



STOPFALLS

Falls Prevention Needs Your Attention Resource Pack

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Information, support and guidance

HCPA's aim is to see all Adult Social care providers benefit from our StopFalls service which is currently successfully reducing falls throughout Hertfordshire.

This brochure shares the most effective information, guidance and support that is known to help reduce falls. It includes the nationally recognised Falls Risk Assessment Tool, information on the importance of exercise, common falls risk factors such as medication, what to do in the event of a fall, as well as other helpful suggestions.

Please use this resource to update your knowledge and apply practical tools to help prevent falls within your care organisation.

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Visit www.hcpastopfalls.info to download StopFalls resources and to see our latest updates.

FRAT step-by-step

This is a quick and easy tool used nationwide to assess a person's falls risk. This tool can be used for all people you think may be at risk of falling and gives guidance on specific areas surrounding the person's falls risk.

To address falls prevention, we must FIRST identify a person at risk (using the FRAT) and THEN implement appropriate risk reduction measures. Download and use our Falls Risk Assessment Tool for getting people Back On their Feet (FRAT-BOF) (page 49) and Multi-factorial Falls Risk Assessment Tool (or use your own if it is comprehensive) to reduce the risk of falls.

Best practice states that older people who receive Care should be asked routinely whether they have fallen in the past year, and should be asked about the frequency, context and characteristics of any falls.

- Are you using the FRAT on admission to your care organisation?
- What criteria are you using to determine whether a person needs an assessment?
- Are you using a Multi-factorial Risk Assessment Tool to reduce risks for those already identified as being at a higher risk of falls?

Step 1 - Who needs the assessment?

The FRAT can be used for new admissions, updating a care plan for anyone you believe may be at risk of falling, or after a fall has occurred. *It is advised to re-assess every 1-2 months or when a person's circumstances change.*

Step 2 - How to use the FRAT

- Ask the participant each question on the sheet. Tick the response 'yes' or 'no'
The greater the number of 'yes' answers, the higher the participant's risk of falls. A score of 3 and above indicates the person is at risk of a fall
- Find a blank assessment on page 5 or download from www.hcpastopfalls.info
- All scores should be referenced in care plans and discussed with relevant allied health professionals

Step 3 - Red flag questions

Consider the following three questions in all people.

If the answer is yes to ANY, refer the patient to their GP for a medical review:

- Any history of any unexplained falls (No clear cause e.g. person blacked out) will need medical investigation
- Do they have any dizziness on standing (new or unknown cause), that has not been previously investigated? If able, assess for postural hypotension
- Do they have new, or worsening, balance or gait problems not previously investigated or managed?

Step 4 - Action & management

Use our Falls Risk Assessment Tool for getting people Back On their Feet (FRAT-BOF) (page 49) and Multi-factorial Falls Risk Assessment Tool (or use your own if it is comprehensive) to manage and reduce the risk of falls for that person.

Ensure that the results of the FRAT, and of any tool used to reduce falls risk, are recorded in the person's care plan and that staff are made aware of any necessary actions/interventions. Record all actions and review these regularly.

Step 5 - Additional assessments

Additional assessments If you are concerned about a person, consider using additional assessments to create a more detailed description of falls risk for their care plan. For frailty, have a look at the PRISMA 7 (page 46) and the Rockwood Clinical Frailty Scale (page 48). For mobility, we suggest the Timed Up and Go (page 47).

Risk Factor		If yes - Next Steps	
		Interventions	Further assessment / referral options
1	<p>Is there a history of a fall in the previous year?</p> <p>Assessed as: <i>Ask the question</i></p>	<p>Review circumstances of previous incident(s) if known to identify / decrease precipitating factors – see page 8 for risk factors</p> <p>Consider completing a Timed-up & Go assessment. See page 47</p>	<p>If you have serious concerns of the high number of falls consult GP or another allied health professional</p>
2	<p>Is the client on four or more medications per day?</p> <p>Assessed as: <i>Identify number of prescribed medicines</i></p>	<p>Some medicines can affect balance – consider associated risk factors. Make staff or the person aware that they are taking a high number of medications that effect balance. Staff to take extra care and time when asking people to stand from a seated position to reduce the effects of postural hypotension.</p> <p>For a list of medications that cause falls. Refer to page 11</p>	<p>Ensure medications are reviewed once per year- seeking support from a allied health professional.</p> <p>Please speak to your pharmacist or allied health professional if you are concerned about medications at any point.</p>
3	<p>Does the client have a diagnosis of stroke or Parkinson's?</p> <p>Assessed as: <i>Ask the question</i></p>	<p>Consider risk factors associated with the physical environment and manoeuvring safely – Environmental modifications may be required. Certain health conditions and individual fitness levels must be considered before making a recommendation to exercise - see Hertfordshire's exercise matrix which can be found on hcpastopfalls.info/exercise</p>	<p>Consult GP or other allied health professionals if there is worsening of balance, loss of strength or mobility.</p> <p>Community therapy referral may be suitable. Physiotherapy or exercise may help.</p>
4	<p>Does the client report any problems with their balance?</p> <p>Assessed as: <i>Ask the question</i></p>	<p>Consider risk factors associated with the physical environment and manoeuvring safely. Other factors including nutrition and hydration are also important.</p> <p>Consider a basic balance test such as a Timed Up and Go.</p> <p>Ensure staff are made aware of mobility levels and update mobility support plan.</p> <p>Certain health conditions and individual fitness levels must be considered before making a recommendation to exercise - see Hertfordshire's exercise matrix which can be found on hcpastopfalls.info/exercise</p>	<p>Consult an allied health professional if there is worsening of balance, loss of strength or mobility.</p> <p>Community therapy referral may be suitable. Physiotherapy or exercise may help.</p>
5	<p>Is the client unable to rise from a chair of knee high without using their arms?</p> <p>Assessed as: <i>Visual Assessment</i></p>	<p>Ensure staff are made aware of mobility levels and update mobility support plan.</p> <p>Consider exercise to improve strength and balance. Certain health conditions and individual fitness levels must be considered before making a recommendation to exercise -see Hertfordshire's exercise matrix which can be found on hcpastopfalls.info/exercise</p>	<p>An Occupational Therapist will be able to assess mobility levels to identify if any aids are required.</p> <p>Community therapy referral may be suitable. Physiotherapy or exercise may help.</p>

FRAT

Name of assessor

Date

Name of person being assessed

Score 1 for every category and total at the bottom of the 2 columns		Yes	No
1	Is there a history of any fall in the previous year? Assessed as: Ask the question		
2	Is the client on four or more medications per day? Assessed as: Identify number of prescribed medications		
3	Does the client have a diagnosis of stroke or Parkinson's? Assessed as: Ask the person		
4	Does the client report any problems with their balance? Assessed as: Ask the person		
5	Is the client unable to rise from a chair of knee height without using their arms? Assessed as: Ask the person (are they able to stand up from a chair of knee height without using their arms?)		
Total			

Level of predicted risk:

3 - 5 yeses = higher falls risk

- Complete full falls risk assessment (see service user risk assessment)
- Consult health and social care professionals
- Complete provider self assessment

Less than 3 yeses = lower risk

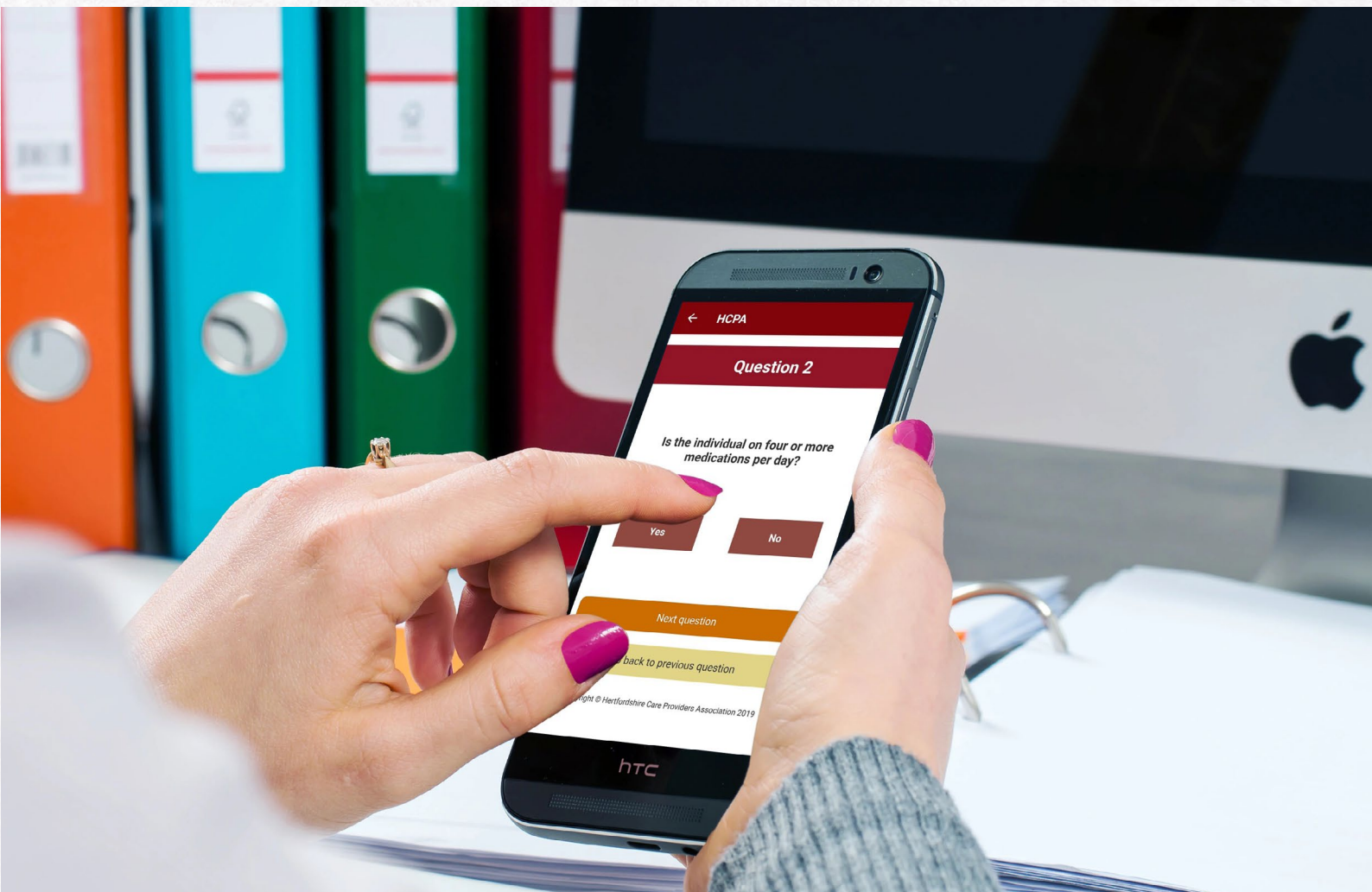
- If the person has mobility problems consider referral to Community Therapy Services
- Carry out exercises with the person

Download a blank copy of this assessment from www.hcpastopfalls.info or complete it on the StopFalls mobile app and email the assessment to yourself.

How to use the interactive FRAT on the HCPA StopFalls mobile App!

1. Open your StopFalls App on your phone or tablet
2. Select *Assessments* on the homescreen
3. Select *Interactive Falls Risk Assessment Tool (FRAT) for all*
4. Select *Use the Live Assessment Tool* and begin the assessment!

Once you have finished the assessment, you are given an option to email a copy of this assessment to yourself. This is perfect for tracking risks and adding to care plans!





RISK FACTORS

Key factors causing falls

Poor balance, reduced muscle strength and pain

Regular exercise strengthens muscles and keeps joints supple, at any age. The recommended activity level is 30 minutes, five times per week; gardening, housework, cycling and daily walks all count.

Standing exercises improve a person's balance and increased movement can help reduce pain. Experts advise twice weekly muscle strengthening and balance exercises for the over-65's. **See the 'Exercises for Strength & Balance' on page 33.**



Rushing to the toilet

Remind the person that if they are in a hurry, especially in the dark at night, it can make falls more likely. **See page 17 'Light Your Night' to learn more about reducing falls in the dark.** Think about using 'reminders' to go to the toilet so it is not left to the last minute and rushing is avoided.

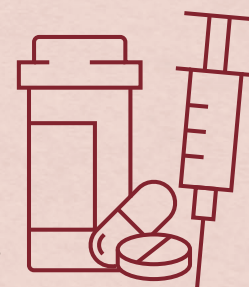
Incontinence can be improved and sometimes cured. Advise them to talk to a continence nurse or physiotherapist if needed.



Multiple medications

Some common medications are associated with dizziness, cause drops in blood pressure when standing up, or drowsiness; all of which can increase the risk of falling. **See 'Medications' from page 10 to learn more about how they can impact falls.**

Ensure the person talks to their GP if they are experiencing any of these symptoms. They can ask if their medication can be adjusted.



Eyesight changes

Ageing can decrease contrast sensitivity, which makes it harder to see the edge of steps and curbs. It can also alter depth perception and cause visual disturbances; all of which make a person more likely to fall. **See page 18 for 'Visual Awareness' information to learn more.**

Ensure the person has a sight examination yearly and remind them to not rely on supermarket reading glasses.



Alcohol

As we get older, drinking alcohol results in higher blood alcohol concentration than drinking the same amount when we were younger. Older people are more likely to experience unsteadiness after drinking alcohol. Where possible advise on reducing the amount of alcohol consumed (remember to consider Mental Capacity and involve professionals as this can be a challenging area).



For advice on how to reduce alcohol intake:

Visit: drinkaware.co.uk Call: 020 7766 9900

Wearing the correct footwear

Badly fitting shoes

Check that the person's shoes are suitable. Heels should be low and broad for maximum stability. Advise they wear round or square-toed styles to give more space for their toes. Recommend styles with fastenings, such as laces, to give extra support. If in doubt contact Hertfordshire Action on Disability (HAD).

Visit: hadnet.org

Call: 01707 324581

Shuffling when walking

If you notice that a person scuffs their feet when walking, advise that they do some exercises to help strengthen their legs and feet. Speak to a Physiotherapist or Occupational Therapist for exercises that will help.

Walking in socks or tights on hard floors

If you see a frail person walking without shoes, help them find a pair of suitable shoes to put on to avoid slipping.



Worn-out slippers

Slippers with holes, frayed uppers or broken-down backs need to be changed. Recommend that slippers should fasten, stay on and grip the floor. Look out for a slipper swap event at a local library. Check the 'slipper swap' page for information and advice on how to get a new pair for free!

Visit: hertfordshire.gov.uk/slipperswap

Call: 0300 123 4049

Loose and trailing clothes

Check that clothes are not too long and trailing on the floor. Belts and cords may need to be tightened to avoid tripping.



Taking care of feet

See the GP if the person has painful, swollen or 'tingly' feet as this can affect mobility and lead to falls. If in doubt contact the Herts NHS Podiatry Service.

Visit: hct.nhs.uk/our-services/podiatry-service/

Call: 01727 732004

Medication top tips

Read the Medication top tips below to see how you can help reduce a person's risk of falling. See page 21 for 'Useful Technology' information to learn how this can help manage a person's medication.

1. Be aware that taking 4 or more medications per day can contribute to falls risk, due to side effects impacting balance.
2. Have an annual medication review. Over time, some medications may no longer be needed and can be safely discontinued. Speak to a GP or pharmacist for advice.
3. Certain medications are known to cause an increased risk of falls. See following page for a full list of medications that are high risk.
4. Know the side effects of your medication. It is important to know how a specific medication may make you feel. Some common side effects include sleepiness, blurred vision, low blood sugar, confusion, dizziness, dehydration and hearing impairment. See page 11 for a list of medications and their side effects.

Visit www.hcpastopfalls.info to find links to the Herts Valleys, East and North Hertfordshire CCG Medication Teams.



11 Medicines and falls risk

Commonly prescribed drugs that can contribute to falls. This list is to raise awareness of most commonly prescribed drugs that can contribute to falls risk. The grading of the drugs has been adapted from the Medicines and Falls in Hospital: Guidance by John Radcliffe Hospital, Oxford, March 2011 and approved by the British Geriatrics Society.

High risk	Moderate risk	Lower risk
Can commonly cause falls alone or in combination	Can cause falls, especially in combination	Possibly causes falls, particularly in combination

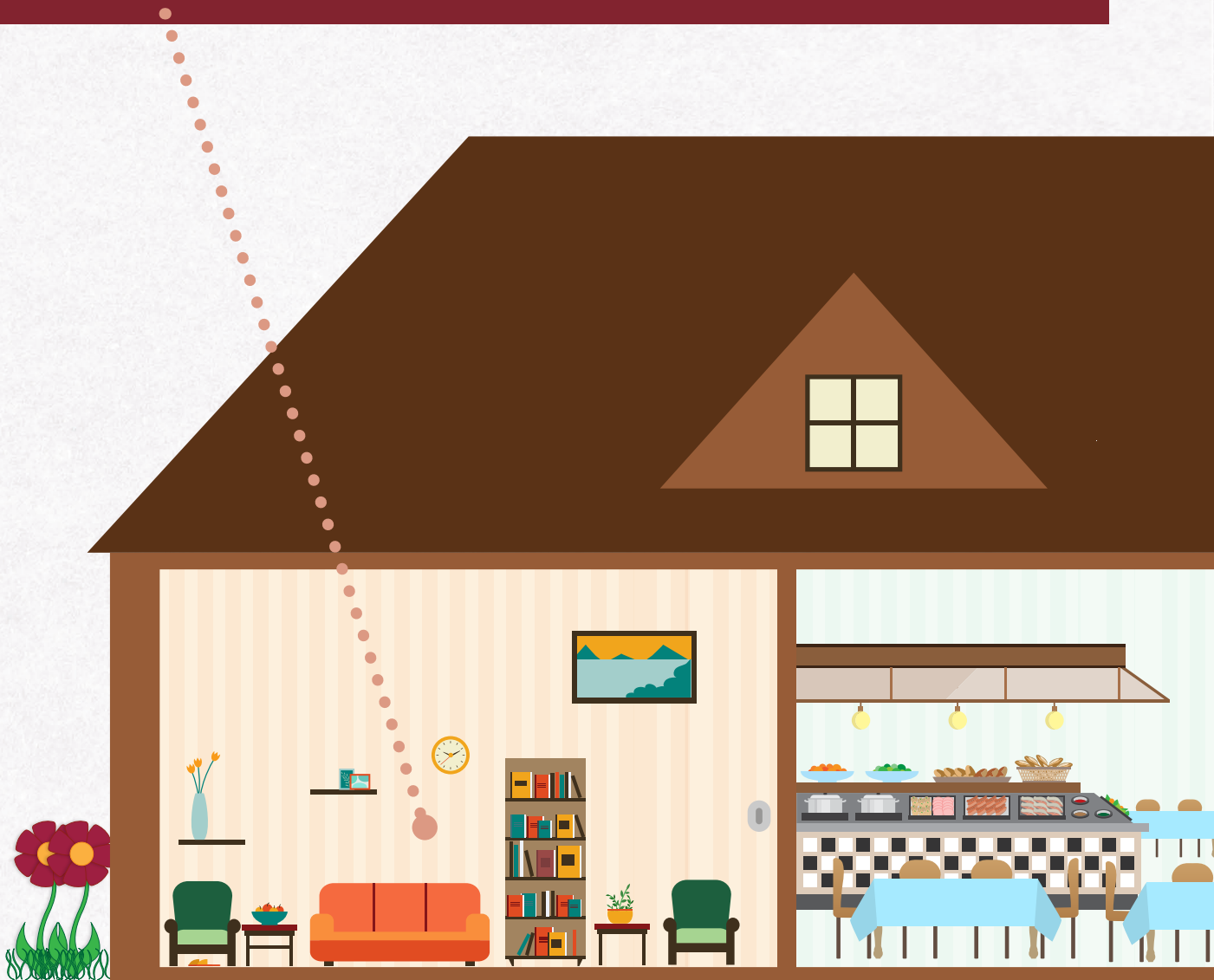
Drug Name	Common Use	Effects on Falls Risk
Alfluzosin	Benign prostatic hyperplasia	Drop in blood pressure on standing
Amitriptyline	Depression	Drop in blood pressure on standing, drowsiness, slow reactions, impaired balance
Amlodipine	Hypertension, Angina	Low blood pressure, drop in blood pressure on standing
Atenolol	Hypertension, Angina, Arrhythmia	Low blood pressure, drop in blood pressure on standing, slow heart rate
Baclofen	Severe spasticity of voluntary muscle	Sleepiness and reduced muscle tone
Bendroflumethiazide	Oedema, Hypertension	Low blood pressure, drop in blood pressure on standing and sleepiness
Betahistine	Vertigo, Tinnitus	Sleepiness
Bisoprolol	Hypertension, Angina, Heart failure	Low blood pressure, drop in blood pressure on standing, slow heart rate
Bumetanide	Oedema	Low blood pressure, drop in blood pressure on standing
Candesartan	Hypertension, Heart failure	Low blood pressure
Captopril	Hypertension, Heart failure	Low blood pressure, drop in blood pressure on standing
Carbamazepine	Epilepsy	Sleepiness, slow reactions, unsteadiness and lack of movement control
Carvedilol	Hypertension, Angina, Heart failure	Low blood pressure, drop in blood pressure on standing, slow heart rate
Chlordiazepoxide	Anxiety, Acute alcohol withdrawal	Drowsiness, slow reactions, impaired balance
Chlorphenamine	Allergy, Urticaria	Drowsiness and blurred vision
Chlorpromazine	Psychosis	Drop in blood pressure on standing, sleepiness, slow reflexes, loss of balance
Chlorthalidone	Oedema, Hypertension, Heart failure	Low blood pressure, drop in blood pressure on standing and sleepiness
Cinnarazine	Nausea, Vomiting, Vertigo, Tinnitus	Sleepiness
Citalopram	Depression	Drop in blood pressure on standing, confusion
Clomipramine	Depression, Phobia	Drop in blood pressure on standing, drowsiness, slow reactions, impaired balance
Clonazepam	Epilepsy	Drowsiness, slow reactions, impaired balance
Codeine	Pain	Sleepiness, slow reactions, impaired balance, delirium
Dantrolene	Severe spasticity of voluntary muscle	Sleepiness, reduced muscle tone
Diazepam	Insomnia, Anxiety	Drowsiness, slow reactions, impaired balance
Digoxin	Heart Failure	Slow heart rate
Diltiazem	Hypertension, Angina	Low blood pressure, drop in blood pressure on standing
Donepezil	Dementia	Fainting
Dosulepin	Depression	Drop in blood pressure on standing, drowsiness, slow reactions, impaired balance
Doxazosin	Hypertension	Low blood pressure, drop in blood pressure on standing
Doxepin	Depression, Pruritus in eczema	
Duloxetine	Depression, Anxiety	Drop in blood pressure on standing, sleepiness, dizziness, confusion
Enalapril	Hypertension, Heart failure	Low blood pressure, drop in blood pressure on standing
Felodipine	Hypertension, Angina	Low blood pressure, drop in blood pressure on standing
Fluoxetine	Depression	Confusion
Fluphenazine	Psychosis	Drop in blood pressure on standing, sleepiness, slow reflexes, loss of balance
Flurazepam	Insomnia	Drowsiness, slow reactions, impaired balance
Furosemide	Oedema, Hypertension	Low blood pressure, drop in blood pressure on standing
Gabapentin	Chronic pain	Drop in blood pressure on standing, sleepiness, unsteadiness
Galantamine	Dementia	Fainting
Glyceryl trinitrate (GTN)	Angina	Drop in blood pressure on standing
Haloperidol	Psychosis	Drop in blood pressure on standing, sleepiness, slow reflexes, loss of balance
Hydroxyzine	Pruritus	Drowsiness and blurred vision
Irbesartan	Hypertension	Low blood pressure

Drug Name	Common Use	Effects on Falls Risk
Isosorbide mononitrate	Angina	Drop in blood pressure on standing
Lercanidipine	Hypertension	Low blood pressure, drop in blood pressure on standing
Lisinopril	Hypertension, Heart failure	Low blood pressure, drop in blood pressure on standing
Lorazepam	Insomnia, Anxiety	Drowsiness, slow reactions, impaired balance
Lortemazepam	Insomnia	Drowsiness, slow reactions, impaired balance
Losartan	Hypertension, Heart failure	Low blood pressure
Metolazone	Oedema, Hypertension	Low blood pressure, drop in blood pressure on standing and sleepiness
Metoprolol	Hypertension, Angina, Arrhythmia	Low blood pressure, drop in blood pressure on standing, slow heart rate
Mirtazapine	Depression	Drop in blood pressure on standing, drowsiness, slow reactions, impaired balance
Morphine	Pain	Sleepiness, slow reactions, impaired balance, delirium
Moxonidine	Hypertension	Low blood pressure, drop in blood pressure on standing and sleepiness
Nicorandil	Angina	Drop in blood pressure on standing
Nifedipine	Hypertension, Angina	Low blood pressure, drop in blood pressure on standing
Nitrazepam	Insomnia	Drowsiness, slow reactions, impaired balance
Nortriptyline	Depression, Neuropathic pain	Drop in blood pressure on standing, drowsiness, slow reactions, impaired balance
Olanzapine	Psychosis, Agitation	Drop in blood pressure on standing, sleepiness, slow reflexes, loss of balance
Olmесartan	Hypertension	Low blood pressure
Oxazepam	Anxiety	Drowsiness, slow reactions, impaired balance
Oxybutinin	Urinary incontinence	Drowsiness, dizziness and blurred vision
Paroxetine	Depression	Drop in blood pressure on standing, confusion
Perindopril	Hypertension, Heart failure	Low blood pressure, drop in blood pressure on standing
Phenobarbital	Epilepsy	Sleepiness, slow reactions, unsteadiness and lack of movement control
Phenytoin	Epilepsy	Unsteadiness and lack of movement control
Pramipexole	Parkinson's disease	Delirium and drop in blood pressure on standing
Prazosin	Hypertension	Drop in blood pressure on standing
Pregabalin	Epilepsy, Neuropathic pain	Sleepiness
Prochlorperazine	Nausea, Vomiting, Vertigo	Movement disorder in long term use
Promethazine	Allergy, Urticaria	Drowsiness and blurred vision
Propranolol	Hypertension, Angina, Arrhythmia	Low blood pressure, drop in blood pressure on standing, slow heart rate
Quetiapine	Psychosis, Agitation	Drop in blood pressure on standing, sleepiness, slow reflexes, loss of balance
Ramipril	Hypertension, Heart failure	Low blood pressure, drop in blood pressure on standing
Risperidone	Psychosis, Agitation	Drop in blood pressure on standing, sleepiness, slow reflexes, loss of balance
Rivastigmine	Dementia	Fainting
Ropinirole	Parkinson's disease	Delirium and drop in blood pressure on standing
Selegiline	Parkinson's disease	Drop in blood pressure on standing
Sertraline	Depression	Drop in blood pressure on standing, confusion
Solifenacin	Urinary incontinence	Drowsiness, dizziness and blurred vision
Sotalol	Arrhythmia	Low blood pressure, drop in blood pressure on standing, slow heart rate
Tamsulosin	Benign prostatic hyperplasia	Drop in blood pressure on standing
Telmесartan	Hypertension	Low blood pressure
Temazepam	Insomnia	Drowsiness, slow reactions, impaired balance
Timolol eye drops	Glaucoma	Drop in blood pressure on standing, slow heart rate
Tolterodine	Urinary incontinence	Drowsiness, dizziness and blurred vision
Trazodone	Depression, Anxiety	Drop in blood pressure on standing, drowsiness, slow reactions, impaired balance
Trimipramine	Depression	Drop in blood pressure on standing, drowsiness, slow reactions, impaired balance
Venlafaxine	Depression	Drop in blood pressure on standing, sleepiness, dizziness, confusion
Verapamil	Hypertension, Angina, Arrhythmia	Low blood pressure, drop in blood pressure on standing
Zolpidem	Insomnia	Drowsiness, slow reactions, impaired balance
Zopiclone	Insomnia	Drowsiness, slow reactions, impaired balance

Environmental checks: Fall proof your care home

Living Areas

- Check all rugs have a non-slip underlay and consider replacing frayed carpets
- Replace thresholds in doors if necessary
- Clear away clutter, especially in the hallway and doorways
- Never store items on the stairs. Consider the colours of the carpets and patterns which can visually disturb a person
- Ensure handrails are easily accessible



Home Hazard Assessment

Request a home hazard assessment. Your local Occupational Therapy service, local council, or fire and rescue service can help. If any of their recommendations have not been met you should report and log these with your team leader.

Home Hazard Assessment: www.hertfordshire.gov.uk/services/fire-and-rescue/

Lighting

- Avoid trailing cables from lamps
- Sensory lighting in bathrooms and hallways will ensure areas are well lit
- Consider installing two-way switches in the bedrooms and hallways so the person does not have to walk in the dark
- Place a lamp or bedside light near where the person sleeps so when getting up in the night they never walk in the dark

Bathroom

- Clear spills immediately
- Always use non-slip mats in the bath and shower
- Consider installing grab rails in the bathroom



Garden

- Keep paths free of fallen leaves as they may be slippery
- Repair any cracks or uneven pavements
- Consider installing safety rails on any steps

Environmental checks: Fall proof your home

Lighting

- Avoid trailing cables from lamps
- Advise the person to consider installing two-way switches on the landing so they don't have to walk in the dark
- Suggest always using a bedside light when getting up in the night and using motion activated lighting

Stairs

- If the person uses stairs, ensure that handrails are installed
- Ensure the stairs are clear of clutter and that a two-way light switch is installed
- Contact an Occupational Therapist to learn more about suitable handrails



Home Hazard Assessment

Request a home hazard assessment. Your local Occupational Therapy service, local council, or fire and rescue service can help. If any of their recommendations have not been met you should report and log these with your team leader.

Home Hazard Assessment: www.hertfordshire.gov.uk/services/fire-and-rescue/

Kitchen / Bathroom

- Clear spills straightaway
- Always use a non-slip mats in the bath and shower
- Consider installing grab rails in the bathroom

Living Areas

- Check all rugs have a non-slip underlay and consider replacing frayed carpets
- Clear away clutter, especially in the hallway and doorways
- Never store items on the stairs

Garden

- Keep paths free of fallen leaves, as they may be slippery
- Repair any cracks or uneven pavements to avoid tripping
- Ensure doors and garages are well-lit
- Consider installing safety rails on steps



Light your night

The Haven Care Home in Colchester has seen **fall rates decline by 75% since they introduced a scheme called 'Light your Night'** earlier this year to help people who need to get up in the night for a toilet break.



The 'Light your Night' scheme attempts to tackle the falls issue head-on by illuminating light switches, footprints, walking frames, and toilets to help people navigate hallways, corridors, bathrooms and even their own bedrooms during the night to prevent falls.

The Haven Care Home identified that falls were happening because people became confused when they awoke at night, often forgetting to switch on the lights or press their alarm bells for assistance. Mr Moring, the home manager, then went through all of the night time reports and discovered that **50% of falls during the night were due to people trying to get to the toilet on their own in the dark.**

See page 20 for 'Fix Up Your Frame' information to see how you can help the person you care for reduce falls by personalising their walking aids!



'The overall scheme has reduced falls by 75% since this time last year. It has really, really worked; other care homes in the region have now taken it on board.'

- Mr Moring

Why not try this in your care service? People can have more independence as they walk into the bathroom - their toilet can light up automatically search online for 'motion activated toilet night lights'!

Visual awareness

Actions you can take to help protect frail a person's eye health:

Regular eye examinations

Encourage people supported by you to have their eyes examined a minimum of once every two years but it is recommended eyetest are taken yearly, even if there is no change in their vision.

Wearing the correct lenses

If a person wears glasses ensure that they are easily accessible and that the correct type are being worn for the task they are doing. Check that the lenses are clean and not damaged in any way.

Stop smoking

Smoking doubles the risk of developing age-related Macular Degeneration (AMD), the UK's leading cause of sight loss. If a person smokes, identify strategies that can help them stop. Visit [nhs.uk/livewell/smoking](https://www.nhs.uk/livewell/smoking) for advice on how to support someone stopping smoking.

Healthy diet and weight

Ensure people are getting a balanced diet. Eating a diet low in saturated fats, but rich in green leafy vegetables such as spinach (which has lots of Vitamin A) and broccoli, may help protect against cataracts and AMD. See the enclosed 'Health and Nutrition' sheet for more information.

Protection from UV radiation

Advise people to wear sunglasses when in the sunlight, it can protect the eyes from the UVA and UVB rays, which can increase the risk of cataracts.

Opticians can offer a 'mobile' service and are experienced in carrying out eye tests in residential care homes in a way that is sensitive to the specific needs of the people who live in them.

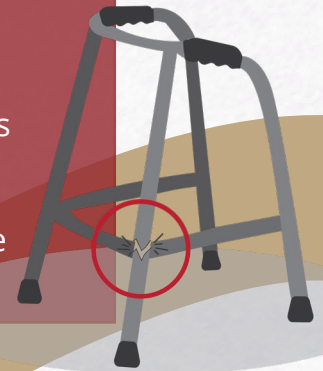


Equipment & walking aids



Check the walking aids

Are they still in good working condition? Check the rubber grips and feet on frames and brake systems on rollators, for example. Make an audit schedule so things don't get missed.



Walking Aids

Ensure that the person keeps their walking aid close by and within reaching distance, this will prevent them having to overreach or walk without it.

Using a person's own walking aid

Ensure the person only uses their prescribed walking aid. They are tailored for the person and may not be safe for others to use.



Assistance Bells

If a person finds it difficult to move safely without support, it is essential that they can use a call bell to ask for assistance. Are call bells easy to access in the care home?

See page 21 to see more about Useful Technology.



Do you feel a person you support could benefit from an aid?

Get professional advice from Hertfordshire Action on Disability (HAD) or Hertfordshire Equipment Service (HES). A Physio or Occupational Therapist can advise which piece of equipment would be best suited.



Fix up your frame



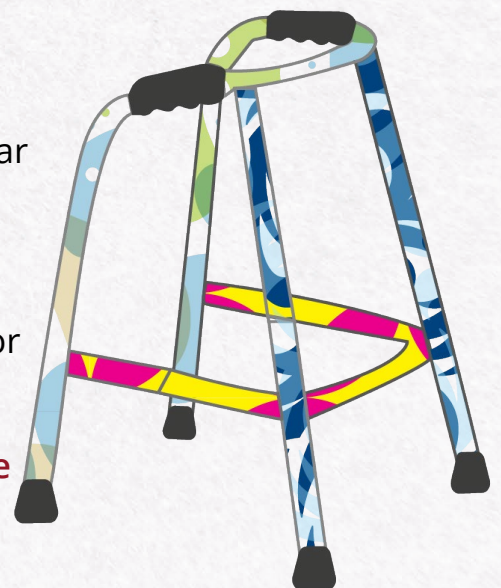
People who use care services county-wide have been inspired to transform their grey and uninspiring walking aids into bespoke items by adding fluorescent covering and lights.

Feedback from the campaign shows that:

- The overall scheme has reduced falls by 75% within a year
- It has been proven invaluable to people with dementia
- People have decorated their zimmer frames with lights or glow sticks to help navigate during the night.

See page 17 'Light Your Night' to learn more about these benefits.

Tip: Be careful to not let any new decor drag on the floor!



Useful technology to use Within the home

Assistive technology is a broad term used to describe any item, object, device or system that enables a person to perform a task that they would otherwise be unable to do, or increase the ease and safety in which certain tasks can be performed. Technology is becoming increasingly popular in the care setting, aiding a person with being more independent and safer.

Why not consider introducing some of the ideas below?

- **Motion sensitive lights** triggered by a person moving around. They can help to prevent trips and falls in the dark.
- **Automated shut-off devices** that can stop the gas supply if the gas has been left on, or turn off a cooker if it has been left on.
- **Water isolation devices** that can turn off a tap if it is left running, to help prevent flooding.
- **Plugs that allow users to choose a certain water depth in a sink or bath.** If the water goes above that level the plug opens and the water drains. They can also include a heat sensor that changes the colour of the plug when it reaches a certain temperature.
- **Fall sensors** that can register if a person has fallen, and provide prompting for help to respond.



Telecare



This technology, includes sensors and equipment, which monitor a person and / or the environment, allowing the person to call for help, or trigger an alert that indicates the need for a check or relevant intervention. Telecare services range from a basic alarm and two-way call unit to more tailored monitoring equipment.

Medication aids

Automatic pill dispensers are available. They are pre-filled then locked by the pharmacist. When medication needs to be taken the dispenser sets off an alarm and the correct compartment opens, allowing the person to take the medication. There are also dispensers that notify family or carers if medication has not been taken, and if the device is not working or needs new batteries.



Communication aids



The most common type of devices are adapted telephones. These can be pre-programmed with frequently used numbers. The person can then call a friend or relative by pressing a single large button or a button with their photo on it. Another option is video chat, allowing people to see each other as they chat via a computer, tablet or smartphone. These technologies, which include the well-known Skype service, are free to use once both parties are set up, although there will need to be internet access.

Useful contacts that can provide information and guidance when choosing assistive technology:

AT Dementia

0115 748 4220

info@trentdsdc.org.uk

www.atdementia.org.uk

Unforgettable.org

0203 322 9070

info@unforgettable.org

www.unforgettable.org

Disabled Living Foundation

0845 130 9177 (helpline 10am–4pm weekdays)

info@dlf.org.uk

www.dlf.org.uk

Amazon.co.uk

Very useful for products such as motion detective lights, light up toilet seats.

Top tips to stay healthy & avoid falls

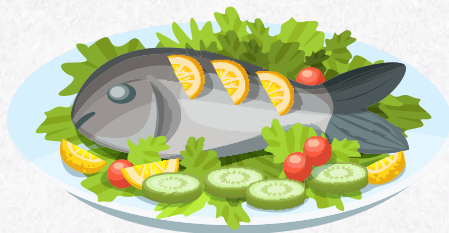
Nutrition:

Eat & drink to keep bones strong:

If a person eats and drinks well they can reduce their risk of fracturing or breaking a bone. See our exercise information to assist in better balance, strengthening muscles and increasing mobility. Calcium helps strengthen bones. Vitamin D assists in the absorption of Calcium. Proteins help maintain muscle mass, resulting in the person less likely to have a fall.

Sources of Calcium:

Dairy products, fortified dairy alternatives such as Soya milk, canned fish (with bones), fortified breakfast cereals, and nuts such as almonds.

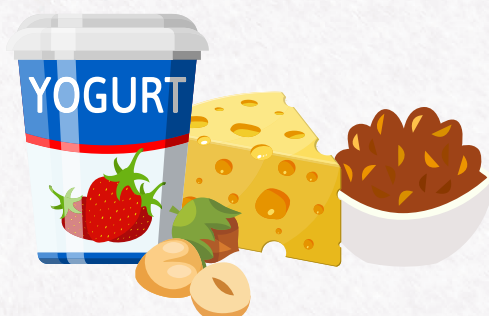


Sources of Vitamin D:

Oily fish, eggs and fortified spreads, however, it is very difficult to get enough from diet alone. All adults should consider taking a daily supplement of Vitamin D (10mcg a day) to help keep their bones strong.

Sources of Protein:

Meat/poultry, seafood, tofu, whey, nuts, seeds, legumes, cheese and yoghurt.



Hertfordshire Nutritional Standards

1. Nutrition and hydration is everybody's business - Eating and drinking well is at the centre of health and well being

- Use every opportunity to check whether a person can meet their food and drink needs
- Use these trusted sources to give guidance on improving intake (a link will be created taking the user to the trusted guidance). Avoid giving advice based on your own health beliefs if these are different to the identified guidance
- Some people may need additional support to make choices that are better for their health and well-being
- Some family members/friends may also need support to understand the food and drink needs of their loved one

2. Promote the need for a varied diet - Meal times should be a positive experience that acknowledges the health benefits and pleasure of food

- Where an person has a poor appetite, a food first approach should be encouraged
- Where it is appropriate for the person's health, encouraging nourishing snacks in addition to 3 - 4 meals a day, can be beneficial
- Oral health is very important – it may be more appropriate to suggest savoury nourishing snacks and those based on milk rather than sweet snacks

3. Promote good levels of hydration

- Encourage drinking at least 8 – 10 drinks as mugs or glasses a day, every day.
- If a person is reluctant to drink, nourishing foods which contain fluid should be encouraged in addition to drinks

4. Promote a healthy weight by increasing awareness that losing weight is not a normal part of ageing

- Individuals and their family members/friends may need support to understand that a healthy weight for older people may be higher than a healthy weight for younger adults.
- If planned weight loss is appropriate, this should be encouraged in a supportive way.

5. Promote continued need for regular exercise/activity

- Encourage people to keep moving and do whatever they can to help maintain their independence and well-being



Top tips to stay healthy & avoid falls

Hydration:

Dehydration can result in constipation, water infections, poor skin, and increase the likelihood of a fall. It also can make a person feel tired and affect the memory and concentration levels. Consider using a fluid tracking chart to understand how often a person in your care is drinking and how often they might be urinating.



Ensure the person eats and drinks plenty. Otherwise they may feel tired, weak and dizzy and in turn increase their risk of falling.

Set a target to try and drink 6-8 drinks throughout the day (that's about 2 litres) it doesn't have to be just water; fruit squash or milky drinks are good choices!

Try to serve more fluid rich foods such as soups, yoghurt, rice pudding, custard, fruit and vegetables and avoid diuretics such as caffeine and alcohol as these can have a dehydrating affect.

If the person is up a lot in the night, seek advice from GP/local bladder support service, or try to serve most of their drinks earlier in the day.

Don't rely on a person to tell you they are thirsty! When a person is thirsty they are already dehydrated and as we get older our sense of thirst can reduce.

Risks of dehydration

Urinary Tract Infections

Dehydration levels are heavily linked with the likelihood of contracting a Urinary Tract Infection (UTI), which can put older people at increasing risk of falls.

What are the signs of dehydration:

- Thirst
- Sunken eyes
- Irritability
- Cool hands or feet
- Low blood pressure
- Raised heart rate
- Headaches
- Drowsiness
- Dry and inelastic skin
- Dryness of the mouth lips and tongue

Those already experiencing chronic degenerative neurological diseases, such as Alzheimer's disease and Parkinson's disease should be monitored closely for pain during urination, urgency, frequency and colour.

Dark urine with an odour is an indication that there may be a UTI present. Pale and odourless urine indicates that the person is hydrated.

Furthermore, some people can experience confusion and incontinence, which in turn can result in a potential fall.

Urine Colour Chart

GOOD

GOOD

FAIR

DEHYDRATED

DEHYDRATED

VERY DEHYDRATED

SEVERELY DEHYDRATED

Delirium Side-Effect

Delirium is also known as an **'acute confusional state'** that is associated with dehydration and UTIs. Older people and people with dementia, severe illness or a hip fracture are more at risk of delirium and therefore at a higher risk of falls.

It can be difficult to distinguish between delirium and people living with dementia as some people may be living with both conditions. If uncertainty exists over the diagnosis, the person should be managed initially for delirium.

Here are some indicators of delirium:

- Recent changes in behaviour
- Worsened concentration
- Slow responses
- Confusion
- Hallucinations
- Reduced mobility
- Reduced movement
- Restlessness
- Agitation
- Changes in appetite
- Sleep disturbance
- Lack of cooperation with reasonable requests
- Withdrawal
- Alterations in communication
- Mood and/or attitude.

If any of these behaviour changes are present, a healthcare professional who is trained and competent in diagnosing delirium should carry out a clinical assessment to confirm the diagnosis.

Please check our online delirium checklist for more information:
www.hcpastopfalls.info/delirium-checklist

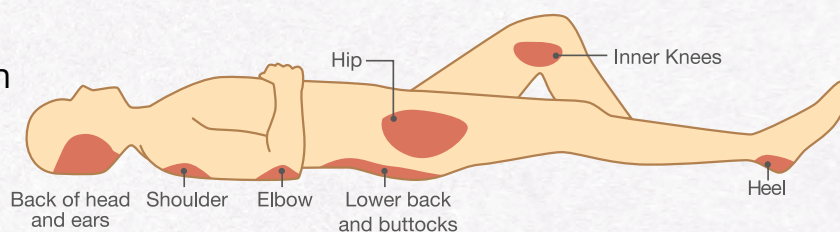
Nutrition and pressure ulcers

Pressure ulcers are damaged skin and underlying tissue that is caused from prolonged pressure on the skin. Without the correct treatment they can cause pain and damage the muscle and bones beneath the skin, which can lead to an increase risk of falls.

Having poor nutrition and dietary intake are key factors in the development of pressure ulcers and delayed wound healing. Hydration is necessary to support the blood flow to the wounded tissue and prevent from further skin breakdown. Having sufficient hydration encourages the delivery of oxygen and nutrients to damaged and healthy tissue. Wounds that exude may increase the need for water to replace the losses.

Both underweight and overweight people have a higher risk in pressure ulcers due to poor mobility and nutrition.

Reduced body mass and a compromised immune system can affect the healing process in older adults.



Prevention of pressure ulcers:

- Minimising sedentary behaviour is important to prevent pressure ulcers, by moving regularly can reduce the pressure on the skin
- Once a person has recovered from a pressure ulcer, it may be necessary to use exercise as the appropriate intervention to rebuild muscle mass and reduce the risk of falling after recovery
- Keeping people hydrated and eating a balanced and healthy diet plays an important role in skin and tissue repair

Management of pressure ulcers:

- A large pressure ulcer wound can lose 100g of protein a day. The loss of this protein needs to be replaced. High protein foods include dairy food, meat, fish and eggs
- Increased protein has been linked with greater healing rates
- Foods high in iron are important for wound healing. This includes meats, fish and eggs
- Foods rich in vitamins and minerals work to absorb iron for the healing process
- Vitamin C helps build a resistance to the infection
- Fluid replacement depends on the volume of losses from the wound

The page features several decorative geometric shapes, primarily hexagons and pentagons, scattered across the white background. These shapes are outlined in various colors including brown, olive green, and orange. Some shapes are partially cut off by the edges of the page. The word "EXERCISE" is centered in a bold, dark grey font.

EXERCISE

Keeping people moving

An Enabling Care Approach

Interventions are now being encouraged that aim to help people recover skills and confidence to maximise their independence.

An enabling approach can promote independence and when people are more independent, they are likely to experience better health and an improved quality of life. This can be helped by ensuring, where possible, that care staff do not manage every aspect of a person's life. Setting small and gradual goals based on increased movement can help enable people.



Encourage Exercises

Do you have a member of staff trained in Chair Based Exercise? If not, HCPA offer training so you can run exercise classes in-house.

Small movements and actions will contribute to the 30 minutes per day.



Set Small and Gradual Goals

Enlist friends and relatives to help people stay positive and practise relaxation exercises during visits. Achieving goals, such as confidently being able to walk to the toilet is likely to increase confidence and independence. Utilise technology such as 'FitBits' to monitor a person's steps.

OTAGO and Postural Stability

These exercises are proven to reduce falls and fear of falling. Contact HCPA to find out how your staff can be trained to deliver Chair Based Exercise, OTAGO or Postural Stability classes. Alternatively, HCPA can help direct you to further contacts or can provide classes.

Tai Chi is proven to be a good exercise for those just starting to increase physical activity who haven't already fallen.

Professional advice recommend people speak to a Physiotherapist for advice or to contact their local falls service (a GP will have details for these). Alternatively, a person can join an OTAGO or Postural Stability class for strength and balance exercises.

Professional Advice

Recommend people speak to a Physiotherapist for advice or to contact their local falls service (a GP will have details for these). Alternatively, a person can join an OTAGO or Postural Stability class for strength and balance exercises.



Chair based exercises: For flexibility



Try these 6 simple exercises a minimum of three times a week. They can help improve joint range of movement.



- Make sure the chair is sturdy
- Ensure the person wears supportive shoes
- If the person experiences chest pain, dizziness or severe shortness of breath, stop and call the GP, 111 or 999 in an emergency
- A slight soreness the next day is normal
- Consult a Physiotherapist if you have any concerns about a person's ability to perform the exercises
- Some discomfort is normal, but stop if there is pain which doesn't seem normal and seek advice from a Health Professional

Ankle Activators

This exercise loosens the ankle joint

- Place one foot in front, with the heel on the floor
- Lift the foot and place the toes where the heel originally was
- Repeat four times on each foot



Trunk Twist

This exercise loosens the lower back

- Sit tall in the chair
- Cross the arms, and turn the upper body to the side, back to the front, then turn the other way
- Repeat this movement four times



Shoulder Lifts

This exercise loosens the shoulder joint

- Sit tall in the chair
- Lift the shoulders upwards towards the ears, then begin to lower them softly
- Repeat this movement four times



Calf Stretch

This can increase the range of movement at the ankle and increased ability to straighten the knee

- Place one foot in front, with the heel on the floor
- With the knee as straight as possible, point the toes upwards towards the ceiling (a slight pull in the calf should be felt)
- Hold this position for at least ten seconds, then repeat on other leg



Hamstring Stretch

This exercise can increase the range of movement at the hips, pelvis and lower back

- Place one foot in front, with the leg straight and the heel on the floor
- Place the hands on the bent knee for support, 'sit tall', then lean forwards, (a slight pull on the back of the thigh should be felt)
- Hold this position for at least ten seconds, then repeat on other leg



Upwards Side Stretch

This can increase the range of movement in the shoulder

- Place one hand on the shoulder of the same side and lift that elbow upwards towards the ceiling with the opposite hand
- Hold this position for up to ten seconds, then lower slowly and repeat on other arm



Chair Based Exercises are not evidenced based for improving balance , but are suitable for those unable to take part in balance exercises.

If you are interested in exercises for strength or balance see pages 33-34

Exercises for Strength & balance



Try these 6 simple exercises a minimum of three times a week. They can help improve a person's strength and balance.



- Make sure a risk assessment is completed to minimise the risk of falls and that the risk assessment is clear about whether the person requires supervision or not
- Make sure the chair is sturdy
- Ensure sturdy shoes are worn
- If the person experiences chest pain, dizziness or severe shortness of breath, stop and call the GP, 111 or 999 in an emergency
- A slight soreness the next day is normal
- Consult a Physiotherapist if you have any concerns about the person's ability to perform the exercises



Heel Raises

- Stand tall, holding the back of a chair
- Lift the heels off the floor, taking the weight onto the big toes
- Hold for three seconds, then lower with control, and repeat ten times

Toe Raises

- Stand tall holding the chair
- Raise the toes, taking the weight onto the heels, (don't stick the bottom out)
- Hold for three seconds then lower with control, and repeat ten times



Heel-Toe Stand

- Stand tall with one hand on the support. Put one foot directly in front of the other to make a straight line
- Look ahead, take your hand off the support and balance for ten seconds
- Take the front foot back to the hip width apart. Then place the other foot in front and and work up to balancing for ten seconds



One-Leg Stand

- Stand close to a sturdy support and hold it with one hand
- Balance on one leg, keeping the support knee soft and posture upright
- Work up to holding the position for ten seconds, then repeat on the other leg



Sit to Stand

- Sit tall near the front of the chair with the feet positioned slightly back
- Lean forwards slightly and stand up (with hands on the chair if needed)
- Ensure the legs are touching the chair then sit down into the chair with control, then repeat ten times



TIP!

Encourage people to reduce time spent sitting every hour by standing up and walking around. This helps blood circulation and can improve a person's fitness level.

Heel-Toe Walking

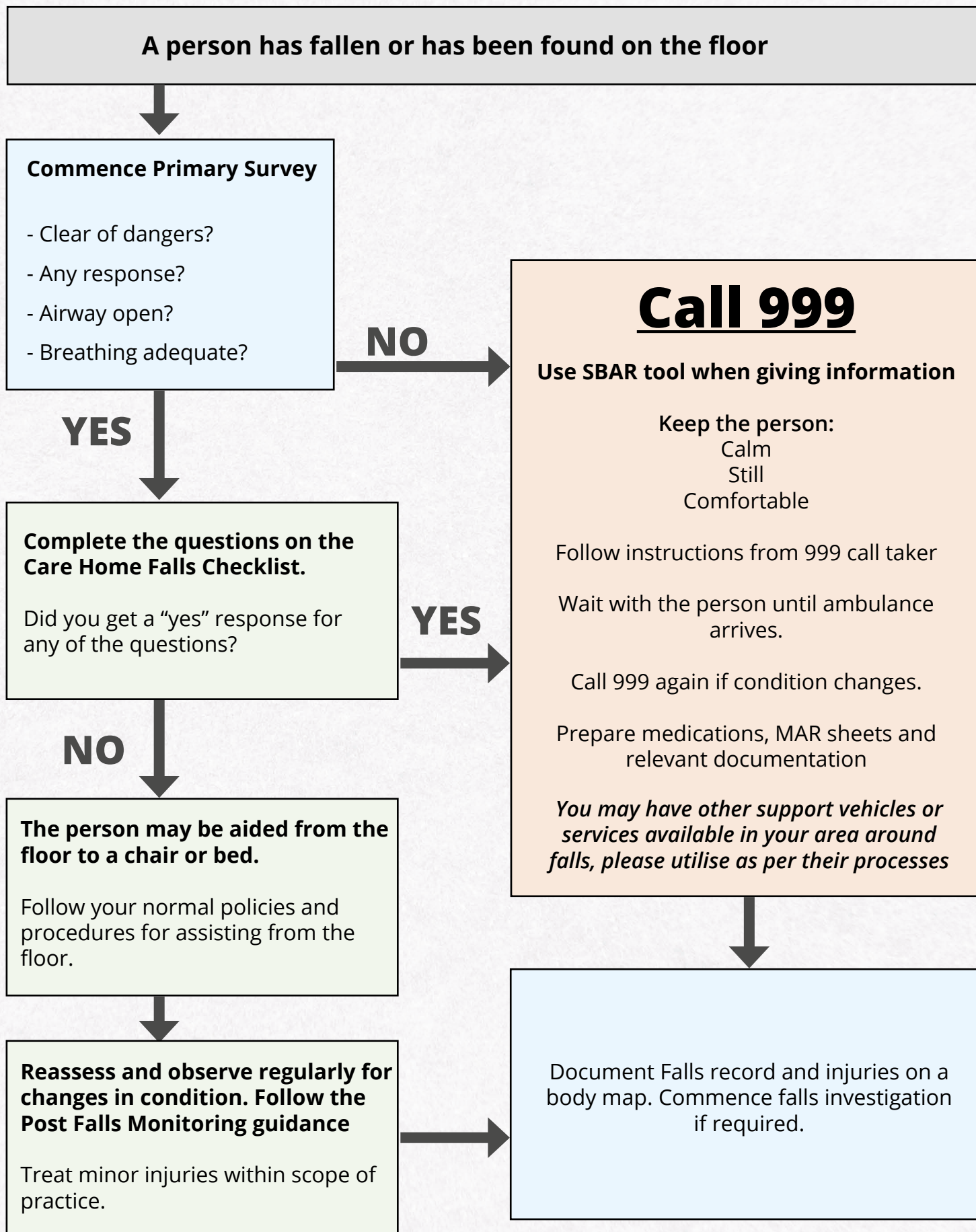
- Stand tall, with one hand on a non-movable support like a kitchen cabinet
- Look ahead and walk ten steps forwards, placing one foot directly in front of the other so that the feet form a straight line
- Aim for a steady walking action. Take the feet back to hip width apart, turn around and repeat the steps in the opposite direction



The background features several large, hollow hexagons and polygons in various colors: brown, olive green, and orange. The word "INTERVENTION" is centered in a bold, black, sans-serif font.

INTERVENTION

What to do when a person has been found on the floor



Urgent falls checklist

This falls checklist is a guideline used by the East of England Ambulance service and is used as a recommendation on how to best respond to a fall. The checklist is an easy to follow guide to ensure you have done everything possible, in the correct order, to make the best decision on how to respond to the fall.

Use the post monitoring checklist to ensure that ongoing care is happening, and that no signs of complications/deterioration are missed. This will ensure that you as a provider are giving the correct level of support for the person following a fall.

Things to monitor post falls:

- Mobility
- Acting normal self
- Any pain
- Acute vomiting
- Acute confusion
- Acute memory loss
- Well-being
- Confidence

For 24 hours

	Yes	No	Comments
1			Has the person fallen more than 1 metre or more than 5 stairs?
2			Is the person showing any signs of a Stroke - facial droop or limb weakness?
3			Is there any evidence of intoxication?
4			Is the person acting out of their normal self?
5			Is the person not fully alert and conscious throughout with no loss of consciousness?
6			Is the person dizzy or sweaty?
7			Has the person suffered any amnesia or confusion post or prior to the event - that is not normal for them?
8			Has the person vomited since the fall?
9			Has the person's colour changed in their face, limbs or centrally?
10			Has the person lost circulation or nerve function to limbs?
11			Has the person got any evidence of swelling, deformity or body tenderness?
12			Is there any history of blunt or penetrating trauma to the chest or abdomen?
13			Is there any break in the continuity of the skin - excluding minor abrasions?
If ANY answers to the above questions are YES then you should call 999 without delay.			
<p>If all answers to the above questions are NO, then the person may be aided from the floor to a chair or bed. If the person is normally mobile then after a few minutes they will need to attempt to weight bear - then continue</p>			
14			Is the person unable to weight bear as normal with evidence of reduced mobility or pain anywhere that is not normal for them since the fall with or without mobility aids?
15			Does the person have shortness of breath?
16			Does the person have chest pain?
17			Is the person very hot or cold to touch?
18			Was the person dizzy before the fall?
19			Does the person have a head injury associated with: <ul style="list-style-type: none"> • Loss Of Consciousness • Confusion • Vomiting • Dizziness • Blurred vision • On Warfarin
If ANY answers to the above questions are YES then you should call 999 without delay			
<p>If all answers to the questions are NO, then the person should be encouraged to rest but continue as normal, while being monitored for 24 hours for any changes. If you have any concerns, call the GP, 111 or 999 at any time.</p>			

SBAR communication tool

Gathering information for support

The Hertfordshire SBAR tool can be utilised to support your service and staff to assess a situation and contact the right health service.

Call 999 IMMEDIATELY for:

- Chest Pain
- No Pulse
- Loss of Consciousness
- Not Breathing
- FAST (Stroke)

S	<p>SITUATION</p> <ul style="list-style-type: none"> • Your name and Care Home / provider name • Name of patient, age, DOB • What is the concern, what has happened? Describe symptoms which are different than normal. Does the person have capacity to tell you what is wrong? 	<p>Examples of symptoms you might describe:</p> <ul style="list-style-type: none"> • Falls – are there injuries? • Confused, disorientated, dizzy, unsteady • Drowsy or hard to rouse • Hot / flushed /sweating. Cold / clammy / shivering / pale • Breathing harder or faster, slower or shallower • Complaining of pain, grimacing, posture indicating pain if unable to communicate - describe where pain is • Weakness in legs or arms / facial differences • Coughing / bringing up phlegm / wheezing • Vomiting / nausea - how long for? • Change in urinary continence / smelly urine, blocked or problem with catheter • Change in bowel habit / diarrhoea • Not eating or drinking / loss of appetite • Bleeding from what area?
B	<p>BACKGROUND</p> <ul style="list-style-type: none"> • How long have symptoms been present? • Did they come on suddenly? • Does the person have any other long term illness? • Have they already been seen by the GP for this change? If so, were any medications started? What instructions were given to the home? • Have you got a list of their current medication? • Has the person recently been into hospital? If so what for? • Does the person have a current DNAR in place? If yes, be clear why you are ringing 	
A	<p>ASSESSMENT</p> <ul style="list-style-type: none"> • What actions have you already taken? Is the person in a safe place? • Has the person lost consciousness? Be very clear; is it a true loss of consciousness? If yes, how long for in minutes? • Are there any obvious signs of injury or bleeding? 	<p>Examples of assessment actions you might describe:</p> <ul style="list-style-type: none"> • First aid options used / recovery position • Pressure on bleeding area • BP, pulse, respiration rate, temperature, urine analysis - give results
R	<p>RECOMMENDATION</p> <ul style="list-style-type: none"> • Explain what you need - be specific about the request and time-frame • Make suggestions i.e.. ECP or Dr or advice only • Clarify expectations <p>Note: an ambulance can take from 9 – 60 minutes depending on urgency</p>	<p>Examples of recommendations you might describe:</p> <ul style="list-style-type: none"> • Review by GP urgently • Ambulance • Call back from Clinical Advisor • Clarify what is happening as a result of call – when you can expect a visit or ambulance

How to help a person get up from the floor

Ensure the person lays still for a moment, whilst you keep them calm and check for injuries. If the person is not hurt and they think they can get up, encourage them to follow the steps below.

They must be able to move themselves with guidance. Follow steps from 1-9.

If a person who has fallen on their back feels they can get themselves up:

1.



Bend a knee and lift the arm of the same side, and bring it across the body

2.



Initiate a roll over by turning the head in the opposite direction of the lifted arm

3.



Lift both knees up towards the chest and allow the body to roll over on to its side, with the hand that crossed over the body placed flat on the floor

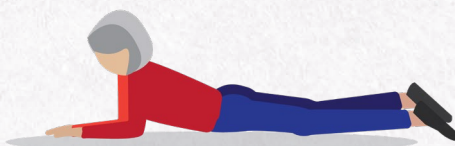
If a person who has fallen on their front feels they can get themselves up:

1.



Place hands shoulder width apart, palms flat to the floor with elbows out to the side

2.



Move one hand underneath the forehead, still with palms flat to the floor

3.



Allow this arm to push and roll the body over to one side, lifting the knees up towards the chest, with the other arm in a 90 degree angle, palm flat to the floor

Next steps:

4.



With the palm flat to the floor, ensure it is level with the shoulder. Use the arm to push your body weight up, allowing the other arm to support your weight

5.



Walk the hands back towards the hips, bringing the body into a side sitting position

6.



Press both hands down into the floor whilst lifting the bottom up and carefully placing the weight onto the knees. Find a chair for the next stage if you are able to

7.



Hold the chair in front of you and slide or raise the foot of your stronger leg forwards so it is flat on the floor

8.



Use the arms and legs to push up onto both feet and slowly rise to a standing position

9.



Turn around and walk slowly so the chair can be felt on the back of the knees. Bend the knees and hinge from the hips to lower down on the chair with control.

How to help a person get up from the floor

If a person falls and you know they cannot get up:

If the person falls and you know they can't get up without assistance, or if they feel pain in their hips or back if they move, you need to summon help.



Use a pendant alarm if you have one



Use your phone to call 999



Keep the person warm. Cover them with anything you can find nearby

You may have other support vehicles or services available in your area around falls, please utilise as per their processes

Advise the person to keep a mobile phone (or their pendant alarm) on them at all times in case of a fall.

Is this situation **life threatening** – could you call the ECP, 111 or a GP, or do you need to phone 999?

BE CLEAR WITH WHAT YOU NEED; THIS CAN SAVE TIME AND HAVE A BETTER OUTCOME FOR THE PERSON

Not every question will be relevant to every person. The checklist will help with describing symptoms (this list is not exhaustive). Remember to document the outcome in the records. Write some answers down before you ring so you don't forget and can give relevant information.

If an ambulance is sent, these are suggestions of what do whilst waiting for the ambulance to arrive:

Reassure the person and stay with them, continue to monitor for signs of deterioration which may mean a further call to the service.

Ask another staff member to follow the check list:

- Do you need an escort?
- Do you need to ask senior management to attend the home?

In no particular order:

1. Inform relatives
2. Photocopy medication charts and bag all medication. Is there any in the fridge, bedroom or cupboards?
3. Photocopy main care plan details or grab sheet making sure the details are up to date
 - » Especially where you have allergies or special instructions around other medical conditions
 - » Include copy of DNAR form
 - » Is there any special information which may help staff to communicate or deliver care for the person, (i.e. strategies to adopt when the patient is anxious especially for those living with dementia)?
 - » Are there any triggers which are not recorded?
4. Prepare an overnight bag for the person. Remember to take items that may offer reassurance. **Maintaining the persons' dignity is paramount** so having their own belongings may help.



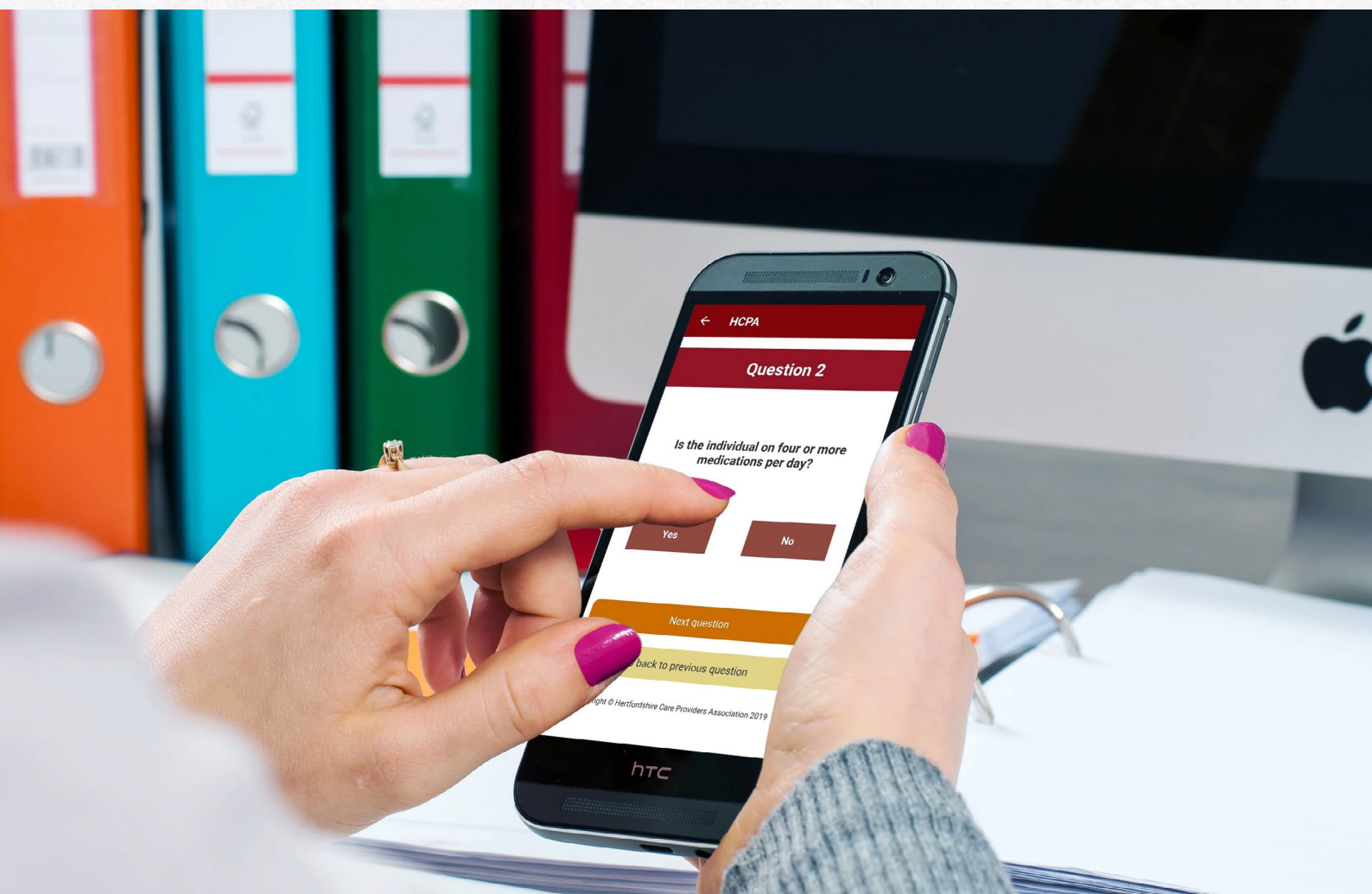
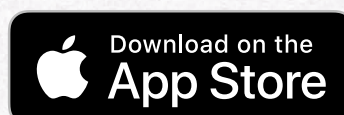
OTHER ASSESSMENTS

All assessments are available for download from
www.hcpastopfalls.info

How to use the interactive FRAT on the HCPA StopFalls mobile app!

1. Open your StopFalls App on your phone or tablet
2. Select *Assessments* on the homescreen
3. Select *Interactive Falls Risk Assessment Tool (FRAT) for all*
4. Select *Use the Live Assessment Tool* and begin the assessment!

Once you have finished the assessment, you are given an option to **email a copy of this assessment to yourself**. This is perfect for tracking risks and adding to care plans!



Provider self assessment

This toolkit is a multi-factorial risk assessment for an organisation to complete by either a manager or a senior staff member. It is a useful tool to review what your organisation is doing to assess the falls of a person and processes you have in place. **Please visit www.hcpastopfalls.info to download assessment tool.**

How to use:

- For each question, read the suggestion notes which give guidelines on what you as an organisation should be doing to assess and prevent falls
- The consequence levels are described in terms of consequences for the person and consequences for the organisation

Consequence Level:	
1	For the person: No impact on health, or negligible loss which can be restored. For the service provider: No violation of law, or negligible economic loss which can be restored, or small reduction of reputation in the short run.
2	For the person: No direct impact on health or a minor temporary impact, or negligible loss which can be restored. For the service provider: Offence, less serious violation of law which results in a warning or a command, or reduction of reputation that may influence trust and respect.
3	For the person: Reduced health, or a large loss which cannot be restored. For the service provider: Violation of law which results in minor penalty or fine, or serious loss of reputation that will influence trust and respect for a long time.
4-5	For the person: Death or permanent reduction of health, or considerable loss which cannot be restored. For the service provider: Serious violation of law which results in penalty or fine, or serious loss of reputation which is devastating for trust and respect.

- The likelihood score relates to ease of misuse or mistake for each area.

Low	Moderate	High	Very High
Score 1	Score 2	Score 3	Score 4-5

The Excel sheet will multiply the consequence by likelihood to get an overall risk rating. Overall risks of moderate or higher will need actions to reduce the risks. These actions can then be added to the sheet and tracked.

Example: Consequence 4 x Likelihood 4 = High risk of 16

Actions will need to be taken to reduce this risk.

You can use the HCPA Stop Falls toolkit to work out key actions following the assessment.

Download a blank copy of this assessment from www.hcpastopfalls.info

PRISMA frailty assessment

The PRISMA frailty assessment is a 7 item questionnaire to identify frailty in a person.

Instructions to patient:

To make sure that we can get you the best available care in your situation, we would like to do a few tests. There is no passing or failing in these tests, they just help us to make sure that you receive any extra help you might need. Please answer yes or no to each of the questions.

Instructions for you:

This is a self-completion questionnaire; however you will need to assist the person if English is not a first language and those who may not be able to read the questions or write answers. Please do not answer questions on the persons behalf or influence their answers, but allow them to answer themselves.

Questions to ask:

1. Are you more than 85 years old?
2. Are you male?
3. Do you have any health problems that require you to limit your activities?
4. Do you need someone to help you on a regular basis?
5. In general, do you have any health problems that require you to stay at home?
6. In case of need, do you have anyone close to you that can offer support?
7. Do you regularly use a stick, walker or wheelchair to get about?

How to score:

One point is scored for each question that is answered as yes.

If there are three or more yes answers, then the person has a risk of frailty.

You will need to risk assess the result, link with professionals and work on preventative techniques like fitness. Results need to be reflected in care plans.

Download a blank copy of this assessment from www.hcpastopfalls.info

Timed Up and Go

If the person is very unsteady and likely to fall, do not perform this test.

The timed up and go test measures falls risk in an older person. This should be completed by a member of trained staff. It can also be used to measure progress.

Equipment requirements:

- Stopwatch / phone with stopwatch function
- Chair with armrests
- Measured distance of 3m (10ft)

Instructions to explain to the testee:

To make sure that we can get you the best available care, we would like to do a few tests. There is no passing or failing in these tests, they just help us to make sure that you receive any extra help you might need.

1. I will count to three and then say 'go'. When I say go, I will start the stopwatch, I would like you to stand up from the chair. You may use the arms of the chair to help you stand up.
2. I would then like you walk until you meet the marked 3m point. I would like you to move as quickly as you feel comfortable and safe walking at.
3. Once you have reached the 3m point, I would like you to turn around and walk back to the chair and sit back down on it.
4. You will complete one practice run and then two runs that are counted.
5. Would you be able to explain the instructions back to me? Do you have any questions?

Instructions for you:

Start timing on the word 'go', stop timing when the person's bottom touches the chair. Make sure that the person is wearing their regular footwear, if they normally use a walking aid, ensure that they use this during the test. Do not assist the person during the test. They may stop to rest but they may not sit down during it.

How to determine the results:

Practice Test

Test 1 = _____ seconds Test 2 = _____ seconds

Average time (add test 1 and test 2 times, divide the result by 2) = _____ seconds

Understanding the results

Fewer than 10 seconds = Normal

Greater than 10 seconds = Risk of frailty. Ensure that a PRISMA 7 is also completed

Greater than 30 seconds = Risk of frailty and falls. Ensure the PRISMA 7 is also completed.

Rockwood Clinical Frailty Scale

Please find the Clinical Frailty Scale below for an understanding of the varying levels of frailty. Please note: care staff should only use this for awareness and understanding, and to communicate frailty to a qualified Health Professional. Only a clinician can use the Rockwood to assess and determine frailty.



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.



3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.



4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in **mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/ story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

Falls Risk Assessment Tool for getting people Back On their Feet (FRAT-BOF)

(Fill out additional NWB section for individuals on a Non-Weightbearing Pathway)

To download a blank version of this assessment please visit www.hcpastopfalls.info and visit our assessment section.

Falls Risk Assessment Tool for getting people Back On their Feet (FRAT-BOF)



Name of individual:..... DOB:.....

(Fill out additional NWB section for individuals on a Non-Weightbearing Pathway)

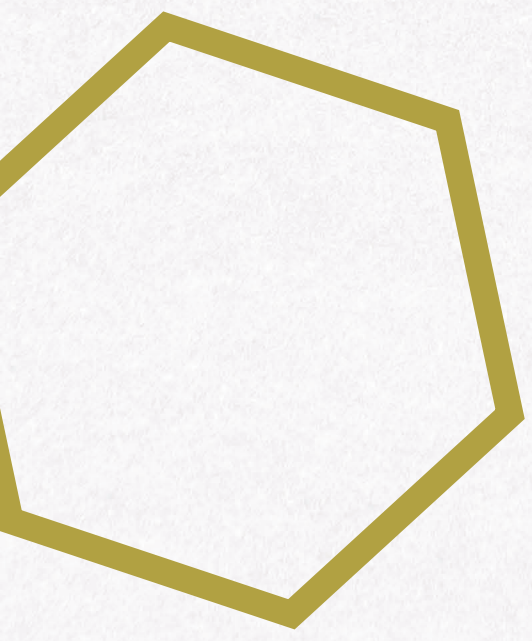
Observation	Tick Yes or No		Tips and comments	Actions taken	Date and Time	Signature
	No (Continue)	Yes (Seek advice if new onset)				
Recent history of falls? (Last 7 days)			Ensure cause of falls is ascertained. Be sure to address any issues before proceeding			
Inner ear: • Infections? • Vertigo? • Meniers Disease?						
Other condition that affects balance?						
Poor cognition/ confusion?						
Polypharmacy: More than medications?			List medications. Consider especially any new medications			
Postural Hypotension? (Likely to cause dizziness on standing)			Give time in standing, walk on spot before mobilising. Have 2-3 staff with wheelchair/to move chair behind in case service user moves forward from the chair			
Numbness in feet?			Be aware that this may be an added falls risk, so ensure vigilance and that good verbal cues are given			

Observation	Tick Yes or No		Tips and comments	Actions taken	Observation	Signature
	No (Stop and rectify)	Yes (Continue)				
Vision/Hearing • Glasses on? • Hearing aid in?						
Safety • Staff and equipment in place?			Wheelchair and walking aid plus 3 staff, one either side and 1 for wheelchair behind			
Footwear • Appropriate?						
Strength • LLs and ULs			Seek advice on strength testing in sitting if unable to straighten and bend lower limbs or unable use hands to grip to use a rollator frame			
Is NOW the best time of day for the individual?						
Is the area free of obstacles/trip hazards?						
Is the individual free from the influence of alcohol/ other recreational drugs?						
Has the individual used the toilet if needed?						

NWB SECTION Observation	Tick Yes or No		Tips and comments	Actions taken	Observation	Signature
	No (Continue)	Yes (Seek advice)				
Are there signs that the individual feels unwell?						
Are there signs of local/systemic infection?						
Is there bleeding?						
Are there signs that the individual is in pain?						
Are there signs of a DVT/fat embolism?						



KEY CONTACTS



Key contacts

Company	Advice Overall	Contact Details
Hertfordshire Care Providers Association	Sharing best practice in care through partnership and information, advice and falls prevention training	www.hcpastopfalls.info 01707 536020 stopfalls@hcpa.info
Age UK	Information on falls prevention and exercise classes	www.ageuk.org.uk/falls 0800 169 6565
Agile	Physiotherapists specialising in working with older people	Agile.csp.org.uk
AT Dementia	Dementia advice and support	www.atdementia.org.uk 0115 748 4220 info@trentdsdc.org.uk
Cancer Research	Support on stopping smoking	www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/how-to-stop-smoking
The Chartered Society of Physiotherapy	Be referred to a physiotherapist by your GP, self-refer or find a local private physio	www.Physio2u.co.uk
Disabled Living Foundation	DLF is a national charity providing impartial advice, information and training on equipment for independent living	0845 130 9177 (helpline 10am–4pm weekdays) info@dlf.org.uk www.dlf.org.uk
Drink Aware	Advice on alcohol	www.drinkaware.co.uk 0207766 9900
Hertfordshire Action on Disability (HAD)	Disability equipment and advice	www.hadnet.org 01707 324 581
Hertfordshire Equipment Service (HES)	Equipment, furniture, assessments and maintenance	www.hertsdirect.org 01707 292 555
Hertfordshire Fire and Rescue Service	The Fire Service complete a 'Safe and Well Assessment' to identify any fall or safety hazards in your home	Book a visit online: www.hertfordshire.gov.uk/services/fire-and-rescue/
Hertfordshire Independent Living Service	Provides a range of services to help older and vulnerable people stay happy, healthy, and independent	www.hertsindependentliving.org 0330 2000 103

Key contacts

Company	Advice Overall	Contact Details
Herts Help	A network of community organisations in Hertfordshire working together	www.hertsdirect.org/hertshelp 0300 123 4044
Herts Sports Partnership	HSP is a team managing the central Partnership operation and current range of sports, physical activity and health related projects	www.sportinherts.org.uk/ 01707 284229 info@sportinherts.org.uk
NHS App	A simple and secure way to access a range of NHS services on your smartphone or tablet	www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/
NHS Live Well	Guidance on Nutrition, Hydration and Physical Activity	www.nhs.uk/Livewell
NHS Podiatry Service	Contact for any complex podiatry needs	www.hct.nhs.uk/our-services/podiatry-service
Parkinson's UK	Funding research into treatments and providing support and advice.	www.Parkinsons.org.uk 0808 800 030
Royal College of Occupational Therapists	Professional and clinical information	www.RCot.co.uk
Royal Osteoporosis Society	Raise awareness of bone health and the impact of the disease. Provide information, advice and networks for people living with it and research to discover more effective treatments	www.theros.org.uk/ 0808 800 0035
Slipper Swap	Swap your old slippers for a new and safer pair!	www.hertfordshire.gov.uk/slipperswap 0300 123 4049
Stroke Association	Provide specialist support, fund critical research and campaign to make sure people affected by stroke are supported to rebuild their lives.	www.stroke.org.uk 0303 3033 100
Unforgettable.org	Products designed to aid a person living with Dementia	www.unforgettable.org 0203 322 9070 info@unforgettable.org



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