thorough and detailed review of the falls risk assessment. This will enable you to understand whether any additional mitigation is required and to ensure that current risk mitigation is in place and fully understood.

In addition to a detailed review of the falls risk assessment, a manager ***may*** consider one or more of the following actions to be appropriate.

- the use of technology such as a sensor mat/sensors
- additional equipment such as bed rails considered
- strength and balance-based exercises
- a referral to the local falls team
- a referral to a GP for a medication review
- initiate a review of the DIAG Moving and Handling Plan

NB: It may be that the manager does not consider any further action is required upon review of the residents multi-factoral falls risk assessment. **Any changes made to the falls risk assessment should be reflected in the personal service plan.**

### Reporting Incidents to Care Quality Commission

The Care Quality Commission (CQC) must be notified under regulation 18 if the person has suffered a serious injury *as defined by the regulations* as a result of the fall. In these cases, consider whether the duty of candour obligations apply. Notification is required where the person has suffered a '*serious injury*' as defined by the regulations which is set out in full at Appendix D. *The Quality and Compliance team should be contacted when a notification under Regulation 18 is being made following a fall.*

### Falls Occurring at Night-Time

Where a person falls and there is no manager or senior care worker on shift, this guidance should be followed by the colleagues on shift and the form attached at Appendix B must be completed. The client incident and action record will then be completed the next day by the appropriate member of staff.

## Awareness and Training

All colleagues 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 may 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 for any reason, please raise this directly with your line manager.

## References

Management of health and safety at work. Management of Health and Safety at Work Regulations 1999. Approved Code of Practice L21 (second edition). HSE Books 2000. ISBN 0 7176 2488 9

Successful health and safety management HSG65 (second edition). HSE Books 1997. ISBN 0 7176 1276 7

Health and safety in care homes HSG220. HSE Books 2001. ISBN 0 7176 2082 4 Workplace health, safety and welfare. Workplace (Health, Safety and Welfare) Regulations 1992. Approved Code of Practice L24 (twelfth edition). HSE Books ISBN 0 7176 0413 6

The design of residential care and nursing homes for older people. Centre for Accessible Environments 1998. Published for CAE by NHS Estates. ISBN 0 9534158 0 5

Lighting for communal residential buildings LG09. Published by the Chartered Institution of Building Services Engineers 1997. ISBN 0 900953 84 5 ()

A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. HSE books 1999. ISBN 0 7176 2431 5

HSE books, PO Box 1999, Sudbury, Suffolk, CO10 2WA; tel: 01787 881165; fax: 01787 313995;

Managing falls in Care Homes NHS Bexley PCT

The 'How to guide' for implementing Human Factors in Healthcare. Patient Safety First 2009

## Further Reading Information Sources

The Health and Safety Executive provide a wide range of free advice, including access to many information sheets:

Age Concern provide a wide range of information and reference sources:

For accident reporting and information: Health and Safety Executive RIDDOR

Prevention package for Older People – Falls and fractures effective interventions in health and social care Department of Health 2009

Pain experiences factsheet for people with learning disabilities and dementia

Managing Falls and Fractures in Care Homes for Older People – good practice resource

Derbyshire Falls Prevention DCHS

Falls and fracture consensus statement: Supporting commissioning for prevention

Falls and fracture consensus statement: resources

NICE Head Injury – Guidelines CG56

NHS Minor Head Injury – NHS Guidelines

NHS Severe Head Injury – NHS Guidelines

## Author History

### Approval and Authorisation History

| | |
|---|---|
| Authored by Quality and Compliance | November 2022 |
| Approved by SMT | November 2022 |

### Change History

| | | | |
|---|---|---|---|
| Version 1 | Quality and Compliance | November 2020 | Creation of residential falls document out of old falls policy |
| Version 2 | Quality and Compliance | December 2022 | Review and update |