



Calderdale Safeguarding Adults Board Multi-Agency Safeguarding Adults Falls Protocol

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1 Introduction

This multi-agency protocol has been produced in response to a recommendation from a Safeguarding Adult Review (SAR - JT). This multi-agency version has been approved by the Safeguarding Adults Board and should be used by all agencies to respond to falls in conjunction with the [Joint Multi-agency Safeguarding Adults Policy & Procedures West Yorkshire, North Yorkshire and York](#) (2018) and their own specific falls protocol if available.

Please note, this protocol is for use by those who work with or support people living in different settings, some of whom may be receiving formal or informal care, or those who live independently therefore, not all this guidance will be applicable to every situation. It does apply to all agencies who have contact with people regardless of their living arrangements or the setting in which a fall occurs and is designed to assist consideration of when a fall should result in a safeguarding concern.

Any decision to make a safeguarding referral relating to falls and unexplained injuries should be made in consultation with the person concerned. In some cases, where there is a pattern of falls involving one or more people receiving care from the same source e.g. domiciliary or residential provider a safeguarding referral will need to be made even if the person is not in agreement in order to safeguard others who use the service.

1.1 Definition of an Adult at risk

An **Adult at Risk** is someone who is over 18 years old who

- has care and support needs
AND
- may be experiencing or at risk of abuse or neglect
AND
- is unable to protect themselves from abuse and neglect because of their care and support needs

An adult at risk may therefore be a person who, for example:

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

Every year, more than 1 in 3 people in the UK over 65 years of age experience a fall; over half will have more frequent falls. Some of these may cause serious injury, even death. In addition to any physical injury, a fall can impact on a person's self-confidence, increase social isolation and reduce independence. It is therefore important to provide relevant support and advice where possible to prevent falls occurring by taking into consideration each person's individual risk (for example, by undertaking a falls risk assessment including environmental risk assessment) and where appropriate, to ensure falls risk reduction measures are in place (see section 4).

2. Fall: Definition

A fall is an event which results in a person unintentionally coming to rest on the ground or floor, or other lower level surface regardless of whether an injury was sustained. This also includes falling on the stairs and onto a piece of furniture with or without loss of consciousness.

Anyone can have a fall, but older people are more vulnerable and likely to fall, especially if they have a long-term health condition. Most falls do not result in serious injury, however, once a person has experienced a fall, they are more likely to have recurring falls.

Fall prevention strategies and interventions need to take into account the fact that falls can have a number of causes, such as frailty, infection, confusion, and the effect

of certain prescribed drugs that require many different interventions. Fall prevention is the key to safeguard people from harm.

3. When is a fall a safeguarding concern?

Under the Care Act 2014, agencies have a legal responsibility to make safeguarding adult referrals where there is a **suspicion that abuse of an adult has occurred which may be as a result of neglect or omission of care.**

Safeguarding means protecting an adult's right to live in safety, free from **abuse and neglect.** It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, **having regard to their views, wishes, feelings and beliefs in deciding on any action.** This means that all falls must be recorded and reported using the appropriate procedures but **not all falls will be safeguarding issues** and safeguarding referrals should not be made just because there is a general concern about a person's safety. There is an expectation that the person who has fallen (wherever possible) is involved in discussing the concern and agrees the most appropriate course of action.

Wherever the fall takes place, if it is considered to be attributable to neglect, an omission of care, or abuse, a safeguarding concern is likely to be appropriate, especially if the fall results in an injury. In addition, if the person has experienced avoidable harm, for example, if they sustain a physical injury and there is a concern that a risk assessment was not in place and should have been or following an agency intervention which identified a falls risk or the risk assessment was not followed, this must also be raised as a safeguarding concern. Making a safeguarding referral therefore relates to whether or not a falls risk assessment has been completed; and whether or not all falls risk reduction measures have been correctly adhered to, regardless of whether or not the fall was witnessed or harm occurred.

If the risk could not have been anticipated or there is a risk assessment in place, the person is able to give an explanation for the fall which does not indicate abuse or neglect; and post fall observations are followed, it is not necessary to make a safeguarding referral. The person has explained what happened and abuse or neglect is not likely to have occurred.

Where the person has or may have sustained an injury requiring medical assessment/treatment or any head injury a medical assessment should **ALWAYS** be arranged as a **matter of urgency**.

Any falls where abuse, neglect or omission of care is suspected and that result in injury and, should be reported through safeguarding procedures; including but not limited to:

- Pain
- Bruising
- Swelling
- Skin tear or laceration
- Fractures
- Requiring any medical treatment or investigation including urinalysis, x-rays, attendance by a Health Professional, stay in hospital etc.

3.1 When to make a safeguarding referral

The following circumstances will indicate the need for a safeguarding referral.

- The person has fallen and abuse, neglect or omission of care is suspected
- The person has sustained harm as a result of a fall which could have been avoided where there was a reasonable expectation that a formal falls risk assessment and preventive measures had been in place or where a person falls resulting in harm where there is no risk assessment in place or where the risk assessment has not been reviewed or updated to mitigate the falls risk.
- The person has repeated unexplained injuries as a result of falls
- Where a carer (formal or informal) is involved, and the person has sustained an injury/bruising/swelling which requires medical attention and medical attention was not sought
- Where there was a delay in responding to a known fall

- Where the person has fallen under similar circumstances more than once (not necessarily sustaining any injuries) indicating a lack of risk assessment and/or preventive measures
- Where medication has not been given on time resulting in a fall and injury.
- Where a person has fallen as a result of safety equipment not in working order or not in place following an assessment of need, causing the person harm.
- Where environmental hazards, such as poor lighting or clutter, result in a fall and injury.
- The person has experienced repeated falls despite preventative advice being given and this has resulted in a series of injuries.
- Where members of staff are involved, they are not receiving training in falls management and/or not adhering to the falls policy and protocols following a fall or where supervision levels are insufficient to ensure safety

This list is not exhaustive.

3.2 What to expect when Reporting a Concern

Any person may **Report a Concern** to the local authority where they are concerned that an adult with care and support needs is experiencing, or is at risk of abuse and neglect (including self-neglect). Falls may be an indicator of abuse or neglect.

The principles of **Making Safeguarding Personal** apply. Gateway to Care will ask the referrer about any immediate response, risk management plans, and any further actions the referrer or the provider will take. They will also be asked about **Making Safeguarding Personal**, i.e. have they spoken to the person about the Concern, what is the person's capacity in relation to the safeguarding concern being made, is the proposed course of action person centred. The Duty Officer will then make a decision whether to accept the concern for Initial Enquiry.

If the Duty Officer decides to accept the concern, the local authority will **Respond To The Concern and Gather Information**. This includes working to understand the adult's desired outcomes and agreeing with the person how their concerns will be acted upon. It could also involve speaking with the individual's relatives and anyone involved in their care such as GP's, nurses, hospital staff, looking at care plans, daily records, and medical records.

The Duty Officer could make a decision for **No Further Action**. This outcome is often when a referrer or provider has taken appropriate, proportionate and timely action for example seeking medical treatment, updating risk assessments, referring for further investigation and/or support (Community Rehabilitation Team, Quest Matron etc)

Alternatively, the Local Authority Duty Officer could make a decision for a **Risk Management Response**. This could involve further requests for information, for example requesting updated risk assessments, further discussions with the individuals/family/those involved in their care.

Finally, the local authority will check whether the concerns have been addressed, and met the **Outcomes** of the Adult at Risk. This will involve an Outcomes meeting to determine whether the risk of harm is reduced or removed, and if so a final outcome will be made and the safeguarding procedures will be exited at this stage.

4. Prevention

The Community Rehabilitation Team

Tel: 01422 307323 or contact Gateway to Care: 01422 393000

The Community Rehabilitation Team offer multifactorial falls risk assessments for individuals within their own homes (including care homes when appropriate). Individuals may see a Physiotherapist, an Occupational Therapist or a Falls Prevention Worker, or be offered written and telephone advice at the point of referral, dependent on needs. Individualised falls-prevention interventions may include advice, aids and adaptations, strength and balance exercises in the home or within a class environment, supported rehabilitation, anxiety management, or referrals to other professionals.

The Quest Matrons for Quality in Care Homes Service

Tel: 07917 086450

There are 34 Calderdale care homes that are using the 'Quest Matron' service. As part of the service, care home residents have access to telecare equipment such as falls detectors, bed occupancy sensors and chair occupancy sensors, which help to

prevent falls and also enable staff to respond quicker when residents have fallen. This provides reassurance to residents and their families, and supports care home staff.

The 'Quest' care homes also have access to an out of hours telemonitoring service, where care homes can phone Local Care Direct and have a Skype video triage with a Senior Clinician which can support/advise when residents have fallen.

Telecare Services

Tel: Gateway to Care: 01422 393000

Gateway to Care provides simple pieces of equipment that enable people to stay safe, and continue to live independently in their own home. Telecare can make a real difference to someone's quality of life and provides support and reassurance for family and carers. Telecare equipment includes the Careline alarm service which is worn by people who are at risk of falls, so that if they do fall, they can call for help. Other pieces of equipment can also be connected to the Careline alarm including a variety of detectors, sensors and alarms available, such as: falls detectors; bed and chair occupancy sensors; portable telecare alarms and pagers for carers etc.

GPs

From July 2017 the GP contract requires practices to use an appropriate tool (usually the electronic frailty index) to identify patients aged 65 and over who are living with moderate or severe frailty. For those people identified with severe frailty, practices are required to review them annually and as part of this review, to ask if the patient has fallen in the last 12 months and provide any relevant interventions, for example referral to the Community Rehabilitation Team.