

BIELD HOUSING AND CARE

HOUSING AND CARE SERVICES

Policy Statement

4.9.3 The Prevention and Management of Falls (formerly Falls Prevention)

Policy Statement:

Bield Services are committed to supporting a more consistent and structured approach to Falls Prevention and Management and in doing so improve experiences and outcomes for older people, their families and carers.

Key principles

- We support people who use our Services to remain at home with our support wherever possible.
- We respond appropriately and professionally to falls and take necessary measures when a person requires first aid and/or medical interventions
- We promote self-care and supported self-management where this is appropriate
- We support people in our Services to be included and involved in any decisions about Falls Prevention, Planning and Management
- We explain the Risks and support people to make informed choices and decisions in relation to Falls Prevention
- We use Best Practice Guidance and have systems in place to monitor accidents/incidents in our Services
- Our staff hold the Scottish Manual Handling Passport and are trained in the use of Manual Handling Equipment
- We promote the use of Assistive Technology in the Prevention and Management of Falls
- We adhere to Legislation and promote Good Practice Guidelines on the use of restraint where there is a clear and unequivocal benefit to the individual
- We keep records of falls and can demonstrate that we have reviewed peoples Support Plans following falls to evidence that we have considered the risks and any measures or support that we may need to put in place
- We are committed to a multi-agency approach to prevent and manage falls in our Services

Policies and Procedures, Legislation, Good Practice Guidance related to this Policy:

Bield's Policies and Procedures

Reporting sudden death or accident/incidents to the mental welfare commission

Safeguarding adults (formerly adult support and protection)

Responding to stress/distressed reactions

Restraint

Risk taking

Assessment, Support Planning and Review

Key working Guidelines

Managing specific health conditions

Legislation and Good Practice Guidelines

Rights Risks Limits to Freedom

Assistive Technology and Dementia

NICE- Falls-Assessment and Prevention of Falls in Older People

Care Inspectorate- Managing Falls and Fractures in Care Homes for Older People Guidance

Safe to Wander

Healthier Scotland-Prevention and Management of Falls in the Community

Learning and Development

Staff working in Retirement Housing Services

All Retirement Housing with meals staff must read Bield's Manual Handling Policy and Manual Handling Health and Safety Legislation

All Retirement Housing with meals staff must complete academy 10 e-learning (Manual Handling) prior to the Scottish Manual Handling Passport Scheme (SMHPS)

All Retirement Housing with meals staff must complete day 1 (only) of the SMHPS training

What Constitutes a Fall?

A Fall is described as “**an unexpected event in which the participant comes to rest on the ground, floor or lower level**”

Falls can:

- Result in injury for example a fracture or broken bone, head injury, cuts and bruises or even death
- Cause the person to lose confidence and become anxious and fearful of falling again
- Occur during ordinary daily living activities and/or prevent a person from carrying out daily activities leading to loss of independence and impact on their quality of life
- Keep occurring

A Fall is a symptom, not a diagnosis. It can be an indicator for the onset of frailty, the first signs of a new or worsening health problem and/or can represent a tipping point in a person's life, triggering a downward decline in independence and confidence. Falls are commonly associated with frailty, but it is not only frail people who fall. However, falls are not an inevitable consequence of old age. A fall is nearly always due to one or more risk factors. Recognising then removing or altering an individual's risk factors can often prevent a fall. Many falls and fractures can be prevented by well organised services and organisations working in partnership with the person their family and staff. Falls Prevention and Management is not the preserve of one profession, service or organisation. The consequences of a fall cut across all agencies working with older people, and with support to understand their contribution, all agencies can be part of the solution.

The following guidance aims to set out the approach staff should take to identify, support, respond to falls and the necessary steps they should take when recording reporting and monitoring falls

Who is at Risk of Falling?

When we talk about Risk Factors we describe a “characteristic, condition, environmental factor which predisposes an individual to an increased risk of falls”

Often an older person will have a combination of Risk Factors. The more Risk Factors they have the greater their likelihood of falling becomes. Risk can relate to the individual or their environment.

Risk Factors can include any one or combination of the following

Medical conditions

There are many medical/health conditions which can increase the risk of falls such as osteoporosis, heart disease, diabetes, arthritis, stroke, Parkinson’s disease, MS, visual impairment, cognitive impairment and dementia. This list is not exhaustive and there will be other conditions which increase a person’s chances of falling.

Environmental Risk Factors

Hazards in the person’s flat or room, communal areas, bathrooms and toilets can increase the person’s risk of falling. These include

- loose rugs
- lack of directional signage
- uneven egress/access
- poor lighting, especially on stairs
- low temperature
- wet, slippery or uneven floor surfaces
- clutter
- chairs, toilets or beds being too high, low or unstable
- inappropriate or unsafe walking aids
- inadequately maintained wheelchairs, for example, brakes not locking improper use of wheelchairs, failing to clear foot plates,
- unsafe or absent equipment, such as handrails
- loose fitting footwear and clothing

Medication

Certain medications can contribute to the Risk of Falls. Any medication that results in the following side effects can increase the person’s likelihood of falling. These are:

- Drowsiness
- Dizziness
- Hypotension
- Parkinsonian side effects such as slowing of bodily movement, difficulty starting movement, tremor, shuffling walking movement.
- Walking disorders
- Visual disturbance
- Dehydration
- Confusion
- Memory impairment
- Delirium
- Constipation

Types of drugs that most commonly increase the risk of falling are

- Sedatives
- Anti-depressants
- Drugs for psychosis and agitation
- Anti-hypertensives
- Anti-parkinsonian medications
- Anti-histamines
- Opioid analgesics
- Anti convulsants

In addition to the Risk Factors above there are a number of acute or temporary medical conditions which can increase the risk of falling. These are

- Constipation
- Acute infection eg. Urinary tract infections, chest infections and pneumonia
- Dehydration
- Delirium

Falls and Dementia

People with dementia experience changes to their physical, mental and emotional functioning that affects how they cope with day to day activities, relate to others and how they communicate. Confusion, disorientation, memory loss, restlessness, agitation, stress/distressed reactions and lack of judgment and insight can contribute to their Falls Risk.

Some individuals may require the support of staff to navigate their surroundings and may require visual cues to reduce their risk of falling, for example, pictures on doors to identify toilets or bedrooms. The physical environment generally can have a huge impact such as lighting, floor coverings and safe outside spaces. It is important to apply the same good practice in falls prevention and management as for older people in general. It is also essential that family and friends are involved in this process to help reinforce the principles.

Now we know who is at risk of falling let's consider what we should do

There are 4 stages to effective Falls Prevention and Management

Stage 1

Supporting Health Improvement and Self-Management to reduce falls

For effective falls prevention the emphasis or focus should be on Self-Care, Supported Self-Management, Health Education and Promotion. Research has demonstrated that increasing physical activity not only reduces susceptibility to falls, but improves cardiovascular fitness, strength and physical function. It also reduces aspects of cognitive decline and can improve aspects of mental wellbeing such as self esteem and mood. For Service Users who have no history of falls it is still good practice to have initial conversations when people move into or start using our Services around Falls Prevention and signposting people to eg. Local walks, community centres, exercise classes.

Stage 2

Identifying individuals at Risk of Falling

When a Service User first moves into or starts using one of our Services they will generally have been assessed by a health or social care worker and any risks or history of falls should be included in their assessment. If this information has been included in the assessment this gives Managers a starting point to build and develop a robust Support Plan

Effective Risk Assessment is key to establishing a baseline of the number of falls the Service User has had and the circumstances which led to them falling. In our Services we provide staff with a range of health assessment tools including the Falls Risk Assessment. The FRA is normally completed after a Service User has had a fall and any information gathered from the Assessment will form the basis of the Risk Plan and corresponding support need.

For further Guidance on Risk Planning refer to 4.0.1 Risk Taking and 4.2.1 Assessment, Support Planning and Review. There will be other circumstances where Service Users have moved into or started using one of our Services who do not have a history of falls but due to the changes in their environment, routine, personal contacts increases their risk of falling. It is therefore good practice to be aware of those risks and support individuals through the process of settling into Services. Having good conversations with Service Users and their families about aids or adaptations, telecare or assistive technology can be useful at this stage if this is beneficial to the Service User and agreed by everyone involved in their support.

Acute medical conditions most commonly a chest or urine infection can have a significant impact on an older person's mobility and can result in an increase in falls. As with any medical condition it is important to recognise and respond to any changes in a Service User and seek medical intervention.

For further guidance refer to 4.7.1 Managing Specific Health Conditions.

Stage 3

Responding to an individual who has fallen

When a Service User has fallen or been found on the floor

- Check first for ongoing hazards or dangers.
- Check if the person is responsive. If they are responsive, provide reassurance and comfort to the person who has fallen and try to get help from other members of staff.
- If the person is able to and there are no signs of obvious injury assist the person onto a chair or standing position.
- If the person is unable to assist in this process the use of manual handling equipment can be used if the person agrees.
- Ensure that staff have the expertise and equipment to do so and Manual Handling Guidelines are followed.

Complete Accident/Incident Form on Caresys and a Post Falls Risk Assessment, Record in the Support Plan and inform next of kin/power of attorney

If the person appears unresponsive contact the Ambulance Service immediately. Do not move the person. Complete an Accident/Incident Form on Caresys and a Post Falls Report (if applicable) Record on the Support Plan and inform the next of kin/power of attorney.

Stage 4

Multi agency approach to managing falls

Involving other relevant specialist support in the Prevention and Management of Falls will result in better outcomes for people. These include

- GP's
- District nurses
- Falls team
- OT's
- Dietician
- Social workers
- Podiatrists
- CPN's

Approaches that may help prevent or reduce the Risk of Falls

- Regular health checks including sight and hearing tests
- Regular podiatry checks and promoting good fitting footwear
- Regular GP reviews of prescribed medication (minimum annually) and review medication post fall
- Encourage physical activity (Care Inspectorate Best Practice Guidance –insert name///// have access to physiotherapy services
- Encourage/promote healthy eating have access to a community dietician
- Environmental adjustments eg. Removal of loose fitting carpets or flooring, repositioning of furniture
- Use of assistive technology eg door alarms, pressure mats, GPS tracking devices, call pendants and alarms
- OT assessment for suitable seating, aids and adaptations eg. Hand rails, raised toilet seats, riser recliner chairs, chairlift, manual handling aids, profile beds
- Stage 3 adaptations eg. Door openers, adjustments to tenants flat
- Promoting wearing of appropriate glasses and hearing aids
- For all other Services refer to the above Guidance for Good Practice.

Retirement Housing and Retirement Housing with meals

Although our Retirement Housing (WM) Services are not registered with the Care Inspectorate nor do we provide direct care there still remains a high probability that Service Users, due to a variety of reasons, will fall in one of our Services. The level of involvement, responsibility and response to falls we take will however be different in some of our Services. This does not mean that we relinquish all moral responsibility merely that we have a proportionate reflective response to older people who fall in our Services.

Through their routine contact with Service Users, Local Managers may become aware that a Service User is at risk of falling or has had one or more falls. Any concerns should be referred to their Housing Officer who will liaise with family, other agencies and colleagues to ensure that the Service User has access to support.

Falls outside the Service User's/Tenant's home

Service Users/Tenants should always be encouraged to go out and maintain their own daily routine however there may be circumstances where they will require the support of a member of staff. In Day Care settings this can occur on a daily basis as Service Users have the option of travelling to Day Care with staff or have the opportunity to go on outings. In Care at Home Services Service Users may be supported by staff to attend appointments or go shopping. Whatever the circumstance the Risk of Falls

cannot be eliminated but should not deter from Service Users having the opportunity to achieve their outcomes. If a Service User/Tenant falls whilst receiving support from a member of staff away from their home

Call for assistance/advice by contacting the Manager of the Service

Check for immediate hazards or harm

If the Service User is able to stand and there are no obvious signs of injury assist to stand

If the Service User is unable to move, contact Emergency Services

Contact the Service Users next of kin, power of attorney or other emergency contact

Falls and the Use of Assistive Technology and Telecare

There are many effective varied pieces of Assistive Technology and Telecare Products on the market which can support Service Users to live full independent lives whilst playing a part in reducing the risks

Restraint and Legislation

It is very clear that where Assistive Technology or Telecare is used it should be in full consultation with the Service User, and/or family, next of kin, power of attorney and social work where applicable and the relevant Legislative Good Practice is followed. Refer to 4.0.4 Restraint

It is worth noting that there is a general consensus that Restraints using cot sides, lap belts and cocoon beds have **not** been found to reduce falls or injuries and are **not** recommended for this purpose.

Assistive Technology is a term that refers to a device or system that allows an individual to perform a task that they would otherwise be unable to do and to enhance the physical, sensory and cognitive abilities of people with disabilities to maximise independence.

Telecare is the use of equipment within and outwith the home to monitor changing needs and risks and to provide alerts and information that enables improved and informed responses to those needs and risks.

Examples of assistive technology and telecare which could be useful in the prevention and management of falls are

- Fall sensors
- Pendant alarms
- Pull cords
- Surecall
- GPS tracking devices
- Flood detectors
- Bed sensors
- Door sensors
- Floor pressure mats

It is important to remember that the use of any of the above must be with the agreement of the Service User and where applicable the next of kin, power of attorney, social worker and should be documented (where applicable) in the Service Users Support Plan. For Service Users who lack capacity to make decisions about the use of such equipment staff should refer to the following

Legislation and Good Practice Guidance when considering Assistive Technology or Telecare Products.

The Adults with Incapacity Act (Scotland)

The Mental Welfare Commission Scotland- decisions about technology

Procedure for Reporting Falls to the Care Inspectorate

- Where a fall results in medical intervention ie. Contacting the GP, NHS 24, Emergency Services or the individual attends Accident and Emergency or is admitted to hospital this must be reported to the Care Inspectorate. This is applicable to falls within accommodation based Services and when a member of staff is supporting a Service User outwith their own home.
- If Services hold their own registration the Registered Manager of the Service should generate a notification to the Care Inspectorate on e-forms describing the event and management of the event. It is good practice to update the notification with any actions taken following the event to demonstrate robust and effective management.
- If the Service is part of a branch Registration the Manager or Deputy Manager should complete a PM19 form outlining the event and management of the event and email to Bield's Care Inspectorate mailbox
- Refer to 7.0.6 Notifications to the Care Inspectorate.

When a Fall Results in a Sudden Death

Follow 4.6.3 Reporting Incidents/Accidents and Sudden Death of people receiving Mental Health Services to the Mental Welfare Commission