

POL15 – Falls Management Policy and Procedure

Serendipity Healthcare Ltd
Unit 4 Millennium Way, Dunston, Chesterfield, Derbyshire
S41 8ND



1. Purpose

1.1 The purpose of this policy is to apply best practice in the management of falls, promote a culture of enabling & promoting ability, balance independence with safe care and reduce the risk of falls by the implementation of a falls strategy.

1.2 To support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S2: How are risks to people assessed and their safety monitored and managed, so they are supported to stay safe, and their freedom is respected?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and support?
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
WELL-LED	W1: Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centered, open, inclusive, and empowering, which achieves good outcomes for people?

1.3 To meet the legal requirements of the regulated activities that Serendipity Healthcare Ltd is registered to provide:

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- The Manual Handling Operations Regulations 1992
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice

2. Scope

2.1 The following roles may be affected by this policy:

- Registered Manager
- Care staff

2.2 The following people may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Commissioners
- External health professionals
- Local Authority
- NHS

POL15 – Falls Management Policy and Procedure

Serendipity Healthcare Ltd
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3. Objectives

- 3.1** To provide an understanding of the risk factors of a fall, facilitate the implementation of a comprehensive, person-centered falls risk assessment at Serendipity Healthcare Ltd and to identify practical interventions that may reduce these risks.

4. Policy

- 4.1** It is the responsibility of all staff to adhere to health and safety legislation as well as:

- Familiarising themselves with, and following the content of this policy and procedure
- Seeking advice from a senior colleague if unsure of risk assessment strategies
- Reviewing falls incidences on a regular basis
- Completing accident and incident forms
- Attending training sessions (including refresher)
- Participating in compliance audits or discussions about their findings
- Ensuring that the environments are safe and that environmental risk assessments are followed

- 4.2** All Service Users will be assessed for the risk of falls before the start of their care service, at regular intervals as determined by local policy and after any fall.

- 4.3** Risk management for falls will be individually tailored to the Service User whilst promoting safety and quality and complying with national requirements.

- 4.4** All falls will be:

- Immediately recorded on the Carefree System & Occurrence Form
- Recorded on an accident/incident form
- Immediately relayed to the manager

Serendipity Healthcare Ltd will ensure that:

- All staff are trained to respond in accordance with this policy and procedure and to record and report all falls
- Falls risk assessments are reviewed where applicable

- 4.5** There is a culture where Service Users are empowered and encouraged to be as independent as possible whilst balancing safety and a duty of care towards the Service User. Staff will be supported to accept that there may be occasions where a fall cannot be prevented, but risks of falling can be reduced with strategies and effective management plans.

- 4.6** Where the Service User lacks the mental capacity to make decisions, and in the absence of an individual appointed with Lasting Power of attorney or a Court Appointed Deputy with the appropriate authority, decisions will be made in the Service User's best interests.

- 4.7** Serendipity Healthcare Ltd will adhere to and model the quality standard as provided by NICE (2013), which includes:

- Service Users are asked about falls when they have routine assessments and reviews with health and social care practitioners

POL15 – Falls Management Policy and Procedure

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- Service Users who fall are checked for signs or symptoms of fracture and for the possibility of having sustained a spinal injury before they are moved
- Service Users who fall and have signs or symptoms of injury will not be moved and appropriate healthcare professionals will be contacted immediately.
- Service Users who have recurrent falls are referred to an appropriate health care professional for support with assessment and management strategies
- Service Users receive regular medication reviews and consideration is taken where medication is prescribed that may increase the risk of falls

4.8 Serendipity Healthcare Ltd recognises the pressures on the emergency services and will have procedures in place for assisting Service Users who have fallen and cannot get up, but who are not injured or medically unwell. However, where there are concerns or doubt, the falls procedure will be used, and clinical advice sought from the emergency services.

5. Procedure

5.1 Service User Risk Management

The following recommendations are provided to assist staff in reducing and managing the risk of falls:

Health and Safety

Staff should refer to the health and safety policies, associated legislation, regulation, and recommendations to practice with regards to daily practice with ensuring the physical environment, housekeeping and equipment practices meet need and are appropriately and safely managed in relation to falls risk.

Medications

- Service Users are advised to contact their GP for a medication review if taking more than six medications if they choose to.
- Psychotropic drugs should only be used where necessary and for the minimum time possible.
- Serendipity Healthcare Ltd will support Service Users to access their GP who do not have capacity and no Next of Kin or appropriate advocate.
- Anti-hypertensives should be used with caution and any concerns discussed directly with the GP
- Diuretics/laxatives can cause dehydration and fluids should be encouraged, unless contraindicated
- Diabetes - Staff will refer to the Diabetes Policy and support the Service User to manage their diabetes condition

Physical Activity

POL15 – Falls Management Policy and Procedure

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- All general physical activity is good, and Service Users will be supported to engage in physical activity
- Staff will do an individual risk assessment for activities that Service Users take part in, and this should be done positively to inform what the Service User can do
- Service Users with poor mobility, unsteady gait or who have experienced recurrent falls, will be referred to an appropriate falls service or physiotherapist for tailored exercise programmes

Impaired Vision

- Service Users will be supported to access eye tests at regular intervals by their preferred optician where part of the agreed Care Plan
- Service Users should be encouraged to wear glasses, where prescribed, which are clean and in good order
- Serendipity Healthcare Ltd will support the Service User to ensure their home is well lit
- Serendipity Healthcare Ltd will support the Service User to keep the home free from clutter to reduce trip hazards. Rugs and carpets should be secure and the area in which the Service User walks should be free from furniture. A risk assessment should include any slip, trip, and fall hazards

Neurological Impairment (including but not limited to Cognitive Impairment, Dementia, Parkinson's Disease)

Staff will work closely with the Service User and their family, looking at routines, medication, and assistive devices to manage as practically as possible. Staff will refer Service Users to and seek the support and advice of external health care professionals with specialist knowledge in neurological impairment.

Urinary Conditions

A referral to a GP will be made to help control the condition as appropriate. The falls risk assessment will evidence the specific detail in relation to assistive devices, commodes, lighting, and options for managing the risk of falls in relation to urinary urgency, incontinence, and urinary tract infections.

Osteoporosis

- Staff will take steps to make sure that all Service Users have access to the correct medication and comply with prescriptions
- Service Users will be supported to access sunlight to aid Vitamin D levels as part of the agreed Care Plan
- The risk of malnutrition and dehydration will be monitored in accordance with the Nutrition Policy

Fear of Falling and Encouraging Activity

Falls are a risk but are not inevitable. Staying active and dealing proactively with conditions will reduce frailty and preserve independence. Staff should work with Service Users to build their confidence to take part in appropriate activities.

Foot Care and Footwear

- Staff will support the Service User to access community or private chiropody services
- Feet should be well cared for to prevent and treat issues that cause pain when walking

POL15 – Falls Management Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



- Staff will monitor for painful foot conditions or signs of Service Users walking tentatively due to pain, which itself could increase the risk of falling
- Footwear will be checked by staff to ensure it is in good condition
- Staff should advise the Service User on suitable footwear (i.e., no loose slippers, slip on shoes etc.)

Alcohol and Substance Misuse

- Service Users should be provided with information on safe alcohol limits and made aware of the possible issues that may arise because of alcohol consumption, but in a way that respects dignity and choice
- Service Users should also be provided with information about the dangers of taking non-prescription medication and substances
- External Strategies for Reducing the Risk of Falls

Any strategy considered will only be implemented in discussion with the Service User and/or their family members with the Service User's consent.

Proactive Approaches

For some Service Users there may be a particular time of day when they are more likely to fall. This may be due to several factors such as boredom, hunger, urgency etc. Staff should seek support from the Service User and/or their loved ones to capture preferences towards meaningful activity.

Referral

Timely referral to suitably qualified health care professionals will be made to support the Service User and staff to provide appropriate management techniques.

Falls Analysis

By reviewing and ascertaining trends in falls and patterns in events, staff can identify high-risk themes such as times of day, the location of falls, and predisposing factors. From this information staff could consider implementing:

- Additional visits at peak risk times of the day following authorisation from the Commissioner
- Focused assessment of the location of falls to ensure it is fit for purpose e.g., lighting, floor material etc.

The following equipment has the potential to constitute restraint for Service Users who lack capacity. Before considering the following, staff must refer to, and adhere fully to the Mental Capacity Act and Code of Practice and the Deprivation of Liberty Safeguards (DoLS).

- **Chairs** - As chairs are available in different styles and heights, each Service User should have an individual assessment to ensure their chair is appropriate to meet their needs. This assessment should be completed by a suitably trained, competent and knowledgeable member of staff
- **Ultra-Low Beds** - They should be considered for Service Users who have fallen from the bed and are at risk of further falls. They are also indicated for Service Users where bed rails are not an appropriate or safe alternative
- **Safe Use of Bedrails** - Undertake an assessment of use and document decisions made. Staff, in partnership with the health professional who

POL15 – Falls Management Policy and Procedure

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recommends the bed rails, must consider whether DoLS will apply before bedrails are used

- **Assisted Technology Solutions** (sensor alarms attached to Service User) should only ever be considered to assist staff to respond in a timely manner; they do not prevent falls. Assistive technology must not compromise the individual's dignity or independence
- **Hip Protectors and Head Protection** will only be implemented on the specialist advice and recommendation of suitably trained, competent and knowledgeable healthcare professionals. Clear guidelines will be available and spare hip protectors available to allow for laundering

For all the above, Serendipity Healthcare Ltd should document in the Care Plan their reasons for using the interventions, the decision should clearly evidence that it is in the Service User's best interest and who has been involved in the decision-making.

5.2 Falls Procedure

- Staff should refer to the post falls procedure within the forms section of this policy
- An initial assessment to ascertain whether the Service User is injured
- If emergency treatment is required, follow Serendipity Healthcare Ltd's individual local policies
- If, on initial assessment, no serious injuries are found, and the Service User appears to be unaffected by the incident:
- Staff are to contact the on-call support for further advice and guidance
- Ensure that the incident is fully documented and that all actions carried out have a justifiable rationale
- Whenever possible, ascertain what caused the fall and take action to prevent further falls as necessary
- Record the fall on the occurrence form
- Notify the Incident Contact Centre if the relevant criteria under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) are met
- Notify the CQC if required

5.3 Head Injury Post-Fall Procedure

- Staff should observe any signs of head injury, administer first aid as required and seek advice from the emergency services immediately.

5.4 Record Keeping Post Fall

- The following records must be completed post fall in accordance with record-keeping standards accurately:
 - Accident and incident record - refer to the Accident and Incident Reporting Policy and Procedure
 - Holistic review of the Falls Action Plan for the affected Service User; the review must look at other risk factors and assessments in order to identify and assess possible reasons for falls
 - The post-fall incident document
 - Update the Carefree System
 - Review risk assessments as required
 - Where necessary, RIDDOR and regulatory reports

5.5 Falls and the Ambulance Service

POL15 – Falls Management Policy and Procedure

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Serendipity Healthcare Ltd states that carers must not lift service users without appropriate equipment in place and have been trained to use it. Where a Service User is injured or medically unwell, the emergency services will be contacted. If the Service User has fallen, has capacity and is not injured but cannot get up, Serendipity Healthcare Ltd will identify mechanisms to attempt to safely assist the Service User from the floor.

5.6 Falls Audits

All falls will be logged, and this information will be used as a means of monitoring for trends and themes.

Where a Service User is known to have a history of falls, a log will be in use and kept in the Service User's care record. This document will be used to track the following:

- Times of the fall
- Witnessed or unwitnessed events
- Location of event
- What factors may have contributed to the event e.g., was the Service User rushing to get to the bathroom?

This information will be used to review practice and implement strategies to try and minimize the further risk of falls.

5.7 Training and Education

- Literature and resources should be available for Service Users and staff to access in relation to managing falls
- Relevant staff at Serendipity Healthcare Ltd will be expected to be trained in responding to a fall, in first aid, basic life support & moving and handling
- Completed training will be logged on the Serendipity Healthcare Ltd training matrix
- Staff are responsible for maintaining their knowledge in accordance with relevant codes of conduct and supervisions, appraisals and team meetings which are used to enhance and promote this form of learning
- Staff will be fully encouraged to partake in audits and reviews of governance data to implement a proactive culture to managing and reducing risk

6. Definitions

6.1 Head Injury

- Head injury is any trauma (external force) to the head other than superficial injuries to the face
- A head injury is a blow to the head from a force outside the body, like an accident, fall or attack. When the brain is damaged by such an event, this is called a traumatic brain injury (TBI)

6.2 Psychotropic Drugs

- A psychoactive drug, psychopharmaceutical, or psychotropic is a chemical substance that changes brain function and results in alterations in perception, mood, or consciousness

POL15 – Falls Management Policy and Procedure

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S41 8ND



6.3 Antihypertensives

- Antihypertensives are a class of drugs that are used to treat hypertension (high blood pressure). Antihypertensive therapy seeks to prevent the complications of high blood pressure, such as stroke and myocardial infarction

6.4 Gait

- The manner or style of walking

6.5 Clinical Governance

- Clinical governance is an umbrella term. It covers activities that help sustain and improve high standards of care. It is used in healthcare but is effective in domiciliary care to ensure continuous improvement and quality services.

It covers:

- Service user, carer, and stakeholder involvement
- Risk management
- Audit
- Staffing and staff management
- Education and training

6.6 Falls

Deemed as an accident or incident if falls are witnessed by Serendipity Healthcare Ltd staff. Unwitnessed reported falls may be deemed as falls or incidents dependent on the evidence provided

Forms

Title of form	When would the form be used?	Created by
Post Falls Procedure	When a Service User has had a fall	QCS
Occurrence Form	Post Fall	QCS

The following forms are included as part of this policy:

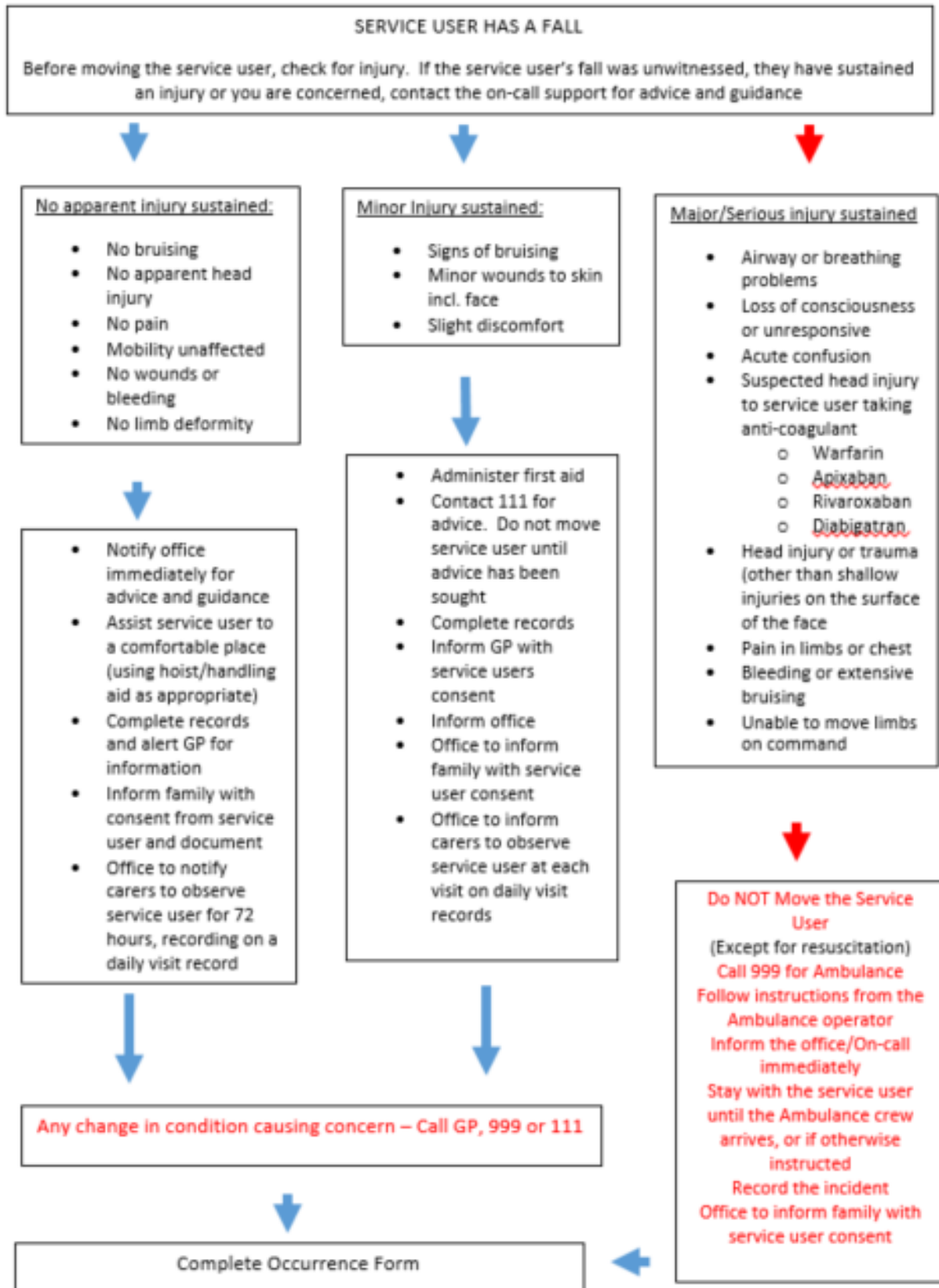
POL15 – Falls Management Policy and Procedure

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Post Falls Procedure:



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S41 8ND



Falls Documentation:

INCURRENCE FORM



Name of Person involved		Name of person reporting		Date of occurrence <small>Click here to enter a date.</small>	
Was the occurrence an: <small>Choose an item.</small>		Did it involve: <small>Choose an item.</small>		Was it a fall? <small>Choose an item.</small>	
				Area <small>Choose an item.</small>	
Full details (add extra sheet if necessary)					
Details of injuries (if none, please write none)					
Date form completed: <small>Click here to enter a date.</small>		Form completed by: <small>Choose an item.</small>		Position: <small>Choose an item.</small>	
Date forwarded to Manager <small>Click here to enter a date.</small>		Name of Manager informed: <small>Choose an item.</small>		CareFree log ref:	
Office use only					
Name of manager completing form: <small>Choose an item.</small>		Date manager completing form: <small>Click here to enter a date.</small>		Occurrence monitoring Completed <small>Choose an item.</small>	
Is further investigation required? <small>Choose an item.</small>		Are further actions required? <small>Choose an item.</small>		HSE notification required? <small>Choose an item.</small>	
Severity of Occurrence		<small>Choose an item.</small>			
Details (add extra sheet if necessary)					
Outcome (add extra sheet if necessary)					