

Falls competences for carers working in Adult Social care in North Central London

Please ensure you adhere to your local protocols, policies and guidelines relating to falls

<p><u>Understanding the definition of a fall</u></p> <p>A fall is defined as an event which results in a person coming to rest accidentally on the ground or floor. Falls can be fatal or non-fatal where the resident/service user can sustain injuries.</p>	<p><u>For further recommended training please access:</u></p> <p>React To Falls - Best Practice in Managing Falls for Care Home Residents React To</p> <p>Video: what is a fall and why is it important to think and react to prevent falls? https://vimeo.com/305051968</p>
<p><u>Know your resident/service user's life story and how this can impact on their day to day lives and falls.</u></p> <p>A life story tells the story about your resident/service users' life. This includes their background, interests what is important to the resident/service user.</p> <p>A life story document as a 'fact file' gives staff a clearer understanding on the resident/service users life and experiences and how to meet their needs.</p>	<p>Creating a life story for a person with dementia - Dementia UK</p> <p>Video: Life story (youtube.com)</p> <p>Life story template: dementia-uk-my-life-story-template.pdf (dementiauk.org)</p>
<p><u>Understand the impact of falls on residents/services users</u></p> <p>Falls can have a physical and psychological impact on residents and service users.</p> <p>Physical Impact Incontinence (lack of control over urination or faecal incontinence) Fractures Head injuries Pressure ulcers/leg ulceration Death Cuts, bruises, soft tissue injuries</p> <p>Psychological impact Loss of confidence Anxiety/depression Embarrassment Low self esteem Fear of further falls Increased dependency Loss of control</p>	<p>https://www.careinspectorate.com/images/documents/2737/2016/Falls-and-fractures-new-resource-low-res.pdf</p>

Why a resident/service user might fall.

Think!

Environment

Lighting
Flooring and doorways
Potential Hazards
Footwear and Footcare
Alarm (is your resident able to access their alarm, and are they able to use it?)
Heating and body temperature

Equipment

Transfers and stairways

Does your resident need help on or off a chair, bed, or toilet?
Are they unsteady when transferring or do they tend to rush?
Is your resident unsteady on stairs?
Is the mobility equipment in good working order?

Communication and understanding

Vision and hearing

Are they seeing things properly, or mishearing?

Cognition

Does the service user have dementia, as this can impact on Judgement?

Comprehension

Does your resident speak in a logical and consistent way?

Communication

Is your resident communicating efficiently?
Is your resident able to express their needs verbally or do they have difficulty making themselves understood?

Review medical history and physical health.

History of falls

Has your resident fallen before?

Recent falls

When was the last time they fell?

Medical History

Does your resident have any new health conditions?

Medication

What drugs do your residents take?

<https://reactto.co.uk/react-to-falls>

Video:

Why do residents fall and what are the risks <https://vimeo.com/305058322>

Does any affect their level of consciousness or judgement?

Pain

Is your resident experiencing a specific or general pain? Can they report pain?

Does your resident have any fractures?

Has your resident had any broken bones because of a fall?

Are their feet in good condition?

Any bunions, pressure ulcers, overgrown nails, which might impact mobility?

Personal hygiene

Check continence needs

is your resident visiting the toilet regularly?

Access to the toilet

Is your resident able to access the facilities?

Management

Do your residents have difficulty getting on/off the toilet?

Activity

Balance

Does your resident hold furniture when moving or are they unsteady when walking?

Dizziness

Do they complain of dizziness or are they dizzy on first standing?

Stumbling

Do you notice them trip or stumble even if there is no obstacle?

Gait

How does your resident walk?

Sleep

Is your resident getting a good night's sleep?

Walking (indoor and outdoor)

is supervision needed when walking?

Walking aids

Does your resident need a walking frame or stick?

Why we need a falls risk assessment?

What is a falls risk assessment?

Each person who is at risk of falling, newly admitted or changes in their mobility will have a falls risk assessment completed by the whole team.

A falls risk assessment assesses the risk of falls by identifying risk factors for falling and making recommendations.

What is a multifactorial risk assessment?

Once it has been highlighted from the falls risk assessment that the resident/service user are at risk of falls or having falls they should be referred to the physiotherapist team to complete a multifactorial risk assessment.

This risk assessment will take into consideration risk factors of falls such as Environmental and equipment, communication and understanding, review of medical history and physical health, continence, and personal hygiene.

[1 Recommendations | Falls in older people: assessing risk and prevention | Guidance | NICE](#)

Reducing the risks of falls

Staying active can improve strength and balance of the residence/services user.

With muscles strengthening exercises and encouraging residents/service users to be independent when they can, this can reduce the risk of falls.

Good nutrition by eating a balanced diet will help with the service user's energy and decrease the risk of malnutrition as malnutrition can increase the risk of falls.

Keeping service users/resident Hydrated by increasing their fluid intake.

Increasing fluid intake by offering soups, tea/coffee, low sugar or sugar free drinks, ice lollies.

Checking for hearing problems (hearing is essential in maintaining balance) and Vision problems.

If resident/service user has episodes of dizziness when standing up they could be suffering from postural hypotension this can lead to a fall

<https://www.ageuk.org.uk/information-advice/health-wellbeing/exercise/falls-prevention/>

Video:

[How to reduce your risk of falling | Age UK \(youtube.com\)](#)

Video:

React to reduce the risk of falls.
<https://vimeo.com/305063913>

Postural hypotension is a sudden drop in the blood pressure when standing up from a seated or laying down position this may cause sudden dizziness.

Management of falls

Please ensure you adhere to your local protocols, policies and guidelines relating to the management of post falls protocol

What to do if a resident/service user has fallen

When a person falls it is important that they are assessed and examined promptly to see if they are injured. This would determine what treatment and support they may need.

If there is a Whzan box in the home and is trained to use it you can use this to monitor the resident or service user.

If they can communicate with you ask the resident/service user what happened to them?
Are they injured? Are they experiencing pain?
This will highlight to you their level of consciousness when or if they respond back to you.

Is the resident/service user Alert?
Does the resident service user have new confusion?
Are they responsive to voice?
Are they responsive to pain?
Is the resident/service user unresponsive?
This will determine the residence level of consciousness.

Keeping the residence/service user warm if they are unable to get up right away.

It is important to determine the type of fall that occurred and if the fall was a witnessed or unwitnessed fall. As with an unwitnessed fall the resident/service user may have hit their head.

<https://www.newcrosshealthcare.com/care-advice/how-to-respond-to-falls/>

<https://www.newcrosshealthcare.com/care-advice/how-to-respond-to-falls/>

<https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health#measuring-impact>

Video:

What should your home be doing to react to falls?

<https://vimeo.com/305072456>

Safe manual handling methods for residents/service users with signs or symptoms of fracture e.g. pain, swelling, tenderness around the injured area.

Closely monitoring resident/ service user after the fall.

Look out for:

Persistent headaches since the injury

Any vomiting episodes since the injury

Change in their normal behaviour.

If head trauma, spinal damage or lower limb fracture is suspected make the resident comfortable on the floor.

Do not move the resident.

Documentation when responding to a fall

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It is vital that care staff report and documents the fall incident in a timely manner. All staff involved in the care of the resident/service user should be informed of the incident and the outcomes.