NHS
Greater Glasgow and Clyde

Falls In Care Homes - Points to Consider

Older people are at higher risk of falling but falls should not be considered a natural part of aging.
Investigate all falls as they can be the first indication of an underlying medical condition.

Falls history/ documentation:

On first admission: Is there a history of falls prior to admission? Talk to the resident/ family/representative to gain more information on falls history.

Care Home Falls history:

Document the following for all falls: date/time/location/ where in the location found/activity at the time/ any contributory factors (e.g. footwear, infection, not using walking aid, behaviour, distress)

Are there any patterns to the falls?

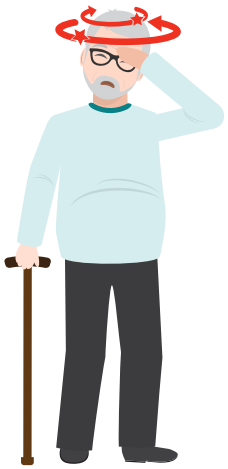
- Identify possible contributory factors/any patterns/ triggers to falls. This can help staff devise a plan to reduce recurrence.
- Specific falls risk assessment and falls care plan should be in place within 24 hours of admission. Update these:
  - » after each fall,
  - » monthly,
  - » If there is a change in condition
  - » on return from a hospital admission
- Using a Falls Diary to record all falls can make it easier to identify patterns to falls.

Health:

Exclude infection

Is the resident taking sufficient fluids and nutrition?

Does the resident report dizziness/fainting when transferring or moving?



- Consider testing the resident's urine, check the chest, check for wounds. Check for delirium.
- Rule out dehydration. Follow MUST guidelines. Discuss any concerns regarding food/fluid intake, weight, swallow issues with Care Home Liaison Nurse(CHLN)/GP who can arrange to investigate.
- Avoid excessive caffeine/alcohol. Refer to dentist if any teeth, denture or mouth issues.
- Check lying/standing/sitting Blood Pressure and heart rate. Consider GP review.
- Encourage and monitor fluid intake.
- Ensure increased support with transfer/mobility.

Medication:

Is the resident prescribed 4 or more medications (polypharmacy)?

Have there been any recent medication changes?

Does the resident take any 'over the counter' medication?

Is the resident prescribed any medications that could increase falls risk (e.g. anti-cholinergic, psychotropic)?

Is the resident in any pain?

- Monitor medication for falls risk side effects.
- Liaise with GP/CHLN regarding any medication concerns.
- Liaise with health professionals regarding regular medication review.
- Ensure any pain is well managed.

Mental health (confusion and cognition):

Has the resident's mental health been assessed or is it needing reviewed?

Does your resident present with increased confusion?

Have you considered using a behaviour chart to record behaviour/triggers/interventions?

Can the resident understand instructions?

Have there been any changes in memory or mood?

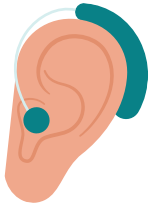
Is there a fear of falling?

- Rule out/manage any infection/delirium, pain, dehydration, constipation, medication side-effects.
- Liaise with the GP/CPN, as required.
- Promote a safe, familiar, calm environment.
- Provide reassurance/ distraction/ diversion/ appropriate meaningful activities and relaxation.
- Consider the use of falls alert systems, increased supervision and supervised spaces within the Home.
- Have a care plan in place to clearly identify and manage any stress/distress.
- Do not leave residents with reduced safety awareness or transfer/mobility issues unattended on the toilet/ commode, in shower/bath.

Vision/Hearing:

Does the resident have a visual impairment or hearing impairment?

Does the resident wear their prescribed glasses and/or hearing aids?



Are there suitable levels of lighting during the day and night?

- If resident wears glasses/hearing aids ensure they are worn and in good condition. Consider audiology/optician referral as required.
- If resident wears bifocals/varifocals - liaise with optician due to possible depth perception issues/ increased falls risk. Are single lens glasses more appropriate than bifocals/varifocals?
- Check for build up of ear wax/any infection.
- Determine most effective communication method to aid resident understanding of safety advice.
- Ensure appropriate levels of lighting day and night.

Transfers/mobility/strength and balance:

Is the resident unsteady or do they have difficulty with mobility/transfers?

Are staff trained and confident in correct transfer techniques & how to supervise/assist mobility?

Is the resident receiving appropriate levels of supervision/ support to maintain safety?

Is the bed, chair and toilet at the correct height to allow safe transfer?

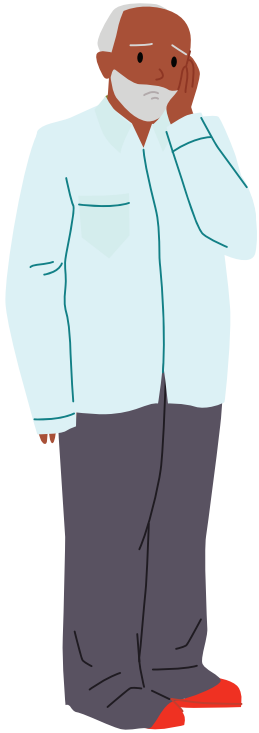
Are walking aids well maintained and used safely/ appropriately?

Is the resident encouraged to have regular rest periods?

Is there an option for staff escorted walks to reduce risk of resident attempting independent mobility?

- Have a risk assessment and care plan in place for Manual Handling, transfers and mobility. Review regularly.
- Promote appropriate physical activity within a resident's abilities.
- Check the resident is using the correct walking aid and it is maintenance checked regularly (refer to walking aid posters on Care Home collaborative website for further information).
- Provide appropriate levels of supervision/support /assistance.
- Consider a physiotherapy referral if there is deterioration in mobility or staff feel a walking aid/ alternative walking aid may be beneficial.

Footwear/Foot health:



- Ensure resident clothing is not too long or loose. If the resident has lost weight consider the use of a belt/braces or purchasing new clothing that fits correctly.
- Ensure resident is wearing supportive/ securely fitting footwear with a non slip sole. (Refer to the Care Home collaborative website for further information on footwear.)
- Check feet/legs regularly for colour, sensation, skin integrity. Refer to podiatry, if required.
- Encourage residents to wear prescribed splints / prosthesis. Regularly check they are well-fitting and in good condition.

Continence:

Is the resident rushing to the toilet?

Is the resident struggling with their clothing?

Is the toilet easily accessible?

Does the resident have a regular toilet routine?

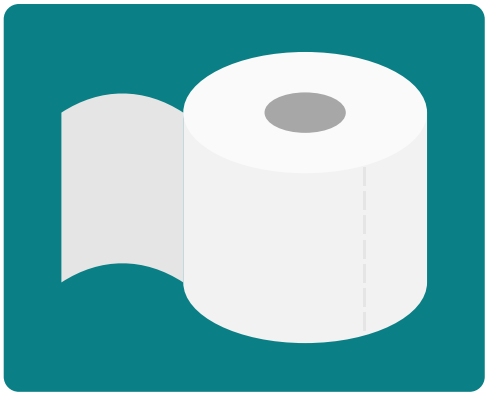
Are bowel and bladder function being monitored?

Are there any problems with frequency, urgency or retention?

Is there a possible infection?

Is resident catheterised or have stoma bag?

- Consider distance to toilet, clear lighting, access to nurse call buzzer/ falls alert sensors
- Consider assisting resident with their clothing.
- Prompt/ pre-empt with a regular toileting regime, as required.
- Consider level of supervision/ support resident requires with continence needs.
- Monitor to ensure regular bowel/ bladder function and liaise with GP/CHLN if any concerns.
- Ensure timely intervention for suspected infection. Liaise with CHLN/ GP as required.
- Consider use of a commode/ urinal bottles. Monitor environment regularly for any spillages.
- Secure Catheter bags to minimise risk of trip/slip/ entanglement. Ensure a care plan is in place to ensure appropriate stoma care.



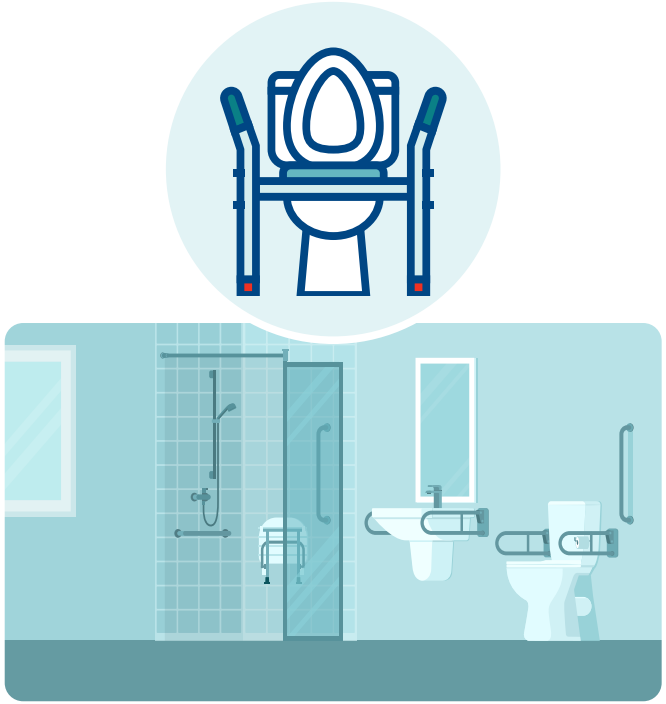
Falls in the En-suite:

Is the toilet easily accessible? Does the resident have difficulty transferring on/off the toilet?

Is the toilet at the correct transfer height for resident?
Is there access to appropriate transfer equipment?

If accessing shower area - is correct equipment in place to promote safety/ comfort during showering?

Is the area clear of slip/ trip risks?



- Ensure toilet is appropriate transfer height for resident and toilet seat is fixed and secure.
- Ensure appropriate transfer equipment is in place at toilet e.g. support rails, toilet surround, raised toilet seat.
- Ensure appropriate equipment in place at bath/ shower e.g. bath/shower chair, support rails/ non slip flooring.
- Provide appropriate levels of discreet supervision, assistance and support with toilet/ bath/ shower/ commode transfers, as required.
- Consider toilet seat and grab rails in a contrasting colour to the floors/walls to enable resident to see them more clearly.
- Ensure environment is clutter / hazard free.
- Regular environmental checks to reduce risk of slip/ trip risks (e.g. wet floors, clutter).

Environment:

Are there any slip/ trips hazards that need to be rectified?

Are personal items within reach?

Is there suitable lighting levels day and night?

Are rooms within the unit easily identified?

Is resident's walking aid within easy reach?

Is the nurse call buzzer in reach?

Are any alert systems in place, if the resident is unable / unwilling to use the buzzer?

- Ensure environment is free from clutter and have regular environmental checks to reduce trip/ slip hazards.
- Ensure appropriate lighting levels day & night.
- Ensure there is good manoeuvring space.
- Use signage (word and picture) to allow resident opportunity to easily orientate to environment.
- Keep resident's walking aid within easy reach.
- Encourage residents at risk of falls into main supervised area during the day.
- If the resident forgets/ is unable to use nurse call consider use of falls alert systems e.g. bed/ chair alarm, motion sensor. A 'splitter system' can allow the nurse call and falls alert system to be used at the same time.
- Consider providing seating in long corridors to allow residents to rest.

Falls in bedroom:

Where has the resident fallen in the bedroom?

Are the falls occurring when resident is attempting to transfer?

Are the falls occurring when the resident is attempting to mobilise?

Has resident fallen trying to:

- get in / out of bed?
- reach the bathroom?
- reach for items?

- Use falls systems that alert staff if a resident attempts unaided transfer / mobility.
- Have regular observation checks when resident is in their bedroom.
- If falls risk remains with alert systems insitu, consider locating resident to bedroom near duty room / supervised area or locate staff nearby when resident is in their bedroom.
- Encourage resident into supervised area during the day.
- Maximise manoeuvring space in bedroom by positioning furniture flat against the wall, with no spaces between.
- Remove unsteady or low furnishings i.e. over bed table / footstools.
- Ensure adequate lighting day and night in all areas.
- Ensure the environment is free from clutter / hazards.
- Frequently check all fixtures / fittings are secure.
- Ensure personal items are within reach.

Falls from bed:

Does the resident require supervision/assistance with their bed transfers?

Is the resident at risk of slipping or rolling from bed?

- Ensure bed is at the correct transfer height for resident.
- Consider closely supervising / assisting bed transfers.
- Consider the use of a falls alert system e.g. motion sensor, mattress alarm or passive alarm. This can be linked to nurse call with a 'splitter' system.
- Keep bedside clear of furniture.
- Consider placing the bed and any bedroom furniture along the wall to maximise manoeuvring space.
- If the resident continues to fall from bed with an alert system in place, consider using an ultra low bed.
- Use of bed rails / wedges - Staff to undertake regular risk assessment and consider removal if resident:
  - » is agile or confused enough to attempt to exit the bed
  - » become entrapped in the rails / wedges.
- Refer to the Care Home collaborative website for further information on bedrail and bed grab handle use.

Seating issues:

Is seating the correct height/ width/depth to promote residents safety and comfort?

Does the resident slip from their seating?

Does the resident have difficulty with sitting down/ standing up on their own?

- Ensure seating is the correct height, depth and width for the resident's comfort. Encourage regular positional changes to reduce pressure areas.
- If resident is at risk of slipping from seating consider use of a glide and lock sheet. Staff must monitor skin for pressure areas /skin shear and are responsible for discontinuing use of the glide sheet if any concerns. Alternative suitable seating should then be found to meet the resident's needs.
- Ensure appropriate levels of supervision and support are in place to promote safety with seating transfers.
- Identify reason resident is trying to get up e.g. hunger/thirst, needs toilet, boredom, discomfort. Try to pre-empt resident needs.
- Ensure nurse call system is close to hand. Consider use of a chair alarm to alert staff if resident tries to get up.
- Encourage the resident to sit in a closely supervised area.
- Staff to refer to the Care Home collaborative website seating poster for further information.
- Liaise with Local OT service if specialist seating is required.

Wheelchair safety:

Ensure the wheelchair is fit for purpose and well maintained.

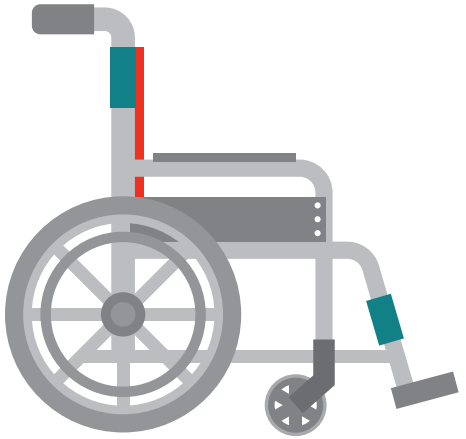
Wheelchairs should be used for mobilising only.

Always engage the brakes/wheel locks when transferring, resting or when in a lift.

Ensure the foot plates are in place. If there is a specific reason why footplates are not in use, clearly document in resident care plan and complete a risk assessment.

Regularly check the wheelchair condition and ensure regular maintenance.

If staff have concerns regarding a wheelchair provided by Westmarc, contact the service for advice.



When in a wheelchair ensure resident is not:

- Sliding or positioned too far forward on the seat
- Slumped to side of chair
- Overstretching/ overreaching due to risk of chair tipping
- Ensure there is no entrapment risk with wheels / mechanism of chair.

For more information on falls reduction:

Falls Reduction information including posters, leaflets and educational video awareness presentation can be found on the Care Home Collaborative web page.

https://www.nhsggc.scot/your-health/care-home-collaborative/care-home-collaborative-resources/

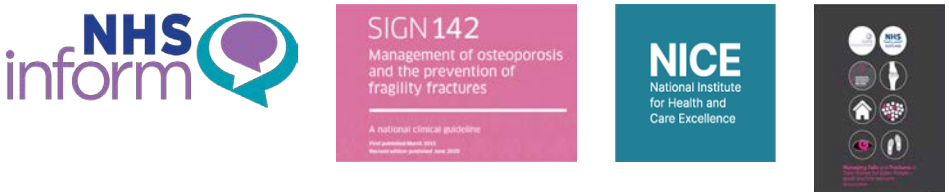
NHS Scotland/ Care Inspectorate 'Managing Falls and Fractures for Older People in Care Homes' resource pack which provides more comprehensive advice on how to manage falls risk within your Care Home.

http://www.careinspectorate.com/images/documents/2737/2016/Falls-and-fractures-new-resource-low-res.pdf

Further Information on managing falls can be found at :

www.nhsinform.co.uk/falls

Relevant SIGN/NICE guidelines on Falls Reduction



To access an audio version of this resource please use the QR code below.

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Acknowledgements/sources used in development of this guide:

'Falls in Care Homes, Points to Consider' leaflet (NHSGGC), React to Falls website (University of Nottingham), Tool 6 ('Falls and Fractures' resource from NHS Scotland/Care Inspectorate), adapted MFRS tool Edinburgh HSCP, STEADI 'Preventing Falls pocket guide' (Centres for disease control and prevention), Frailty and Falls assessment and intervention tool (**www.ihub.scot**).

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