

## Preventing & Managing Falls



The East Midlands Patient Safety Collaborative, working in partnership with 360 Assurance and the National Institute for Health and Care Excellence, has produced a series of resources designed to help care home staff to identify and provide safe, effective care. Each resource highlights priority areas for quality improvement based on relevant statements from NICE quality standards. Self-assessment questions are suggested where practical to help care home managers and their teams identify any areas where quality and safety can be improved. This paper considers relevant aspects of the NICE Quality Standards for [falls in older people](#).

**Tip:** This [NICE resource](#)\* explains how you can make use of NICE quality standards, and sets out the improvement opportunities offered by the quality standards in the context of the Care Quality Commission's new framework for inspection.

**Statement 1. Ensure that staff have access to and follow a post-fall protocol that includes undertaking checks for signs or symptoms of fracture and potential for spinal injury before moving an older person who has fallen.**

**Rationale:** When a person falls, it is important that they are assessed and examined promptly to see if they are injured. This will help to inform decisions about safe handling and ensure that any injuries are treated in a timely manner. Checks for injury should be included in a post-fall protocol that is followed for all older people who fall during a hospital stay.

*(Based on NICE QS86 statement 1: Older people who fall during a hospital stay are checked for signs or symptoms of fracture and potential for spinal injury before they are moved.)*

**Statement 2. Ensure that staff have access to and follow a post-fall protocol that details when it is appropriate to move residents who have fallen, using safe manual handling methods**

**Rationale:** When a person falls, it is important that safe methods are used to move them, to avoid causing pain and/or further injury. This is critical to their chances of making a full recovery. Safe manual handling methods should be included in a post-fall protocol that is followed for all older people who fall.

*(Based on NICE QS86 statement 2: Older people who fall during a hospital stay and have signs or symptoms of fracture or potential for spinal injury are moved using safe manual handling methods.)*

**Statement 3. Ensure that staff have access to and follow a post-fall protocol that includes the local process for arranging a medical examination, within appropriate timescales, for residents who have a fall.**

**Rationale:** When an older person falls, it is important that they have a prompt medical examination to see if they are injured. This is critical to their chances of making a full recovery. Timescales for medical examination should be included in a post-fall protocol that is followed for all older people who fall in the care home.

*(Based on NICE QS86 statement 3. Older people who fall during a hospital stay have a medical examination.)*

(For a list Hints, Tips & Links relating to Statements 1 to 3, see page 2 overleaf)

**NB Preventing and managing falls in care homes is a complex process. This paper does not cover all aspects of the care required, being based solely on the NICE Quality Standard for Falls in Older People. Though some additional national resources are highlighted, the availability of local falls prevention services should always be checked and local guidelines and procedures adhered to.**

### Hints, Tips & Links For Statements 1 to 3:

NHS England in partnership with the Registered Nursing Home Association, Care England and UKHCA has produced a 'Quick Guide on Clinical Input in Care Homes' : <http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-clinical-input-to-care-homes.pdf>

It contains links to several resources including these two which may help with developing local falls protocols: London Ambulance Service has developed a falls pathway for residents in care homes: [http://www.londonambulance.nhs.uk/health\\_professionals/gp\\_information/idoc.ashx?docid=6b786045-8c11-47c0-a0ab-da933af7a82a&version=-1](http://www.londonambulance.nhs.uk/health_professionals/gp_information/idoc.ashx?docid=6b786045-8c11-47c0-a0ab-da933af7a82a&version=-1).

Hampshire has introduced a county-wide post falls protocol: <http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/background-docs/4-Hampshire%20falls%20protocol.pdf>

**Statement 4: Older people who are seen by a healthcare professional (such as their GP or a nurse) because of a fall have an assessment that aims to identify anything that might make them more likely to fall, and to see whether there are things that can be done to help them avoid falling in future. This assessment will be done by a specialist healthcare professional.**

**Rationale:** When older people present for medical attention because of a fall it provides their healthcare practitioner with a good opportunity to begin the process of undertaking a multifactorial falls risk assessment. A multifactorial falls risk assessment aims to identify a person's individual risk factors for falling. This will enable practitioners to refer the person for effective interventions targeted at their specific risk factors, with the aim of reducing subsequent falls.

**What this means to Care Home providers:** Health and social care practitioners undertake a multifactorial falls risk assessment for older people who present for medical attention because of a fall, or refer them to a service with staff who are trained to undertake this type of assessment.

### Suggested service review questions:

- 1a. If a new resident tells us that they have a history of falls (in the past year), can we refer them directly to a falls service for risk assessment?
- 1b. If a resident has a fall but appears unharmed, can we refer them directly to a falls service for risk assessment?
- 1c. If yes to 1a and 1b, do care staff know how to make the referral?
2. If we can't refer directly to a falls service, do we advise a resident's GP when they have had a fall that hasn't resulted in injury, and ask if the GP could refer for a falls risk assessment?
3. Is there potential for care home employed nursing staff to undertake a falls risk assessment?

### Hints, Tips & Links:

**Link to guideline:** Falls (NICE guideline CG161), recommendations 1.1.2. and 1.1.2.2

<http://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations#preventing-falls-in-older-people-2>

Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a multifactorial falls risk assessment. This assessment should be performed by a healthcare professional with appropriate skills & experience, normally provided by a specialist falls service.

Multifactorial assessment may include the following:

- identification of falls history
- assessment of gait, balance and mobility, and muscle weakness
- assessment of osteoporosis risk
- assessment of the older person's perceived functional ability and fear relating to falling
- assessment of visual impairment
- assessment of cognitive impairment and neurological examination
- assessment of urinary incontinence
- assessment of home hazards
- cardiovascular examination and medication review

The following link will take you to a Clinical Knowledge Summary of falls risk assessment: <http://cks.nice.org.uk/falls-risk-assessment#!scenario>

**Statement 5: Older people living in the community who have a known history of recurrent falls are referred for strength and balance training.**

**Rationale:** Balance impairment and muscle weakness caused by ageing and lack of use are the most prevalent modifiable risk factors for falls. Strength and balance training has been identified as an effective single intervention and as a component in successful multifactorial intervention programmes to reduce subsequent falls. It is important that strength and balance training is undertaken after a multifactorial falls risk assessment has been completed.

**What this means to Care Home providers:** Health and social care practitioners are aware of local referral pathways for falls and ensure that older people living in the community who have a known history of recurrent falls are referred to a service that has staff who are trained to deliver and monitor a strength and balance training programme. **Older people** living in the community (for example, in their own home or in sheltered or supported accommodation) who have fallen more than once in the last year have the opportunity to see an expert who will help them start a programme of exercises (sometimes called 'strength and balance training') to build up their muscle strength and improve balance. These exercises will be designed specifically for them, and the expert will check how they are getting on.

**Suggested service review questions:**

1. Do our residents have access to strength and balance training (or similar) if they would benefit from it?
2. How many of our residents who have had more than one fall in the last year, have been referred for strength and balance training?
3. What is our local referral process and are staff aware of it?

**Hints, Tips & Links:**

**Link to guideline:** Falls (NICE guideline CG161), recommendations 1.1.1.2, 1.1.3.1 and 1.1.4.1:

<http://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations#preventing-falls-in-older-people-2>

College of Occupational Therapists (2015) Occupational therapy in the prevention and management of falls in adults, recommendation 15:

<https://www.cot.co.uk/publication/z-listing/occupational-therapy-prevention-and-management-falls-adults>

**Living well through activity in care homes: the toolkit.** This resource has been developed for care home managers for the College of Occupational Therapists. It supports the recommendations relating to occupational therapy interventions and training within the NICE guideline on mental wellbeing in over 65s: occupational therapy and physical activity interventions.

<https://www.cot.co.uk/sites/default/files/general/public/Unit3-Care-home-owners-managers-2015.pdf>

**Other subjects covered by this series of resources for care homes:**

- Medicines Management
- Pressure Ulcers
- Promoting Continence
- Nutrition
- Delirium

If you would like additional copies of this resource, or would like support in accessing the documents from any of the web links, please call Emma Coates on **0115 7484336**. Visit <http://emahsn.org.uk/resource-hub/> for an electronic copy of this resource.



## Statement 6: Older people who are admitted to hospital after having a fall are offered a home hazard assessment and safety interventions.

**Rationale:** Adapting or modifying the home environment is an effective way of reducing the risk of falls for older people living in the community. Home hazard assessment undertaken in the person's home, and intervention if needed, has been identified as a component in successful multifactorial intervention programmes. It is important that a home hazard assessment is undertaken after a multifactorial falls risk assessment has been completed.

**What this means to Care Home providers: Older people** who are admitted to hospital after having a fall are visited in their home after they are discharged by a trained healthcare professional (usually an occupational therapist) who will check for anything that might put them at risk of falling again. If the healthcare professional thinks that making changes in the person's home (for example, changing the layout of furniture) or having special equipment might lower the chances of another fall, they will offer help with this.

### Suggested service review questions:

1. If one of our residents is admitted to hospital after having a fall, are they offered a home hazard assessment following discharge?
2. Have we received any advice on reducing risk of falls in our care home?
3. If not, could we explore the potential for this with the CCG?

### Hints, Tips & Links:

#### Link to guideline:

Falls (NICE guideline CG161), recommendations 1.1.6.1 and 1.1.6.2 <http://www.nice.org.uk/guidance/cg161/chapter/1-Recommendations#preventing-falls-in-older-people-2>

#### Home hazard assessment

Home hazard assessment should be undertaken in the person's home and should be more than a 'checklist' of hazards. It is essential that the assessment explores how the actual use of the environment affects the person's risk of falling.

[Adapted from the College of Occupational Therapists' practice guideline Occupational therapy in the prevention and management of falls in adults (2015)] <https://www.cot.co.uk/publication/z-listing/occupational-therapy-prevention-and-management-falls-adults>

This web-based briefing provides a concise summary of the current knowledge base on preventing falls of older people in residential homes. Coverage includes ethical considerations, views of service users and carers, implications for practice and innovative practice examples. It also highlights additional contacts and resources. The briefing was commissioned by the Social Care Institute for Excellence (SCIE):

<http://www.scie-socialcareonline.org.uk/scie-research-briefing-1-preventing-falls-in-care-homes/r/a11G00000017zZBIAY>

### Want to know more about preventing falls?

**This CareFall elearning package** supports most of the recommendations within the NICE guideline on falls: assessment and prevention of falls in older people. It is a course which was revised in 2015 by the Royal College of Physicians, and the NHS England Patient Safety Lead, older people and falls.

New for 2015 is an interactive tool to identify environmental risk factors. It covers patient risk factors; environmental risk factors and what to do after a fall. It concludes with a case-study based exam, which requires a score of 75% to pass.

With the support of resources, glossary, nurse viewpoints and clinical videos, in this interactive course, you will:

- Explore why falls are not inevitable
- Understand the impact of falls on your residents
- Recognise the importance of balancing resident safety, independence, rehabilitation and dignity, including resident choice
- Learn how to identify and act on patient risk factors to reduce the likelihood of falls
- Identify environmental risk factors and create a safer environment
- Explore clinical tasks related to falls prevention

It has been developed primarily for registered nurses working in acute or community hospitals, but any staff member with an interest in falls prevention can use it.

<http://www.e-lfh.org.uk/programmes/preventing-falls/>