LUTON MULTIAGENCY FALLS GUIDANCE: NOVEMBER 2023

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1. Introduction

Falls and fall-related injuries are a common and serious problem for older people. In fact, falls remains the highest reported patient safety incident in Care Homes and in the NHS. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year (Nice clinical guidelines 12 June 2013).

It is important the human cost of falls, including distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people

who fall. NHS estimates the cost of falls to the NHS at more than £2.3 billion per year. Therefore falling has an impact on quality of life, health and healthcare costs.

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation seeks to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Care Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

It is important that the person's records accurately record the mechanism and frequency of falls. Good record keeping is essential, and may equally prove a decisive factor in determining the appropriate interventions required.

2. Definitions

Term	Definition
FALL	An unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level. (*National Institute for Clinical excellence, 2014*)
SAFEGUARDING ADULTS	Safeguarding adults is protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop abuse and neglect happening. (*Care and Support Statutory Guidance 2018*)
ADULT AT RISK	The duty to safeguarding adults applies to "*adults at risk*". These are adults who: • have needs for care and support (whether or not the local authority is meeting any of those needs) • are experiencing, or at risk of, abuse or neglect • as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect (*Care Act, 2014*)
Providers	This refers health and social care providers providing regulated activities under *Health and Social Care Act 2008*
MDT	Multi-disciplinary Team (used to refer to collaborative working with and between different partner agencies)

3. Who is the Falls Guideline for?

This guidance is a multi-agency approach to inform staff of their responsibilities in relation to Falls Management. The guidance applies to:

- All care settings Residential and Nursing
- Home care setting
- Day care setting
- Supported living
- Other care settings

4. Causes of Falls

The causes of falls are often very complex. Care Home residents and hospital residents are particularly at risk of falling due to various single and Multifactorial factors including:

- cognitive impairment
- continence problems
- falls history, including causes and consequences (such as injury and fear of falling)
- footwear that is unsuitable or missing
- health problems that may increase their risk of falling
- medication
- postural instability, mobility problems and/or balance problems
- syncope syndrome
- Visual impairment.
- Alcohol or substance misuse

(This is not an exhaustive list)

5. Responsibilities of care providers

There are general measures that can be taken to reduce the risk of falling and harm from falls for all individuals by taking into consideration individual needs and risk. These include:

- Pre-admission assessments should inform the risk of, and the management of falls before a placement starts.
- The registered person must seek to protect service users against the risks associated with falls, by having a Moving and Handling Policy and ensuring that all staff are trained in moving and handling.
- Assessing a resident/service user's risk of falls/fractures by completing advanced **multifactorial risk assessment** followed by personalised care planning to manage risk is key to fall/fracture prevention and management in community settings of care. (attach template- Liz has a copy)
- Arrange for review of prescribed medications where there is a falls risk identified
- Care provider (Care homes and Hospitals) to consider regular MDT for residence that sustain falls.
- All falls should be reported in line with the care providers, management of incidents policies and procedures, and contractual requirements, whether a safeguarding concern is raised or not.

6. Best practice for the management of falls (Providers)

The assessment and care plan should be reviewed and updated as a minimum every month, and the fall risk assessment (including environmental risk assessment) and care plan should be reviewed every six months as a minimum there should be a complete review of both the assessment and care plan:

Patients with an identified risk must have an individualised Fall Prevention Care Plan, and the assessments reviewed monthly or as risk is identified to change.

- Following a fall
- When there is a significant change in a person's condition i.e. during/ following illness
- On transfer from another care setting i.e. discharge from hospital.
- Following change of medications (always check with GP/Pharmacist)
- Change in needs/ mobility, nutrition etc.

(This list is not exhaustive)

Falls diaries are essential in falls management, and should be completed for those known to fall. All members of the care/support team should be aware of and involved in the assessment, care planning and evaluation of risk of falls.

Appropriate health professional e.g. GP, district nurses, community matrons, falls services physiotherapy, occupational therapists and dietician should be involved as and when required and their advice followed

7. Deciding on whether to report a fall to Adult Safeguarding

1. A fall can be a safeguarding adults issue when there is concern about possible abuse, neglect, or omission of care and there is a general concern about the person's safety. Please add the appendix (Falls Matrix)
2. Where an individual sustains a physical injury due to a fall. The key factor is that the individual has experienced avoidable harm.
3. Where appropriate medical advice or attention had not been sought following a fall

You will need to decide whether one of the following categories of abuse apply:

- Neglect - Person(s) responsible for the care and support needs (whether paid or unpaid) did not carry out their responsibilities as expected before or after the fall.
- Organisational abuse - The fall occurred because of wider systemic failures within an organisation.
- Physical abuse - Someone pushed or tripped the adult, which resulted in the fall.
- Self-neglect - The fall occurred because of a lack of self-care, care of one's environment or a refusal of services. Mental capacity will be a key consideration in these cases.

The link to the safeguarding adults concern form can be found here:
Safeguarding Adults Concern Form

8. Guide questions

The following questions might be helpful in determining whether the fall should be referred as a safeguarding adults concern:

a) Was the person a known falls risk and therefore was the fall predictable or preventable? Has the person fallen under similar circumstances more than once?

If the fall was not predictable and no harm acquired (i.e. it was the first known fall), it is unlikely that the fall would be considered under safeguarding adults procedures. Professionals should consider referral to GP/Falls Services and develop/update risk assessments/care plans.

b) Does the person have a falls risk assessment in place and was this appropriately documented, communicated and followed?

If the person were known to have risk of falls, there would be an expectation that this would be documented and communicated with all relevant professionals. It would also be expected that there was a risk assessment in place to try and prevent the falls and/or reduce the harm caused because of falls. A Safeguarding Adults Concern Form should be considered if the person was a known falls risk and this risk was not appropriately managed.

c) Were all the necessary aids and equipment (e.g. call bell, fall mat/sensor, walking aids) Available and working? Were these used as would be expected?

A Safeguarding Adults Concern Form should be made/considered if the fall could have been prevented (or the level of harm reduced) if it was reasonable to expect that the service should have used specific equipment/aids which was not available. This includes if they were available but not working or available but staff not trained to use it. If the equipment/aids were available but not used, this might suggest negligence on the part of the staff and therefore appropriate to consider a Safeguarding Adults Concern Form.

d) Is it possible that a crime has occurred?

It may be that the incident relating to the falls would constitute a crime. Crimes that may be applicable include ill-treatment/wilful neglect under the Mental Capacity Act 2005; breach of Health and Safety at Work Act, Common Assault. If this is the case, a Safeguarding Adults Concern Form should be made, in addition to the report to the Police and/or the Health and Safety Executive.

e) Are there others at risk now or in the future?

Referrers should consider if there are unsafe practices/procedures within an establishment that could lead to the harm of other adults within the care setting. In these circumstances a Safeguarding Adults Concern Form should be made.

f) What is the impact of the fall on the person? E.g. has the fall resulted in injury, what is the extent of the injury?

On its own the impact of the fall does not necessarily determine whether a Safeguarding Adults Concern Form should be made or not. For example no harm may have occurred on this occasion but there is a concern that the person/others may be at risk in the future and therefore consideration should be given to making a Safeguarding Adults Concern Form. However, generally the more serious the impact the more likely it is that a Safeguarding Adults Concern Form should be made. Following medical assessment, it may be apparent that the person has suffered a significant/serious injury. In the event of a death related to a fall this should always result in a Safeguarding Adults Concern Form, even if it is unclear whether the fall directly caused the death (appreciating that this may be very difficult to confirm, especially within a reasonable timescale).

g) What are the views of the person or their representative about what they want to happen?

A key consideration with any Safeguarding Adults Concern Form is whether the person consents to the referral being made and what they want to happen as a result of any safeguarding adults enquiry. If the person or their representative does not consent to the Safeguarding Adults Concern Form or does not want anything to happen then the referrer should record and share the views and wishes of the adult at risk. A referral may be considered on the basis of public interest.

h) What happened following the fall?

It will be necessary for the referrer to consider whether the actions taken following the fall would constitute a Safeguarding Adults Concern Form. It may be that the fall itself did not meet safeguarding adults criteria but the subsequent actions or lack of actions amount to abuse/neglect. The referrer should consider how the immediate needs of the person were met, were they appropriately/inappropriately moved, was necessary medical attention sought?

i) Was the fall witnessed?

An unwitnessed fall may be more likely to result in a Safeguarding Adults Concern Form due to the unknown nature of the circumstances leading up to it. You will also need to consider the attached falls Risk Matrix Tool to decide whether a referral should be made. In line with the key principles of safeguarding adults, any actions taken must be proportionate to the level of presenting risk or harm.

9. RESPONSIBILITIES OF REFERRER

For all falls the provider should consider making contact with the falls services for advice guidance and other support to: https://www.cambscommunityservices.nhs.uk/luton/adults/falls-prevention-service on 0333 405 3000 or emailing CCS-TR.LutonFallsTeam@nhs.net

Where there are safeguarding adults concerns use your normal reporting routes to make a referral. This will be sending a **Safeguarding Adults Concern Form** directly to the **Adults MASH** **adultsafegaurding@luton.gov.uk** via your organisation's safeguarding adults team or safeguarding lead without delay.

Specific information to include within a referral related to a fall:

- Injuries sustained as a result of the fall (attach body maps to the referral).
- Information related to previous falls/falls risk/falls risk assessment.
- Action taken following the fall (e.g. medical intervention, contact with the person/family).
- Any plans put in place to address increased risk of falling.

10. Deciding not to refer to Adult Safeguarding

If there are no safeguarding issues and the fall does not require a Safeguarding Adults Concern Form, there will still be actions you need to consider to reduce risks and to try and prevent falls happening in the future, as follows:

- Complete falls risk assessment
- Document falls history
- Ensure all falls recorded on incident form/log for analysis
- Address risk
- Update care plan to cover risks to service user/patient
- Share information with relevant parties including family and other representatives
- Refer to GP A&E Falls Service as appropriate

All of above will have to be evidenced to justify decision-making

11. Acting to reduce falls

- Check environment for trip/slip hazards (condition of carpets/uneven floors)
- Check lighting is sufficient/have eye tests been carried out recently?
- Is the medication record up-to-date?
- Could alcohol/drug use be a factor?
- Up to date staff training and competences
- Consideration of night needs
- Appropriate equipment (walking aids, chair and bed height , signage)
- Maintain independence through activities

12. Safeguarding Adults enquiries relating to Falls

On receipt of the Safeguarding Adults Concern Form, the Adults MASH will decide whether there is a duty to conduct a Safeguarding Adults (Section 42) Enquiry to investigate the concern(s).

13. Who to Involve

The adult at risk and their representative

- GP
- Falls specialists/Services
- CQC
- Community Nursing
- Social Worker
- Police
- Coroner
- Care setting unit Manager
- Health and Safety Executive

14. Safeguarding Adults Protection plan

The following list provides some examples of actions that may feature in a safeguarding adult's plan where the concern relates to falls.

- Multi-factorial falls risk assessment
- Multi-factorial intervention Referral for strength and balance training
- Care and support assessment/reassessment
- Home hazard assessment and safety interventions
- Provision of equipment or aids
- Training for staff
- Revision of policy and procedures
- Disciplinary action (including possible referral to DBS/professional bodies)
- Criminal action

15. Training and Resources

Professionals who come into contact with adults with care and support needs should complete safeguarding adults training at least every three years. Providers are advised to arrange specialist training from reputable training providers to learning and development of staff. Free multi-agency training is offered by the Luton Safeguarding Adults Board to all organisations providing a service within Luton. There are a range of different courses - from basic awareness through to specialist, thematic courses. You can find out more about them at https://www.safeguardingbedfordshiretraining.co.uk/

RESOURCES Falls in older people: assessing risk and prevention (National Institute for Health and Care Excellence, 2013) https://www.nice.org.uk/guidance/cg161

Preventing falls in Care Homes (Social Care Institute for Excellence, 2005) https://www.scie.org.uk/publications/briefings/briefing01/index.asp#acknowledgements

How to check for Injuries – St John Ambulance First Aid Advice https://www.sja.org.uk/sja/first-aid-advice/bones-and-muscles.aspx

This guidance has been produced in line with the Bedfordshire Multi-Agency Safeguarding Adults policy and procedures. These can accessed at:
https://panbedfordshiresabs.trixonline.co.uk/

Appendix 1: Falls Flowchart

Appendix 2: Falls Matrix