

Document Name	Falls Prevention and Management Policy			
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01/01/2026	01	01/01/2029	Emily Boyd on behalf of Silvergrove Home Care	<i>Emily Boyd</i>

1.0 Introduction

- 1.1 Falls are one of the most frequently reported service user safety events, within community settings. Service Users who require home care support, following a fall are at high risk of falling whilst receiving care. Reducing the risks of these falls can be achieved by comprehensive and systematic risk identification and positive co-ordinated multidisciplinary management and intervention. Service Users and their support network are encouraged to clear as much space in the Service Users Home, in order to reduce the risk of falls. This policy is available to Service Users and or their representatives.
- 1.2 The evidence base and interventions contained in this policy are specific to service users 65 years and over. However, risk assessment and interventions may be applied to any group or setting and to any fall, including those from a height.

2.0 Purpose

- 2.1 The purpose of this policy is to reduce as far as is reasonably practicable, the incidences of falls, slips and trips and fall related injuries in a service users' home. The policy offers guidance to all staff in the effective assessment of service users at risk from falls and the appropriate interventions. It assists in the identification of service users who are at an increased risk of falls in order to minimise the risk.
- 2.2 The guidelines contained in this document consider the revised guidance given in the Health Services Executive (HSE). Strategy to prevent falls and Fractures in Ireland's Ageing Population. (2000)

2.0 Scope

2.1 This policy applies to all Silvergrove Home Care employees and Service Users.

3.0 Responsibility and accountability

3.1 It is the responsibility of Silvergrove Nursing Home to ensure all staff are aware of the policy guidelines and that they are updated and reviewed regularly to ensure best practice.

3.2 It is the responsibility of all staff to comply with the guidelines set out in this policy and to attend further training if deemed incompetent in the area.

3.3 It is the responsibility of the Home Care Manager to complete the appropriate falls risk assessment on all service users in line with this policy.

3.4 It is the responsibility of the Home Care Manager to ensure all staff are competent in this area and to provide guidance, support and training for those employees who request/require it.

3.5 It is the responsibility of the Home Care Manager to ensure successful implementation of the policy within their area.

4.0 Definitions

4.1 **A fall** may be defined as an event whereby an individual comes to rest on the ground or another lower level with or without loss of consciousness.

4.2 A near fall/near miss is 'a sudden loss of balance that does not result in a fall'. This can include but is not limited to a person who stumbles, trips or slips but is able to regain their balance prior to falling. A near miss/fall will also include a service user who is assisted to the ground, or other surface (by a health care worker) to prevent injury. (HSA, 2011)

4.3 Multifactorial Falls Assessment:

An assessment with multiple components, that aims to identify a person's risk factors for falling. A multifactorial falls risk assessment may include the following:

- Identification of falls history
- Assessment of gait, strength, balance and mobility,
- Assessment of fracture risk
- Assessment of perceived functional ability and fear relating to falling

- Assessment of visual impairment,
- Assessment of cognitive impairment and neurological examination,
- Assessment of urinary incontinence
- Assessment of environmental hazards,
- Cardiovascular examination and medication review. (This should include a lying and standing blood pressure, performed as soon as practicable, and that appropriate actions are taken when orthostatic/ Postural Hypotension is identified)

4.4 Falls Alarm: an early warning system, that alerts staff when the service user attempts to stand unsafely or leave the bed without assistance.

4.5 **Root cause analysis:** a framework for reviewing and analysing patient safety incidents to identify and recommend areas for change.

4.6 **Postural hypotension** is a drop in blood pressure due to a change in body position, when a person moves to a more vertical position: from sitting to standing or from lying down to sitting or standing.

5.0 **Guidelines for Prevention and Management of slips, trips and falls.**

5.1 **Assessment**

5.2 **Pre Admission:**

The Home Care Manager seeks out a detailed fall history of a new service user prior to providing home care services.

5.3 **Providing Home Care:**

The Home Care Manager will assess each new service user's fall risk using the Stratify Falls Risk Assessment Tool as soon as is practicable possible. This information is documented on the service users care plan and a specific plan of action drawn up and agreed with the service user and their NOK to facilitate the needs of the service user.

5.4 **Ongoing re-assessment:**

On-going assessments are carried out three monthly (or following 2 falls in any given rolling month) and following any significant change in status of the service user. Reassessment occurs immediately after any recorded falls, and the care plan and service user's action plan is amended to include any new strategies or preventative measures.

6.0 Prevention Strategies to reduce/minimise risk

6.1 Home Care Managers planning care for service users must consider each service user individually in a person-centred way and apply suitable fall management strategies while remaining cognisant of the fall risk score awarded by formal assessment. The Home Care Manager should suggest/plan actions in conjunction with the service user ensuring they retain as much independence as possible. All suggested interventions may not be suitable for every service user and care planning must be realistically tailored.

6.2 Environmental

6.2.1 Ensure the Service User and health care worker have clear paths in order to safety move and work within the service users home.

6.2.2 Ensure the service user has access to a phone if they need to call someone in case of an emergency.

6.2.3 Ensure the service user has a bed that enables them to get in/out on his/her stronger side.

6.2.4 Inform health care worker, family and service user on appropriate footwear.

6.2.5 Inform staff, family and service user on safety devices such as brakes on wheelchairs and beds etc. and the importance of the use of same.

6.2.6 Ensure service user wears appropriate spectacles and hearing aid if required.

6.2.7 Ensure there is adequate lighting and avoid clutter in the bedroom where possible.

6.2.8 Ensure any spills are cleaned immediately, if not as soon as reasonably possible.

6.3 Activities

6.3.1 Ensure the service user engages in activities and exercise to improve strength, flexibility, co-ordination and endurance as appropriated and only if not contraindicated.

6.3.2 Ensure service user is encouraged to maintain any independent skills they may have.

6.4 Medication Reviews

6.4.1 Medications are reviewed three monthly. Service User's medication should be assessed for dosage, side effects and interactions. When adjustments take place, the health care manager should be aware of extra need to monitor and observe service user for any changes in gait, co-ordination and balance.

6.4.2 Service Users on anti-coagulants such as heparin and aspirin should be monitored for possible haematoma after a fall (2-3 days).

6.4.3 Examine medication dosing schedules. For example, medications such as laxatives should be given in the morning to ensure evacuation of the bowel during the day and not at night, therefore minimizing night activity.

6.5 Nutrition and Falls

6.5.1 Discuss with service user, carers and Catering Staff the benefit of diet, lifestyle for the prevention of osteoporosis to reduce risk of fractures.

6.6 The use of devices

6.6.1 Discuss and consider with service user/NOK (especially when the risk of falls is high) the use of devices such as:

- Hip protectors
- Sensor alarms
- Sensor mats

6.7 Continence Management

6.7.1 Assess the service user for a bowel and bladder programme to decrease urgency and incontinence.

- Assist with toileting to minimise risks

6.8 Staff Education/Training

6.8.1 Education of home care staff and where appropriate other staff will include discussion on:

- Completion of falls prevention training available on HSeLand
- In house training made available by the Service Provider
- The Silvergrove Home Care Falls Management Policy
- The Stratify Falls Risk Assessment Tool and associated Silvergrove Home Care documentation
- Appropriate application of falls prevention strategies
- Polypharmacy and associated fall risk increase
- The use of manual handling equipment within the Service Users Home
- The range of fall management equipment available:
 - Variety of mobility Aids
 - Bed or seating alarms

- Variable height beds
- Hand/grab rails

6.8.2 All staff will receive manual handling training on or prior to commencement and refresher training as required thereafter.

6.8.3 We cannot prevent all falls, but we can reduce the risk or likelihood of someone having a fall through:

- Home Care Manager assessing all service users to identify those at risk of falls.
- By applying practical measures as listed above (6.1-6.7) are taken to reduce the likelihood of harm to at risk service users.
- Discussion/review of the care plan with service users and family
- The correct management of incident/accidents.

7.0 References

Health & Safety Authority (HSA), (2011), Workplace Health. Available online @ [www.hsa.ie/workplace\)health/accidents](http://www.hsa.ie/workplace)health/accidents).

Health Services Executive (HSE) 2008. Strategy to prevent Falls and Fractures in Ireland's Ageing Population.