

REFERENCE NUMBER OF DOCUMENT:	11.2.357.03
COMMITTEE IDENTIFICATION:	Galago Directors
SECRETARIAT:	MS
DOCUMENT TYPE:	External Policy
DOCUMENT LANGUAGE:	E
THIS POLICY IS FOR:	Agency Workers (temporary workers), Commissioners and Service Users

FALLS MANAGEMENT

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FALLS MANAGEMENT POLICY AND PROCEDURE

AIMS

The Aim of this policy is to ensure that Nursing Direct Healthcare Limited (hereinafter referred to as "Nursing Direct") as a care provider uphold their responsibilities in the area of safe care and treatment towards their service users by ensuring that all staff including Agency Workers understand the risks of falls, implications of falls and how best they can support the service users safely to prevent and reduce the risks of falls.

In view of the above aim, Nursing Direct focuses on:

- Assessing potential risks to the service users in their own homes or when they are within the community, which can arise from falls and consequences such as injuries and other health implications which could lead to other problems such as reduced independence, psychological impacts such as fear of falling etc.
- Ensuring all staff including Agency Workers who work with service users that are known to be at risk of falling gain a clear understanding on falls management so that they maintain a basic professional competence with required skills, knowledge, and experience to deal with the risks of falls and falls prevention measures.
- Implementing strategies to reduce the risk of fall, eliminating potential hazards, and enhancing safety by taking preventative measures.
- Adopting appropriate guidelines and best practice to provide support on the measures to be in place in ensuring safe care, support, and treatment.
- Having a process which support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements of safe, effective, caring, responsive and well-led, to ensure safer practices for the service users they care for in order to manage support and promote safe care, support, and treatment.

1. PURPOSE

- 1.1 To describe how Nursing Direct applies best practice in the management of falls, promote a culture of enabling and promoting ability, to balance independence with safe care and to reduce the risk of falls.
- 1.2 To support Nursing Direct in meeting the Key Lines of Enquiry and Quality Statements as set out by the Care Quality Commission (CQC).
- 1.3 Nursing Direct has taken into consideration the following legislations when complying with its role and duty as a care provider to meet the legal requirements pertaining to the regulated activities, which Nursing Direct 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
 - Management of Health and Safety at Work Regulations 1999
 - Mental Capacity Act 2005
 - Mental Capacity Act Code of Practice
 - Safeguarding Vulnerable Groups Act 2006
 - UK GDPR

2. SCOPE

- 2.1 The following roles may be affected by this policy:
 - Registered Manager
 - Volunteers
 - All staff including Agency Workers
- 2.2 The following Service Users may be affected by this policy:
 - Service Users
 - Next of Kin / Families of service user
 - Power of Attorney holders
 - Advocates as duly authorised
- 2.3 The following stakeholders may be affected by this policy:
 - Family
 - Advocates
 - Commissioners
 - External health professionals
 - Local Authority
 - NHS / ICB / CCG

3. OBJECTIVES

- 3.1 To provide all staff including Agency Workers with an understanding of the risk factors of a fall, facilitate the implementation of a comprehensive and person-centred, falls risk assessment, and implement practical interventions which have been suggested by relevant professionals that may reduce these risks.
- 3.2 To provide staff of Nursing Direct with an understanding of post fall observations and actions to prevent further falls of their service user's
- 3.3 To provide support for the service users and their family members (where appropriate) including:
 - Individual's risk factors for falling at their own home or within the community, as to why and how the falls could occur, as well as showing and explaining the preventative measures.
 - Supporting on agreed multifactorial interventions.
 - Understanding which improvements to the service user's environments are most effective or helpful for the individual service user to prevent falls.

4. POLICY

- 4.1 A fall is defined as an event which causes a person to unintentionally rest on the ground or lower level and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard. The fall could be:
 - Sliding out of a chair
 - Rolling out of bed
 - Misjudging where a seat is
 - Feeling dizzy when standing up

Having a fall can happen to anyone, however, as people get older they are more likely to fall.

Falls are events resulting from the presence of risk factors. The likelihood and severity of injury resulting from an event is related to a number of possible factors including bone health, risk of falls, frailty and low weight.

Falls and fracture in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people. About 40 - 60% of falls result in major lacerations, traumatic brain injuries or fractures.

- 4.2 The personal impact of falls on a Service User can be significant, and include:
 - Loss of independence
 - Fear of falling again Embarrassment Shock
 - Pain
 - Anxiety about needing more help
 - Not going out
 - Distress
 - Loss of self-confidence
 - Reduced quality of life
 - Mortality
- 4.3 Falls are often a symptom of something else such as a chest infection, urinary tract infection, exacerbation of a medical condition, or gradual deterioration (frailty, medication reaction, balance or mobility).
- 4.4 A history of falls in the past year is the single most important risk factor for falls and is a predictor of further falls.
- 4.5 Nursing Direct will:
 - Encourage all staff including Agency Workers to familiarise themselves with all health and safety policies at Nursing Direct, as well as follow the content of this specific policy and procedure
 - Ensure that advice and support is given to all staff including Agency Workers from a senior colleague (more appropriately from a senior member of the clinical team) if staff including Agency Workers is unsure of risk assessment strategies regarding falls and falls management.
 - Ensure that falls incidents are reviewed on a regular basis and recorded and monitored through their Radar Healthcare incident management software system.
 - Ensure that accident and incident forms are completed in respect to any falls related incidents, including body maps and they are reviewed and monitored by competent staff including Agency Workers.
 - Ensure that all staff including Agency Workers attend basic life support training and are aware of how to call emergency services if required
 - Ensure that the service users' environments are risk assessed appropriately by the relevant staff including Agency Workers that and risk assessments are understood and followed by the relevant staff including Agency Workers.
- 4.6 If a service user has a history of falls and/or they are at risk of falls, a falls risk assessment will be completed before the start of their care service. The falls risk assessment will be reviewed routinely 6-monthly (as per best practice), following a change in the service users physical condition and after any fall. Risk management for falls will be individually tailored to the Service User whilst promoting safety and quality and complying with national requirements.
- 4.7 There is a culture where Service Users are empowered and encouraged to be as independent as possible, whilst balancing safety and duty of care towards the Service User. All staff including Agency Workers will be supported to accept that there may be occasions where a fall cannot be prevented, but both the likelihood and consequences of falling can be reduced with strategies and effective management plans.

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 following the Mental Capacity Act requirements and the Service User's best interests.

4.8 It is the responsibility of all staff to adhere to all policies and procedures at Nursing Direct as well as relevant health and safety legislation. All staff including Agency Workers will:

- Have an awareness of the risks of falls
- Continually consider potential risks
- Continually carry out actions to reduce risk
- Seek advice from a senior colleague if unsure of risk assessment strategies
- React to any changes observed in Service Users
- Report and record trips and falls
- Review falls incidents on a regular basis
- Complete accident and incident forms, including body maps
- Carry out post-fall observations
- Attend training sessions (including refreshers)
- Participate in audits or discussions about their findings
- Ensure that environments are safe and risk assessments are followed
- Familiarise themselves with all health and safety policies at Nursing Direct, as well as following the content of this specific policy and procedure

4.9 Nursing Direct must:

- Ensure there is a clear definition of what is considered a fall for reporting
- Have a system in place for the recording of specific Service User falls and falls across Nursing Direct
- Review falls data to identify any patterns of falls across Nursing Direct and implement any action required

4.10 Nursing Direct will adhere to, and model, the quality standard as provided by NICE, which includes:

- Service Users and/or their families are asked about falls when they have routine assessments and reviews with health and social care practitioners
- Service Users at risk of falling are offered an individualised, multifactorial falls risk assessment and intervention
- Service Users who fall are subject to thorough assessment for signs and symptoms of fractures and for the possibility of a spinal injury before any attempt to move them is made
- Service Users who fall and indicate signs or symptoms of injury, which may include possible fractures or possible spinal injury, will not be moved until specialist trained assistance and equipment is available to affect the movement safely, unless they are in immediate danger of further injury
- All instances which require staff including Agency Workers to assist in the movement of persons who have fallen, will be dealt with by trained staff including Agency Workers and done in line with the Moving and Handling Policy and Procedure
- Service Users who have recurrent falls are referred by Nursing Direct to the relevant healthcare professional via the service users commissioning team.
- Escalating to the relevant professionals and following the guidance for assessment and management strategies
- Escalating to the relevant healthcare professional to ensure that Service Users receive regular medication reviews and consideration is taken where medication is prescribed that may increase the risk of falls

4.11 Effective post-fall management aims to:

- Minimise harm to Service Users from incorrect management after a fall
- Ensure the Service User has prompt access or referral to ongoing treatment when injury has occurred
- Reduce variation(s) in post-fall management within Nursing Direct

4.12 Nursing Direct 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 Risk

There are key groups of Service Users who may be at higher risk of falls. These include Service Users experiencing the following:

- Balance/mobility issues Frailty
- End of life care
- Neurological conditions such as stroke, Parkinson's disease or multiple sclerosis Conditions associated with learning disabilities
- Mental health issues (due to potential medications and lifestyle choices) Visual impairment
- Dementia/delirium
- A transition (due to bereavement, house move or move from/to home, care homes)

Over 400 risk factors associated with falling have been identified (NHS Centre for Reviews and Dissemination 1996), but these can be divided broadly into:

- Physical or intrinsic (person related) Environmental or extrinsic
- Behavioural (activity related) risk factors

5.2 Risk Assessment

The causes of falls are multifactorial and the risk of falling appears to increase with the number of risk factors. Multifactorial falls risk assessments allow a Service User's risk factors to be identified. Multiple interventions can then target these specific risk factors and reduce several components of falls risk.

All new Service Users will be assessed at the pre-service visit for falls risk, this will be reassessed upon service commencement and ongoing, including after a fall.

The falls risk assessment at Nursing Direct must: Ensure that

- Service Users at risk are identified
- Document that Service Users are risk assessed and appropriately referred
- Document that following referral, an intervention of the necessary quality is delivered that reduces risk to the Service User
- Ensure that risk reduction is maintained

5.3 Falls Care Plan

An individualised Falls Care Plan must be completed for each Service User.

5.4 Review Medical History and Physical Health

5.4.1 History of falls:

- Does the Service User have a history of falls? Have they started a Care package due to falls?
- Has the Service User had 2 or more falls in the last 12 months?

Nursing Direct management team will:

- review all falls to look for patterns (time of day, activity, location)
- Inform the Service User's GP of falls history or recent falls
- Ask the GP for a review to look for medical causes such as infection, heart problems, low blood pressure

5.4.2 Check Medical History:

- Does the Service User have conditions such as, CVA, Parkinson's disease, epilepsy, diabetes, heart disease, high or low blood pressure?

Staff including Agency Workers must (with consent):

- Check for signs of infection or illness in the Service User
- If a medical condition has not been reviewed in the last 6 months, ask the Service User's GP to consider if the Service User has low blood pressure, prompt them to stand still on first standing up

5.4.3 Medication:

- A number of medicines can cause or contribute to falls, these are sometimes referred to as falls risk increasing drugs (FRIDs)
- There are also certain medications that cause or contribute to fractures
- Be aware of medications that can cause dizziness, drowsiness, constipation or the need to pass urine more frequently (sedatives, antidepressants, diuretics)
- Staff can find further information on FRID's and medicines that increase the risk of fracture, in the further reading section of this policy

Staff including Agency Workers must (with consent):

- Ensure that the Service User's medication is reviewed by the GP every 6 months Ask the GP to review the Service User's medication after a fall
- Refer to the Service User's GP if concerned about the effects of medication

5.4.4 Pain:

- Is the Service User in pain?
- Are their pain killers causing side effects?

Staff including Agency Workers must (with consent):

- Refer to the Service User's GP if the Service User's pain is not controlled Ask for a review if side effects experienced
- Observe the Service User for signs of pain if unable to communicate

5.4.5 Fractures:

- Has the Service User had fractures in the past?

Staff including Agency Workers must (with consent):

- Ask the GP to review the Service User's risk of osteoporosis (with consent)

5.4.6 Malnutrition and Hydration:

- Does the Service User need encouragement to eat, have a poor appetite or have they experienced recent weight loss?
- Do they drink less than 5 cups of fluid a day?
- Do they need encouragement to drink or do they often leave drinks unfinished?

Staff including Agency Workers must (with consent):

- Encourage Service Users to eat small amounts regularly Check Service Users teeth and dentures
- Review reasons for poor appetite and weight loss Refer to their GP and dietician if required
- Encourage the Service User with fluids and review any reason for poor fluid intake Consider a fluid or food chart

5.5 Environment and Equipment

In a Service Users own home there may be a limit to what can be done to their environment to reduce the risk of falling, however some aspects to consider and implement where possible are:

5.5.1 **Flooring and Doorways:**

- Ensure floors are clear, check rugs and flexes
- Avoid patterned flooring if possible and keep floors dry at all times
- Avoid raised thresholds between rooms
- Avoid heavy doors

5.5.2 **Lighting:**

- Ensure good lighting with no glare night and day
- Consider the use of a light in the Service User's room at night
- Ensure switches are accessible

5.5.3 **Transfers and Stairways:**

- Does the Service User need help on or off a chair, bed or toilet?
- Is the Service User unsteady when transferring or tends to rush?
- Are there insufficient rails on stairways?
- Is the Service User unsteady on stairs?

Staff including Agency Workers must (with consent):

- Consider alternative furniture
- Prompt the Service User not to rush
- Consider recommending using a downstairs room as a bedroom (if possible/appropriate)

5.5.4 **Heating and Body Temperature:**

- Does the Service User feel the cold?
- Does the Service User sit for long periods or not recognise when they are cold?

Staff including Agency Workers must (with consent):

- Promote a draft free environment
- Check the Service User is not cold if they sit for long periods
- Encourage and assist to mobilise regularly

5.5.5 **Footwear and Foot Care:**

- Is the Service Users footwear ill-fitting, unsupportive, too loose, or too tight?
- Does the Service User have any feet conditions that may be causing pain such as blisters, corns or ingrowing toenails?

Staff including Agency Workers must (with consent):

- Advise the Service User on suitable footwear, no loose slippers, slip on shoes for example
- Check the Service User's feet and refer to podiatry/GP if required

Nursing Direct will support the Service User to keep the home free from clutter to reduce trip hazards. Rugs and carpets will be secure and the area in which the Service User walks will be free from furniture. A risk assessment will include any slip, trip and fall hazards.

5.6 **Activity**

5.6.1 **Balance:**

- Does the Service User hold furniture when moving?
- Is the Service User unsteady when walking, do they lose balance on turning or reaching?
- Is the Service User unable to walk unsupported, as they are unsteady?

Staff including Agency Workers must (with consent):

- Encourage the Service User to stand still on first standing
- Advise the Service User to keep head and feet inline when turning Increase supervision (if this is possible)
- Considering referring the Service User to physiotherapy or occupational therapy

5.6.2 **Dizziness:**

- Does the Service User complain of dizziness or feeling dizzy on standing?

Staff including Agency Workers must:

- Advise the Service User to move their legs and feet before standing and stand still on first standing up
- Consider potential ear problems/infections

5.6.3 **Stumble and Trip:**

- Has the Service User been noticed to stumble or trip even if there are no obstacles?

Staff including Agency Workers must:

- Document and review incidents for time, location and activity at the time

5.6.4 **Gait**

- Does the Service User shuffle, lean to one side, backwards or walk fast?

Staff including Agency Workers should:

- Encourage the Service User to stand upright and provide supervision (where possible)
- Refer to physiotherapy for advice

5.6.5 **Walking:**

- Does the Service User need supervision when walking from 1 or 2 staff?

Staff including Agency Workers must:

- Contact the community physiotherapy team
- Assist the Service User to complete any exercises recommended.

5.6.6 Walking Aids

- If the Service User uses aids, are they using them correctly? Are any aids in good condition?

Staff including Agency Workers must:

- Check any equipment is in good working order and at the correct height for the Service User
- Encourage the Service User to use any aids correctly

5.7 Communication and Understanding

5.7.1 Communication:

- Can the Service User express their needs and make themselves understood?

Staff including Agency Workers must:

- Consider alternative communication methods (pictures and signs) Observe the Service User for insight into how they are feeling

5.7.2 Cognition:

- Does the Service User recognise their limitations?
- Do they have poor understanding of space and distance?
- Is the Service User unaware of risks and hazards or have poor short term memory?

Staff including Agency Workers must:

- Use physical gestures and prompts
- Refer the Service User to their GP for review if there is a change from usual presentation
- Repeat information when the Service User is unable to remember
- Consider the use of assistive technology

5.7.3 Comprehension

- Can the Service User understand verbal instructions or questions?

Staff including Agency Workers must:

- Speak clearly, use simple instructions and physical gestures as prompts
- Arrange checks for the Service User's hearing or eyesight

5.7.4 Vision and Hearing:

- Has the Service User been diagnosed with sight or hearing loss? Do they wear varifocal or bifocal glasses?
- Does the Service User refuse to wear their glasses or hearing aid? Is their hearing aid set working correctly?

Staff including Agency Workers must:

- Ensure the Service User has adequate lighting day and night Ensure glasses or hearing aids are clean and in good working order
- Avoid approaching the Service User from behind which may startle them

Nursing Direct understands that hearing aid wearers and those with hearing loss can be affected by Tinnitus that may impact balance and increase the risk of falls

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

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

5.8 Toilet

5.8.1 Continence Needs:

- Is the Service User incontinent of urine and/or faeces? Do they have a catheter fitted?
- Do they have difficulty accessing the toilet?
- Does the Service User have an increase in frequency or urgency of using the toilet?
- Do they need to get up to use the toilet at night or are they concerned about their continence?
- Do they have difficulty managing clothes? Are they suffering from constipation?

Staff including Agency Workers must:

- Ensure a continence assessment has been completed for the Service User if required. If not, refer to the community nurse/continence service
- Assess the Service User for constipation Refer to occupational therapy if required Consider a commode for night use
- Offer assistance to the toilet at each visit

5.9 Strategies for Reducing the Risk of Falls

Many falls are preventable. Falls are not an inevitable part of ageing and there are some risk factors that staff including Agency Workers can react to, to reduce the risk of a Service User falling. Falls prevention has to be tailored to each Service User and their particular environment.

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

Staff including Agency Workers at Nursing Direct know Service Users well and will notice if there has been a change, it is important that everyone reacts to reduce falls. Identifying and assessing the risk of falls must be a regular approach that considers the whole Service User. This way staff including Agency Workers can pick up on any changes and react to these to prevent a fall from happening.

5.10 **Alcohol and Substance Misuse**

- If a Service User is deemed at risk of falls, and this risk is exacerbated by the consumption of alcohol or other substances, Nursing Direct will inform the Service User of the possible issues that may arise as a result of alcohol consumption, but in a way that respects dignity.
- Service Users will also be provided with information about the dangers of taking non-prescription medication and substances

5.11 **Choice and Consent**

Nursing Direct understands the importance of Service User choice and consent and recognises that the Service User has the right to make an unwise decision.

This may mean that on occasions, following a risk assessment that identifies potential risk, the Service User does not wish for any changes to take place. Nursing Direct recognises that it has a duty of care to keep Service Users safe from harm, and as such will have a method in place to document and record this, ensuring that it is reviewed at regular intervals and passing any relevant information on to other healthcare professionals.

No one can give consent on behalf of another adult who is thought to lack mental capacity regardless of whether the impairment is temporary or permanent. However interventions can be introduced if it is considered to be within the Service User's best interest. This best interest decision must be recorded within the Service User's Care Plan with a clear rationale stating why the intervention is needed and who has been involved in making the decision.

5.12 **Health and Safety**

All staff including Agency Workers will refer to the health and safety policies, associated legislation, regulation and recommendations with regards to daily care practice to ensure that the physical environment, housekeeping, and equipment practices meet appropriate needs and are appropriately and safely managed in relation to risks of falls.

This will include ensuring that an environmental risk assessment has been completed to reduce tripping hazards within the Service Users own home/property.

The relevant staff including Agency Workers will conduct their own activities, including all handling and lifting tasks in accordance with their training and relevant Nursing Direct risk assessments. All staff including Agency Workers will not carry out hazardous tasks unless appropriately trained and will seek assistance in all instances where they are unsure of the safe procedure.

5.13 **Environmental Hazards**

Many factors can cause slips, trips and falls. These include:

- Slippery surfaces caused by dry or dusty floor contamination (e.g. dust, lint or talcum powder)
- Slippery flooring in areas prone to regular contamination (kitchens, bathrooms, main entrances) where slip resistant flooring would be expected
- Contamination - anything that ends up on the floor, such as rain water, spills, leaks, footwear
- Cleaning - wet floor, trailing cables
- Flooring - not suitable, in poor condition
- Uneven surfaces (inside and outside)
- Obstructions or trip hazards, both temporary and permanent - trolleys, cables, items not stored away
- Trip hazards, uneven surfaces and changes of level - unmarked ramps or steps
- Lack of handrails (along corridors, in stairwells or at doorways)
- Poor levels of lighting
- Poor contrast between adjacent objects, particularly between furniture and flooring (dark furniture on dark floors)

Staff including Agency Workers must identify any risk that may cause a slip, trip or fall at the Service User's property and do everything reasonably practicable to protect the Service User and staff from harm.

5.14 **Physical Activity**

- All general physical activity is good and will be encouraged by all staff including Agency Workers
- As part of the individual risk assessment process at Nursing Direct, all staff including Agency Workers will identify activities and ways that Service Users are able to remain independent and active which promotes confidence and a positive outlook
- Service Users with poor functional ability, unsteady gait or who have experienced recurrent falls, will be referred by Nursing Direct to the relevant healthcare professional via the service users commissioning team for tailored exercise programmes and support

5.15 **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 must have an individual assessment to ensure that their chair is appropriate to meet their needs. This assessment will be completed by a suitably trained, competent and knowledgeable member of staff, such as an approved Occupational Therapist.
- Ultra-Low Beds - They will 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, Ultra low beds are only put in place following an Occupational Therapy assessment.
- Safe Use of Bedrails - Undertake an assessment of use and document decisions made. Staff, in partnership with the health professional who recommends the bed rails, must consider whether DoLS will apply before bedrails are used, unless the service user is in agreement to their use.
- Assisted Technology Solutions (sensor alarms attached to Service Users) will only ever be considered as a means 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 and should not impact on other Service Users' comfort, e.g. repeated alarm noises

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 of the above, Nursing Direct will document in the Care Plan their reasons for using the interventions, the decision will clearly evidence that it is in the Service User's best interest and who has been involved in the decision-making.

5.16 **Management of a Falling Service User**

The manual handling risk to staff including Agency Workers increases when Service Users fall because staff including Agency Workers may attempt to catch, support or intervene with the falling Service User, or because they attempt to retrieve the fallen Service User manually.

Staff have three viable options when confronted with a falling Service User:

- Lower the Service User to the floor (which could be risky to the member of staff and cause injury to both)
- Allow the Service User to fall (which could cause more injury to the Service User)
- Redirect the fall (could still result in injury for both parties)

There is no definitive answer as to whether staff including Agency Workers should or should not intervene with a falling Service User. The decision must be based on clinical reasoning at the time and must be documented clearly as to the reasons for not intervening or for limited intervention. Nursing Direct appreciates that this very often requires an instant decision.

It is essential to achieve a balance between the needs of the Service User and the needs of staff including Agency Workers; staff including Agency Workers may assist a falling Service User if it is safe to do so but must not put themselves at risk.

This is a subject that should be openly discussed with regards to falls management and as part of the annual manual handling training to ensure that staff including Agency Workers are prepared for such incidents.

5.17 **Procedure on Finding a Service User has Fallen** (Witnessed or Not Witnessed)

When a Service User falls, it is important that they are assessed and examined promptly, to see if they are injured, prior to assisting them or moving them off the floor. This will help to inform decisions about safe handling and ensure that any injuries are treated in a timely manner.

- All staff including Agency Workers (or whoever finds the Service User) must first ensure the safety and welfare of the Service User and others, and should check for immediate danger, before following emergency procedures where there is a concern for the health of the Service User
- Staff including Agency Workers should check the Service User for response and if there is no response must follow the Resuscitation Policy and Procedure at Nursing Direct
- If the Service User is breathing normally, an initial assessment to determine whether the Service User is injured should be undertaken to look for any obvious signs of injury such as a limb deformity, head injury or lacerations
- Do not attempt to move the Service User until a full assessment has been made of their condition
- The Service User must be checked for signs and symptoms of fracture and potential for spinal injury before they are moved
- If the Service User won't stay on the floor to await further assessment, try to persuade them, offering support, a blanket, or a pillow. If this approach fails, assist from the floor without putting yourself at risk from a manual handling perspective. In this instance, the service user must be able to stand up with minimal support. If this route is followed, the staff including Agency Worker will clearly document the reason for this.
- If emergency treatment is required, all staff including agency workers are advised to call emergency services straight away prior to notifying the office.
- If, on initial assessment, no serious injuries are found, and the Service User appears to be unaffected by the incident:
 - Staff including Agency Workers are directed to document the incident, how the service user presented following the fall and any action taken such as notifying the service users GP or III for advice.
 - If a service user is not able to stand, despite not injuring themselves, emergency services would need to be called to assist
 - Following any fall, the allocated clinical lead will conduct a review, this may include the use of moving and handling techniques or equipment according to local policy

5.18 **Anticoagulants and falls**

Special care must be taken if a Service User has a fall while taking an anticoagulant (blood thinning medication).

Service Users on anticoagulants are at increased risk of blood loss: either from cuts, bruises, skin tears or swelling. They are also at a greater risk of an internal bleed which may not be visible.

Nursing Direct staff including Agency Workers will follow the Post Falls Decision Making Tool:

- If the Service User is taking anti-coagulants (blood thinning medication), even if there is no apparent injury, staff must contact the GP in hours or NHS III out of hours for advice

Symptoms of internal bleeding are:

- Pain and/or swelling and bruising at the site of the injury
- Nausea and vomiting
- Pale, clammy, sweaty skin.
- Breathlessness
- Extreme thirst
- Differing levels of consciousness or confusion

Staff including Agency Workers should call III or 999, depending on the severity of symptoms and inform the emergency service of what blood thinning medication is prescribed and at what dosage.

5.19 **Unwitnessed Fall**

Staff, including Agency Workers, should use their judgement and knowledge, where applicable, of the Service User when discovering an unwitnessed fall. Even if the Service User appears uninjured, in this situation, additional advice from a GP or NHS III.

Staff including Agency Workers can refer to the Post Falls Management Guidance for Care Providers (NHS 2025) which can be found at the end of this policy.

Staff including Agency Workers will Inform the Service User's next of kin, unless the Service User has refused permission.

5.20 **Head Injury Post-Fall Procedure**

All staff including Agency Workers must observe any signs of head injury, administer first aid as required and seek advice from the emergency services immediately.

5.21 **Post Falls Protocol**

When a Service User falls staff including Agency Workers should refer to the Post Falls Procedure at the end of this policy which will assist staff including Agency Workers in the actions required.

NICE (2017) state that a post fall protocol should include:

- Checks by healthcare professionals for signs or symptoms of fracture and potential for spinal injury before the Service User is moved
- Safe manual handling methods for Service Users with signs or symptoms of fracture or potential for spinal injury (without the necessary equipment or staff expertise, Nursing Direct Healthcare Limited must collaborate with emergency services)
- Frequency and duration of neurological observations for all Service Users where head injury has occurred or cannot be excluded (for example, unwitnessed falls) based on the NICE guideline on head injury

5.22 **SBARD**

To support structured handovers with other health care professionals it is recommended that staff use the SBARD (Situation, Background, Assessment, Recommendation & Decision) tool when giving information to 999, III or GP.

5.23 **Falls and the Ambulance Service**

Nursing Direct does not operate a 'No Lift Policy'. However, there is no expectation that staff including Agency Workers will ever physically lift a Service User and manual handling equipment will always be used to safely assist a Service User. Risk assessments will be undertaken for all manual handling and incidents of falls. 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, Nursing Direct will identify mechanisms to safely assist the Service User from the floor, implementing a method that is considered safe for both staff including Agency Workers and the Service User.

5.24 **Post Fall Assistance to Move**

Staff including Agency Workers should not physically lift Service Users who have fallen using only bodily force. In the case of a non-injury fall, it may be possible to facilitate a Service User getting up themselves using verbal cues, but where this is not possible, the use of appropriate manual handling techniques, other manual handling aids or mechanical lifting equipment with support from additional members of staff including g Agency Workers may be required.

The use of mechanical lifting equipment should be used where available, a hoist in the Service User's home for example.

5.25 **The Registered Manager's procedure:**

- 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 using the accident reporting and recording procedures at Nursing Direct
- Notify the HSE (Health and Safety Executive) according to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), if required
- Notify the Care Quality Commission/Local Authorities, CCG's and other service users' team if required
- Ensure that all staff including Agency Workers refer to the Post-Falls Procedure within this policy

5.26 **Record Keeping Post Fall**

The following records must be completed post fall in accordance with record-keeping standards and as contemporaneously as possible:

- Accident and incident record - refer to the Accident and Incident Reporting Policy and Procedure
- Holistic review of the Care Plan and Risk Assessments 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
- Update the Service User's daily notes
- Review relevant Care Plans / risk assessments
- Where necessary, RIDDOR and regulatory reports / notifications

5.27 **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.

5.27.1 **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 a number of factors such as boredom, hunger, urgency. Staff including Agency Workers will seek support from the Service User and/or their family to capture preferences towards meaningful activity.

5.27.2 **Referral**

A timely referral to suitably qualified health care professionals will be made requested by the allocated clinical lead, to support the Service User and staff to provide appropriate management techniques.

Nursing Direct must be aware of the specific services available to Service Users and how to access them. This can include:

- GP
- Specialist doctor
- Pain Clinic
- Nurse specialist
- Pharmacist
- Physiotherapy
- Occupational therapy
- Podiatrist
- Dietician
- Optician
- Hearing Review

Nursing Direct will also refer recurrent falls or falls that meet reporting thresholds to safeguarding teams where this is a contractual or best practice requirement to do so.

5.28 Falls Analysis

By reviewing and ascertaining trends in falls and patterns in events, staff including Agency Workers are able to identify high-risk themes such as times of day, the location of falls, and predisposing factors. From this information staff including Agency Workers can 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 that it is fit for purpose e.g. lighting, floor material

5.29 Falls Audits

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

A Service User falls 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 minimise the further risk of falls. In addition, clinical governance systems at Nursing Direct will analyse data in relation to falls and ensure that there are key performance indicators in place for quality assurance purposes. Nursing Direct will disseminate findings from clinical governance to staff including Agency Workers as a means of shared reflective learning, where applicable.

5.16 Partnership Working and Information Sharing

Nursing Direct understands the importance of working in partnership with multiple agencies and professionals in order to ensure the safety and well-being of its Service Users.

Where the sharing of confidential data is required, this will be completed in line with UK GDPR and data protection policies and procedures.

5.17 Training and Education

All relevant staff including Agency workers will receive thorough moving, positioning and falls training, which will enable them to respond to a falling or fallen Service User appropriately, effectively and with confidence..

- Additionally, staff including Agency Workers will receive training in moving and handling, first aid and basic life support, with additional training in falls prevention, when required.
- Completed training will be logged on the training matrix at Nursing Direct
- Professional staff including Agency Workers i.e. Registered Nurses 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
- Regular training updates and refreshers will be given to staff including Agency Workers
- Literature and resources will be available for Service Users and staff including Agency Workers upon request in relation to managing falls

HEALTH/MEDICAL DIAGNOSIS

Nursing Direct will ensure that any health/medical diagnosis that may affect balance and increase the risk of falls is included in any risk management plan, e.g. Epilepsy.

MEDICATION

- Service Users are supported to access a six-monthly medication review if taking more than four medications
- Psychotropic drugs will only be used where absolutely necessary and for the minimum time possible. A six-monthly review should be undertaken or when there is a change in condition
- Anti-hypertensives will be used with caution and any concerns discussed directly with the GP
- Diuretics/laxatives can cause dehydration and fluids will be encouraged, unless contraindicated

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 will be encouraged to wear glasses, where prescribed, which are clean and in good order
- Nursing Direct will support the Service User to ensure that their home is well lit
- Nursing Direct will support the Service User to keep the home free from clutter to reduce trip hazards. Rugs and carpets will be secure and the area in which the Service User walks will be free from furniture. A risk assessment will include any slip, trip, and fall hazards

IMPAIRED HEARING

- Service Users will be supported to attend hearing tests at regular intervals where hearing loss has been identified, where part of the agreed Care Plan
- Service Users who wear hearing aids (where prescribed) are supported to keep them clean and in good order, where required
- Service Users will be supported to change and order replacement batteries as directed
- Nursing Direct understands that hearing aid wearers and those with hearing loss can be affected by Tinnitus that may impact balance and increase the risk of falls

NEUROLOGICAL IMPAIRMENT (INCLUDING BUT NOT LIMITED TO COGNITIVE IMPAIRMENT, DEMENTIA, PARKINSON'S DISEASE)

All staff including Agency Workers will work closely with the Service User and their family, adhering to routines, managing medication, and utilising assistive devices to manage as practically as possible. Nursing Direct will refer Service Users to their commissioning network who can further refer them to healthcare specialists with expertise in neurological impairment, where required.

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

- All staff including Agency Workers 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 and Hydration Policy and Procedure

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. All staff including Agency Workers will work with Service Users to build their confidence to take part in appropriate activities, where this is part of the agreed Care Plan.

FOOT CARE AND FOOTWEAR

- All staff including Agency Workers will support the Service User to access community or private chiropody services
- Feet will be well cared for in order to prevent and treat issues that cause pain when walking
- All staff including Agency Workers will monitor for painful foot conditions or signs of Service Users walking tentatively due to pain, which itself can increase the risk of falling
- Footwear will be checked by All staff including Agency Workers to ensure that it is in good condition
- All staff including Agency Workers will advise the Service User on suitable footwear (i.e. no loose slippers, slip on shoes etc.)

SERVICE USER HAS A FALL

Before moving the service user, check for injury. If the service user's fall was un-witnessed, they have sustained an injury or you are concerned, a full assessment must be completed & action taken as below:



NO APPARENT INJURY SUSTAINED:

- No bruising
- No apparent head injury
- No pain
- Mobility unaffected
- No wounds or bleeding
- No limb deformity



- Assist service user to a comfortable place (using hoist/handling aid as appropriate)
- Complete records and alert GP for information
- Observe and record for 72hrs if Nursing Direct are supporting. Alternatively, advise service user or family members to seek medical advice if any concerns post fall
- Notify branch immediately
- Branch to Inform relatives with consent from service user and document



Any change in condition causing concern – **Call GP or 999**



COMPLETE INCIDENT FORM



MINOR INJURY SUSTAINED:

- Signs of bruising
- Minor wounds to skin inc. face
- Slight discomfort



- Administer first aid
- Contact III for advice- do not move service user until advice has been sought
- Complete records and observe service user at each visit recording on daily visit record
- Complete body map and document on care plan
- Inform GP with SU consent
- Inform branch and consider a regulatory notification depending on circumstances
- Branch to inform relatives with service user consent



MAJOR / SERIOUS INJURY SUSTAINED:

- Airway or breathing problems
- Loss of consciousness or unresponsive
- Acute confusion
- Suspected head injury to service user taking anti-coagulant
 - Warfarin;
 - Apixaban;
 - Rivaroxaban;
 - Dabigatran.
- Head injury or trauma (other than shallow injuries on the surface of the face)
- Pain in limbs or chest
- Bleeding or extensive bruising
- Unable to move limbs on command



Do Not Move the Service User (except for resuscitation)

Call 999 for the Ambulance

Follow instructions from the Ambulance operator

Inform the Branch/Out of Hours immediately

Stay with the service user until the Ambulance crew arrives

Record the incident

Branch to inform relatives with service user consent



6. DEFINITIONS

6.1 All/relevant staff including Agency Workers

6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 Nursdoc Limited

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 Head Injury

A 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)

6.6 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

6.7 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

6.8 Gait

The manner or style of walking

6.9 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


6.10 Fall

An unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level (NICE Guidelines).

OUTSTANDING PRACTICE

To be 'outstanding' in this policy area you could provide evidence that:

- Nursing Direct may take part in national awareness campaigns and initiatives to provide better outcomes with falls management for Service Users
- Nursing Direct has a host of resources available for both staff and Service Users to gain understanding and maintain an awareness of the current recommendations for managing falls
- Nursing Direct provides training and has a rolling awareness programme to ensure that this policy and its procedures are adhered to
- Nursing Direct shares with staff findings from audits and data analysis and staff and Service Users, where possible, contribute to seeking solutions and strategies to reduce the risks of falls
- To support structured handovers with other health professionals, staff including Agency Workers use the SBARD (Situation, Background, Assessment, Recommendation & Decision) tool when giving information to 999, III or GP

COMPLETED DATE:	30/07/2025
SIGN OFF DATE:	30/07/2025
REVIEW DATE:	30/07/2026
SIGNED:	 Marc Stiff – Group Managing Director