

QUALITY STANDARD IN RESIDENTIAL OR NURSING CARE HOMES

This document has been developed in collaboration with colleagues, practitioners and clinicians working across health and social care systems in Greater Manchester during 2018. It is part of a collection that brings together written resources, guidance, information and standards designed to improve awareness of best practice in falls and fracture prevention and management, and enable Greater Manchester's health and social care systems, patients, service users and carers to work together to improve practices and provision that will help to reduce the rate of falls, in particular falls which are severe enough to result in a hospital admission (with or without a fracture).

Part of the agreed resources is a set of quality standards aimed at supporting effective, evidence and insight-led practice at some of the most influential points of care or self-care, in settings, services and population groups. Focusing effort on systematic identification and high-quality intervention in these areas is likely to significantly reduce the incidence of falls and/or the risk of serious injury.

Colleagues are recommended to work towards implementing the quality standards in their locality or setting, to help to ensure that residents and patients across Greater Manchester receive the same standards of care and support, which also increases the likelihood of more falls and fractures being prevented.

Many people living in a residential or nursing care home will be regarded as clinically frail but they are 2-3 times more likely to fall than someone living in their own home and they are more likely to lead to a hospital admission - 40% of hospital admissions from care homes follow a fall. An estimated 25% of older people who fall in care homes suffer serious injuries and around a quarter of patients with hip fractures are admitted to hospital from care settings.

For care home residents falls may significantly increase pain and discomfort, add to fear of falling which often leads to further functional decline if not addressed early, and ultimately may accelerate end of life.

However, the evidence base for what works best to manage the risk of falls in a care home setting is currently limited. This quality standard is based on the existing falls evidence base and tested best practice drawn from wider programmes in care home settings.

Effective falls and fracture risk reduction and management for adults living in a residential or nursing care home has the following characteristics, which should be commissioned and delivered as standard:

1. **The focus of support and intervention** should be to:
 - i. **reduce the risk of injury or harm** as the result of a potential fall, and
 - ii. **empower the individual**, meaningfully maximising their independence and wellbeing in line with their preferences

2. An initial multifactorial falls risk assessment should be undertaken by a suitably trained member of the care home staff, within 24 hours of a resident's arrival, regardless of whether they have a permanent or respite placement. The purpose of the assessment should be:
 - i. to quickly understand the individual's personal risk factors and the potential severity of the consequences of a fall and for this information to be shared with the key worker and wider care staff.
 - ii. to indicate further support and advice required from the GP or multi-disciplinary care team to manage the personal risk factors identified
 - iii. to inform the care plan / risk management plan
3. Multifactorial falls risk assessment without intervention and follow-up should not be regarded as an intervention because multi-factorial falls risk assessment in isolation is not effective.
4. Multifactorial falls interventions should target the main risk factors identified in the assessment, but there is evidence that successful multifactorial interventions include these 4 specific components:
 - i. strength and balance training
 - ii. home/environmental assessment and modification (including aids and adaptations)
 - iii. vision assessment and referral
 - iv. medication review with modification/withdrawal

Current evidence indicates that multifactorial falls interventions that include the strength and balance training component probably reduce the rate of falls and the risk of sustaining one or more falls.

5. All care staff should be provided with the opportunity to develop and maintain basic understanding of falls risk factors and basic competence in falls prevention, which is specific to a care home setting.
6. Care staff should accurately monitor falls in individual residents with a view to:
 - i. sharing changes in status or new falls with other care staff at team handover meetings
 - ii. completing a post-fall assessment to highlight any follow-up or corrective action needed
 - iii. contacting the wider health and social care team for advice
 - iv. repeating the multifactorial falls risk assessment if the rate or context of falling changes
7. Care homes should undertake an annual falls self-assessment
8. Care homes should complete quarterly home / environmental hazard checks, in resident rooms and communal areas:
 - i. to minimise the environmental risks of falling, and
 - ii. to check that existing aids, adaptations and equipment are in good working order
9. Care homes should identify an in-home falls champion or falls lead at a managerial level

There is a range of falls-specific and care-home specific good practice in the following resources:

NHS Scotland / Care Inspectorate:

<http://www.careinspectorate.com/images/documents/2712/Falls%20and%20fractures%20new%20resource%20low%20res.pdf>

NHS New Care Models – The framework for enhanced health in care homes:

<https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf>

NHS England, North of England Falls Prevention in Care Homes – Quick Guide: Falls Prevention in Care Homes – currently in draft