

SCIE RESEARCH BRIEFING

PREVENTING FALLS IN CARE HOMES

Definition of a briefing: A SCIE research briefing is a summary of information on a particular topic to update practice at the health and social care interface. It is a concise document summarising the knowledge base in a particular area to act as a ‘launch pad’ or signpost to more in-depth material. It is produced through a clear methodology involving identification of a focused question, comprehensive searching of multiple sources and filtering of materials for quality.

Definitions used in this briefing: The term “care homes” includes residential care homes, nursing homes and intermediate care facilities.

What is the issue?	Older people (aged 65 years and older) frequently fall (1), (2), (3), especially when resident in long-term care (4): up to 35% of falls here result in serious injury and up to 8% in fractures (5). A fall is defined as “... <i>an event in which the resident unintentionally came to rest on the ground or floor, regardless of whether an injury was sustained...</i> ” (6) and may be “... <i>other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force ...</i> ” (3). Falls in care homes may lead to increases in death rates, fall-related injuries (particularly hip fractures) (7), individual physical and psychological damage, loss of independence (1), (8) and health costs (9). Fall prevention strategies and interventions need to take into account the fact that falls can have a number of causes, such as frailty and confusion that require many different interventions (4). There are also implications for care staff with likely increases in anxiety, workload and complaints.
Why is it important?	Research concentrates on how falls in care homes might be prevented in an active way: in this, individualised falls/risk assessment forms an important part. But there is little agreement between studies on the interventions that work consistently well. A Cochrane review in 2001 (10) states that the following interventions are likely to be beneficial: <ul style="list-style-type: none">• An individualised programme of muscle strengthening and balance retraining• Tai Chi group exercise• Hazard assessment and modification for older people with a history of falling• Withdrawal of psychotropic medication• Multidisciplinary, multi-method and holistic, health/environmental risk factor screening/intervention programmes. There is an increasing consensus that no

	<p>one intervention can effectively prevent falls or reduce injuries: a multi-interventional approach is needed. (11), (12)</p> <p>A further Cochrane review in 2003 (13) states that the use of hip protectors for those living in institutional care with a history of hip fracture appears to reduce the occurrence of hip fractures. However, recent user consultation in Sheffield suggests that users may not understand clearly the linkage between falls and hip protectors as a form of prevention. This may help to explain the high drop-out rate in the wearing of hip protectors. Expert knowledge has also indicated that the wearing of hip protectors can lead to incontinence.</p>
<p>What are the ethical considerations?</p>	<p>Living in a care home can result in residents becoming less independent (14) which can impact on their ability to exercise their rights and responsibilities (15). Routine restraint of residents (through methods such as cot sides, lap belts and cocoon beds) has not been found to reduce falls or injuries (16) and may result in other problems occurring such as pressure sores, incontinence, muscle-wasting and worsening mental health (16). Expert knowledge has also indicated that there are ethical issues around the use of surveillance and passive alarms. There are also potential difficulties in user participation in interventions: refusals, high drop-out rates (17) and the need for written consent (7), (9). One study (18) actively recruited participants through the use of presentations and assessed the reaction of participants to the exercise programme at the end of the study. There are also resource implications, particularly where multi-agency, individualised and multifaceted interventions are recommended: one example is the appointment of a falls co-ordinator for each home (19).</p>
<p>What are the views of users and user groups?</p>	<p>Research on user views on and involvement with falls prevention is not readily available apart from at a local level. Recent user consultation in Sheffield revealed that all participants were worried about falling, aware that it could cause broken bones and concerned about summoning help. Participants gave the following reasons for falling: environmental hazards (trips, slips, patterned carpets), footwear, dizziness, loss of balance, rushing and non-use of walking aids. Also, many falls occur from bed or in a bedroom. Unfortunately, users sometimes saw falling as a ‘way of life’ and that nothing can be done to prevent falls. Conversely, the users were positive about group exercise programmes to improve muscle strength, balance and provide motivation. The apparent lack of studies of user views may indicate that barriers to effective resident consultation could include dementia (9) and confusion (16). It is clear that more research and guidelines are needed in this area.</p>
<p>What do I need to do?</p>	<ul style="list-style-type: none"> • Read the following Department of Health documents: <ul style="list-style-type: none"> • <i>National Service Framework for Older People</i> (2001) Standard Six: Falls – pp. 76-89 (20) • “<i>How can we help older people not fall again?</i>” – Implementing the Older People’s NSF Falls Standard: Support for commissioning good services (2003) (21) • Preventing Accidental Injury – Priorities for Action: section 3.4 – Injuries to older people from falls and fractures (22) • Read the following practice guidelines and research summaries: <ul style="list-style-type: none"> • <i>Guidelines for the prevention and management of falls in the elderly: residential care</i> (revised 2002) produced by Dorset HealthCare. (23) • <i>Cornwall and Isles of Scilly Falls Prevention and Management Strategy</i>

	<p>(2001). (24)</p> <ul style="list-style-type: none"> • Feder G. Cryer C. Donovan S. Carter Y. (2000) <i>Guidelines for the prevention of falls in people over 65</i> (3) • American Geriatrics Society, British Geriatrics Society and American Academy of Orthopaedic Surgeons Panel on Falls Prevention (2001) <i>Guidelines for the Prevention of Falls in Older Persons</i> (25) • NSW Health Department (2001) <i>Preventing Injuries From Falls in Older People</i> (26) • Shanley C. <i>Putting your best foot forward: preventing and managing falls in aged care facilities</i> (27) <ul style="list-style-type: none"> • Find out what advice on falls prevention is given in your area and ensure that a falls audit is carried out and regularly updated for your own residential home. • Consider setting up or encouraging the establishment of local networks between homes to encourage support, share good practice and facilitate training.
<p>What are the implications?</p>	<p>All care homes need to have falls prevention strategies in place (28) and use them. This should include:</p> <ul style="list-style-type: none"> • Forging good links with primary/community/secondary health care. In particular, Primary Care Trusts need to include care homes in their Health Improvement and Modernisation Plans. • Having a simple screening process to identify residents at high risk of falling who may require specialist assessment (29). • Training and ongoing awareness for staff (2) especially in relation to individualised assessments and multiple activity programmes (8), (18). Consideration needs to be given to developing effective systems for disseminating up-to-date information on evidence and practice ideas to care home staff. • Good systems to monitor and learn from falls occurring within the care home. <p>More research is also needed on areas including environmental hazards and preventing falls (30), economic evaluations of intervention programmes (31), individual evaluation of components in multiple programmes (3) and the influence of hip protectors on activity levels (32). Effective falls prevention strategies are likely to have economic benefits (33) as fewer falls means a saving in high health care costs (3).</p> <p>For further ideas, see the related briefings on <i>The Use of Assistive Technology for People With Dementia Living in the Community</i> and <i>Aiding Communication With People With Dementia</i>.</p>
<p>Who can I contact?</p>	<ul style="list-style-type: none"> • Help the Aged (advice on preventing falls) at: http://www.helptheaged.org.uk/AdviceInfo/Slips+trips.htm • Age Concern at: http://www.ageconcern.org.uk/ • National Primary Care Development Team (Falls Collaborative) at: http://www.npdt.org/scripts/default.asp?site_id=6
<p>Where can I find examples of innovative practice?</p>	<ul style="list-style-type: none"> • Older Inpatients' Falls Support and Prevention Education Programme – coordinated by Age Concern Stockport. http://www.dti.gov.uk/homesafetynetwork/fl_goodp.htm#stockport • Falls Prevention for Older People through Differentiated Physical Activity

	<p>Provision, led by Wiltshire Health Promotion Service. http://www.dti.gov.uk/homesafetynetwork/fl_goodp.htm#wilts</p> <ul style="list-style-type: none"> • Joint Strategy for the Prevention of Falls in Older People – coordinated by North Derbyshire Health Authority. http://www.dti.gov.uk/homesafetynetwork/fl_goodp.htm#derby • Mind Your Step project, run by Birmingham North East PCG http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeoplePromotionProject/OlderPeoplePromotionProjectArticle/fs/en?CONTENT_ID=4002293&chk=jzp37j • Preventing Falls & Promoting Independence project, run by Merton, Sutton and Wandsworth Health Authority http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeoplePromotionProject/OlderPeoplePromotionProjectArticle/fs/en?CONTENT_ID=4002293&chk=jzp37j • The specialist falls service at King’s College Hospital in London http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeoplePromotionProject/OlderPeoplePromotionProjectArticle/fs/en?CONTENT_ID=4002293&chk=jzp37j • Falls Education Programme at the Elderly Health Unit of Broadgreen Hospital in Liverpool http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeoplePromotionProject/OlderPeoplePromotionProjectArticle/fs/en?CONTENT_ID=4002293&chk=jzp37j • Age Concern and ROSPA have produced a training pack for use in the workplace with staff specialising in the care of older people http://www.ageconcern.org.uk/shop/index.cfm?fuseaction=product&product=C970BFF4-F642-4DDA-9DD3D2B23CAC2E8A
Resource sites	<ul style="list-style-type: none"> • Search CareData freely available via the Electronic Library for Social Care • Search ASSIA
Comments	Please address all comments, suggestions or ideas for improvement to the SchARR Library at scharrlib@shef.ac.uk
Acknowledgements	Thank you to experts and service users for their contributions to this briefing.

Date of first draft – October 2003
Date of latest version – April 2004
Next update due – December 2004

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