

## Falls Safety Awareness

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N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:



worksheet



example



important

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## Learning outcomes.

- Identify the main causes of falls.
- Have knowledge of the impact of falls on clients.
- Identify actions to reduce falls.
- Understand the need for reporting and care planning.
- Be able to ensure safety around a falling client.

## Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

## The standards are based on five areas as follows:

<b>Safe.</b>	People are protected from abuse and avoidable harm.
<b>Effective.</b>	People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it.
<b>Caring.</b>	Care should be person centred involving dignity and respect, and compassion.
<b>Responsive.</b>	Following correct working procedures as agreed by your workplace and as set out in the client's care plan.
<b>Well led.</b>	Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent.

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.

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The fundamental standards are as follows:

**Person centred care.** Ensuring that those receiving the care are at the centre of all decisions.

**Dignity and respect.** Providing the client with dignity and respect in all aspects of their care.

**Need for consent.** Asking the client's permission before carrying out tasks that affect them.

**Safe care and treatment.** Following correct working procedures as agreed by your workplace and the client's care plan.

**Safeguarding service users from abuse.** Following agreed working and safeguarding procedures and being aware of signs and symptoms.

**Meeting nutritional needs.** Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.

**Cleanliness, safety and suitability of premises and equipment.** Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.

**Receiving and acting on complaints.** Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.

**Good governance.** Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.

**Staffing.** Fit and proper persons employed.  
Fit and proper person requirement for Directors is followed.

**Duty of candour.** Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.



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## Introduction

Most of our daily life depends on the ability to move about freely as and when we want. Being mobile is of fundamental importance in maintaining independence.

It allows us to:

- Interact with our environment and carry out everyday activities such as washing, dressing, cooking, cleaning and shopping.
- Maintain social contact with friends and family.
- Preserve our privacy.
- Maintain dignity, self esteem and a feeling of self worth.

A fall can have a lasting impact on the life of a person. Not only are there the possible physical effects of a fall but also a loss of confidence. This in turn may lead to a restriction in activities and social isolation, which may further affect health and the quality of life.

Professor, and Nurse, Janice M. Morse, PhD (Nurs), PhD (Anthro), FAAN (Morse) has written widely in the areas of suffering and comforting, preventing patient falls (she is the author of the Morse Fall Scale, used internationally to triage the fall-prone patient), and developing qualitative methods. In 1997 she writes that: *historically falls were considered an 'accident'; an unavoidable problem of illness, disability, or just old age. We now know that although some falls will be unavoidable, in many cases we can put in place strategies and appropriate measures to help prevent them.*

Preventing falls requires a planned and co-ordinated approach and may involve a team consisting of a number of professionals e.g. care staff, health services etc as well as relatives and the client themselves. All care home staff have a role to play in falls prevention, they need to have the necessary skills and knowledge and need to know the importance of their role within this team.

The aim of this manual is: to raise awareness of falls, identify the role carers play in helping to prevent falls and give them the knowledge to maintain safety when dealing with falls.

# Falls Safety Awareness

## Unit One

### Identifying falls.

We are all potentially at risk of falling. Although it is not inevitable that we will have a fall as we get older, the likelihood of it happening will increase and the result may be more serious. Our bones will be more brittle and therefore broken or fractured bones are more likely.

According to Age UK.

Falls represent the most frequent and serious type of accident in people aged 65 and over.

Falls are the main cause of disability and the leading cause of death from injury among people aged over 75 in the UK.

### Policies and guidelines on fall prevention.

In recent years several important government policies on the prevention and management of falls were produced in an attempt to address this problem.

In 2001 the Department of Health (DoH) introduced The National Service Framework for Older People (NSFOP). A key target set in Standard 6 of this framework was aimed at reducing the number of falls by highlighting the importance of falls prevention.

In 2004 The National Institute for Clinical Excellence (NICE) introduced a document called Falls: The assessment and prevention of falls in older people. In this recommendations for good practice based on the best available evidence of clinical and cost effectiveness in falls prevention are presented.

In June 2014 the Care Act became law and put safeguarding on a legal footing. The Care Act sets out the framework for future provision, including falls prevention, that local authorities must adhere to.

### RIDDOR.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

Falls involving clients are reportable under RIDDOR if the client is taken to hospital from the workplace and the injury resulted from an action identified in the care plan, not being implemented correctly or if it occurred whilst the client was being hoisted. Where you are unsure if an incident.



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should be reported, ask for advice. Information can be found in the HSE RIDDOR Information sheet

## Definitions and types of falls

Falls can happen for a number of reasons, but first let us define what we mean by a fall.

NICE (2004) defines a fall as:

An event whereby an individual comes to rest on the ground or another lower level, with or without loss of consciousness.

Although we are concentrating on falls, it is important that we don't ignore near falls.

### Near fall.

A near fall is usually defined as a sudden loss of balance which does not result in a fall or injury. It can include a person who slips, stumbles or trips but is able to regain control before falling. It is just as important that we record a near fall, as it identifies that the person may be at risk of falling and will help us to plan accordingly.

If we can identify the type of fall, this again will help us with our planning. Morse (1997) identifies three types of falls: Accidental, predicted and unpredicted and although most falls will probably be witnessed, there may be some that are not so it is important that accurate recording of all falls is undertaken to aid our care planning.

### Accidental falls.

These are falls that are considered accidental and can be caused by the person slipping or tripping. This type of fall is often due to environmental factors for example spilled water on the floor, or a loose rug.

### Predicted fall.

A fall that occurs where the individual has previously been identified as 'at risk of falling'. Examples of this type of fall include: The individual may have poor mobility, be on several medications or have fallen before.

### Unpredicted fall.

A fall that may be caused by sudden or unexpected conditions which could not be predicted or prevented. Examples of this type of fall could be having no previous history of falls, an unexpected seizure, a drop in blood pressure fainting, or dizziness.



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## An un-witnessed fall.

Any of the above can be an un-witnessed fall which is defined as a person being found on the floor without anyone knowing how he or she got there.

1. Hetty Smith, while walking to the dining room for her breakfast, trips over another client's walking stick which was lying on the floor and falls.
2. Mary Brown has recently come into the home for respite care due to her dementia. She has no previous history of falling and her mobility is good. While she is walking back to the lounge from the home's hairdressing salon she says to a nearby carer, who is assisting another client, that she is feeling dizzy before falling to the floor.
3. Arthur Black, has fallen three times in the past six months, due to him having Parkinson's disease his mobility is poor and sometimes he fails to use his walking frame. He is witnessed falling whilst walking from the lounge to the dining room without his walking frame.

Consider the three scenarios above. According to Morse which type of fall would each one be?

1.

2.

3.

We have now identified what a fall is and the types of fall. We know that a fall can result in physical injuries, but it can also effect a person's psychological, emotional and social well being. A fall can have a dramatic effect on the quality of a persons life.

The effects of falls on a person can include:

- Increased social isolation.
- Difficulties with activities of living.
- Possible depression and other mental problems.
- Increased physical and emotional dependence.
- Hospitalization and potential surgery.
- Long term care provision.

From this unit we can see that falls are more complex than we first thought and that our role in managing them is important for the care of our clients.



# Falls Safety Awareness

## Unit One Questions

1. Name two daily activities that being mobile allows us to do.

1.

2.

2. What are two possible effects on the person who has a fall?

1.

2.

3. What is the definition of a fall as defined by NICE?

4. What is an unpredicted fall?

5. What is a predicted fall?

