

Acute Services Division



Falls in Care Homes

Points to Consider

Falls Coordinators –
Phone: **0141 427 8311**

Please read this leaflet to help reduce the risk of Falls in your Care Home

Falls in Care Homes

Older people are at high risk of falling. However falls should not be considered a natural part of aging. You should investigate all falls as they are often the first indication of an underlying medical condition.

Health

- Consider testing resident's urine to exclude infection.
- Consider possibility of other infection i.e. chest or wound.
- Is the resident taking sufficient fluids or nutrition? Follow MUST guidelines.
- Is the resident constipated?
- Does the resident report dizziness when transferring or moving?
- Does the resident have a history of blackouts; seizures; palpitations?
- Is the resident's level of agitation a factor in falls risk?
- Are the resident's blood sugars within range?

Liaise with the GP regarding any concerns with the above.

- Does the resident have a visual impairment or hearing impairment?

Make sure corrective aids are worn and resident has regular optical and or hearing checks.

- Does resident have a good sleep pattern to reduce risk of falls due to tiredness?

Mental State

- Has the resident's mental state been assessed?
- Can the resident understand instructions?
- Is a behaviour chart being used?
- If there are behavioural issues has a care plan devised?
- Please do not leave residents who are unaware of their personal safety or residents with mobility issues unattended in the toilet, shower, bath or commode

Continence

- Does resident have a regular toilet routine?
- Is there any problem with frequency; urgency or retention?
- Is there a possible urine infection?
- Is bowel function being monitored?

Transfers and or Mobility

- Is footwear secure, supportive and non slip?
- Is clothing correct fit - not too long, loose or creating a trip risk?

- Is chair, bed and toilet at correct height to allow safe transfer?
- Are staff competent in correct transfer technique?
- Are walking aids well maintained and used safely and or appropriately?
- Is the resident encouraged to have regular rest periods?
- Is the resident receiving appropriate level of supervision and or support to maintain safety?
- Has there been a deterioration in mobility and a referral to Physiotherapy considered?
- Are high falls risk residents encouraged into central supervised area during the day?
- If residents have difficulty with transfers or mobility – are staff providing the appropriate level of supervision and or support.

Medication:

- Is the resident on medication with falls risk side effects?
- Have you considered requesting a medication review?

Environment

- Are there any trip or slip hazards that need to be rectified?
- Is the nurse call buzzer within reach?
- Is resident able and or willing to use buzzer?
- If not consider alternative falls alert systems
- Are personal items within easy reach?

- Is furniture positioned along wall to increase manouvering space?
- Is there enough manouvering space for resident and any walking aid they may use?
- Is environment clear of clutter and trip or slip hazards?
- Is the environment well lit?
- Is there adequate lighting at night?
- Are rooms easily identified?
- If the resident is a falls risk in their bedroom – have you considered moving resident to bedroom near to duty room?
- Consider positioning bed along wall – promote one entry or exit
- If there is a falls risk from bed consider positioning bed at lowest height when resident is in bed
- If bedrails are in place, has a bedrail risk assessment been completed? Is it regularly updated?

Following a Fall

- Follow Care Home policy to check resident for injury and or exclude fracture. Observe resident for :
 - Shortening or external rotation of affected leg.
 - Pain to affected area.
 - Tenderness or deformity to affected area.
- Seek medical advice as per Care Home policy.

Documentation

- Has the Falls Risk Assessment been scored?
- Is there a Falls Care Plan in place?
- Is the Falls Risk assessment and Care Plan regularly updated?
- Are staff using a Falls Diary to record falls and monitor for patterns to falls.
- If appropriate is a bedrail risk assessment in place.

Equipment

- Is appropriate falls equipment in place to reduce injury risk?
- The Falls Coordinator can provide advice on appropriate equipment to assist in reducing falls risk
- Equipment should not be considered an alternative to resident supervision.

If staff have any concerns regarding a resident's falls risk they can refer to the Falls Prevention Coordinator.

Referral Criteria:-

Resident has one fall with significant injury - serious head injury or fracture

Or

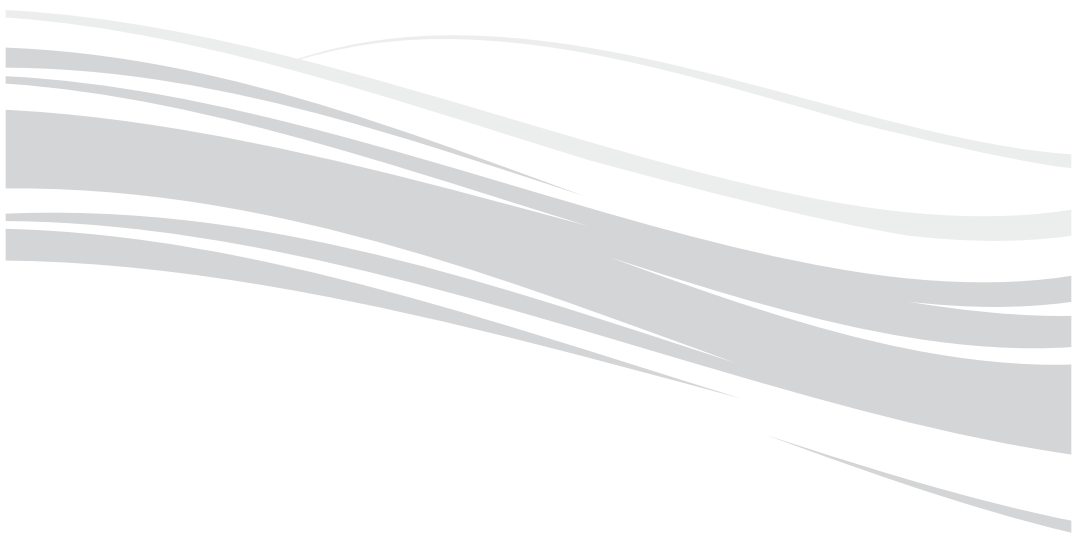
Has had two or more falls in a 3 month period

If a resident has already been assessed by the Falls Coordinator in the past 6 months they should only be re-referred if:

there is a significant change in condition

Or

They have had a fall and fracture or serious head injury requiring hospital treatment



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