

FALLS CARE PLAN

To reduce likelihood of falls in care homes whilst maintaining dignity and independence

Name:		ID No:		
		Date of Birth:		
Staff name:		Staff initials		
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If Yes to any of the 6 questions below, complete and implement the falls care plan				
1. History of falls before or since admission?		2. Walking unsteadily/unsafe to walk alone?		
3. Resident taking tablets to calm them or help them sleep?		4. Resident or relative anxious about falls		
5. Resident confused/disorientated?		6. Resident incontinent/ needing toilet frequently?		
Falls history What were they doing just before the fall? Where did the fall occur? Do they reliably call for assistance when needed? If fall witnessed document account		Details:		
Recommendations	Action Taken include review actions	Initials	Date	Review date
Unfamiliar Environment: Introduce to environment, particularly toilets and washing facilities. For some residents this could be daily requirement				
Place: Accommodate resident where they will most easily be observed				
Regular monitoring: At hand over consider need for this and at which intervals it is most appropriate – this may change on daily basis. Use appropriate form to record monitoring				
Eyesight and Hearing: Ensure glasses and hearing aids are clean, worn and/or within easy reach. Refer on if appropriate				
Bed/Chair: If likely to fall out of bed, ensure the bed is at its lowest possible height unless this will reduce mobility or independence, check mattress. Refer to zone team if issues remain. Consider the need for a chair of appropriate height and design				
Medication: Medication should be reviewed 6 monthly for those over 75 and on 4+ meds. Yearly for under 75s				
Handover: Ensure staff are informed of resident's falls risk at each handover and any recent changes in circumstance – think – ReStore 2				
Mobility: Ensure walking aids are appropriate and kept within reach. Refer on to physio if concerned				

Footwear: Ensure resident has and is wearing appropriate footwear where applicable: secure fit, non-slip, no trailing laces. Consider non-slip slipper socks for those at risk of falling at night				
Lighting: Check resident's ability to operate lights and sufficient brightness to allow safe mobilising				
Confusion/disorientation: Refer any deficit/increased confusion to GP. Increase supervision. Offer appropriate productive occupations e.g. activity groups. Be aware acute confusion may indicate infection. Check resident's temperature and send sample to GP or refer				
Toilet: If falls associated with resident's toileting, a routine of toilet visits may be helpful				
Lying and Standing Blood Pressure: Refer any dizziness symptoms to GP Advise resident to change position slowly				
Behaviours: Does this person exhibit challenging behaviours that staff struggle to cope with? What helps? Do they get agitated? If so when and what helps to calm them Is a referral to the Care Home Education Support (CHES) team required?				
Inform: Provide Age UK's 'Staying Steady' leaflet to resident/relative/carer and engage them in this care plan. Check contact wishes in the event of a fall and complete incident form				

Please use in conjunction with ReStore 2

Reassess monthly, after any fall or any change in circumstances

use new sheet if required