



**Humber and North Yorkshire**  
Health and Care Partnership



# Falls Prevention



Adult Social Care Nursing Team

# Awareness

## Older population

People aged 65 and older have the highest risk of falls

## Injuries

Leading cause of death among people aged over 75 in the UK

## Risk factors

Falls are due to the presence of one or more risk factor

## Living situation

People who live in Care homes are 3 times more like to fall than people living at home

## Prevention

Falls prevention is the responsibility all care home staff



# Definition of a fall

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An unintentional event that results in a person coming to rest on the ground or another lower level, not because of a major intrinsic event (such as stroke or epilepsy) or overwhelming hazard (such as being pushed).

*(Gibson et al, 1987).*



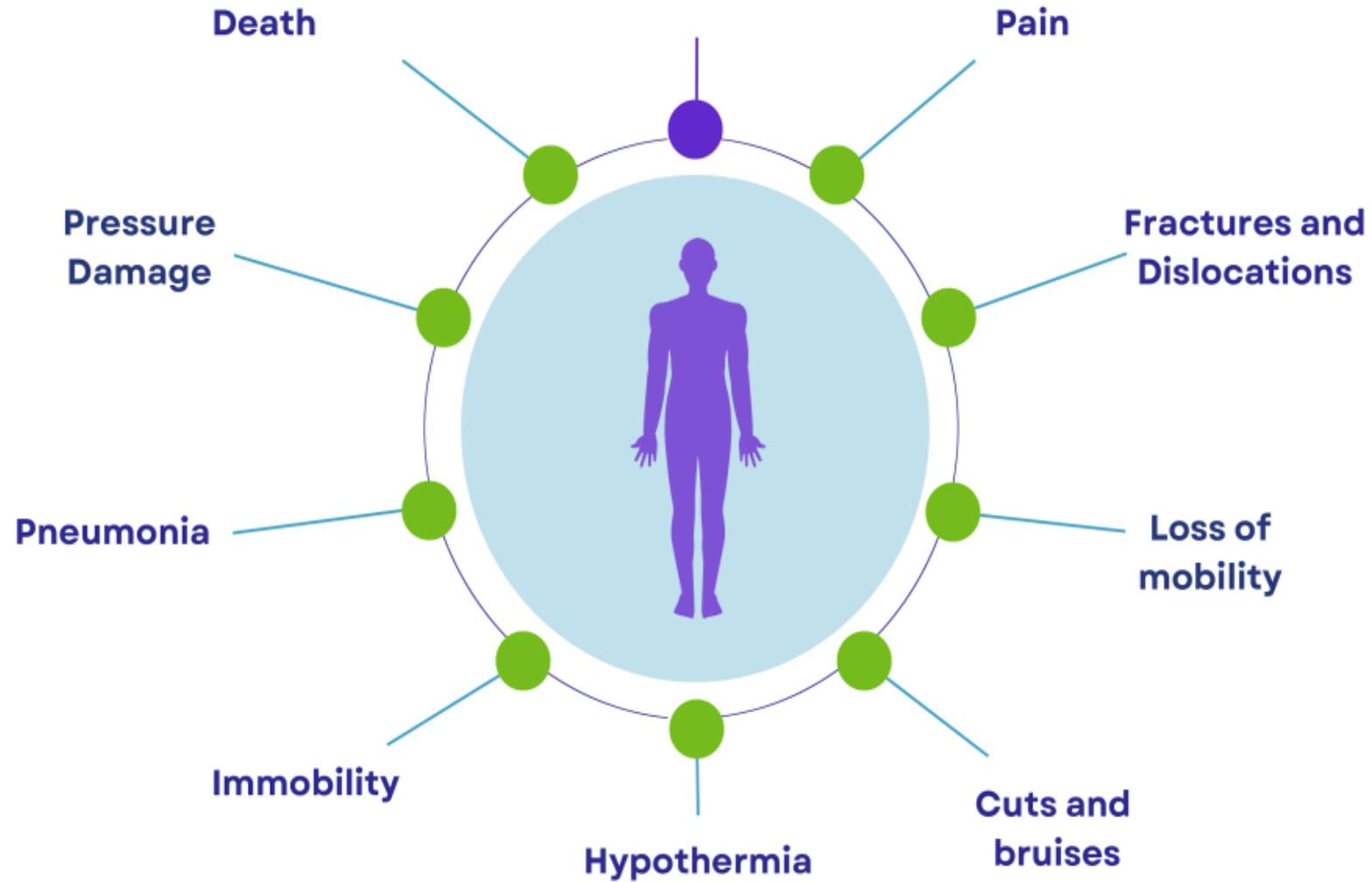
Everyone working in a care home has a key role in identifying and reducing the risk of falls as part of supporting the health and well-being of individuals.



# What are the physical impacts of a fall?

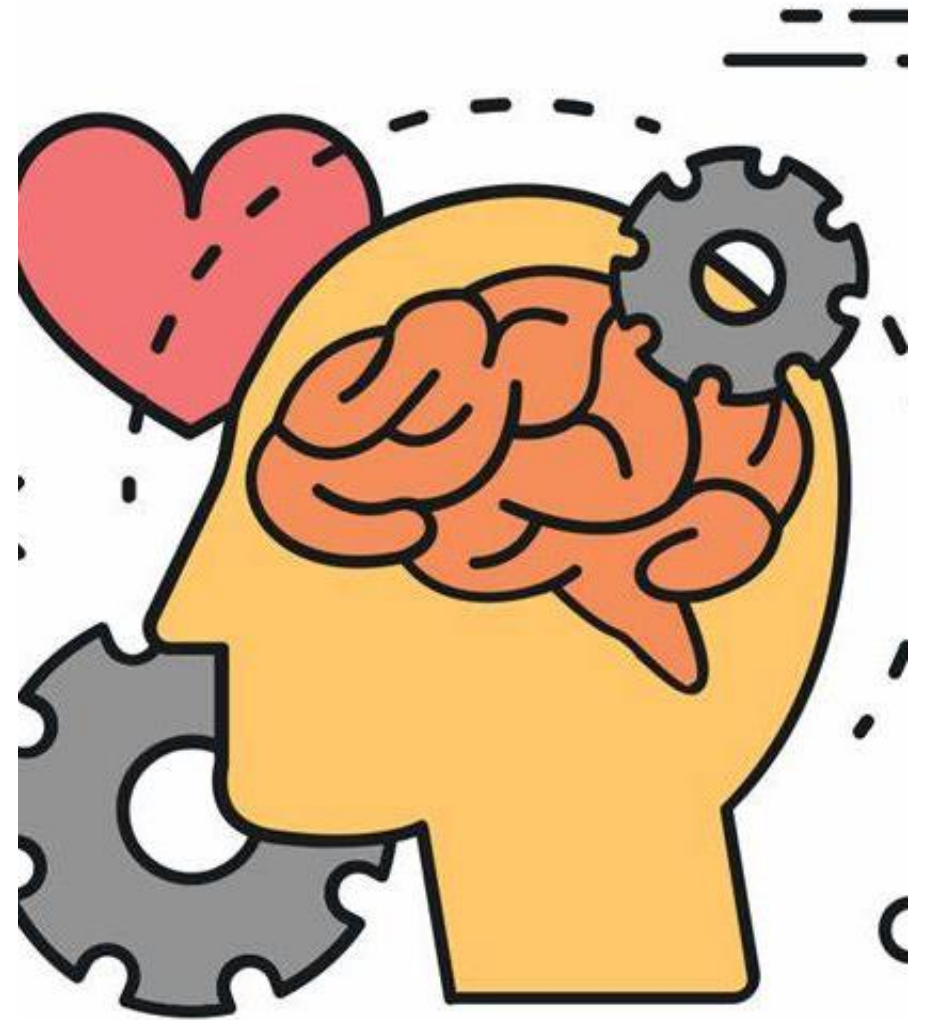
What do you think are the physical impacts to an individual after they have experienced a fall?

# Physical

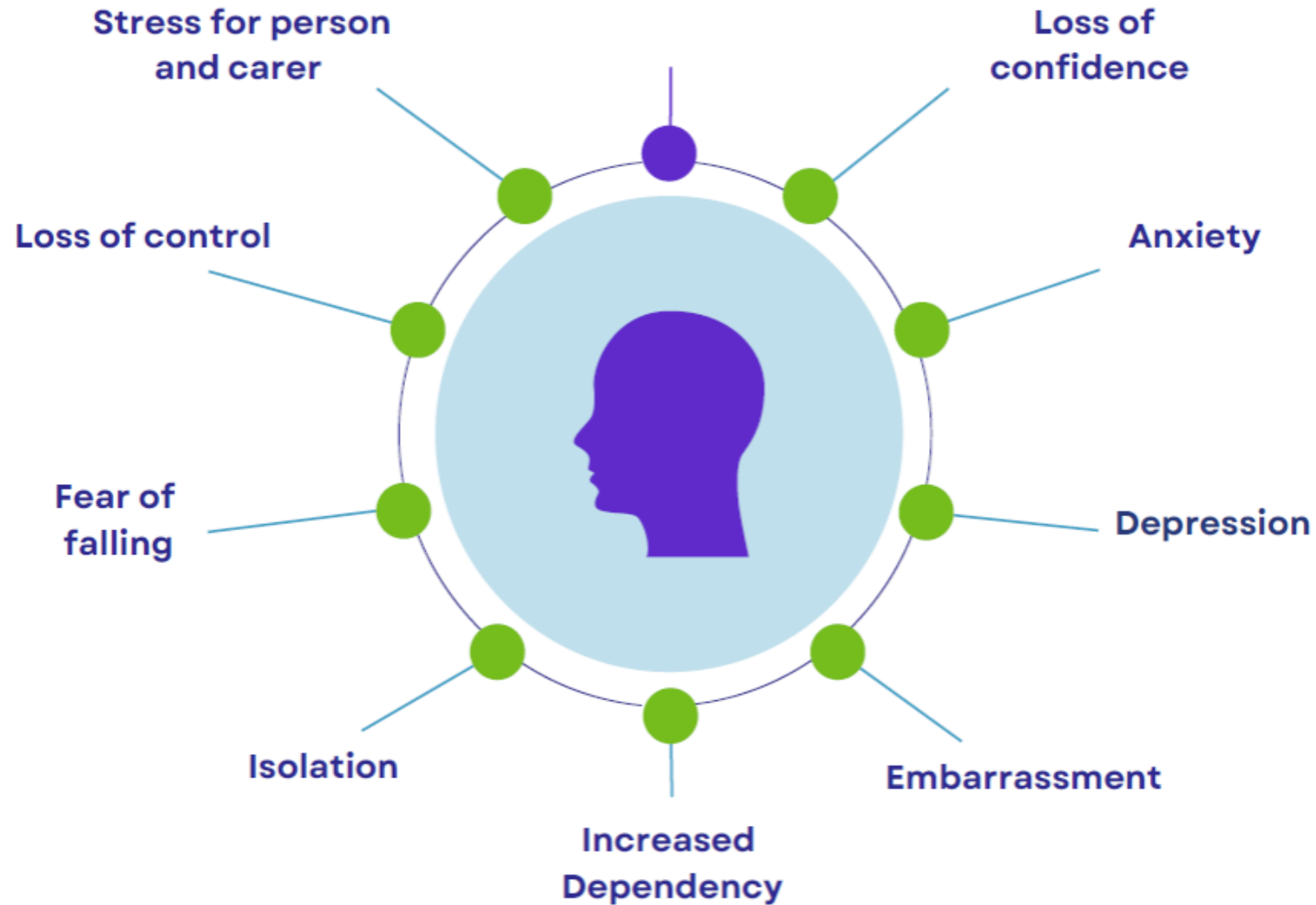


# What are the psychological impacts of a fall?

What do you think are the psychological impacts to an individual after they have experienced a fall?



# Psychological





**Why do people fall?**



# These are some of the risk factors

History of falls

Ageing

Being less physically active

Nutrition and hydration

Medications

Alcohol

Environment

Continence

Equipment

Osteoporosis

Dizziness

Impairments – cognitive, sensory

Feet and footwear or clothing



Exercise

Risk factors

Assessment tool

Risk assessment



# Activity

## What can happen because of inactivity?

- Loss of muscle mass and power
- Bones get weaker
- Respiratory problems
- Slowing down the digestive system, constipation, faecal impaction
- Neurological problems
- Malnutrition, anorexia, dehydration
- Kidney dysfunction, UTIs, retention, incontinence
- Circulation compromise
- Pressure ulcers
- Blood clots
- Loss of confidence
- Isolation and depressed

All of these can increase the risk of falling. Once someone has experienced a fall, their risk of having another fall increases.

# Benefits of activity

## What are the benefits?

- Improved balance and posture
- Remaining as independent as possible
- Improved cardiovascular fitness, strength and flexibility
- Less dependence on staff
- Reduction in agitation for those with dementia
- Confidence to be more active
- Reduction of pain
- Preserving physical function and mobility
- Maintaining abilities for activities of daily living
- Fun and enjoyment
- Sense of purpose
- Improved mood and self-esteem
- Maintaining cognitive function

These risk factors can reduce the risk of falling and harm from falls.



Falls are not an inevitable part of ageing

Many falls are preventable

There are actions that you can take to reduce the risk of an individual falling

Our aim:

# BE PROACTIVE



# REACT TO FALLS



<http://reactto.co.uk/react-to-falls>



# React to Falls

Why do individuals fall and what are the risks?

[React To Falls Part 2 on Vimeo](#)



# Resources

videos and workbook [www.reactto.co.uk](http://www.reactto.co.uk)



NHS  
Humber and  
North Yorkshire  
Integrated Care Board (ICB)

Improvement  
Academy

## Number of days without a FALL

Best Run of Days  
Without A Fall

NHS  
Nottinghamshire Healthcare  
NHS Foundation Trust

## REACT FALLS

### Reducing the Risk of Falls

A resource for care home staff and  
other healthcare providers



We Care  
We Connect  
We Innovate

NHS  
Humber and  
North Yorkshire  
Integrated Care Board (ICB)

## REACT

## FALLS PREVENTION

### Reducing the Risk of Falls

A fall is when a person unintentionally comes  
to rest on the ground or on a lower level

Quality and Nursing Team Humber and North  
Yorkshire Integrated Care Board

### REACT FALLS PREVENTION

### Have we missed anything?

How many days since our last fall, what have we learnt?



Who are we worried about today?

Review medical history and physical health

Pain	Unwell/Infection	Medication risks
Diet and fluid intake	Recent falls/Fractures	

Environment and Equipment

Use of Sensors/Alarms	Flooring & Doorways	Clutter
Lighting	Footwear & Foot care	Transfers & Stairs

Activity

Altered gait	Stumble & trip	Walking aids
Sleep	Mobilisation	Dizziness/loss of Balance

Communication and Understanding

Cognition/risk awareness	Communication difficulties		
Vision	Hearing	Mood	Communication aids

Toileting and Continence

Frequency/urgency	Constipation	Change of habits	
Assessment	Assistance/aids	Clothing	Signage



What are we going to do as a team to reduce the risk of  
falling?

Further info at: <http://www.reactto.co.uk>

## REACT

## FALLS

## PREVENTION

### Falls Prevention Self -Assessment Skills Booklet-Care Workers

A fall is when a person unintentionally comes to rest on the  
ground or on a lower level

Quality & Nursing Team NHS Vale of York CCG



# Team work and communication is key

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An effective team is far more able to recognise when things are going wrong than any one individual.

A team that works together well is a safe team as they are more likely to know what is happening around them.

Teams work best when all members feel safe and have a voice.



# React to Falls

React to reduce the risk of falls

[React To Falls Part 3 on Vimeo](#)





# Case study - John

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Today I am worried about John because he has had 2 falls in the last month where he bumped his head and hurt his back; then yesterday he was very unsteady and stumbled twice, nearly falling in the dining room and again whilst on his way to the toilet.

# Meet John



76yrs old

Rheumatoid  
arthritis

Previous knee  
replacement

Prostate cancer with  
bone secondary's

Can mobilise  
independently with a  
walking stick although  
very slow and  
unsteady at times

Urgent need to  
pass urine

Medications for bone  
pain and symptoms  
of Rheumatoid  
arthritis

Underweight

Dizzy when first  
standing

Mild confusion and  
memory loss

Hard of hearing

Experienced 3  
falls over last  
month



# Team activity

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# REACT to Falls

R

Review medical history & Physical health

E

Environment & Equipment

A

Activity

C

Communication & Understanding

T

Toileting & Continence





## Review medical history and physical health

Pain

Unwell/Infection

Medication risks

Diet and fluid intake

Recent falls/Fractures

Medication

Dizzy

Bone pain

Previous knee replacement

Recent falls

Rheumatoid arthritis

Poor dietary intake



# Review medical history & Physical health

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Review falls history,  
frequency & patterns

Check medical &  
physical health

Blood  
pressure/dizziness

Fractures/  
osteoporosis

Illness/infection

Check for any pain

Request GP/medical  
Review as required

Consider side  
effects of medication  
and request a  
medication review  
as required

Ensure adequate  
nutrition, consider  
fortified diet or  
supplements

Consider referral to  
dietician or SALT if  
required

Encourage fluids 6-8  
cups per day





## Environment and Equipment

Use of Sensors/Alarms

Flooring & Doorways

Clutter

Lighting

Footwear & Foot care

Transfers & Stairs

Poor night vision

Poor footwear

Feels the cold

1<sup>st</sup> floor room

Cluttered room

Able to use call but forgets



# Environment & Equipment

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Ensure access to call bell and consider use of sensor equipment

Ensure adequate supervision

Ensure floors are clear from clutter & hazards (Rugs/flexes etc...)

Avoid raised thresholds between rooms

Avoid patterned floors and thick pile carpets

Ensure adequate lighting

Clean up spills

Consider downstairs rooms

Maintain appropriate temperature

Ensure appropriate footwear and foot care, refer to Podiatry if required



Activity		
Altered gait	Stumble & trip	Walking aids
Sleep	Mobilisation	Dizziness/loss of Balance

Slow and unsteady

Altered gait

Poor posture

Loses balance

Stumble and trips

Uses walking stick (inappropriate aid)

Struggles with doors/steps

Mobilises independently

Dizzy on standing



# Activity

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Support individuals to be active and make own lifestyle choices

Promote exercise and activity

Check appropriate aids, support and supervision in are in place

Consider increasing supervision

Encourage to stand still on first standing

Advise to stand upright when mobilising

Refer physio/ OT

Review trips/slips, reviewing location and activity

Encourage activity during the day and promote restful. Ensure not hungry at bedtime

Increase night supervision and consider use of sensor equipment



## Communication and Understanding

Cognition/risk awareness

Communication difficulties

Vision

Hearing

Mood

Communication aids

Mild confusion and memory loss

Doesn't always recognise limitations

Lacks awareness of some risks

Low mood

Poor hearing – no aids

Wears glasses and frequently loses them

Can verbally make needs known and follow instruction





# Communication & Understanding

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Consider alternative methods of communication, signs, pictures, nonverbal gestures/prompts

Speak clearly, use simple instruction and repeat information when necessary

Don't approach from behind

Observe behaviours, you know your residents and will usually recognise when something is wrong

Consider hearing/sight tests

Ensure glasses clean, correct and wearing

Ensure hearing aids are clean, working, worn and batteries are replaced



## Toileting and Continence

Frequency/urgency		Constipation		Change of habits	
Assessment	Assistance/aids		Clothing		Signage

Difficulties with buttons/zips due to arthritis

Cannot always find the toilet

Enlarged prostate

Urgency and frequent need to PU

Occasional constipation

Nighttime need to PU



# Toileting & Continence

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Individuals should be supported with continence and toileting

Complete continence assessments

Ensure adequate signage

Monitor for any change in bowel or urine habit

Ensure clothing is manageable – zips, buttons, fastenings

Ensure good lighting

Consider the use of commodes or bottles if required





# React to Falls

What should you be doing to react to falls?

[React To Falls Part 4 on Vimeo](#)



# Knowledge check





**Who are at the highest risk of falls?**

- a. People over 55 years old
- b. People over 65 years old
- c. People over 75 years old
- d. People over 85 years old



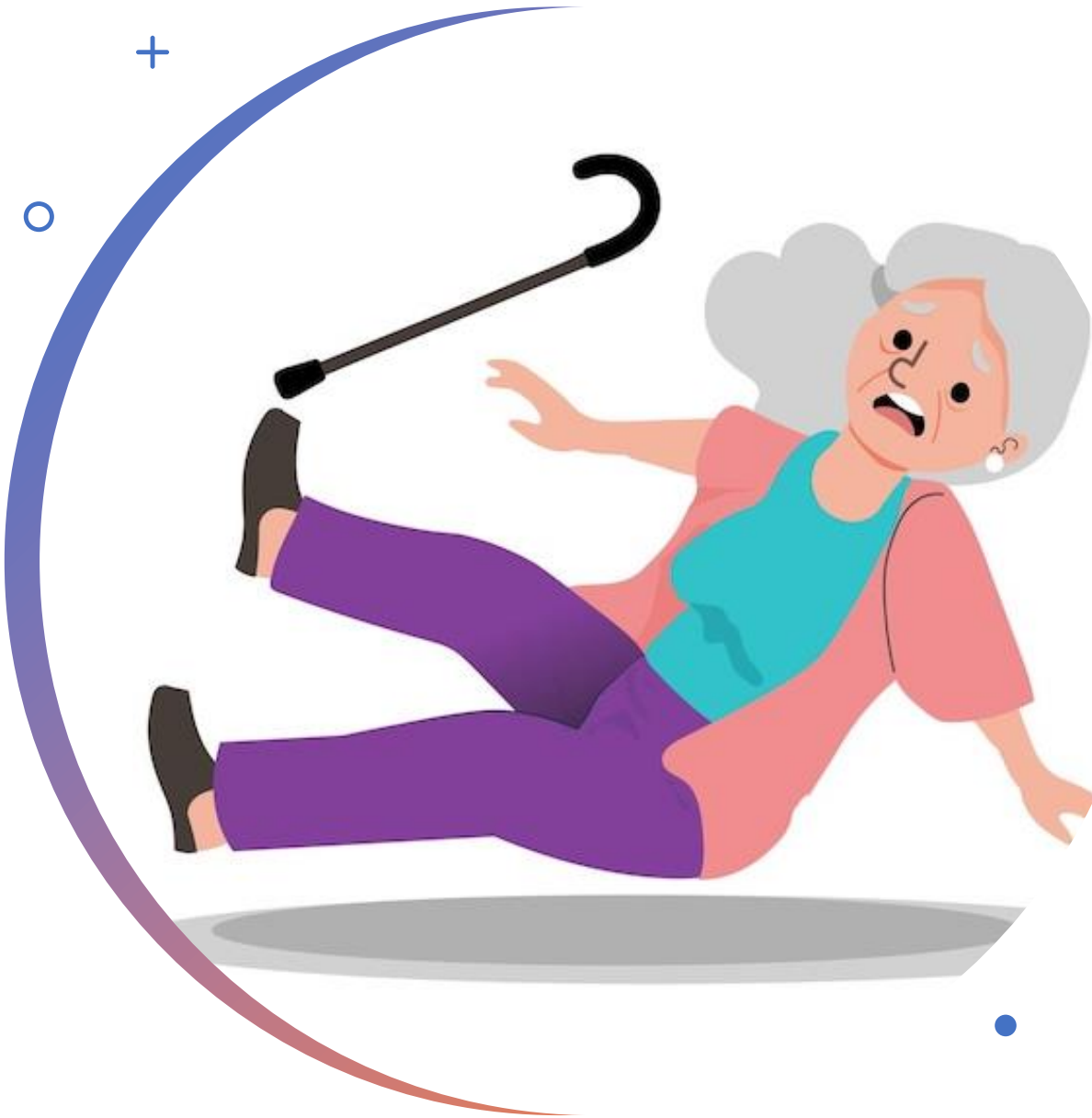
**How soon should someone have a risk assessment on admission to a care home?**

- a. Within 12 hours
- b. Within 24 hours
- c. Within 36 hours
- d. Within 72 hours

**People living in care homes are how much more likely to have a fall than if they were living at home?**

- a. 2 times more likely
- b. 3 times more likely
- c. 4 times more likely
- d. 5 times more likely





## What is a fall?

- a. An unintentional event that results in a person coming to rest on the ground not due to a major intrinsic event
- b. The result of being pushed over or due to a major intrinsic event

**Which list is physical impacts of a fall, and which is psychological impacts of a fall?**

**List A**

Death

Pain

Immobility

Pressure damage

**Physical**

**List B**

Anxiety

Fear of falling

Isolation

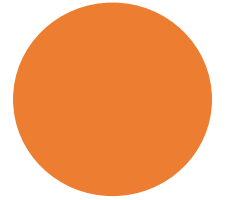
depression

**Psychological**



## Falls may occur due to what?

- a. Medical reasons
- b. Physical reasons
- c. Environmental factors
- d. Combination of all
- e. All the above





**Any  
questions?**

