



Review Sheet



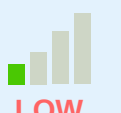
Last Reviewed
24 Jul 2025



Last Amended
24 Jul 2025



This policy will be reviewed as needs require or at the following interval:
Annual

Business Impact:	 <p>Minimal action required. Circulate information amongst relevant parties.</p>
Reason for this Review:	Scheduled review
Changes Made:	Yes
Summary:	<p>This policy will help staff reduce the risk of falls and provide guidance in the management of falls with people who use Wellspring Recruitment and Care Services Limited. It has been reviewed with some minor word changes. The references and further reading links have been checked and updated as well as new ones added.</p>
Relevant Legislation:	<ul style="list-style-type: none"> • The Care Act 2014 • Equality Act 2010 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Health and Safety at Work etc. Act 1974 • Management of Health and Safety at Work Regulations 1999 • Mental Capacity Act 2005 • Mental Capacity Act Code of Practice • Safeguarding Vulnerable Groups Act 2006 • UK GDPR
Underpinning Knowledge:	<ul style="list-style-type: none"> • Author: National Institute for Health and Care excellence (NICE), (2023), Head injury [Online] Available from: https://www.nice.org.uk/guidance/qs74 [Accessed: 24/07/2025] • Author: National Institute for Health and Care Excellence (NICE), (2025), Falls: assessment and prevention in older people and in people 50 and over at higher risk [Online] Available from: https://www.nice.org.uk/guidance/ng249 [Accessed: 24/07/2025] • Author: Department of Health, (2009), Falls and fractures: Effective interventions in health and social care [Online] Available from: https://laterlifetraining.co.uk/wp-content/uploads/2011/12/FF_Effective-Interventions-in-health-and-social-care.pdf [Accessed: 24/07/2025] • Author: NICE, (2018), Decision-making and mental capacity - Guidelines NG108 [Online] Available from: https://www.nice.org.uk/guidance/ng108 [Accessed: 24/07/2025] • Author: NICE, (2019), 2019 surveillance of falls in older people: assessing risk and prevention (NICE guideline CG161) [Online] Available from:



	<p>https://www.nice.org.uk/guidance/cg161/resources/2019-surveillance-of-falls-in-older-people-assessing-risk-and-prevention-nice-guideline-cg161-pdf-8792148103909 [Accessed: 24/07/2025]</p> <ul style="list-style-type: none">• Author: CQC, (2025), Regulation 12: Safe care and treatment [Online] Available from: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment [Accessed: 24/07/2025]• Author: South Western Ambulance Service NHS Foundation Trust, (2025), Post Falls Guidance pack for Care Providers [Online] Available from: https://www.swast.nhs.uk/download/post-falls-guidance-pack-for-care-providers-v96pdf.pdf?ver=2080&doc=docm93jjm4n2407.pdf [Accessed: 24/07/2025]
Suggested Action:	<ul style="list-style-type: none">• Encourage sharing the policy through the use of the QCS App
Equality Impact Assessment:	<p>QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.</p>

Quality Compliance Systems Limited
Wellspring Recruitment and Care Services Limited
Downloaded: 16 January 2025
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1. Purpose

1.1 To describe how Wellspring Recruitment and Care Services Limited applies best practice in the management of falls, promote a culture of enabling and promoting ability, to balance independence with safe care and reduce the risk of falls.

1.2 This policy dovetails with other relevant policies and procedures which should be referred to for further guidance and standards. These include:

- Health and Safety Policy and Procedure
- Mobility Policy and Procedure

1.3

Key Question	Quality Statements
EFFECTIVE	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
RESPONSIVE	QSR1: Person-centred care
SAFE	QSS4: Involving people to manage risks QSS5: Safe environments
WELL-LED	QSW1: Shared direction and culture QSW2: Capable, compassionate and inclusive leaders

1.4 Relevant Legislation

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Safeguarding Vulnerable Groups Act 2006
- UK GDPR



2. Scope

2.1 Roles Affected:

- All Staff

2.2 People Affected:

- Service Users

2.3 Stakeholders Affected:

- Family



- Representatives
- External health professionals
- NHS



3. Objectives

3.1 To provide staff of Wellspring Recruitment and Care Services Limited with an understanding of the risk factors of a fall, facilitate the implementation of a comprehensive and person-centred falls risk assessment, and to suggest practical interventions that may reduce these risks.

3.2 To provide staff of Wellspring Recruitment and Care Services Limited with an understanding of post fall observations and actions to prevent further falls.



4. Policy

4.1 A fall is defined as an event which causes a person to unintentionally rest on the ground or lower level and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard. The fall could be:

- Sliding out of a chair
- Rolling out of bed
- Misjudging where a seat is
- Feeling dizzy when standing up

Having a fall can happen to anyone, however, as people get older they are more likely to fall.

Falls are events resulting from the presence of risk factors. The likelihood and severity of injury resulting from an event is related to a number of possible factors including bone health, risk of falls, frailty and low weight.

Falls and fracture in older people are often preventable. Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people. About 40 - 60% of falls result in major lacerations, traumatic brain injuries or fractures.

4.2 The personal impact of falls on the Service User can be significant, and include:

- Loss of independence
- Fear of falling again
- Embarrassment
- Shock
- Pain
- Anxiety about needing more help
- Not going out
- Distress
- Loss of self-confidence
- Reduced quality of life



- Mortality

4.3 Falls are often a symptom of something else such as a chest infection, urinary tract infection, exacerbation of a medical condition, or gradual deterioration (frailty, medication reaction, balance or mobility).

4.4 A history of falls in the past year is the single most important risk factor for falls and is a predictor of further falls.

4.5 All Service Users will be assessed for the risk of falls before the start of their care service, at regular intervals as determined by local policy and after any fall. Best practice includes as and when a change occurs and 6-monthly as a minimum.

Risk management for falls will be individually tailored to the Service User whilst promoting safety and quality and complying with national requirements.

4.6 There is a culture where Service Users are empowered and encouraged to be as independent as possible, whilst balancing safety and a duty of care towards the Service User. Staff will be supported to accept that there may be occasions where a fall cannot be prevented, but both the likelihood and consequences of falling can be reduced with strategies and effective management plans.

Where the Service User lacks the mental capacity to make decisions, and in the absence of an individual appointed with Lasting Power of Attorney or a Court Appointed Deputy with the appropriate authority, decisions will be made following the Mental Capacity Act requirements and the Service User's best interests.

4.7 It is the responsibility of all staff to adhere to all policies and procedures at Wellspring Recruitment and Care Services Limited, as well as relevant health and safety legislation.

All staff will:

- Have an awareness of the risks of falls
- Continually consider potential risks
- Continually carry out actions to reduce risk
- Seek advice from a senior colleague if unsure of risk assessment strategies
- React to any changes observed in Service Users
- Report and record trips and falls
- Review falls incidents on a regular basis
- Complete accident and incident forms, including body maps
- Carry out post-fall observations
- Attend training sessions (including refreshers)
- Participate in audits or discussions about their findings
- Ensure that environments are safe and risk assessments are followed
- Familiarise themselves with all health and safety policies at Wellspring Recruitment and Care Services Limited, as well as following the content of this specific policy and procedure

4.8 Registered Manager must:

- Ensure there is a clear definition of what is considered a fall for reporting
- Have a system in place for the recording of specific Service User falls and falls across Wellspring Recruitment and Care Services Limited
- Review falls data to identify any patterns of falls across Wellspring Recruitment and Care Services Limited and implement any action required



4.9 Wellspring Recruitment and Care Services Limited will adhere to, and model, the quality standards as provided by NICE, which include:

- Service Users are asked about falls when they have routine assessments and reviews with health and social care practitioners
- Service Users at risk of falling are offered an individualised, multifactorial falls risk assessment and intervention
- Service Users who fall are subject to thorough assessment for signs and symptoms of fractures and for the possibility of a spinal injury before any attempt to move them is made
- Service Users who fall and indicate signs or symptoms of injury, which may include possible fractures or possible spinal injury, will not be moved until specialist trained assistance and equipment is available to effect the movement safely, unless they are in immediate danger of further injury
- All instances which require staff to assist in the movement of persons who have fallen will be dealt with by trained staff and done in line with the Moving and Handling Policy and Procedure
- Service Users who have recurrent falls are referred to an appropriate health care professional or healthcare community
- A team for support with assessment and management strategies
- Service Users receive regular medication reviews and consideration is taken where medication is prescribed that may increase the risk of falls

4.10 Effective post-fall management aims to:

- Minimise harm to Service Users from incorrect management after a fall
- Ensure the Service User has prompt access or referral to ongoing treatment when injury has occurred
- Reduce variation(s) in post-fall management within Wellspring Recruitment and Care Services Limited

4.11 Wellspring Recruitment and Care Services Limited recognises the pressures on the emergency services and will have procedures in place for assisting Service Users who have fallen and cannot get up, but who are not injured or medically unwell. However, where there are concerns or doubt, the falls procedure will be used, and clinical advice sought from the emergency services.



5. Procedure

5.1 Risk

There are key groups of Service Users who may be at higher risk of falls. These include Service Users experiencing the following:

- Balance/mobility issues
- Frailty
- End of life care
- Neurological conditions such as stroke, Parkinson's disease or multiple sclerosis
- Conditions associated with learning disabilities
- Mental health issues (due to potential medications and lifestyle choices)
- Visual impairment



- Dementia/delirium
- A transition (due to bereavement, house move or move from/to home, care homes)

Over 400 risk factors associated with falling have been identified (NHS Centre for Reviews and Dissemination 1996), but these can be divided broadly into:

- Physical or intrinsic (person related)
- Environmental or extrinsic
- Behavioural (activity related) risk factors

5.2 Risk Assessment

The causes of falls are multifactorial and the risk of falling appears to increase with the number of risk factors. Multifactorial falls risk assessments allow the Service User's risk factors to be identified. Multiple interventions can then target these specific risk factors and reduce several components of falls risk.

All new Service Users will be assessed at the pre-service visit for falls risk, this will be reassessed upon service commencement and ongoing, including after a fall.

The falls risk assessment at Wellspring Recruitment and Care Services Limited must:

- Ensure that Service Users at risk are identified
- Document that Service Users are risk assessed and appropriately referred
- Document that following referral, an intervention of the necessary quality is delivered that reduces risk to the Service User
- Ensure that risk reduction is maintained

5.3 Falls Care Plan

A personalised Falls Care Plan must be completed for each Service User.

5.4 Review Medical History and Physical Health

History of falls:

- Does the Service User have a history of falls?
- Have they started a care package due to falls?
- Has the Service User had 2 or more falls in the last 12 months?

Staff must (with consent):

- Review all falls using an analysis form to look for patterns (time of day, activity, location)
- Inform the Service User's GP of falls history or recent falls
- Ask the GP for a review to look for medical causes such as infection, heart problems, low blood pressure

Check Medical History:

- Does the Service User have conditions such as, CVA, Parkinson's disease, epilepsy, diabetes, heart disease, high or low blood pressure?

Staff must (with consent):

- Check for signs of infection or illness in the Service User
- If a medical condition has not been reviewed in the last 6 months, ask the Service User's GP to consider if the Service User has low blood pressure, prompt them to stand still on first standing up

Medication:

- A number of medicines can cause or contribute to falls, these are sometimes referred to as falls risk increasing drugs (FRIDs)



- There are also certain medications that cause or contribute to fractures
- Be aware of medications that can cause dizziness, drowsiness, constipation or the need to pass urine more frequently (sedatives, antidepressants, diuretics)
- Staff can find further information on FRID's and medicines that increase the risk of fracture, in the further reading section of this policy

Staff should:

- Ensure that the Service User's medication is reviewed by the GP every 6 months
- Ask the GP to review the Service User's medication after a fall
- Refer to the Service User's GP if concerned about the effects of medication

Pain:

- Is the Service User in pain?
- Are their pain killers causing side effects?

Staff must:

- Refer to the Service User's GP if the Service User's pain is not controlled
- Ask for a review if side effects experienced
- Observe the Service User for signs of pain if unable to communicate

Fractures:

- Has the Service User had fractures in the past?

Staff should:

- Ask the GP to review the Service User's risk of osteoporosis (with consent)

Malnutrition and Hydration:

- Does the Service User need encouragement to eat, have a poor appetite or have they experienced recent weight loss?
- Do they drink less than 5 cups of fluid a day?
- Do they need encouragement to drink or do they often leave drinks unfinished?

Staff should:

- Encourage Service Users to eat small amounts regularly
- Check Service Users teeth and dentures
- Review reasons for poor appetite and weight loss
- Refer to their GP and dietician if required
- Encourage the Service User with fluids and review any reason for poor fluid intake
- Consider a fluid or food chart

5.5 Environment and Equipment

In the Service Users own home there may be a limit to what can be done to their environment to reduce the risk of falling, however some aspects to consider and implement where possible are:

Flooring and Doorways:

- Ensure floors are clear of obstructions, check rugs and flexes
- Avoid patterned flooring if possible and keep floors dry at all times
- Avoid raised thresholds between rooms
- Avoid heavy doors

Lighting:

- Ensure good lighting with no glare night and day
- Consider the use of a light in the Service User's room at night



- Ensure switches are accessible

Transfers and Stairways:

- Does the Service User need help on or off a chair, bed or toilet?
- Is the Service User unsteady when transferring or tends to rush?
- Are there insufficient rails on stairways?
- Is the Service User unsteady on stairs?

Staff must:

- Consider alternative furniture
- Prompt the Service User not to rush
- Consider recommending using a downstairs room as a bedroom (if possible/appropriate)

Heating and Body Temperature:

- Does the Service User feel the cold?
- Does the Service User sit for long periods or not recognise when they are cold?

Staff must:

- Promote a draft free environment
- Check the Service User is not cold if they sit for long periods
- Encourage and assist to mobilise regularly

Footwear and Foot Care:

- Is the Service Users footwear ill-fitting, unsupportive, too loose, or too tight?
- Does the Service User have any feet conditions that may be causing pain such as blisters, corns or ingrowing toenails?

Staff must:

- Advise the Service User on suitable footwear, no loose slippers, slip on shoes for example
- Check the Service User's feet and refer to podiatry/GP if required

Wellspring Recruitment and Care Services Limited will support the Service User to keep the home free from clutter to reduce trip hazards. Rugs and carpets will be secure and the area in which the Service User walks will be free from furniture. A risk assessment will include any slip, trip and fall hazards.

5.6 Activity

Balance:

- Does the Service User hold furniture when moving?
- Is the Service User unsteady when walking, do they lose balance on turning or reaching?
- Is the Service User unable to walk unsupported, as they are unsteady?

Staff must:

- Encourage the Service User to stand still on first standing
- Advise the Service User to keep head and feet inline when turning
- Increase supervision (if this is possible)
- Considering referring the Service User to physiotherapy or occupational therapy

Dizziness:

- Does the Service User complain of dizziness or feeling dizzy on standing?

Staff must:

- Advise the Service User to move their legs and feet before standing and stand still on first standing up



- Consider potential ear problems/infections

Stumble and Trip:

- Has the Service User been noticed to stumble or trip even if there are no obstacles?

Staff must:

- Document and review incidents for time, location and activity at the time

Gait

- Does the Service User shuffle, lean to one side, backwards or walk fast?

Staff should:

- Encourage the Service User to stand upright and provide supervision (where possible)
- Refer to physiotherapy for advice

Walking:

- Does the Service User need supervision when walking from 1 or 2 staff?

Staff must:

- Contact the community physiotherapy team
- Assist the Service User to complete any exercises recommended.

Walking Aids

- If the Service User uses aids, are they using them correctly?
- Are any aids in good condition?

Staff must

- Check any equipment is in good working order and at the correct height for the Service User
- Encourage the Service User to use any aids correctly

5.7 Communication and Understanding

Communication:

- Can the Service User express their needs and make themselves understood?

Staff must:

- Consider alternative communication methods (pictures and signs)
- Observe the Service User for insight into how they are feeling

Cognition:

- Does the Service User recognise their limitations?
- Do they have poor understanding of space and distance?
- Is the Service User unaware of risks and hazards or have poor short term memory?

Staff must:

- Use physical gestures and prompts
- Refer the Service User to their GP for review if there is a change from usual presentation
- Repeat information when the Service User is unable to remember
- Consider the use of assistive technology

Comprehension

- Can the Service User understand verbal instructions or questions?

Staff must:

- Speak clearly, use simple instructions and physical gestures as prompts
- Arrange checks for the Service User's hearing or eyesight

Vision and Hearing:

- Has the Service User been diagnosed with sight or hearing loss?



- Do they wear varifocal or bifocal glasses?
- Does the Service User refuse to wear their glasses or hearing aid?
- Is their hearing aid set working correctly?

Staff must:

- Ensure the Service User has adequate lighting day and night
- Ensure glasses or hearing aids are clean and in good working order
- Avoid approaching the Service User from behind which may startle them

Wellspring Recruitment and Care Services Limited understands that hearing aid wearers and those with hearing loss can be affected by Tinnitus that may impact balance and increase the risk of falls

Neurological Impairment (including but not limited to Cognitive Impairment, Dementia, Parkinson's Disease).

Staff will work closely with the Service User and their family, looking at routines, medication and assistive devices to manage as practically as possible. Staff will refer Service Users to, and seek the support and advice of, external health care professionals with specialist knowledge in neurological impairment.

5.8 Toilet

Continence Needs:

- Is the Service User incontinent of urine and/or faeces? Do they have a catheter fitted?
- Do they have difficulty accessing the toilet?
- Does the Service User have an increase in frequency or urgency of using the toilet?
- Do they need to get up to use the toilet at night or are they concerned about their continence?
- Do they have difficulty managing clothes?
- Are they suffering from constipation?

Staff must:

- Ensure a continence assessment has been completed for the Service User. If not, refer to the community nurse/continence service
- Assess the Service User for constipation
- Refer to occupational therapy if required
- Consider a commode for night use
- Offer assistance to the toilet at each visit

5.9 Strategies for Reducing the Risk of Falls

Many falls are preventable. Falls are not an inevitable part of ageing and there are some risk factors that staff can react to, to reduce the risk of the Service User falling. Falls prevention has to be tailored to each Service User and their particular environment. Any strategy considered will only be implemented in discussion with Service Users and/or their family members with the Service User's consent.

Staff at Wellspring Recruitment and Care Services Limited know Service Users well and will notice if there has been a change, it is important that everyone reacts to reduce falls. Identifying and assessing the risk of falls must be a regular approach that considers the whole Service User. This way staff can pick up on any changes and react to these to prevent a fall from happening.



5.10 Alcohol and Substance Misuse

- Service Users should be provided with information on safe alcohol limits and made aware of the possible issues that may arise as a result of alcohol consumption, but in a way that respects dignity
- Service Users should be provided with information about the dangers of taking non prescription medication and substances

5.11 Choice and Consent

Wellspring Recruitment and Care Services Limited understands the importance of Service User choice and consent and recognises that the Service User has the right to make an unwise decision.

This may mean that on occasions, following a risk assessment that identifies potential risk, the Service User does not wish for any changes to take place. Wellspring Recruitment and Care Services Limited recognises that it has a duty of care to keep Service Users safe from harm, and as such will have a method in place to document and record this, ensuring that it is reviewed at regular intervals and passing any relevant information on to other healthcare professionals.

No one can give consent on behalf of another adult who is thought to lack mental capacity regardless of whether the impairment is temporary or permanent. However interventions can be introduced if it is considered to be within the Service User's best interest. This best interest decision must be recorded within the Service User's Care Plan with a clear rationale stating why the intervention is needed and who has been involved in making the decision.

5.12 Health and Safety

Staff will refer to the health and safety policies, associated legislation, regulation and recommendations with regards to daily practice to ensure that the physical environment, housekeeping and equipment practices meet need and are appropriately and safely managed in relation to falls risk.

This will include ensuring that an environmental risk assessment has been completed to reduce tripping hazards within the Service User property.

Staff will conduct their own activities, including all handling and lifting tasks in accordance with their training and relevant Wellspring Recruitment and Care Services Limited risk assessments. Staff will not carry out hazardous tasks unless appropriately trained and will seek assistance in all instances where they are unsure of the safe procedure.

5.13 Environmental Hazards

Many factors can cause slips, trips and falls. These include:

- Slippery surfaces caused by dry or dusty floor contamination (e.g. dust, lint or talcum powder)
- Slippery flooring in areas prone to regular contamination (kitchens, bathrooms, main entrances) where slip resistant flooring would be expected
- Contamination - anything that ends up on the floor, such as rain water, spills, leaks, footwear
- Cleaning - wet floor, trailing cables
- Flooring - not suitable, in poor condition
- Uneven surfaces (inside and outside)



- Obstructions or trip hazards, both temporary and permanent - trolleys, cables, items not stored away
- Trip hazards, uneven surfaces and changes of level - unmarked ramps or steps
- Lack of handrails (along hallways, landings, in stairwells or at doorways)
- Poor levels of lighting
- Poor contrast between adjacent objects, particularly between furniture and flooring (dark furniture on dark floors)

Staff must identify any risk that may cause a slip, trip or fall at the Service User's property and do everything reasonably practicable to protect the Service User and staff from harm.

5.14 Physical Activity

- All general physical activity is good and where part of the Care Plan will be encouraged by staff at Wellspring Recruitment and Care Services Limited
- As part of the individual risk assessment process at Wellspring Recruitment and Care Services Limited, staff will identify activities and ways that Service Users are able to remain independent and active which promotes confidence and a positive outlook
- Service Users with poor functional ability, unsteady gait or who have experienced recurrent falls, will be referred to an appropriate falls service or physiotherapist for tailored exercise programmes and support

5.15 The following equipment has the potential to constitute restraint for Service Users who lack capacity. Before considering the following, staff must refer to, and adhere fully to the Mental Capacity Act and Code of Practice and the Deprivation of Liberty Safeguards (DoLS).

- **Chairs** - As chairs are available in different styles and heights, each Service User must have a bespoke assessment to ensure that their chair is appropriate to meet their needs. This assessment will be completed by a suitably trained, competent and knowledgeable member of staff
- **Ultra-Low Beds** - They will be considered for Service Users who have fallen from the bed and are at risk of further falls. They are also indicated for Service Users where bed rails are not an appropriate or safe alternative
- **Safe Use of Bedrails** - Undertake an assessment of use and document decisions made. Staff, in partnership with the health professional who recommends the bed rails, must consider whether DoLS will apply before bedrails are used
- **Assisted Technology Solutions** (sensor alarms attached to Service Users) will only ever be considered as a means to assist staff to respond in a timely manner; they do not prevent falls. Assistive technology must not compromise the individual's dignity or independence and should not impact on other Service Users' comfort, e.g. repeated alarm noises
- **Hip Protectors and Head Protection** will only be implemented on the specialist advice and recommendation of suitably trained, competent and knowledgeable healthcare professionals. Clear guidelines will be available and spare hip protectors available to allow for laundering

For all of the above, Wellspring Recruitment and Care Services Limited will document in the Care Plan their reasons for using the interventions, the decision will clearly evidence that it is in the Service User's best interest and who has been involved in the decision-making.

5.16 Management of a Falling Service User

The manual handling risk to staff increases when Service Users fall because staff may attempt to catch, support or intervene with the falling Service User, or because they attempt to retrieve the fallen Service User manually.



Staff have three viable options when confronted with a falling Service User:

- Lower the Service User to the floor (which could be risky to the member of staff and cause injury to both)
- Allow the Service User to fall (which could cause more injury to the Service User)
- Redirect the fall (could still result in injury for both parties)

There is no definitive answer as to whether staff should or should not intervene with a falling Service User. The decision must be based on clinical reasoning at the time and must be documented clearly as to the reasons for not intervening or for limited intervention. Wellspring Recruitment and Care Services Limited appreciates that this very often requires an instant decision.

It is essential to achieve a balance between the needs of the Service User and the needs of staff; staff may assist a falling Service User if it is safe to do so but must not put themselves at risk.

This is a subject that should be openly discussed with regards to falls management and as part of the annual manual handling training to ensure that staff are prepared for such incidents.

5.17 Post Falls Protocol

When the Service User falls staff should refer to a Post Falls Decision Making Tool, which will assist staff in the actions required. An example of a Post Falls Decision Making Tool (NHS South Western Ambulance Service) which can be used, can be found in the Further Reading section of this policy.

Registered Manager should ensure that the Post Falls Decision Making Tool is easily accessible.

NICE (2017) state that a post fall protocol should include:

- Checks by healthcare professionals for signs or symptoms of fracture and potential for spinal injury before the Service User is moved
- Safe manual handling methods for Service Users with signs or symptoms of fracture or potential for spinal injury (without the necessary equipment or staff expertise, Wellspring Recruitment and Care Services Limited must collaborate with emergency services)
- Frequency and duration of neurological observations for all Service Users where head injury has occurred or cannot be excluded (for example, unwitnessed falls) based on the NICE guideline on head injury

5.18 Procedure on Finding the Service User has Fallen (Witnessed or Not Witnessed)

When the Service User falls, it is important that they are assessed and examined promptly, to see if they are injured, prior to assisting them or moving them off the floor. This will help to inform decisions about safe handling and ensure that any injuries are treated in a timely manner.

- Care staff (or whoever finds the Service User) must first ensure the safety and welfare of the Service User and others, and should check for danger
- Staff should check the Service User for response and if there is no response must follow the Resuscitation Policy and Procedure at Wellspring Recruitment and Care Services Limited
- Staff should contact the office for assistance
- If the Service User is breathing normally, an initial assessment to determine whether the Service User is injured should be undertaken to look for any obvious signs of



injury such as a limb deformity, head injury or lacerations

- Do not attempt to move the Service User until a full assessment has been made of their condition
- If the Service User won't stay on the floor, try to persuade them, offer support, blanket, pillow. If this approach fails, assist from the floor without putting yourself at risk from a manual handling perspective
- The Service User must be checked for signs and symptoms of fracture and potential for spinal injury before they are moved
- **If the Service User is taking anti-coagulants (blood thinning medication), even if there is no apparent injury, staff must contact the GP in hours or NHS 111 out of hours for advice**
- If emergency treatment is required, follow the individual local procedures of Wellspring Recruitment and Care Services Limited which will be attached to this policy where required
- If, on initial assessment, no serious injuries are found and the Service User appears to be unaffected by the incident:
 - Document the appropriate action staff need to take; call the GP or when out of hours, 111 for professional advice and guidance to inform the decision-making process
 - Decide on the action to be taken following assessment; this may include the use of moving and handling techniques or equipment according to local policy

Unwitnessed Fall

The staff member, should use their judgement and knowledge, where applicable, of the Service User when discovering an unwitnessed fall. Even if the Service User appears uninjured, in this situation, additional advice from a GP or NHS 111.

Staff can refer to the Post Falls Management Guidance for Care Providers (NHS 2025) a link can be found in the Further Reading section of this policy.

Staff will Inform the Service User's next of kin, unless the Service User has refused permission.

5.19 Head Injury Post-Fall Procedure

Staff must observe any signs of head injury, administer first aid as required and seek advice from the emergency services immediately.

5.20 Post Falls Assessment

A post Fall Assessment Form can aid staff at Wellspring Recruitment and Care Services Limited with history taking, and assist with continuity of care, following the Service User's fall. An example of a Post Fall Assessment Form (NHS South Western Ambulance) can be found in the Further Reading section of this policy.

5.21 SBARD

To support structured handovers with other health care professionals it is recommended that staff use the SBARD (Situation, Background, Assessment, Recommendation & Decision) tool when giving information to 999, 111 or GP.

Staff can use the SBARD form - a link can be found in the Further Reading section of this policy.



5.22 Anticoagulants and falls

Special care must be taken if the Service User has a fall while taking an anticoagulant (blood thinning medication).

Service Users on anticoagulants are at increased risk of blood loss: either from cuts, bruises, skin tears or swelling. They are also at a greater risk of an internal bleed which may not be visible.

Wellspring Recruitment and Care Services Limited staff will follow the Post Falls Decision Making Tool:

- **If the Service User is taking anti-coagulants (blood thinning medication), even if there is no apparent injury, staff must contact the GP in hours or NHS 111 out of hours for advice**

Symptoms of internal bleeding are:

- Pain and/or swelling and bruising at the site of the injury
- Nausea and vomiting
- Pale, clammy, sweaty skin.
- Breathlessness
- Extreme thirst
- Differing levels of consciousness or confusion

Staff should call 111 or 999, depending on the severity of symptoms and inform the emergency service of what blood thinning medication is prescribed and at what dosage.

5.23 Falls and the Ambulance Service

Wellspring Recruitment and Care Services Limited does not operate a 'No Lift Policy'. However, there is no expectation that staff will ever physically lift the Service User and manual handling equipment will always be used to safely assist the Service User. Risk assessments will be undertaken for all manual handling and incidents of falls. Where the Service User is injured or medically unwell, the emergency services will be contacted. If the Service User has fallen, has capacity and is not injured but cannot get up, Wellspring Recruitment and Care Services Limited will identify mechanisms to safely assist the Service User from the floor, implementing a method that is considered safe for both staff and the Service User.

5.24 Post Fall Assistance to Move

Staff should not physically lift Service Users who have fallen using only bodily force. In the case of a non-injury fall, it may be possible to facilitate the Service User getting up themselves using verbal cues, but where this is not possible, the use of appropriate manual handling techniques, other manual handling aids or mechanical lifting equipment with support from additional members of staff may be required.

The use of mechanical lifting equipment should be used where available, a hoist in the Service User's home for example.

5.25 Manager's Procedure

- Ensure that the incident is fully documented and that all actions carried out have a justifiable rationale
- Whenever possible, ascertain what caused the fall and take action to prevent further falls as necessary
- Record the fall using the accident reporting and recording procedures at Wellspring Recruitment and Care Services Limited



- Notify the HSE according to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) if required
- Notify the Care Quality Commission/Islington team if required
- Staff should refer to the Post-Falls Procedure within the 'Forms' section of this policy

5.26 Record Keeping Post Fall

The following records must be completed post fall in accordance with record-keeping standards and as contemporaneously as possible:

- Accident and incident record - refer to the Accident and Incident Reporting Policy and Procedure
- Holistic review of the Falls Action Plan for the affected Service User; the review must look at other risk factors and assessments in order to identify and assess possible reasons for falls
- The post-fall incident document
- Update the Service User's daily notes
- Review relevant Care Plans / risk assessments
- Where necessary, RIDDOR and regulatory reports/notifications

5.27 External Strategies for Reducing the Risk of Falls

Any strategy considered will only be implemented in discussion with the Service User and/or their family members with the Service User's consent.

Proactive Approaches

For some Service Users there may be a particular time of day when they are more likely to fall. This may be due to a number of factors such as boredom, hunger, urgency. Staff will seek support from the Service User and/or their loved ones to capture preferences towards meaningful activity.

Referral

Timely referral to suitably qualified health care professionals will be made to support the Service User and staff to provide appropriate management techniques.

Registered Manager must be aware of the specific services available to Service Users and how to access them. This can include:

- GP
- Specialist doctor
- Pain Clinic
- Nurse specialist
- Pharmacist
- Physiotherapy
- Occupational therapy
- Podiatrist
- Dietician
- Optician
- Hearing Review



Wellspring Recruitment and Care Services Limited will also refer recurrent falls or falls that meet reporting thresholds to safeguarding teams where this is a contractual or best practice requirement to do so.

Falls Analysis

By reviewing and ascertaining trends in falls and patterns in events, staff are able to identify high-risk themes such as times of day, the location of falls, and predisposing factors. From this information staff can consider implementing:

- Additional visits at peak risk times of the day following authorisation from the Commissioner
- Focused assessment of the location of falls to ensure that it is fit for purpose e.g. lighting, floor material

5.28 Falls Audits

All falls will be logged, and this information will be used as a means of monitoring for trends and themes.

There is the Service User falls log which will be in use and kept in the Service User's care record. This document will be used to track the following:

- Times of the fall
- Witnessed or unwitnessed events
- Location of event
- What factors may have contributed to the event e.g. was the Service User rushing to get to the bathroom?

This information will be used to review practice and implement strategies to try and minimise the further risk of falls. In addition, clinical governance systems at Wellspring Recruitment and Care Services Limited will analyse data in relation to falls and ensure that there are key performance indicators in place for quality assurance purposes. The manager will disseminate findings from clinical governance to staff as a means of shared reflective learning.

5.29 Partnership Working and Information Sharing

Wellspring Recruitment and Care Services Limited understands the importance of working in partnership with multiple agencies and professionals in order to ensure the safety and well-being of its Service Users.

Where the sharing of confidential data is required, this will be completed in line with UK GDPR and data protection policies and procedures.

5.30 Training and Education

All staff that attend Service Users will receive thorough moving, positioning and falls training, which will enable them to respond to a falling or fallen Service User appropriately, effectively and with confidence.

- Additionally, staff at Wellspring Recruitment and Care Services Limited will receive training in falls prevention, first aid and basic life support
- Completed training will be logged on the training matrix at Wellspring Recruitment and Care Services Limited
- Professional staff are responsible for maintaining their knowledge in accordance with relevant codes of conduct and supervisions, appraisals and team meetings which are used to enhance and promote this form of learning
- Staff will receive regular training updates and refreshers



- Staff will be fully encouraged to partake in audits and reviews of governance data in order to be proactive in implementing a culture of managing and reducing risk
- Literature and resources will be available for Service Users and staff to access in relation to managing falls



6. Definitions

6.1 Head Injury

- A head injury is any trauma (external force) to the head other than superficial injuries to the face
- 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)

6.2 Delirium

- A worsening or change in the Service User's mental state that happens suddenly, over one or two days

6.3 Gait

- The manner or style of walking

6.4 Anticoagulants

- Examples include:
 - Warfarin
 - Direct oral anticoagulants (DOACs) (apixaban, dabigatran, edoxaban, rivaroxaban)
 - Injectable anticoagulants
- Medicines that help prevent blood clots. Given to those at high risk of getting clots to reduce the chance of developing serious conditions such as strokes and heart attacks



7. Key Facts - Professionals

Professionals providing this service should be aware of the following:

- The causes of falls are multifactorial, and the risk of falling appears to increase with the number of risk factors. A falls risk assessment allows the Service User's risk factors to be identified
- Although most falls result in no physical harm or minor physical injuries like scrapes and bruises, falls do sometimes result in catastrophic injury, including death
- Staff have a duty of care to minimise risks to Service Users. Wellspring Recruitment and Care Services Limited takes all reasonable steps to ensure the safety and independence of its Service Users and respects the rights of Service Users to make their own decisions about their care
- A history of falls in the past year is the single most important risk factor for falls and is a predictor of further falls



- All new Service Users will be assessed at the pre-service visit for falls risk, this will be re-assessed on service commencement and throughout their care package with Wellspring Recruitment and Care Services Limited, including after a fall
- Risk management for falls will be individually tailored to the Service User whilst promoting safety and quality and complying with national requirements
- Maintaining a level of mobility or physical activity for people who fall or are at risk of falls is a fundamental level of care that must be actively promoted
- Staff will refer to a Post Falls Decision Making Tool, which will assist in the actions required when the Service User falls
- Special care is taken if the Service User has a fall while taking an anticoagulant due to increased risk of blood loss and internal bleed. Staff will follow the Post Falls Decision Making Tool



8. Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- You will have access to specialist healthcare professionals when you need it to help manage any conditions that may contribute to you having a fall
- Falls cannot be prevented completely, but by working with staff there are many things that can be achieved to reduce the risk of falling
- Falls are not an inevitable part of ageing, and staff will support you to seek advice and guidance if you have a fall
- Staff will support you to remain as active as you wish and will provide a host of activities to promote this



Further Reading

NHS South Western Ambulance - Post Falls Assessment Form:

<https://www.swast.nhs.uk/download/example-post-fall-assessment-form-v22pdf.pdf?ver=2081&doc=docm93jjjm4n2408.pdf>

NHS South Western Ambulance - Post Falls Decision Making Tool:

<https://www.swast.nhs.uk/download/post-falls-decision-making-tool-v21pdf.pdf?ver=2082&doc=docm93jjjm4n2409.pdf>

UK Health Security Agency (UKHSA) - National Falls Prevention Coordination Group Progress Report:

<https://www.gov.uk/government/publications/national-falls-prevention-coordination-group-progress-report/national-falls-prevention-coordination-group-progress-report>

Health and Safety Executive (HSE) - Slips and Trips in Health and Social Care:

<https://www.hse.gov.uk/healthservices/slips/index.htm>



Age UK - Falls Prevention Exercise - Following the evidence:

https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_2013_falls_prevention_guide.pdf

Royal College of Occupational Therapists - Occupational Therapy in the Prevention and Management of Falls in Adults:

<https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/falls>

British Geriatric Society - Falls and Bone Health Special Interest Group (SIG):

<https://www.bgs.org.uk/falls-and-bone-health>



Outstanding Practice

To be "outstanding" in this policy area you could provide evidence that:

- Wellspring Recruitment and Care Services Limited takes part in national awareness campaigns and initiatives to provide better outcomes with falls management for Service Users
- Wellspring Recruitment and Care Services Limited has a host of resources available for both staff and Service Users to gain understanding and maintain an awareness of the current recommendations for managing falls
- Wellspring Recruitment and Care Services Limited shares with staff findings from audits and data analysis and staff and Service Users, where possible, contribute to seeking solutions and strategies to reduce the risks of falls
- Wellspring Recruitment and Care Services Limited provides training and has a rolling awareness programme to ensure that this policy and its procedures are adhered to
- To support structured handovers with other health professionals, staff use the SBARD tool when giving information to 999, 111 or GP
- The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Falls Risk Assessment - CC99	For all Service Users that have been identified as at risk.	QCS
Post Falls Procedure - CC99	When a Service User has had a fall.	QCS



Title of form	When would the form be used?	Created by
Falls Risk Action Plan - CC99	When a risk is identified.	QCS
Falls Incident Record - CC99	Following any fall, found on floor or near miss.	QCS



Falls Risk Assessment - CC99

Initial Assessment for Adults at Risk of Falling - Use this form at the initial Service User pre-service visit/assessment.				
Service User Name:		Date of Birth:		
Assessment Completed by:		Date:		
Role:		Review Date:		
Section One				
Assessment Topic	Yes	No	N/A	Comments
History of Falls: Has the Service User fallen before? If so, how many times? Please include details. E.g., Admitted to hospital as result of a fall/input from health professional due to a fall or series of falls.				
	Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.			
Assessment Topic	Yes	No	N/A	Comments
Impaired Judgement: Does the Service User suffer with cognitive, neurological problems? Are they forgetful or confused?				
	Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.			
Assessment Topic	Yes	No	N/A	Comments



Stability and Mobility Concerns Does the Service User have an unsteady gait, imbalance, weakness in one or both sides, muscle weakness, do they use mobility equipment? Include details.				
	Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.			



Assessment Topic	Yes	No	N/A	Comments
<p>Impaired Senses:</p> <p>Does the Service User have impaired vision or hearing?</p> <p>Do they wear any vision correction or hearing aids?</p>				
	<p>Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.</p>			
Assessment Topic	Yes	No	N/A	Comments
<p>Polypharmacy</p> <p>Does the Service User take multiple medications that could increase the risk of falling?</p> <p>For example, antihypertensive drugs that cause postural hypertension and psychoactive drugs such as benzodiazepines, antidepressants?</p>				
	<p>Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.</p>			
Assessment Topic	Yes	No	N/A	Comments
<p>Contenance</p> <p>Does the Service User have any continence support requirements? Are they fully continent, or do they wear pads, have a catheter or conveyen? Does the Service User worry about incontinence?</p>				
	<p>Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.</p>			



Assessment Topic	Yes	No	N/A	Comments
Hydration Does the Service User drink enough and keep hydrated?				
	Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.			



Assessment Topic	Yes	No	N/A	Comments
Osteoporosis Risk Does the Service User have an osteoporosis diagnosis?				
	Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.			
Assessment Topic	Yes	No	N/A	Comments
Perceived Impaired Functional Ability Does the Service User have a fear relating to falling which impairs their ability to complete daily activities?				
	Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.			
Assessment Topic	Yes	No	N/A	Comments
Environmental Factors Does the Service User have any pets? Are there any trip hazards within the property? Loose rugs, wires, etc.?				
	Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.			
Assessment Topic	Yes	No	N/A	Comments



Supportive Environmental Factors Does the Service User have any 'fixed' supportive environmental factors in place at the property? E.g., grab rails, ramps.				
	Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.			



Assessment Topic	Yes	No	N/A	Comments
Clothing Factors Does the Service User have specific clothing needs to assist with walking or balance? E.g., to wear supportive footwear/slippers within the property, wear a pendant alarm.				
	Having discussed the identified risk with the Service User, document action taken to minimise risk, which will be included on the Care Plan.			

Following completion, a review of this form should be completed as and when a change occurs, with a 6-monthly full review as a minimum.

Review Date	Reviewed by	Comments	Confirm changes made to Care Plan if applicable yes/no	Signature







Section Two: Assessment Identified Risks	
This section of the form is for reference if YES has been selected to any of the answers above in Section One.	
Assessment Topic	Associated Risks
History of Falls	Service Users who have suffered previous falls are more likely to have another fall.
Impaired Judgement	Service Users with cognitive or neurological problems are more likely to forget where things are, how to mobilise and how to use their mobility equipment (where applicable). Service Users with memory problems may forget to press their lifeline or call for help.
Stability and Mobility Concerns	Service Users with unsteady balance may require mobility aids or an assessment with an Occupational Therapist, particularly if they use other methods such as 'furniture walking' to get around their home.
Impaired Senses	Service Users who wear glasses or contact lenses may have significant vision loss without, therefore increasing the risk for falls. Similarly, Service Users with significant hearing loss may not hear pets or other people, again increasing the risk of falling.
Polypharmacy	Service Users who take multiple medications could be at significant risk of falls from a drop in blood pressure from taking a combination of drugs together. Advice should be sought from the GP if in doubt.
Continence	Service Users who worry about reaching the toilet in time and therefore rush could be at more risk of falling. Service Users who wake frequently during the night to use the toilet could be significantly tired in the day and at risk of falls. There is also a risk of slipping and falling for Service Users who leak urine.
Hydration	Service Users who do not drink enough are at risk of falls due to dehydration which can cause dizziness and confusion.
Osteoporosis Risk	Service Users with osteoporosis are at risk of fractures which can then lead to a succession of fractures, it is therefore imperative to reduce the risk of falling.
Perceived Impaired Functional Ability	Does the Service User suffer with falls anxiety? This fear can impact their daily routine and the fear can be so prominent that it becomes reality.



Environmental Factors	Service Users with pets are at higher risk of falls due to the potential to trip over them. Carpets, rugs and wiring should also be reviewed.
Supportive Environmental Factors	For Service Users identified as at risk, supportive environmental factors such as well positioned grab rails and better lighting can significantly reduce that risk.
Clothing Factors	Well-fitting shoes and well-fitting clothes that do not restrict movement are essential in reducing the risk of falling.
Supportive Technology	The use of supportive technology, such as lifeline pendants or falls sensors, can assist in getting help more swiftly to a Service User who has fallen.

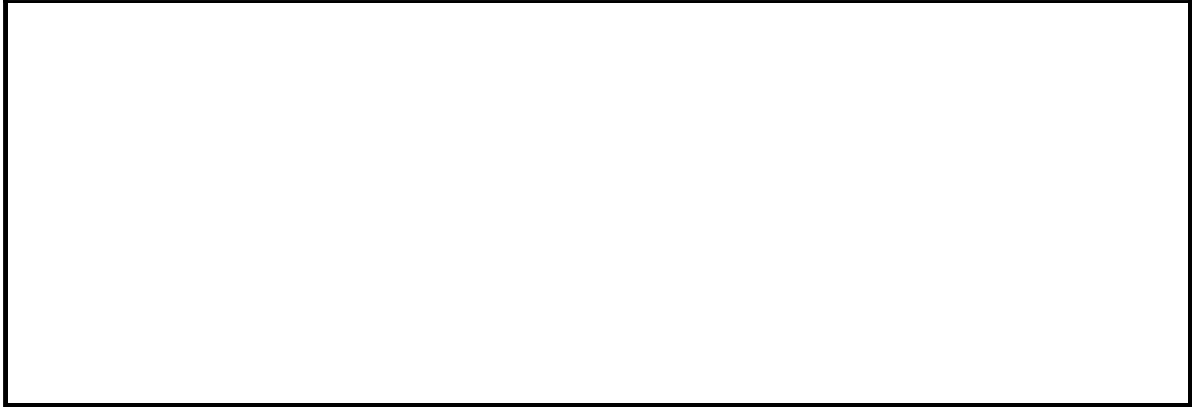


Falls Risk Action Plan - CC99

Plan of Care – following a fall

Service User Name:		Date:	
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How many falls has the Service User had during this period?	
Dates of the fall period and number of falls:	
Have measures been identified that could reduce the potential for falls? If yes please list, for example this could include, keeping walking stick to hand, having items on a trolley close by, removing rugs, keeping a commode at a right angle to an armchair.	
Does the Service User require a referral to the local professional Falls Team? If yes, please include date referral made.	
Following the measures identified, please document the assessed need and Service User view:	





Aim of Care:	
Staff Instructions(s):	
Has a new Care Plan been drafted, executed, and released to staff? Please include dates actioned.	
Accountability Signature: Person completing the form print name and sign:	Date:





Service User or Advocate print name and sign:	Date:



Falls Incident Record - CC99

Service User Name:		Date of Birth:	
Any further information:			
Communication Notes			
Document new falls (to include time, location, witnessed / unwitnessed, behaviour / activity before fall), changes in condition, notes from physio, OT, etc.			
Date:		Time:	
Notes:			
Date:		Time:	
Notes:			
Date:		Time:	
Notes:			
Date:		Time:	



Notes:							
Date:		Time:		Signature:			
Notes:							
Date:		Time:		Signature:			
Notes:							

Post Falls Procedure

SERVICE USER HAS A FALL

Before moving the service user, check for injury. If the service user's fall was un-witnessed, they have sustained an injury or you are concerned, a full assessment must be completed & action taken as below:

No apparent injury sustained:

- No bruising
- No apparent head injury
- No pain
- Mobility unaffected
- No wounds or bleeding
- No limb deformity

Minor Injury sustained:

- Signs of bruising
- Minor wounds to skin inc. face
- Slight discomfort

Major / Serious injury sustained:

- Airway or breathing problems
- Loss of consciousness or unresponsive
- Acute confusion
- Suspected head injury to service user taking anti-coagulant
Warfarin;
Apixaban;
Rivaroxaban;
Dabigatran.
- Head injury or trauma (other than shallow injuries on the surface of the face -
- Pain in limbs or chest
- Bleeding or extensive bruising
- Unable to move limbs on command

- Assist service user to a comfortable place (using hoist/handling aid as appropriate)
- Complete records and alert GP for information
- Observe service user for 72 hours recording on daily visit sheet
- Notify branch immediately
- Branch to Inform relatives with consent from service user and document

- Administer first aid
- Contact 111 for advice- do not move service user until advice has been sought
- Complete records and **observe service user at each visit recording on daily visit record**
- Complete body map and document on care plan
- Inform GP with SU consent
- Inform branch and consider a regulatory notification depending on circumstances
- Branch to inform relatives with service user consent

Do Not Move the Service User
(except for resuscitation)

Call 999 for the Ambulance

Follow instructions from the Ambulance operator

Inform the Branch/ Out of Hours immediately

Stay with the service user until the Ambulance crew arrives

Record the incident

Branch to inform relatives with service user consent

Any change in condition causing concern – Call GP or 999

Complete Incident Form