

Managing Falls and Fractures in Care Homes for Older People – Good Practice Self Assessment Resource

The Scottish Government and Care Inspectorate have recommended that all care homes for older people develop a good practice self assessment resource which contains:

- The care home falls strategy
- All relevant guidance for falls and the management of falls
- All assessment and intervention tools
- How to report, record and monitor falls
- Additional falls education material

All staff should familiarise themselves with this resource.

Conclusion

- Falls are not an inevitable sign of getting older.
- Many falls can be prevented.
- Every resident must have a multifactorial falls risk assessment and targeted intervention care/action plan.
- Investigation of all falls is essential.
- Everyone in the care home team needs to know about falls prevention and bone health.

Take positive action to help your residents avoid slips, trips and falls

Falls prevention is everyone's responsibility

If you need further advice on preventing falls please contact:

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Care Home Falls Education Handout



Definition of a fall

“An unintentional event that results in a person coming to rest on the ground or another lower level, not as a result of a major intrinsic event (such as a stroke or epilepsy) or overwhelming hazard (such as being pushed) (Gibson et al, 1987)

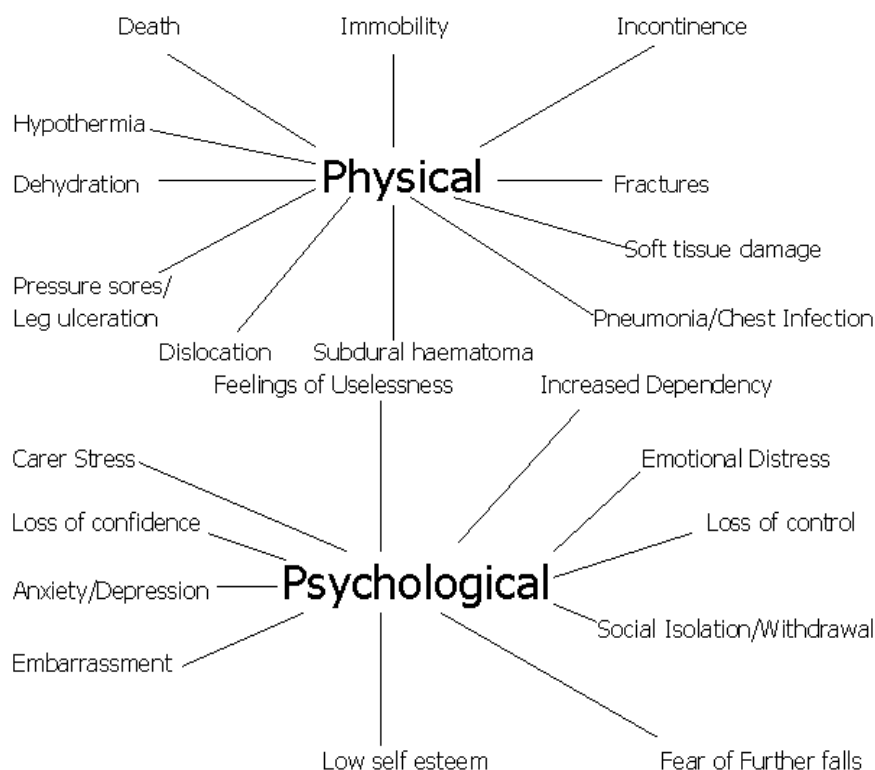
Background

- Half of all care home residents will fall each year.
- 25% of residents who fall in care homes suffer serious injury.
- About 35% falls occur among residents who are not mobile.
- Residents spend 80-90% of their time sitting or lying down.



Consequences of a Fall

The following charts show some of the consequences of a fall. Some of these consequences are related to a long lie on the floor following a fall.



- Optimise environmental safety – remove clutter and hazards.
- Ensure spectacles and buzzer are within easy reach.
- Locate bed in position to suit the resident's needs overnight.

Dizziness, Fainting and Blackouts

If a resident falls as a result of blackout, dizziness, light-headedness, or vertigo this should be reported to their GP.

Environmental Considerations

Lighting - Are lights bright enough to compensate for reduced vision? Consider night-time lighting.

Furnishings - Are chairs correct height, firmness and stable to support safe, independent transfers? Does wheelchair brakes operate and are footplates fitted? Is safety strap used when transporting residents?

Obstructions - Are walking aids located safely however within easy reach? Are objects picked up immediately? Avoid clutter. Clean spills immediately.

Please note: It is everyone's responsibility to ensure a safe environment for residents.

Action to be taken following a fall

Check for dangers, Ensure safety, call for help

- ⇒ Is person responsive? Signs of life? Breathing? If no—dial 999
- ⇒ Signs of serious injury - bleeding? Head injury? Pain? Spine injury? Stroke? Communication? Is one leg shorter or foot turned out? Is medical help required?
- ⇒ Undertake a top-to-toe
- ⇒ Use appropriate manual handling procedures to support the resident off of the floor. Staff must NOT manually lift resident.
- ⇒ Complete post-falls review—consider fall circumstances: What Happened? Why? (ask resident) Where? When? Witnessed? Who by? Activity at time of fall? Did the resident feel dizzy or faint? Did they blackout? Any environmental causes?
- ⇒ Complete Post Fall Incident Report Form/checklist
- ⇒ Prepare action plan based on findings and implement appropriate interventions to reduce further risk.
- ⇒ Update care home falls log/database .

Medication

- > 4 medications increases risk of falls.
- Side effects from medications must be reported to the GP
- Certain medicines can increase falls e.g. sedatives/ sleeping tablets / anti-depressants / antipsychotic / some painkillers and heart and blood pressure medicines.

A Medication review should always be considered if a resident has had a fall

Continence Issues

Needing assistance with toileting, incontinence, urgency and frequency or diarrhoea increases risk. Any continence issues should be investigated. Consider

- Continence assessment and any medical causes of incontinence investigated and treated.
- Bladder management chart.
- Regular routine toileting regime.
- Bedside commode.
- Increase fluids.
- Referral to community nurse or continence service.

Cognitive Aspects

Memory impairment, confusion, disorientation, restlessness, agitation, low mood and anxiety can all increase a residents falls risk. It is important to consider the following

- Identify causative factors for agitation and treat.
- Optimise environmental safety.
- Do not leave resident unattended on commodes, toilets, in baths or showers.
- Use visual cues as reminders.
- Use routine practices.
- Consider sensor equipment (bed / chair alerts).
- Encourage or assist with regular drinks / fluid intake.
- Reassure.
- Engage in meaningful activity.

Night Patterns

- Provide night lighting appropriate to vision e.g. bedside light, night light.

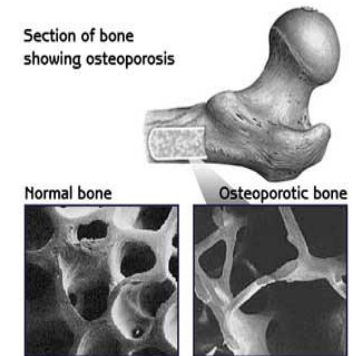
Osteoporosis

A progressive, systematic, skeletal disease characterised by low bone mass and micro-architectural deterioration of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture. (WHO 1994)

1 in 2 women and 1 in 5 men over the age of 50 will break a bone, mainly due to poor bone health.

Risk factors include

- A previous low impact fracture aged over 55.
- Family history of osteoporosis/hip fracture.
- Long term immobility/sedentary lifestyle.
- Long term steroid use.
- Weight loss (weight < 57kg)/Low Body Mass Index (< 19).
- Early menopause (< than 45)
- Diet/Smoking/Alcohol.



A fracture is one of the more serious results of a fall. This might indicate a person has osteoporosis. The wrist, hip and spine are the sites at which fractures most commonly occur. For this reason, falls prevention and the management of osteoporosis must be considered together.

Some medications for osteoporosis have special instructions which must be followed.

Causes of Falls

Over 400 different risk factors for falls have been identified. The more risk factors someone has the greater the risk of falls.

Risk can be related to:

Intrinsic Factors: e.g. age-related changes, medical conditions e.g. heart, stroke, Parkinson's, dementia, diabetes, acute infection, medications, previous falls, incontinence, impaired mobility.

Extrinsic Factors: e.g. environmental conditions, footwear, inadequate lighting, clutter, inappropriate walking aid, alcohol.

Falls Risk Management

Falls Prevention

- Falls strategies are designed to minimise falls risk whilst preserving or improving a resident's mobility.
- Each falls is significant. A person who has fallen once is more likely to fall again.
- It is essential to identify why a resident has fallen and take action to reduce risk of another fall.

Falls Risk Assessment and Action Plan

Each care home should have a falls risk assessment and intervention plan in place which focuses on the key risk factors for falls and bone health. This should be completed on admission and regularly reviewed and updated particularly if a resident falls or their condition changes.

Falls Risk Management Strategies

After completing a falls risk assessment, staff (using their professional judgment) should develop an individualised care/action plan with specific personalised interventions which aim to reduce the residents falls risk. All staff must follow this care plan. If a resident falls or their condition changes this care plan must be updated.

Key Falls Prevention Messages for ALL Residents

- Ensure residents can reach and operate a call bell (if appropriate).
- Ensure residents chair/bed/toilet is a suitable height
- Discuss residents walking ability with them and agree when assistance is required.
- Ensure walking aid is within reach if they can mobilise safely.
- Ensure environment is free of hazards.
- Ensure personal effects regularly used are within easy reach.
- Check footwear/clothing fit properly and do not create a risk.
- Involve the residents and family/visitors where possible in falls prevention and interventions.

Walking Aids and their Maintenance

Mobility aids are designed to improve gait and balance and to decrease risk of falls. Staff should follow individual care plans for levels of supervision required. Staff must ensure walking aids and wheelchairs are used correctly and are regularly maintained and safe e.g. replace worn ferrules, brakes are working.

Exercise

Encourage residents to keep physically active and as independent as possible. This will improve their physical function, self-esteem, and sense of well-being. Where safe, staff should encourage residents to get up and walk around the home, providing supervision/assistance when required.

It is true that **"if you do not use it, you lose it"**.

Footwear and Footcare

Correctly fitting, supportive footwear can improve walking.

Residents should wear well-fitting shoes with a fastener so heel is firmly in back of shoe e.g. laces, Velcro or straps. Slippers do not provide adequate support and can be a falls risk.



Ensure good foot care as painful feet can affect balance, coordination and mobility.

Vision

- Ensure regular eye tests (yearly)
- Separate glasses for reading and distance are far safer than bifocals or varifocals
- Ensure glasses are in good condition, clean (each morning), worn consistently and within reach when not worn.

Hearing

Hearing problems can contribute to a resident's risk of falling. Consider referral to the audiology department. Ensure hearing aid is worn, clean and batteries are working (change batteries every week). Use common gestures/cues/instructions. Minimise excess noise.

Food and Water

Eating a balanced diet with regular meals can reduce the risk of falls and a calcium rich diet helps our bones. Vitamin D is needed to help the body absorb calcium. The best source of vitamin D is sunlight. It is also very important to keep residents hydrated and drink at least between 1.5 -1.8 litres fluid per day or six to eight cups of liquid a day. These should include water, fruit juice, milk, tea and coffee.