



Falls Prevention

1. Background

Abbeyfield The Dales (ATD) recognises that falls/fall related injuries are a serious problem for older people, with:

- 30% of individuals over 65 years of age falling at least once per year; or
- 50% of individuals over 80 years of age falling at least once per year.

Falls can cause distress, pain, injury, loss of confidence, loss of independence and even death. Medical opinion suggests that falls do not “just happen” and there is often one or more underlying cause or risk factor involved in an individual’s susceptibility to falling. ATD want to encourage independence and mobility within safe limits for every individual but there is always the risk that they could fall. ATD recognises that individuals should be encouraged to reduce the chances of a fall resulting in broken bones, by keeping their bones healthy and strong through the promotion of healthy eating, hydration and participating in activity.

2. Objectives

ATD is committed to providing services that enhance the quality of life for older people and developing services that will meet the needs of future generations. This commitment is based on the Mission and Values of ATD. ATD will also comply with all relevant and current legislation.

Through the delivery of this policy we aim to reduce the number of falls experienced by individuals residing in ATD properties by working with them, and health professionals where appropriate, to focus on common factors that can cause an individual to fall and promote preventative measures including encouraging a healthy and balanced diet, good hydration and participating in activities.

We will respond to and remedy incidents of falls in a timely and effective manner seeking advice and guidance from the relevant medical and health care professionals.

3. Scope

This policy applies to all staff, agency workers; volunteers who work with the individuals assisting them in their daily routine and/or activities; and ATD staff based at the head office.

4. Policy

It is the policy of ATD that all individuals who are at risk of falls or have fallen whilst being cared for by ATD will have had an appropriate risk assessment carried out. This will clearly identify their health and wellbeing and how this impacts on their mobility, ability to assess the risk/s associated with tasks, equipment they need to utilise and this incorporates and respects their rights and independence. The policy will not set out to restrict an individual’s movements if there could be an associated risk of the individual falling but identify the measures we have put in place to minimise the risk of them falling.

4.1. Roles & Responsibilities

The Managers of all services where care and support are provided must ensure that a relevant assessment is carried out on each individual utilising their service where it has been identified that they are at risk of falling or it is identified that they have a history of falls at the point they move in.

- All staff have a responsibility to report and record any falls they witness or are made aware of by the individual;
- Medical attention must be sought for any individual who has injured themselves or is unable to get themselves up after falling;
- Risk assessments must be reviewed in line with company policy and following a fall to ensure that they are still relevant;
- Where medication is an identified risk, regular reviews with GP must be sought and recorded fully;
- All staff must read the individual's risk assessment prior to being involved with them so they are aware of the factors which pose risk;
- Incident forms must be completed in full and passed to the Manager of the service for them to be reviewed and identify / implement further action if it is deemed necessary;
- New risks that are identified are clearly documented in the individuals risk assessment.
- Where there is a pattern, history or increase for a resident falling the Falls Team must be notified, guidance sought and documented.
- All falls must be documented on the Falls Risk Assessment (Appendix 1) along with the Mobility, Fitness and Falls Prevention (Appendix 2).
- All staff complete falls prevention training and other specific training for their service, and subsequent updates;
- All staff must adhere to company policy and must never attempt to bear the individuals weight to stop them from falling or lift an individual physically from the floor following a fall;
- Where 'stand aid' equipment exists at an ATD site, only trained staff must use the equipment to lift a resident who has suffered a fall, if in doubt the ambulance service must be requested to attend to both check over and support the movement of the individual; and
- Staff must follow the guidance given in training to ensure both their safety and that of the individuals they care for.

4.2. The Individual

- The individual must be kept fully informed about or be included in the assessment process and how this relates to them;
- The individual must consent to GP involvement around medication review;
- The individual must be made aware of the identified risks and the measures put in place to reduce the risks whilst acknowledging their rights and choices;
- Must consent to have appropriate assessments carried out to maximise their safety and those assisting them with tasks associated with their routine; and
- Must be informed that it is company policy not to bear their weight in a move to stop them from falling, lift them physically from the floor following a fall, as in both cases this could lead to exacerbating any injuries or causing injury to the staff member trying to assist.

4.3. Training

Training will be provided on falls awareness and will focus on the prevention of falls and maximising individuals' safety whilst not creating dependency on staff and compromising resident's rights and choices.

Where considered appropriate each location will have at least one moving and handling trainer (train the trainer) who will also deliver training on safe moving and handling techniques to staff who are involved with supporting residents and their mobility.

Where training is essential for a staff member's job including bank staff it is a mandatory requirement that they attend when training sessions are arranged to ensure ATD complies

with its legal duty to ensure both residents are supported and staff have the knowledge in safe moving and handling techniques.

5. Finance, Value for Money & Social Value

N/A

6. Supported Appendices

APPENDIX 1: Falls Risk Assessment

APPENDIX 2: Mobility, Fitness & Falls Prevention

7. Linked Policies

Care Planning & Key Working (C008P)

Consent to Treatment and Personal Care (C009P)

Needs Assessment (C017P)

Duty of Candour (C031P)

Bed Rails (C006P)

Moving & Handling (S029P)

Nutrition & Hydration (C018P)

8. Legislation/Regulation

The Health & Safety at Work Act 1974

Manual Handling Operations Regulations 1992

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

Care Quality Commission Regulations 2017

Care Quality Commission Fundamental Standards

Mental Capacity Act 2005

Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014 and Fundamental Standards

The prevention of falls in individuals will support compliance with the fundamental standards with reference to:

- Regulation 9: Person Centred Care
- Regulation 10: Dignity & Respect
- Regulation 11: Need for Consent
- Regulation 12: Safe Care and Treatment
- Regulation 18: Staffing
- Regulation 20: Duty of Candour

9. Review

Every 2 years, subject to any regulatory or legislative updates.

10. Procedure/Guidance

N/A

Falls Risk Assessment (Rating)

Name: Apt/Suite No:

Falls can never be completely prevented but can be reduced. Service users can have a better quality of life if there is a reduction of fall rates achieved by dignified, safe and proven methods.

Tick where appropriate and add total score for each section

Age	60 – 80	<input type="checkbox"/> (1)	<input type="text"/>
	80+	<input type="checkbox"/> (2)	<input type="text"/>
Mental state	Orientated	<input type="checkbox"/> (0)	<input type="text"/>
	Confused at all times	<input type="checkbox"/> (2)	<input type="text"/>
	Intermittent confusion	<input type="checkbox"/> (4)	<input type="text"/>
Continence	Agitated & uncooperative	<input type="checkbox"/> (4)	<input type="text"/>
	Independent and continent	<input type="checkbox"/> (0)	<input type="text"/>
	Catheter and / or 'ostomy'	<input type="checkbox"/> (1)	<input type="text"/>
	Elimination with assistance	<input type="checkbox"/> (2)	<input type="text"/>
	Mobile with urge incontinence or some incontinence	<input type="checkbox"/> (3)	<input type="text"/>
Fall History (within 6 months)	Fully incontinent	<input type="checkbox"/> (4)	<input type="text"/>
	None	<input type="checkbox"/> (0)	<input type="text"/>
	1-2 times	<input type="checkbox"/> (2)	<input type="text"/>
Sensory deficit	Multiple	<input type="checkbox"/> (5)	<input type="text"/>
	Hearing	<input type="checkbox"/> (1)	<input type="text"/>
	Slight	<input type="checkbox"/> (2)	<input type="text"/>
Mobility	Balance	<input type="checkbox"/> (2)	<input type="text"/>
	Full	<input type="checkbox"/> (0)	<input type="text"/>
	Uses mobility aid (Alone)	<input type="checkbox"/> (3)	<input type="text"/>
	Mobility Aid + 1 to transfer	<input type="checkbox"/> (2)	<input type="text"/>
	Takes 2 to transfer	<input type="checkbox"/> (1)	<input type="text"/>
Gait	Hoist transfers	<input type="checkbox"/> (3)	<input type="text"/>
	Steady	<input type="checkbox"/> (0)	<input type="text"/>
	Hesitant	<input type="checkbox"/> (1)	<input type="text"/>
	Poor transfer	<input type="checkbox"/> (4)	<input type="text"/>
Medication	Unsteady	<input type="checkbox"/> (4)	<input type="text"/>
	Tranquillisers / sedatives	<input type="checkbox"/> (0)	<input type="text"/>
	High blood pressure	<input type="checkbox"/> (1)	<input type="text"/>
	Low blood pressure	<input type="checkbox"/> (4)	<input type="text"/>
	Anti – convulsive (epilepsy)	<input type="checkbox"/> (4)	<input type="text"/>
	Diuretics	<input type="checkbox"/> (4)	<input type="text"/>
TOTAL:			<input type="text"/>

Risk Category

Tick	Score	Category	Action necessary
<input type="checkbox"/>	3 – 8	Low risk	Explain to the resident the importance of asking for help when needed. Ask the resident to wear Ami alarm or ensure that the call bell is on hand.
<input type="checkbox"/>	9 – 12	Medium risk	All of the above and maintain a safe environment, no obstacles. Walking aids to hand. Ensure the resident is safely seated before leaving them.
<input type="checkbox"/>	13 +	High risk	All of the above and ask cognitive service users to call staff when they need to mobilise.

Residents
Signature: _____

Assessor
Signature: _____

Date: _____

Date: _____



Mobility, Fitness and Falls Prevention

Name:

Apt/Suite No:

Prompts: Agree how to support me to be as independent and as mobile as possible. Include walking, climbing stairs, getting in/out of bed or a chair, going out; use of aids, adaptations or equipment; actions from manual handling and falls prevention risk assessments; exercise.

Mobility

Needs and choices including what I can do for myself.

What staff need to do to support me?

Walking

In / Out of bed

In / Out of chair

Putting on a sling

Taking off a sling

Out and about

Transfer

Able to weight bear

Yes No

Number of carers to transfer

Yes No

Unstable or inconsistent transfer

Yes No

Procedures / Instructions to my carer

Handling Constraints

Pain

Yes No

Poor skin condition

Yes No

Muscle weakness

Yes No

Reduced joint movement

Yes No

Other medical condition

Yes No

Location / Explanation

Action for Manual Handling

Reviewed by Head of Care Services 2019

Abbeyfield The Dales Ltd. Registered Charity Number: 1160258, Company No: 9008680, Home England No: 5066

Number of falls Total number of falls Risk assessment update / action to be taken

Residents
Signature:

Date:

Assessor
Signature:

Date: