Falls prevention in Lanarkshire care homes

A joint initiative between

NHS Lanarkshire and **South Lanarkshire Council**

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SOUTH LANARKSHIRE COUNCIL

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Executive summary

Background

Falls amongst older people and their consequences both in terms of financial and human costs have been widely recognised as a serious and growing problem for society. They result in more than 50% of injury related hospitalisations among people 65 and over (WHO 2007). Older people in care homes are particularly at risk, being three times more likely to fall than older people living in the community (Help the Aged 2007). Evidence shows that multifactorial interventions can reduce falls by 15-30%. With this in mind a joint project was carried out between NHSL Care Home Liaison Physiotherapist (Project Lead Lynn Flannigan) and South Lanarkshire Council Care Homes (Project Lead Linda Lafferty).

Methodology

A literature search and review was completed looking at the evidence base for falls prevention in the care home sector. Based on this evidence the project was designed to include aspects such as education, pre-admission/admission protocols, identified falls risks linked to strategies and care plans, post-fall protocols and assessment of environment, walking aids and footwear. The project ran for six months before evaluation was carried out, which consisted of falls rates, number of staff trained, staff questionnaires and comparison of procedures pre and post project.

Findings/outcomes

- The number of falls were reduced in most units
- The number of staff trained was greatly increased
- Staff found the tools of benefit
- A Lanarkshire care homes falls prevention and bone health policy was developed
- Standardisation of falls reporting and procedures
- Some project tools developed being used at National level

Conclusions/implications

The project has demonstrated promising results, however further and on-going audit is required before final conclusions can be made. Falls prevention training and support will continue through joint working between SLC and the care home liaison team. South Lanarkshire care homes will be participating in the national work developing a falls prevention and management and bone health self assessment tool and resource between NHS Scotland and the Care Commission. It is hoped the project will be rolled out to North Lanarkshire Council care homes and the private sector for consistency of approach across Lanarkshire.

Project background

Falls amongst older people and their consequences, both in terms of financial and human costs, have been widely recognised as a serious and growing problem for society. 28-35% of people aged 65 and over fall each year, increasing to 32-42% for those aged over 70 years. This results in more than 50% of injury related hospitalisations among people over 65 years and over (WHO 2007).

Older people living in care homes are particularly at risk, being three times more likely to fall than older people living in the community (Help the Aged 2007). With more than 60% of those living in nursing homes falling repeatedly, it is a major issue for this sector (BHF 2007). This was recognised by the Care Commission who chose falls prevention among their inspection focuses for the year 2009/2010. It is also a health priority, particularly as the number of injuries caused by falls is projected to be 100% higher by 2030 (WHO 2007).

Each NHS Board, as part of The Delivery Framework for Scotland (2007), has been asked to develop a combined Falls and Bone Health Strategy which will allow CHPs to develop operational implementation strategies. NHS Lanarkshire produced a draft Falls and Bone Health Strategy in 2008, in partnership with North and South Lanarkshire Councils. Falls prevention in care homes is part of this strategy.

With hip fractures accounting for 50% of injury related admissions and 66% of bed days for people over 75, falls and fractures also impact the health board's ability to meet HEAT targets, particularly reducing the proportion of older people who are admitted as an emergency in-patient 2 or more times in a single year, and the number of emergency bed days in Acute specialities for people 65+ (DOH 2007). Falls, however, should not be seen as an inevitable part of aging. Evidence shows that the use of risk assessments and multi-factorial interventions can reduce falls by 15-30% (NHSL 2008).

South Lanarkshire Council, in line with the Customer Service Excellence Award (Charter Mark), drives and encourages continuous improvement for customer service. The aim of effective falls prevention in South Lanarkshire Care homes is an example of this. This type of falls prevention initiative also reflects the approach of The Healthcare Quality Strategy for NHS Scotland (2010) in that it aims to provide care which is safe, person-centred, effective and efficient. Given the evidence that falls can be reduced and the fact that they are a priority for both health and social care, a joint project with the Lanarkshire Care Homes Physiotherapist (Lynn Flannigan) and South Lanarkshire Council (Linda Lafferty South Lanarkshire Council Manager) was initiated with the aim to reduce falls among South Lanarkshire care home service users.

Methodology

The project was initiated in May 2009 with a literature search and review of the current evidence base for falls prevention in the care home sector. From the findings of this literature review the project's main aims and objectives were developed and a project initiation document was released for consultation in June 2009 to relevant parties (Appendix one).

Stakeholder events were held during July 2009 involving staff, service users and relatives. Training also began at this time and falls prevention champions were nominated. A falls good practice procedure (Appendix two) was developed summarising the main principles of the project (This document went on to become the Lanarkshire Care Homes Falls and Bone Health Policy) and the tools and supporting documentation were developed.

The implementation of the project was formally launched in September 2009 and ran for six months before evaluation. Staff were supported through the process with training, informal discussion and falls prevention champion meetings.

Each unit was provided with a falls prevention resource folder and a previous falls prevention folder that was supplied by the care home liaison service was updated to contain all of the tools and supplementary information regarding falls prevention/management and bone health.

From the literature search comprehensive falls prevention in care homes should include;

- Education strategies
- Pre-admission/admission protocols
- Identified falls risks linked to strategies and care plans
- Post fall protocols
- Assessment of environment, walking aids and footwear

Education strategies are included because it is essential that service-users, relatives and staff are aware of the multifactorial falls risk factors, prevention strategies and risk reduction interventions so that a proactive approach to falls prevention can be taken with their full involvement. This requires staff to attend falls prevention training either done informally with the falls prevention champions or as part of a formal training presentation by the care home liaison physiotherapist. Falls prevention leaflets for service users and their families were produced and distributed to the units (Appendix three) as part of the education strategies and staff were encouraged to discuss falls prevention with service-users and their carers, especially as part of the admission process.

It is important to establish the following as part of the pre-admission assessment: past history of falls and fractures, current strategies for managing falls, bone health assessment, current medication and management to ensure bone health, and mobility aids/specialist equipment required for example raised toilet seats, seating, profiling beds. A falls history can often be withheld or not thought to be important/ relevant therefore staff were encouraged to explore this with service-users and their carers so that an informed/proactive approach to falls prevention can be achieved.

There is evidence that service users are particularly at risk from falls and fractures in the first few months after admission to a care home (Rapp et al 2009). This is likely to be due to factors such as change of environment and the fact that admission to a care home is often preceded by a period of ill health. Staff are therefore advised to assess service users as soon as possible for their falls risk and properly orientated them to their environment and ensure the environment meets their individual needs.

Falls risk assessments such as the FRASE (Cannard) are useful in that they identify if an individual is low, medium or high risk of falls, however, they fail to provide adequate information as to the individual's multifactorial risk factors. The Lanarkshire Care Home Residents Falls and Fracture Risk/Interventions Tool was developed with this in mind (see Appendix four). This tool describes the most common risk factors for older people with a prompt for some considerations for interventions. It also prompts bone health to be taken into consideration. Any identified risk factors are then linked to strategies and documented in the care plan. These assessments are reviewed monthly, after a fall or after any other significant change in the resident's condition. Staff are also encouraged at this point to complete a meaningful activity plan for the individual due to the identified linked with meaningful activity and reduced falls rate. This is thought to be due to factors such as reduced agitation, improved sleep pattern and effects on muscle strength/range of movement.

If a fall does occur it is essential to take a proactive approach to identify any cause/ precipitating factors, especially as evidence show that if an older person falls they are very likely to fall again. Staff are advised to complete the necessary incident documentation and reassess the service user's multi factorial risk factors to see if anything has changed since their last assessment. If a service user falls more than once a falls log is completed to help identify any patterns to the service users falls for example time of day, location etc. It also provides an opportunity to summarise what interventions have been put in place after each fall for example GP review, Physio referral.

Falls can also be caused by extrinsic factors such as poor lighting, damaged or worn walking aids, therefore it is essential that a proactive approach is adopted to identify and deal with these issues. A series of audit tools were developed to facilitate this process. Audits for footwear, walking aids and wheelchairs are done on a monthly basis and audit of the general environment is done on a three monthly basis.

Implementation was supported through regular falls prevention champion meetings.

Results/evaluation

Evaluation of the project focused on the following areas;

- Falls pre and post project
- Numbers of staff trained pre and post project
- Staff questionnaire
- Review procedures pre and post project

See Appendix five for project data pre and post project for details.

Falls pre and post project

Falls data was collected for the same four months (January to April 2009 and 2010) pre and post project implementation in the eight care homes. The number of service users involved in the falls was also recorded as it was felt one or two service users with difficult to manage falls could sway the interpretation of the results of a unit. It can be seen that in the eight care homes the number of falls was reduced in five of the units and increased in three of the units. Overall, there was a slight reduction in accident and emergency attendances and hospital admissions.

Numbers of staff trained pre and post project

The units reported to having a total of 299 staff. Pre project the care home liaison physiotherapist trained 28 South Lanarkshire Council employees in falls prevention. During the six month pilot period 86 staff were trained by the post holder. It was reported that in total 165 staff were trained in falls prevention during the six month period of the pilot.

Staff questionnaire

A falls project evaluation questionnaire was distributed to all of the units (see Appendix six for questionnaire) to the falls prevention champions who then distributed to some staff who were familiar with the project tools. The questionnaires asked staff to rate the project tools. Nine questionnaires were returned at the time of writing this report. The results are as follows:

Review procedures pre and post project

This will be discussed as part of the discussion.

Project tool	Poor	Satisfactory	Good	Excellent
Care home falls log			5	4
Falls risk and interventions tool		2	4	3
Environment and orientation tool		2	4	3
Walking aid/footwear audits			2	7
General environment audits		1	3	4
Falls prevention training			5	4
Posters and leaflets		1	5	3

Discussion

It can be seen from the results that the number of falls have reduced in most of the care homes. This is a promising start to the project, especially as falls rates in care homes are projected to rise year on year. This may be due to the fact that each individual's falls risks are being more effectively identified and the appropriate strategies being implemented. It may also be due to extrinsic factors for falls being identified and rectified more efficiently. The number of Accident and Emergency attendances and hospital admission were slightly reduced. If this trend continues this will obviously be beneficial to the service users themselves but may help to reduce the demands on health including HEAT targets regarding Accident and Emergency waiting times and the admission/readmission of older people to hospital. The falls rates in three units increased. The project leads are not unduly surprised by this given that the pilot period was quite short and often it takes time for changes of practice to become imbedded. It can also take time after a change of processes of this kind before a change of outcomes occurs. Staff were still getting to grips with the news procedures and documentation during this time and not all staff who complete the assessments/ documentation had been trained. It is also felt that there is now better reporting of falls for example if someone is lowered to the ground due to an unintentional loss of balance this is now being recorded as a fall whereas it may not have been before. Staff also felt that in the units where the falls increased the dependency and complex needs of the service users in those units may have been particularly high at that time.

It can also been seen that the number of staff trained in falls prevention has increased. Prior to the project access to training was on an adhoc basis. Now a formalised programme of training has been developed. This will ensure staff will have access to up to date falls prevention training. The better staff knowledge/awareness the more likely service user's falls risk factors will be identified and dealt with appropriately. It can be seen from the staff questionnaires the feedback from the tools has been very positive. Staff have reported that the falls logs have enabled them to look for a pattern when a service user has fallen more than once and provides an at a glance record of what interventions have been put in place. They have also reported that having a regular and formalised process for auditing walking aids, footwear and wheelchairs has led to issues being identified and rectified much quicker. They have also reported that the training has resulted in increased knowledge or a consolidation of previous knowledge and has helped keep falls prevention a priority in the homes. Generally staff have reported that the project has led to a proactive approach to falls prevention and a change of culture where falls are not regarded as an inevitable part of ageing and where service users who fall are investigated quicker. It has also led to improved and appropriate onward referral of service users to other agencies such as physiotherapy, GP, etc.

Discussion

South Lanarkshire Council Care Homes have always assessed their service user's falls risk using the Canard Falls Risk Assessment (otherwise known as the FRASE). They have also always collected falls data as part of their requirements for the Care Commission. This project has formalised and improved procedures for the investigation of the intrinsic and extrinsic factors associated with falls. There is a feeling amongst staff that there is improved reporting of falls and issues are dealt with more proactively. This project has helped standardised procedures throughout the eight South Lanarkshire Care Homes and a consistency of approach. It has also led to other related initiatives such as the ordering of hip protectors which previously where being ordered in different ways and different brands were being used. It has also led to improved identification and reporting of faulty wheelchairs.

The project has also led to the initiation of other projects including a meaningful activity project with South Lanarkshire day care and residential care homes. This project has led to the development of meaningful activity care planners which are being used throughout SLC residential and day care services. These planners go through the service users preferences and help identify their activity needs in a range of areas. Also developed to supplement the planners and support staff meet the activity needs were meaningful activity resource books which have been distributed throughout the residential and day services. Meaningful activity training to further support staff was delivered. Areas of good practice are shared in a meaningful activity newsletter. Vitalyz chair based physical activity training and activities for people with dementia staff training has also been delivered as a result of the Falls Prevention project.

This project has led to the development of a Lanarkshire Care Homes Falls Prevention and Bone Health Policy. This helps NHS Lanarkshire meet it's requirements for it's Falls and Bone Health Strategy self assessment from the Scottish Government as part of the Delivery Framework for Scotland. The self assessment looks for a falls and bone health policy for care homes, accurate reporting of falls, multifactorial risk assessment including fracture/osteoporosis risk and environmental assessment linked to individual action plans to minimise risk and falls prevention training for staff. All of these aspects of falls prevention have been included in the project.

This project has also led to involvement in a national piece of work with Anne Murray National Falls Lead and Edith Macintosh Care Commission Rehabilitation Consultant. This project will lead to the development of a National Falls and Fracture prevention and Management and Fracture Prevention In Care Homes Good Practice Self Assessment Tool and Resource pack which should be ready to be rolled out to all of Scotland's Care Homes in 2011. Tools from this project have been included in this resource and Meldrum Gardens one of the South Lanarkshire Council Care Homes has been selected as an early demonstrator site for the project.

Conclusions/implications for the future

This project has been a positive initiative in terms of outcomes from numbers staff trained, staff perceptions, a standardisation of procedures, the development of tools and the Lanarkshire Care Homes Falls Prevention and Bone Health Policy. The initial falls rates have also looked promising. Caution is obviously required with one-off data of this type. Further and on-going audit of falls data will be required before any definite conclusions can be made regarding the effectiveness of the project/ interventions.

It is hoped that NHSL will formally accept the policy developed through the care homes protocols and talks have started with North Lanarkshire Council to roll out the policy/ procedures to their care homes. This will help improve consistency of approach.

Continued training in falls and seated exercises/activities will continue and support/ communication will continue through the falls prevention champion meetings. It is hoped the policy can be rolled out/promoted throughout Lanarkshire to the private care homes as well as the Local Authority care homes. This may be done through the Care Home Liaison care home managers meetings, the care home liaison newsletter and/or study days.

This project has been an example of a proactive and anticipatory approach aimed at reducing avoidable injury and preventable hospital admissions through a joint-working project which enables care home staff to manage and prevent service user falls by enabling them with education and tools. This in turn leads to service users receiving appropriate treatment, interventions and support at the right time. This type of multi-agency partnership initiative is perhaps an example of how health and social care may reshape care for older people in order to meet the challenges facing them in the future.

Acknowledgements

This project could not have been completed without the patience and hard work of the falls prevention champions. Thanks to the care home managers for allowing the changes to be implemented in their homes and thank you to our managers especially Senga Cree and Evelyn Devlin for giving us support and a free reign to complete the project.

South Lanarkshire Local Authority/NHSL care homes physiotherapy falls prevention project

Project initiation document - June 2009

Project leads:
Lynn Flannigan NHS Lanarkshire Care Homes Physiotherapist
Linda Lafferty SLC Care Home Manager

Project background/rationale

Falls amongst older people and their consequences both in terms of financial and human costs have been widely recognised as a serious and growing problem for society. 28-35% of people aged 65 and over fall each year, increasing to 32-42% for those over 70 years. This results in more than 50% of injury related hospitalisations among people over 65 years and over (WHO 2007). Older people living in care homes are particularly at risk, being three times more likely to fall than older people living in the community (Help the Aged 2007). With more than 60% of those living in nursing homes falling repeatedly, it is a major issue for this sector (BHF 2007) This has been recognised by the Care Commission who have chosen falls prevention among their inspection focus's for this year. It is also a Health priority, particularly as the number of injuries caused by falls is projected to be 100% higher by 2030 (WHO 2007). Each NHS board as part of The Delivery Framework for Scotland (2007) has been asked to develop a combined falls and bone protection strategy which will allow CHP's to develop operational implementation strategies. NHS Lanarkshire produced a draft Falls Prevention and Bone Health Strategy in 2008 in partnership with North and South Lanarkshire Councils. Falls prevention in care homes is part of this strategy. With hip fractures accounting for 50% of injury related admissions and 66% of bed days for people over 75, falls and fractures also impact the health board's ability to meet HEAT targets, particularly reducing the proportion of older people who are admitted as an emergency in-pt 2 or more times in a single year, and the number of emergency bed days in Acute specialties for people 65+ (DOH 2007). Falls however should not be seen as an inevitable part of ageing. Evidence shows that the use of risk assessments and multifactorial interventions can reduce falls by 15-30% (NHSL 2008). South Lanarkshire Council in line with the Customer Service Excellence Award (Charter Mark) drives and encourages continuous improvement for customer service. The aim of effective falls prevention in South Lanarkshire care homes is an example of this. Given the evidence that falls can be reduced and the fact that they are a priority for both health and social care a joint project with the Lanarkshire Care homes physiotherapist and South Lanarkshire Council staff was developed with the aim to reduce falls among South Lanarkshire care home residents.

Project stakeholders

- Service users
- Care home staff
- NHSL staff for example line managers, falls specialists
- South Lanarkshire Council managers
- NHS QIS for consultation

Reporting framework

- Evelyn Devlin Adult and Older People Manager
- Jan Alexander Residential and Day Care Officer
- Senga Cree Head and Professional lead NHS Lanarkshire Physiotherapy Service
- Craig Cunningham East Kilbride General Manager/Care Homes Project Lead
- South Lanarkshire Council's older people's management team

Project timescales

- Project initiation document released for consultation – June 09
- Stakeholder event – July 09
- Implementation of new protocols – August 09
- Evaluation – February 2010

Project objectives

- Increase staff awareness of falls risk factors and prevention strategies through training and prevention processes
- To improve assessment protocols/ procedures
- To implement protocols/procedures for intervention strategies linked to care plans
- To improve reporting/auditing mechanisms for falls

Project evaluation

- Review of current procedures and compare with evidence base
- Audit the number of falls in the eight care homes and compare post implementation of new procedures
- Number of staff currently trained and compare post project
- Questionnaire users, carers and staff

Lanarkshire care homes falls prevention good practice procedure

Education strategies

Staff

- Falls prevention training should be included in induction process
- Resource folder accessible to all staff
- Staff should have falls prevention training yearly
- Each care home will have a Falls Prevention Champion

Relatives and Service Users

- Posters and leaflets should be visible and available
- Falls prevention should be part of the admission discussion that is
- Risk, strategies and access to literature

Admission protocols

- All residents should be assessed for their falls risk as soon as possible after admission using the FRASE falls assessment tool
- Every resident should be formally orientated to their environment using the environment and orientation tool
- All staff should be informed of resident specific mobility status, falls risk and falls strategies

Identified falls risks linked to strategies and care plans

- Lanarkshire Resident Falls Risk/ Interventions Tool should be used to link any risks with strategies which should be linked to actions in the care plan
- Falls risk assessments should be repeated every six months, after a fall or after any significant change in the resident's condition

Post fall protocols

- An incident form should be completed and if required a RIDDOR form
- The resident should have their falls risk re-assessed using an the FRASE falls assessment tool and the Lanarkshire Resident Falls Risk/Interventions Tool
- If more than one fall a falls log/history should be completed
- The fall and any risk/prevention strategies should be communicated to all staff

Process for assessment of environment, walking aids and footwear

- A falls risk assessment of the general care home environment should be completed 3 monthly along with health and safety checks. All walking aids should be checked for wear and tear every month.
  An assessment of resident footwear should be completed every month

Falls prevention service user information leaflet

Falls prevention campaign

Let's talk about the f word

Don't let falls get you down

Social Work Resources

Falls prevention information

Did you know that falls represent the most frequent and serious injury and loss of mobility in the over 65's age group.

Falls can cause serious injury and loss of mobility and independance.

Older people in care homes are 3 times more likely to fall than other older people. However, falls can be reduced by 50% when an individual's risk of falling is assessed and action taken to reduce them.

Here are some ways that we are working to reduce the risk of falling:

- helping you settle in and become aware of your new surroundings
- providing you with advice and fall prevention information
- assessing your risk of falling and discussing it with you to develop a care plan suited to your needs

Everyone has a role
in preventing falls!

What can you do?

Here are some things that you can do to help prevent the risk of falling:

- make sure you wear your glasses and or hearing aids
- if you have a walking aid use it at all times
- use the call bell when you need assistance
- wear suitable supportive footwear
- wear clothing which is comfortable and not too long
- let staff know if you feel unwell or are unsteady on your feet
- keep your fluid levels up
- ensure good house keeping
  - don't have things lying around which can be tripped over
- supervise children / animals
- avoid using talcum powder and oils

If you have any questions or want to know more speak to a member of staff in the care home.

If you need this information in another language or format, please contact us to discuss how we can meet yout needs.
Phone: 0303 123 1015
Email: equalities@southlanarkshire.gov.uk

www.southlanarkshire.gov.uk

Don't let falls get you down

Produced for Social Work Resources by Communications and Strategy December 15 (661)

Lanarkshire care homes falls prevention and bone health policy

Background/rationale

Falls amongst older people and their consequences both in terms of financial and human costs have been widely recognised as a serious and growing problem for society. 28-35% of people aged 65 and over fall each year, increasing to 32-42% for those over 70 years. This results in more than 50% of injury related hospitalisations among people over 65 years and over (WHO 2007). Older people living in care homes are particularly at risk, being three times more likely to fall than older people living in the community (Help the Aged 2007). With more than 60% of those living in nursing homes falling repeatedly, it is a major issue for this sector (BHF 2007). It is a major Health priority, particularly as the number of injuries caused by falls is projected to be 100% higher by 2030 (WHO 2007). Each NHS board as part of the Delivery Framework for Scotland (2007) has been asked to develop a combined falls and bone health protection strategy which will allow CHP's to develop operational implementation strategies. Evidence shows that the use of risk assessments and multifactorial interventions can reduce falls by 15-30%. These guidelines are based on the current evidence base for the prevention of falls in care homes and are part of NHS Lanarkshire's Falls and Bone Health Strategy covering five areas of falls prevention; education strategies, pre-admission/admission protocols, the identification of falls risk linked to strategies and care plans, post fall protocols and the process for assessment of extrinsic factors such as the environment, walking aids and footwear. The falls and fracture prevention and management and fracture prevention in care homes good practice self assessment tool should be completed annually to supplement this policy.

Education strategies

It is essential that service-users, relatives and staff are aware of the multifactorial falls risk factors, prevention strategies and risk reduction interventions so that a proactive approach to falls prevention can be taken. A falls history can often be withheld or not thought to be important therefore it is essential to discuss this as well as a fear of falling which is associated with reduced mobility and falls resulting in fracture (Gagnon, Flint).

- Falls prevention training should be included in the induction process for new staff
- Falls prevention information resources should be accessible to all staff for example in the form of a resource folder
- Staff should have regular falls prevention training for example yearly
- Each care home should have a falls prevention champion
- Falls prevention literature should be made available for relatives and service users for example posters, leaflets
- Falls prevention should be part of the pre-admission/admission discussion to ascertain previous falls history/risk

Supporting document;
Falls prevention champion job profile
History of falls questionnaire

Appendix four

Pre admission/admission protocols

It is important to establish the following as part of the preadmission assessment: past history of falls, past history of fractures, current strategies for managing falls, bone health assessment, current medication and management to ensure bone health, mobility aids required/specialist equipment for example raised toilet seats, seating, profiling bed.

There is evidence that service users are particularly at risk from falls and fractures in the first few months after admission to a care home (Rapp et al 2009). This is likely to be due to factors such as change of environment and the fact that admission to a care home is often preceded by a period of ill health. It is therefore essential that service users are assessed for their falls risk as soon as possible so that appropriate interventions can be made. It is also essential that the service user is properly orientated to their environment and the environment made suitable to their individual needs. All staff involved in the care of the service user should be made aware of their specific mobility status and falls risk, as well as any prevention strategies. If an individual has osteoporosis they are much more likely to sustain a fracture as the bones are more fragile, therefore an osteoporosis risk/assessment/ intervention plan should be completed.

- All service users should be assessed for their falls risk as soon as possible after admission using a validated falls tool such as the FRASE
- Every service user should be formally orientated to their environment using the environment and orientation tool
- All staff should be informed of service user specific mobility status, falls risk and falls prevention strategies

Supporting documents;
Environment and orientation tool
Back of environment and orientation sheet
Resident specific environmental checklist
FRASE

Identified falls risks linked to strategies and care plans

As well as assessing for falls risk, each service user's individual risk factors should be identified and appropriate strategies documented in the service user's care plan. To support bone health service users should be encouraged /supported to optimise their mobility and meaningful activity opportunities.

- Lanarkshire Resident Falls and Fracture Risk/Interventions Tool should be used to identify any risks and strategies which should be documented in the care plan
- Falls risk assessments should be repeated at least every six months (or according to local policy), after a fall or after any other significant change in the service user's condition
- An activity/meaningful activity plan should be completed

Supporting documents;
Falls and Fracture Risk and Interventions Tool

Post fall protocols

If a fall occurs it is essential to take a proactive approach in identifying any cause as evidence shows if an older person falls they are very likely to fall again. A falls log is a useful tool that can be used to identify a pattern to the service user's falls for example falling at the same time could indicate a medication issue or a staffing issue, falling in a particular location could indicate an environmental issue. It may be useful to use a floor plan and coloured stickers to identify areas where falls are happening.

- An incident form should be completed and if required a RIDDOR form
- The service user should have their falls risk re-assessed using the FRASE falls risk assessment (or similar validated tool) and the Lanarkshire Resident Falls Risk/ Interventions Tool
- If more than one fall a falls log/history should be completed
- The falls risk/prevention strategies should be communicated to all staff
- Falls data should be collected and collated and an action plan formulated to highlight any areas of concern, actions to be taken and provide evidence that the home is taking steps to reduce the incidence of falls

Supporting documents;
Care home falls log

Assessment of environment, walking aids and footwear

Falls can be caused by extrinsic factors such as environmental issues for example poor lighting, damaged or worn walking aids/wheelchairs or worn/inappropriate footwear. It is essential a proactive approach is adopted to identify and deal with these issues.

- A falls risk assessment of the general care home environment should be completed on a regular basis for example three monthly
- All walking aids should be checked for wear and tear regularly for example monthly
- An assessment of service user's footwear should be completed regularly for example monthly

Supporting documents;
Wheelchair safety inspection record
Wheelchair safety inspection guide
Falls audit checklist
What makes a shoe safe?
Safe shoe checklist
Generic falls environment risk assessment
Falls prevention footwear, walking aid and wheelchair monitoring form

Appendix four

References

British Heart Foundation (2007)

Active for L

Later life: physical activity and the prevention of falls among older people

Department of Health (2007)

Urgent care pathways for older people with complex needs London

Help the Aged (2007)

Preventing falls: managing the risk and effect of falls among older people in care homes London

NHS Lanarkshire (2008)

Draft falls prevention and bone health strategy Lanarkshire

Scottish Government (2007)

The delivery framework for adult rehabilitation Edinburgh

World Health Organisation (2007)

WHO Global report on falls prevention in older age Geneva: Switzerland

RAPP et al (2009)

Fractures after nursing home admission: incidence and potential consequences, osteoporosis Int, 20:1775-1783

Gagnon, N, Flint, A,J

Fear of falling in the elderly
www.geriatricsandaging.ca

NHS Scotland/Care Commission (2010)

Falls and fracture prevention and management and fracture prevention in care homes good practice self assessment

Falls prevention champion job profile

Falls prevention champion job profile

Responsibilities

- To ensure new staff receive falls prevention induction training
- To ensure resource material available and up to date for example folder, leaflets, posters
- To facilitate yearly refresher training for staff
- To audit compliance with Lanarkshire care homes falls prevention good practice procedure and report back to manager
- To ensure staff check all walking aids and resident footwear on a monthly basis
- To ensure staff check general environment for falls safety three monthly
- To organise the provision of hip protectors for residents who fit the criteria
- To organise the ordering of hip protectors

History of falls questionnaire

History of falls questionnaire

Adapted from Stack E and Ashburn A (1999)

1. How many times have you fallen in the past 12 months?

2. Where were you when you fell?

3. What were you doing at the time?

4. What do you think caused the fall?

5. Do you remember how you landed?

6. Have you had any near misses in the last 12 months?

7. How often would you say you have had near misses?

8. What sort of things were you doing when you nearly fell?

9. Why do you think you nearly fell?

10. How did you save yourself from falling?

11. Do you have a fear of falling?

12. If so, does this stop you from doing anything?

Falls questionnaire

Any issues identified should be addressed in the residents care plan

Falls questionnaire

Please take a few moments to complete the following questions. Once completed please return it to a member of staff who will discuss it with you to develop a care plan suited to your needs.

1. How many falls have you had in the past 12 months?

2. If so where were you when you fell?

3. What were you doing at the time?

4. Do you use any of the following to help keep your safe?

- Walking aid ☐
- Raised toilet seat ☐
- Bed rails ☐
- Sensor mats ☐
- Hospital bed ☐
- Wheelchair Electric ☐
  Manual ☐

Lanarkshire resident environment and orientation tool

Footwear/ clothing	Walking aid/ wheelchair	Flooring	Lighting	Bathroom	Hallways	Furniture	Bed
Is footwear lightweight and non-slip? Are clothes non-slip and correct length?	Do they require a walking aid? Is their walking aid/ wheelchair clean and in a good state of repair?	Is the flooring unworn and non-slip? Are all thresholds flush? Adequate space, free form clutter?	Is the lighting suitable for the residents needs?	Is the bathroom suitable for the resident/staff needs? Can the resident find it easily?	Are the hallways well lit and well sign posted for resident? Easy access?	Is there adequate space for walking aid/moving and handling equipment?	Is the bed suitable for residents needs?
Consider? Liaise with relatives and discuss with resident the importance of suitable footwear and clothing. Check footwear monthly. Ensure personal aids e.g. long handled aids provided if required.	**Consider?** Referral to local physio department. Replace ferrules, check and clean regularly. Check walking aid/ wheelchair monthly. Arrange wheelchair repair. Ensure appropriate use of lap belts.	**Consider?** Report any problems to manager and arrange repair. Rearrange furniture if required. Encourage good housekeeping.	**Consider?** Night light? Bedside? Accessible to resident? If required additional lighting? Timer lighting?	**Consider?** Position of buzzer. Position of soap/ hand towels. Use of raised toilet seat/toilet frame. Is there space for walking aid/moving and handling equipment? Signage? Grabrails? Lightweight door?	**Consider?** Additional lighting? Additional signage? Floors different colour from walls? Adequate handrails? Clutter free. Report any issues to manager.	**Consider?** Rearranging furniture. Removing unnecessary furniture. Are alert/call systems accessible? Electrical equipment accessible? Wardrobes/ drawers accessible? Footstools able to be moved and stored safely?	**Consider?** Bed rails? Adjustable in height? Mattress. Grab rail. Position in room. Are alert/ call systems accessible and in good working order?

Lanarkshire care home resident orientation/environment tool

Lanarkshire care home resident orientation/ environment tool

			Date	Signed
Has the resident had a falls risk assessment?	Yes ☐	No ☐		
Has the resident been orientated to own room, bath room and the home?	Yes ☐	No ☐		
Have the resident's shoes and walking aid been checked?	Yes ☐	No ☐		

Summary of any issues/actions raised:

Date of review:

Prevention of falls
Service user specific environmental checklist

Prevention of falls
Service user specific environmental checklist

Areas of consideration	
1	Bedroom
1.1	Is the bed height able to be adjusted so as to aid transfers
1.2	Is the bed provided with guard rails
1.3	Is the flooring in the bedroom free of defects
1.4	Is the floor covering in the bedroom a different colour from the wall coverings
1.5	Does the floor covering allow any contaminants (for example body fluids) to be easily identified
1.6	Is a system in place that identifies contaminants and makes provision for any contaminants to be mopped up without delay
1.7	Is any seating provided in the bedroom stable and sited so that it does not offer any tripping hazards
1.8	Are wardrobes, bedside drawers, chest of drawers easily accessible
1.9	Is a television provided that is able to be operated from the seated position
1.10	Is the door between the bedroom and the passageway able to be opened and closed easily by the service user
1.11	Is the bedroom provided with an en-suite toilet which has distinctive contrasting floor covering
1.12	Is the flooring in the en-suite free of defects
1.13	Is the door between the bedroom and the toilet able to be opened and closed easily by the service user
1.14	Is the floor covering in the en-suite toilet a different colour from the wall coverings and the floor coverings of the bedroom
1.15	Does the floor covering of the en-suite toilet allow any contaminants (for example body fluids) to be easily identified
1.16	Is a system in place that identifies contaminants and makes provision for any contaminants to be mopped up without delay
1.17	Is the door of the en-suite toilet able to be opened and closed easily by the service user
1.18	Are suitable hand/grab rails provided that helps the service user achieve a steady posture
1.19	Are any aids provided in the bedroom able to be stored so as not to present a tripping hazard to staff and service users
1.20	Are the blinds/curtains able to be operated easily by the service user
1.21	Is lighting in the bedroom and en-suite toilet adequate and able to illuminate all areas
1.22	Are any grab rails or other fixed equipment designed to aid the service user positioned so that they do not offer up a risk of the service user bumping into them
1.23	Are all cables positioned so that they do not present a tripping hazard to service users
1.24	Is the bedroom free of a change in floor level

FRASE guidelines

FRASE guidelines

Gait

'Hesitant' means difficulty in starting to walk/move.
'Poor transfer' means the resident requires help and cannot do safely the following;

- get in/out of bed
- on/off chair/wheel chair
- move from chair/bed to standing

Sensory deficit

Sight deficit means unable to see well even with glasses on or registered blind.
Hearing deficit means hearing problems with or without aid [whether worn or not].
Balance deficit means being unable to stand without the support of one or more carers and/or an aid.

Medication

Sleeping tablets for example Diazepam, Temazepam, Nitrazepam or Zopiclone.
Sedatives for example Chlorpromazine, Risperidone, Haloperidol, Chlormethiazole
Blood pressure medication including water tablets for example Captopril, Atenolol and Bendrofluazide, or Frusemide.

Please also refer to pharmacy leaflet.

Mobility

Restricted mobility means the resident requires supervision and/or help to walk and is not safe to walk alone even with the help of an aid.

Scoring

Identified risk	Actual score
Low risk	3 - 8
Medium risk	9 - 12
High risk	13+

Please refer to checklist for possible interventions.

Falls risk assessment scale for elderly

Falls risk assessment scale for elderly

Name			Date of birth				
Date							
Sex							
Male	1	1	1	1	1	1	1
Female	2	2	2	2	2	2	2
Age							
60-70	1	1	1	1	1	1	1
71-80	2	2	2	2	2	2	2
81+	1	1	1	1	1	1	1
Gait							
Steady	0	0	0	0	0	0	0
Hesitant in initiating movement	1	1	1	1	1	1	1
Poor transfer	3	3	3	3	3	3	3
Unsteady	3	3	3	3	3	3	3
Sensory deficit							
Sight	2	2	2	2	2	2	2
Hearing	1	1	1	1	1	1	1
Balance	2	2	2	2	2	2	2
Fall history (within last 12 months)							
None	0	0	0	0	0	0	0
At home prior to admission	1	1	1	1	1	1	1
Within care home	2	2	2	2	2	2	2
Medication							
Hypnotics [Sleeping tablets]	1	1	1	1	1	1	1
Tranquilisers[Sedatives]	1	1	1	1	1	1	1
Hypertensive (blood pressure)	1	1	1	1	1	1	1
Medical history							
Diabetes	1	1	1	1	1	1	1
Organic brain disease/confusion	1	1	1	1	1	1	1
Fits	1	1	1	1	1	1	1
Incontinent	1	1	1	1	1	1	1
Inability to co-operate	1	1	1	1	1	1	1
Mobility							
Fully mobile	1	1	1	1	1	1	1
Uses aid	2	2	2	2	2	2	2
Restricted	3	3	3	3	3	3	3
Bed bound	1	1	1	1	1	1	1
Total score							
Assessed by							

Lanarkshire care home resident falls and fracture risk/interventions tool

Resident's name: _____ **Date of birth:** _____

Mobility/ balance	Confusion/ cognitive impairment	Falls history	Medication	Continence	Feet and footwear	Dizziness syncope	Vision/ hearing	Environment	Frailty/Poor nutrition	Bone health
Is the resident unsteady or have muscle weakness? Do they have a fear of falling?	Are they more confused than normal? Could they have a delirium?	Has the cause been identified? Have pre-admission falls been discussed?	Are they taking benodiazepine, psychotrophics or 4 or more meds or any other high risk meds?	Are they incontinent of urine or faeces?	Is the footwear unsuitable? Are there foot problems?	Does the resident appear dizzy or have fainting attacks?	Does the resident have impaired hearing or sight?	Is the environment safe and suitable?	Is the resident underweight or have poor intake?	Does the resident have a diagnosis of OP? Has the resident OP risk factors?
Consider? Referral physio. Supervision plan. Encourage safe activity. Consider hip protectors and/ or walking aid. Manual-handling assessment. Monitor alcohol intake.	**Consider?** Health needs eg pain, dehydration, constipation. Rule out infection/ delirium. Consider advice GP/CPN. Promote exercise and activity. Hip protectors. Assistive technology.	**Consider?** Referral physio. Supervision plan Encourage safe activity. Consider hip protectors and/or walking aid. Review incidents: location, time etc. Consider pre-admission strategies.	**Consider?** BP Check (lying/ standing). GP review. CPN review. Ask re symptoms of dizziness/ sleepiness.	**Consider?** Toileting regime. Check for infection. Position near toilet. Refer incontinence service. Use night lights. Appropriate clothing. Commode or urinal.	**Consider?** Footcare regime. Referral podiatry. Liase with resident and family regarding suitable footwear.	**Consider?** GP review. Lying/ standing BP. Falls Clinic referral.	**Consider?** Ensure aids in place and in good state of repair. Refer optician/ audiology. Ensure good lighting. Check ear wax.	**Consider?** Orientation of resident to environment. Environment assessment tool. Consider aids, appliances and/ or signage.	**Consider?** Hip protectors. Calcium + Vit D. Food fortification. Refer dietician? Refer to MUST tool. Refer speech and language therapist. Encourage good fluid intake.	**Consider?** Discuss with GP bone health management. Calcium/vitamin D rich diet. Hip protectors if falls risk. Lifestyle advice e.g. sunlight exposure, reduce alcohol, smoking cessation, weight-bearing activity.

If unmanageable issues - consider referral Falls Clinic

Risk factors identified	Date and signature	Action plan	Date and signature

Lanarkshire care home resident falls risk/interventions tool

Resident's name: _____ **Date of birth:** _____

Mobility/ balance	Confusion/ cognitive impairment	Falls history	Medication	Continence	Feet and footwear	Dizziness syncope	Vision/ hearing	Environment	Fraily/Poor nutrition	Bone health
Is the resident unsteady or have muscle weakness? Do they have a fear of falling?	Are they more confused than normal? Could they have a delirium?	Has the cause been identified? Have pre-admission falls been discussed?	Are they taking benodiazepine, psychotrophics or 4 or more meds or any other high risk meds?	Are they incontinent of urine or faeces?	Is the footwear unsuitable? Are there foot problems?	Does the resident appear dizzy or have fainting attacks?	Does the resident have impaired hearing or sight?	Is the environment safe and suitable?	Is the resident underweight or have poor intake?	Is there a diagnosis of osteoporosis? Are there osteoporosis risk factors?
Consider? Referral physio. Supervision plan. Encourage safe activity. Consider hip protectors and/ or walking aid. Monitor alcohol intake. Manual-handling assessment.	**Consider?** Health needs eg pain, dehydration, constipation. Rule out infection/ delirium. Consider advice GP/CPN. Promote exercise and activity. Hip protectors. Assistive technology.	**Consider?** Referral physio. Supervision plan Encourage safe activity. Consider hip protectors and/or walking aid. Review incidents: location, time etc. Consider pre-admission strategies.	**Consider?** BP Check (lying/ standing). GP review. CPN review. Ask regarding symptoms of dizziness/ drowsiness.	**Consider?** Toileting regime. Check for infection. Position near toilet. Refer incontinence service. Use night lights. Appropriate clothing. Commode or urinal.	**Consider?** Footcare regime. Referral podiatry. Liase with resident and family regarding suitable footwear.	**Consider?** GP review. Lying/ standing BP. Falls Clinic referral.	**Consider?** Ensure aids in place and in good state of repair. Refer optician/ audiology. Ensure good lighting. Check for ear wax.	**Consider?** Orientation of resident to environment. Use Environment Assessment tool. Consider aids, appliances and/ or signage.	**Consider?** Hip protectors. Calcium + Vit D. Food fortification. Refer dietician? Refer to must tool. Refer speech and language therapist. Encourage good fluid intake.	**Consider?** Discuss with GP bone health management. Calcium/vitamin D rich diet. Lifestyle advice e.g. sunlight exposure, reduce alcohol, smoking cessation, weight-bearing activity.

If still a problem - consider referral Falls Clinic

Care homes falls log

Definition of a fall: "An event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness (NICE 2004)

Month		Year		Name of service user	

(Please start a new form each month)

Date/time of fall	Location of fall	Activity	Precipitating factors	Injury	Referred/ admitted	Falls risk assessment	Intervention	Hip protector worn	Staff signature/ date
	'								

Please consider 'patterns' of residents falling regularly and intervene accordingly (that is resident falling at particular time of day?)

Wheelchair safety inspection record

Wheelchair safety inspection record

Wheelchair make/number:

Areas to inspect	J	F	M	A	M	J	J	A	S	O	N	D
Armrests: Secure, not damaged, remove/ refit easily (where applicable)												
Backrest: Secure, no tears, folds appropriately (where applicable)												
Seat/cushion: Secure, no tears, not damaged, folds/unfolds (where applicable)												
Frame: Folds/unfolds (where applicable), no obvious damage												
Brakes: Good working order, not loose												
Wheels: Good condition, running freely												
Tyres: Properly inflated, good condition (good tread)												
Pushing handles/grips: Secure, no damage												
Footplates/loops: Secure, no damage												
Footplate latch: Good working order												
Hand rim/other attachments: Harness/seatbelt secure, no damage, in good order, fitted in accordance with manufacturer's instructions												
Overall condition: Clean, CE marked												
Manufacturer's instructions: available												
Maintenance: Regular maintenance in accordance with manufacturer's recommendations												

Key: S = satisfactory F = Faulty requires repair

Any damage/faults identified should be reported with the wheelchair make and number. The wheelchair should then be labelled "Not for Use" and removed from use until repaired.

Wheelchair safety inspection guide

Wheelchair safety inspection guide

Any damage/faults identified should be reported with the wheelchair make and number. The wheelchair should then be labelled "Not for Use" and removed from service until repaired

Areas for inspection

Armrests:
Secure, not damaged, remove/refit easily (where applicable)

Backrest:
Secure, no tears, fold appropriately (where applicable)

Seat/cushion:
Secure, no tears, not damaged, folds/unfolds (where applicable)

Frame:
Folds/unfolds (where applicable), no obvious damage

Brakes:
Good working order, not loose

Wheels:
Good condition, running freely

Tyres:
Properly inflated, good condition (good tread)

Pushing handles/grips:
Secure, no damage

Footplates/loops:
Secure, no damage

Footplate latch:
Good working order

Hand rim/other attachments:
Harness/waist-strap, secure, no damage, in good order, fitted in accordance with manufacturer's instructions

Overall condition:
Clean, CE Marked

Manufacturer's instructions:
Available

Maintenance:
Regular maintenance in accordance with manufacturer's recommendations and records kept

Falls audit checklist

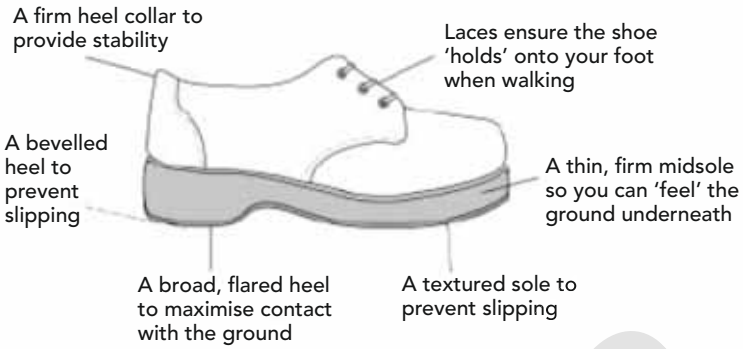
Falls audit checklist

Tick when completed

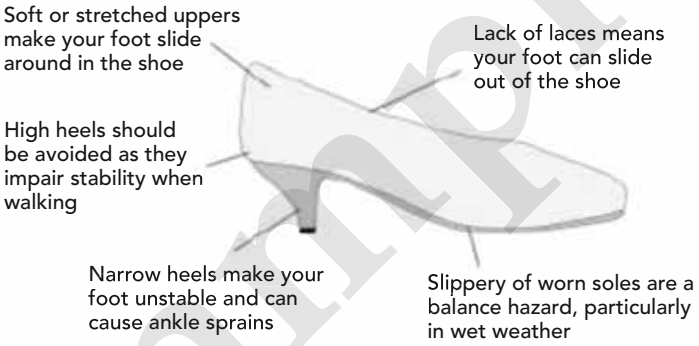
Date	Walking aid, shoe and wheelchair audit (end month)	General environmental audit (three monthly)
October 2009	☐	☐
November 2009	☐	☐
December 2009	☐	☐
January 2010	☐	☐
February 2010	☐	☐
March 2010	☐	☐
April 2010	☐	☐
May 2010	☐	☐
June 2010	☐	☐
July 2010	☐	☐
August 2010	☐	☐
September 2010	☐	☐
October 2010	☐	☐
November 2010	☐	☐
December 2010	☐	☐
January 2011	☐	☐
February 2011	☐	☐
March 2011	☐	☐
April 2011	☐	☐

Safe shoe guidelines

What makes a shoe safe?



What makes a shoe unsafe?



Residential aged care facilities

Footwear assessment is a common fall-prevention strategy used in residential aged care facilities; being used by up to 80% of these facilities in New Zealand. Wearing soft-soled shoes was associated with a reduced risk of falls compared to slippers, so residents should be encouraged to wear shoes rather than slippers. A reduction in falls also occurred in a dementia-specific setting, when special socks, incorporating a tread were provided to residents. Finally, a significant reduction in falls was observed when appropriate footwear was incorporated as part of a multifactorial fall-prevention intervention.

Foot problems

Foot problems, such as pain from corns, callouses and bunions, and foot deformities, such as hammer toes and nail conditions, are associated with increased fall risk. These foot problems are common in older people and they impair balance. Fall risk rises as the number of foot problems increases. Poor sensation in the feet increases the risk of falls in people with diabetes, as these people have an impaired ability to stabilise their bodies when walking, particularly on irregular surfaces. Podiatry can help manage these conditions.

Adapted from "The Australian Council for safety and quality in Healthcare (2005)"

Safe shoe check list

Safe shoe check list

The requirement for safe, well-fitting shoes vary depending on the individual and their level of activity. The feature outlined may assist in the selection of an appropriate shoe. The shoe should:

Heel	• Have a low heel (that is less than 2.5 cm) to ensure stability and better pressure distribution on the foot. A straight through sole is also recommended. • Have a broad heel with good ground contact.
Sole	• Have a cushioned, flexible, non-slip sole. Rubber soles provide better stability and shock absorption than leather soles. However Rubber soles do have a tendency to stick on some surfaces.
Weight	• Be lightweight.
Toe Box	• Have adequate width, depth and height in the toe box to allow for natural spread of the toes. • Have approximately one centimetre's space between the longest toe and the end of the shoe when standing.
Fastenings	• Have laces, buckles, elastic or Velcro to hold the shoe securely onto the foot.
Uppers	• Be made from accommodating material. Leather holds its shape and breathes well; however many people find walking shoes with soft material uppers are more comfortable. • Have smooth and seam-free interiors.
Safety	• Protect feet from injury.
Shape	• Be the same shape as the feet, without causing pressure or friction on the foot.
Purpose	• Be appropriate for the activity being undertaken during their use. Sports or walking shoes may be ideal for daily wear. Slippers generally provide poor foot support and may only be appropriate when sitting.
Orthoses	• Comfortably accommodating orthoses such as ankle foot orthoses or other supports if required. The podiatrist/orthotist or physiotherapist can advise the best style of shoe if orthoses are used.

This is a general guide only. Some people may require the specialist advice of a podiatrist for the prescription of appropriate footwear for their individual needs.

Generic falls environmental risk assessment

Generic falls environmental risk assessment

2	Bathroom and shower rooms	Area of consideration			Remedial action required to address significant finding
		Yes	No	N/A	
2.1	Are the floor coverings of the bathroom and shower rooms a different colour from the wall coverings	☐	☐	☐	
2.2	Are the floor coverings provided with a non slip surface	☐	☐	☐	
2.3	Is the floor coverings free of defects	☐	☐	☐	
2.4	Is a system in place to ensure any spillages are cleaned up without delay to prevent slippage risks to service users	☐	☐	☐	
2.5	Are suitable transfer equipment (side loading trolley, hoist, etc) provided for service users	☐	☐	☐	
2.5b	Are appropriate toilet aids (as required for individual use) that is raised toilet seats and toilet frames free from defect	☐	☐	☐	
2.6	Is the bathroom/shower room free of stored materials that could present a tripping risk to service users	☐	☐	☐	
2.7	Is the door of the bathroom/ shower room able to be opened and closed easily by the service user	☐	☐	☐	
2.8	Is bathroom/shower room free of a change in floor level	☐	☐	☐	
2.9	Is the bathroom/shower room provided with adequate lighting	☐	☐	☐	
3	Passageways				
3.1	Are the floor coverings of the passageway a different colour from the wall coverings	☐	☐	☐	
3.2	Are the floor coverings in passageways free of defects	☐	☐	☐	
3.3	Is a system in place to ensure any spillages are cleaned up without delay	☐	☐	☐	

3	Passageways	Area of consideration			Remedial action required to address significant finding
		Yes	No	N/A	
3.4	Are the passageways provided with adequate lighting	☐	☐	☐	
3.5	Are the passageways free of a change of floor level	☐	☐	☐	
3.6	Are adequate handrails provided along the length of the passageway	☐	☐	☐	
3.7	Are the passageways wide enough to allow persons to pass each other without putting them at risk of tripping	☐	☐	☐	
3.8	Are passageways maintained free of stored materials	☐	☐	☐	
3.9	Are doors across passageways maintained in the open position by hold open devices connected to the fire alarm	☐	☐	☐	
3.10	Are all cables positioned so that they do not present a tripping hazard to service users	☐	☐	☐	
4	**Common dining area**				
4.1	Are the floor coverings of the dining area a different colour from the wall coverings	☐	☐	☐	
4.2	Are the floor coverings in the dining area free of defects	☐	☐	☐	
4.3	Is a system in place to ensure any spillages are cleaned up without delay	☐	☐	☐	
4.4	Is the dining area provided with adequate lighting	☐	☐	☐	
4.5	Is the floor coverings in the dining area free of change of floor level	☐	☐	☐	
4.6	Is the dining area maintained free of stored materials	☐	☐	☐	
4.7	Is the furniture in the dining area arranged so that the risk of service users tripping is minimised	☐	☐	☐	

4	Common dining room	Areas of consideration			Remedial action required to address significant finding
		Yes	No	N/A	
4.8	Are all cables positioned so that they do not present a tripping hazard to service users	☐	☐	☐	
5	**Common lounges**				
5.1	Are the floor coverings of the lounges a different colour from the wall coverings	☐	☐	☐	
5.2	Are the floor coverings in the lounges free of defects	☐	☐	☐	
5.3	Is a system in place to ensure any spillages are cleaned up without delay	☐	☐	☐	
5.4	Are the lounges provided with adequate lighting	☐	☐	☐	
5.5	Are the floor coverings in the lounges free of change of floor level	☐	☐	☐	
5.6	Is the dining area maintained free of stored materials	☐	☐	☐	
5.7	Is the furniture in the dining area arranged so that the risk of service users tripping is minimised	☐	☐	☐	
5.8	Are all cables positioned so that they do not present a tripping hazard to service users	☐	☐	☐	
6	**Stairs and internal ramps**				
6.1	Is the height of the steps the same throughout the whole length of the stair or stairwell	☐	☐	☐	
6.2	Are the nosings (edge of step) square edged, highly visible and provided with a non-slip finish	☐	☐	☐	
6.3	Are the steps of the stairs free of defects and provided with a non-slip finish	☐	☐	☐	
6.4	Are suitable handrails provided on the stairs	☐	☐	☐	
6.5	Are the stairs provided with adequate lighting	☐	☐	☐	

6	Stairs and internal ramps	Areas of consideration			Remedial action required to address significant finding
		Yes	No	N/A	
6.6	If an internal ramp is provided has it been clearly identified	☐	☐	☐	
6.7	Is the floor covering on the ramp free of defects	☐	☐	☐	
6.8	Is the slope of the ramp suitable	☐	☐	☐	
6.9	Is the ramp provided with adequate lighting	☐	☐	☐	
6.10	Is the ramp provided with suitable handrails	☐	☐	☐	
7	**Lifts**				
7.1	Is the lift floor covering a different colour from the wall coverings	☐	☐	☐	
7.2	Is the floor covering in the lift free of defects and provided with a non-slip finish	☐	☐	☐	
7.3	Are suitable handrails provided in the lift	☐	☐	☐	
7.4	Are the call buttons arranged so that they can be easily reached by service users	☐	☐	☐	
7.5	Does the lift stop level with the floor landing	☐	☐	☐	
7.6	Is the lift provided with adequate lighting	☐	☐	☐	
8	**External**				
8.1	Are the external footpaths and other routes used by service users (for example car park) even and free of defects	☐	☐	☐	
8.2	Is a system in place to ensure the external routes are maintained free of slipping or tripping hazards for example falling leave, moss, uneven paving, pot holes	☐	☐	☐	

8	External	Areas of consideration			Remedial action required to address significant finding
		Yes	No	N/A	
8.3	Is a winter maintenance procedure in place that monitors footpaths and roadways to ensure they remain free of contaminants such as ice	☐	☐	☐	
8.4	Are the footpaths, roadways free of a change of level that present a tripping hazard	☐	☐	☐	
8.5	If a ramp is provided is the slope of the ramp suitable	☐	☐	☐	
8.6	If a ramp is provided is the surface free of defects	☐	☐	☐	
8.7	If a ramp is provided are suitable handrails provided	☐	☐	☐	
8.8	Are the external footpaths roadways and ramp provided with suitable lighting	☐	☐	☐	
8.9	Are the mats provided to remove any possible contaminants from persons feet when persons enter the premises suitable	☐	☐	☐	

Falls prevention monitoring

Week commencing:

Issue	Comments	Any action required	To whom reported	Signed	Date
Have all walking aids been checked for wear and tear?					
Have all resident's shoes been checked for safety/mobility?					
Have all wheelchairs been checked for safety?					

Falls evaluation sheet 1 pre project 2009

Unit name	Number of care staff in unit	Total number of staff trained	Total number falls J.F.M.A. 2009	Total falls	A&E attendance only	Admission to ward	Number of service users involved in each months figures	Observed Falls J.F.M.A 2009	Unobserved Falls J.F.M.A. 2009
David Walker House	50		24,12,17,17	70	1 Feb 3 April	None	17,9,11,12	2,2,0,4	22,10,17,13.
McKillop Gardens	45		4,6,2,3	15	None	None	3,4,1,2	0,0,1,0	4,6,1,3
Meldrum Gardens	43		19,8,4,21	52	None	None	7,5,3,9	4,3,1,7	15,5,3,14
McWhirters House	26		16,16,16,13	61	2 March	1 Jan	12,9,8,6	1,1,0,0	15,15,16,13
Dewar House	29		6,0,7,5	18	1 March	None	4,0,4,4	2,0,0,1	4,0,7,4
Kirkton House	27		6,6,7,8	27	4 April	1 April	6,5,7,8	3,2,2,1	3,4,5,7
McClymont House	26		8,6,7,6	27	1 March 1 April	None	7,5,5,5	0,2,0,3	8,4,7,3
Canderavon House	53		14,7,9,3	33	2 Jan 1 Feb 1 March	2 Jan	6,6,9,2	0,1,3,0	14,6,6,3

Falls evaluation sheet 1 post project 2010

Unit Name	Number of care staff in unit	Total number of staff trained	Total number falls J.F.M.A. 2010	Total falls	A&E attendance only	Admission to ward	Number of service users involved in each months figures	Observed falls J.F.M.A 2010	Unobserved falls J.F.M.A. 2010
David Walker House	50	31	8,16,9,15	48	1 Jan	1 Jan	7,10,8,9	3,0,1,2	5,16, 8,13
McKillop Gardens	45	10	7,4,8,9	28	1 Jan	None	4,4,4,7	1,0,0,2	6,4,8,7
Meldrum Gardens	43	15	5,8,8,14	35	None	None	5,6,6,6	1,2,4,7	4,6,4,7
McWhirters House	26	10	23,26,24,17	90	3 Feb 1 Mar	1 Feb	12,11,12,7	1,3,2,1	22,23,22,16
Dewar House	29	29	0,4,2,6	12	1 April	None	0,4,1,4	0,1,0,1,	0,3,2,5
Kirkton House	27	12	4,6,2,8	20	None	None	3,5,2,8	3,2,1,0	1,4,1,8
McClymont House	26	17	5,9,6,6,	26	2 Jan 1 Feb 3 Mar 1 Apr	1 Jan	4,7,5,5,	1,2,0,0	4,7,6,6
Canderavon House	53	41	16,15,21,6	58	1 Jan	None	7,5,16,5	3,0,2,1	13,15,19,5

Falls project evaluation questionnaire

Falls project evaluation questionnaire

Questionnaire key. Please tick the response most relevant.

1. Care home falls log

How useful have you found this tool?

Poor ☐ Satisfactory ☐ Good ☐ Excellent ☐

Would you like to see any changes made or make any comments?

2. Falls risk and intervention tool

How useful have you found this tool?

Poor ☐ Satisfactory ☐ Good ☐ Excellent ☐

Would you like to see any changes made or make any comments?

3. Environment and orientation tool

How useful have you found this tool?

Poor ☐ Satisfactory ☐ Good ☐ Excellent ☐

Would you like to see any changes made or make any comments?

4. Walking aid/footwear audits

How useful have you found this tool?

Poor ☐ Satisfactory ☐ Good ☐ Excellent ☐

Would you like to see any changes made or make any comments?

5. General environment audits

How useful have you found this tool?

Poor ☐ Satisfactory ☐ Good ☐ Excellent ☐

Would you like to see any changes made or make any comments?

6. Falls prevention training

How useful have you found this tool?

Poor ☐ Satisfactory ☐ Good ☐ Excellent ☐

Would you like to see any changes made or make any comments?

7. Posters and leaflets

How useful have you found this tool?

Poor ☐ Satisfactory ☐ Good ☐ Excellent ☐

Would you like to see any changes made or make any comments?

Thank you for your time.

If you need this information in another language or format, please contact us to discuss how we can best meet your needs.
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