the skills network

Part A

Level 2 Certificate in
Falls Prevention Awareness

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The QR codes are located on the front and back covers of the learning resources and at the bottom of every 'Let's Summarise' page at the end of each section.

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Disclaimer:
This resource uses real life case studies where specifically stated and referenced. All other references to individuals, groups and companies contained within these resources are fictitious.

Level 2 Certificate in Falls Prevention Awareness

Welcome to this Level 2 Certificate in Falls Prevention Awareness.

We hope you find all of the information contained in this resource pack interesting and informative. This learning resource and the assessment questions are compatible with both CACHE and TQUK qualifications. (A complete list of the learning outcomes can be found on the last page of this resource.)

This course is made up of **two** parts (A and B). This is **Part A**, which contains **two** units:

Unit 1: Falls in context

Unit 2: The risk factors and causes of falls

As you start to read through each page, you will be able to make notes and comments on things you have learnt or may want to revisit at a later stage. At the end of each section, you will be asked to answer the relevant assessment questions.

Once you have answered the questions, go to the next section and continue studying until all of the assessment questions have been completed.

Please make sure that you set aside enough time to read each section carefully, making notes and completing all of the activities. This will allow you to gain a better understanding of the subject content, and will help you to answer all of the assessment questions accurately.

Good luck with your study. Now let's begin!

Unit 1: Falls in context

Welcome to unit one.

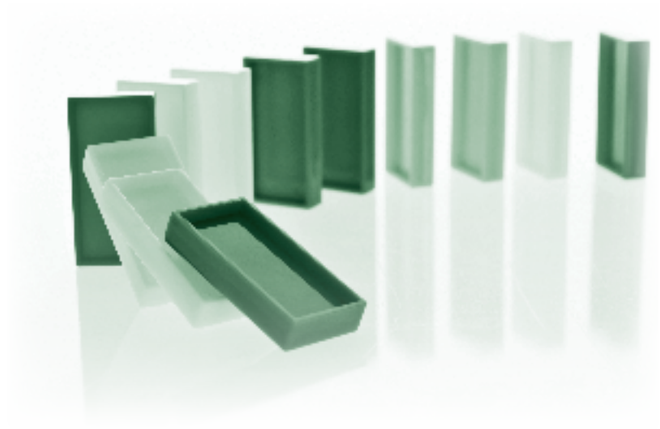
This unit has **four** sections. These are:

Section 1: Falls within a health and social care context

Section 2: The impact and consequences of falls

Section 3: The benefits of falls awareness and prevention

Section 4: The legislation and guidance relating to falls and falls prevention



Section 1: Falls within a health and social care context

This section will explore the following:

- What is meant by a fall?
- Current national statistics relating to falls and older people
- Why the risk of falling and bone fractures increases with age
- Why falls should not be viewed as an inevitable consequence of ageing
- How falls are a concern in different settings.

What is meant by a fall?

The World Health Organisation (WHO) defines a fall in the following way:

> 'A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.'

NHS Scotland have suggested a slightly simpler version of this definition:

> 'An unexpected event in which the participant comes to rest on the ground, floor, or lower level.'

Source: ***NHS Scotland; Managing Falls and Fractures in Care Homes for Older People – good practice resource Revised edition***

People can fall for a variety of reasons and at any age. Active people fall, and whilst this may be embarrassing and inconvenient, the consequences are often brief and not serious. Falling becomes an issue for concern, however, when it:

- Occurs whilst doing ordinary everyday activities
- Is recurrent
- Leads to a fear of falling
- Causes serious injuries.

Key Fact

Falls are the second leading cause of accidental or unintentional injury deaths worldwide.

Source: World Health Organisation;
http://www.who.int/mediacentre/factsheets/fs344/en

Falls, in general, are the most common safety-related incident reported in hospitals, with more than 244,000 fall-related incidents reported in hospitals and mental health trusts in England and Wales. You will learn more about the increased risks of falling for patients whilst they are in hospital later in the course.

Bearing in mind the above definitions and thinking about our own life experience, it's clear that anyone can fall at any time for a variety of reasons. There are many causes, including uneven surfaces, wet or slippery floors, snow and ice, loose floor coverings, poor vision, and various health conditions that affect balance to name but a few. There are also many potential causes of slips, trips and falls in workplaces, and some workers are more vulnerable than others due to their jobs.

However, this course will be primarily concerned with the falls experienced by older adults, how and why they happen, and more importantly, how they can be prevented.

STOP AND THINK!

What kind of circumstances, situations or events might make an older adult more likely to fall? It might be helpful to think of factors that have caused you to fall in the past.
Make a list in the space below.

How did you get on? You might have mentioned any of the following:

- Trailing wires or cables in the home
- Loose carpets or slippery mats
- Failing eyesight
- The effects of medications
- Poor lighting
- Climbing on ladders or stools, perhaps to change a lightbulb for example.

Current national statistics relating to falls and older people

Let's look at some facts and figures now about falls and who they affect most:

- 30% of people aged 65 and over will fall at least once a year
- For those aged 80 and over this increases to 50%
- There are 255,000 falls-related emergency hospital admissions per year for older people in England. These admissions involved people living in the community and in various care settings.

Public Health England tells us that at the last census in 2011, nearly nine million people were over 65 years old, and this figure is expected to rise by another two million by the next census in 2021.

According to the Office for National Statistics (ONS), the number of people aged 65 and over is projected to rise by over 40% to more than 16 million by 2031. Clearly, this means that, more older adults will be at risk of falls and the case for prevention is a strong one. Prevention will be covered in more detail in Unit 3 of this course.

The Public Health Outcomes Framework reported that in 2013-2014 there were around 255,000 emergency admissions to hospitals relating to falls in patients over 65 years of age, with 68% (173,000) of these people being over 80.

Key Fact

Every year, more than one in three (3.4 million) people over 65 experience a fall that can cause serious injury, and even death.

Every minute, six people over 65 experience a fall.

Every hour, an older person dies as the result of a hip fracture.

Source: *Age Concern: Stop Falling: Start Saving Lives and Money*

The total cost of fractures to the NHS and social care has been estimated at £4.4 billion, £1.1 billion of which is for social care.

Source: ***Falls and Fracture Consensus Statement, Supporting Commissioning for Prevention, produced by Public Health England***

Why the risk of falling and bone fractures increases with age

There are lots of reasons why older adults become more susceptible to falls, and these include:

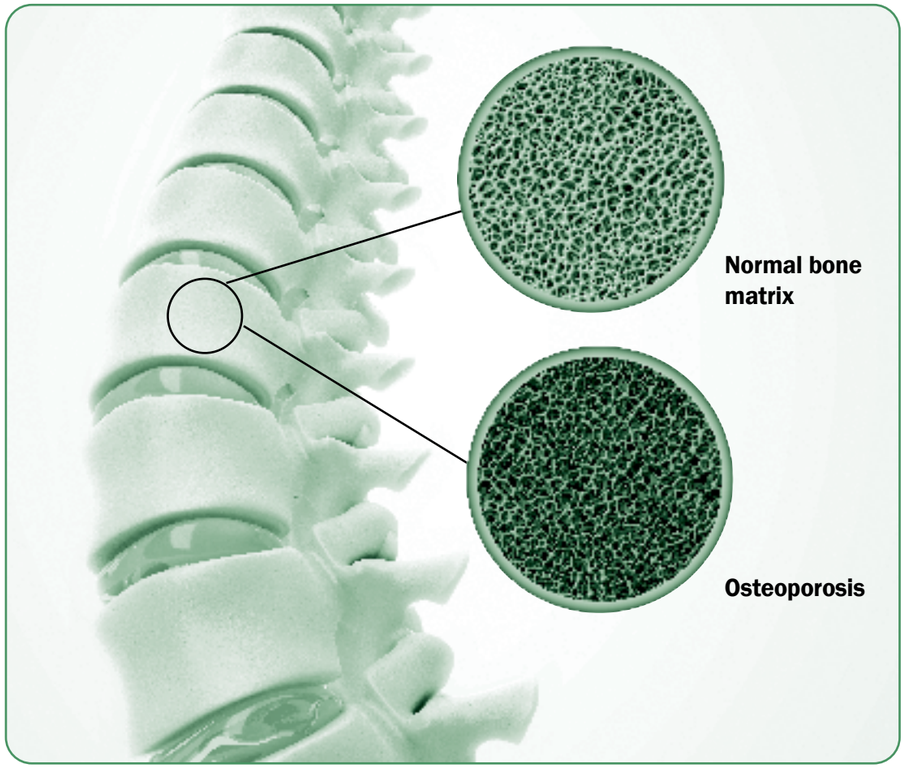
- The development of osteoporosis – this can worsen as a person gets older.
- The side effects of medications – older adults may be taking medication for health conditions that affects their balance, agility and strength, or makes them dizzy or drowsy.
- Impairment of vision – this could impact on the adult's ability to spot trip hazards and risks in their surroundings.
- Loss of balance – individuals can have poor balance because of weak muscles, a stroke or other health conditions and this can lead to them being unsteady on their feet and therefore more prone to falling over.
- Foot problems – painful conditions in feet are more common in older adults, such as bunions and corns, and these can make it difficult for adults to keep active, which would mean the muscles weaken and the risk of falling would increase.
- Decline of strength and muscle mass – this helps to prevent tripping and falling.
- Reduced reaction times – this could mean that older adults are less able to stop themselves from falling over and are less able to get back up when they have fallen over.
- Health conditions – especially to those that cause low blood pressure.
- The development of dementia – as people get older, they may experience memory loss, confusion, or difficulty in understanding different scenarios. This could mean that they are less able to recognise risks and hazards which may lead to a fall.

The risk of fractures following a fall also increases with age as the bone structure becomes less robust, and the risk can be increased by osteoporosis.

What is osteoporosis?

Osteoporosis is a condition affecting the bones, which become less dense, and more brittle and fragile, leading to a higher risk of fractures and breakages. Bones are at their strongest and thickest in early adult life and people start to lose bone density from around the age of 35. This happens to everyone, but the process is faster for some people than others and some are at more risk than others. This loss is often described as bone thinning and although the bones don't look any different from the outside, the structure inside them becomes more fragile.

The diagram below shows the more porous and fragile structure of bones with osteoporosis.



Source: ***www.medicinenet.com***

There are other risk factors for developing osteoporosis as well as age, including:

- **Being under or overweight** – both can increase the risk of osteoporosis
- **Smoking** – this has been shown to slow down the work of bone building cells in the body
- **Genetics** – people whose parents have had a hip fracture have an increased risk themselves
- **Certain medications** – long-term and high dosage use of some drugs, such as those used for arthritis and asthma
- **Gender** – women are more at risk than men due to hormone changes that affect bone density
- **Lack of calcium intake** – if this is low over a person's lifetime it can contribute to the development of osteoporosis
- **Vitamin D deficiency** – this results in the body not being able to absorb enough calcium which is important in preventing osteoporosis.

Why falls should not be viewed as an inevitable consequence of ageing

Although falls can destroy an individual's confidence and reduce independence, they are by no means an inevitable part of ageing.

In many instances, taking the right steps at the right time can enable an older person to live well and maintain a healthy, physically active and independent life.

Fortunately, there are plenty of things that can be done to help prevent falls and consequent fractures from occurring.

> 'We know that well-organised services, based on national standards and expert guidance, can prevent future falls and reduce death and disability from fractures.'

Source: *Age UK: Stop Falling: Start Saving Lives and Money*

This same report tells us that exercise programmes for improving strength and balance for example, can reduce the risk of falls by as much as 55%.

The Chief Medical Officer for the UK government has produced some guidelines on the amount and type of physical activity that older adults should aim to undertake to help reduce the risk of falls.

NHS Digital reporting in December 2017 on their Health Survey for England 2016 said that:

> '66% of men and 58% of women aged 19 and over met the aerobic activity guidelines of at least 150 minutes of moderate activity or 75 minutes of vigorous activity per week or an equivalent combination of both, in bouts of 10 minutes or more.'

Source: *http://digital.nhs.uk/catalogue/PUB30169*

Muscle strengthening exercise particularly helps to prevent falls and improve balance which are key risk factors in older adults for having a fall. The Centre for Better Ageing is currently undertaking a study of how these kinds of activities can help to improve people's health and well-being and what can be done to raise more awareness.

A Activity 1: Physical activity guidelines

Take a look at the Chief Medical Office's Guidelines for yourself by following the link below. You'll see that there are factsheets for several age groups, including the over 65s. Make notes in the space below.

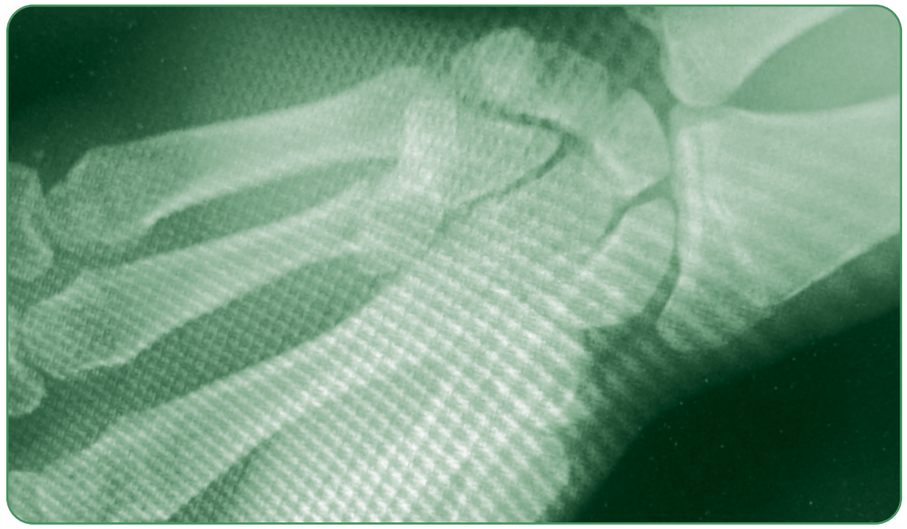
https://www.gov.uk/government/publications/uk-physical-activity-guidelines

Key Fact

Improving balance and muscle strength are key factors in preventing falls.

Ensuring an individual takes part in any exercise they can in order to strengthen their muscles and overall strength is a useful way to prevent their chance of falling. However, there are other methods that can be used to prevent a fall. For example:

- Making appropriate changes to an environment to reduce hazards – this could be something as small as securing wires in their home to the wall and removing small items of furniture that are no longer needed (a small coffee table in the middle of the room).
- Having regular eyesight and hearing tests – this will make sure the individual has appropriate eyewear and hearing aids to enable them to be more aware of their surroundings and able to identify hazards around them.
- Ensuring medication remains appropriate – individuals who are taking medication regularly should visit their GP at regular intervals to ensure the medication is still suitable for them and to discuss any side effects they are experiencing which could increase their chance of falling, such as dizziness, drowsiness or fainting.
- Having a falls risk assessment – these can be carried out by a GP or occupational therapist and can be an excellent way of identifying potential hazards and removing those hazards in order to reduce the risk of the person falling.



How falls are a concern in different settings

Different concerns arise in different settings with regard to falls and their prevention.

The home and community environments

People living alone who experience a fall may sustain an additional injury in the process such as a fracture or head injury and may not be able to summon help. Even relatively minor falls can be a daunting experience, and the person may lose confidence and become nervous about falling again. The fall may cause concern for any family members and carers involved and even hasten a move to residential care.

It's therefore important to assess risks in the home environment and to try to eliminate unnecessary risks.

A report produced for the **Building Research Establishment** recommends a number of adaptations in the home that may be helpful in some situations, such as placing handrails on unsafe staircases. NICE have also recommended that people who have had treatment in hospital following a fall should be offered a home hazard assessment. This can be provided by a health professional such as an occupational therapist. It has been found that these risk assessments can reduce the rate of falls by up to 19%.

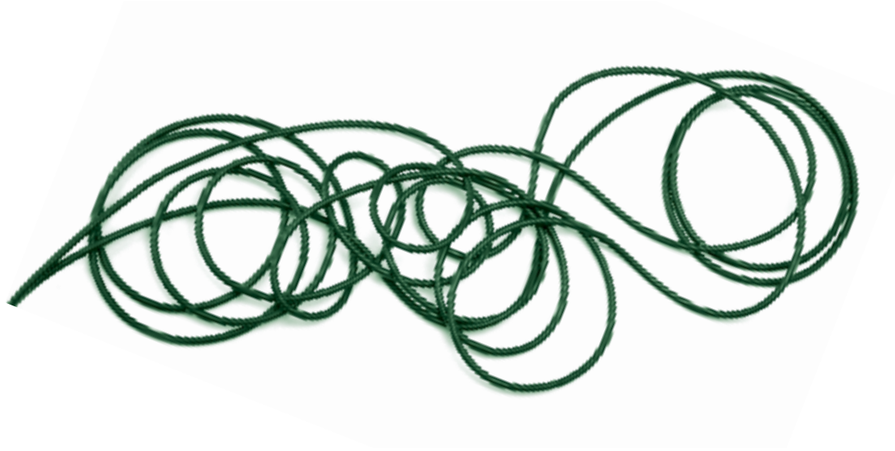
Many older people do not view themselves as old and disabled in any way, and the fear of a loss of independence through being labelled as 'at risk of falls' can be a barrier to accepting advice and guidance. The delivery of interventions in the community may not take into account a person's daily routines and preferences, and contact with health and social care professionals in community settings is not always seen as empowering for older people or welcomed by them.

Different cultural beliefs can also affect the success of community interventions, as some cultures believe that the consequences of ageing are beyond the control of the individual, for example, that they are the will of God.

The hospital environment

When a person is admitted to hospital, they are immediately in an unfamiliar setting and this automatically increases the chance of falling. There are many hazards in a hospital that could lead to a fall, such as: trolleys and equipment in corridors or on the wards; slippery floors when hospitals are being cleaned; and loose wires around the individual if they are hooked up to machines and specialist equipment.

If an individual is taking any new medication whilst they are in hospital, this could lead to side effects which they have not experienced before, which would also increase the risk of falling. If an individual undergoes serious treatment or surgery whilst in hospital, they will feel unwell, weak and even unsteady on their feet as a result of any local anaesthetic, which could lead to a fall.



Falling whilst in hospital can be devastating and lead to a loss of confidence and a greater reliance on social care in the longer term. The fall may lengthen the hospital stay and impact on recovery from any other conditions the person may have been admitted for.

A fall in hospital may also mean that the patient needs access to rehabilitation services on leaving hospital to recover fully from the fall, and if an older adult is still working, this may result in loss of earnings as more time is needed away from work.

Loss of confidence in older adults may place them at greater risk of further falls in the community and even a readmission to hospital as a result.

There is a financial cost to hospital trusts too, as well as to the wider healthcare system. Total costs to the NHS from falls among older people was estimated by NICE in 2015 at £2.3 billion.

Residential care settings

Older people living in care homes are three times more likely to fall than older people living in their own homes, with the results of a fall often being much more serious; there are ten times more hip fractures in care homes than in other environments.

Care home staff have a key role to play in falls prevention, but they need to have the knowledge, understanding and support of the wider health and social care team.

Source: ***Managing falls and fractures in care homes for older people Good practice self-assessment resource: Social Care and Social Work Improvement Scotland 2011 and NHS Scotland 2011***

There are many aspects of a residential care setting that could cause a person to fall. For example, a poorly laid out communal area with badly positioned furniture; trip hazards in corridors and walkways; a lack of appropriate support equipment such as handrails, banisters and chair lifts; slippery floors due to cleaning; inadequate levels of lighting in the setting and personal items being out of reach of the individual (such as glasses or hearing aids falling onto the floor).

Individuals will have their own bedroom in a care setting and the access to their bathroom could also be a potential cause of a fall. For example, if the bathroom is too far away from their bed and there is not a light switch within reach, an individual could fall when they go to the bathroom in the middle of the night.

Older people in residential settings may injure or bruise easily and may not recover well after a fall. They may feel more vulnerable as a result and not be able to walk as well, becoming afraid of moving about. The staff can feel upset and guilty that they could have perhaps prevented the fall.

Almost a fifth of falls in residential care settings result in a hip fracture, and a quarter of those admitted to hospital with hip fractures come from care homes.

People with dementia in care homes are at increased risk of falls due to confusion, disorientation and restlessness.

Key Fact

Different concerns about falls apply in different settings.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessment questions.

1. How does the World Health Organisation (WHO) define a fall?

2. Give <u>one</u> example of a current national statistic relating to falls and older people.

3. Give <u>two</u> reasons why the risk of falling and bone fractures increases with age.

4. Why should falls not be viewed as an inevitable consequence of ageing?

5. Give examples of concerns about falls in <u>three</u> different settings:

1. Home or community

2. Hospital

3. Residential care

Check your answers by looking back over this section.

Congratulations, you have now completed Section 1.
Please now go to your assessment and answer Q1 to Q5.

Scan the QR code to **unlock some essential assessment tips**.

Section 2: The impact and consequences of falls

This section will explore the following:

- Examples of fall-related injuries
- How falls can have a disabling effect on individuals' physical, psychological and social well-being
- The financial costs of falls and bone fractures
- The potential impact of falls on health and social care service providers.

Examples of fall-related injuries

Fall-related injuries are common and present a serious problem for older people. They can leave the person with lasting damage and lead to mobility issues and other health concerns. Some of the fall-related injuries are moderate to severe whilst others can be relatively minor, such as cuts and bruises.

Key Fact

The key issue of concern is not simply the high incidence of falls in older people – since children and athletes have a very high incidence of falls – but rather the combination of a high incidence and a high susceptibility to injury.

Source: *https://www.nice.org.uk/guidance/cg161/evidence/falls-full-guidance-190033741*

As the above key fact demonstrates, it is the impact of falls in older people that is of primary concern. Let's look more closely at some of the related injuries and consequences.

Moderate injuries

Facial injuries may be sustained if the person falls face first and is unable to protect their face. These can be superficial cuts and bruises or as serious as a broken nose or jaw.

Key Fact

Fall-related injuries are common and can cause lasting damage.

Cuts and bruises may be more severe, dependent on the medication an individual is taking. People taking anticoagulant medications for example will bruise and bleed more easily. These medications are commonly used for certain heart conditions.

Severe injuries

Trauma to the head is a serious consequence of a fall and can result in diminished cognitive (thinking and mental processes) functioning. Following a fall, it is advisable to check mental functioning. Whilst the majority of head injuries following a fall will result in no lasting effects, some people can be left with a traumatic brain injury (TBI) that can have devastating and lifelong effects.

The **Brain Injury Association Headway** tells us that:

> 'A brief period of unconsciousness, or just feeling sick and dizzy, may result from a person banging their head getting into the car, walking into the top of a low doorway, or slipping over in the street. It is estimated that 75-80% of all head injuries fall into this category.'

Source: *https://www.headway.org.uk*

Hip fractures are another common consequence of falls in older people. This is a crack or break in the femur (thigh bone) close to the hip joint.

The injury can impact on future mobility levels, and the person may experience pain and mobility issues for the rest of their life. Whenever bones are broken, there is also often damage to muscles, tendons, ligaments, nerves and skin, adding greatly to the pain and swelling from the injury.

Tripping or falling on the knees may cause an **injury to the tibia (shin bone)** and some of these injuries may require surgery. This type of injury usually involves a long period of immobility and recovery which is an added complication and added problem for the older person. Dislocated shoulders can also be a common outcome of falling.

Falling on the back can lead to **spinal injuries** which, if severe enough, could mean that the person will be confined to a wheelchair.

NICE have produced a post-fall protocol that includes guidance and quality standards for hospitals and healthcare professionals on undertaking checks for signs or symptoms of the potential for spinal injury before moving an older person who has fallen.

As previously mentioned, osteoporosis leads to a higher risk and incidence of broken bones, and **kneecap and ankle injuries** which are often experienced in women with this condition.

How falls can have a disabling effect on individuals' physical, psychological and social well-being

Falls can have a devastating effect on the confidence of the older person and their quality of life may be affected in various ways.

Physical effects

As the previous section demonstrated, there are many possible fall-related injuries that can result in long-lasting, painful and debilitating conditions with long recovery times.

The first fall an older person experiences can lead to a downward spiral of fear and anxiety of falling again. It can also lead to the loss of independence, and greater reliance on others, especially for taking part in physical activities. These fears in turn lead to increased inactivity and isolation, perhaps making the person even more at risk of falling again. This is known as the vicious cycle of falls.

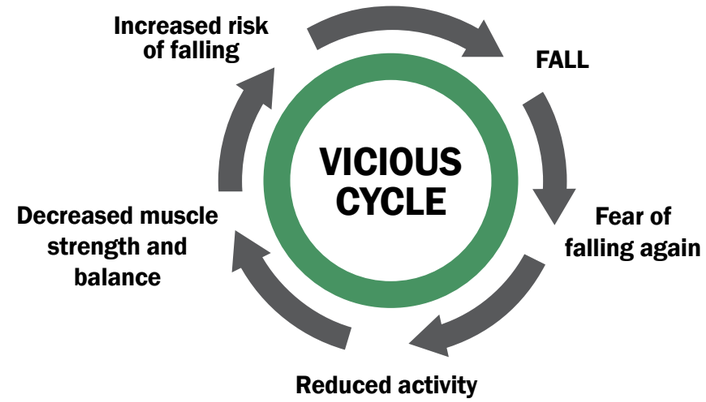


Figure 4: The vicious cycle of falls

Source: *Managing Falls and Fractures in Care Homes for Older People – good practice resource Revised edition; Care Inspectorate and NHS Scotland 2016*

As well as resulting in broken bones, falls may involve a long period spent lying on the floor before help arrives, which may result in health complications such as pressure sores, dehydration, hypothermia if the room becomes cold, or pneumonia.

Reduced mobility can lead to a decrease in muscle strength, and existing health conditions may worsen as a result of the fall, either directly or indirectly.

A fall can be the precipitating factor in the loss of a person's independence and needing to move into residential care. Around half of the people who have a hip fracture will never regain their former level of mobility and function, and 1 in 5 die within three months.

Psychological effects

A loss of confidence as a result of falling links directly to the physical impact and the injuries sustained during the fall. Many people, especially those over the age of 80, say that having a fall makes them more worried about leaving the house by themselves.

> 'A first fall can set in motion a downward spiral of fear of falling which, in turn, can lead to more inactivity, loss of strength and a greater risk of further falls.'

Source: ***Public Health England – https://publichealthmatters.blog.gov.uk/2014/07/17/the-human-cost-of-falls***

A fear of falling in itself can result in behaviours that have been shown to contribute to a reduced quality of life. This fear can be present in older people who have never experienced a fall as well as those who have and so is not simply a result of the psychological trauma of a fall as was once believed.

A Activity 2: Fear of falling

In 2010, both the BBC and the Daily Telegraph reported on the contribution of a fear of falling on the older person and you can read these reports by following the links below. The research was done in Australia and had some limitations, although it was seen to be interesting if not conclusive. Make notes in the space below.

http://www.bbc.co.uk/news/health-11024126

http://www.telegraph.co.uk/news/health/news/7953726/Worrying-about-falling-over-makes-it-more-likely-to-happen-research.html

Social effects

Reduced mobility caused by the injuries relating to the fall can lead to less social contact and involvement in stimulating activities. This isolation can add to and create additional problems with the person's mental health and well-being.

This isolation can create the conditions for problems with older people's physical and mental health. A fall in older age groups can lead to an increase of anxiety and depression, a reduction in activity levels overall and more use of medications, with greater dependence on both social and medical care and services.

Here's what **Aging Well in Wales** have to say about the impact of social isolation and loneliness.

C Case Study: Aging Well in Wales

'Given the budgetary reductions to community and public services, often seen as 'lifelines', older people are at an increased risk of loneliness and isolation, sometimes referred to as 'silent killers'. More than 75% of women and a third of men over the age of 65 live alone. Without the means to leave their homes, or with fewer visits from community workers and service providers, an increasing number of older people will feel lonely and isolated, resulting in damaging effects to their mental health.'

'Research demonstrates that loneliness has an effect on mortality that is similar in size to smoking 15 cigarettes a day. It is associated with poor mental health and conditions such as cardiovascular disease, hypertension and dementia. Loneliness also has a much wider public health impact too, as it is associated with a number of negative health outcomes including mortality, morbidity, depression and suicide as well as health service use.'

The financial costs of falls and bone fractures

Falls lead to a number of costs to individuals and those who care for them as well as to health and social care systems.

Personal costs

If a person is working, they may need a prolonged period of time off work after a fall, and this may have financial implications. Repairs and adaptations in the home, such as replacing loose carpets and rugs that are easily tripped over, will help to prevent future falls, but may also cost money and the individual may struggle to pay for these.

If help with domestic tasks becomes necessary following a fall, this may also have financial implications for the individual.

Loss of control of their independence is a common fear that sometimes prevents older people admitting to a fall, but friends and relatives may have concerns and notice the signs that all is not well. This may impact on the frequency with which they need to visit the person and the level of care they can provide, which in turn may impact on their own finances.

Costs to the health and social care system

There is a substantial cost implication for the NHS as a result of falls which are high volume and result in costly consequences in many cases. In fact, the total cost of fractures as a result of fragility in older people has been estimated at £4.4 billion and this figure includes the social care costs of £1.1 billion.

The King's Fund published a paper in 2013 reporting on the system-wide costs of falls in older people in one area of the UK, the Torbay area in Devon.

This study found that, in the Torbay area:

- On average, the cost of hospital, community and social care cost services for each patient who fell were almost four times as much in the 12 months after admission for a fall as the costs of the admission itself.
- Comparing the 12 months before and after the fall, the most dramatic increase was in community care costs (160%), compared to a 37% increase in social care costs and a 35% increase in acute hospital care costs.

Source: ***Exploring the system-wide costs of falls in older people in Torbay; Yang Tian, James Thompson, David Buck, Lara Sonola; August 2013***

The study was carried out because, at the time, there was very little information on the costs of falls across the health and social care system.

The costs to hospitals, however, are monitored and NHS Improvement, reporting in July 2017 noted that their calculations of cost to hospitals of reported inpatient falls is around £630 million. This includes falls reported in acute, mental health and community hospitals.

The report notes that, of this figure:

> 'Falls among older groups account for approximately 77% of total reported falls but around 87% of total costs.'

Source: ***NHS Improvement: The incidence and costs of inpatient falls in hospitals July 2017***

Public Health England in its January 2017 report entitled **'Falls and fracture consensus statement: Supporting commissioning for prevention'** tells us that:

- Unaddressed fall hazards in the home are estimated to cost the NHS in England £435 million
- The total cost of fragility fractures to the UK has been estimated at £4.4 billion, which includes £1.1 billion for social care. Hip fractures account for around £2 billion of this sum.

There are also implications for the ambulance service as around 40% of their calls are in relation to people who have had a fall.

Key Fact

Each year the ambulance service responds to 700,000 calls from older people who have fallen.

The NHS Confederation notes in their Briefing (Issue 234) on Falls Prevention in April 2012:

> 'Falls account for approximately 10 to 25% of ambulance callouts in the over 65s, costing £115 per callout.'

These costs therefore present a major challenge to the health and social care systems as well as to the people who experience them.

The potential impact of falls on health and social care service providers

Falls lead to a number of costs to individuals and those who care for them as well as to health and social care systems.

There are added implications of falls for the owners of residential care homes and staff who work within them.

Falls in health and social care establishments may lead to a variety of harms and costs, claims of clinical negligence and they may also be cited in formal complaints made against the home or hospital.

These residents are more likely to fall than their counterparts who live in their own homes and so awareness, understanding and prevention become even more important in this setting.

The home may be blamed for the fall by the resident's family and this can lead to threats and worries about possible litigation, which in turn can be publicised and impact severely on the reputation of the home as well as having financial consequences.

Staff may become anxious and stressed as their workload increases in the event of a fall or falls, resulting from the additional care needed for the individuals. They may also worry about the consequences of complaints and legal action as mentioned above.

A breach of the duty of care may be alleged by those complaining, and emergency or additional activities following the fall may divert staff from planned care of other residents.

Further Research: Health and Safety in Care Homes

A Health and Safety Executive guidance document entitled Health and Safety in Care Homes provides advice on a wide range of legal, managerial and technical matters, including those relating to falls. Visit the link below to read it and make notes in the space below.

www.hse.gov.uk/pUbns/priced/hsg220.pdf

The case study below demonstrates how an NHS service provider has put in place systems and initiatives that help prevent accidental falls to both staff and patients.

Case Study: Managing spillages

Health and Safety Managers at Lancashire Teaching Hospital NHS Foundation Trust identified a problem with slips from spillages on smooth vinyl floors in certain main corridors. After consultation with staff and cleaning teams, they introduced spill stations in corridors where the risk was highest.

Each spill station consists of a wall mounted 'Wet Floor' sign accompanied by a large poster with an emergency contact telephone number which puts staff in touch with a 24-hour cleaning team who attend quickly to deal with the spillage. Engaging staff support was crucial to the success of the initiative and an article in the staff magazine as well as a 'spills/slips awareness day' were organised, involving cleaning staff, a display stand, posters and competitions. All staff were reminded of the importance of contamination-free flooring and encouraged to take responsibility for reporting spills and picking up litter. Monitoring of the spill stations has shown regular use of the facility and a reduction in the numbers of slips in corridors.

Source: ***Health and Safety Executive; http://www.hse.gov.uk/healthservices/slips/case-studies.htm***

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessment questions.

1. Give <u>three</u> examples of fall-related injuries.

1.

2.

3.

2. What are the <u>three</u> types of disabling effect following falls on an individual's well-being?

1.

2.

3.

3. What is the vicious cycle of falls?

4. The potential impact of falls on health and social care service providers can include:

1.

2.

Check your answers by looking back over this section.

Congratulations, you have now completed Section 2.
Please now go to your assessment and answer Q6 to Q9.

Scan the QR code to **unlock some essential assessment tips**.

Section 3: The benefits of falls awareness and prevention

This section will explore the following:

- The benefits of falls awareness and prevention programmes for individuals and health and social care service providers
- Ways to raise awareness of the risks and consequences of falls
- Responsibilities of health and social care service providers in reducing the incidence and impact of falls.

The benefits of falls awareness and prevention programmes for individuals and health and social care service providers

Key Fact

Between 1976 and 2016 there was a 3.8 percentage point increase in the proportion of people aged 65 and over in the UK. It is projected to continue to grow to nearly a quarter of the population by 2046.

Source: *Office for National Statistics (ONS)*

The above statistics demonstrate all too clearly why the costs and results of falls cannot be ignored. The scale of the problem means that it is a universal concern with a clear need to raise awareness and implement prevention strategies. All organisations working with older people in a locality can play their part and should be supported to understand how they can contribute to reducing the number of falls.

As you've already discovered, falls are not an inevitable consequence of ageing, but the statistics do show that older people are more vulnerable to falls for a range of reasons.

Benefits for health and social care providers

There are many ways in which falls can either be prevented, or the risk of them happening can be considerably reduced, and awareness needs to be raised in both these areas. Taken together, these have the capacity to **reduce the considerable financial costs** to the NHS and social care systems that falls create.

The Falls Prevention Economic Model, developed with the support of healthcare commissioners in Yorkshire and the Humber, helps local areas to identify the **savings** they could make, for example, if everyone over 65 identified as being at risk of falling was referred to physiotherapy for advice.

Identifying hazards in the home and making necessary alterations can **prevent many visits to overstretched Accident and Emergency** departments due to falls in the home.

Staff in care homes may not be fully aware of the need to prevent falls and may believe that they are a natural consequence of age and the person's condition, however, the reputation and quality of the care home will be enhanced if there are known to be fewer falls in the establishment. Quality improvement schemes to ensure this involve providing staff training and awareness raising, and enabling people to change their working habits. Sometimes small changes can make a big difference.

Programmes of staff education and training have been shown to be effective in care homes and do help to reduce the numbers of people falling, empowering staff to support people to be as independent as possible. Quality of life and independence in older people can be enabled by care home staff who are confident in promoting prevention and good management of falls within their own roles.

Benefits for individuals

Many preventative programmes aimed at reducing the risk of having a fall involve doing some form of exercise that improves strength and balance which is a key intervention. Lots of community centres and gyms offer specialist training programmes for older people, and attendance at the classes has the added potential benefit of socialising and meeting new people. This in turn can lead to an improved sense of well-being both physically and mentally.

There is evidence that taking part in Tai Chi sessions can reduce the risk of falls by helping to improve coordination, movement and balance and this can be a most enjoyable activity. All these exercises will help to prevent frailty, promote bone health and reduce the incidence of accidents.

Key Fact

Why is Tai Chi recommended for falls prevention?

The slow smooth movements in Tai Chi help to strengthen muscles and the spine. Weight is transferred with each step helping to improve coordination and balance.

The smooth movements also help to calm the mind.

Activity 3: Tai Chi

Read this recent report in the press about the evidence for the effectiveness of Tai Chi which is associated with a 20% reduction in risk of falling. Make notes in the space below.

https://www.reuters.com/article/us-health-tai-chi-fall-prevention-idUSKBN15W24Z

In the residential care setting, awareness and prevention can be instrumental in a person maintaining a good quality of life for longer as the case study below illustrates.

Case Study: Rosemary

Rosemary was admitted to the care home from hospital where she had been recovering from injuries she sustained after a fall at home. She initially settled in well to the care home, however, she had a fall in the corridor which led to severe bruising of her face.

She subsequently had another eight falls in eight weeks. Although she didn't sustain any broken bones, she received further cuts and bruises. Her family were very upset by this. The care home staff noticed that Rosemary stopped walking to the communal areas for her meals and social events. When they asked Rosemary about it she said she had 'lost her confidence' and 'felt useless'. Staff were very concerned as she seemed to be sitting more and then had two urinary tract infections. They were concerned to see the deterioration of her physical and mental well-being.

Source: ***Managing Falls and Fractures in Care Homes for Older People – good practice resource Revised edition; Care Inspectorate and NHS Scotland 2016 (http://www.careinspectorate.com/images/documents/2712/Falls%20and%20fractures%20new%20resource%20low%20res.pdf)***

Rosemary's situation shows us how early preventative interventions to restore her confidence and independence, helping to prevent a further fall, may well have prevented some of the deterioration in her mental and physical condition.

Key Fact

The actions and preventative initiatives that care home staff can take will have many wider benefits for the individual, such as improving physical and mental health, well-being and the ability to take part in other activities.

It's essential that all preventative activities are carried out in a way that is meaningful and acceptable to the people they're targeted at. There is also a need to raise awareness more generally amongst members of the public that falls are not an inevitable aspect of getting older and can be prevented.

The **National Falls Prevention Coordination Group** was set up with the aim of coordinating and supporting falls prevention activity in England. The member organisations work in partnership to promote healthy ageing through the use of their collective skills and knowledge to:

- Reduce falls and fracture risks
- Improve treatment for older people who have experienced a fall.

Read more about the work of this group and the resources they have produced by following the link below:

https://www.gov.uk/government/publications/falls-and-fractures-consensus-statement

Ways to raise awareness of the risks and consequences of falls

Although there are many ways in which older people can be supported to take part in activities that reduce the risk of falls, effectively communicating the messages about these activities in a way that's acceptable can be a challenge.

Some of the barriers to accepting advice about the risks and consequences of falls include:

- Denial of being at risk
- Feeling that falls are inevitable and part of ageing
- Lack of motivation
- Fear of falling
- Stigma and embarrassment.

Men in particular can have problems in admitting that they are not as strong or able as they used to be.

Look at the following quotes from people who were involved in the research project, 'Encouraging Positive Attitudes to Falls Prevention in Later Life' and you will see what some of the barriers are to increasing individuals' awareness about falls prevention.

> '[Falls prevention advice] can make you feel that [you] are senile and just don't have any common sense and need to be told everything.' (71 year old man)
>
> 'I'd probably think [if given advice on falls prevention] that's for old ladies, not for me.' (67 year old woman)
>
> 'I wouldn't go for that [advice] because it didn't apply to me in any shape or form. Is there a bit of pride? Well, I'm not there yet!' (60 year old woman)
>
> 'If they did [offer advice], I wouldn't listen to it. In one ear and out the other…' (80 year old man who had fallen out of bed four times in the previous eight months)

Source: ***Age UK: DON'T MENTION THE F-WORD: Advice to practitioners on communicating falls prevention messages to older people***

Key Fact

Awareness raising needs to take into account people's feelings, beliefs and sensitivities in order to have any chance of success.

There are different methods that can be used to raise awareness of the risks and consequences of falls. Some examples include:

- **Awareness campaigns:** These range from a national level to a more local audience and can be organised by a hospital, a local council, a care provider, a charity or a small business in the community. For example, Shropshire's public health service and Age UK Shropshire launched a campaign in May 2017, called 'Let's talk about the F-word', which aimed to help raise awareness of falls and reduce the risk of falling for older people in the area.
  Source: ***http://shropshire.gov.uk/news/2017/05/new-campaign-to-help-reduce-the-risk-of-falls-in-older-people***

- **Information leaflets:** These can be a very successful method of raising awareness as they can be delivered to people's homes directly, handed out to people at doctors' surgeries and hospitals, or provided to the families of individuals who are at risk of falling to help improve their knowledge around the risk of falls and associated consequences. Leaflets can also be a useful way to help prevent falls and might be handed out to people who have already fallen, in order to prevent them from falling again.

- **Assessments by a GP or occupational therapist**: This could help to improve an individual's knowledge around the risk of falls and associated consequences. An older person might not be aware that they are at risk of falling and might not know how serious the consequences could be if they did fall. Advice from a GP or occupational therapist can also help to raise awareness of the risks and consequences of falls.

- **Social activities and events**: Exercise classes, support groups and other social activities are a useful way of raising the awareness of falls and the associated risks and consequences. Events like this need to be promoted in a positive way that sound like fun and offer opportunities to socialise, so that raising awareness can be done in a positive way. The information should not be patronising and should not be focused on age and the risk of falls for older people.

R Further Research: Facing up to Falls

The Royal Society for the Prevention of Accidents (ROSPA) has produced a video called Facing up to Falls. Although the video is 14 minutes long, it is worth viewing because there are examples of several people of varying ages who, for one reason or another, are not aware of their increased risk of falling. Some are resistant to the messages that they need to do anything about this.

You can watch this informative short video by following the link below and gain further insight into the challenges faced by people who experience falls. Make notes in the space below.

https://youtu.be/wZnBE2xQWj8

A study carried out in 2011 looked at ways of and barriers to promoting the uptake of falls prevention. Some of the participants in this study were reluctant to tell a health professional about their experience of falling, and some were amazed that doctors would be interested or did not think it was serious enough to bother a doctor. Some people had difficulty in finding information relating to falls, so there is perhaps a need to ensure better dissemination of information to the general public and to professionals about the services that might be useful and how to access them.

Language difficulties might also present a barrier, so the use of interpreters may help in some cases for older people who find it difficult to communicate in English.

The study found though, that people were more likely to take part in the recommended activity if advised by their doctor or health professional, and there was respect for the information and advice they were given by these people. This means professionals working in the community have an important role in enabling access to interventions and advice.

Have you any ideas about how these communication difficulties might be overcome? Try the activity on the next page to see if you can come up with any possible strategies that might be more successful.

A Activity 4: Preventing falls

Many older people are resistant to advice about preventing falls. Why is this?

Carry out a small survey of anyone you know over the age of 65. How do they feel about falls? Do they see themselves as being vulnerable? How might they react if they were given a leaflet by a health professional about falls prevention?

How might the messages about falls prevention be communicated in an acceptable way? People are more likely to take advice and make use of opportunities to exercise if the activities or advice suit their needs and lifestyle. The use of digital media, for example, may be the best method for some people.

The short video that you can view from the link below shows an Australian associate professor and research scientist talking about a programme that has been developed there to enable and encourage older people to take part in exercise in their own homes using an iPad. This is in recognition of the fact that in winter people are more reluctant to go out.

https://youtu.be/Ahk4cW06i8k

Advice about reducing hazards in the home can be seen as 'interference' by some, although is welcomed by some people as the case study below shows. Stan has been a farmer all his life, so when a combination of illness and arthritis affected his mobility, he found it difficult to cope.

C Case Study: Stan

'Having been a farmer, I've always been a fit man and proud of it. Then I recently developed breathing difficulties and needed several spells in hospital. I've got the lung condition, COPD. Also, arthritis in my knees has caused me to fall a few times.'

'My wife worries about me falling – I'm a fairly big man, so she can't pick me up. She called the local Age Concern to see if they could help. A lady came round and asked us some questions, then she looked around and pointed out some hazards she had spotted straight away.'

'I was a bit surprised, but she was right, these were places I'd fallen before. She'd noticed other hazards too, like folded rugs and trailing wires. She put us in touch with a handyperson scheme to get the hazards sorted and my son, who lives away, came and helped too.'

Source: *Age UK: Stop Falling: Start Saving Lives and Money*

Responsibilities of health and social care service providers in reducing the incidence and impact of falls

Many of the falls and resulting injuries in care homes and the wider health and social care system can be prevented.

Effective falls management requires a preventative and holistic approach that considers all the contributory factors.

In the NHS, both patients and healthcare professionals have rights and responsibilities that are set out in the NHS Constitution for England and all NICE Guidance reflects this Constitution.

The Constitution recognises that the NHS is there to improve health and well-being, supporting people to stay mentally and physically well, improving lives and playing a part in making communities healthier.

The Constitution also recognises the rights of people to be treated with a professional standard of care in properly approved organisations that meet required levels of safety and quality.

The NICE Guidance document, Falls Assessment and prevention of falls in older people issued in June 2013 sets out the responsibilities of the healthcare professionals and other professionals who care for older people who are at risk of falling.

Preventing falls in older people

Older people in contact with healthcare professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context and characteristics of the fall(s).

Older people who present for medical attention because of a fall, report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should be offered a **multifactorial falls risk assessment**. This approach recognises that there are many interlinked factors involved in falls, why they happen and how to prevent them.

This assessment should be performed by a healthcare professional with appropriate skills and experience, normally in the setting of a specialist falls service.

Preventing falls in older people during a hospital stay

Staff should regard the following groups of inpatients as being at risk of falling in hospital:

- All patients aged 65 years or older
- Patients aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying condition.

Key Fact

For patients at risk of falling in hospital, staff should consider a multifactorial assessment and a multifactorial intervention.

Source: ***Falls NICE Guidance number CG161: Assessment and prevention of falls in older people Issued in June 2013***

In care homes the **Health and safety in care homes HSG220** sets out the duties and responsibilities of staff as follows.

Duties of employers to employees

Employers have a general duty under the Health and Safety at Work Act (HASAWA) to ensure the health, safety and welfare at work of all their employees. This duty is qualified in the Act by the principle of 'so far as reasonably practicable'. This means balancing the level of risk against the measures needed to control the real risk in terms of money, time or trouble. However, you do not need to take action if it would be grossly disproportionate to the level of risk. (www.hse.gov.uk/risk/faq.htm)

Duties of employers to people who are not in their employment

Employers and self-employed people have a general duty under the HASAWA, so far as reasonably practicable, to protect the health, safety and welfare of people who might be affected by their business. These people include residents in a care home, visitors, volunteers, and contractors' employees working on their premises.

Duties of employees

Employees have a general duty under the HASAWA to take reasonable care of their own health and safety and that of others who may be affected by what they do or fail to do, and to co-operate with their employer.

In addition, they must not intentionally or recklessly interfere with or misuse anything required by the HASAWA for the health, safety or welfare of themselves, residents or others.

Source: ***Health and Safety in Care Homes HSG220 (2nd edition) Published 2014***

Duties and responsibilities of directors and senior managers

Duties and responsibilities of directors and senior managers include ensuring that falls prevention is incorporated into their standard of care and that staff receive appropriate training.

Where an offence is committed with the consent or connivance of a director, manager, secretary or other similar officer of a health or social care provider, or where it is committed due to their neglect, they are liable to prosecution. For example, if a director or a care provider allows a clearly unsafe practice, which is in breach of legislation, he or she may be guilty of an offence.

A Registered Nurse, Manager or Senior Carer in a care home with nursing is responsible for:

- Completing a falls risk assessment for residents on admission
- Initiating a plan of care
- Implementing necessary safeguards
- Providing education to the resident and their family about falls prevention strategies
- Evaluating care and making referrals to appropriate therapy services.

A Healthcare Assistant is responsible for:

- Following procedures and monitoring residents
- Reporting any changes in residents.

Compliance with the **Care Quality Commission's Fundamental Standards** is essential when a resident has fallen. Of the 13 standards, the following will be of particular relevance in these circumstances:

- **Person-centred** – You must have care or treatment that is tailored to you and meets your needs and preferences.
- **Dignity and respect** – You must be treated with dignity and respect at all times while you're receiving care and treatment.
- **Safety** – You must not be given unsafe care or treatment or be put at risk of harm that could be avoided.
- **Premises and equipment** – The place where you receive care and treatment and the equipment used in it must be clean, suitable for use and looked after properly.
- **Fit and proper staff** – Staff must be given the support, training and supervision they need to help them do their job.

Source: ***www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards***

Take a look at the useful checklist below devised by NHS Derbyshire:

PROVIDER CHECKLIST

As a provider of care in either nursing or residential care homes, the Registered Care Home Manager is responsible for managing the risks and effects of falls in their home. By implementing the following actions, the risks and effects of falls can be significantly reduced, and the outcomes improve the life of residents. Tick those actions that the home currently practises:

1. MANAGEMENT OF POLICIES AND PRACTICES

ASSESSMENT – all new and existing residents regularly assessed for their risk of falling	
TRAINING AND AWARENESS – awareness training for staff to embed the reduction of falls into holistic care	
FALLS RECORDS AND AUDITS – maintain falls records and audits.	

2. SUPPORT FOR RESIDENTS

EXERCISE AND ACTIVITY – promotion of appropriate exercise	
INCREASING BONE DENSITY – nutritional assessment of diet and compliance with GP prescriptions	
REDUCE THE IMPACT OF FALLS – appropriate provision of hip protectors	
VISION – assistance with spectacle usage and maintenance	
FOOTCARE AND FOOTWEAR – advice on footwear & walking aids and facilitate chiropody and podiatry visits	
CLOTHING AND DRESSING – assistance with dressing safely and raise awareness of risks with ill-fitting clothing	
INFORMATION – advice on the risk of falling and how those risks can be reduced.	

3. IMPROVING THE ENVIRONMENT

NATIONAL MINIMUM REQUIREMENTS FOR A SAFE ENVIRONMENT – compliance	
ENVIRONMENTAL ASSESSMENT – specifically assess environmental risks to reduce falls.	

Source: ***Managing Falls in Care Homes NHS Derbyshire County; 2011***

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessment questions.

1. Identify an example of a key benefit of falls awareness and prevention for health and social care providers.

2. Identify an example of a key benefit of falls awareness and prevention for individuals.

3. How can awareness of the risks and consequences of falls be raised?

4. Give <u>three</u> examples of responsibilities of health and social care service providers in reducing the incidence and impact of falls.

1.

2.

3.

Check your answers by looking back over this section.

Congratulations, you have now completed Section 3.
Please now go to your assessment and answer Q10 to Q12.

Scan the QR code to **unlock some essential assessment tips**.

Section 4: The legislation and guidance relating to falls and falls prevention

This section will explore the following:

- Current legislation relating to falls and falls prevention
- Current guidance relating to falls prevention.

Current legislation relating to falls and falls prevention

Safeguarding and the duty of care

A fall does not automatically indicate neglect, and each case should be considered individually to determine if there is a safeguarding concern. There are many things that can be done in terms of prevention to reduce the risk of falls and these have all been discussed in this unit.

The 2014 Care Act sets out the legal framework for how local authorities and others in the health and social care system should protect adults who are at risk of abuse or neglect.

The aims of safeguarding are to prevent harm and reduce the risk of abuse and neglect for adults with care and support needs.

The Care Act introduced the **well-being principles** and placed a duty on local authorities to promote an individual's well-being. This includes promoting the individual's **physical, emotional and mental health and well-being** as well as preserving dignity. Clearly, falls and the consequences of falls can be damaging to all these areas of life, and preventing falls is key to the principles of well-being under the Act.

Section 2 of the Act relates to **preventing, reducing or delaying needs** and places a duty on local authorities to work with partners and communities to promote well-being and independence rather than waiting until a crisis arises – such as a fall with serious and long-term consequences. You have already seen how important the focus on prevention is in terms of falls.

All those working in care have a legal obligation called the **duty of care**. This is defined as the need to:

- Always act in the best interest of individuals and others
- Not act or fail to act in a way that results in harm
- Act within your competence and not take on anything you do not believe you can do safely.

The duty of care is owed to the people the care worker supports, colleagues and the employer. Everyone has a duty of care and you cannot opt out of it.

Key Fact

A fall in a care setting does not automatically indicate neglect or a safeguarding issue.

Health and safety in care settings

The **Health and Safety at Work Act** is the primary legislation that covers the occupational safety of workers and their employers in the UK.

Under this Act, there are duties that employers have to their employees and to members of the public, as well as duties that the employees have to themselves and to each other.

Care homes must do their utmost to prevent falls, and many of the things that can be done are easy to do and inexpensive. As people living in homes are more likely to fall than those living in their own homes and the injuries are likely to be more severe, prevention becomes vital.

Brightly lit rooms and non-slip mats are just two examples of simple measures that can help to reduce trips and falls.

Staff in homes should be trained to be aware of the risk factors for falls and the medical conditions or medications that may trigger dizziness, unsteadiness and blackouts.

There is a requirement within the **Health, Safety and Welfare Regulations (Regulation 12)** and the associated Code of Practice that all floors should be suitable for their purpose, and free of obstructions or any substance that might cause a person to slip.

Key Fact

The Medicines and Healthcare Products Regulatory Agency (MHRA) regulates medicines, medical devices and blood components, and includes useful guidance on electrical safety.

In health and social care settings, there are requirements for the reporting of certain falls-related incidents when the fall arises out of, or in connection with, a work activity, including the use of equipment and the work environment. The legislation requiring this reporting is the **Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR) 2013 legislation**.

These Regulations require those in control of premises, employers and self-employed people, to report certain specific incidents in workplaces.

You will look at this legislation and its requirements in more detail in Section 2 of Unit 4.

Moving and handling

The following legislation may be relevant for assessing moving and handling risks:

- Health and Safety at Work etc. Act 1974 (HASAWA)
- Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002)
- Management of Health and Safety at Work Regulations 1999
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Helping people to move and repositioning people forms a key activity in the working day for most care home employees. Residents may need help to carry out daily tasks and take part in activities. Staff often sustain injuries whilst undertaking these procedures as a result of poor techniques or faulty equipment.

The legislation requires care homes to provide training, information and instruction, including supervision to ensure the safety of employees and others.

Risk assessments must be carried out to identify the needs in each home, and monitoring should include checks that staff are using safe practices.

Organisations should have a clear policy stating how risks are recognised, managed and reduced. The policy should include explanations of what's expected from employees, and their roles and responsibilities.

Employers are required to reduce the risk of injury to staff and people using care services by putting measures into place to reduce risks where reasonably practicable.

Employees must play their part by following policies and procedures and taking care not to put themselves or others at risk.

Key Fact

'If risks from moving and handling are to be managed successfully, there must be support from those at the top of the organisation, whatever its size. This can be expressed in a clear statement of policy – supported by organisational arrangements – to ensure that the statement is implemented.'

Source: *http://www.hse.gov.uk/healthservices/moving-handling-do.htm*

For those providers carrying out a wide range of moving and handling activities, a moving and handling policy may be needed.

The Health and Safety Executive provides a useful checklist for carrying out moving and handling risk assessments, as shown below.

Summary checklist: Carrying out a moving and handling risk assessment

- Ensure that your assessor is suitably trained and competent
- Carry out a moving and handling assessment to include consideration of the person's needs and ability, task, load and environment
- Identify what is needed to reduce the risk for all the tasks identified to include appropriate techniques and training, equipment and accessories required for each task, number of staff needed etc.
- Record the assessment and controls necessary in the person's individual care plan to include details of the task, techniques to be used, equipment type and size, number of staff and any other relevant information
- Review the handling assessment periodically, and when the person's needs change
- Ensure you have arrangements to monitor handling activities to help make sure correct safe techniques and equipment are used
- Review your procedures to ensure that suitable arrangements are in place to include competence of staff, equipment provision and management arrangements.

Source: *http://www.hse.gov.uk/healthservices/moving-handling-do.htm*

Current guidance relating to falls prevention

The rising numbers of people over the age of 65 and the projected numbers of these people who will experience a fall, taken together with the ever-rising costs of the injuries sustained and treatment needed mean that falls are a major concern for the government and Public Health England.

The **National Falls Prevention Coordination Group (NFPCG)** was formed with the aim of coordinating and supporting falls prevention in England. This group have agreed on a consensus statement which was produced by Public Health England in January 2017. This statement sets out some actions, priorities and guidance for those who provide, organise and purchase (commission) falls prevention activities to support them to take a more integrated and effective approach.

The Group agreed that the wide range of professions and providers carrying out these activities and the many different ways these are paid for, leads to an equally wide variation in quality, availability and effectiveness.

The Group is also keen to shift the emphasis towards prevention as this is likely to reduce demand on the services.

Member organisations of the NFPCG have committed to a number of activities. These are:

- Increasing public and professional awareness of falls and fractures as an issue within the context of older people's health, including evidence-based preventative interventions
- Ensuring that the development and delivery of services is co-produced in partnership with older people, and their carers and families
- Supporting the collection and dissemination of meaningful data, information and intelligence
- Supporting the dissemination of findings from research, audits and needs assessments to inform commissioning and provision
- Working with partners to develop and inform quality standards and guidance for practice
- Informing skills development for patients, their carers, health and care professionals and the wider workforce
- Disseminating and facilitating learning from best practice
- Informing relevant national policy and strategy in order to support and enable commissioning and provision
- Reviewing activity in the above areas on a regular basis to ensure that these commitments are being met.

A collaborative and whole system approach to prevention, response and treatment is recommended for local areas. This should promote healthy ageing across the different stages of the life course.

Source: ***Falls and fracture consensus statement, Supporting commissioning for prevention Produced by Public Health England with the National Falls Prevention Coordination Group member organisations: January 2017***

In 2001, the Government published a **National Service Framework for Older People**. National Service Frameworks were ten-year programmes for improvement, covering a range of health conditions and were applicable to the NHS in England.

Following the reform of the NHS in 2010 and the creation of NHS England, their role was diminished but the principles remain sound and are echoed in more recent policy and guidance.

Key Fact

The National Service Framework for Older People stated as its aim in Standard 6 to reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen.

The Framework identified prevention, at both personal and population levels, as key to the reduction of falls and the many disastrous consequences.

Health and safety in the home

In their own homes, older people can take many simple measures to reduce the risk of tripping and falling, including:

- Keeping their home free of clutter, trailing wires and loose rugs or carpets
- Having good lighting
- Installing grab rails and handrails
- Ensuring outdoor paths are free of slippery leaves and moss.

In the next section you will look briefly at the role of the **Fire and Rescue Service** when they carry out Safe and Well visits in the home to help assess and reduce risks.

Assessments in the home, however, are not simply a matter of looking for obvious causes such as loose carpets and trailing wires.

> 'Home hazard assessment should be undertaken in the person's home and should be more than a 'checklist' of hazards. It is essential that the assessment explores how the actual use of the environment affects the person's risk of falling.'

Source: ***NICE: Quality standard [QS86] Falls in Older People: Quality statement 9: Home hazard assessment and interventions***

NHS England is currently working with many partners to support the well-being of people as they age so that they can remain healthy and independent for as long as possible.

There are a number of examples of the partnership working that's taking place to address these aims. **Several guides** have been produced to provide information and signpost people to the services and support they may need as they age. Examples are:

- A Practical Guide to Healthy Ageing: NHS England and Age UK
- A Practical Guide to Healthy Caring: NHS England and Public Health England.

The Fire and Rescue Service carry out Safe and Well visits to help individuals make positive changes to their health and well-being, including fire safety.

The Ambulance Service recognises that they are in a good position to contribute to prevention and the identification of risks that might lead to falls and their consequences due to the many contacts they have with the public.

A toolkit for GPs nurses and other staff in primary care has been produced to help them support older people living with frailty. Frailty can be described as a long-term health condition where the person has multiple health issues resulting in a loss of physical, mental and emotional resilience.

NHS England also promotes **personalised care and support** as an essential factor in supporting people to live with long-term conditions and develop the confidence to manage their own health and well-being.

R

Further Research: Vanguard sites

Many of these approaches are being put into practice in different areas of England by what are known as Vanguard Sites. These are areas that try out new ways of caring for people, known as models of care, which will act as 'blueprints' for the NHS in the future. You can read more about the various approaches at different Vanguard sites by visiting the websites below. Make notes in the space below.

https://www.england.nhs.uk/new-care-models/vanguards/support

https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf

National Institute for Health and Care Excellence (2013) Clinical Guideline 161 (CG161)

This Guideline looks specifically at the risks of falling in older people and how these can be assessed to enable prevention, reduce the incidence of falls and reduce the distress, pain and injury associated with them. The guidance makes recommendations based on the **multifactorial approach to assessment and any interventions**.

!

STOP AND THINK!

Based on all that you've learned so far in this unit, what factors do you think might be involved in making people more at risk of falls? It might be helpful to think of trip hazards you have encountered in the past. Make notes in the space below.

Did you think of any of the following? Whether the person:

- Lives alone
- Has any visual impairment
- Has fallen before
- Has or is at risk of developing osteoporosis
- Is afraid of falling
- Is active or not
- Has obvious hazards in their home environment.

These are just some of the factors to be taken into account when assessing for risk.

National Institute for Health and Care Excellence (2017) Quality Standard (QS86) Falls in older people 2015

This quality standard covers the prevention of falls and assessment of older people (over 65 years) following a fall. These can be people living in the community or staying in hospital.

The guidance sets out best practice based on evidence and describes what high quality care should include as well as looking at areas for improvement.

There is a total of nine statements of quality within this latest NICE Guidance on falls covering topics that focus on prevention, such as asking older people about falls at routine assessments and reviews with health and social care practitioners and offering home hazard assessments to people who have been admitted to hospital after having a fall.

The Health and Safety Executive has issued detailed guidance about health and safety in care homes. The guidance, entitled Guidance published in 2014 by the Health and Safety Executive entitled Health and Safety in Care Homes (HSG220) was designed to provide a better understanding of the health and safety risks in residential care and how to manage them.

The guidance stresses the importance of good leadership and management and a skilled, trained workforce.

The complexity of social care means that there are many areas of potential risk for the carers and those receiving the care. Care homes are not only places of work but are home for the residents, and as such they should be places where the dignity and freedom of the residents is respected, and they should be managed in a safe and effective way for everyone.

You can read more about this important guidance by following the link below:

http://www.hse.gov.uk/pUbns/priced/hsg220.pdf

The safety of equipment is key, and the guidance stresses the need for regular maintenance and inspection. Badly fitted bed rails, for example, have contributed to many accidents including falls, and the guidance covers their safe use.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessment questions.

1. Complete the table below by identifying <u>two</u> examples of legislation relating to falls and falls prevention and giving the key points for each one.

Legislation	Key points

2. Give <u>two</u> examples of current guidance relating to falls prevention.

1.

2.

Check your answers by looking back over this section.

Congratulations, you have now completed Section 4 and Unit 1. Please now go to your assessment and answer Q13 and Q14.

Scan the QR code to **unlock some essential assessment tips**.

Unit 2: The risk factors and causes of falls

Welcome to unit two.

This unit has **three** sections. These are:

Section 1: Factors that increase the likelihood of falls

Section 2: How falls may be caused by personal factors

Section 3: How falls may be caused by environmental factors

Section 1: Factors that increase the likelihood of falls

This section will explore the following:

- Factors that might contribute to an individual being vulnerable to falls
- Factors in the physical environment that can increase the risk of falls
- The importance of a multifactorial approach to falls awareness and prevention
- How unsafe practice may contribute to the risk of falls
- How risk profiles can vary among older people.

Factors that might contribute to an individual being vulnerable to falls

You've already discovered in Unit 1 that there are many factors contributing to the risk of falling in older people and looked at why that risk increases, generally speaking, with age.

Let's recap on the key factors that may mean an individual is more vulnerable to experiencing a fall.

Medical and clinical factors

There are numerous medical conditions that can cause **dizziness**, for example, which affects a person's balance and increases their vulnerability to falling.

These conditions include:

- Cardiac (heart) abnormalities
- Parkinson's disease
- Strokes
- Arthritis
- Diabetes
- Postural hypotension – this is when the person's blood pressure falls suddenly on changing position such as standing up from lying down
- Foot problems.

The use of some medications also increases risk factors. Certain medications, known as 'psychoactive' – meaning that they affect how the brain functions – tend to cause **drowsiness** or **sedation** which increase the risk of a fall. Some examples of these kind of drugs are:

- Benzodiazepines – a tranquillising drug used to help with anxiety
- Antidepressants – used to treat clinical depression and reduce feelings of sadness and worry
- Neuroleptics – powerful tranquillising drugs.

Other medications that may increase the risk of falling include:

- Cardiotonic glycosides – used for treating heart failure and certain types of irregular heart rhythms
- Medications for high blood pressure
- Medications for high blood sugar (diabetes).

Using multiple medications may also increase the risk of a fall, as there are more side effects associated with the use of multiple medications, and these effects can be more intense. Interactions between different medications can also cause side effects that contribute to a risk of falling and medications react differently as a person ages, which again can increase the risk.

In addition, people with learning disabilities have been shown to have more falls and related injuries, partly due to a lowered awareness of risk factors.

Key Fact

There are many medical conditions and medicines that place people at a higher risk of falling.

Sensory factors

Sight loss in older people is a key risk factor that increases the likelihood of falling to more than twice that of the sighted population. Hearing loss is also a key factor which can increase a person's risk of falling, when compared to someone who has their full hearing ability.

Whilst hearing loss itself does not cause problems with balance, there are disorders and problems of the inner ear and vestibular system that may result in balance impairments. Ear infections and some medications can also lead to dizziness and balance problems that may increase the chances of falling.

Activity 1: Sensory factors

Why might someone with sight loss or hearing loss be more likely to fall? Write down as many examples as you can think of below.

Check your answers at the end of this workbook.

Gradual **sight loss** or hearing loss may not be recognised by the individual. Early signs of sight loss can include difficulties reading smaller print and recognising faces, missing or overfilling cups when pouring out drinks, and misjudging steps, stairs and kerbs. The person's prescription for spectacles may not be up to date meaning that they don't see as well as they might.

Cataracts, macular degeneration and glaucoma are all eye conditions that result in the impairment or loss of sight. In hospital, patients with poor eyesight are twice as likely to fall as those with normal eyesight.

Cognitive impairment as a result of a form of dementia, such as Alzheimer's disease for example, is also a risk factor that means people are more vulnerable to falling. Cognitive impairment includes a reduced ability to make judgements, remember things and coordinate movements. Depression can also result in cognitive impairment, due to the cognitive changes that a person experiences when they are depressed, which impacts on their judgement, reasoning, memory and overall thinking.

Psychological factors

Older people may develop a fear of falling that can result in anxiety, loss of confidence and even a fear of leaving the home. In Section 2 of Unit 1, you looked more closely at this fear and its consequences in an activity where you read some newspaper reports on this subject.

The individual can become fearful of their ability to walk safely without falling. Lack of activity and social isolation can increase frailty, which further increases the risk of falling.

Older people with sight loss who are at a higher risk of falling may also experience a fear of falling. A study in 2012 found that this fear can limit activity and lead to social isolation in 40-50% of older people.

In many cases, there is a negative perception of the word 'falls' which is associated for many older people with those who are older and frailer than themselves.

Key Fact

Fear of falling is very common in older people and is often distressing. Help is available to overcome this fear.

Lifestyle factors

Changes to lifestyle as a result of ageing, such as reduced physical activity and exercise, poor nutrition, dehydration (not enough fluids in the body), and undertaking activities that pose risks such as climbing ladders can all contribute to an increased risk of falls.

Even healthy and active people can experience challenges as they age that can increase their risk of falling.

Sometimes older people are reluctant to accept advice and assistance in the form of home adaptations or devices. Many people attribute a fall to a moment of inattention or carelessness and do not accept that it may happen again.

Fear of a loss of independence and greater reliance on others, or the possible need for a move to residential care is a key reason why an older person may be reluctant to admit to falling.

> '...older people tend to dislike mention of 'falls' and find that the language doesn't resonate with them.'

Source: ***Age UK; Falls in older people: prevention Consultation on draft NICE quality standard (QS10011)***

More active older people may in fact be more at risk due to the extent and nature of their activities, such as **strenuous walking and hiking,** various forms of **exercise and sporting activities.**

The **use of alcohol** can also impact on the likelihood of falling, due to being unsteady, as can poor and ill-fitting footwear or clothing such as loose shoelaces and trailing belts.

Inappropriate or poorly maintained walking aids may be unsafe to use and contribute to a fall. People with dementia may forget to use a walking aid. These aids should always be carefully chosen for their suitability for the individual's needs.

Although there are many benefits of **owning a pet,** there can be associated hazards in terms of tripping over cats or dogs and being pulled over by a boisterous dog when out walking on the lead.

Activity 2: Falling over a pet

Follow the link below to read an amusing article about the actress Liza Minelli falling over her dog! It may be written to amuse but it makes the point clearly about the potential risk. Liza would have been in her mid-sixties when this happened in 2011.

What to do if you fall over a dog:

https://www.theguardian.com/lifeandstyle/2011/nov/22/liza-minelli

Factors in the physical environment that can increase the risk of falls

During the winter there is an increased likelihood of slipping and falling on icy and wet pavements. Wet leaves in autumn present a further risk. However, it has been shown that more falls happen indoors than outdoors.

Key Fact

In 2016, hospitals in England recorded 1,153 admissions related to falls involving ice and snow, whilst 93,287 were associated with slipping, tripping and stumbling indoors.

Many of the most serious falls happen at home. Staircases and kitchens are the most common places where accidents, including falls, occur. Banisters and stair rails can help to prevent falls on staircases.

Further Research: Falls on stairs

The largest proportion of accidents are from falls on stairs or steps, with over 60% of deaths resulting from accidents on stairs. Visit the website below and watch the helpful video to discover more about facing up to falls and what this means to people.

Source: ***Royal Society for the Prevention of Accidents (ROSPA) https://www.rospa.com/home-safety/advice/older-people/#where***

Amongst the potential hazards to be found in the home are trailing cables, loose wires and mats, carpets or rugs. Worn carpets with frayed edges can easily become a trip hazard, as can slippery floor coverings in bathrooms.

It's easy to fall into the habit of slipping into the 'comfy old slippers', but these too can present a risk of slipping or tripping if they are ill-fitting and worn out. Trousers that are too long and any item of clothing that may have a trailing cord, such as a dressing gown, can also present a trip hazard.

Cluttered home environments with low-level tables and other items of furniture are also potentially risky, especially if the level of lighting is not as good as it needs to be.

Paths around the outside of the house may have cracked, broken or loose flags, and these can quickly become hazardous, especially in the dark. Paths will also become slippery when moss and algae are present. Leaking gutters are one of the causes of moss forming on paths.

The unfamiliarity of new surroundings can pose a risk for older people who have perhaps moved into sheltered accommodation or a care home.

The importance of a multifactorial approach to falls awareness and prevention

There is no single cause for falling; in fact the causes are many and various or **'multifactorial'**. Moreover, they are often interrelated and dependent on one another, adding to or reducing the risk factors. Many conditions and circumstances could contribute to falls and most are preventable. It follows, therefore, that the way that the risk of any future falls is assessed should be equally multifactorial and look at a wide range of factors.

Taking a multifactorial approach means that several components of risk can be taken into account and should in theory lead to greater reductions in falls than dealing with individual risk factors in isolation.

Studies have shown that the many links and relationships between the various risk factors reinforces the importance of the multifactorial approach to assessment and interventions.

Several causes may be interrelated, for example a person with poor vision, in a gloomy room, tripping over a loose carpet. Here, there are three interrelated factors contributing to the fall.

A multifactorial assessment will identify a person's individual risk factors as well as the identification of any history of falls, which may include an assessment of:

- Balance and mobility
- Muscle weakness
- Visual impairments
- Cognitive impairments
- Osteoporosis risk
- Urinary incontinence
- Functional ability
- Fear of falling
- Home hazards.

The assessment may also include a cardiovascular assessment and a review of any medications in use.

Successful multifactorial interventions following assessments have been shown to include some common factors, including:

- Strength and balance training
- Home hazard assessment and intervention
- Vision assessment and referral
- Medication review with modification/withdrawal.

NICE have recommended that:

> 'Following treatment for an injurious fall, older people should be offered a multi-disciplinary assessment to identify and address future risk, and individualised intervention aimed at promoting independence and improving physical and psychological function.'

Source: ***Falls Assessment and prevention of falls in older people Issued: June 2013 NICE guidance number guidance.nice.org.uk/CG161***

Physiotherapists use the **Physiological Profile Assessment (PPA)** in falls clinics to look for possible causes of instability and falls. Targeting interventions specifically based on this assessment is known to be more effective in preventing further falls.

A Activity 3: Physiological Profile Assessment (PPA)

Read more about the PPA by following the link below.

Make notes in the space below.

www.slips-online.co.uk/forms/ppa.aspx

Occupational Therapy in falls prevention is a specialist area, and the therapists working as part of a multi-disciplinary team can make an important contribution to a multifactorial intervention, based on an assessment carried out in this way.

Read the following case study from the good practice document for occupational therapists which demonstrates how they can help restore someone's confidence after a fall.

Case Study: Ken

Ken Williams is 84 years old and describes his experience when he fell outside his home:

'I have lived alone since my wife died eight years ago. I am usually fit and well, and up until last year still enjoyed playing a few holes of golf once a week. However, over the last few months I have noticed I am less steady on my feet and certainly less agile than I was. Then I fell – I was in my drive and missed the step to the front door, falling forward onto my right knee. I cannot describe how frightening it was – there was nothing I could do to stop myself falling and once on the ground I realised I could not get up without help. Thankfully, my son-in-law was close by and helped me up, but the whole experience really shook my confidence. I had fallen heavily on my knee, so as the hours progressed, and the swelling increased I became virtually immobile.'

'Thankfully, an occupational therapist was able to visit the next day. She provided me with equipment to help me get back on my feet as I could not get on and off my chair or toilet without extreme difficulty. This immediately made a huge difference and enabled me to maintain my independence. But I soon realised that equipment, however useful, cannot restore your lost confidence. The occupational therapist supported me in gradually doing more around the house and then walking outside again – that confidence-building was so important in enabling me to resume my daily life again. I am still worried about falling but have taken the occupational therapist's advice and put contingencies in place in case I do fall and cannot get up myself.'

Source: ***Occupational therapy in the prevention and management of falls in adults Practice guideline College of Occupational Therapists; 2015***

How unsafe practice may contribute to the risk of falls

Unsafe practice in the workplace can be associated with an increased risk of falling not only for the residents in a social care setting, but also for the staff themselves.

An untidy work environment where obstacles in the form of equipment, boxes, and low-level furniture items interfere with a clear passage through doorways, corridors and rooms can easily cause trips and falls.

The legislation requires employers to ensure the health and safety of all employees and anyone who may be affected by their work as far as reasonably practicable. This includes taking steps to control fall risks such as ensuring that floors are in good condition and that people can move around safely without obstructions.

Poor moving and handling techniques with faulty equipment can result in accidents and falls that injure the person being moved and the member of staff. Faulty equipment must therefore always be reported.

Staff shortages in residential homes can lead to people not being able to get the assistance they need in a timely manner to prevent a fall.

Wrongly administered medications can make people more confused, dizzy or unstable than usual, and therefore more likely to fall.

Poor standards of cleanliness may mean spillages are left unattended which are much more likely to cause someone to slip and fall.

A

Activity 4: Factors

A recent report in the Daily Telegraph highlighted some of these factors and you can read the article below. Which of the causes relating to falls were highlighted in this report? Make notes in the space below.

http://www.telegraph.co.uk/news/2017/07/05/one-four-care-homes-unsafe-says-watchdog-experts-criticise-russian

Check your answers at the end of this workbook.

How risk profiles can vary among older people

Depending on the setting, an older person can be more or less at risk of falling. You've already seen that more active older people may in fact be more at risk due to the extent and nature of their activities, such as strenuous walking and hiking, various forms of exercise and sporting activities.

Risk factors can be **intrinsic** (relating directly to the person), or **extrinsic** (relating to the environment around the person). The **extent of exposure to risk** also has a bearing on the risk profile. This is an assessment of the type and extent of physical and environmental challenges the person chooses to embrace. All three factors are interrelated and affect one another.

Some studies have suggested that **intrinsic factors** appear to be more likely to cause falls in people over the age of 80, due partly to the fact that loss of consciousness, suggesting medical causes for a fall, is more common in this group.

Active older people living in the community

This group, although composed of generally healthy and active people, is more likely to fall outside and may therefore need to consider their highest risk areas.

Many of these adults do far more than the recommended amount of weekly activity, which is that over a week there should be moderate intensity bouts of activity adding up to 150 minutes.

The risk profile areas for this group include:

- Environmental hazards that could cause any adult to fall, e.g. slippery and uneven surfaces and floors, badly lit areas
- Inappropriate footwear and unsuitable walking aids or assistive devices.

Older people who require support to live in the community

The risk profile for this group of older people shows that they tend to experience more falls in and around the home. If the person has already experienced a fall, a home hazard assessment should be carried out to assess their safety.

This group also tends to include people who lack muscle strength, with a history of falls and/or balance problems.

Older people in a hospital setting

Hospitals, including mental health and learning disability units, are high-risk environments for older people in relation to falls.

In 2015/16, as in previous years, falls were the most commonly reported type of incident in acute and community hospitals, and were the third most commonly reported type of incident in mental health hospitals.

Older people in hospital settings are at a greater risk of falling than their counterparts in the community. The risk profile for this group includes that they may:

- Need sedation and pain relief
- Experience confusion in the unfamiliar surroundings
- Be incontinent and need to use the toilet frequently
- Walk unsteadily
- Undergo surgery that affects their mobility or memory
- Be affected by delirium which increases the risk of falling.

Residents living in a care home

In care homes, falls account for the majority of reportable injuries to residents and the rate of falls is around three times that of older people living in the community. Injury rates as a result of falling are also considerably higher, with 40% of hospital admissions from care homes being due to falls.

The risk profile for these older people includes being in unfamiliar surroundings and being distracted by noises from other residents, visitors, music and televisions. Physical inactivity and long-term medical conditions are also key aspects of the risk profile for this group.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessment questions.

1. Give <u>one</u> example of each of the factors in the table below that might contribute to an individual being vulnerable to falls.

Medical	
Psychological	
Sensory	
Lifestyle	

2. Name <u>two</u> factors in the physical environment that can increase the risk of falls.

1.

2.

3. Why is the multifactorial approach to falls awareness and prevention important?

4. How does unsafe practice contribute to the risk of falls? Give <u>one</u> example.

5. Give <u>one</u> example of the risks for each category of older people in the table below. An example has been provided for you.

Active older people living in the community	More likely to fall outside.
Older people who require support to live in the community	
Older people in a hospital setting	
Residents living in a care home	

Check your answers by looking back over this section.

Congratulations, you have now completed Section 1.
Please now go to your assessment and answer Q1 to Q5.

Scan the QR code to **unlock some essential assessment tips**.

Section 2: How falls may be caused by personal factors

This section will explore the following:

- How aspects of an individual's physical health and well-being may cause them to fall
- How specific health conditions may be associated with falls
- How medication use can be associated with falls
- How an individual's psychological well-being may contribute to a fall
- How cognitive impairment may cause an individual to fall
- How lifestyle factors could result in a fall
- How unsuitable clothing and footwear can be a cause of falls.

How aspects of an individual's physical health and well-being may cause them to fall

The overall physical health and well-being of an older person can have a significant bearing on their risk of falling.

A number of aspects of physical health are closely related with the likelihood of falling which have been referred to in Section 1 of this unit.

The risk of falls increases with age for a number of reasons, including:

- Muscle weakness, stiff joints and restricted mobility
- Visual impairments
- A history of falls
- Syncope
- Injury
- Incontinence
- Foot problems.

Getting older has been seen as a process of becoming less physically able, having less stamina, becoming more dependent on others, becoming less supple and agile, and perhaps coping with long-term conditions. But these factors are not the inevitable consequences of ageing.

Key Fact

Government statistics show that levels of well-being in the UK are high in the post retirement years (65 and over), followed by lower levels in later old age (75 and over).

Source: ***Department of Health: Health Improvement Analytical Team; Ageing Well Fact Sheet; 2014***

In today's society, however, where people are living longer, remaining in work longer, often caring for grandchildren, and generally being more active and adventurous in retirement, people are beginning to feel differently about the ageing process.

The **Centre for Better Ageing** notes however that:

> 'While many people today enjoy a good later life, this is not a universal experience. Too many people still die prematurely, experience ill health or disability for much of their later life, experience poverty or financial insecurity, feel lonely and isolated, or lack meaning and purpose in their lives. Ageing is still often seen as a problem, rather than as an opportunity for society and for individuals.'

The Centre for Better Ageing commissioned the market research company Ipsos MORI to investigate happiness in later life and identify the factors that make for a good later life and promote a sense of well-being.

Their report, **Later Life in 2015: An analysis of the views and experiences of people aged over 50**, included in its main findings that:

- Health was typically selected as being the most important factor for a good later life
- Most people believed that it was important to take individual responsibility for maintaining their physical health
- Exercise was also mentioned as a means of a staying healthy
- The positive impact that social connections can have on health was also recognised in the survey.

There is growing evidence that strategies and interventions to modify personal risk factors for disease and incapacity, even late in life, can bring significant health and well-being benefits to individuals.

Inactivity and restricted mobility

There are ways of exercising that can be adapted to people with very restricted mobility, and individuals often find that small changes make a difference. Health professionals can advise on the best ways to find the right movements to help strengthen the heart muscles and improve flexibility and mobility. This in turn, as you have seen earlier, improves confidence and the sense of well-being, all of which contributes to a reduction in risk of falling.

Key Fact

Regardless of age and physical condition, there are ways to overcome restricted mobility issues, help prevent falls and benefit from the mental and emotional rewards.

The government factsheet referred to above also recognises that:

> 'Engaging in physical activity is paramount to ageing well. Being physically active is inextricably linked to independent living and other factors such as social support, both of which are crucial aspects for well-being in older adults. Regular physical activity is also linked to improvements in immune function and resistance to illness.'

Source: ***Department of Health: Health Improvement Analytical Team; Ageing Well Fact Sheet; 2014***

Exercise also helps to improve balance, which is a vital component of preventing falls. Learning techniques to enable an individual to get up from the floor after a fall could be a life-saving skill.

There are clear links here between the benefits of **remaining active** and the **reduction of the risk of falls**. It is clear that the loss of confidence, and the anxiety, depression and potential social isolation that can result from falls is extremely detrimental to overall well-being.

Key Fact

The fact that people are all living longer presents a tremendous opportunity for everyone to enjoy healthy, active and fulfilling later lives. However, at present, many people risk missing out.

The importance of increasing exercise to prevent falls among older adults is a key public health priority worldwide.

Standard 8 in the **National Service Framework, The promotion of health and active life in older age** requires the NHS and local authorities to work in partnership with other agencies to:

> '...develop healthy communities which support older people to live lives which are as fulfilling as possible. This will include working with council services such as leisure and lifelong learning.'

Visual impairments

Impaired sight can be a major risk factor in contributing to falls. Older people can be afraid to leave their homes because they are scared of falling due to the many hazards in the outdoor environment. The poor state of pavements, for example, or tree roots resulting in broken or uneven flags make pavements a serious trip hazard.

Key Fact

Older people with a sight impairment may be less likely to be able to manage an unsafe environment as they may be unaware of hazards until it is too late. For example, as some of the respondents reported, they found it difficult to locate or were unaware of spillages and fell because of them.

Source: ***The causes of falls: views of older people with visual impairment***

R

Further Research: National Audit of Inpatient Falls (NAIF)

The National Audit of Inpatient Falls (NAIF) has produced, with partners, a new vision assessment tool to enable staff on hospital wards to assess quickly a patient's eyesight to help them avoid falling while in hospital.

You can read more about this tool, called Look Out! Bedside vision check for falls prevention, by following the link below. Make notes in the space below.

https://www.rcplondon.ac.uk/projects/outputs/bedside-vision-check-falls-prevention-assessment-tool

The correct use of spectacles can have an impact on the risk of falling. Research from the University of York showed that:

> 'When wearers of multifocal glasses were given single lens glasses, falls were significantly reduced in those who regularly took part in outside activities. However, there was a significant increase in falls outside in frailer participants.'

Source: ***https://www.york.ac.uk/crd/publications/effectiveness-matters/preventing-falls-community***

Having a history of falls

This can predispose a person to experiencing further falls due to loss of confidence and the impact of injuries caused by falling. It's important to therefore discover why the person has fallen and aim to put in place individualised plans and interventions to prevent further falls.

Syncope

This is a spontaneous loss of consciousness caused by an insufficient blood supply to the brain where the individual faints. There are many causes of syncope, some rare and some more common.

Orthostatic (postural) hypotension syncope is when the blood pressure drops when the person stands up from a sitting or lying down position, causing the person to faint.

A

Activity 5: Situational syncope

Listen to this interesting short video from Dr T. Boon Lin who describes situational syncope – that is the situations in which this might occur. You will hear that some of these situations are readily applicable to older people.

After viewing this video can you identify the situations most applicable to older people? Make notes in the space below.

https://youtu.be/ynrgx2Vd0KA

R Further Research: Syncope

More information can be found about syncope by visiting the website below. Use the space below to make notes.

http://www.heartrhythmalliance.org/stars/uk

Injury

Previous injuries can mean that the person has difficulty with daily activities and restricted movements which in turn can increase the chances of awkward movements leading to a fall.

Incontinence

An older person who is focused on the urgent need to reach the toilet may not be as careful of any environmental hazards and any problems they may have with walking. In their haste to reach the toilet in time the risk of a fall may be increased.

Foot problems

Feet can change shape and lose some flexibility as people age. This can also change the way older people walk and affect balance. Painful or swollen feet can make it difficult to walk in comfort and safely.

How specific health conditions may be associated with falls

There are many health conditions that can be associated with falls and the risk is also linked to the medications that are likely to be used for these conditions. This will be looked at in the next section.

Neurological conditions

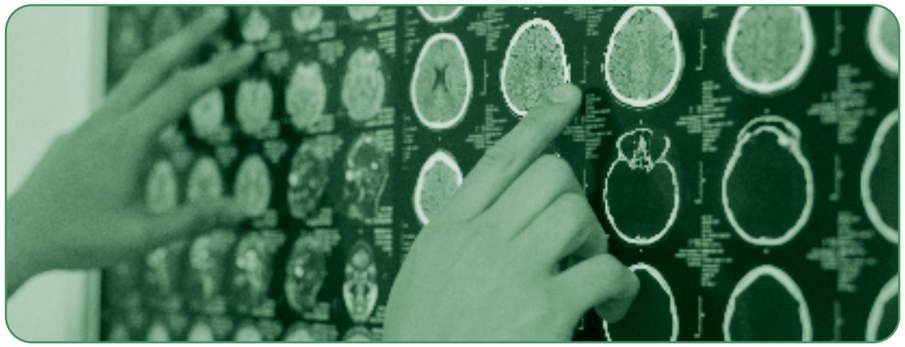
This category of conditions includes Parkinson's disease, strokes, dementia, and epilepsy.

Parkinson's disease
Loss of balance and falling affects many people with Parkinson's disease and the problems tend to increase over time. People with this condition tend to take steps that are too small, or do not swing their arms when they walk which aids balance. Some people experience a feeling of 'freezing' while they are moving lasting for a few seconds or minutes when they feel as if their feet are stuck to the floor. This can increase the risk of falling over.

Strokes
Strokes affect people in different ways and happen when the blood supply to part of the brain is cut off and brain cells are damaged or die. A person experiencing a stroke may become weak, numb or paralysed down one side of the body, and may lose their sight or experience blurred vision. They may also become unsteady and confused.

Dementia
Individuals with dementia are at a higher risk of falling as they could be experiencing memory loss, confusion and difficulty remembering certain things about potential dangerous situations. If individuals are taking medication to try and calm them down or help them sleep, they may also experience side effects such as drowsiness and dizziness, which could lead to a fall.

Epilepsy
The seizures experienced by people with epilepsy may be brief or last several minutes. The person may lose awareness of what's happening around them or lose consciousness and then fall.



Arthritis

This often painful condition may reduce the willingness or ability of people to exercise, although being active can help to reduce the pain and discomfort. Regular exercise of the right kind will also increase muscle strength, improve mobility and reduce stiffness, all of which could make a person less likely to experience a fall.

Diabetes

Diabetes can result in the complication of nerve damage known as neuropathy. This causes loss of sensation, numbness and pain in the feet and legs, which in turn can lead to slower walking or poor balance when walking on uneven surfaces.

Diabetic retinopathy is another complication that causes visual impairment, and again increases the risk of falling as a result.

People with diabetes can also develop inflammation of their joints that can lead to instability when walking.

Foot disorders

As well as those foot problems associated with diabetes as described above, other types of foot problem can stop people from getting out and remaining active and affect balance. Bunions, ingrown toenails and general foot pain can all cause problems with gait and balance.

Osteoporosis

People with osteoporosis may experience changes in balance and physical performance which may increase the risk of falling.

Postural hypotension

Also known as orthostatic hypotension, this is a drop in blood pressure when the person gets up from a lying down or sitting position. It can be caused by dehydration, the ageing of the circulatory system, some medications and other conditions such as Parkinson's disease and heart conditions.

Infections

A study carried out at the Massachusetts General Hospital in America found that infections can cause low blood pressure and dizziness, contributing to falls.

A

Activity 6: Infection and falls

In October 2015 the Telegraph printed an article in its health news section about this research

You can read the article by following the link below. Make notes in the space below.

http://www.telegraph.co.uk/news/health/news/11922406/Elderly-falls-may-be-caused-by-infections-not-mental-decline.html

Bladder and bowel conditions

People who have a bladder or bowel condition that means they need to rush to the toilet more frequently than usual, perhaps during the night, could be at an increased risk of falling. This is even more likely if the person is already unsteady or prone to dizziness for another reason.

How medication use can be associated with falls

Medications, and in particular when a number of medications are being used at the same time, pose an important falls risk factor for older people in community and care settings, as well as those in hospital.

Falls can be caused by medicines that act on the brain or on the circulation. This may be a result of drowsiness, sedation, the slowing of reaction times and impaired balance.

A drug that reduces blood pressure or slows the heart rate down can contribute to or cause a fall as the person may feel faint or lose consciousness. Older adults can easily experience a drop in blood pressure when they stand up.

You looked in Section 1 at psychoactive drugs which are drugs that affect the brain function. These can worsen confusion, especially in people with dementia.

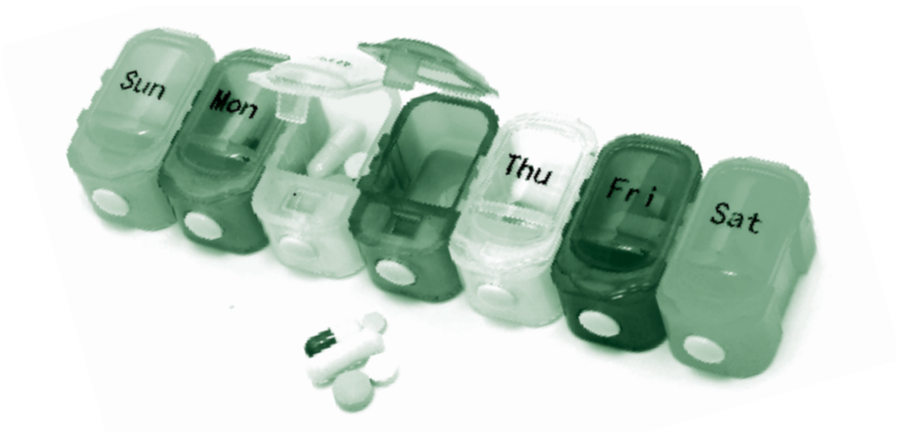
For people with diabetes, the medications that lower blood sugar can have a side effect of causing balance problems.

Antihistamines and drugs used for urinary incontinence can cause visual impairments and blurred vision, making the person more likely to stumble or fall.

It's important therefore to review medication where a person is taking the types of drugs that are known to contribute to falls.

Key Fact

Taking four or more medicines at the same time significantly increases the risk of falling.



How an individual's psychological well-being may contribute to a fall

> 'Man does not cease to play because he grows old. Man grows old because he ceases to play.'
>
> – George Bernard Shaw

The above quote illustrates very well the benefits of remaining active and socially connected as a key part of a healthy later life.

Falls have an impact on the mental (psychological) and physical health of the individual, and there is an increased prevalence of the fear of falling amongst older people who have fallen and those who have not.

Worrying about falling and a fear of falling can result in the person avoiding activities and becoming less mobile as well as more socially isolated. They are less likely therefore to take part in the all-important regular exercises or activities of one form or another which maintain strength, balance and mobility helping them to avoid falls.

Psychological well-being has an important role to play in the self-management of chronic disease and managing risk.

Research has shown that psychological well-being is associated with the person taking better care of themselves in terms of, for example, having regular eye tests and wearing the correct spectacles, taking part in regular exercise, adapting to new environments, and seeking help when needed.

Good psychological well-being is also associated with stronger social networks that in turn enable and encourage active lifestyles. Social activity is good for health and well-being and can help to improve quality of life.

Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income.

The extracts on the next page from Marjorie and Harold's story in the report entitled **Good Days & Bad Days** produced by the Young Foundation helps to demonstrate the psychological impact of no longer being able to participate in social activities.

C Case Study: Marjorie and Harold

Marjorie and Harold had very active social lives when they first retired.

'When we retired we always thought we would have all the time in the world – but we didn't.' They used to go dancing two or three nights a week. They loved walking in the countryside. 'We have walked every inch of Exmoor. We loved the outdoors, but not anymore.'

Harold has had three or four bad falls. They can't remember the exact number. On one occasion Marjorie was helping him off the commode – she has to at night when there is nobody else, as they can't afford full-time night care – Harold collapsed and was unconscious for 15 minutes. It took the paramedics 20 minutes to arrive.

'Sometimes the boredom is incredible,' Marjorie explains. Some of her lady friends who are still mobile 'pop into say hello and have a chat', but it is not the same for Harold. 'Men have a different attitude to this sort of thing.'

Source: ***Good days & Bad Days; Stories of ageing in the community; The Young Foundation; 2011***

Marjorie is telling the researcher here how the changes in her lifestyle have affected her well-being and it is easy to see that this may lead to feelings of low mood or isolation, affecting her mental health too.

In the extract below from the report Good Days & Bad Days, the researcher tells us how vulnerability can lead to fragile situations placing people's physical and mental well-being in jeopardy.

> 'Many peoples' situations were fragile. If a family member moved away, if a spouse could no longer drive or if mobility was suddenly restricted, people's situation and needs could change drastically. Older people who relied on their partners, who were often elderly and frail themselves, were particularly at risk. Many of these spouse-carers prioritised the needs of their loved one over their own, and risked neglecting their own health problems.'

Source: ***Good days & Bad Days; Stories of ageing in the community; The Young Foundation; 2011***

How cognitive impairment may cause an individual to fall

As you learned in Section 1, cognitive impairment affects the person's ability to make judgements, plan ahead and respond to any given situation. Cognitive function is what enables a person to manage their behaviours and reactions.

When cognitive function is impaired or reduced, in conditions such as dementia for example, awareness of the environment may be reduced and the ability to anticipate hazards is therefore reduced. The person's reaction time to hazards may be slower and they are unable to prevent themselves from falling as a result. Speed of processing information and slow reaction times are associated with a risk of falling.

In the normal cognitive ageing process there is a slowing of the processing of information and slower reaction times together with a reduction in memory capacity.

R Further Research: Depression and falls

Several studies have shown that depression links to falls and the severity of the depression is also linked to the rate of falls.

Find out more about how depression can be linked to falls by reading the article entitled 'The Complex Interplay of Depression and Falls in Older Adults: A Clinical Review', by following the link below. Make notes in the space below.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4880473

Psychological well-being and cognitive functioning are linked

Key Fact

Psychological well-being and cognitive function predict falling independent of demographic, medical conditions, psychotropic medication, balance, vision, grip strength – overall contribution to risk is similar as that of individual medical conditions.

Source: ***Psychological factors that influence fall risk: implications for prevention Kaarin J. Anstey Professor & Director, Ageing Research Unit, Centre for Mental Health Research***

Although it is established that cognitive impairment such as dementia or Parkinson's disease almost doubles the risk for falling, the reasons for this have not yet been fully explained and researchers report that the studies in this subject area have not been looked at more closely to understand the connections better.

> 'Although cognitive impairment has just been identified as a fall risk factor in clinical guidelines, there are very limited studies in the literature. Furthermore, there is still lack of evidence for the effect of impairment level on falls and fall risks. No previous studies have compared cognitive performance level that are associated with fall risk between older adults without cognitive impairment and those with mild or severe impairment.'

Source: ***The comparison of different level of cognitive impairment on falls and fall risks in community dwelling older adults; G. İyigün; F. Can; B. Kırmızıgil; E. Angın; S. Öksüz; M. Malkoç***

The recent study **Reducing Fall Risk with Combined Motor and Cognitive Training in Elderly Fallers** reported that a combination of cognitive training in executive functions may, when combined with gait and balance training, maximise the effects of both these interventions.

Executive functions are the cognitive skills that enable us to use reasoning and solve problems in new or changing situations. Researchers noted in their report, however, that the mechanisms for this effect remain unclear and more research is needed.

Activity 7: Executive functions

Follow the link below to find out more about executive functions and the steps people can take at home to improve them. Make notes in the space below.

https://blog.cognifit.com/exercises-to-improve-executive-function

How lifestyle factors could result in a fall

Nutrition and hydration

The effects of malnutrition on the older person are severe. There can be many reasons for poor nutrition, including:

- Isolation and loneliness
- Food poverty (the inability to obtain an adequate and healthy diet)
- Poor appetite
- Lack of activity and stimulation
- A range of illnesses and health conditions.

Poor nutrition in older people is a determining factor in the risk of falling, the severity of any injuries sustained in a fall, and the speed of recovery. As you might expect, if someone is not eating a good balanced diet they will lack essential vitamins and minerals that help them to stay healthy and maintain muscular strength and mobility.

A study in 2004 found, for example, that vitamin D levels were important in reducing the risk of falls among older people in care settings.

Other vitamins, such as A, C and E are needed for visual perception, and if a person is deficient in these vitamins this may cause sight impairments which can lead to confusion, disorientation and balance problems.

The Parliamentary and Health Service Ombudsman for England, Ann Abraham, found a lack of access to fresh drinking water and inadequate help with eating in half of cases during her investigations into care of older people in hospitals in 2011.

Alcohol and substance use

Alcohol may cause a number of problems that predispose a person to falling. Alcohol affects people more as they get older. Tolerance to alcohol is significantly lowered for an older person, so it is possible that the same amount of alcohol can have a more detrimental effect than it would on a younger person.

Falls are a major cause of morbidity and mortality in drinkers of all ages but there are additional problems for older people.

Despite lower levels of alcohol consumption, more older people are admitted to hospital with an alcohol-related condition than younger age groups.

Similarly, alcohol-related death rates amongst older people are higher than other age groups.

R

Further Research: Excess drinking

There is evidence that older people today are drinking more, and this is giving rise to concerns in the NHS. Read the newspaper article by following the link below for more information about this area of concern. Make notes in the space below.

https://www.theguardian.com/society/2016/jan/02/nhs-timebomb-over-65s-excess-drinking-dementia-liver-disease

Drinking too much alcohol when taking certain medications can make people unsteady on their feet, slow down their reactions and make them more at risk of falling. As bodies age they become less able to process alcohol and therefore more sensitive to its effects.

Alcohol also decreases the body's ability to absorb calcium which is needed to maintain strong healthy bones. This affects the impact of falls as they may result in more fractures and broken bones.

Problems may only come to light when someone has been admitted to hospital after a fall, as the person may be unwilling to recognise the amounts they are drinking and/or be very good at hiding it.

A

Activity 8: FAST audit tool

The FAST audit tool was developed by clinicians as a quick tool to assess the levels of alcohol consumption. Have a look at this short questionnaire on Alcohol Concern's website and take the test yourself if you wish. Make notes in the space below.

https://www.alcoholconcern.org.uk/alcohol-audit

Substance misuse

The UK 2017 Drug Strategy notes that:

'The proportion of older people reporting substance misuse issues is increasing. This may be because people who started using drugs when they were younger either continue to misuse drugs and alcohol and experience more problems as they age or perhaps return to their misuse because of the challenges of ageing, including pain, loneliness, or depression.'

People in their 60s are accessing treatment services and they may have additional needs associated with long-term health conditions that further increase their risk of falls.

The Advisory Council for the Misuse of Drugs (ACMD) is currently looking at the evidence that exists around ageing drug users, although this only applies to those over the age of 45 years.

How unsuitable clothing and footwear can be a cause of falls

Some footwear increases the risk of tripping and falling by affecting the individual's balance and making it difficult to judge how slippery the floor is.

There may also be a combination of foot problems as discussed earlier, and unsafe footwear, for example, worn soles that slip easily in wet weather.

The style of footwear is important. High heels for example, that have less contact with the ground or have a poor grip can upset balance.

Slip on shoes such as flip flops and sling backs can be hazardous as can loose, ill-fitting, worn and backless slippers. The latter area is a common cause of tripping and falling.

Walking around in socks or tights can be a cause of slipping and falling, especially on slippery floors.

Loose fitting and/or trailing clothes can also cause a person to trip or stumble leading to a fall. Loose belts for example, may trail on the floor and catch on items of furniture.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessment questions.

1. Complete the table below giving <u>two</u> more examples of aspects of an individual's physical health and well-being and any related medical conditions that can influence falls. The first one has been competed for you as an example.

Personal factor	Related condition
Foot problems	Diabetes

2. Name <u>two</u> lifestyle factors that could result in a fall.

1.

2.

3. We can tolerate alcohol better as we get older.

True ○ **False** ○

4. Name <u>two</u> items of unsuitable clothing and footwear that may increase the risk of falling.

1.

2.

Check your answers by looking back over this section.

Congratulations, you have now completed Section 2.
Please now go to your assessment and answer Q6 to Q12.

Scan the QR code to **unlock some essential assessment tips**.

Section 3: How falls may be caused by environmental factors

This section will explore the following:

- How aspects of different physical environments can cause falls
- Situations or activities that may cause an individual to fall.

How aspects of different physical environments can cause falls

A range of potential hazards in different physical environments may contribute to causing falls.

Home hazards

Most homes have several potential hazards both indoors and outside. However, the hazard alone is only part of the story – the ability of the individual to cope with the hazard and any subsequent fall is just as important.

Reducing hazards in the home may be more helpful for older people who have limited mobility and a history of falling.

Many slips, trip and falls in and around the home could be avoided by taking sensible precautions.

Advice from **NHS Choices** includes the following tips for making the home safer:

- Immediately mopping up spillages
- Removing clutter, trailing wires and frayed carpet
- Using non-slip mats and rugs
- Using high-wattage light bulbs in lamps and torches, so you can see clearly
- Organising your home so that climbing, stretching and bending are kept to a minimum, and to avoid bumping into things
- Getting help to do things that you're unable to do safely on your own.

A

Activity 9: Home Safety Checker

Follow the link below to look at Age UK's booklet on home safety. On pages 12 and 20 you can read the advice given for people to carry out a simple check of their own home, both inside and outside. Make notes in the space below.

https://www.ageuk.org.uk/globalassets/age-uk/documents/information-guides/ageukil7_home_safety_checker_inf.pdf

Sport and leisure activities

It has been suggested that more active older people who take more risks within their leisure activities or perhaps behave more impulsively are at greater risk of falling.

The risk of falling needs to be balanced against the benefits to both physical and mental well-being of participating in a range of activities.

When taking up a new activity, sensible precautions should be taken to lower the risk of falling. If someone takes up cycling for the first time for example, it's sensible to practise in a quiet area such as a park. The rider needs to feel comfortable looking over both shoulders to improve visual awareness.

A Activity 10: Staying active over 60

Watch this short video produced for the NHS about exercise and the older person.

https://www.nhs.uk/Video/Pages/Stayingactiveover60.aspx

Care homes

Falls in care homes are often due to more than one risk factor being present. Care home staff can recognise and remove many of the risk factors in the environment around the resident by, for example:

- Ensuring that floors are clean and dry
- Ensuring there is good lighting
- Clearing away any clutter
- Having chairs and beds at the correct height
- Ensuring brakes on beds are locked
- Reporting unsafe or faulty equipment
- Checking that residents are wearing safe, well-fitting footwear.

Adequate staffing levels are also necessary to ensure there is always someone available to help those who need assistance with walking, getting in and out of chairs and using the toilet. Staff should also be trained in falls prevention to increase their knowledge and awareness.

Situations or activities that may cause an individual to fall

Indoor environments

A **change of the environment** can be the cause of a fall. For example, an older person waking up in the middle of the night in an unfamiliar place, perhaps needing to visit the bathroom, might be unsure where they are, and feel confused and disorientated causing them to fall.

For this reason, NICE have recommended in their 2013 quality standard that all aspects of the patient environment in hospital that could affect a patient's risk of falling should be systematically identified and addressed. This includes flooring, lighting, furniture and fittings such as hand rails.

The bedside vision checking assessment tool, ***Look out!*** discussed in Section 2 is also a useful tool to help prevent falls in hospital.

Moving furniture around, leaving clutter in passages, furniture that's become unstable or is broken, and pets lying in unexpected places can all constitute falls hazards in the home environment.

Climbing on furniture, stools and ladders in and around the home is a fairly common cause of accidents and falls, especially if these are unsteady, old or badly maintained.

Outdoor environments

Falling in **slippery conditions** during wet and icy weather is common and is something that many older people worry about.

Key Fact

The Royal Society for the Prevention of Accidents (ROSPA) states there were 7,031 admissions to hospital in 2012/13 as a result of people of all ages falling over on snow or ice.

Caroline Adams, a director of Age UK has said that:

> 'The charity's research shows that over two million older people (19%) worry about not being able to get out as much over winter because of poor weather conditions and shorter, darker days.'

A report from the **Young Foundation** entitled, Good Days & Bad Days, tells the stories of older people living in the community and who have high levels of use of health services. The Young Foundation explores the lives of people whose voices are less often heard in society.

In the extract below, the researcher is telling us about Margaret and John who have many health problems and find getting around difficult now.

Margaret describes her experience of falling on the bus as 'terrifying'. When she fell, she broke her glasses and couldn't see. She also injured her knee very badly and had to have major surgery and parts of her knee replaced. She needs a walking aid and only really feels comfortable walking about indoors at home now.'

Before her fall, she says: 'I was a gadder – never stood still, but that's all changed now.'

Travelling around London on public transport has also become very difficult. They find moving about in public areas and streets very difficult and stressful. They are often fearful they will be run over, saying 'You have to take care or you will be trampled on.'

Source: ***Good Days & Bad Days; Stories of ageing in the community Carmel O'Sullivan, Diana Gerald, Will Norman & Jacques Mizan***

Sporting, social and leisure activities carry a risk of falling to everyone who takes part but perhaps more so for the active older person.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessment questions.

1. What is meant by environmental factors in relation to falls?

1.

2.

2. Identify a potential hazard in each of the physical environments in the table below.

Physical environment	Hazard
Care home	
A person's own house	
Sporting and leisure activities	

Check your answers by looking back over this section.

Congratulations, you have now completed Section 3 and Unit 2. Please now go to your assessment and answer Q13 to Q14.

Scan the QR code to **unlock some essential assessment tips**.

Answers to activities Unit 2

Activity 1: Sensory factors

These are just some examples:

- Spectacles or hearing aids may be old or not cleaned very well
- They might not see steps and uneven surfaces
- They might not hear hazards around them or noises that could warn them of a dangerous situation
- They may not see the edges of things clearly
- They may not hear people telling them to be careful or to 'watch that step'
- Lighting in the house may be poor
- They may be less confident in moving around
- Their environment has changed, and they may not be used to it
- The sight loss or hearing loss may be part of another condition or illness, making them more at risk
- The loss of hearing may be due to an underlying condition such as an ear infection that could cause dizziness and make the person more likely to fall.

Activity 4: Factors

These are just some examples:

- Lack of cleaning
- Poor leadership
- Dangerous levels of medication.

Learning Outcomes Unit 1

1 Understand falls within a health and social care context

1.1 Describe what is meant by a fall

1.2 State current national statistics relating to falls and older people

1.3 Give reasons why the risk of falling and bone fractures increases with age

1.4 Explain why falls should not be viewed as an inevitable consequence of ageing

1.5 Explain how falls are a concern in different settings.

2 Understand the impact and consequences of falls

2.1 Give examples of fall-related injuries

2.2 Describe how falls can have a disabling effect on individuals' well-being, including:

- Physical
- Psychological
- Social

2.3 Describe the financial costs of falls and bone fractures

2.4 Describe the potential impact of falls on health and social care service providers.

3 Understand the benefits of falls awareness and prevention

3.1 Describe the benefits of falls awareness and prevention programmes for:

- Individuals
- Health and social care service providers

3.2 Identify ways to raise awareness of the risks and consequences of falls

3.3 Outline the responsibilities of health and social care service providers in reducing the incidence and impact of falls.

4 Understand the legislation and guidance relating to falls and falls prevention

4.1 Outline the key points of current legislation relating to falls and falls prevention, including:

- Safeguarding and duty of care
- Health and safety
- Moving and handling

4.2 Outline current guidance relating to falls prevention.

Learning Outcomes Unit 2

1 Know the factors that increase the likelihood of falls

1.1 List factors that might contribute to an individual being vulnerable to falls, including:

- Medical/clinical
- Sensory
- Psychological
- Lifestyle

1.2 List factors in the physical environment that can increase the risk of falls

1.3 Explain the importance of a multifactorial approach to falls awareness and prevention

1.4 Describe how unsafe practice may contribute to the risk of falls

1.5 Explain how risk profiles can vary among older people.

2 Understand how falls may be caused by personal factors

2.1 Describe how aspects of an individual's physical health and well-being may cause them to fall

2.2 Explain how specific health conditions may be associated with falls

2.3 Outline how medication use can be associated with falls

2.4 Outline how an individual's psychological well-being may contribute to a fall

2.5 Explain how cognitive impairment may cause an individual to fall

2.6 Describe how lifestyle factors could result in a fall

2.7 Describe how unsuitable clothing and footwear can be a cause of falls.

3 Understand how falls may be caused by environmental factors

3.1 Give examples of how aspects of different physical environments can cause falls

3.2 Give examples of situations or activities that may cause an individual to fall.

Page left intentionally blank for additional notes

Upon successful completion of this qualification, learners will be awarded one of the following*:

NCFE CACHE Level 2 Certificate in Falls Prevention Awareness (603/2552/5)

TQUK Level 2 Certificate in Falls Prevention Awareness (RQF) (603/3201/3)

*Valid at the time of print

The Skills Network Ltd.
T: 0845 1770047 / 01757 210 522
www.theskillsnetwork.com

the skills network

Level 2 Certificate in **Falls Prevention Awareness**

Falls, and injuries from falls, can affect a person's confidence, impact on their mental health and quality of life, and prevent a person from living independently. It is crucial that those working in the health and social care sector are aware of how to prevent falls and how to take care of someone who has experienced a fall. This course will equip learners with a detailed understanding of the impact and consequences of a fall, the risks and hazards that could result in a fall, and how to prevent or reduce the risk of falls.

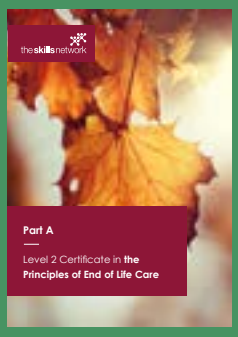
Part A: **Unit 1:** Falls in context

Unit 2: The risk factors and causes of falls

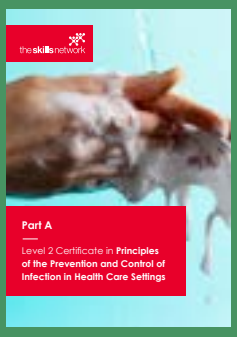
Part B: **Unit 3:** Falls assessment and prevention

Unit 4: Managing falls

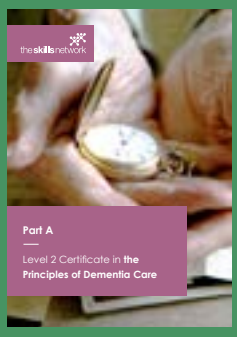
Other titles available in this area:



Level 2 Certificate in the Principles of End of Life Care



Level 2 Certificate in Principles of the Prevention and Control of Infection in Health Care Settings



Level 2 Certificate in the Principles of Dementia Care

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