# 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;
- Person Centred Software (PCS) risk assessments (falls risk, general risk, multifactorial falls tool, equipment register) 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 on the residents care plan;
- All staff must read the individual's risk assessments prior to being involved with them so they are aware of the factors which pose risk;
- Incident forms must be completed in full on Person Centred Software (PCS) so the Manager of the service can review and identify / implement further action if it is deemed necessary;
- New risks that are identified are clearly documented in the Person Centred Software (PCS) individuals risk assessments.
- 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 Person Centred Software (PCS) accident form, risk assessments and multifactorial falls tool.
- 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; (Telemedicine at selected sites) 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. Falls Prevention

There are over 400 risk factors associated with falling and the risk of falling appears to increase with the number of risk factors.

The Person Centred Software (PCS) multifactorial falls tool allows interventions to be targeted at a person's specific risk factors to help prevent future falls.

### 4.3.1. Need for assessment

In line with Abbeyfield's admissions criteria and procedures for care homes, a full care assessment and physical assessment will be undertaken, including a falls risk assessment and care plan within 24 hours of admission to an Abbeyfield the Dales Limited residential or care home. Information where appropriate may be obtained from residents, relatives with consent and carers to assess risk, considering falls history and relevant condition-specific information to identify potential/actual problems and risk factors.

### 4.3.2. Multi-factorial Falls Tool

Residents found to be at increased risk should have multifactorial falls tool which includes medical diagnosis and medication that can increase the risk of falls. This assessment may lead to further tests/ assessments and investigations from the multi-disciplinary teams who may be care partners. The assessment may include:

- Review of falls history- frequency, whether they occurred on slopes, stairs, other surfaces, time of day, equipment involved, environment and room layout and the nature of connected activities.
- Nutritional status and weight variations.
- Neurological assessment identifying any cognitive impairment.
- Mental Capacity Assessments where appropriate to understand risks from balconies, stairs and landings.
- Assessment of gait, balance, mobility, muscle weakness and spatial awareness.
- Occupational therapy assessment of functional ability and fear/ lack of confidence relating to falls.
- An assessment of visual impairment and the need for spectacles or aids.
- An assessment of urinary/faecal incontinence to identify any issues related to confusion or urgency.
- A comprehensive medication review and side effect screening.
- Blood pressure monitoring and changes related to variations in posture.
- Cardiovascular examination including E.C.G to establish any related dizziness or fainting.
- Assessment of footwear/foot health to identify any concerns.
- Osteoporosis and referral for bone density assessment, if appropriate.
- Mobility aid maintenance and selection particularly if non- assessed self-purchases can be implicated which may not be suitable or have the correct stability and strength.

This will provide a comprehensive assessment of possible causes of falls and to aid effective management of prevention. It will allow for the investigation as to the reasons for falls.

### 4.3.3. Environmental risks

Abbeyfield staff need to be vigilant to potential slip, trip and fall hazards within the service environment and take steps to minimise environmental risks by highlighting potential hazards and maintaining a safe environment. Checks must be undertaken by the staff on every shift and all hazards removed and/or reported for correction.

### 4.3.4. NOBI Lighting

ATD uses NOBI smart lighting within its residential buildings to support resident safety, independence, and wellbeing, particularly in relation to falls prevention and night-time orientation. The use of NOBI lighting does not replace existing falls prevention measures and sits alongside the organisation's current Falls Prevention and Management Protocols. NOBI lighting is intended to enhance environmental safety, support timely staff response following potential falls, and reduce risks associated with low lighting and disorientation.

This policy applies only to ATD residential buildings and does not extend to supported living, community services, or non-residential settings. The use of NOBI lighting is subject to individual risk assessment, consent, and person-centred care planning. Staff are expected to follow existing falls response, incident reporting, and safeguarding procedures at all times. The effectiveness and appropriate use of NOBI lighting will be reviewed regularly through care planning, incident analysis, and governance processes.

## 4.4. Falls care planning

Falls and associated fractures are a major cause of morbidity and mortality, especially for older people. All risks must be care planned and include a manual handling care plan and they must be regularly evaluated. Actions taken because of the falls risk assessment must be clearly documented and communicated to all staff involved in the resident's care.

### 4.4.1. Care plans and risk reviews

The care plan and falls risk management must be reviewed through the resident of the day process or whenever there is a significant change indicated in the resident's condition or after an adverse event such as a fall. It must ensure comprehensive documentation of preventative actions to minimise risks. Observation levels should be assessed and care planned in relation to falls assessments to ensure appropriate intervention strategies are in place.

## 4.5. Provision of information

- Where appropriate, residents at increased risk of falls must be offered information on reducing the risk and appropriate interventions such as access to alarms, allocation of rooms and, where possible, bedroom configuration to ensure it is suitable for the person's mobility needs and associated risks.
- Staff must ensure that assistance and observation can be maximised so falls and their severity can be minimised.
- The use of alarm mats and low beds should also be considered where appropriate to risk.
- The use of bedrails where risk indicates must be clearly care planned and in line with the MHRA Guidance on the safe and effective use of bedrails.
- Assistance should be available, when required, to minimise the resident undertaking tasks unaided in order to prevent falls.
- Where the resident is in a supported home, staff should identify risks in the home environment and report this to line managers who can arrange adaptations, aids and care support as appropriate.
- Residents with a history of falls should be referred on to a specialist local falls prevention service where indicated and patterns of falls are identified. This may be via GP referral. It may also involve a referral for physiotherapy, OT assessment or to other appropriate teams or health professionals.

## 4.6. Action to take following a fall

### 4.6.1. Immediate actions

- Check for danger by looking around the area for anything that may cause harm to the resident or people who may provide assistance and ensure any potential hazards can be moved safely.
- If a person has a witnessed fall or is found on the floor medical support is required. The calls to various professionals should be determined by potential injury. If in any doubt call 999. (Telemed, 999, 111, GP or District Nurse). Check for any signs of injury and ask if they are in any pain and pass this information on.
- Whilst waiting for medical support, one member of staff must remain with the resident to monitor welfare. Whilst you are waiting for medical support, you should monitor them continuously. Should the resident stop breathing or become unconscious, call 999 and all directions should be followed.
- Another member of staff should photocopy MARs and hospital passports and the hospital bag prepared.
- On arrival of medical help, provide relevant information to those attending to ensure a full assessment of their condition can be made.

### 4.6.2. Post fall actions

- Review the environment. Check for any slip, trip, or falls hazards. Check that there is adequate lighting and noise levels are satisfactory. If you feel that there are hazards, ensure measures are put in place to control the risks and review and update risk assessments, communicating any new controls to the staff group.
- If the resident has a walking aid, frame or sticks check the ferrules (grey rubber bung) to ensure they are not worn. Check for bends or metal fatigue and that it is set at the correct height.
- Review residents' hydration. If you are unsure, check urine. If it is dark or strong smelling then they may not be drinking enough. Please note, some residents may be on restricted fluids. If you are concerned you should seek advice from an appropriate healthcare professional.
- Does the resident have any signs of an infection? If they do ensure appropriate medical support such as from a doctor.
- Check resident's medication. Are they on more than 4 medications? If they are, ask for a review. Also look at whether there been any recent changes in medication.
- Review their history of falls. Has the resident had more falls than they would normally, if so, refer to the GP or the Local Falls Team for assessment.
- Review Falls Risk Assessments - is it still current or does it need updating? Document that you have reviewed the assessment (this is the responsibility of a senior to complete).
- Is the resident diagnosed with high blood pressure? If they are, ask for a review of their blood pressure.
- Complete a post falls form – this will all go in the review and update of the care plan and the incident report form and formulate the action plan.
- Look at whether the resident would benefit from sensor mat etc, but remember this may be considered as a restriction and could go towards a Deprivation depending on what other restrictions are in place.
- Ensure the management information is updated on relevant drives

- The incident report will provide chronology of falls risk and aid risk management planning; an incident report must be completed, clearly detailing the outcome of the fall for the resident and any possible contributory factors.

If there is a suspected/ confirmed fracture, other serious injury or death of a service user as a result of a fall this must also be reported to the **Health and Safety Manager** by telephone in addition to normal reporting procedures to determine the nature of the fall and **where appropriate** ensure that this is reported as a RIDDOR incident (Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013).

### 4.6.3. Methods of moving residents when it is deemed safe

The best method to adopt to move the resident (once it is deemed safe to do so) should be determined following a full top to toe check by competent medical persons.

Where possible, the resident should be encouraged to mobilise independently. However, staff should consider the use of the equipment such as air cushions and manger ELK's.

Where a resident is frequently falling, the best method should be documented in their care plan to ensure that the safest method for both the resident and staff is adopted.

### 4.6.4. Reporting and follow up

To ensure Abbeyfield's reporting procedures are followed and any lessons learnt in relation to the effectiveness of risk management strategies, all staff must document all events in both the care notes and the accident reports. They should seek appropriate advice from competent persons and not making assumptions as to the cause of any adverse event.

All managers, deputies and nursing and care staff working on Abbeyfield premises must be familiar with the accident reporting procedure.

Incident monitoring will highlight trends and identify specific individual resident issues to ensure that Abbeyfield staff appropriately manage risks associated with the environment design, flooring choice and any other contributory factors.

Patterns should be noted and may include:

- Location of fall
- The time of day
- Length of stay of the resident
- Access to areas that pose a risk
- Type and maintenance of any equipment being used and staff competence
- Clinical reasons for falling
- Environment- factors such as flooring, obstructions, lighting etc.
- Footwear and clothing

Service Managers will also monitor that the appropriate level of risk assessment had taken place and the system for referral for specialist services is being fulfilled.

The Senior Leadership Team will receive accident statistics, themes and trends on falls for each service to enable them to identify any specific concerns that require their input.

The findings and recommendations of any investigation will be discussed at the Business & Quality review meeting with the Registered Manager who will have the

responsibility for implementation of the agreed action plans where there are any areas of concern/deficiencies to be addressed.

As well as recording incidents that occur it is good practice to have a procedure to identify and record '**near misses'**. A near miss is an incident that could have resulted in a fall or injury. Near miss analysis will help you to plan and review your falls management arrangements. Near miss recording may trigger risk assessment review for an individual, an environmental factor or identify a training need.

## 4.7. 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.

## 4.8. Reporting process

### 4.8.1. Care assistant/Senior Carer

#### 4.8.1.1. Accountability

Accountable for the health and wellbeing of residents and for taking immediate action to deal with the accident or incident so the resident is safe, and has the appropriate treatment.

#### 4.8.1.2. Documents to complete

a) Resident Accident and Incident Record Form – Section A
b) File Note Details Form
c) Enter Details on to Resident File Note Log.

#### 4.8.1.3. Further actions where applicable

a) Complete Risk Assessment as necessary; add to section 6 of the care plan – mobility
b) Update the Resident Care Plan; including the falls risk assessment.

#### 4.8.1.4. Timescales

The documentation must be complete and passed to the Manager (or Deputy or Assistant) for review by end of the shift in which the accident or incident occurred.

### 4.8.2. Manager/Deputy Manager/Assistant Manager

#### 4.8.2.1. Accountability

Accountable for ensuring the residents safety and wellbeing is promoted by ensuring appropriate follow up action has been carried out, and for ensuring any lessons to be learned are effectively communicated within their service.

#### 4.8.2.2. Documents to complete

a) Resident Accident and Incident Record Form – Section B
b) Resident Accident and Incident Monitoring Record
c) CQC Notification (if appropriate)
d) Safeguard Notification (if appropriate).

#### 4.8.2.3. Further actions where applicable

a) Send copies of the Resident Accident and Incident Record Form, CQC Notification, and Safeguard Notification to the Quality Manager, Director of Operations and Chief Executive within the appropriate timescales.
b) Check the documentation completed by the Care Assistant / Senior Carer to ensure it fully captures the accident and incident and the appropriate follow up action has taken place
c) Review records of previous accidents and incidents with this resident to see if there are any trends or other learning, changes, intervention or support it required.
d) Ensure the documentation is updated as a consequence of the review.
e) Carry out and document reflective practice sessions with staff to ensure any learnings from this and previous accidents and incidents are shared with care staff.
f) Ensure changes to a residents care or support is effectively communicated and documented.

#### 4.8.2.4. Timescales

Note: the Manager must inform the Director of Operations (or member of the Senior Management Team on-call) of any accident or incident of a serious nature as soon as they become aware of it.

a) A copy of the completed Resident Accident and Incident Record Form is to be passed to the following within 48 hours of the date in which the accident or incident occurred; Quality Manager, Director of Operations and Chief Executive.
b) The CQC Notification is to be copied to the same individuals within the prescribed timescale set by CQC.
c) A copy of the Resident Accident and Incident Monitoring Record (last 3 months only) to be sent to the same individuals 24 hours prior to the arranged Business and Quality Review Meeting.

### 4.8.3. Quality Manager, Director of Operations and Chief Executive (Nominated individual)

#### 4.8.3.1. Accountability

Accountable for ensuring the service has a robust recording and follow up action mechanism to ensure an accident or incident involving a resident is properly dealt with, recorded correctly, appropriate review and follow up actions are carried out, and communication / reflective practice with staff is complete as appropriate.

#### 4.8.3.2. Documents to complete

a) Complete monthly falls monitoring information and insight for Managers, the Senior Management Team.

#### 4.8.3.3. Further actions where applicable

a) Follow up any concerns for submitted Resident Accident and Incident Record Forms with the Manager
b) Receive a copy of the latest up-to-date Resident Accident and Incident Monitoring Record (last 3 months only) prior to a business and quality review meeting so that it can be scrutinised as part of the meeting and further actions documented
c) Quality Manager to carry out periodic dip test and / or full audits of all accidents and incidents and provide a report and action of findings and improvements.

#### 4.8.3.4. Timescales

a) Business and Quality reviews are to be carried out fortnightly for all services (weekly for Fern House at present), but no more than once every 4 weeks; where falls monitoring will be an agenda item
b) Audit reports to be circulated by the Quality Manager within 4 working days of the audit taking place
c) Fall monitoring information and insight to be complete and distributed 3 weeks from the end of the month.

## 5. Finance, Value for Money & Social Value

N/A

## 6. Supported Appendices

N/A

## 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