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Policy Statement

Older people living in care homes are three times more likely to fall than those living in the community, and a quarter are likely to suffer serious injuries and be admitted to hospital following the accident (NICE).

At Trycelyn Court we recognise our duty to ensure that the premises are maintained to an acceptable standard. This will involve good housekeeping and organised work systems. It is a responsibility under The Health and Safety at Work Act 1974 of all staff working at the home to promote a safe working environment.

Policy Aim

The aim of this policy is a) to raise an awareness of Health and Safety in the home; b) to ensure that situations do not arise that may cause slips, trips and falls on our premises; c) to ensure that if a fall occurs that appropriate action is taken.

To help maintain safety on our premises we instigate the following measures:

- Constantly monitor the premises and identify any actions necessary.
- Assess the risks involved and the control measures that need to be put into place (completed risk assessments can be found in the **General Risk Assessment** folder).
- Aim to ensure that safe working practices are developed and implemented.
- Provide information, instruction and training to all persons who might be affected within the home.
- Ensure that all equipment in use is regularly serviced and maintained
- Provide signage to indicate the presence of the hazard.
- Ensure that all staff report any accident or potential hazard to a senior person

Responsibility for undertaking these measures and auditing has been delegated to key personnel. The person responsible at TryCelyn Court is **David Liles**.

Other preventative measures in place for residents:

- On admission all residents must be assessed for their individual risks of falling and if necessary, an appropriate care plan must be in place to minimise these

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- risks. This process must involve the resident and/or their relative and, where appropriate a social/health care professional.
- A physical and social assessment and specific risk assessments on Moving and Handling, Continence, Ability to use the call bell, Falls and Medication, will all be completed as part of the admission process.
- All risk assessments and care plans will be reviewed at regular intervals and as needs change for each resident.
- Appropriate equipment will be provided to reduce risks.
- **Staff will seek immediate medical attention following a fall.**

Falls in Older Persons

Falls for many older people result in serious injury. Broken bones especially hips are the most common injuries from falls and, without appropriate and prompt treatment can lead to serious disability (NICE).

Actions to be taken by staff in the event of a resident having a fall:

- On discovering a person on the floor following a fall, make a quick assessment of the situation to ensure that they are not at risk of further harm.
- Remove any imminent risks and talk to the person without moving them to offer reassurance.
- Do not try to get the person up off the ground.
- If there are two staff members present, one should stay with the person and keep talking to continue to reassure; the second staff member should call the nominated 'first aider' and/or senior carer who will take responsibility for deciding what actions to take.

Actions to be taken

- Assess the situation to decide if any immediate first aid is necessary.

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Do not attempt to move the person

- Carry out any first aid procedures that may be deemed necessary to reduce further risk; and within the 'first aider's' scope of experience and competence.
- Call a GP or dial 999 for an ambulance.
- Stay with the person until such time as medical help arrives.

Actions to be taken by senior carer on duty:

- Make the resident as safe and as comfortable as possible until help arrives. If in doubt **do not move the resident until appropriate advice can be sought.**
- Call a GP and, if necessary, dial 999 for an ambulance to enable suitably qualified medical professionals to assess the situation and provide further emergency treatment that may be considered necessary.
- Arrange for any documentation to be available for health professionals and transfer to hospital.
- Contact the resident's family to inform them of the situation.
- As soon as possible after the incident, record the incident in the accident book providing all the necessary information.
- Document the incident and the follow up actions and outcomes in the resident's care file. This should include details of all observations such as blood pressure, pulse, temperature, respiration and blood sugar if appropriate.
- If the manager is not on duty at the time of the accident, complete the appropriate incident form.
- Complete a 'Regulatory notice to advise CIW of the incident.
- Advise all other relevant agents as appropriate (e.g. Local Safeguarding team; Commissioning agents; RIDDOR 2013; and all other health professionals, including the GP who is involved in the resident's care)
- Revise any care assessments and care plans accordingly so that all staff are aware of the arrangements in place for the continuing care of the resident.

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- Following a fall, the aim of the care should be to help the resident regain as much independence as possible as he/she may need to regain confidence
- whilst needing help with activities of daily living. This will require reassessment of the resident and further care planning to agree achievable outcomes.

Supporting documentation used for reference:

- National Institute for Health and Care Excellence (NICE); *'Falls in Older People'*. Quality Standard QS86; Published March 2015, updated January 2017; [online] at: <https://www.nice.org.uk/guidance/qs86/chapter/Quality-statement-1-Identifying-people-at-risk-of-falling>
- *Health and Safety in Care Homes: Health and Safety Executive (HSE)*

Policy review date: April 2021