

The word 'REACT' in white, bold, sans-serif font inside a red rectangular box.The words 'of FALLS' in white, bold, sans-serif font inside a purple rectangular box. The 'of' is smaller and positioned to the left of 'FALLS'.

## Reducing the Risk of Falls

A resource for care home staff and  
other healthcare providers

# Introduction

**React To Falls has been produced to promote best practice in managing falls for care home residents. It has been developed using research evidence, clinical experience and the experience of care home staff and is appropriate to all staff working in care homes supporting older people.**

Care home residents are three times more likely to fall than elderly frail people living in their own homes.

Also injury rates are considerably higher for care home residents, with up to 20% of falls resulting in a hip fracture.

This equates to almost 1 in 3 people admitted to an acute hospital with a hip fracture coming from a care home.

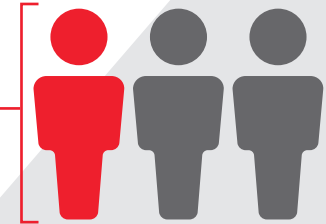
These people suffer pain, immobility and fear of further falls with high personal and financial costs.

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 residents.

National guidelines (produced by the National Institute for Health and Care Excellence) and research literature emphasise the importance of reducing falls risks to prevent falls and serious injuries. Guidelines recommend that all care homes carry out a person-centred approach to prevent and manage falls for each care home resident.

### The key messages from this are:

- Be proactive and react to falls even before they happen
- Support residents to continue to be active, mobilise safely and make their own lifestyle choices
- Falls risk factors and actions are individual to each resident
- Managing falls is a continuous process



## How to use this resource

We suggest that the resources are used in the following way to be most effective:

- Make sure **all** staff watch **all** the films and access the provided resources. Visit: [www.reactto.co.uk](http://www.reactto.co.uk)
- Include the React To Falls resources as an integral part of induction training for all new staff
- Come back to the resources frequently to make sure you are continually reacting to falls
- Check for updates and changes to the resources as we will be making sure they are as up-to-date and informative as possible

**Be Proactive**



# What is a fall?

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

There are many reasons why people fall and it is important to explore how and why someone has fallen before making any assumptions. Falls are often not witnessed, for example when they occur in a resident's bedroom.

Here are some examples of falls which you may be familiar with in your care home:

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



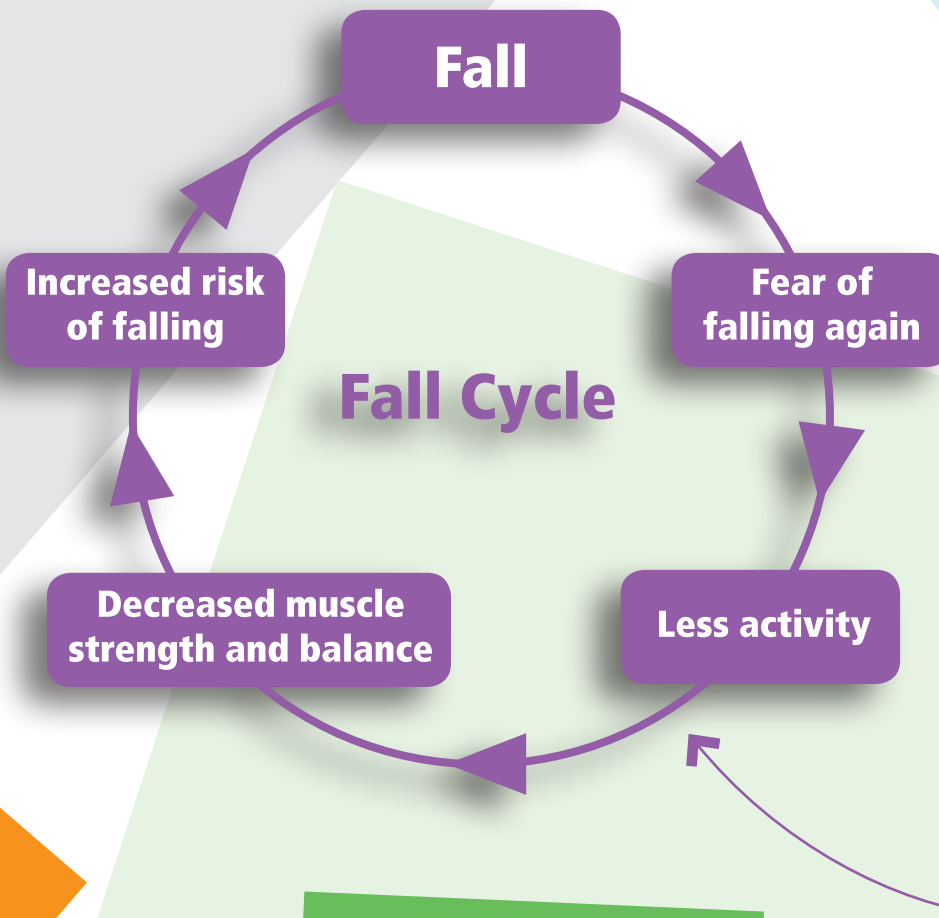
## Why is it important to think and react to prevent falls?

A fall or being fearful of falling can have a serious impact on the health and well being of a resident. All your care home residents are at risk of falling and a significant proportion will be at risk of a serious injury resulting from a fall.

Falls are also costly to health and social care and are the main reason why older people are admitted to hospital. They are estimated to cost the NHS £6 million a day.

Falls are a frightening experience, they can hurt, they can lead to serious injury and they can ultimately lead to loss of life. They can have a significant impact on the quality of life of a resident with a loss of confidence, loss of independence and reduced activity levels.

After a fall a resident is likely to have a fear of falling again. This often means they become less active which leads to poorer muscle strength and balance and of course this increases their risk of further falls. We call this the fall cycle.



## Why do residents fall?

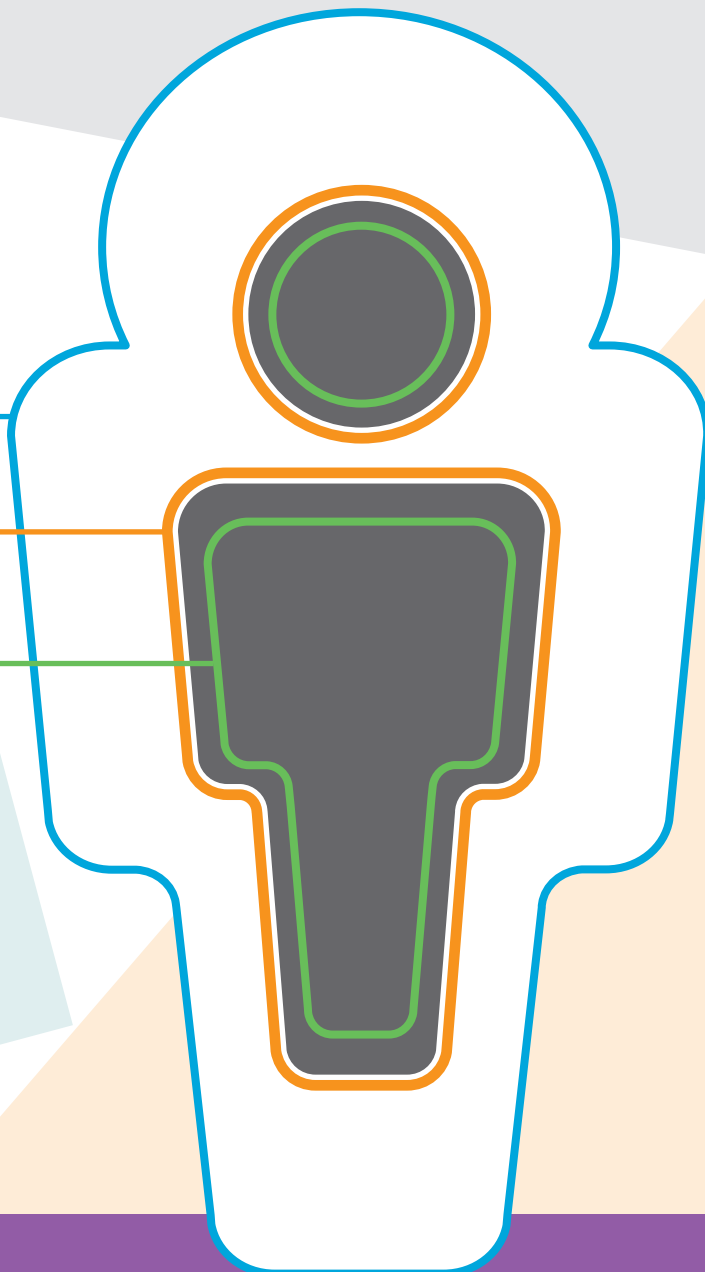
There are lots of reasons why older people fall and it is often a combination of these reasons that result in a fall. It is therefore important to consider each resident individually and look at the whole person to identify risk factors that are relevant to them.

A good way of thinking about risk factors for falling is to group them into three main areas:

- **Physical**  
Things inside the person
- **Behaviour**  
The way a person does things
- **Environmental**  
Things outside the person

And the best way to consider these three areas and reduce the risk of falls is to **R.E.A.C.T.**

R E A



# CT → REAC

## Review medical history and physical health

### RISKS

### REACT

**History of falls** - Does your resident have a history of falls prior to admission to the care home? Were falls the reason for admission to the care home?

**What about recent falls?** - For example, two or more falls in the past 12 months. If either of these is the case, remember the 'Falls Cycle' and how it could affect your resident.

**Check their medical history** - Look for conditions such as suffered a stroke, Parkinson's Disease, dementia, epilepsy, diabetes, heart disease, blackouts, arthritis, high/low blood pressure.

**What medication is your resident on?** - Understandably, you can't be expected to know about every drug and its side effects, but there are commonly used medications with typical side effects such as dizziness, drowsiness, constipation or a need to pass water more frequently. Some examples would be residents who: are on four or more prescribed medications, take sedatives or antidepressants, take diuretics or cardio-active drugs.

**Is your resident in pain?** - They could be suffering from a specific or general pain. Their painkillers may not be helping. As we have seen above, their medication for pain could cause side effects. They may be unable to communicate that they are in pain.

**Does your resident have any fractures?** - Perhaps they have had broken bones as a result of a fall: wrist, hip, arm, pelvis, spine, ribs, collar bone, shoulder, ankle.

**Be aware of malnutrition and dehydration** - Does your resident need encouragement to eat, has a poor appetite or had recent weight loss? Do they drink less than 5 cups of fluid a day, need encouragement to drink or often leave drinks unfinished?

- Review all incidents using an Incident Analysis form - look for any patterns to falls e.g. time of day, activity at time of fall.
- Inform GP of falls history and any recent falls.
- Postural blood pressure to be checked i.e. in lying, sitting and standing positions - alert GP if drop is greater than 20mmHg.
- Request medical review to identify any medical causes of falls e.g. infection, stroke, low blood pressure, heart problems.

- Check for signs of acute illness or infection.
- If a condition has not been reviewed in last six months, consider a medical review from a GP.
- If they suffer low blood pressure, prompt them to stand still on first standing up.

- Medication should be reviewed by a GP every six months, consider side effects of medication i.e. dizziness, sedation, confusion and refer to GP if concerned.

- Refer to GP if pain is poorly controlled.
- Review medication if there are side effects to prescribed medicine.
- Observe behaviour and facial expression for signs of pain if unable to communicate.

- At risk of osteoporosis - ask GP to review if person is falling and has previous fracture(s).
- Consider completing FRAX™ tool.

- Encourage eating small amounts regularly, check for teeth and denture issues. Review reasons for poor appetite and weight loss - refer to GP or consider referral to dietician.
- Encourage drinking 6-8 cups of fluid daily and stay with person whilst having a drink, make a fluid input chart, review reasons for poor fluid intake e.g. worried about getting to toilet.

# T R E A C T

## Environment and equipment

### RISKS

**Alarm** - Your resident may be unable to reach the call alarm or does not remember how to use it. Perhaps they do not like to call for assistance.

**Look out for flooring and doorways** - Is there clutter, rugs and flexes, slippery floor coverings or spillages?

**Check lighting** - Is there poor lighting day or night? Are the locations of light switches inaccessible?

**Transfers and stairways** - Does your resident need help on or off a chair, bed or toilet? Are they unsteady when transferring or tend to rush? Are there insufficient rails on stairways? Is your resident unsteady on stairs?

**Heating and body temperature** - Does your resident feel cold? Perhaps they sit for long periods or do not recognise when they are cold.

**Check their footwear and foot care** - Look out for ill-fitting footwear that is unsupportive, too loose, or too tight. Check your resident's feet for conditions that may be causing pain such as blisters, corns and ingrowing toenails.

### REACT

- Ensure access to alarm, consider use of sensor equipment, increase supervision.

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

- Ensure good lighting with no glare night and day.
- Consider use of a light in their room at night.
- Ensure switches are accessible.

- Consider use of alternative furniture.
- Prompt to not rush.
- Consider downstairs room.

- Ensure draft free environment.
- Check they are not cold if sitting for long periods.
- Mobilise regularly.

- Advise on suitable footwear.
- Check foot care - nails, corns, callouses etc.
- Refer to podiatry/medical opinion if required.

# R E A C T

## Activity

### RISKS

### REACT

**Balance** - Do they hold furniture when moving, are unsteady when walking, lose balance on turning or reaching? Perhaps they can't walk unsupported, as they are unsteady.

- Encourage to stand still on first standing.
- Advise to keep head and feet in line when turning.
- Increase supervision.
- Consider referral to physiotherapist.

**Dizziness** - Do they complain of dizziness or dizzy on first standing?

- Postural blood pressure to be checked.
- Advise to move legs and feet before standing and to stand still and count to 10 on first standing up.
- Consider ear problems/infections.

**Do they stumble and trip?** - Are they noticed to stumble and trip even if there is no obstacle? Have there been near misses noted?

- Document incidents and review incidents for time, location and activity at time.
- Review all possible causes e.g. footwear, eyesight.

**Gait** - How does your resident walk? Do they shuffle, lean to one side, lean backwards or walk fast?

- Advise to stand upright, supervise, consider referral to physiotherapist for advice.

**Walking (indoor and outdoor)** - Do they need supervision when walking or assistance of one or two people to walk? Do they have difficulty accessing areas of the home or garden?

- Consider referral to physiotherapist and assist to complete any exercise programme.
- Look at access to all areas of care home.

**How are they sleeping?** - Are they unsettled at night? Do they sleep a lot during the day or complain of feeling tired?

- Encourage activity during the day and consider the time they go to bed.
- Be aware of risk of medication to aid sleep increasing risk of falls.
- Increase night supervision, consider use of sensor equipment.

**Do they use walking aids?** - Are they using it incorrectly, refusing to use one or forgetting to use it? Is it in poor condition?

- Check equipment is in good working order and at the correct height.
- Check ferrules and prompt to use correctly.

# REACT R

## Communication and understanding

### RISKS

**Communication** - Your resident is unable to express their needs verbally or has difficulty making themselves understood.

**What is your resident's cognition like?** - Perhaps they do not recognise their own limitations, have a poor understanding of space and distance, are unaware of risks and hazards or have poor short term memory.

**How is their comprehension?** - Do they have difficulty understanding verbal instructions or questions?

**What is their vision and hearing like?** - Have they been diagnosed with sight or hearing loss? Do they wear varifocal or bifocal glasses? Do they refuse to wear their glasses or hearing aid? Is their hearing aid set or working correctly?

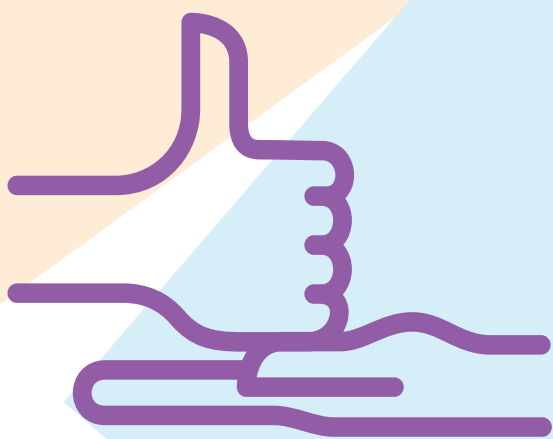
### REACT

- Consider alternative methods e.g. pictures and signs.
- Observe behaviour and routines for insight into how the person is feeling.

- Refer to GP for review if there is a change from usual presentation.
- Use signage for toilet, bedroom, lounge etc.
- Use physical gestures and prompts.
- Repeat information when the person is unable to remember.
- Increase supervision.

- Speak clearly; use simple instructions, physical gestures as prompts.
- Consider hearing or eyesight check.

- Ensure access to regular sight and hearing checks (every 2 years).
- Ensure adequate lighting day and night.
- Advise against varifocal or bifocal glasses.
- Do not approach the person from behind which may startle them.





# E A C T R E

## Toilet

### RISKS

**Check your resident's continence needs** - Are they incontinent of urine and/or faeces? Do they have a catheter fitted? Do they have difficulty accessing the toilet? There may be an increase in frequency or urgency of using the toilet. Do they need to get up to use the toilet at night or are they concerned about their continence? Do they have difficulty managing clothes? Are they suffering from constipation?

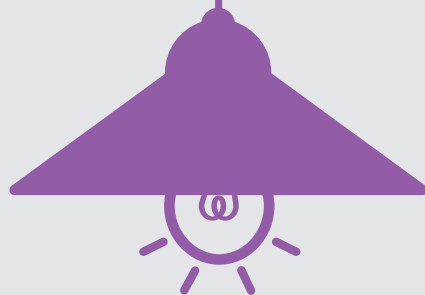
### REACT

- Ensure a continence assessment has been completed. If not, refer to community nurse/continence service.
- Assess for constipation.
- Consider signage to toilet, refer to OT if required.
- Consider commode for night use.
- Check regularly to see if the person requires the toilet.

Many falls are preventable. Falls are not an inevitable part of ageing and there are some of these risk factors that you can react to, to reduce the risk of falling. Remember, the actions you can take to reduce the risk of falls are individual to each resident.

You know your residents well and you will notice if there has been a change. For example, you might notice one of your residents becomes very dizzy when you are helping them to stand and transfer. You might be the only person that has this information and it is important that everyone reacts to reduce falls.

Identifying and assessing the risk of falls should be a regular approach that considers the whole resident. This way you can pick up on any changes and react to these to prevent a fall from happening.



## What should your home be doing to react to falls?

Care homes can be very different from one another - they all have individual residents with different needs, daily routines and environments. What may work for one resident in their home may not necessarily work for your resident in your home! So it is important to consider how your home is reacting to falls - because falls prevention has to be tailored to each individual resident and their particular environment.

Every member of staff at your care home has a crucial role in reacting to falls. Depending on your role within the care home you may have different tasks to carry out in relation to falls management but:

### Everyone should -

- Have an awareness of the risks of falls
- Continually consider potential risks
- Continually carry out actions to reduce risk
- React to any changes observed in your residents
- Report and record trips and falls

### The care home manager should -

- Ensure there is a clear definition of what is considered a fall for reporting
- Have a system in place for the recording of individual resident falls and falls across the home
- Review falls data to identify any patterns of falls across the home and implement any action required

## Reporting and recording falls

It is important to record trips and falls in care homes to look at the reasons why falls are happening so you can react to prevent future falls. Accurately recording falls help to see:

- If there are any patterns as to why an individual resident is falling
- If there are any patterns as to why falls are happening in a home, for example falls may be happening in a particular area of the home where there is poor lighting

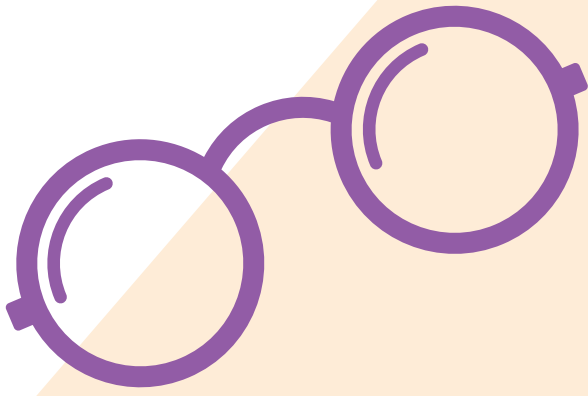
### Things to remember when recording falls:

- Record accurately
- State fact and not what you think happened
- State who was involved
- State where the fall happened
- State the activity that was being carried out
- State what happened if observed
- State any injuries
- State any intervention

**What actions are you now going to take to reduce the risk of this happening again?**

**Make sure you then REACT!**





## When to get more help?

Managing falls in care home residents can be complex and challenging and you may need to get support from health and social care services. The specific services available and how you access them vary between care homes in different areas. It is recommended that the care home manager has an awareness of the local services available.

Remember that you know your residents well so within your role take the actions you can first. Look to access support when you have concerns. This support can include:

- Medical review (GP, specialist doctor, nurse specialist, pharmacist)
- Physiotherapy assessment for strength, balance and mobility
- Occupational therapy assessment for environmental hazards, functional tasks such as transferring advice
- Podiatrist
- Seating review
- Dietician
- Optician
- Hearing review



## Finally

Make sure you have viewed all the online films and accessed the accompanying resources so you understand the importance that we all 'react to reduce the risk of falls':

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





## Reducing the Risk of Falls

A resource for care home staff and  
other healthcare providers

To view the training films and access  
all accompanying resources visit:

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

React To Falls resources have been developed by Professor Pip Logan, Dr Katie Robinson, Katherine Jones, Jane Balmbra, Dr Jane Horne and Kate Robertson in collaboration with clinical colleagues at Nottinghamshire Healthcare NHS Foundation Trust and Crocodile House Ltd.

The work has been supported by the University of Nottingham Division of Rehabilitation, Ageing and Wellbeing, the Academic Health Science Network East Midlands and funded by NHS Improvement.

Previous research conducted by Professor Pip Logan at the University of Nottingham was used to provide the basis for the development of these resources.

Thank you to the residents and staff of Oakdene and Seely Hirst House care homes for their invaluable input into developing these resources.



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