

Rochdale Borough Safeguarding Adults Board

Falls Protocol for care providers

TITLE	<p>Title: Falls Protocol for Care Providers</p> <p>Version: 8</p>
ADAPTATION	<p><i>Adapted from the Falls Protocol published by Calderdale Council with their kind permission</i></p> <p>Adapted by:</p> <ul style="list-style-type: none"> • Carl Travis – Development Officer – RBSB • Jane Timson – Head of Safeguarding and Practice Assurance – RBC
BOARD APPROVAL	<p>Approved by: RBSAB Policy and Procedures sub-group</p> <p>Approval date: 13th April 2017</p> <p>Approved by: Rochdale Borough Safeguarding Adults Board</p> <p>Approval date: 18th May 2017</p>
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Introduction

This document is to help care providers to understand their safeguarding responsibilities in respect of falls. The toolkit may be particularly useful where a fall has occurred in a residential care home, nursing home or in supported living. It can also be useful within other services which could include homecare and respite care services.

Every year, more than one in three (3.4 million) people in the UK over 65, and one in two people aged over 80, experience a fall each year. Some of these may cause serious injury or even death. Even a minor fall can have serious consequences for an older person's physical and mental health.

A fall can damage self- confidence, increase social isolation, reduce independence, and hasten a move into residential care. The fear of falling again may lead to deterioration in a person's well-being and quality of life, even if the fall itself does not result in serious consequences.

This protocol is to be used in conjunction with the **Rochdale Borough Safeguarding Adults Board Multi-Agency Policy and Procedures** which are available on www.rochdalesafeguarding.com

Please note – further information on fall prevention and management is available at

www.rochdalesafeguarding.com

[Falls and Fractures Consensus Statement](#)

[Falls: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

In some cases falls may be caused by neglect or acts of omission and a safeguarding concern may need to be raised. The Care Act (2014) defines an Adult to whom the Safeguarding Policy and Procedures apply as:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The adult *may* be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support.

(This list is not exhaustive.)

Raising a concern

Anyone who first becomes aware of concerns of abuse or neglect must report those concerns as soon as possible and in any case within the same working day to the relevant manager (or responsible person) identified in their internal agency procedures. As a general rule, concerns should be raised as soon as abuse or neglect is witnessed or suspected, and discussed with the individual to ascertain their wishes and feelings. More information on this is available in Chapter 11 of the RBSAB Multi-Agency Policy and Procedures.

On receiving the concern, the person responsible must decide whether to raise a safeguarding concern to Rochdale Adult Care (0300 303 8886 Monday to Friday from 8.30am to 4.45pm, or 0300 303 8875 at all other times), or email adult.care@rochdale.goc.uk if not urgent.

However anyone can report a concern:

- if discussion with the manager would involve delay in a high-risk situation
- if the person has raised concerns with their manager and they have not taken action.

Falls

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

Falls can lead to increases in death rates, fall related injuries, individual physical and psychological damage, loss of independence and health costs. Fall prevention strategies and interventions need to take into account the fact that falls can have a number of causes, such a frailty, infection, confusion, and the effect of certain prescribed drugs that require many different interventions.

Any fall that is deemed as **unwitnessed**, and **resulting in injury** should be referred to as an '**unexplained injury**' rather than an 'unwitnessed fall'.

When is a fall a safeguarding concern?

Where a person has an unexplained injury or has had a witnessed fall resulting in an injury, the manager should report this through the safeguarding procedures (available at www.rochdalesafeguarding.com)

If no injury is apparent, there is no observed change in function and actions and observations have been recorded, then a GP or Hospital review may not be necessary. This decision will be made by the manager or clinician on duty based on the individual circumstances of the case. Where the person has or may have sustained a head injury a medical assessment should always be arranged as a matter of urgency.

Falls where an injury occurs:

Any falls that result in injury should be reported through safeguarding procedures; including but not limited to:

- Pain
- Bruising
- Swelling
- Skin tear or laceration
- Fractures
- Requiring any medical treatment or investigation including urinalysis, x-rays, attendance by GP or Nurse, Accident and Emergency visit, stay in hospital etc.

Checklist to aid reporting of concerns to Rochdale Adult Care relating to falls and unexplained injuries

Following Safeguarding Personal, you should discuss the issue with the individual to ascertain their wishes and feelings.

Should a safeguarding report be made?

	Yes	No
Did the person have an unexplained injury, or an injury from a fall?	Report	
Has a falls risk assessment been completed? <i>(Even if a risk assessment has been completed, if there are numerous falls consider whether it needs to be reviewed)</i>		Report
Is there a clear action plan in place to manage falls risk?		Report
If the person has a buzzer and is able to use it to summon help, was it left within reach for the person?		Report
Had the fall occurred due to a delay in responding to a buzzer?	Report	
Was there a delay in responding to any falls mat/sensors?	Report	
Was the individual seen by a medical professional, if they have sustained an injury/bruising/swelling?		Report
If the person was unwell or experiencing an acute change to their function, has a plan been put in place to address the increased risk of falling?		Report
Was a post-fall care plan implemented?		Report
Has the person fallen under similar circumstances more than once (not necessarily sustaining any injuries)	Report	

Where to report:

Call 0300 303 8886 or email adult.care@rochdale.gov.uk

Out of office hours, you can contact 0300 303 8875.

If you feel an adult is in immediate danger please contact the police on 999

What to expect when reporting a fall?

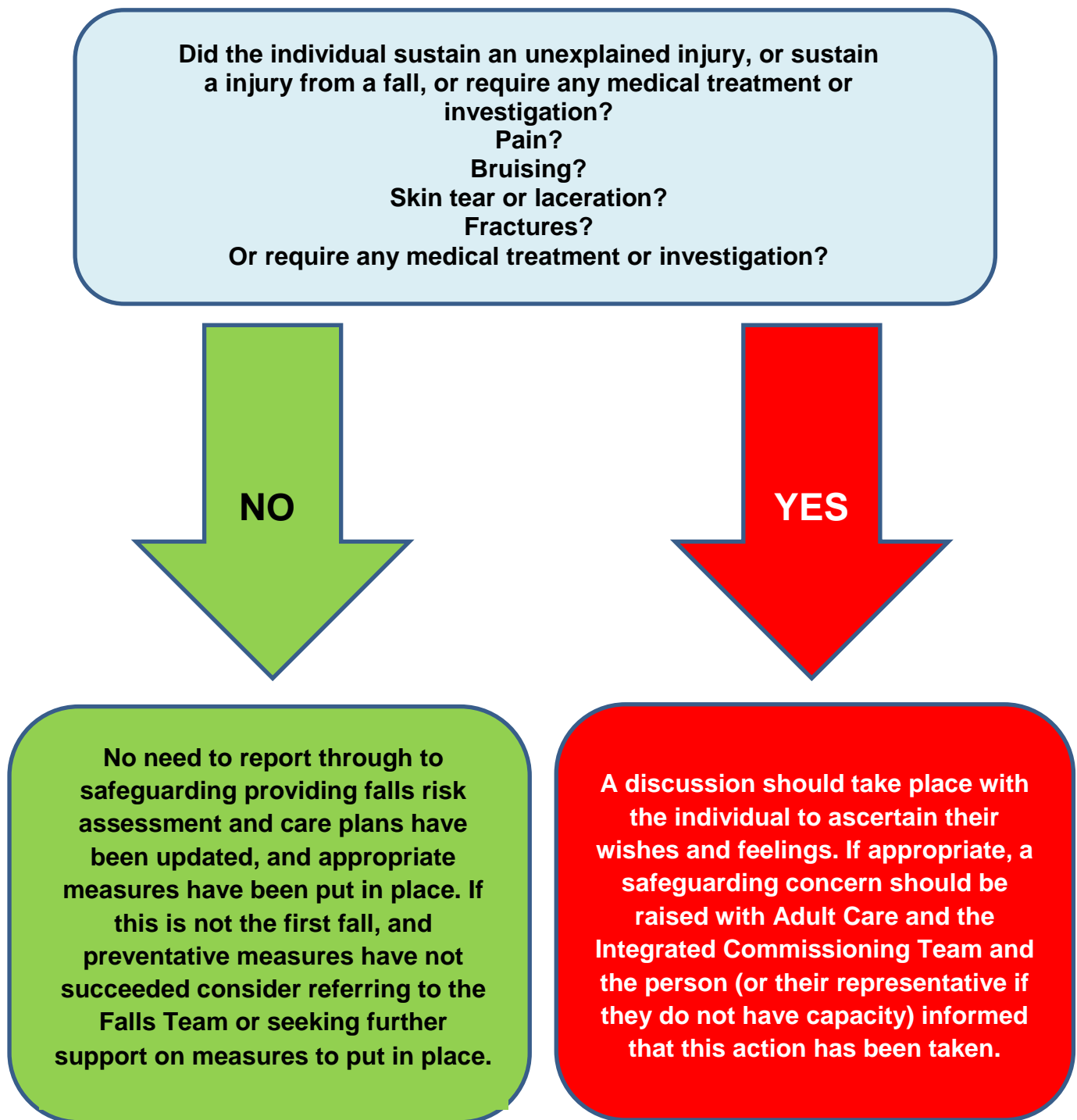
Once Adult Care have received information about the fall and any possible injuries:

- An Adult Care Practitioner will contact the person who submitted the report.
- Care home or provider service staff will be asked about any immediate response, risk management plans, the individual's consent, wishes and capacity in relation to the safeguarding concern and any further actions staff or the provider will take, and whether these are person-centred.
- Depending on the circumstances, the Enquiry Practitioner will speak with the individual, their relatives and anyone involved in their care such as GP's, nurses, hospital staff, looking at care plans, daily records, and medical records, or may ask the provider to do this themselves and be asked to complete a Provider Safeguarding Report. Following the principles of Making Safeguarding Personal, the individual should be asked about their desired outcome.
- The Enquiry Practitioner could make a decision for no further action. This outcome is often when a provider has taken appropriate, proportionate and timely action, for example: seeking medical treatment, updating risk assessments, referring for further investigation and/or support.
- The Enquiry Practitioner could make a further request for information, for example: requesting updated risk assessments, further discussions with the individuals/family/those involved in the care.
- At any point it could mean a recommendation that the provider conducts their own internal investigation, or request further analysis of falls within the home.
- If an individual or their representative declines action taken under safeguarding procedures, there may be occasions where it is appropriate for the case to be pursued nonetheless, if there could be a risk to other residents.
- For further information regarding the procedures please **consult the RBSAB Multi Agency Policy and Procedures available on www.rochdalesafeguarding.com**

**Contact Details: Call 0300 303 8886 or email adult.care@rochdale.gov.uk
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Flowchart



If in doubt of whether to report to Adult Care, make the report and duty officer will decide on whether this meets criteria.