Manual for Falls Prevention

During this module you will be asked some questions to simply provoke thought and test your current knowledge please have a note pad or supervision workbook to hand to make notes. Your performance will only be measured on the answers you select when completing the knowledge test at the end of the module.

Contents

Learning Outcomes

- Understanding background to falls and understand the different types of falls.
- Understanding the causes and risk factors related to falls.
- Understanding the potential consequences of falls.
- Understanding how to apply the principles of risk assessment in preventing falls.
- Understanding care planning and use of interventions in reducing falls.

Complementary Manuals Available

- Fall Response
- Assisting and Moving Individuals
- Risk Assessment
- Health and Safety

Preface

Walking is an activity that is too often taken for granted. Most of our daily life depends on the ability to walk freely as and when we want. Being mobile is of fundamental importance in maintaining independence.

Note: Being mobile allows people to interact with their environment, and undertake everyday activities such as washing, dressing, cooking, cleaning and shopping. It enables social contact with friends and family, preserves privacy and crucially allows people to retain a sense of dignity, self-esteem and a feeling of self-worth.

A fall therefore can have a devastating impact on the life of an older person. Not only are there the possible physical effects of a fall but also a loss of confidence. This loss of confidence may lead to a restriction in activities and social isolation, which may further affect health and the quality of life.

Falls should be regarded as major health events which in some situations will require a co-ordinated approach involving a variety of health and social care services. In many cases, taking the right steps at the right time will reduce or prevent falls occurring. Risk assessment tools can predict falls with reasonable certainty and with appropriate measures in place falls can be prevented.

All care home staff have a role to play in falls prevention, they need to have the necessary skills and knowledge and should know the importance of the role of the multidisciplinary health and social care team.

The aim of this manual is therefore to raise awareness of falls and the role all care givers play. This manual will cover such themes as the prevalence, definitions and the different types of falls.

It will describe the risk factors and causes associated with falls and the potential impact a fall can have on a person. It will also discuss how a falls risk assessment can be used to produce effective client centred strategies and interventions aimed at reducing falls.

Chapter One

Background of falls

Every person is potentially at risk of falling. However falls in older people are a significant challenge for health and social care. Although falls are not an inevitable part of the ageing process, research has shown that the frequency of falling does increase with age and the consequences can be serious.

- Falls represent the most frequent and serious type of accident in people aged 65 and over.
- Falls are the main cause of disability and the leading cause of death from injury among people aged over 75 in the UK.
- Half of those people who fall and break their hip never truly recovery from the injury and one in five dies within three months following a fall and resultant broken hip (Age UK 2011).
- Tragically, an older person dies every five hours as a result of a fall.

Why Older People Fall in Care Homes?

It is recognised that people living in care homes are three times more likely to fall than older people living in the community. Falls account for around 90 % of reportable injuries to clients in care homes (Hindle 2011). Some reasons why people fall in care homes include:

- Clients are likely to be more frail because of old age or medical conditions such as stroke, Parkinson's disease or dementia.
- They could also be suffering from poor eye sight and poor hearing.
- Clients may be on combinations of medication.
- Limited physical activity or exercise reduces muscle strength and balance.
- A new environment may reduce confidence.

Instruction to falls prevention

In recent years several important government policies on the prevention and management of falls have been produced in an attempt to address the serious problem of falls. In 2001 The Department of Health (DoH) introduced The National Service Framework for Older People (NSFOP). A key target set in Standard 6 of this framework was aimed at reducing the number of falls by highlighting the importance of falls prevention.

In 2004 The National Institute for Clinical Excellence (NICE) introduced a document called fall: The assessment and prevention of falls in older people. In this recommendations for good practice based on the best available evidence of clinical and cost- effectiveness in falls prevention are presented.

Standard of care & the Role of the Care Quality Commission (CQC)

The regulatory body for health and adult social care in England is the CQC. They monitor establishments to ensure that clients are receiving quality care according to regulations and standard outcomes. Although the regulations and outcomes do not make any specific reference to the prevention of falls, registered care home managers are responsible under the Health and Safety at Work Act 1974 for managing health and safety; this includes the prevention of falls in the home (CQC 2010).

Classification of Falls:

All care workers need to be vigilant in observing their clients. They are usually the first to notice if someone is becoming frail, unbalanced or `just off colour'.

People experience a fall for a number of reasons and there are various potential causes of a fall. The causes of falls will be explored in further units in this manual. However, it is necessary to define what a fall is, the different types and how a fall can be classified.

NICE (2004) defines a fall as ***`an event whereby an individual comes to rest on the ground or another lower level, with or without loss of consciousness'.***

It is important to remember that falls can be:

- Sudden
- Uncontrolled
- Unintentional
- Unpredicted

If a person has fallen once, it is likely that they will fall again, therefore it is very important to report any incident of a fall occurring.

Morse (1997) identifies three types of falls.

- **Accidental falls**. These are falls that are considered accidental and can be caused by the person slipping or tripping. This type of fall is often due to environmental factors for example spilled water on the floor, or a loose rug.

- **Predicted physical falls**. These are falls that occur in people who have previously been identified as `at risk of falling'. Factors that come into account in this type of fall include if the person has been assessed after a previous fall, is frail, or has poor mobility. This type of fall is the most frequent.
- **Unpredicted physical falls.** These are falls that may be caused by sudden or unexpected physical conditions which cannot be predicted or prevented. Examples of these could be an unexpected seizure, having no previous history of falls, fainting, drop in blood pressure or dizziness.

Case Analysis

(Make a note on your work pad)

Eileen Green, while walking to the dining room for her breakfast, trips over another client's walking stick which is lying on the floor and falls. According to Morse which type of fall would this be?

Len Bindon has fallen three times in the past six months. Due to suffering from Parkinson's disease his mobility is poor, and he often forgets to use his walking frame. He is found on the floor in his room by a care giver after trying to walk to the toilet. According to Morse which type of fall would this be?

Irene Smith has recently been admitted to a care home for respite care due to her dementia. She has no previous history of falling and her mobility is good. While she was being assisted back the short distance from the home's hairdressing salon she complained of dizziness and fell onto the floor. According to Morse which type of fall would this be?

Chapter Two

Consequences and risks of falls

Undoubtedly falls are a serious health concern for people, their families and health professionals. However, it is important to remember that;

Note: Falls don't have to happen just because a person gets older. There are reasons.

Often, more than one underlying cause or risk factor is involved in a fall. Undeniably the aging process affects everybody and older people are more susceptible to sustaining serious physical injuries due to age-related changes (Downing 2011).

Age growth and physical changes

- Strength, power and flexibility.
- Bone growth and density. This can be caused by a condition called osteoporosis particularly prevalent in women.
- Balance and co-ordination.
- Overall mobility and walking (gait).
- Skin condition. Aged skin is prone to skin tears and bruises.

People in care homes are generally frailer than adults living in the community. They are usually older and may have difficulties in walking and problems with balance. They may have thought or memory problems and have issues with undertaking their daily activities. They are also at risk of trips and are likely to stumble. Apart from age related changes, falling can be a sign of health problems. Many falls are linked to a person's general health and affected by a medical problem or chronic disease.

The causes of falls are seldom straightforward and rarely due to one simple cause or factor. Falls are more often than not due to a combination of reasons or factors.

NICE (2004) has identified over 400 risk factors or potential causes of falls.

As the number of risk factors increase so does the risk of falling. In a care home the families of residents who have a fall can often regard the fall as an indication of poor care. In some cases this can be an unfair assumption, as despite all the precautions put in place many falls cannot be prevented. It's vital to remember that you may not be able to stop all falls but with a thorough assessment and prompt intervention you could reduce the number and severity of the potential injuries. A risk factor or cause of a fall can relate to the individual and/or their surrounding environment.

It's generally accepted that falls are caused by multiple factors some of which are complex. Falls normally result from an interaction between two main risk factor areas. These are known as:

1) Person - Specific Risk Factors (Intrinsic)

2) Environmental Risk Factors (Extrinsic)

Person-oriented Risk Factors

These are causes and risk factors which relate to the specific individual person and can include the following:

Mobility reduction

This can be due the aging process particularly in the strength of the muscles needed for walking. Lower- extremity weakness in the legs is one of the most important risk factors. Older people with weak muscles are more likely to fall than those who have maintained their muscle strength, as well as their joint flexibility and endurance. Instability of a person's overall mobility will be affected through lack of physical activity and exercise.

A decrease in physical functioning will weaken muscles and make joints inflexible. A reduction in mobility will also be caused by medical problems such as arthritis or as a result of an injury caused by a previous fall.

Challenges to Postural Balance, Mobility and Walking (gait).

Problems affecting the balance and walking can be linked to a lack of exercise or maybe a neurological condition, such as a stroke, or chronic illness such as multiple sclerosis. Fainting, blackouts or loss of consciousness can also be responsible for falls in the older person. A hearing problem called tinnitus commonly known as `ringing in the ears' can also affect a person's balance. In addition, a poor sleeping pattern will directly affect a person's mobility.

An injury caused by a previous fall can have a major effect on the way a person mobilises. An older person's reflexes may also be slower. This means that the older person needs extra time to react when walking and may find it harder to adjust their balance if they start to fall. A person's balance can also be affected by any injury, abundance of ear wax or infection to the inner portion of the ear (this area of the ear is responsible for maintaining balance). Problems with the inner ear can cause dizziness, nausea, (feeling sick) and vertigo.

Poor footwear, painful bunions, ulceration, dry or cracked skin, fungal nail infections, or in-growing toe nails could also be reasons why a person is having difficulties with walking or maintaining good balance.

Visual and Hearing Disability.

There is a higher prevalence of visual and hearing impairment in older people who live in care homes compared with people of a similar age living in the community. Not seeing well can result in people not being able to judge distances or to manage steps or different levels on floors and other spaces. It can take a while for the person's eyes to adjust to see clearly when moving between darkness and light.
Poor hearing could hamper the person from correctly hearing moving and handling instructions from care givers while undertaking care. A very noisy environment could also lead to confusion, disorientation and distraction particularly in the person suffering from dementia.

Other vision problems contributing to falls include poor depth perception, cataracts and glaucoma. The wearing of multi-focal glasses while walking or poor light can also be a risk factor to falls.

Hypotension (low blood pressure).

A person's blood pressure that drops too much when they get up from a lying down or sitting position can cause a person to fall. This condition is caused postural hypotension. Having a low blood pressure can make the person feel dizzy, feel faint and collapse. It can result from dehydration, poor nutrition and cardiovascular disorders known as syncope and certain medications e.g. blood pressure tablets. It can also be caused by diabetes, conditions such as Parkinson's disease or an infection.

Nutrition and Hydration

Among its many physical effects poor nourishment can cause people to become light headed, weak, frail and confused. A well balanced diet and sufficient fluid intake of 1500mls helps in maintaining body strength and mobility. Common complications associated with dehydration can include low blood pressure, dizziness and increased risk of falls (The Good Hydration Charter 2011).
Adequate hydration benefits the older person by making them steadier on their feet, more alert, aiding sleep and reducing episodes of dizziness. It has been shown that increasing the amount of fluid intake a person has will have a dramatic effect on the number of falls, reducing them by 50% (The Good Hydration Charter 2011). Vitamin deficiencies, particularly vitamin B1 and B12 can contribute to falls. A lack of the mineral calcium can increase the risk of a fracture if a person has a fall.

Instruction for Alcohol Intake

Excessive alcohol intake can have a dramatic effect. Alcohol can have a dulling effect on the thought processes as well as overall mobility. In addition, with certain medication, alcohol must be avoided completely. E.g. alcohol should not be taken with antibiotics or sedatives.

Dementia and Cognitive Impairment

People with dementia are at greater risk of falling. This can be due to impaired judgment, memory loss, confusion and restlessness (SCSWI 2011)

Dementia can also affect the visual perception and importantly the ability to recognise, understand and avoid potential hazards. Alterations in visual depth perception can make judging distances to and between objects, stairs and doorways very difficult. Alterations in waking pattern due to the dementia can also increase the risk of falls. Confusion, even for a short time, can sometimes lead to falls. This short term confusion could be caused by the disorientation of being in an unfamiliar environment such as in the case of a new resident coming into a care home. Challenging behaviour and generalized pain can also place the person at risk of falling.

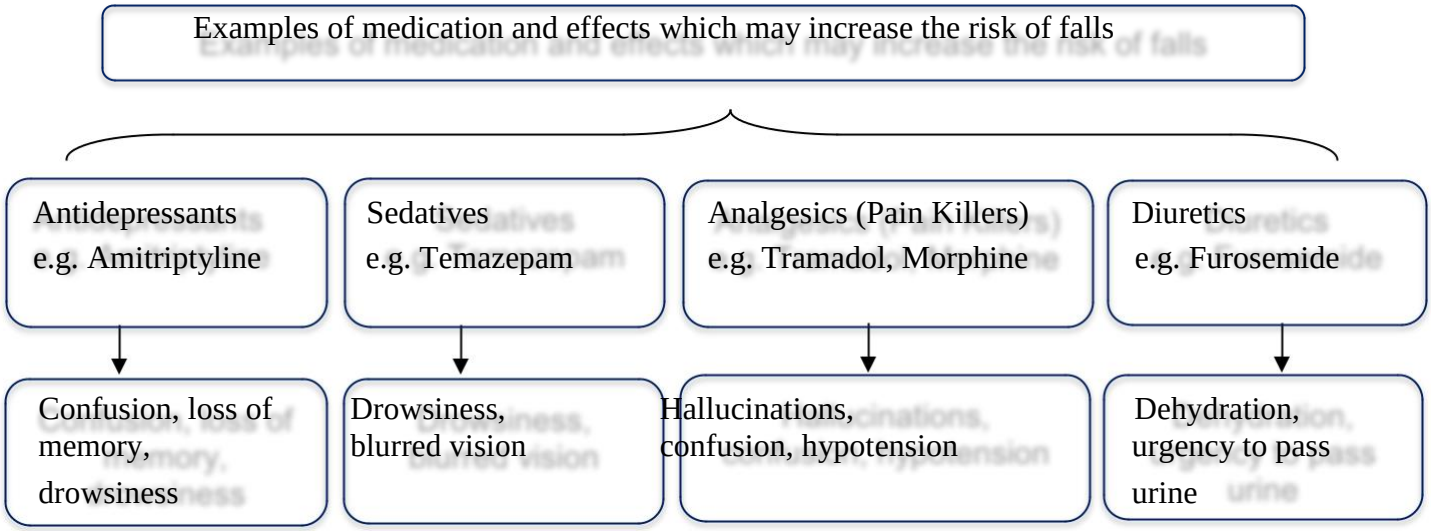
Urinary Incontinence / Constipation

Older persons can be prone to urinary and bowel disorders. Conditions such as urinary tract infection and constipation will give a feeling of urgency and frequency in wanting to urinate and open their bowels. This can cause the person to attempt to get to the toilet in a hurry without either calling for assistance or having the support of a care worker.

Older men can often suffer from prostate problems which has the effect of needing them to pass urine urgently and more frequently. This will also cause them to rush to the toilet.

Care and Medications

It is common for older people to be prescribed an array of medications for the management and control of specific health conditions. Being prescribed four or more daily medications can be regarded as a risk factor in falls. Any medications that can cause sedation, confusion, low blood pressure, muscle weakness or relaxation increase the risk of falling. It is important that a close watch be kept on the effect of medications.



Medical Condition

Particular medical conditions can increase the risk of falls. These include both chronic and acute medical conditions.

Chronic medical conditions include: stroke, arthritis, osteoporosis, depression, diabetes and neurological conditions such as Parkinson's disease.

Acute medical conditions which cause the rapid onset of illness can include chest infections and urinary tract infections. An epilepsy causing fits/seizure or a sudden drop in the person's blood pressure (hypotension) can cause a person to fall.

Another risk factor is related to a person's attitude or behaviour. Some people despite receiving the best advice will be determined to walk and possibly put themselves at risk from falling.

Past Falls History

The strongest risk factor for falls is a previous fall. Evidence shows that once someone has fallen they are significantly more likely to fall again. NICE (2004) recommends that all older people in regular contact with health care professionals should be asked about this at least once a year.

Considerable Points

For those people who have previously fallen, there is a 50% chance that they will fall again.

Any previous falls and ideally all near misses should be record in detail. People with walking or balance difficulties should have a thorough falls assessment

Case analysis

Tony Board is a resident of a care home. He has fallen twice in the past three months. He has arthritis, has had a left knee replacement and suffers from glaucoma in both eyes. He is on more than four medications a day including pain killers. He has a urinary catheter, and he can experience constipation. His catheter bag is often found dragging on the floor while he is walking.

Tony is reluctant to drink much fluid throughout the day, and eats only a small amount. He likes a glass of whiskey at night. His mobility and balance is generally poor but he is determined to mobilise with a walking frame. He insists in getting up from the chair without using his call bell.

From this scenario can you identify any person specific risk factors? ***If so why not make a note for your future reference?***

Environmental Factors (Extrinsic)

The other major risk factor relates to the overall physical environment that the person is in.

Environmental risk factors include:

- Poor or dim lighting especially on the stairs or corridors. Intensity and glare of very bright light is a risk. Shadows should also be avoided.
- Poor fitting or worn shoes or slippers and poor foot health causing pain and discomfort. Shoe laces unfastened. High heels can often affect balance and walking.
- Loose fitting clothing especially trousers or dresses. Clothes which could fall down and get tangled up round a person's feet. Loose or worn stockings or socks.
- Bandages or any dressings surrounding the feet or legs. These can come loose and hinder movement and get trapped under the feet.
- Ill-fitting or badly adjusted mobility aids/assistive devices.

Note: There is a range of equipment that can assist with mobility, e.g. walkers, wheelchairs, walking sticks. Prior to use many of these require adjustment and careful measurement in order to meet the person's individual needs.

E.g. the height of a walking device. The device itself could become a fall hazard if the measurements do not correctly match with the person using the device.

- Unstable furniture and improper use of devices such as bedside rails and other mechanical restraining devices.
- Stairs which are steep, or have worn carpets. Condition of floor surfaces can also present as a risk hazard. Changes in floor surfaces both in texture and levels are difficult to see. Loose or thick-pile carpeting, sliding rugs and highly polished or wet ground surfaces are especially hazardous.
- Inadequately maintained and repaired wheelchairs, loose sides or brakes not locking correctly.
- Outside areas such as garden pavements, wet floors, wet leaves on paths and obstacles.
- Toilet and bathroom areas without appropriate support such as grab rails.
- Chairs, toilets or beds being too high, low or unstable.
- Obstructions and objects lying on the floor, trailing wires, laundry. Spilt liquids.
- Pets. Small cats or dogs can easily get under the feet of a person.
- A cold environment will be more likely to reduce a person's mobility.
- Low staffing levels or lack of appropriately trained and experienced staff.
- New environments/admission or relocation into a care home could mean that the person is disorientated and confused. This lack of familiarity to their surroundings and possible changes in mobility could put the person at risk.
- Nocturnal falls. Older people, in care environments may wake up during the night wishing to go to the toilet. There can be a risk of falling due to factors such as they may have been given night sedation, the night lighting may be poor, difficulties with transferring out of bed to the toilet, being in unfamiliar surroundings and low night staffing levels compared to day time.

Case Analysis

Eileen lives in sheltered accommodation for people with learning disabilities. Due to joint stiffness she finds walking long distances difficult. She wears bifocal glasses and uses a walking stick she found in a car boot sale. She has a cat who likes to sleep on the floor.

Eileen has books and magazines scattered on the floor. She admits that she is not very physically active and does little exercise. Eileen's laundry is also strewn on the floors. Eileen has never had a fall before but does suffer from osteoporosis which she is taking medication for. Eileen dislikes wearing shoes and often walks around in bare feet.

From this scenario can you identify any environmental risk factors? If so why not make a note for your future reference?

Chapter Three

Falls Consequences and Risks

The consequences of a person having a fall can be serious and extensive.

- Besides the physical injuries caused by a fall, falling will have an effect on a person's psychological, emotional and social wellbeing.
- A fall can have a dramatic and lasting effect on the quality of a person's life.

The effects of falls on a person include:

- Increased social isolation.
- Difficulties with activities of living.
- Possible depression and other mental problems.
- Increased physical and emotional dependence.
- Hospitalization and potential surgery.
- Long term care provision.

The consequences and impact of a fall on a person can be classified under **five** headings:

- Physical
- Emotional
- Social
- Psychological
- Financial

It is also important to recognise that falls will have an impact on other groups such as:

- Care workers.
- Family members and others who care for the person.
- Managers and owners of care establishments.
- Health services, such as the NHS, and social services.

Physical Risks and Consequences

An injury produced by a fall is the leading cause of accidental death for people over the age of 75 (SCSWI 2011). In an older person, bones can become weak and fragile and can break easily. This can be caused by a condition known as osteoporosis. People with the condition are at a higher risk of breaking a bone if they happen to fall, especially the hip or wrist bone. Treatment for osteoporosis can include medications such as calcium or vitamin supplements.

Note: Osteoporosis is a disorder which is frequently but not exclusively found in the older person. More prevalent in women it has been estimated that the disease affects 1 in 3 women and 1 in 10 older men (The National Osteoporosis Society 2010).

Anybody suffering a broken bone will require hospital assessment and may need an operation. This will mean a stay in hospital, followed by rehabilitation and after care. Unfortunately, many people with a hip fracture never regain the exact same level of function they had prior to the fall. Many will have a loss of function, strength and overall mobility. Other injuries caused by falls include:

- Cuts, bruises, soft tissue injuries, dislocations, fractures, wound infections
- Pain, loss of function, immobility, frailty and aging
- Death

Mental Consequences

The trauma of a fall can cause emotional distress. The potential loss of independence following a fall can cause a person to have low morale and low esteem. This can lead to depression.

Social Consequences

The experience of having a fall can have an impact on the social element of a person's life. People may be reluctant to visit family and friends, or to continue with hobbies or social activities for fear of falling. People will become anxious and may not want to walk any distance because of the fear of falling. This can result in increased social isolation, withdrawal and a feeling of loneliness.

This **Fall sequence** demonstrates how a fall can lead to a downward spiral in the quality of a person's life and their ability to maintain normal activities of living.

1) **The Fall**

2) **Progressively Weaker**

3) **Reduced Muscle Strength & Balance**

4) **Reduced Function and Mobility**

5) **Reduced Confidence**

6) **Increased Fear of Falling**

7) **Increased Risk of Falling**

Psychological Consequences

A fall can have a serious psychological impact on the person. This is known as `post fall syndrome' and the psychological consequences include:

1. Feeling of uselessness
2. Increased dependency
3. Anxiety
4. Emotional shock and distress
5. Loss of confidence
6. Depression
7. Fear of falling
8. `Stigma' of having a fall
9. Anger / frustration
10. Loss of personal control
11. Social isolation and withdrawal

Economic Consequences

Apart from the physical and psychological impact of fall, the financial cost of falls to the UK is estimated to be £ 2.3 billion per year (Age UK 2010). Because of an increasingly aging population this is set to increase. The financial burden of falls is placed on the cost of care services provided by the National Health Services. This cost includes treatment, nursing care, physiotherapy and rehabilitation.

Other costs which must be taken into account include the need for possible long term nursing, residential or home care provision. In addition there is the financial impact on the individual person who may have to consider moving into and paying for long term care.

Impact of falls on care staffs and care home

All care workers owe a `duty of care' especially in ensuring the client's health and safety. Having a client fall can affect care workers deeply. Care workers often regard it as being their fault and question their care and practices. Mitchell (2009) reported that as well as the fear of recrimination, care staff may experience feelings of guilt or distress, particularly if the fall resulted in a person being injured.

For any care home the clear objective must be to always provide high quality care for all its residents. The management of falls must be addressed competently and correctly to the satisfaction of the clients, families and regulatory bodies such as the CQC.

Chapter Four

Consequences and Risk Assessment of Falls

Although the prevention of falls is the duty of every care worker, the overall process of assessment, monitoring and reduction of falls remains the responsibility of the home's manager. In order to comply with the CQC outcome 4 (care and welfare of people who use services) of the essential standards of quality and safety all clients require that:

An assessment be made that identifies their individual needs. The planning and care delivery must ensure the welfare and safety of the client.

It's important to recognize that falls remain a serious problem for the older person and what appears like a `trivial' fall can turn out not to be so trivial in its impact on the person involved. It's essential to appreciate that there is no one risk factor that may cause a person to fall and the risk factors range from a simple trip on a loose mat, or from wearing old slippers, to a major cardiac or neurological condition. This is where a falls risk assessment is crucial as:

A fall should never be accepted as just a fall, there are always reasons for the fall

Care homes must have policies in place that help reduce falls. These policies and procedures must at all times meet legal requirements and follow best practice guidelines. Managers are responsible for ensuring that the environment is safe for clients and employees and all staff are appropriately trained to meet the needs of the clients. Identifying and assessing all those clients who are potentially at risk of falling is the first crucial step in identifying individualized effective methods in falls reduction and prevention.

Assessing a client's risk of falls as part of a comprehensive plan of care is key to fall prevention and management in a care establishment. Comprehensive assessment and modifying the risk factors can reduce falls by 50 %.

The National Patient Safety Agency (2007) and the National Service Framework for Older People (NSFOP) (2001) recommend that all people at risk of falling should receive a falls risk assessment which follows a clear and logical sequence based on the application of a falls risk assessment tool.

Falls risk assessment methods

Falls risk assessment tools have been developed for use by health care professionals within specific health care settings and there are a variety of assessment tools available. Because of the many reasons why a person can fall these tools are used to assist the assessment of falls in three main areas.

1. Proctoring Fall Assessment Tools

Using a scoring system or scales these tools attempt to identify through a set of screening questions the likelihood of a person falling.

2. Comprehensive falls risk assessment strategy

These tools are designed to assist in the comprehensive assessment of the risk of falling in a person.
The information obtained through this assessment will be used to identify care interventions to then be added to a care plan.

In addition, the information gathered could be used when referrals to other agencies or health care services are needed. One such falls risk assessment tool has been incorporated into the Standex system of care planning documentation.

Within the Standex system the falls risk assessment care planning form identifies a particular risk factor, and then identifies if the client is at risk by simply asking yes or no. A copy of the form is found at the end of this manual.

3. Assessment after fall

These are tools that are used after a person has had a fall or possible near miss and provide an account and reasons for the fall occurring. They recommend other strategies which could be applied which would assist in avoiding any future falls such as referral to a local falls service.

These are just a few examples of possible falls risk assessment tools which can be used. Many care establishments have devised their own and adapted them to fit their own requirements.

Keeping on **T.R.A.C.K** in the prevention of falls should be the combination of:

T = Type of fall

R = Risk factors

A = Assessment

C = Care planning

K = Keeping vigilant

Note: Risk assessment tools are vital in assessing falls risks factors, however these tools are not the complete solution to falls assessment. Care workers need to be vigilant at all times in the pursuit of reducing falls wherever and whenever they arise.

Objective: Falls Risk Assessment

The first objective in any falls assessment is to gather a thorough falls history in order to understand the events or factors that may have led to a fall. It is important to remember that any fall may be the first sign of an underlying health condition. It's crucial to discover how the fall occurred, the timing of the fall, and any symptoms or subsequent injuries as a result of the fall.

Any new residents to a care home are at particular risk from falls. This is most likely to be due to the change of environment and possibly a period of ill health prior to admission to the home. It is therefore imperative that these people are fall risk assessed as soon as possible and a care plan put in place to manage the risk.

When to assess the risks of falls

- Following a fall
- Following changes in medication
- Pre-admission to the care establishment
- On admission to the care home.
- Routine care review (this will be outlined by local policy.)
- Previous history of falls
- If the client's condition changes due to illness.
- Any noted changes in behaviour
- Following transfer back from another setting, e.g. discharge from hospital

The major falls risk assessment sector

Medical History

Any recent or noticeable changes in condition? Any previous or recent hospital or GP attendance? What was the reason? Any other unreported problems, e.g. chest pain, palpitations, pain, restricted mobility, stroke or neurological condition such as Parkinson's disease (Jones & Whitaker 2011).

History of Falls

Has the person a history of falls in the past year? Are there any patterns to the falls? Do they keep a fall diary? Has the person suffered any previous injuries because of a fall. Can they remember falling and describe the events?

Osteoporosis

Has the person been diagnosed with osteoporosis or been screened for it? Is the person taking any medications to strengthen their bones?

Medications

This assessment would include asking the person have they had a medication review within the last 3 months. Are they taking regular medication? Is it 4 or more forms of medication per day? Has there been any change in the medication? Does the person know what the medications are for?

Pain

Does the person take regular pain killers? For what reason? Type and severity of pain and location. Assess with a pain assessment chart. Identify any adverse affects of medication. Any constipation or loss of appetite?

Gait (walking & balance)

What is their gait like? Any difficulties? How far can they walk? Assisted with a walking device? Rollator? Cane or frame? How do they transfer? Standing /sitting /lying? From standing to walking?

Walking pattern definition

Normal Gait
This is where the person walks with head erect, arms swinging freely by their side and without hesitation.

Weak Gait
The person is stooped but able to lift their head while walking without losing their balance. If support from furniture is required, this is with a light touch and mainly for reassurance only.

Impaired Gait
The person may have difficulty rising from the chair, their head is down, and they watch the ground. They need to grasp onto furniture/people/a walking aid for support and they are unable to walk without assistance

Postural Hypotension
Does the person feel dizzy or light headed on standing or sitting up? Has the person fainted recently or blacked out?

Alcohol

What is the daily alcohol consumption? Is it more than one unit per day? Is alcohol adversely affecting their mobility or walking?

Nutrition

Is there any weight loss? Most recent weight? Do they have sore gums, poor fitting dentures, problems with swallowing? Assess using Malnutrition Universal Screening Tool (MUST).

Continence

Does the person suffer from any bladder or bowel problems, urge/stress or overflow incontinence problems; or urinary infections?

Vision & Hearing

Does the person have eye sight or hearing difficulties? Can they recognise an object across a room? Do they wear glasses? Varifocals or bifocals. Do they wear a hearing aid?

Footwear

Is the person wearing the appropriate footwear? Do they have any problems with their feet. Do they suffer from nail infections, in growing toe nails, bunions?

Memory/comprehension/depression.

Does the person have difficulty understanding or following advice? Do they have an awareness of their own safety and memory of events? Is there evidence of self-neglect? History of dementia or depression? Do they have any fears of falling?

Behavior Problems

Does the person have any behaviour issues? These could range from being impulsive, reckless, combative, having a lack of attention, denial or being forgetful about their limitations. Is there a history of agitation or confusion?

Night Routine

Clients who wake up during the night needing to use the toilet are at particular risk of falling. It's good practice for care staff to place a commode next to the bed, ensuring that glasses and walking aids are within easy reach. Night time lightening should be adequate.

Pressure alarm pads can be placed under a carpet next to the person's bed, which are activated when the person steps onto the pad ensuring that staff are quickly alerted to the fact that the person is attempting to get out to the toilet. Regular checks of people who are known to get out of bed during the night are also crucial in the prevention of falls.

Environmental falls risk assessment

Is the home too hot/ cold? Is the lighting sufficient? Is there any evidence of a trip hazard, clutter or equipment? An environmental fall risk assessment can be conducted in a care home using a monitoring form such as this.

Environmental Falls Risk Monitoring Form			
Risk Factor	Signature: Date	Y/N	Actions
Have all walking aids and mobility devices been checked for safety and correct usage?			
Have all clients' shoes been checked for safety? Non – slip?			
Have all wheelchairs been checked for safety?			
Have all beds been checked for correct height, with locking brakes?			
Have all chairs been checked for safety and condition?			
Is the lighting in the building appropriate, broken bulbs changed			
Is the environment/rooms free from clutter and obstacles? Floors checked for loose rugs, tiles, and non-slip?			
Have all commodes been checked for condition and safety?			
Are the toilets seats at the correct height? Bath rails and guard rails checked and secure?			

Chapter Five

Plan for care givers

Managing falls can be a challenging prospect as care workers need to work with clients, care givers and families to ensure the right balance between preventing falls and independence, privacy, dignity and care. Setting realistic and achievable goals with the client is an essential element of effective care planning.

The aim of undertaking a comprehensive assessment on someone who may be at risk of falls is to identify potential risk factors. Based on this information obtained via assessment and screening, the next stage is to develop a care plan which meets the individual needs of the person by addressing the risk factors of falling.

A care plan needs to be reviewed and updated regularly, continuing to identify and respond to any change in the person's condition or care needs.

A falls plan of care must include interventions that are tailor-made and person specific and which may require a multi-factorial and multi-team approach.

Care homes do not need to go it alone as there are other specialist health services available such as NHS falls clinics which offer treatment options and support.

People are considered a High Risk of Falling if they have Experienced;

- Multiple falls (more than one a year).
- Unexplained or unresolved falls.
- A single fall with multiple risk factors
- An injury after falling, especially all those who have suffered fractures such as a hip, wrist or arm. It is important to ensure that those people, who have had a fracture as a result of a fall, do not slip through the net.

Once assessed by the care establishment, these people should be referred via their own GP to the local NHS falls clinic. Within a care establishment a falls risk prevention care plan should include interventions to reverse or reduce the risk factors for the person.

Wherever possible care interventions should be agreed with the client as this will assist in overall compliance. People who understand the reasons they fall will adopt strategies to prevent future falls. Individual choice means that in some cases the person may not accept the proposed interventions therefore the risk would remain.
This risk should then be proactively managed with interventions highlighted to all staff and all discussions and decisions documented in the care plan. Where appropriate family

members should be made aware of the client's risk of falling, and whilst interventions are in place it may not be possible to prevent falls entirely.

Interventions to minimize falls

Because people fall in a variety of situations and these falls can be due to innumerable causes, it is not the intention of this manual to cover every possible cause and intervention but instead to offer an example of suggested interventions and referral pathways for a selection of identified falls risk factors.

Interventions options

Risk Factor	***Interventions***	***Referral***
History of Falling	Ensure comprehensive assessment is complete and full history is taken. Can the person remember falling and describe what happened? Any related themes, or any emerging causes or patterns to the falls?	GP for review. Local falls service for assessment
Medical history/ medical condition	Ensure a comprehensive health history. Identify any clues which may have an effect on the client such as recent weight loss, reduced appetite, increased tiredness, and changes in bowel habit, urinary frequency and output. Obtain base line observations and urinalysis.	GP for review.
Medication	Identify current medication, type and if 4 or more types per day. Any medication associated with increased falls risk, e.g. sedation.	GP/medication review.
Gait, mobility and balance	Ensure comprehensive assessment is completed, undertake moving and handling assessment. Identify any mobility difficulties including balance and transfers. Check walking aids are in good working order. Consider environmental changes to increase safety. Provide advice on how to manoeuvre safely, avoiding stooping, over stretching. Promote independence where possible.	GP/ community physiotherapist or occupational therapist for assessment.

Nutrition /hydration and alcohol intake	Perform nutritional assessment using MUST. Maintain well-balanced diet, adequate fluid balance. Observe for swallowing problems, ensure dentures are in place, and well fitting. Observe for sore gums/oral infections Advise on alcohol consumption.	Dietician/ Speech and language team Dental review
Foot care/foot wear	Check foot wear is well fitting, non-slip heels, no high heels or trailing laces. Consider slipper socks in bed for people at risk of falling out at night. Advice on daily foot care, visual check for problems with feet or nails. Observe any signs for poor circulation or pain on walking. Regular podiatry reviews are advisable.	Referral to a podiatrist for review.
Vision & hearing	Assessment to identify any visual or hearing problems. Identify any risks due to difficulty in judging distances. Ensure environmental lighting is good. Ensure areas free of clutter. Glasses are kept clean, fit well. Monitor for ear wax. Ensure hearing aids are working correctly and being used. Ensure regular eye tests.	Audiology or optician.

Postural hypotension	Observe for any episodes of dizziness on standing/sitting up/getting out of bed. Check lying and standing blood pressure. Medication review. Discuss coping techniques to reduce effects of standing up too quickly. Use of pillows to raise head. Frequent meals and fluids.	GP/review by falls or syncope clinic.
Urinary incontinence	Maintain good fluid intake, (1500mls daily). Urinalysis to detect abnormalities. High fibre diet to prevent constipation. Possibly laxatives. Ensure regular toileting; provide toileting aids, urine bottles, and bedside commodes. Call bell within reach at all times.	GP/Bowel/ bladder service review
Cognitive impairment	Identify cause through assessment and establish extent to which the person is affected. Discuss with multidisciplinary team (MDT) possible options for management. People in the early stages of dementia often respond well to balance and strength training and general exercise provision. If at risk from wandering and falls consider use of bed/chair alarms, pressure mats, increase in room checks and observation. Use of sitters to supervise and observe. Initiate diversionary social activities to prevent wandering.	GP and MDT

Case Analysis: Falls Risk Assessment

Penny Chon has been transferred back from hospital into the care home where she has been living for the past three years. She needed to be admitted to hospital because of pneumonia and a severe urinary tract infection which her GP decided required a course of intravenous antibiotics.

She wears glasses and requires a walking stick as her walking pattern is weak and she can become unsteady at times. The first night she returned from hospital she became confused and slipped out of her bed as she was trying to get to the toilet.

By using the above table of fall interventions suggest what measures could be put in place to reduce the risk of Mrs Chon falling again?

Make a note for your future reference.

Necessity of Bed and Bed Rails

In some cases, bedrails may be needed to prevent people from falling out of bed and they may be used for those who:

- Have balance problems and tend to lean to one side.
- Are delirious or confused.
- Have been assessed as having a high risk of falls.
- Are very drowsy and may roll off the bed.
- Have fallen from the bed before.
- Are used to having a bed rail and are fearful of being without one.

Best practice is to carry out an assessment of the risk and benefits of using bed rails and care workers need to ensure that they work within the guidance outlined in their own bed rail **local policy**.

If a person is likely to fall from the bed, ensure the bed is at the lowest possible height unless this would reduce mobility or independence. In some cases, a secondary foam mattress can be placed next to the bed so if the person fell from the bed they would roll safely onto the mattress and not on the floor.

Bed rails reduce the risk of residents accidently slipping, sliding, falling or rolling out of bed. They should not be used as a restraint in order to prevent a person leaving their bed or be used to prevent them falling elsewhere. Bed rails should not be used:

- If a person is agile and confused enough to climb over them
- If a person would be mobile if the bed rails were not in place (SCSWI 2011)

Hip Protectors

Although the effectiveness of hip protectors are yet to be proved, some care homes use them on clients who are considered a high risk. Local falls services will provide further information and advice about hip protectors.

Using Restraint

It is recognised that following a robust risk assessment in some situations, certain restraining methods can be used in the prevention of falls, for example safety lap belts to prevent people falling out of wheelchair. This is individually assessed and only to be used if appropriate and in the best interests of the person. It is advised that all care workers refer to their own local policy and procedure for information regarding the use of restraint within their care environment.

Environmental interventions that could help reduce a fall in the care home environment include:

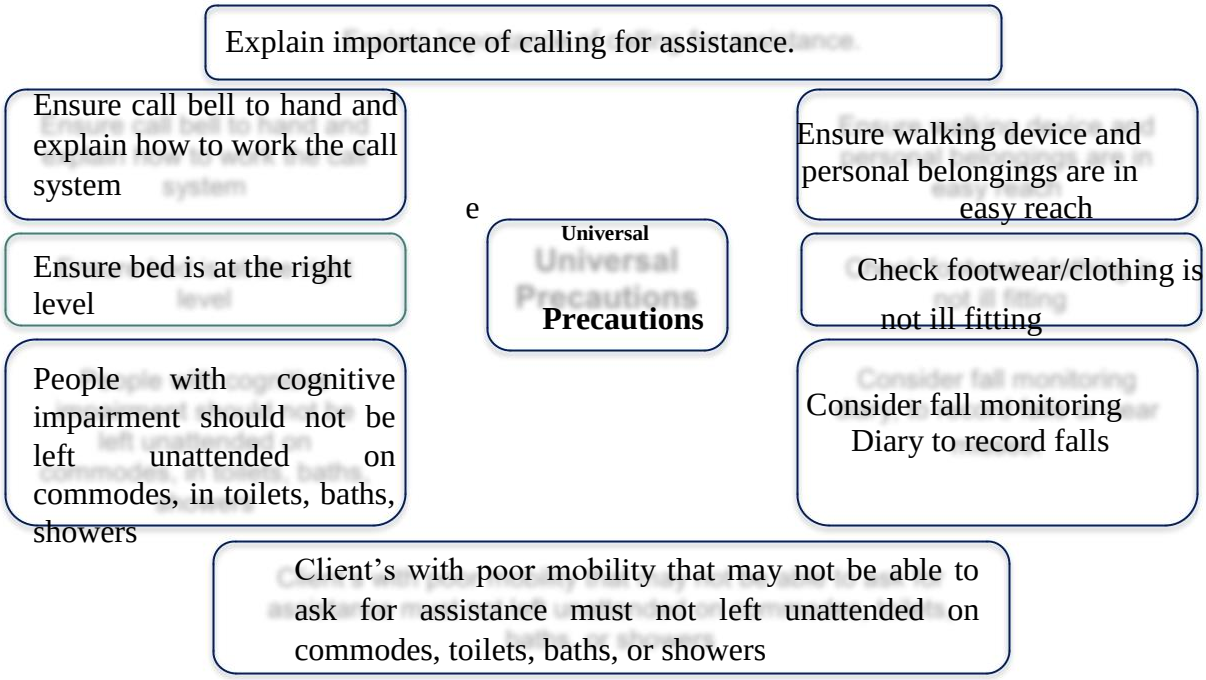
- Non-slip carpets, in the same colour where possible.
- Good lighting and night lights for residents who need them.
- Grab rails in corridors, bathrooms, toilets and if needed in the person's room.

Falls prevention involves the following seven elements:

1. Good training in falls management.
2. Thorough knowledge of the client.
3. Careful observation of falls risk.
4. Comprehensive and continuing assessment.
5. Detailed care planning and implementation of individualised interventions.
6. Prompt referral to other health professionals.
7. Regular review and re-assessment

Universal Precautions and Interventions

Multi-factorial falls risk assessment and care planning will identify individuals and interventions that can reduce risk. However, some basic safety precautions are appropriate for all residents.



Conclusion

A fall can have a traumatic effect on a person whatever age they are. For the older person the outcome of the fall can be life changing and even life threatening.

The reasons why people fall are varied and often considered multi factorial in nature. However, reliable evidence has demonstrated that client falls can be reduced through a variety of preventive measures.

These include the undertaking of comprehensive risk assessment and screening, process. Following a detailed falls assessment, the role of the care worker would involve the implementation of individualised interventions and where necessary prompt referral to other health services.

This manual is not intended to be an exhaustive account of falls prevention but provide an awareness of the issue for the care worker and an understanding of their role in the assessment and prevention of falls.

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