St Helens Safeguarding Process

Guidance for responding to falls

2023 – 2026

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1. Introduction

The National Institute of Clinical Evidence (NICE, 2017) defines a fall as an unexpected loss of balance resulting in coming to rest on the floor, the ground or on an object below the knee. A fall is distinct from a collapse which is as a result of an acute medical condition such as arrhythmia, transient ischaemic attack (TIA) or vertigo. Falls are a key indicator of quality and also individuals experience of care; additionally falls can have a profound impact on an individual's life. Older people (those aged 65 years and over) have the highest risk of falling, particularly those with underlying health conditions. In the UK, falls are a leading cause of death and disability in older people (OHID 2022).

The reason that falls occur can be multifactorial and there are multiple risk factors which include

- muscle weakness
- poor balance and posture
- visual impairment
- polypharmacy – and the use of certain medicines
- environmental hazards
- some specific medical conditions, which might make a person more likely to fall e.g. dementia, Parkinson's disease, frailty, joint/bone health, infection
- Poor sleep pattern, waking, getting up in the night
- Continence/toilet issues
- Weigh loss
- Person motivation/mood
- Memory loss/behaviour
- Inappropriate footwear
- Incorrect walking aids/equipment

The consequences of an older person falling can have a profound impact on the quality of their life and the effects include

- Physical injury
- Increased social isolation
- Increased problems with activities of daily living
- Increasing tendency to depression and mental health problems
- Increasing physical and emotional dependence.
- Increased risk of hospital admission

The Care Act (2014) defines Safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect'. Adult safeguarding is about preventing and responding to concerns of abuse, harm, or neglect of adults. In respect of falls it is essential that the management of risk is balanced with the individuals need to live the lives they want. Therefore falls prevention and management is essential to reduce/mitigate risks.

2. Care Homes

Many slips, trips and falls are preventable. Injuries arising from a fall can be reduced by prior intervention. Post fall assessment, review and remedial action can reduce the likelihood of further falls.

It is imperative that adults who have fallen and those who may be at risk from falling in the future have regular reviews of reversible risk factors.

3. Falls Risk Assessments

It is important to recognise that not all falls can be prevented, however, to mitigate the risk a falls risk assessment must be completed

- on admission and reviewed at a minimum monthly.
- at any point when the persons needs change
- after a fall

All organisations offering care and support in a hospital, community, own home, or care home setting should have a clear policy in place as to how falls risks will be managed and documented.

In line with Making Safeguarding Personal, the person/service user should be supported to make decisions about how they may reduce their risk of falling. The care plan must reflect the outcome of the falls assessment and should be shared with the adult and their relatives.

Where there are concerns about an adult's capacity to understand the risk and implications of falling, capacity must be assessed under the Mental Capacity Act and if required, a best interest decision made to maintain the adult's safety. The outcome of this assessment must be recorded in the adult's care plan.

A falls risk assessment, care plan should include

1) The reasons that are contributing to any falls risk
2) Actions taken to reduce the risk, including any equipment and supervision arrangements
3) The potential risk/likelihood risk of future falls – this should be based on the evidence collated and **must be discussed with the adult/representative from the outset.**

Advice should be sought from the falls service where necessary to help mitigate/reduce the risk of an individual experiencing falls

4. Type of fall

There has been an expectation that care providers should make Safeguarding Concerns in respect of all 'unwitnessed falls. However, this broad approach is not helpful, nor is the use of the term 'unwitnessed fall' - if a fall is unwitnessed how can it be determined that the person fell? Could it be possible that they were pushed or knocked over by someone else? In some circumstances it may be presumed that the adult fell, for example, if they are found on the

floor in their room and no one else is around; but each individual fall needs to be considered according to the unique factors of the case. Additionally the person may inform care staff that they fell. If there is a risk assessment in place which has been followed, then it is not necessary to complete a Safeguarding referral, the adult has explained what happened and abuse or neglect is not likely to have occurred.

In this context it is more helpful to use the term 'unexplained injury' rather than 'unwitnessed fall'. In circumstances where an adult has sustained an injury, the manager on duty should use judgement based on the evidence available to determine what may have happened. If the adult has an injury, other than a minor injury which cannot be explained, then this should be reported as a Safeguarding Concern.

Where an adult has repeated unexplained injuries, then a Safeguarding referral should be raised.

Providers are required to report to CQC any serious injuries to adults who use the service (Regulation 18).

5. Post Fall Actions

Every fall may not require GP or hospital involvement; this will depend on the nature of the injury, the experience of staff in the care service and whether there is a trained nurse on site, expectation of family etc. If no injury is apparent, there is no observed change in function and actions and observations have been recorded, then a GP or hospital review may not be necessary. This decision will be made and recorded by the manager or clinician on duty based on the individual circumstances of the case.

Where the adult has sustained a head injury, the Head Injuries in a Care Home: Guidance for Management must be followed by Nursing Homes. When a head injury is sustained in a Residential Home a medical assessment should always be arranged as a matter of urgency. The following definition of head injury can be found in 'Head Injury. A guide for patients and carers.' Brain and Spine Foundation 2020:

What is a head injury?

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). They can range from a bump or bruise on the head to loss of consciousness.

It is recommended that following a fall the incident should be recorded on an accident report and the persons care records. The following should be recorded.

- What occurred
- Time the person was found and the time the person was last checked upon prior to this
- All care provided post fall, including any harm and action taken to help the person at the time of the fall, including medical attention
- Whether the risk assessment was up to date and the plan followed **Please note following a fall risk assessments and care plans should also be updated.**
- The actions taken to prevent further falls

- Body map of any injuries identified

6. Falls in Hospitals

Falls in hospitals require a different response; hospital trusts have their own governance arrangements in relation to patient safety, including falls, and should follow their own procedures.

7. When to make a Safeguarding Referral

Not all falls require a safeguarding enquiry, a safeguarding referral should be made when the fall has had a significant impact on the person and there is concern about possible abuse or neglect. The following situations would require a safeguarding referral:

- Where a person sustains an injury due to a fall and there is a concern that a risk assessment was not in place or was not followed, then this must be reported as a Safeguarding Concern because this amounts to neglect on the part of the care provider. The key factor is that the individual has experienced avoidable harm.
- When a person has sustained an injury, other than a very minor injury, which is unexplained or severe
- A person has fallen and sustained an injury which has resulted in a change in function and appropriate medical attention has not been sought in a reasonable time frame and in accordance with the organisations policy
- Where there is concern that the circumstances and nature of the fall or explanation given are not consistent with the injury sustained.
- Physical abuse - Someone pushed/tripped the adult which resulted in the fall.
- The organisations own post falls protocol is not in place or has not been followed.

To make a safeguarding referral, follow local procedures. The information that must be included in the safeguarding referral related to the fall are:

- Injuries sustained as a result of the fall
- 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.

Accidental falls do not meet the criteria for Safeguarding when a risk assessment is in place and has been followed. In addition a safeguarding referral is not required if:

- A person is found on the floor, there is no evidence of injury and all care was delivered in accordance with the falls policy
- A fall is witnessed and appropriate risk assessment is in place and has been followed
- The fall is the result of an acute medical condition or episode which has occurred in the past hours or days.

- The person has capacity as per the Mental Capacity Act to take risks and make unwise decisions which is clearly documented.

It is important that the reason why a safeguarding referral has not been made is clearly documented in the persons records

Where there is doubt as to whether the incident meets the threshold for adult safeguarding referral a referral should always be made.

8. References

This process was created from the following information/guidance

Brain and Spine Foundation (2020) A guide for patients and carers.' https://www.brainandspine.org.uk/

HM Government (2014) The Care Act https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Knowsley Council (2020) Guidance: Criteria for reporting safeguarding concerns April 2020 to May 2023

Newcastle Safeguarding Adults Board (2019) Safeguarding Adults and Falls Protocol: When is a slip, trip or fall a safeguarding adults issue?

NICE, (2017) Falls in older people Quality Standard (QS86) https://www.nice.org.uk/guidance/qs86 Accessed online 13/12/22

OHID, (2022) Falls: applying all our health https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health updated 25/2/22. Accessed online 20/12/22

Richmond Safeguarding Adults Board (2016) Interagency Adult Safeguardign Protocol on Falls