Preventing and Managing Falls in Care Homes

Best Practice Guidelines

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CONTROL RECORD

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Foreword

For people living with frailty, a fall will often have a significant and detrimental impact on their overall health and wellbeing. Many people living with the most severe levels of frailty are residing in care homes where falls often cause serious and life changing injuries.

Whilst the Enhanced Health in Care Homes Framework recognises that falls prevention and management requires specific attention to meet the holistic and individualised needs of care home residents , falls in care homes remain high. Locally this can be seen through falls reporting figures from the care home sector directly, high utilisation of East Midlands Ambulance Service and high rates of non-elective admissions relating to falls in care homes.

In January 2024, Nottingham and Nottinghamshire Integrated Care Board commissioned a yearlong multiprofessional fellowship hosted by Nottinghamshire Healthcare. This role was designed to better understand the needs of the care home sector, care home residents and supporting organisations within the area of falls prevention and management.

This was achieved through providing enhanced falls support and strategic system wide intervention. Engagement of staff within the care home sector and across the integrated care system was paramount to this work with an in depth understanding of the needs of the workforce gained and numerous quality improvement projects realised. .To understand more about this work please visit: **https://notts.icb.nhs.uk/care-home-staff-information/**

The best practice guidelines were derived from the fellowship and were produced in close collaboration with care home staff and system colleagues. They are designed to support those working in, and with care homes in Nottingham City and Nottinghamshire County to better prevent and manage falls , improving the quality of life for those residing in care homes.

Contents

Introduction

Background

People living in care homes are three times more likely to fall compared to people living in their own home of a similar age and health condition[1] .
Newly admitted residents are said to be at the highest risk of falls related fractures[4] and 40% of hospital admissions from care homes are said to be following a fall[5].
These guidelines have been produced in consultation with health and social care colleagues, including care home staff. The aim is to define what is best practice when it comes to falls prevention and in Nottingham City and Nottinghamshire County care homes. The guidelines will include national policy, evidence-based practice but will also include local guidance to specifically support the health and social care workforce within Nottingham and Nottinghamshire Integrated Care System.

What is a Fall?

The World Health Organisation defines a fall as:

‘An unexpected event in which the participant comes to rest on the ground, floor, or a lower level’

It is important that all care homes work to this definition of a fall to ensure that everyone in the home understands what a fall is and to ensure falls are reported and recorded in the same way.
Trips and slips whereby a resident regains their balance and do not land at a lower level are not included in the definition, however it is important to consider these as “near misses” and consider how your home can learn from these.
It is important to report unwitnessed falls even if in some cases it is unclear whether a resident has placed themselves on the floor or not. By not recording unwitnessed falls there may be a missed opportunity to learn from the incident and prevent further falls.

Identifying Falls Risks

Falls do not have to be an inevitable part of getting old, feeling unwell or having a disability. A fall occurs when one or more falls risk factors come together.
By recognising a person's falls risk factors these can be removed or reduced reducing the likelihood of a fall in the future.
Whilst there are some commonly known falls risk factors the way they play out in an individual's daily life will be unique to them and it is important to carry out a:

multifactorial falls risk assessment which includes how the home will support the resident to mitigate any falls risks identified.

It is important that falls risk assessments are updated routinely but also after any new falls incidents. Every fall is an opportunity to understand more about a person's falls risks and mitigate these risks for future falls prevention.
Some falls risks can be personal, and some can be related to the environment. The more risk factors that are present the higher the likelihood of a fall occurring.

Personal Risk Factors include[5]:

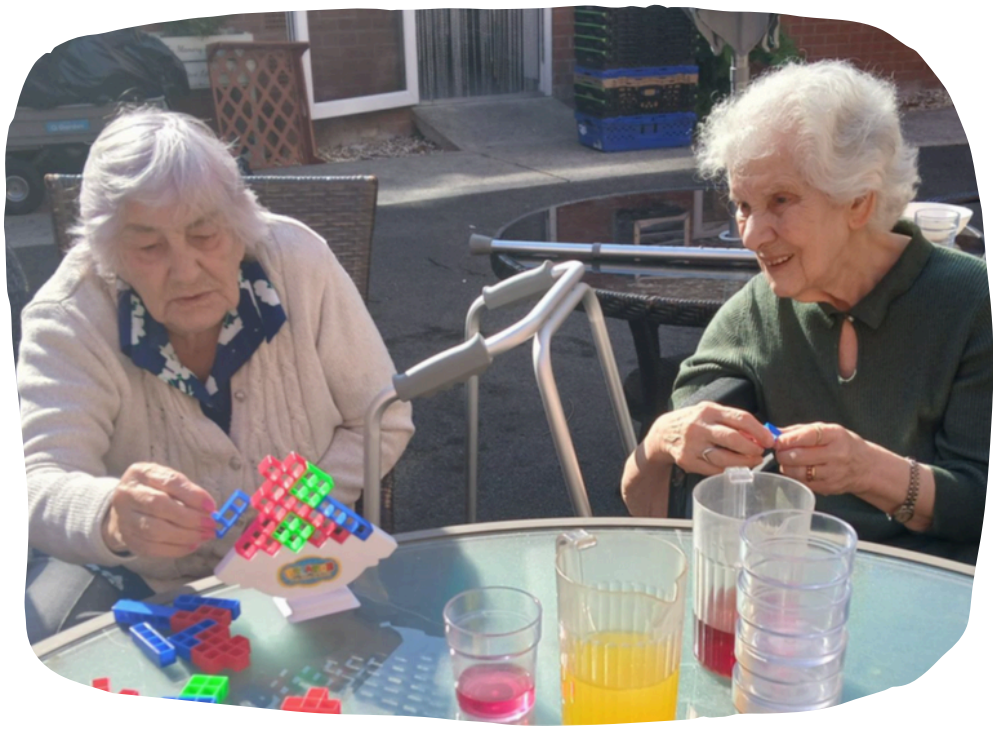
- weak muscles
- unsteadiness (poor balance)
- difficulty walking and moving
- slowed reactions
- foot problems
- numbness in the ankles and feet
- vision and hearing problems
- dizziness or blackouts
- seizures
- continence problems
- fear of falling
- pain
- memory loss
- lack of awareness of safety
- a person not knowing their own limits and risk
- impulsive behaviour
- reduced understanding

Environmental Risk Factors include[5]:

- 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, for example, failing to clear foot plates
- unsafe or absent equipment, such as handrails
- loose fitting footwear and clothing.

Reducing Harm

Whilst the emphasis should always be on preventing falls, some residents will remain a high falls risk despite all risks being identified and mitigated as much as possible. It is important that homes try to reduce the risk of harm from falls by taking the flowing steps:



1. Ensuring residents are assessed for and take subsequent bone protecting medication as indicated
2. Reduce long lies by following robust post falls guidelines (see page 20)
3. Ensuring patients preferred method of support following a fall is indicated clearly in their care plan
4. For end-of-life residents consider wishes of the resident as stipulated on their RESPECT form (see page 30)

It is important for all staff to understand the post fall plan for each individual resident. This should be clearly documented in the residents care plan.

Consider residents in your care. Is there a plan in place to reduce the impact of falls as much as is possible?

Falls Risk Assessments

The World Falls Guidelines 2022 recommend that all people living in care homes should have a multi-factorial falls risk assessment. The Enhanced Health in Care Homes Framework recommends the implementation of ACTION falls as the most robust, evidence-based falls risk assessment for the use in care homes.

The falls risk assessment should be clear for all staff to see and regular review of this should include all care home staff, the resident and their friends and family members where appropriate.

Falls risk assessments should never be considered as complete, and instead a live document that is being continually updated and referred to.

Any new falls or near misses should indicate a review and update of the falls risk assessment and include any new risks, actions, and learning.

ALL care home staff have a part to play in falls prevention.
An individualised falls risk assessment supports care home staff to ensure the safety of the resident and this should be linked to the personalised care and support pan.

Consider:

How will you ensure updates to falls risk assessments are communicated to all staff?

Who will take responsibility for updating falls risk assessments?

Who will check and sign of that actions have been mitigated? How can the advice of visiting health care professionals be factored in to falls risk assessments ?

Does the falls risk assessment cover all personal and environmental falls risks identified?

Could the resident cause falls for other residents? How can these risks be mitigated?

Mobility Aids

Many falls in care homes occur due to poorly fitting, inappropriate, or unsafe walking aids. Many of these falls can be easily prevented.
Worn ferrules on walking sticks and walking frames are a common cause of falls. This is because the rubber prevents the aid from slipping when pressure is placed upon it.

It is good practice to review the ferrules on all walking aids weekly and replace these as soon as the surface of the ferrule becomes uneven. Having a supply of different sized replacement ferrules will also ensure these can be replaced prompting.

Equipment that is even a bit too high or too low can significantly alter a persons centre of gravity causing their balance to be significantly reduced. It is important that mobility equipment is used only by the resident who owns it, and that this fits correctly. If a resident is identified as needing to be prescribed a walking aid seek support from the multidisciplinary team aligned to your care home via the weekly home round.

Ferrules can be ordered directly by the home via the British Red Cross Equipment Loans Service:
0345 127 29

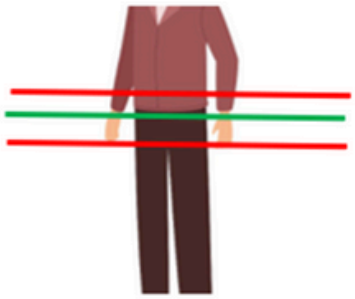
A common myth is that purposefully leaving a walking aid at the other side of a room or out of sight can discourage a resident from attempting to mobilise without supervision, there is however no evidence that this is true. It is better to leave aids always by the side of residents to reduce the risk of the resident mobilising unaided.

The walking safely staying steady poster on page 10 has been created by health and social care colleagues across the Nottinghamshire Integrated Care System and involved care home staff. Refer to this for further support on the fitting of equipment and safety checks and consider displaying this in staff areas of your home.

Mobility Aid Resource

Integrated Care System

Walking Safely, Staying Steady



Walking sticks and wheeled zimmer frames that are too low or too high can significantly impact on a person's balance and mobility, making them more likely to have a fall.

Walking aids should be measured to the height of a person's wrist **when their hand is relaxed by their side.**

Walking aids can easily be adjusted by pressing the small button on the side of the stick or on each leg of the zimmer frame.

The rubber stoppers - sometimes referred to as ferrules at the bottom of walking sticks and wheeled zimmer frames can become worn creating an uneven surface.

This can affect a person's balance and cause a fall. If the rubber becomes very worn the stick of frame may push through which can cause a slip.

Ferrules should be checked monthly for signs of wear.

Always ensure walking aids are placed within easy reach during sitting, sleeping or during standing activities.

Residents should never share walking aids, and only ever use walking aids that have been prescribed to them.

If you are concerned about a resident's walking aid or think a resident may benefit from a walking aid, please seek support during weekly home rounds.

A copy of this resource can be obtained via the Nottingham and Nottinghamshire ICB website:

https://notts.icb.nhs.uk/care-home-staff-information/

Nutrition

Residents who are experiencing poor nutrition or hydration are much more likely to have falls. Poor nutrition can mean not enough intake, or not enough nutrients, or both.
If a resident is experiencing poor nutrition this is commonly referred to as malnutrition
The most commonly used screening tool in all care settings in the UK is the 'Malnutrition Universal Screening Tool'('MUST') It categorises people as being at low, medium, or high risk of malnutrition and signposts care teams to management. For further information on using MUST to detect malnutrition follow the link below:

https://www.bapen.org.uk/must-and-self-screening/must-calculator/

Malnutrition can also be detected by keeping a regular record of weight, spending time with residents at mealtimes, ensuring good handovers between shift patterns, good quality care plans that are reviewed regularly and opportunities within the home for staff to escalate concerns.

Some factors which can increase the risk of malnutrition include:

Social factors or feelings of isolation
Alcohol or drug dependency
Physical factors
Poor dentition or mouth pain
Loss of appetite due to loss of smell or taste
Loss of movement or strength in hands arms
Poor swallow
Medical factors including vomiting or diarrhoea
Conditions causing a lack of appetite
Mental health conditions such as depression
Dementia
Any condition that reduces the body's ability to absorb or use nutrients
Vomiting or diarrhoea
Side effects of medication

It is important that staff know how to spot the signs of malnutrition and know how to escalate concerns

People experiencing Frailty are at risk of becoming malnourished which in turn can lead to frailty and falls. People experiencing frailty should choose foods which contain slightly more protein, calcium, folate (folic acid) and vitamin B12.

The amount of carbohydrate (starchy food), sugar, fibre, fat, and salt required is about the same as for the rest of the adult population.

Most importantly residents experiencing very low weight and poor appetite should be encouraged to eat what they fancy, little and often with consideration to how calories can be added to every mouthful.

Protein

As people age their muscles shrink in size and become weaker. This is known as sarcopenia. The presence of sarcopenia means peoples muscles are not as efficient at responding quickly to challenges in balance or holding people up against gravity. Sarcopenia is a common cause of falls.

Sarcopenia is part of the natural ageing process but the rate and extent to which this occurs can be influenced through a high protein diet and resistance exercise.

Protein requirements in old age or for anyone experiencing frailty are similar to young adults. The recommended intake for adults over the age of 65 years is 90 grams per day split into three 30-gram portions. High protein diets contribute to muscle production. Protein intake is very importance to reduce falls and frailty.

Protein sources include seafood, poultry, meat, milk, yogurt, cheese, eggs and animal free alternatives such as Quorn, soya, nuts and pulses.

Calcium and Vitamin D

Essential for the maintenance of bone health during the ageing process.

As people age the reproduction of bone slows down and bone become more porous. This leads to reduced flexibility and increased likelihood of fracture.

Calcium in the major component of bone – provides strength and structure to the bone Calcium also stimulates bone production but only if there are sufficient levels of vitamin D in the body.

Vitamin D helps the body to absorb calcium and create calcium stores within bone used to regeneration, repair, and production of new bone tissue.

Sources of calcium include milk, yogurt and cheese. The main source of vitamin D s from expose to sunlight. Most care home residents will not be spending enough time outside to generate enough vitamin D from the sun alone and will require a vitamin D supplement.

Hydration

Hydration is key to preventing falls in residents who are over the age of 65 or experiencing frailty. It is important that residents fluid intake is monitored carefully, and residents are supported to increase their fluid intake when needed.

Common causes of dehydration in care home residents include:

Reduced sense of thirst
Diarrhoea and vomiting
Concerns about continence
Swallowing difficulties
Reduced ability to drink
High environmental temperature (hot weather)
Taste changes
High body temperature (fever)
Medicines
Reduced access to fluid/preferred drinks
Reduced kidney function.

The causes of dehydration will be unique to each person. It is important to understand the cause to improve fluid intake.

Supporting Good Hydration

Drinks should be available everywhere, at all times, at the right temperature and of the right type. There should always be a range of options that meet all needs and preferences. When medications are provided, a full glass of fluid should be given, rather than just a few sips. Help and support to access a drink and whilst drinking should be provided.

This may mean using adapted drinking cups/glasses which meet residents' needs. Health professionals (such as Speech and Language Therapists or Occupational Therapists) may be able to advise on these. Dinking with others can encourage fluid intake.

Carers should know the volume of all commonly used cups, mugs and glasses within their care home and how that relates to the amount that residents need to be encouraged to rink each day. Try to make the drink look appealing and recognisable to encourage intake.

Common Conditions

Some acute or temporary health conditions can increase a person's risk of falling. Having an awareness of what these are and how they raise a persons falls risk is important when completing falls risk assessments and falls prevention interventions. Conditions include:

- **Constipation,**
- **Acute infection including a urinary tract infection, chest infection or pneumonia.**
- **Dehydration (see page 13)**
- **Delirium (sudden severe confusion and rapid changes in brain function that occur with physical or mental illness)**
- **Dizziness, black outs, and heart palpitations**

Staff should consider these conditions when trying to find the underlying cause of a residents fall. If any of these conditions are suspected, staff should know who to contact for support both during the day and night.

When a person is experiencing a deterioration in their health their falls risk assessment must be updated and new risks and actions identified should be communicated effectively to the team. Some long-term conditions can also raise a person's falls risk. These include:

- **Dementia (see page 17)**
- **Parkinson's Disease,**
- **Meniere's, Arthritis,**
- **Diabetes,**
- **Incontinence**
- **Stroke.**

These conditions will raise a persons falls risk in individual ways and care home staff should consult the multidisciplinary team aligned to the care home for support and to ensure six monthly reviews are taking place.

Regular reviews of long-term conditions by a multidisciplinary team of health professionals will help to reduce falls risks associated with the conditions.

Please refer to the Managing Deterioration Pack for care homes located on the Nottingham and Nottinghamshire ICS website for further information:

Care Sector Health Resources – useful information for Care Staff - NHS Nottingham and Nottinghamshire ICB

Staying Active

The Enhanced Health in Care Homes Framework advises that people living in care homes are encouraged to remain physically active to maintain and/or improve their physical conditioning, and have access to local falls specialist services

For residents who are at risk of falls it may be tempting to reduce their activity but in turn this is likely to increase their falls risk, although the level of supervision required during physical activity will need to be carefully considered.

It is likely that the higher the falls risk of an individual the more supervision they will require when mobilising, moving from sit to stand, getting into an out of bed and carrying out activities of daily living.

Strength and balance training is an important intervention for residents who are at risk of or experiencing falls. It is important that care home residents are able to access community physiotherapists who can assess for and prescribe bespoke exercises that are evidence based and likely to involve an element of resistance training. Occupational therapists can also offer expert support and guidance relating to functional rehabilitation and support supporting residents to keep active and maintain a role and purpose. Activity coordinators can also support with improving and maintaining residents strength and balance and should work closely with physiotherapists and occupational therapists to support residents to achieve and maintain therapy goals.

People's daily activities should be meaningful and support people to have optimal health and wellbeing. People should be asked 'what's important to you?' For example, a retired chef may wish to be supported to complete some form of meal prep if they wish, a hairdresser may wish to have a role in a care home salon. Thinking how you can adapt the task most so a person can be supported to have an active role in their daily activities and things that are important and enjoyable to them.

For an A-Z of activity ideas and more information on how to support different activities including top tips for running groups in care homes see here:

https://www.rcot.co.uk/about-occupational-therapy/living-well-care-homes-2019/ideas-activities

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Bone Health

Maintaining good bone health is crucial for care home residents as it directly impacts their overall well-being. Poor bone health can lead to an increased risk of fractures, immobility, and a decline in quality of life.

Fractures in older adults can have serious consequences, including pain, reduced mobility, loss of independence, and even increased mortality rates. By prioritising bone health, care home residents can experience improved physical function, reduced risk of falls and fractures, and a better quality of life

Osteoporosis, a condition characterised by weakened bones, is a significant concern for older adults. Care home residents, often experiencing reduced mobility and potential nutrient deficiencies, are particularly vulnerable to developing osteoporosis. Therefore, promoting bone health becomes essential to prevent osteoporosis and associated fractures.

Strategies such as providing a balanced diet rich in calcium and vitamin D, encouraging regular weight-bearing exercises, and minimising sedentary behaviour can significantly contribute to maintaining bone density and reducing the risk of fractures.

Maintaining good bone health is closely linked to promoting mobility and independence among care home residents. Strong bones provide the necessary support and structure for movement, allowing individuals to perform daily activities with ease. When bone health deteriorates, mobility can be compromised, leading to functional limitations and a decreased ability to perform routine tasks independently. By focusing on bone health through proper nutrition (see page 9), exercise programs, and fall prevention strategies, care homes can help residents maintain their mobility, reduce the risk of falls, and promote independence, ultimately enhancing their overall quality of life

Most residents living in care homes will require calcium and vitamin D supplementation. For residents who have experienced fractures they may also need to be taking a bisphosphonate medication. Use the weekly home round to highlight residents who may need to be reviewed.

Dementia

People with dementia are four to five times more likely to have a fall. For those who fall, the risk of sustaining a fracture is three times higher than for cognitively well people. Those who do fall are five times more likely to be hospitalized

People with a cognitive impairment like dementia are at greater risk of falling and sustaining a serious injury. This is linked to some of the symptoms of dementia, such as difficulties with:

- Judgment and insight
- Sensory perception such as sight, sound, touch
- Mobility and coordination
- Communicating their needs (e.g. difficulty explaining that they need help to get out of bed)
- Interpretation of their environment, causing illusions and misperceptions e.g., depth, light intensity, colour, pattern, temperature
- Retention of information: loss of memory, difficulty with new learning or relearning ,
- Initiation of tasks, leading to immobility

This often leads to falls due to being unable to foresee the risks involved in certain activities, unable to judge how close furniture or other people may be, altered sensations meaning the floor may feel very far away , visual or auditory hallucinations which may cause stress or agitation, difficulty verbalising pain or need for assistance or forgetting to wait for help and supervision

For residents experiencing dementia it is important to understand how the resident perceives the world in order to mitigate falls risks. This will require close working with the resident, family members and those closest to the resident. Regular reviews of the falls risk assessment is vital as the disease progresses.

Some actions to consider are:

Discussing the resident regularly at home round for multidisciplinary support and insight

Consider a referral to the dementia outreach service for specialist advice

Extra supervision during times of agitation or heightened falls risks

Provision of a regular chair and table at mealtimes with extra space created

A room closer to the office or communal areas with the doorway in eyeline sight.

Use of signage to remind a person to use their walking aid or press the call bell for support

Communication

How the caregiver communicates with the person they are assisting is an important factor in reducing the risk of falls for people with dementia. Remember to obtain the person's attention, reduce distractions, and gain eye contact. Watch for non-verbal cues from the person to help understand their actions and reactions. Be mindful of your approach, remain calm and be mindful of your facial expression and gestures. Give thought to how instructions are given, use short and simple sentences; suggest one step at a time, use cues and allow time.

Visual Contrast

Using obvious contrast in colour to define objects from the background has been a proven technique at preventing falls in dementia. Use solid colours with no pattern to decrease confusion. Avoid black surfaces, which may be misinterpreted as being a black hole. Some suggestions that may support a resident with visual disturbances relating to dementia include:

- Install a contrasting colour toilet seat.
- Install darker handrails on light coloured walls.
- Use a contrasting colour doorsill.
- Apply bright, non-slip tape on the edge of each step or on the bottom and the top stair.
- Paint walls a light colour and baseboards a darker tone.
- Have darker floors and lighter coloured furniture

Agitation

Anything that makes a person stressed , distressed or restless can increase a persons falls risk. There are a number of conditions which may cause a person to display signs of agitation. These may include dementia, anxiety, continence issues, infection or side effects of medication. It can be difficult to interpret the cause of agitation in people who are unable to communicate verbally.

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Signs of agitation may include:

- angry outbursts.
- disruptive or impulsive behaviour
- excessive talking or movement.
- difficulty sitting still
- problems with focusing or having a conversation
- pacing or shuffling the feet
- tension, anxiety, and irritability
- wringing the hands or clenching the fists

Increased agitation can be a sign of infection or illness.

For acute onset of agitation contact your care homes team, 111 or 999 as appropriate.

For some residents certain times of day or specific activities or situations may cause increased agitation. Examples may include increased agitation in the evening or visiting hours. It is important to understand the unique triggers for people who experience agitation and work with the resident to minimise potential causes. Closer supervision may be required during these times . Distracting residents or redirecting them to other activities may also be helpful. activities

Post Falls Guidelines

The Enhanced Health in Care Homes Framework advises that every care home has policies and procedures in place to determine how falls will be assessed and managed. This should include how to get a person who has fallen up from the floor, how to use mechanical lifting aids, and when to call for additional support from community falls teams and urgent community response before 111 or 999 (unless calling 999 is the most appropriate action).

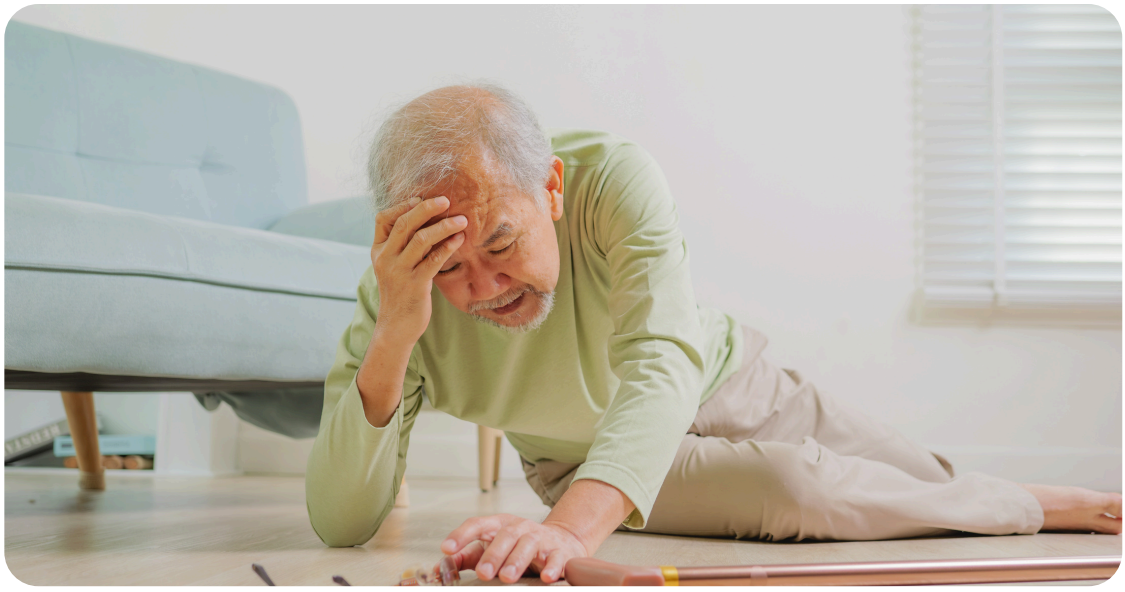
The post falls guidelines and supporting documentation have been developed by Nottingham and Nottinghamshire Integrated Care System colleagues and have included direct consultation with care home staff.

It is recommended that these guidelines along with supporting documentation (see page 23) are within easy access for care home staff and that staff are given opportunity to familiarise themselves with this guidance.

For residents who experience a head injury these guidelines should be used in conjunction with the Hampshire Post Falls Protocol (see page 24).

Printable versions of these guidelines can be found via the following link:

Care Sector Health Resources – useful information for Care Staff - NHS Nottingham and Nottinghamshire ICB



Post Fall Guidelines for Care Homes Version 3

For residents registered with a County GP

To be used in conjunction with the Hampshire Post Falls Protocol for Head Injury

Able to get off floor with minimal support. *

If in doubt, follow procedure for unable to get off floor with minimal support / medical emergency as appropriate.

If a bang to the head is observed or suspected to have occurred and patient is NOT on anticoagulants commence monitoring

If a new acute illness is suspected such as a UTI or respiratory infection contact the residents GP or aligned care home team.

Complete top to toe assessment and body map

Administer first aid if minimal injury present.

Consider referral to Community Nursing team for skin tear.

Consider referral to local Therapy Team for in-depth falls assessment and prevention intervention.

Support resident to get up from floor safely *

Ensure Case is highlighted at weekly home round.

Unable to get off floor with minimal support

and no medical emergency present.

Examples may include:

Bang to head with no obvious sign of injury, change of demeanour or loss of consciousness and resident is unable to get up independently or with minimal support.

Witnessed fall no head injury and on anticoagulants and resident is unable to get up off floor.

Suspected new acute illness and unable to get up off floor.

If a resident does require conveyance into hospital can a family member safely transport the resident?

8 am to 8pm call UCR on 0300 373 0600

8pm to 8am call 111

Ensure Case is highlighted at weekly home round.

Medical Emergency

For end-of-life residents please refer to the wishes stipulated in their RESPECT form

Unconscious

Not Breathing

Broken Bone

Fall From Height

Severe Bleeding

Head Injury and on anticoagulants or anti platelet medication

Severe Pain that is new since fall

Facial Weakness
Can the person smile?

Arm Weakness
Can the person raise both arms?

Speech Problems
Can the person speak clearly ?

Call 999

* See Post Falls supporting guidance document

Post Fall Guidelines for Care Homes Version 3

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Speech Problems
Can the person speak clearly ?

Call 999

* See Post Falls supporting guidance document

Post Falls Guidance for Care Homes: Supporting Document

This documentation should be used in conjunction with the Post Falls Guidance for Care Homes document to support the decision-making process following a fall in a Nottingham City or Nottinghamshire County care home.

Supporting a person to get up off the floor with minimal support.

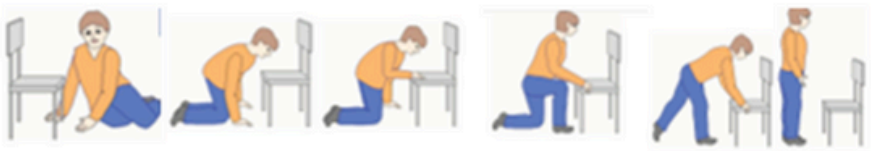
Prior to supporting the resident check for any of the following symptoms. If any of these symptoms are present, please call 999

Extreme pain or pressure in the neck, head, back or specific joint
Weakness, incoordination, or loss of control in any part of the body.
Numbness, tingling or loss of feeling in the hands, fingers, feet or toes.
Loss of bladder or bowel control.
Shortening or sideways rotation of a leg
Nausea and/ or vomiting.
Intense pain, swelling, bruising, or bleeding.
Broken skin with bone protruding.
Headache, blurred vision or sensitivity to noise and light
Increased or unusual irritability or confusion
Severe Fatigue or lethargy
A visibly out-of-place or misshapen limb or joint.

For end-of-life residents please refer to the wishes as stipulated in their RESPECT form

If the resident is deemed not to be seriously injured, then the following steps can be followed to support a resident up off the floor following a fall.

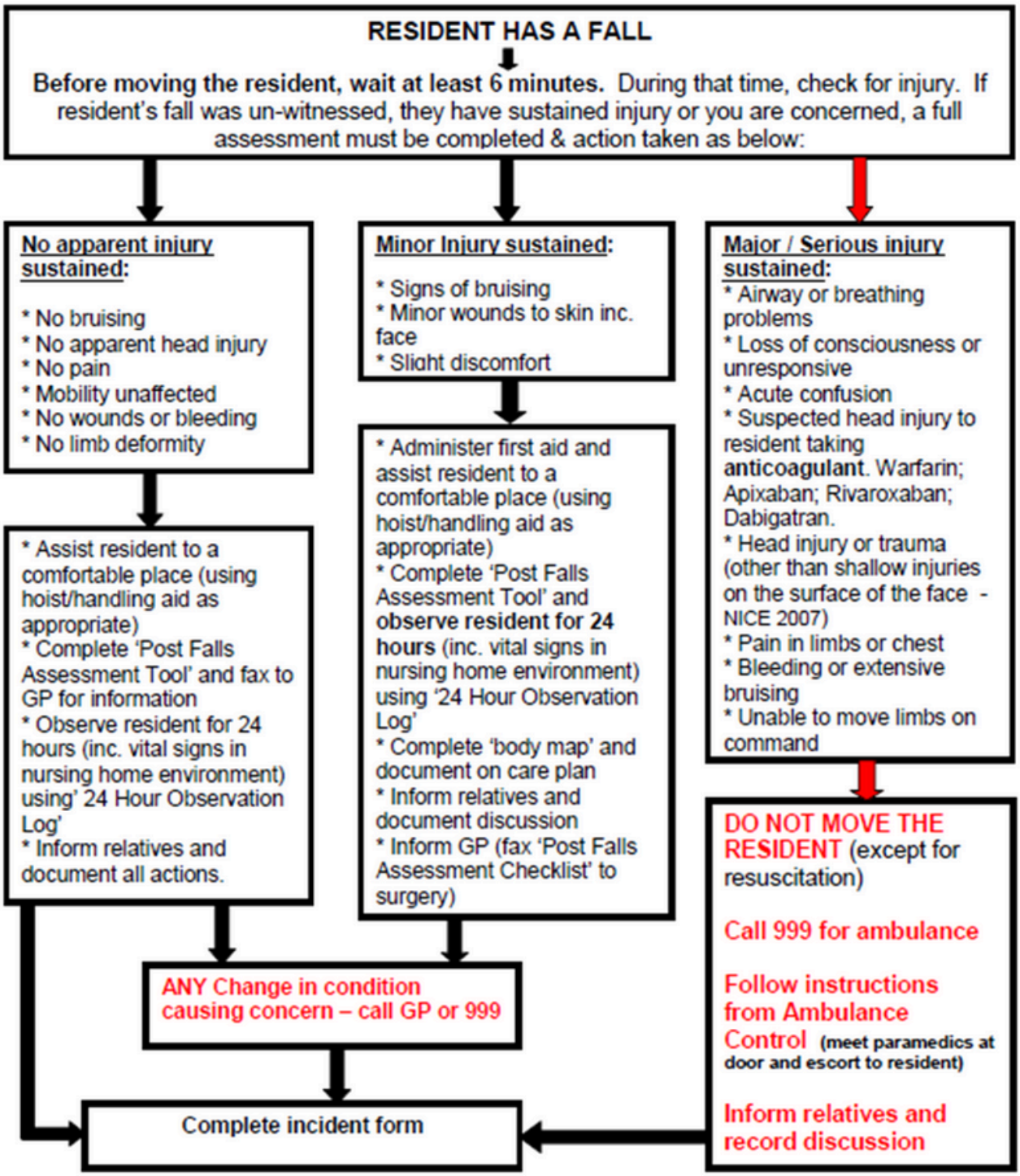
1. If a minor injury is present commence first aid
2. Encourage person to bring their knees up to their chest and use their arms to raise their chest off the floor to get back to side sitting.
3. Advise person to then lean their weight forward onto their arms and then to lift their bottom up and over their knees so they are in four-point kneeling.
4. Place a sturdy chair in front of person and encourage them to slowly place hands one at a time onto the chair.
5. Encourage the resident to bring up their stronger leg first and then puh up with their stronger leg.
6. Resident should then lean weight over their arms and ush up onto the stronger leg
7. You may need to adjust how far away the chair is placed to get a good step forward.



8. Some residents may not have the physical strength to follow the above steps. On these occasions staff may reason that a hoist is a safe method of supporting a resident off the floor. This is a decision individual to the situation and resident. Please consider how well the resident may tolerate a hoist. Do they use this regularly? Are they agitated or confused? If so, could the hoist make this worse and compromise safety? Is there room to bring in the hoist safely?
9. Remember the UCR team (for homes in the county) and 111 numbers are there to support you. If none of the above is suitable advice for the resident, please call for advice. See Post Falls Guidance for Care Homes Document for contact details or your local Urgent Community Response Team.
10. Closely monitor resident for any signs of deterioration. It is best practice for any trained staff members to commence half hourly observations for two hours, then 1 hourly for 4 hours and then 2 hours for next 24 hours.

References:
National Institute of Clinical Excellence: Falls in Older People 2013; Head injury: assessment and early management 2023.
Later Life Training: laterlifetraining.co.uk

POST FALLS PROTOCOL



Seeking Support

The Enhanced Health in Care Homes Framework advises that the multidisciplinary team should be proactively engaged in supporting care home staff to manage all identified falls risks in collaboration with the people living in care homes and their loved ones.

If a resident falls in a care home this is a shared problem and includes the care home and all of the services aligned to the care home supporting them. This included but is not limited to the GP, Care Home team, Care Home Manager , Occupational and Physiotherapists, district nurses care staff, housekeeping staff, and maintenance teams. Depending on the cause of the fall and circumstances support from a dietician, podiatrist or urgent community response service may also be indicated.

Care homes should feel empowered to seek support and discuss falls risks and incidents with the multidisciplinary team and a no blame culture should be fostered. Lines of communication and learnings from a falls incident should be clear and time and space should be created to have post fall conversations (see page 26).

At home rounds falls incidents, newly emerging falls risks and near misses should be discussed. By seeking support before the fall residents can be kept safe and well. Sometimes a resident may require support from a community physiotherapist or occupational therapist. This may be for specialist seating assessments, issues with joint range of movement, for strengthening and balance training in individuals who are able to engage, in-depth gait and postural analysis and neurological issues. If you feel that your resident requires specialist falls support discuss this with your aligned care home team.

Falls Huddles

During 2024 falls huddles were trialled in a number of care homes across Nottingham and Nottinghamshire care homes. Designed as a semi structured facilitated conversation all care home staff and resident where appropriate were invited to attend a falls huddle following a falls related incident. These were proven to build a supportive no blame culture following a falls related incident and a good opportunity for staff to receive a debrief, reflect and share learning.

Care home managers and senior carers also found that the falls huddles also supported accident report writing , the updating of falls risk assessments and family members.

Learning from falls huddles was seen to support care home staff to have proactive conversations about falls at home rounds.

Falls Huddles were developed using the ethos of the patient safety incident and response framework but were adapted to meet the learning needs of care homes.

Falls huddles were designed to take no longer than 10 minutes and included the following questions:

What went well?

What did not go well?

What have we learnt from this fall?

What actions have arisen from this falls huddle?

Consider how a regular falls huddle could be incorporated into regular handovers or team meetings.

Falls Hotspots Mapping

Care homes by nature have long corridors, lots of corners and floors, which mean unwitnessed falls can be a common occurrence. Understanding the place, the time and the frequency of falls provides insight into the cause. Once the cause is known change can be implemented to reduce the risk of future falls. Floor mapping for falls prevention aims to provide oversight of an entire floor or care home on where, when and who is falling. It aims to ensure that at a glance any team member can see who has fallen where and at what time. This provides important information which can help to prevent future falls.

Floor mapping may include a diagram of the floor of a home . By law, all homes will already have these plans as part of their fire safety regulations.
Over a one- month period staff record each floor on the diagram A tally or change the number each time . The date and time of the fall can also be added.
Completing a falls map in this way can provide key information regarding when and where falls are most likely to happen .
A diagram such as this may also highlight specific residents who are experiencing high falls rates.

Falls hot spot maps can also be created using a falls cross. This is a map that provides specific information relating to the number of falls experienced by a specific resident over a monthly period. This can act as an effective visual aid and prompt proactive action taking including reviewing falls risk assessments and highlighting residents for discussion at home rounds.

For further information on how to carry out Falls Hot Spots Mapping see page 27

Training

The Enhanced Health in Care Homes Framework advises that Care Home staff are trained in frailty, falls prevention and management, and personalised physical activities (including advice on muscle strengthening and balance activities). In 2024 Care Homes across the ICS were offered subject specific training around falls to include Dementia and Falls, Nutrition, Hydration, Frailty and Falls, Falls Hot Spot Mapping and Falls. Below are details of how to access this training and resources for your care home.

Title	Descriptor	How to Access
REACT TO FALLS	Evidence based generalised falls prevent and management training for care homes. Free to all care homes.	**https://reactto.co.uk/react-to-falls**
ACTION FALLS	Evidence based and now features in the enhanced health in care homes national framework	**For further information contact:** **katie.robinson@nottingham.ac.uk** **Frances.Allen@notingham.ac.uk**
	Exploring the relationship between falls and dementia with practical tips and advice	**Care Sector Health Resources – useful information for Care Staff - NHS Nottingham and Nottinghamshire ICB**
	Training for care home staff to facilitate a falls huddle to learn, reflect and develop falls prevention strategies	
	Providing insight on the intrinsic relationship between frailty , nutrition, Hydration and Falls	
	Training homes to complete falls hot spot mapping to learn and prevent future falls	
		

ReSPECT

A ReSPECT plan is filled out by a resident and a healthcare worker together. It may include the residents family and loved ones if stipulated by the resident. The plan asks about what is important to you and the kinds of care and treatment you would want to have in an emergency.

If a resident is thought to possibly be within their last year of life a ReSPECT form should be considered. This can be discussed by the care home during home rounds. ReSPECT forms should include the residents wishes should they experience a non-injurious or injurious fall , including a head injury.

The ReSPECT checklist found on page 31 is a helpful resource to support homes to use the ReSPECT form in timely and appropriate ways including on admission to the home, during monthly observations and assessments, in the event of deterioration and changes and upon discharge home.

For a printable version of this form including further ReSPECT information please follow the link below:

https://nottinghamshireeolcare.uk/

Integrated Care System
Nottingham & Nottinghamshire

ReSPECT

NHS

CHECKLIST FOR CARE HOMES AGEING WELL/LIVING WELL

On Admission to Home

- **Check ReSPECT form at time of pre-admission assessment, <u>If none in place</u>:**

  Start conversation and process with Resident/Service User/Relatives/Next of Kin by guiding to online resources.

  SCAN ME — **Resources for Patients & Carers**

  Clinical leads in Nursing homes to initiate form completion with support from GP and EHCH team as required using guidance

  SCAN ME — **Resources for Professionals**

COMMENT: QUERY ADD THESE POINTS AS QR CODES?
-- QR code Do's and Don'ts from SOP
-- QR code Flowchart for completion from SOP

Monthly Observations and Assessment (Restore II)

- Check ReSPECT when recording monthly baseline observations on Restore.
  Is it still applicable and clear, and relevant to setting?

- <u>Ask the question</u> - does the information give me a clear picture of what steps to take in an emergency?
  <u>If not</u> - review the form with support as necessary.

In the Event of Deterioration/Changes in Condition/Changes in Personal Wishes

- Check again information on first page in clinical recommendations for care are clear in instructions and can be easily used to interpret wishes when escalating to GP, 111 and 999

- Ensure all parties are aware of the wording in the box when escalating so that clinical decisions can be made appropriately

On Discharge Home

- Revisit the ReSPECT process once arrived back at home

- Has this last admission changed wishes and priorities for care?

- Discuss with health care professional colleagues on ward round to establish any changes and arrange for review if necessary.

- Ensure review is at least yearly if no change and sign with date

- Allow crew to view original and photo on hand held device

- Original should travel with the person for whom its written so ensure a photocopy is kept within the home

Ensure That Respect Forms Are Familiar to all carers & kept in easily accessible place for reference in emergencies, eg a grab pack

Further Reading

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