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| **Management Information** | | |
| **Lead Officer** | **Name:** | Sandra McLeod |
| **Designation:** | Manager |
| **Tel:** | 07355009950 |
| **Lead Service Area** | EHSCP | |
| **Date Agreed** | 18 December 2023 | |
| **Last Review Date** | 23 April 2024 | |
| **Next Review Date** | 18 January 2025 | |
| **Agreed by** | Jane Brown | |
| **Has** [**Screening for Equality Impact**](https://orb.edinburgh.gov.uk/downloads/file/9541/screening_for_equality_impact_form_0005) **been undertaken for this procedure?** | Yes/No: YES  Date 28 August 2023 | |
| **Has** [**Implementation and Monitoring**](https://orb.edinburgh.gov.uk/downloads/file/2387/form_0006-policy_and_procedure_implementation_and_monitoring_tool) **been considered for this procedure?** | Yes/No: YES  Date 24 April 2024 | |
| **If appropriate, has Health and Safety section had oversight of this procedure?** | Yes/No: YES  Date 25 July 2023 | |
| **Name of Health and Safety contact** | Chris Lawson & Ian Read | |

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**1. PURPOSE**

This procedure sets out the way in which those working in City of Edinburgh Council Care Homes are expected to comply with legislation and good practice relating to falls in residents and their prevention, management, recording and reporting.

This procedure should be used in conjunction with the **’Managing a Fall in a Care Home Flow Chart’**, which provides direction, advice and support to managers and staff in care homes for older people across Edinburgh.

The procedure was developed by the EHSCP Care Home Falls Documents Group, for review annually, or as required.

In the event of a fall this procedure is intended to support staff working in a care home to appropriately manage any resident who has fallen or collapsed and is designed to:

* Ensure staff ensure their own safety
* Ensure staff act with support of and where appropriate from senior staff or clinicians
* Ensure staff consider all relevant assessments for serious injury or illness (see 4.2.3 and flowchart)
* Ensure staff consider agreed resident and next of kin preferences
* Ensure all correct stages are followed in all circumstances
* Ensure appropriate expertise is sought, including internal or external clinical support
* Ensure awareness and completion of all relevant documentation
* Ensure adherence to all follow up reporting and communication

## 2. SCOPE

* This Procedure Is applicable to all Edinburgh Council Employees and NHS Lothian staff who are involved with the direct care of residents within CEC care homes.
* City of Edinburgh Council Care Home managers who are responsible for:
  + The above employees
  + Visiting health and social care professionals
  + All staff employed within the care home
  + Employees of other organisations working the care home within such as independent contractors, partner agencies
  + Students, volunteers, or people on placement

## 3. DEFINITIONS

The following terms are used throughout the procedure and are defined as follows:

**Assessment:** A suitable and sufficient process of screening the risk, situation, individual, environment and staffing

**Fall**: A fall is an event which results in a person coming to rest inadvertently on the ground or floor or another lower level. *(World Health Organisation 2007*)

**Information sharing:** Accurate reliable sharing of information between relevant staff

**Monitoring:** Observe and regularly check a resident’s condition

**Multidisciplinary:** More than one healthcare professional from different disciplines

**Multifactorial falls risk screen**:

An assessment with multiple components that aim to identify a resident’s risk factors for falling

**Resident:** A person living in a care home

**Transfer bag:** Essential documentation and personal belongings for transfer of the individual to another setting

**Abbreviations**

**ABC:** Airway, Breathing, Circulation

**ACP**: Anticipatory Care Planning

**A&E:** Accident and Emergency

**DNACPR**: Do Not Attempt Cardiopulmonary Resuscitation

**FAST**: Face, Arm, Speech, Time

**GP**: General Practitioner

**KIS**: Key Information Summary

**MFRS:** Multifactorial Falls Risk Screening tool

**NOK**: Next of Kin

**OOH**: Out of Hours

**POA**: Power of Attorney

**RIDDOR:** Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)

**SAS:** Scottish Ambulance Service

**SBAR**: Situation Background Assessment Recommendation

## 4. ACTIONS

This procedure outlines the key actions, roles, and responsibilities in relation to a fall in a CEC Care Home. This procedure should be read and implemented in conjunction with the **Managing a Fall in a Care Home Flow Chart** and policies listed in Appendix 1 and policy base.

**4.1 Prevention**

Falls prevention is recognising a resident’s falls risk factors and where possible removing or reducing them. The emphasis should always be on anticipating and preventing falls rather than simply managing falls once they have occurred. A fall is nearly always due to the presence of one or more risk factors. The risk of falling can never be completely removed, and by carrying out a **Care Home Multifactorial Falls Risk Screen (MFRS)** with a resident, their risk factors can be identified, and action taken to remove or reduce risk where possible.

* All individuals admitted to the care home should have a Preadmission Falls Questionnaire completed
* All residents must have a MFRS completed within 24 hours of admission to the care home, including people being admitted for respite
* The MFRS must be reviewed and updated at monthly reviews or if a resident falls, or if there is any change in the individual’s health or management, and following return from unplanned A&E attendance or hospital inpatient stay
* When a risk is identified and documented on the MFRS, the actions to reduce risk should also be documented in the movement and mobility section of the resident’s care plan and daily notes
* Managers should review falls data monthly, analyse for trends, and share this information and any actions taken to reduce falls risks with care home staff
* See also section 4.3.3 Falls analysis and reduction

**4.2Management of a fall - refer also to flow chart – see Appendix 1**

**On discovering a resident who has fallen, collapsed, or found on the floor staff members should undertake the following:**

**4.2.1 Initial approach**

* Check first for hazards, ensuring own safety. Call for help.
  + 1. **Initial observations**
* Are there signs of life? Are they breathing? Are they responsive?
* If not, check care plan for DNACPR and/or Future Care Planning Document/KIS
* If appropriate call 999
* If appropriate and trained commence CPR
  + 1. **Signs of illness or injury- before moving**

If resident is responsive, provide reassurance and comfort to the resident who has fallen.

Do not move the resident until all checks are complete or advised by trained clinical staff or senior staff.

**4.2.4 Consider the Cause:**

* Was the fall witnessed?
* Are possible causes of the fall known?
* Could the resident have fainted, collapsed, or lost consciousness?
* Is it possible they hit their head?

**4.2.5 Check for:**

* Bleeding: if a major bleed, apply constant pressure to the injury with a clean dressing and elevate if possible
* Head injury: do they have dizziness, headache, vomiting, confusion, facial injury? Did they hit their head? Lose consciousness? Consider possible spine injury.
* Spine Injury: feeling in arms and legs? Any new neck or back pain
* Witnessed: was the fall unwitnessed? If so, it is possible they have a head injury and should be managed as if they do.
* Medication: are they on an anticoagulant (blood thinner)? If so consider any head injury, fracture, or bleed- this could be visible, or internal.
* Pain: ask about new pain, using recognised pain scale if needed (see Appendix 4)
* Look: observe the resident top-to-toe - are there any changes? Does anything look unnaturally positioned for that resident? Shortening and outward rotation of the leg can indicate a hip fracture.
* Cardiac: any chest pain, difficulty breathing, or unusual new symptoms? Are they pale or clammy? Did they collapse?
* Stroke: FAST (see Appendix 3)
  + Face- can they smile as normal
  + Arms- can they raise them overhead and keep them there?
  + Speech- is their speech normal or slurred
  + Time- time to call 999 if you see any one of these signs
* Communication and face: do both appear normal for the resident?
* Cause: are the cause(s) of the fall apparent or known? Could the resident have fainted, collapsed, or lost consciousness?
  + 1. **If there is any sign of illness or injury:**
* Request immediate clinical opinion
* Call 999, NHS 24 (111) or GP as appropriate
* Provide key information
* Inform if resident has a DNA CPR or Future Care Planning Document/KIS, and discuss best plan

**4.2.7 If hospital advised:**

* Do not move resident - unless advised to do so by trained clinical staff
* Reassure resident and keep comfortable (e.g. blanket, pillows)
* If advised, give pain relief
* Prepare handover and have all information ready - see below
* Pack overnight bag- see below
* Inform relevant staff ambulance requested and location of resident
* Inform NOK/POA of incident and check if wish to accompany
* Give ambulance crew a handover which includes NOK/POA details.

**4.2.8 Managing minor illness or injury**

If minor injuries are apparent:

* If there are minor injuries such as bruises, cuts, or abrasions, using the skills and expertise available within care home, provide care, continue routine observations, and inform the resident’s GP as per care home procedure
* Continue to monitor for symptoms of nausea, new or worsening confusion, drowsiness, delirium, agitation, pain
* Monitoring may need to be more intensive for: people taking blood thinning medications or with cognitive impairment or communication difficulties or where head injury cannot be excluded, for example in an unwitnessed fall
* If trained take appropriate measurements such as pulse, blood pressure, temperature, respiratory rate, and blood glucose
* Seek clinical advice from nurse, GP, or NHS 24 (111) if any concerns or signs of deterioration

If no injury or change in health suspected:

* Ask resident to move arms then legs then head, noting any new pain, reluctance or difficulty moving. If so, contact nurse/GP/OOH/NHS 24 (111) and follow all clinical advice such as first aid for minor injuries
* Is the resident now considered safe to move? If yes, can resident get up independently or with verbal instruction? If yes, assist the resident to the bed or chair safely as per manual and handling guidelines. Refer to ‘What to do if you fall’ in Appendix 2
* If any new pain on weight bearing, contact nurse/GP/OOH/NHS24 and follow all clinical advice
* If resident cannot get up independently or with verbal instruction, use appropriate moving and handling equipment with correct number of staff following moving and handling guidelines
* Continue to monitor as described above

**4.2.9 Preparing for resident transfer to hospital**

* Inform relevant staff of ambulance requested and location of resident
* Update NOK/POA
* Pack an overnight bag containing:
  + SBAR (situation, background, assessment, recommendation)
  + handover sheet (cognitive level, nutrition, continence, baseline mobility and aids, available moving and handling equipment and expertise within your care home, NOK/POA, ‘What Matters to Me’)
  + medication
  + allergies
  + MAR chart
  + Copy of DNA CPR
  + Future care Planning Documents KIS if available
  + personal items like glasses, dentures, hearing aids, slippers
  + outdoor shoes day and night-time clothing
  + ‘What Matters to Me’- likes, dislikes, preferences
* Give copies of all information to paramedics
* Be prepared in case resident returns that day once tests are completed
* If resident is admitted ensure good communication with ward and actively participate in planning for the resident’s return to the care home informing relevant occupational therapist and physiotherapist of return where possible

**4.2.9.1 The Falling Resident**

If a person begins to fall while the carer is walking with them no attempt should be made to stop the fall. However, as advised in manual handling training, the carer should control the descent to the floor by using their body to support the person as they fall. Once the person has fallen the steps described above should be followed.

**4.3 Documenting and Reporting**

**When reporting, consider**:

* Cause: are the cause(s) of the fall apparent or known? Could the resident have fainted, collapsed, or lost consciousness?
* Circumstances: when and where?
* Witnessed: Was the fall witnessed or unwitnessed and if so by who?
* Changes in health or injuries or suspected injuries in relation to fall
* Any first aid or treatment given
* Any services or health professionals involved or contacted, including their name, role and grade of the person spoken to and make a record of this is. This is particularly relevant (legally) when they are being told it is okay to move someone by a clinician under the HSWA legislation 1974 all employees are responsible for internally reporting and recording falls hazards relating to environment and equipment.

**4.3.1 For all falls complete or update**:

Documents

* Post-falls incident report
* Daily notes and care plan
* Multifactorial Falls Risk Screen (MFRS)
* CEC via SHE portal
* Complete Falls Data Spreadsheet to allow monthly analysis of trends

Actions

* Make all specialist referrals and actions as needed
* Inform resident’s next of kin as agreed
* Report all falls to most appropriate member(s) of senior staff during that shift and at handover for the following shift

**4.3.2 Additional reporting**:

* Phone Social Care Direct for relevant services (0131 200 2324)
* Inform local authority social work e.g., Social Care Direct if any adult support and protection (ASP) concerns relating to the resident, the unit or the care home
* Inform the Care Inspectorate for all falls where harm was incurred
* Inform Health and Safety Executive if serious injury or resident goes to hospital (if RIDDOR reportable- see Policy Base)
* Follow guidance (see 7. Associated Documents) if the fall meets CEC Significant Occurrence criteria including near miss

**4.3.3 Falls analysis and reduction**

* All falls information should be added to falls data spreadsheet
* Use the data to create charts to analyse monthly trends for individuals, time of day, day of week, time of year, location, services contacted, any injuries sustained and whether resident went to hospital
* Keep all staff involved with regular updates and regularly engage staff in falls reduction discussions
* Consider changes to practice, services or environment, including new initiatives to reduce falls
* Always document, date, sign and follow up all information and actions

## 5. RESPONSIBILITIES

**All employees**

* Must Comply with the advice and guidance set out in this procedure.
* Must report all falls promptly to their line manager.

**Care Home Manager**

* Ensure employees receive an induction which includes awareness of the Falls pathway and completion of Falls paperwork
* Ensure all residents have a MFRS completed within 24 hours of admission to the care home, including people being admitted for respite
* Ensure the MFRS is reviewed and updated at monthly reviews or if a resident falls, or there is any change in the resident’s health and wellbeing
* Ensure accurate records are completed and kept in relation to each fall
* Ensure auditing and onwards reporting takes place
* The care home manager is responsible for ensuring all new staff are made aware of the fall’s pathway at induction
* The Care Home manager is responsible auditing and onward reporting

**Senior Care Home Manager**

* Ensure adequate resources are available to successfully manage the moving and handling needs of the people accessing our services
* Ensure that procurement arrangements promote appropriate standards in moving and handling
* Further delegate responsibilities to persons in charge of establishments or services for the implementation of this procedure to enable the organisation to meet its legal requirements

**Corporate Health and Safety Section**

* Provide advice and guidance as required.

## 6. POLICY BASE

*The policy base and publications used to compile this procedure*

[Adult Support and Protection (Scotland) Act 2007 (legislation.gov.uk)](https://www.legislation.gov.uk/asp/2007/10/contents)

Anticipatory Care Planning: Frequently Asked Questions 2010 - gov.scot ([www.gov.scot](http://www.gov.scot))

[Data Protection Act 2018 | ICO](https://ico.org.uk/about-the-ico/what-we-do/legislation-we-cover/data-protection-act-2018/)

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) - integrated adult policy: guidance 2010 - gov.scot (www.gov.scot)

[ERC Guidelines 2021 (cprguidelines.eu)](https://cprguidelines.eu/)

Falls and fractures: consensus statement and resources pack 2017 - GOV.UK (www.gov.uk)

Health and social care delivery plan 2016 - gov.scot (www.gov.scot)

[Health and Social Care Standards: my support, my life - gov.scot (www.gov.scot)](https://www.gov.scot/publications/health-social-care-standards-support-life/)

[Hip fracture standards 2018 | The Chartered Society of Physiotherapy (csp.org.uk)](https://www.csp.org.uk/publications/hip-fracture-rehabilitation-physiotherapy-practice)

[Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) (hse.gov.uk)](https://www.hse.gov.uk/work-equipment-machinery/loler.htm)

[Managing Falls and Fractures in Care Homes for Older People good practice resource 2016 Care Inspectorate](https://www.careinspectorate.com/index.php/low-graphics/9-professional/2737-falls-and-fractures) – see also 7. Associated Documents

[Management of osteoporosis and the prevention of fragility fractures 2021 (sign.ac.uk)](https://www.sign.ac.uk/our-guidelines/management-of-osteoporosis-and-the-prevention-of-fragility-fractures/)

[The Duty of Candour Procedure (Scotland) Regulations 2018 (legislation.gov.uk)](https://www.legislation.gov.uk/ssi/2018/57/made)

[The Management of Health and Safety at Work Regulations 1999 (legislation.gov.uk)](https://www.legislation.gov.uk/uksi/1999/3242/contents/made)

[The Manual Handling Operations Regulations 1992 (as amended) (MHOR) - OC 313/5 (hse.gov.uk)](https://www.hse.gov.uk/foi/internalops/ocs/300-399/313_5.htm)

The Scottish Manual Handling Passport Scheme - gov.scot (www.gov.scot)

[Overview | Falls in older people: assessing risk and prevention | Guidance | NICE](https://www.nice.org.uk/Guidance/CG161) Awaiting update

[Overview | Head injury: assessment and early management | Guidance 2023 | NICE](https://www.nice.org.uk/guidance/ng232)

[Overview | Spinal injury: assessment and initial management | Guidance 2016 | NICE](https://www.nice.org.uk/guidance/ng41)

[Provision and Use of Work Equipment Regulations 1998 (PUWER) (hse.gov.uk)](https://www.hse.gov.uk/work-equipment-machinery/puwer.htm)

[RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 - HSE](https://www.hse.gov.uk/riddor/)

[SPSP Acute Adult Programme Falls Change Package 2021 (ihub.scot)](https://ihub.scot/media/8910/20210922-falls-driver-diagram-v10.pdf#:~:text=The%20aim%20of%20the%20falls%20change%20package%20is,that%20when%20tested%20and%20implemented%2C%20bring%20about%20improvement.)

[SSSC Codes of Practice - Scottish Social Services Council](https://www.sssc.uk.com/the-scottish-social-services-council/sssc-codes-of-practice/)

[World Guidelines for Falls Prevention and Management for Older Adults: A Global Initiative](https://academic.oup.com/ageing/article/51/9/afac205/6730755?login=true)

## 7. ASSOCIATED DOCUMENTS

*Associated documents referred to in this procedure are*

[Tool\_4b\_Falls risk/intervention tool.pdf (careinspectorate.com)](https://www.careinspectorate.com/images/documents/2737/2016/Tool_4b_interactive.pdf) see revised update

[Tool\_17b\_post\_falls\_incident\_report\_form\_interactive\_-\_Jan2017.pdf (careinspectorate.com)](https://www.careinspectorate.com/images/documents/2737/2016/Tool_17b_post_falls_incident_report_form_interactive_-_Jan2017.pdf)

[Tool\_18b\_Care\_home\_monthly\_falls\_overview\_interactive.pdf (careinspectorate.com)](https://www.careinspectorate.com/images/documents/2737/2016/Tool_18b_Care_home_monthly_falls_overview_interactive.pdf)

[Link to Tool 19 Falls Data Spreadsheet (careinspectorate.com)](https://www.careinspectorate.com/index.php/low-graphics/9-professional/2737-falls-and-fractures)

[Tool\_3\_Falls\_questionnaire\_interactive.pdf (careinspectorate.com)](https://www.careinspectorate.com/images/documents/2737/2016/Tool_3_Falls_questionnaire_interactive.pdf) see revised update

See also flowchart ‘Managing a Fall in a Care Home’ in Appendix 1

[City of Edinburgh Council Significant Occurrence Notification](https://orb.edinburgh.gov.uk/downloads/file/1452/significant_occurrence_notification-serious_incidents)

## 8. RECORD KEEPING

*When a procedure has been followed there are often outputs such as decisions made or events occurred that need to be recorded. These outputs are considered Council records. Please list all Records, including completed forms, generated by this procedure. For each record, list its title, location, responsible officer and minimum retention period.*

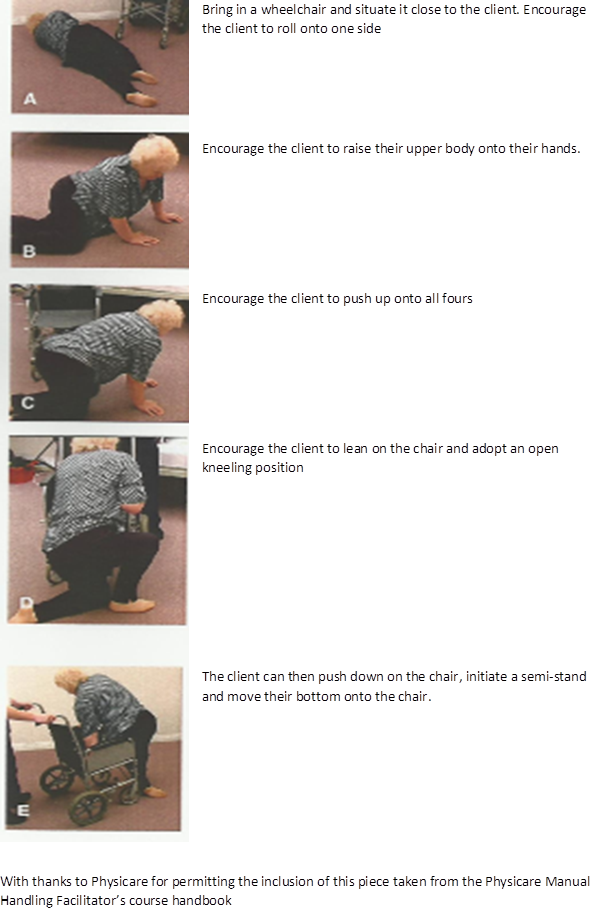
|  |  |  |  |
| --- | --- | --- | --- |
| **Record Title** | **Location** | **Responsible Officer** | **Minimum Retention Period** |
| Care Plan |  |  |  |
| Pre-Admission Questionnaire |  |  |  |
| Multifactorial Falls Risk Screen MFRS |  |  |  |
| Post Falls Incident Report |  |  |  |
| Falls data Spreadsheet |  |  |  |

**APPENDIX 1**

**A diagram of a flowchart

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**APPENDIX 2**



**APPENDIX 3**

**FAST Stroke Signs and Symptoms from NHS Inform**

[**NHS Inform Stroke Advice**](https://www.nhsinform.scot/illnesses-and-conditions/brain-nerves-and-spinal-cord/stroke#:~:text=Signs%20and%20symptoms&text=FAST%20stands%20for%3A,or%20numbness%20in%20one%20arm)

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**APPENDIX 4**

**A screenshot of a medical survey

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