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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 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.
- 4.2 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.
- 4.3 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 annually, 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.
- 4.4 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.

- 4.5 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
- 4.6 Nursing Direct recognises the pressures on the emergency services however, where there are concerns or doubt, the falls procedure will be used, and clinical advice is sought from the emergency services.

5. PROCEDURE

5.1 Service User Risk Management

The following recommendations are provided to assist all staff including Agency Workers who work with service users who are at risks of falls in reducing and managing the risk of falls:

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.

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

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.

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.)

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 increased danger.
- Service Users will also be provided with information about the dangers of taking non-prescription medication and substances

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

Referral

Nursing Direct will ensure, if necessary, that timely referral to the relevant healthcare professionals is made, via the service users network, to support the Service User and staff including Agency Workers to provide appropriate management techniques.

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.

Falls Analysis

By reviewing and ascertaining trends in falls and patterns in events, all staff including Agency Workers are able to identify high-risk themes such as times of day, the location of falls, and predisposing factors. With this information, Nursing Direct can ensure that the service users risk assessments and care plans are accurate, person centred and include appropriate control measures.

- Focused assessment of the location of falls will ensure that it is fit for purpose e.g. lighting, floor material etc.

5.3 The following equipment has the potential to constitute mechanical restraint for Service Users who lack capacity.

Before considering any of the following, all staff including Agency Workers must refer to, and adhere fully to the Mental Capacity Act and Code of Practice and the Deprivation of Liberty Safeguards (DoLS).

- Chairs
- Ultra-Low Beds
- Assisted Technology Solutions (sensor alarms attached to Service Users)
- Hip Protectors and Head Protection

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.

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

- All staff including Agency Workers (or whoever finds the Service User) must first ensure the safety and welfare of the Service User and follow emergency procedures immediately where there is a concern for the health of the Service User
- An initial assessment to determine whether the Service User is injured should be undertaken
- 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:
 - 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 Ill for advice.
 - If a service user is not able to stand, despite not injuring themselves, emergency services would need to be called to assist

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

5.5 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.

5.6 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
- Where necessary, RIDDOR and regulatory reports/notifications

5.7 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 and the Service User. If this is not possible, emergency services would need to be called

5.8 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 as a means of shared reflective learning.

5.9 Training and Education

All relevant staff including Agency workers will receive thorough moving, and positioning training. Additionally, relevant staff including Agency Workers will receive training in falls prevention, first aid and basic life support as required depending on the package of care

- Completed training will be logged on the Training Matrix at Nursing Direct
- Professional staff 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 relevant staff including Agency Workers, where required
- Staff including Agency Workers will be fully encouraged to partake in audits and reviews of governance data in order to be proactive in implementing a culture of managing and reducing risk, where relevant.
- Literature and resources will be available for Service Users and staff including Agency Workers upon request in relation to managing falls

5.10 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.

5.11 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.

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 Ill 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

COMPLETED DATE:	
SIGN OFF DATE:	
REVIEW DATE:	
SIGNED:	 Marc Stiff – Group Managing Director