Central Bedfordshire

Falls Prevention and Management Policy

Adult Social Care

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Falls Prevention and Management Policy

Directorate:	Adult Social Care and Housing		
Service:	Adult Social Care		
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Policy Owner Signatories

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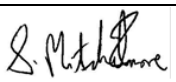
Stuart Mitchelmore	Service Director Adult Social Care		Central Bedfordshire Council	27/11/2024

CQC Assurance Key Areas:

This policy document supports CQC Assurance Key Areas (detailed in section 16):

Safe	Effective	Caring	Responsive	Well-led
●	●	●	●	●

This document is not controlled when printed.

It is the responsibility of every individual to ensure that they are working to the most current version of this document.

Contents

1. Introduction

1.1. This policy sets out Central Bedfordshire Council's approach to managing and preventing falls in Adult Social Care, Care and Support Services. This policy outlines how we assess and manage risks, what to do if someone falls, ways to prevent falls, and how we ensure compliance.

1.2. Falls are common in older people, and 1 in 2 of those over 80 years fall at least once per year. Falls are the most common cause of emergency hospital admission, and people may lose confidence and independence afterwards.

1.3. People living in care homes are 3 times more likely to fall than those living at home. They are also older, frailer, and more likely to have limited mobility than people living in the community. This group is especially vulnerable to the impact of falls. (NIHR National Institute for Health and Care Research)

1.4. The consequence of a fall can be significant in terms of health, wellbeing and mobility. Each service will ensure that, where possible, they prevent falls and support people to stay as active and independently mobile as possible by providing aids and adaptions and ensuring that opportunities for people to exercise is central to the care it provides.

2. Definitions

- A **slip** is to slide involuntarily and lose balance or foothold.
- A **trip** is an accidental miss step threatening or causing a fall.
- A **stumble** is to step awkwardly whilst walking and begin to fall.
- A **fall** is an unexpected event in which a person comes to rest on the ground, floor, or a lower level. (World Health Organisation)
- An **Unexplained fall** is a fall that has been unwitnessed, a cause cannot be identified or the person does not know how or why they fell.
- **Recurrent Falls** is two or more falls reported in the previous 12 months.
- A **Severe Fall** is a fall resulting in injuries severe enough to require a consultation with a health care professional; causing the person to lie on the ground without the capacity to get up for at least one hour; needing hospital treatment; or associated with a loss of consciousness.
- A **Fall-Related Injury** is an injury sustained following a fall. This includes injuries resulting in medical attention, such as fractures, joint dislocations, head injuries, sprains or strains, bruising, swelling, lacerations, or other serious injuries following a fall.

3. Legislation and Regulatory Framework

3.1. This policy has been reviewed with reference to the following:

- Care Quality Commission (cqc.org.uk) - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Regulation 12: Safe care and treatment.
- Health and Safety at Work etc. Act 1974. There are general duties placed upon employers to safeguard the health and safety of employees and others (including people who use the services, the public and contractors) Sections 2 and 3

- The Management of Health and Safety at Work Regulations 1999, Regulations 3 and 5 and the associated Approved Code of Practice, require employers to assess risks to the health and safety of both employees and people who use the services and to put into effect appropriate arrangements for health and safety planning, organisation, control and review.
- The Workplace (Health, Safety and Welfare) Regulations 1992, Regulation 12, and the associated Approved Code of Practice establish an absolute duty for floors to be suitable for their purpose (this includes adequate slip resistance, evenness and slope). Floors must be kept free of obstructions and any article or substance that may cause any person to slip, trip or fall. Regulation 13 requires measures to be taken to prevent any person falling a distance likely to cause personal injury.

4. Risk Assessment and Prevention

4.1. Each person attending or living in a Care and Support service will undergo a falls risk assessment. Those who are identified as having a higher risk will be reassessed more frequently. The outcome of the assessment and the decision on the frequency of reassessment will be reflected in the care and support plan.

4.2. If available staff will utilise the Whzan system to continuously monitor vital signs and health parameters that may contribute to falls, such as blood pressure, oxygen levels, and heart rate.

4.3. **Whzan for Early Detection and Prevention**

- Integrate Whzan devices into person's care plans for regular health monitoring.
- Use Whzan's data analytics to identify trends and calculate early warning scores to detect a person at increased risk of falls.
- Set up Whzan to generate alerts for healthcare providers when vital signs indicate a heightened risk of falls, allowing for timely preventive measures.

4.4. People who are assessed as at risk of a fall will be supported to make decisions about the best course of action to reduce risk and prevent falls. It is important that people, their families and those who represent are able to take risks in relation to decisions about falls prevention and are supported to do so.

4.5. Detail the process for identifying people at risk of falls through comprehensive risk assessments. This may involve considering factors such as age, mobility, medical history, medication usage, and environmental hazards. Specify strategies for preventing falls, including regular monitoring, exercise programs, environmental modifications, and staff training.

Prevention of falls through addressing identified risks:

- **Medication Review** - Regularly reviewing and optimizing medications, particularly those that affect the central nervous system (e.g., sedatives, antidepressants), to minimize fall risk. (For further information see appendix 5 BLMK ICB Medication and the Risk of Falls in Older people).
- **Visual impairment** - Ensuring regular eye examinations and updating prescriptions for glasses to correct vision impairments.

- **Footwear and Foot Care**: Encouraging the use of proper footwear and addressing foot problems such as bunions or corns that can affect balance and mobility.
- **Exercise Programs**: Tailored exercise programs focusing on strength, balance, and flexibility can significantly reduce fall risk.
- **Medication devises to manage falls risks** - For people deemed at high risk of falling, the use of bed and/or chair alarms should be considered. The purpose of a bed alarm is to alert staff when a person is mobilizing so that assistance can be provided. However, bed, floor, and chair alarms do not prevent falls on their own. If a person does not want to use assistive technology, this preference should be documented in their notes, and the removal of the device should be considered.
- Respecting a person's wishes, under the Mental Capacity Act 2005, a person's wishes should be respected at all times, unless they are assessed as lacking capacity. In such cases, decisions must be made in their best interests, choosing the least restrictive option available.
- All staff members should bear in mind that a person's level of risk in terms of falls may not remain static and therefore their falls management plan may change.

5. Risk of falls when using bed rails

5.1. Falls can occur if a person climbs or rolls over the top of the bed rails. The height of a bed rail above the level of the compressed mattress can prevent an inadvertent fall from a bed. BS EN 60601-2-52:2010 specifies a minimum height of 220 mm, measured vertically from the top edge of an uncompressed mattress to the top of the bed rail.

5.2. Replacing a mattress with one significantly thicker than intended by the bed manufacturer, placing one mattress on top of another, or using mattress overlays or airflow mattresses may reduce the effectiveness of the bed rails because the relative height of the rail is reduced. This could increase the risk of a person involuntarily rolling or falling over the top of the bed rail. Care providers should ensure that the bed rails are high enough to account for any increase in mattress thickness or additional overlays.

5.3. BS EN 60601-2-52:2010 states that, where a 'speciality' or 'mattress overlay' is used and the side rail does not meet the minimum height of 220 mm above the mattress, a risk assessment should be carried out to assure equivalent safety. For further information on bed rails see Bed rails: management and safe use - GOV.UK (www.gov.uk)

6. Environmental Safety

Lighting

6.1. Ensure all areas are well-lit, with consistent and adequate illumination to prevent shadows and dark spots.

6.2. Regularly inspect and maintain all lighting fixtures to ensure they are functioning correctly.

6.3. Replace burnt-out or flickering bulbs promptly.

6.4. Clean light fixtures and shades to maximize light output.

Flooring

6.5. Ensure all flooring surfaces are even, slip-resistant, and in good repair. Uneven surfaces, loose tiles, and frayed carpets are significant hazards that must be rectified immediately.

6.6. Hallways should be free of clutter to prevent trips.

6.7. Conduct frequent inspections to identify potential floor-related hazards such as spills, loose cords, or debris. Immediate action should be taken to remove these hazards.

6.8. Use signage to indicate wet floors or areas under maintenance to alert people and staff of temporary hazards.

Falls from height

Windows and balconies

6.9. If an assessment reveals that a person using the service are at risk of falling from windows or balconies at heights likely to cause harm (e.g., above ground level), appropriate precautions must be implemented. Windows large enough for a person to fall through should be equipped with restraints to prevent such accidents. The window openings should be restricted to 100 mm or less. Window restrictors should only be disengaged with a special tool or key. Access to balconies that are not designed to prevent climbing by at-risk individuals may need to be restricted. (For further information, see Falls from windows and balconies in health and social care HSIS5 (hse.gov.uk).

Stairs

6.10. Stairs should be maintained in a safe condition, kept free of obstructions, and well lit. For people with limited mobility who require additional support, stairs should have suitable handrails on both sides. Ideally, stairs should not be steep, winding, curved, or have open risers.

6.11. It may be necessary to restrict access to certain stairs, such as upper floor levels where people are at risk of falling. Consult with a fire safety officer if this restriction impacts fire evacuation procedures. Additionally, seek advice on preventing access through external fire doors to ensure they can be released and quickly accessed in the event of a fire.

6.12. Any problems must be reported to the management team as soon as they are identified.

7. Falls Response

7.1. Despite thorough risk assessment and management measures, falls can still happen. In the event of a fall, it is important to adhere to the guidelines outlined in this policy and procedures to prevent any additional harm to both the person and staff.

7.2. If a person falls when they are with a member of staff, the staff member should allow them to fall to the floor as attempts to break the fall would pose too great a risk to the member of staff. Training may prevent injury arising in such circumstances. Properly positioned, the staff may prevent a fall or allow a controlled slide (if trained to use this technique). Having made the person comfortable, they can determine how to move them safely – often with a mechanical aid. (For further information see Moving and Positioning policy)

7.3. All staff members are required to follow the Post-Fall Assessment as outlined in Appendix 1. Further guidance available in Appendix 2 - the Care homes/ SUSD Post Falls Assessment Guidance.

8. Use of Assistive Devices and Equipment

8.1. People should have access to appropriate assistive aids at all times to support their mobility needs.

8.2. If a Raizer chair is available it must be readily accessible in areas where people may require assistance with mobility or in the event of a fall.

8.3. Designated staff members must be trained to assemble, operate, and be aware of safety precautions associated with the Raizer chair. (For further information see section 12)

8.4. The Raizer chair must be regularly inspected, maintained, and kept in good working order.

9. Documentation and Reporting

9.1. Staff to follow procedures for documenting fall incidents, including the circumstances surrounding the fall, any injuries sustained, and the actions taken by staff in response. Ensure that incident reports are completed promptly and accurately, and that relevant information is communicated to healthcare providers and family members as appropriate.

9.2. If available use person-centred software to document and report falls, including contributing factors and interventions.

9.3. If required complete the Accident and Incident Outcome Form (see appendix 4)

9.4. For further information regarding accident and Incident reporting see Central Bedfordshire Council Accident, Incident, Near Miss & Dangerous Occurrences Reporting Policy and Procedure.

10. Safeguarding

10.1. Incidents relating to falls may not automatically trigger a safeguarding concern. The initial responsibility to respond and manage an incident is with the registered managers. Safeguarding concerns arise when an incident points to the possibility of abuse, neglect or acts of omission. This may include failure to adhere to the requirements set out within this policy, such as a failure to adequately assess a need or follow a care plan, as well as deliberate ill treatment. An assessment of known events leading up to and following an incident should inform a decision to report safeguarding concerns to the local authority.

10.2. Where any uncertainty exists, this should be discussed with the service manager/ senior manager or advice sought from the Safeguarding Team: 0300 300 8122.
Email: adult.protection@centralbedfordshire.gov.uk

11. Continuous Quality Improvement

11.1. Regularly review incident data, assess the effectiveness of prevention measures, and adjust as necessary to enhance people's safety.

12. Training

12.1. All care staff will receive training in what to do if a person falls. The falls awareness and prevention training should provide information how to prevent falls happening and what to do when a fall occurs, including how to help the person up, when to call for medical attention and when to refer as a safeguarding issue and tools to help reduce falls occurring.

12.2. Provide training on the correct use of the Raizer chair. All staff, including agency staff, have access to the Raizer and HelpFall Training Hub provided by Felgains to ensure they are fully trained in the correct use of the Raizer chair. You can access the training hub here.

12.3. Ensure staff members understand the principles of safe handling, positioning, and operation of the Hoist and Raizer chair.

12.4. Offer ongoing training and updates on falls prevention techniques and best practices.

13. Responsibilities

Line Managers

- Managers and operational managers will monitor falls to ensure that lessons are learnt and actions to prevent further incidents.

Employees:

- It is the responsibility of all care staff to ensure that the floors within the services are free from hazards and obstructions that may cause trips or falls.
- In the event of a fall, all staff must follow the Post-Fall Assessment Guidance and complete any necessary paperwork.

14. Equality and Diversity

14.1. All Adult social Care policies are accompanied by an Equality Impact Assessment (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.

14.2. We will be proactive, putting in place arrangements to ensure that we do not unfairly discriminate against individuals on the grounds of their protected characteristics.

15. Relevant Policies

- CBC P3 Accident Incident Near Miss Dangerous Occurrences Reporting Policy and Procedure.pdf
- Moving and Positioning of People and Inanimate Objects Policy
- Nutrition and Hydration Policy
- Medication Management Policy
- CBC Working at height
- Bedfordshire Safeguarding Adults Policy and Procedures

16. Monitoring and Reporting Arrangements

16.1. The implementation of this policy and procedures will be monitored by managers via regular audits and supervision. The results of these audits will be reported to Operations Manager, the Head of Service and during managers meetings.

16.2. All Adult Social Care will implement the policy and review its on-going application in practice, staff to reflect on the requirements of people who use the service.

16.3. A key factor in implementing the policy is to ensure that all those involved in meeting the healthcare needs of people receive appropriate training and on-going support to meet these needs.

16.4. This policy supports the Care Quality Commission (CQC) Assurance Key Areas and Statements below:

Key question:	**Quality statements we will use to assess quality**
Safe	**Learning culture** We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learnt to continually identify and embed good practices. **Safeguarding** We collaborate with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately. **Safe environments** We detect and control potential risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care. **Safe and effective staffing** We make sure there are enough qualified, skilled, and experienced people, who receive effective support, supervision, and development. They work together effectively to provide safe care that meets people's individual needs.
Effective	**Assessing needs** We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them. **Consent to care and treatment** We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Caring	**Treating people as individuals** We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics. **Independence, choice and control** We promote people's independence, so they know their rights and have choice and control over their own care, treatment, and wellbeing. **Responding to people's immediate needs** We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern, or distress.
Responsive	**Person-centred care** We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs. **Equity in access** We make sure that everyone can access the care, support, and treatment they need when they need it.
Well-led	**Governance, management, and sustainability** We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

16.5. Information regarding CQC Assurance statements is available here: Key questions and quality statements - Care Quality Commission (cqc.org.uk)

17. Evaluation and Review

17.1. This policy will be reviewed 2 yearly. In addition, the policy will be amended when new legislation is introduced, including identification of risks identified during investigations, to ensure that the services are meeting the needs of people safely.

18. References

STOPPFall (Screening Tool of Older Persons Prescriptions in older adults with high fall risk): a Delphi study by the EuGMS Task and Finish Group on Fall-Risk-Increasing Drugs | Age and Ageing | Oxford Academic	Falls prevention - Bedfordshire, Luton and Milton Keynes Integrated Care System (blmkhealthandcarepartnership.org)
Falls in older people: assessing risk and prevention | Guidance CG161 | NICE	Falls: applying All Our Health - GOV.UK (www.gov.uk)
https://www.nice.org.uk/guidance/QS86 Falls in older people (NICE, 2017)	Bed rails: management and safe use - GOV.UK (www.gov.uk)
Health and safety in care homes (hse.gov.uk)	Causes and prevention - Slips and trips - HSE

World guidelines for falls prevention and management for older adults: a global initiative | Age and Ageing | Oxford Academic (oup.com)	

19. Appendices

- Appendix 1: Post Fall Assessment
- Appendix 2: Care home & SUSD Falls Assessment Guidance
- Appendix 3: Observation After a Fall
- Appendix 4: Day Services – Observation Following a Fall
- Appendix 5: Accident and Incident Outcome Form
- Appendix 6: BLMK ICB Medication and the Risk of Falls in Older people

20. Reader Confirmation

Reader Confirmation
Please click the link below to complete the reader confirmation form. This form is to verify that you have read and understood the contents of this document: ASC Policy Reader Confirmation Form