Falls and Adult Support and Protection (ASP) Staff Guidance

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| **TARGET AUDIENCE** | Practitioners and managers from all organisations and settings where people are at risk of falling. |
| **ADULT GROUP** | Adults within acute and community settings and residents within care home settings |

**PURPOSE:** When to consider raising an Adult Support and Protection (ASP) Referral following a fall.

The prevention of falls is an important element in care provision. Care providers are responsible for those in their care, ensuring they are supported and protected from harm through robust falls prevention policies and procedures.

**What is a fall?**

A fall is defined as 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).

**Where can it happen?**

A fall can occur anywhere i.e. in an adult’s own home, external environment or in a health care setting.

**Why does this matter?**

* Falls can be associated with physical and psychological harm.
* They can sometimes increase an adult’s length of stay in a care setting.
* They can occur if an adult’s health and social care needs are not being met (avoidable harm).
* They can also occur even when an adult’s health and social care needs are being met (unavoidable harm).

**How are falls and Adult Support and Protection (Scotland) Act 2007 legislation linked?**

Adults in care settings, may be unable to safeguard themselves due to lacking the necessary power, ability or authority (to do something); not able” (ASP Code of Practice 2022) and therefore may have an increased chance (the risk) of falls and therefore potential injury (the harm) due to disability, mental disorder, illness or physical or mental infirmity (vulnerability).

**Examples of falls where an ASP referral (AP1) should be considered, if you know or believe an adult is at risk of harm. The list is NOT exhaustive:**

* A fall as a result of safety equipment not in working order, used incorrectly, not being used as required or not in place following an assessment of need, causing harm.
* A fall resulting in harm where there is no risk assessment in place or where the risk assessment has not been reviewed or updated to mitigate the falls risk.
* Repeated falls despite preventative advice being given or measures put in place to mitigate, and a series of injuries has occurred, or falls guidance not followed.
* Fall and injury as a result of medication mismanagement.
* Members of staff not receiving falls management training and/or not adhering to the falls policy and protocols following a fall.
* Supervision levels/safe staffing levels have fallen below the legal requirements.
* Environmental hazards, such as poor lighting or clutter, resulting in falls.
* Medical intervention not sought or given appropriately after a fall.

**When is a fall an ASP referral?**

It can be difficult to answer this question. Each case requires careful consideration based on the individual circumstance alongside the use of professional judgement.

Agencies should have their own ASP policies in place and the following guidance should be considered alongside these.

The ASP Act (Scotland) Act 2007 **Section 3(1**) defines an ‘adult at risk’ as someone who meets **all** of the following three-point criteria:

• They are unable to safeguard their own well-being, property, rights or other interests;

• They are at risk of harm; **and**

• Because they are affected by disability, mental disorder, illness or physical or mental infirmity they are more vulnerable to being harmed than adults who are not so affected.

ASP is everyone’s business. The Act places a duty on public bodies where they **know or believe** an adult is an “adult at risk” of harm and action needs to be taken to protect them from harm, to make a referral by reporting the facts and circumstance of the case to the council for the area the person is located (ASP Code of Practice 2022).

**All falls must be reported and recorded using your agencies procedures, but not all falls will require an ASP referral**. The referrer will need to consider whether the adult is an adult at risk of harm and whether there was harm linked to the fall. The assessment should include:

Injuries sustained as a result of the fall.

Information related to previous falls.

Safeguards in place to mitigate the fall.

Clear analysis of the adult’s ability to safeguard themselves from falling.

Was the fall managed in line with local policy and procedures?

Action taken following the fall (e.g. medical intervention, contact with the adult/family).

If you know or believe the adult meets the ASP 3 point criteria an ASP referral (AP1) should be sent to the relevant social work locality within 24 hours.

**\*\*An ASP referral is not the route to access further support/services in relation to falls.**

Where there is doubt as to whether to raise an ASP referral, staff should speak with their line manager and if further advice is required consult with the relevant social work locality. It is your professional decision whether or not to submit and AP1 referral.

It is important that we know and act on the **avoidable harm**. The following questions *might* be helpful in determining whether the fall should be referred as an ASP referral. The list is **NOT** exhaustive:

Was the adult a known falls risk and the fall predictable/preventable?

Was a falls risk assessment in place, timely, and updated in line with local policy and procedures?

Were the support arrangements sufficient to mitigate the identified risks?

Were all the necessary aids and equipment (e.g. assistive technology) available, working, and used as directed?

Has a crime been committed?

Are there others at risk of harm?

What is the impact of the fall on the adult?

What are the views of the adult or their representative?

What action was taken following the fall?

**Roles and Responsibilities**

There are actions that should be taken to minimise the risk of falls and associated harm.

* All staff should adhere to their agencies relevant policies and procedures and be appropriately trained.
* All falls should be reported in line with your agencies policies and procedures.
* Where the decision is made following a fall not to submit an AP1, it is the responsibility of the staff member to ensure that they document a record of the assessment, analysis and rationale for not making an ASP referral.
* It is important to remember that an ASP referral must be made following a fall where there is concern e.g. neglect or omission of care.
* If the adult continues to fall resulting in harm even when safeguards are in place an ASP referral (AP1) should be considered.
* Where an adult sustains a physical injury due to a fall and there is a concern that a risk assessment was not in place or was not followed, an ASP referral should be made . The key factor is that the adult has experienced avoidable harm.

Where an adult has sustained an injury requiring medical advice or attention and this has **not** been sought, an ASP referral (AP1)- must be made.

Staff and managers must understand how to escalate concerns when required.

**Unwitnessed falls / unexplained injuries**

* Each incident should be considered according to the unique factors of the case, risk assessment and professional judgement.
* “Unwitnessed falls” are often raised as an ASP referral even when the adult has no injury and has stated that they know how and why they fell. If there is an up to date risk assessment in place, and procedures have been followed, it is not always necessary to raise an ASP referral.

**Unwitnessed falls / unexplained injury requiring an ASP Referral**

* Where an adult has an unexplained injury (consider nature, location of injury, the adults’ medical history alongside their current support plan), consideration must be given to raising an ASP referral.
* Where an adult has repeated unexplained injuries, an ASP referral should be raised.

**Adult Support and Protection Flowchart**

**After using your own professional judgement and the above guidance, then consider the fall an ASP referral, please follow the flowchart below.**

An adult (aged 16 or over) is at risk if they meet all 3 points of the criteria set by the Adult Support & Protection (Scotland) Act 2007

1. Unable to safeguard their rights, well-being property or other interests?
2. Are they at risk of harm (Including self-harm)?
3. Are affected by a disability, mental disorder, illness or mental or physical infirmity?

**Yes**

**No**

Do you know or believe the adult who has fallen is an **adult at risk** under ASP legislation?

No

**Record.** Document in records

**Communicate.** Ensure relevant others are aware of the fall.

**Risk Assess**. Develop/update falls risk assessment.

**Care Plan/Support Plan**. Update care plan/support plan as required and review date.

**Refer.** To GP/Doctor on call (where appropriate)

Inform line Manager

Raise AP1 referral

Record Decision

