ENHANCED HEALTH IN CARE HOMES

WORKING TOGETHER TO IMPROVE QUALITY

Falls Prevention

Learning Outcomes

- Identify potential causes for falling in a care home environment
- Understand the risk factors
- Improved awareness of the implications of falling

Falls - Why bother?

Intervention reduces falls and fractures

First indication of undetected illness that is easy to treat.

Because we care!!!

Mum, Dad, grandma…..

All of us

Care Providers and Falls

Our role is to protect this group of vulnerable people by identifying the risk factors associated with falls and ensuring measures are taken to reduce those risks to prevent the fall or reduce the nature of any injury as a result of the fall.

Incidence of Falls

- Each year
- 1 in 3 people over 65
- 1 in 2 people over 80 are likely to experience a fall

50% of people over 80 who live at home or in care

- Achieving zero falls is not realistic

(National Patient safety Agency 2007)

Managing Falls ***is*** realistic

Drivers and policies

NICE have produced several documents in relation to falls and bone health.

- NICE Guidance – Falls in Older People - Quality standard [QS86] Published date: March 2015 Last updated: January 2017 https://www.nice.org.uk/guidance/qs86

- NICE Guidance - Falls in older people: assessing risk and prevention - Clinical guideline [CG161] Published date: June 2013 https://www.nice.org.uk/guidance/cg161

- NICE Guidance - Hip Fracture: management Clinical guideline [CG124] Published date: June 2011 Last updated: March 2014 https://www.nice.org.uk/guidance/cg124

Human Cost

- Distress
- Pain
- Injury
- Loss of confidence
- Fear of falling
- Loss of independence
- Family and Carer
- 1 in 3 people with hip # die within a year

Financial cost

Falls have been a serious and growing problem for a long time. Falls and injuries result in huge costs to health and social care although they are a preventable health issue.

(Public Health England 2015)

Falls estimated to cost NHS 2.6 billion pounds a year and Falls and Fractures in the over 65's account for 4 Million hospital bed days in England (NICE 2015)

https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-app

Categories

- Environmental reasons
- Non environmental reasons
- Behavioural reasons

Falls are Multifactorial

FALLS

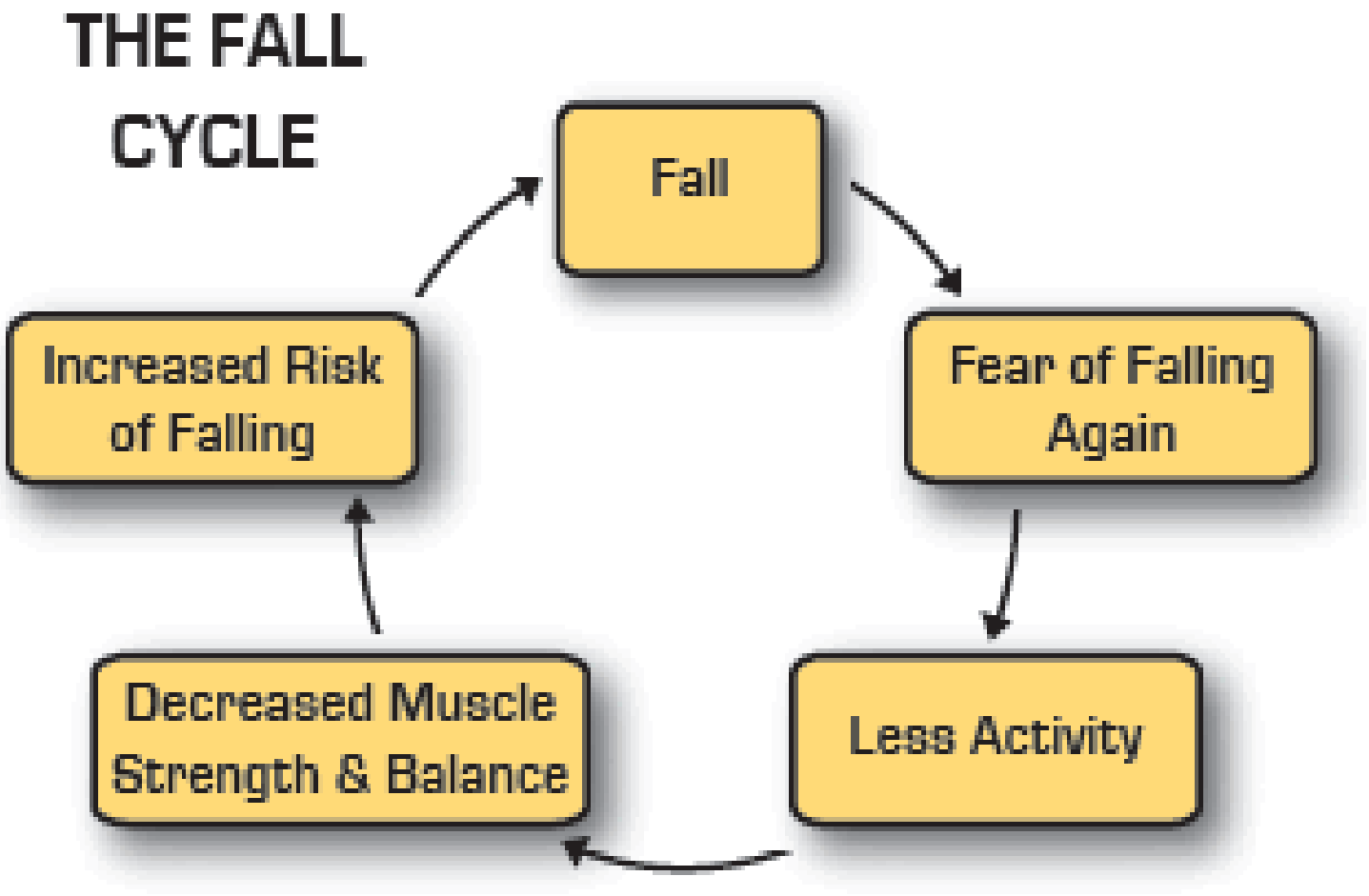
- Fear of falling & functional ability
- Cognitive impairment
- Continence
- Impaired vision & hearing
- Cardiovascular
- Bone Health
- Medications
- Footwear
- Strength & Balance
- Environment

Many causes of falls

- Poor vision
- Diabetes
- Alcohol
- Postural Hypotension
- Poor mobility
- Loose Rugs
- Pets
- Ice
- Lack of supervision
- Unfamiliar environment
- Polypharmacy
- Lack of activity
- Stroke
- Parkinson's Disease
- Cold weather
- Poor nutrition
- Dehydration
- Clutter
- Poor housing
- Urinary / Chest Infection

Too many to mention!!!!

With over 400 known risk factors - Where do you start???



Screening

Falls Risk Assessment Tools

Multi-professional

Trigger Tool to identify clients ‘at risk’ or as a result of a fall

Remember it is a tool!!

Do we need to screen for falls in Care Homes?

Definition of a fall: A fall is defined as an unintentional/unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level. (NICE January 2014)

Notes for users:

1. Complete the assessment tool below
2. If answers to Q1 **or** Q2 is YES and person is over 65 years old refer for Multifactorial Falls assessment (MFA)
3. If the answer is YES to 3 or more of the remaining questions please refer for MFA

Question		Yes	No
1	Is there a history of any fall in the previous 12 months? **How assessed**? Ask the person and carer.		
2	Does the person report any problems with dizziness? **How assessed?** Ask the person and carer if they have had any funny turns, dizziness or blackouts in the past 12 months?		
3	Has the person been diagnosed with a neurological condition e.g. stroke or Parkinson's? **How assessed?** Ask the person and carer.		
4	Does the person report any problems with their balance? **How assessed?** Ask the patient and/or carer.		
5	Is the person on four or more medications per day? **How assessed?** Identify the number of prescribed and over the counter (OTC) medications.		
6	Is the person **unable** to get up from a chair of knee height without using their arms? **How assessed?** Ask the person to stand up from a chair of knee height without using their arms.		

MFFA required?	YES	NO

Multifactorial interventions

- Identify those people at risk of falling
- Conduct a multifactorial falls risk assessment
- Individualised & not in isolation
- Act and intervene on findings
- Cognitive impairment assessment and neurological examination
- Visual assessment
- Medication review
- Home and room hazards
- Encourage activities to maintain or improve strength & balance
- Bone sparing medication e.g Vitamin D3 combined with Calcium

STEADY

Slippers, feet and footwear

Tablets and medication

Environment and Lighting

Activity and Exercise

Do you fall? & have a Falls plan?

Your eyesight ,vision & hearing

STEADY

- **S**lippers, feet and footwear
- Footwear and foot care are very important
- Wearing correct footwear is one of the easiest ways to reduce your risk of falling
- Falls can be related to your feet, things which can affect your balance and lead to falls are:
- Inappropriate Footwear
- Painful feet
- General Health
- Foot deformities

Shoes too big

- The foot steps out of the shoe
- The foot has to work harder
- An increased likelihood of falls

Painful Feet

- Can be caused by corns, callouses and nail deformities.
- ill fitting shoes, old worn out shoes, high heels
- Moisturize
- Sloppy slippers
- Measure feet

Heeled shoes

- Heels should be no more than 1 inch high as all the weight is thrown forward on to the front part of the foot which cramps the toes
- Shock absorbency is affected, excessive strain is placed on the joints and ligaments

Tapered toes

- Toes are squeezed together
- Corns can form between the toes
- Deformity can occur over a long period of time
- This style of shoe is often found in combination with high heels

Shoe fastenings

- This shoe is not held on the foot and the toes will need to claw to keep the shoe on the foot
- The foot is having to work harder to keep the shoe on the foot.

- The sole is hard, no shock absorbency within the shoe.
- No heel cup, not held on the foot, again foot has to work harder to keep the shoe in place

STEADY

- **T** is for tablets and medicines

Tablets and other medicines can have side effects which may increase residents' risks of falling.

Medication - Common problems

- The more medication people take the higher the risks of interactions and combined adverse effects e.g. drowsiness that can adversely affect falls risk.

- People who have had a recent change to their medication (including additional medications or any alterations in the dose) may be at risk of falling either due to interaction with other medication or due to potential side effects.
- Sleeping tablets are known to increase the risk of falling (one study cut night sedation by half and had a dramatic decrease in falls).

Medications

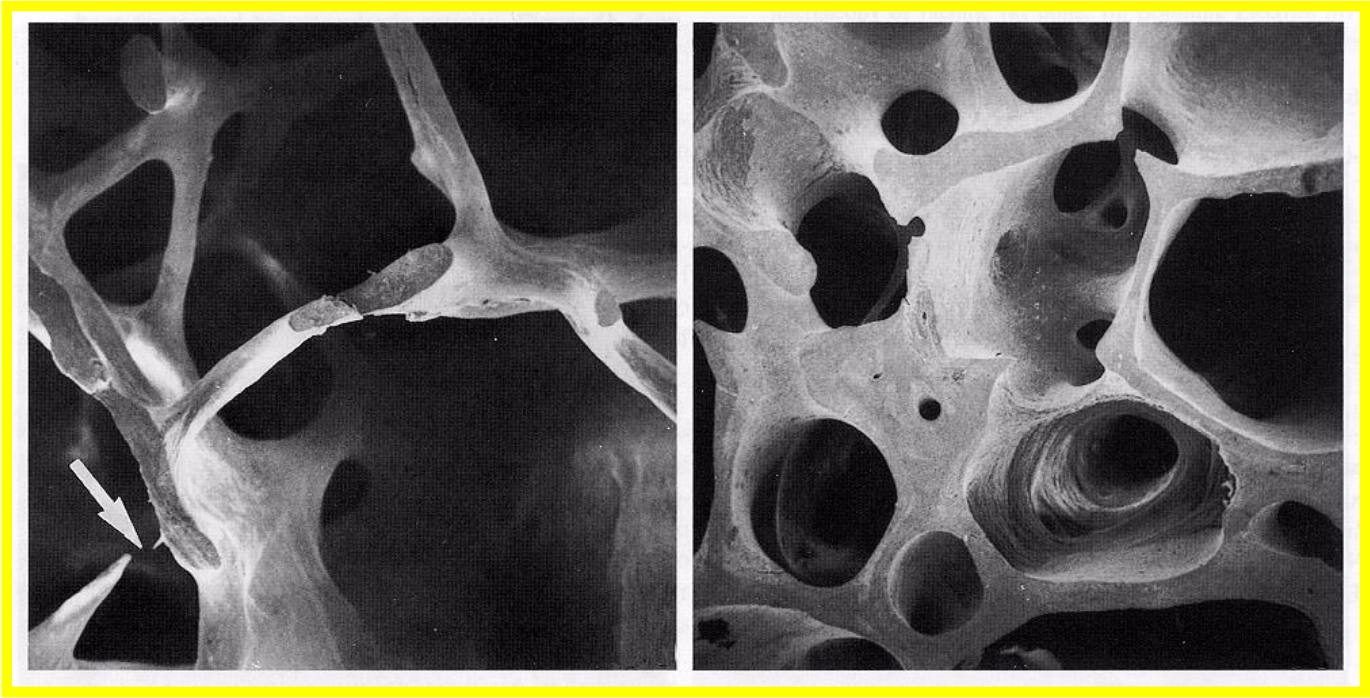
Medicines that may increase the risk of having a fall include those for:

- Anxiety or insomnia
- Depression or mental illness
- Pain
- Diabetes
- High blood pressure/heart conditions e.g. antihypertensive and diuretics
- Parkinson's Disease
- Epilepsy
- All drugs can have adverse effects as well as beneficial ones.

Preventing broken bones

- Adequate intake of calcium and vitamin D (through diet, supplements or prescribed)
- Appropriate weight bearing exercises and activities for strength and balance
- Hip protectors for those at high very risk of falls and fractures following assessments.

Osteoporotic Bone Loss



Osteoporosis **Normal**

https://nos.org.uk/media/1622/all-about-osteoporosis-august-2016.pdf

https://nos.org.uk/media/1617/have-you-broken-a-bone-2016.pdf

Dempster, DW et al. J Bone Min Res 1986; 1:15–21.

STEADY

- **E** is for environment and lighting

Older peoples' environment and lighting can greatly affect safety

Spot the Step!!

STEADY

A is for activity & exercise

Other effective activity/exercise opportunities:

- Exercising in supervised groups or individually prescribed programmes in the home
- Older people should be encouraged to get up and out of the chair at frequent intervals
- Where possible and practical continue to use the stairs regularly
- If resident is not willing to engage or participate in structured activity, encouraging some daily living activities such as vacuuming and dusting can be beneficial in maintaining mobility.

REMEMBER: Dizziness should be investigated by the Doctor or Nurse to eliminate raised blood pressure or other medical causes

STEADY

Activity & exercise

- Keeping active and moving around are important to maintain muscle strength and balance. Sit to stand as often as possible.
- Do they lack exercise/general activity?
- Do their legs feel weak?
- Do they feel dizzy?
- Does the older person over-balance when reaching up or down?
- Physical activity is a key factor in the prevention of falls and fractures
- Exercise programmes containing 2 or more of the following components: strength, balance, flexibility, endurance training have been shown to be effective

Mobility and Balance

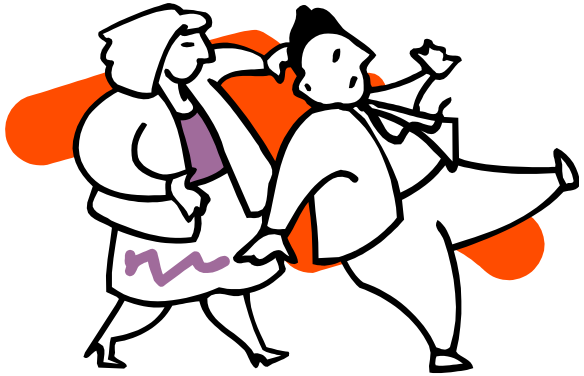
- Refer to Physio and Occupational therapy if appropriate for assessment
- Handrails, toilet frames
- Walking aid
- Check ears for wax

‘Man does not cease to play because he grows old….he grows old because he ceases to play’

George Bernard Shaw

Think STEADY

Does your resident fall?



- Falls history - last 3 to 12months
- A resident who has fallen previously is more likely to fall again.

Incontinence

- More prevalent than asthma, epilepsy and dementia put together
- Second biggest initiating factor for care home move (Dementia is the first)
- 14 million people in the UK have some form of bladder problem (1:3 women)

The Bladder & Bowel Foundation (2012)

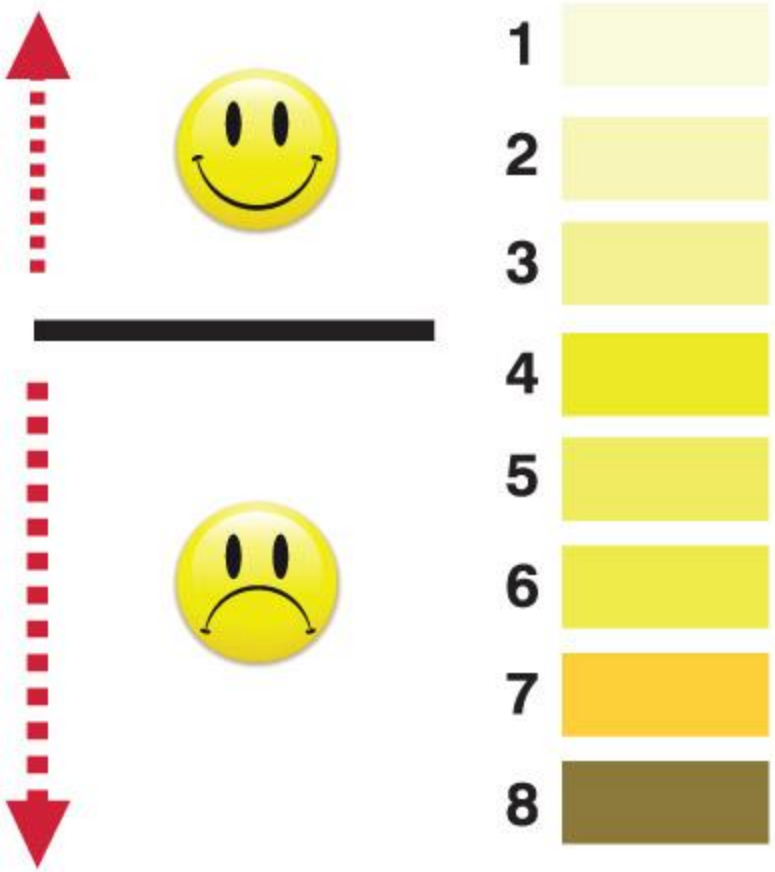
Continence

Risk of falls significantly increased with continence issues

- **Nocturia** – falling when getting up at night to pass urine in the dark
- Urge continence - may rush to the toilet
- **Good hydration is vital to good health**

Test for infection ***if appropriate*** (i.e. symptoms and unwell)

Falls prevention fluids



If your urine matches the colours numbered 4 to 8 then you are **DEHYDRATED** and need to drink more fluid

If your urine matches the colours numbered 1, 2, or 3 you are **HYDRATED**

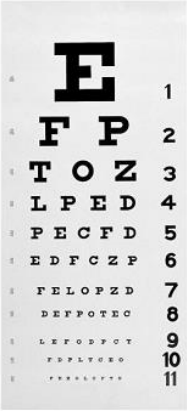
STEADY

Your eyesight, vision and hearing

- it is important that your residents have their eyes and ears checked regularly to spot any problems and aid communication

Eyesight

- Should the older person wear glasses?
- Ensure correct fit and correct prescription glasses
- Clean them regularly.
- Advise the optician of their falls history
- Some people have difficulty adjusting to bifocal and varifocal lenses - may need separate reading and distance glasses - Multi-focal glasses increase risk of falls
- Adequate lighting



See better, fall less

Older people with vision difficulties have double the risk of falling

Normal Vision

Cataract

Diabetic retinopathy

Advanced Glaucoma

Macular Degeneration

Neurological

- Parkinson's disease - falls are common due to poor posture, 'shuffling gait', 'freezing' or initiating movement

- Stroke - falls are common due to hemiplegia, difficulties in perception, cognitive problems

- Cognitive impairment: Dementia

Dementia

- Affects depth perception
- Judging steps, stairs and levels
- Getting on toilet, chair or bed
- Colour and Contrast
- Floor and wall same colour
- Toilet door same colour as wall
- White toilet, white floor/tiles

Record and report falls

- Keep a clear record of falls in your care home (not just in individual's records)
- Discuss resident falls with all staff and identify individuals and trends regularly
- Consider whether there is an underlying illness and ask a health professional for advice if needed

How to Handle Falls

North West Ambulance Service

Very useful for you

- ✓ https://www.nwas.nhs.uk/media/458873/handling_falls_online_training_introduction_guide.pdf
- ✓ https://www.nwas.nhs.uk/media/458893/nwas_handling_falls_training_presentation.pdf
- ✓ https://www.nwas.nhs.uk/media/458877/handling_falls_training_presentation_notes.pdf

and finally……

- Use New Falls and Fracture Workbook
- Falls in older people are common but not inevitable
- Falls and injuries **CAN** be reduced by often simple measures
- Reducing falls will have a positive effect on staff and residents
- Is there any reason not to try?

Thank you !!!!

Any Questions?