Falls Prevention Policy
Health and Wellbeing Directorate

Policy Control/Monitoring

Approved by: **(Position in Organisation)** **Date (dd/mm/yyyy):**	Director – Health and Wellbeing 14/07/2026
Accountability: **(Position in Organisation)**	Head of Operations
Revision Cycle:	Annually
Brief details of amendments made	Review following implementation of online Care Planning system 'Nourish'. Review to include Horizons and make the policy directorate wide. Consultation received from Horizons Lead Therapist

Equality Impact Assessment

The Foundation's commitment is to create a positive culture of respect for all staff and service users and to identify, remove or minimise risks of unlawful discrimination and disadvantage in its policies, functions and activities. As part of its development this document has been assessed in line with The Foundation's equality impact assessment procedure.

Version Control Tracker

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1	July 2023
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1 Introduction

The Percy Hedley Foundation recognises that it must take reasonable steps to ensure that the risk of injury because of falls is minimised. It must also take practicable steps to ensure that environmental and equipment-based adjustments are made to support the prevention of falls.

This policy will operate in line with other Foundation policies, particularly focusing on the Moving and Handling Policy, Quality of Life Policy and Restrictive Practice Policy to ensure any Moving and Handling intervention following a fall is managed in the context of staff competence, ability, and individual needs.

Although the policy of the Foundation is to prevent falls, it also accepts that falls can occur. In the event of a person falling, it is therefore important that staff members or whoever finds the person who has fallen take appropriate action; therefore, this guidance is also included within this policy.

With the introduction of the Manual Handling Operations Regulations in 1992 (amended 2002), the employer is required to adopt an ergonomic approach using a risk-based decision-making process to reduce the risk of injury to staff and service users engaged in moving and handling tasks following any incidents of falls.

Definition of Falls:
A ***slip*** is to slide accidentally causing the person to lose their balance; this is either corrected or causes the person to fall.

A ***trip*** is to stumble accidentally often over an obstacle causing the person to lose their balance; this is either corrected or causes the person to fall.

A ***fall*** is defined as an event when an individual comes to rest on the ground or other lower level with or without loss of consciousness.

An incident defined as ***found on floor*** is whereby the potential above activity is not witnessed but the outcome may be the same.

A ***near miss prevented fall*** is where an interaction promotes the prevention of the fall.

Falls can significantly damage self-confidence, increase social isolation, and reduce independence. The fear of falling may lead to deterioration in a person's wellbeing and quality of life, even if the fall itself does not result in a serious consequence. Falls prevention strategies and interventions need to consider the fact that falls can have several causes, such as frailty, infection, confusion, and the effect of certain prescribed drugs. Falls can also lead to increases in death rates, individual physical and psychological trauma, and can be in some circumstances, an indicator of potential abuse and neglect.

An individual may also fall to the ground whilst they are distressed. There have been situations where a person, staff or other person who is supported, has been pulled to the ground with them. For the purpose of this policy, for those who have moved to floor level intentionally or pulled someone to the ground; this will be referred to as a fall.

All falls will be:

Immediately recorded on Nourish for that person and relayed to the Registered Manager/Programme Manager/Assistant Head of Service/Head of Service

It is the responsibility of all staff to ensure that:

- They are aware of policies and procedures to appropriately record and report falls.
- All reports of a fall result in an immediate review of the individuals' needs and a risk updated/ completed as appropriate by the relevant persons.
- All falls should be reported in line with the Foundations accident, incident and near miss

reporting procedure and reported onto the appropriate system for that service (Nourish).

- A safeguarding notification may be necessary depending on the nature and severity of the fall. Consideration should also be taken regarding the need to report to the individual's GP or internal/community therapy where a reason for the fall is not identified or when an injury has been sustained

The Registered Manager/Head of Service/Assistant Heads of Service will ensure that:

Enhanced risk assessment procedures are in place in their service, upon admission or beginning to attend a Percy Hedley service individuals undergo comprehensive assessments to identify mobility needs and fall risks on Nourish. These assessments are to be completed within 12 hours of the person accessing the service and reviewed minimally every 6 months or as changes occur.

The service should consider risk mitigation strategies which could include sensor mats; however, the least restrictive option should always be considered. Consent, Mental Capacity Assessments and Best Interests Decisions must always be evidenced on Nourish.
Proactive communication strategies are embedded, and staff are trained to promptly escalate concerns about people's health to medical professionals, ensuring timely interventions.

Robust record-keeping practices must be adhered to. We know that the absence of records in hinders appropriate medical intervention and any investigation needed. To prevent such issues, all services must have reinforced training on accurate documentation and is transitioning from paper-based to electronic record-keeping systems to ensure data integrity and accessibility.

All staff are aware of procedure to record and report all falls.

All reports of a fall result in an immediate review of the person's needs and a risk assessment completed as appropriate.

Where an injury has been sustained, this should be reported in line with the Foundation's accident, incident and near miss reporting procedure and reported onto Nourish. Safeguarding thresholds should also be reviewed for the Local Authority. CQC registered settings may also need to submit a CQC notification.
Consideration should also be taken regarding report to GP or community therapy where the reason for the fall is not identified.

2 Purpose

The purpose of this policy is to provide all employees working within the Percy Hedley Foundation Health and Wellbeing Directorate with comprehensive guidelines that must be adhered to when supporting service users following a fall.

The aim of this policy is to:

- increase consistency around reporting falls
- provide guidance to service providers regarding risk identification and management of someone who has fallen

This policy should be read in conjunction with national best practice guidance, and the local falls strategy.

National Institute for Excellence (2013) Falls in older people: assessing risk and prevention

3 Scope

This policy will apply to all employees working within and employed by the Percy Hedley Foundation who support people across the Health and Wellbeing Directorate who may experience a fall.

This policy specifically relates to falls for people who are supported by The Foundation. Anyone who is not supported by The Foundation i.e. does not receive care and support, is covered under the organisation's Accident, Incident and Near Miss Policy.

This policy must be used in conjunction with the Foundation's Moving and Handling, Quality of Life and Restrictive Practice Policies ensuring appropriate techniques are used following incidents of a fall.

The document will be made available to all employees who work in the Health and Wellbeing Directorate, particularly those who are likely to require moving and handling. They will then be expected to familiarise themselves with M&H principles, incident reporting and the fall prevention actions identified within this document and any personalised plans. Staff will receive differentiated levels of Moving and Handling (M&H) & Quality of Life Training. This will range from universal, targeted and specialist training and be role specific to promote the most appropriate level of competency for each person and will be reviewed regularly.

The Percy Hedley Foundation will continue to work towards prevention of and effective management of falls. The prevention of falls policy will provide guidance to ensure that:

1. Its employees are properly informed and trained in relation to relevant types of moving and handling that may be carried out within their job role in the workplace specifically in the context of a person who has fallen.
2. Practices executed for moving and handling of people and any equipment used are safe with any potential risk minimised through a dynamic risk assessment process.
3. All individuals who present with M&H needs will be assessed for the risk of falls and appropriate action taken (to include the assessment/reassessment of equipment
4. All individuals who experience a fall regardless of M&H needs, will be assessed for the risk of a further fall and appropriate action taken.
5. Guidance on appropriate action to take when someone has fallen.
6. Where a risk of fall is identified in relation to falls from a bed, that appropriate assessments are undertaken to support the person to remain safe and be supported in the least restrictive manner.
7. In CQC registered settings, where bedrails are deemed as necessary for safety and are the least restrictive option, following assessment and MCA/BI Principles, that this is recorded appropriately and kept under review.

Within Horizons, the Foundation therapy teams, trainers, service managers and specialised key workers will produce a personal moving and handling plan or risk management plan, which is reviewed annually, or as circumstances change, to support staff to undertake safe practice with service users. In Residential and Supported Living Settings where a person requires a Moving and Handling assessment a referral must be made to the Community Teams. Staff must also be receptive to any external plans put in place by external partners including community providers. The Foundation may refer to external fall prevention teams in the absence of commissioned therapy services.

4 Definitions

According to the guidance in the Manual Handling Regulations 1992 (amended 2002), "Moving and handling" or "manual handling" is defined as any transporting of load or supporting of load in a static posture by human effort and includes lifting, putting down, pushing, pulling, carrying, or moving.

"Load" is any discrete movable item or object that is being transported or supported, including the handling of a person.

Percy Hedley Foundation may be referred to as PHF.

Moving and Handling may be referred to as M&H.

Mental Capacity Act may be referred to as MCA

Best Interest Assessments may be referred to as BIA

Lasting Power of Attorney may be referred to as LPA

5 Principles

The guiding principles of the falls prevention policy are to safeguard people at risk of experiencing a fall whilst providing Foundation employees or those working within the foundation, an appropriate format for assessment and action following any incident of a fall.
Percy Hedley Foundation aims to:

1. Have a robust tool to identify individuals at high risk of falls with subsequent falls prevention actions which must be taken thereafter to reduce the risk of injury (see multifactorial falls risk assessment and management tool within the Nourish system).
2. Have a systematic process of reporting any incidents of falls and action that has been taken because of these to reduce further risk of repeated falls (this will include informing relatives/next of kin or a legal representative where consent or MCA/BIA/LPA is in place).
3. Avoid any hazardous moving and handling whenever possible when managing falls.
4. Assess potentially hazardous moving and handling where it cannot be avoided and reduce identified risks to the lowest possible level before supporting people who have experienced a fall.
5. Provide information, training, supervision, and correct procedures for moving and handling to ensure the health and safety of staff and people supported by The Percy Hedley Foundation.
6. Provide and maintain appropriate resources to enable safe moving and handling practice.
7. Assess and adjust environments which increase the likelihood of an individual experiencing a fall so that they can be supported in an environment that has been altered to reduce risks as much as practicable.
8. Routinely reviews the overall pattern and trends for individual falls to inform revisions in policy, protocols, and procedures and/or staff training on falls.
9. Safeguard individuals through prevention strategies

Due attention and diligence must be paid to strength and balance training, medication management, environmental issues including clothing and footwear, provision of adequate hydration, monitoring of changes in vision and cognition and the like. It is acknowledged that some people, regardless of assessment and mitigation, may continue to fall.

Support for someone who has fallen.

In the event of a person falling, it is important that staff members or whoever finds the person who has fallen take the appropriate action to enable them to recover as quickly as possible, sustaining the minimum physical and psychological damage or injury caused by the fall. It is also important that every occasion is fully recorded and reviewed to prevent reoccurrence.

It is highlighted to all staff members that every incident is likely to be different and that they will need to respond to individual circumstances, holding in mind and adhering to the following guidance. In most instances, they will either find or be alerted to assist a person who has fallen (e.g., tripped, slipped or a result of physical reasons such as dizziness or loss of balance, or intentionally taking themselves to the floor). In all cases, they will need to:

1. stay calm
2. make or ask for an immediate assessment of the situation and the extent of the person's injuries (if any)
3. enable the person to recover or call for help depending on the situation

4. report, record and help to review the occurrence
5. Ensure family, next of kin, or relevant support agencies are informed of any fall and subsequent injuries in a timely manner and following consent/MCA/BIA processes.

The aims are always to:

1. Minimise the risk of injury or further injury by ensuring that the environment in which the incident has occurred is made as safe as possible
2. Put into place measures to help the person recover and to reduce the risk of fracture or further injury to the person
3. Investigate the underlying causes of the incident
4. Review the individual's care plans and risk assessments and any contributory environmental hazards (including equipment and appliances)

Procedure:

When a person has fallen or has been found on the floor, staff members should follow the guidelines and principles below (see also Post Falls Decision Making tool (see appendix A).

1. First, check for any existing hazards or dangers
2. See if the person who has fallen is responsive, i.e., conscious, albeit temporarily dazed or shocked
3. If they are responsive, provide reassurance and comfort the person.
4. Seek help from appropriate members of staff, e.g., accredited first aider, colleagues, duty manager
5. Ask the person to stay still before checking, e.g., for pain, loss of sensation (feeling), loss of movement in arms and/or legs, swellings, visible injury or deformity, which might indicate a fracture. Also, check for sickness, confusion, drowsiness, delirium, and agitation or any significant change in presentation
6. Where the person is unable to provide a reliable account of the fall or articulate any pain they may be in staff should use knowledge of the person and any non-verbal signs to support in decision making
7. If there is no evident injury and no signs of a change in health, in line with the person's wishes allow them to get up independently if possible. For example, ask them to first roll over, then get on their hands and knees before using a safe means of support, e.g., nearby chairs, to stand up and/or give direct help in line with the care service's moving and transferring procedures. Where a person is not normally hoisted but they cannot get up from the ground independently ring 111/999 for advice *using the Post Falls Decision Making tool (see appendix A)*
8. Continue by monitoring the person's condition, e.g., making routine observations, checking change to presentation, consciousness and breathing and seek medical help if needed for reassurance or treatment
9. However, if the person is evidently unresponsive or unconscious, check their airways, breathing and signs of life before calling immediately for medical help, e.g., emergency GP, NHS 111 or Ambulance Service 999 — which service to call might be affected by local policies and circumstances — and take further action with the advice given
10. For those people who are mobile but are known to take themselves to the floor a procedure to manage this must be include in their care plans/risk assessments and reviewed regularly
11. Where a person has a Positive Behaviour/Quality of Life plan in place, then these must be referred to consistently as well as the care plan or risk assessment for falls risk.

Staff are also advised and instructed to act on the following possibilities.

12. If it is safe to move an injured person from the floor it is important that staff have the expertise and equipment to do so and can comply with moving and transferring procedures. Staff should complete a thorough assessment following their first aid training and seek medical support (GP, 111, 999) where needed.
13. A person who is suspected of having any serious head injury or fracture should not be moved but made as comfortable as possible in their current position until medical help is available.

14. In the event of a person being unconscious and appearing seriously hurt or ill it will also be important to check whether they have made out any advanced care plans, do-not-resuscitate statements, etc. that will need to be passed on to the medical team.
15. They should only carry out actions in line with their training, competence and confidence to do so, e.g., when helping a person to move to a chair or stand up, otherwise they should ask the person to remain where they are until it is assessed as being safe for them to move.
16. If staff are present when a person begins to fall, they should always aim to reduce the impact of the fall rather than attempt to prevent the fall itself as this could cause injury to the staff member and/or worsen the fall for the resident i.e. if a resident is falling relating to a seizure, their muscles may be limp and any pulling or grabbing could result in injury For example, if a person faints or has a seizure, staff might help the person to fall more gently by going with the flow of the fall rather than try to hold the person up. Or, where there are objects or hazards in the environment that could cause harm staff may be able to quickly remove them.

Reporting

Internal reporting (Within the Foundation)

Falls should be reported internally as soon as possible, following organisational protocols. This ensures appropriate care for the individual and allows for trend monitoring and preventive actions.

Report internally when:
- A person supported has any type of fall (with or without injury).
- There is an observed or suspected fall, even if the person appears uninjured.
- The fall results in a minor injury, such as bruising or cuts.
- The fall occurs multiple times (frequent falls require pattern analysis and intervention).
- A staff member or visitor falls on the premises.

Timing:
- Immediately to the designated person (e.g., Senior, Deputy, Registered Manager, Activity Lead, Therapist, Programme Managers/ Heads of service.)
- Within 24 hours in formal reporting systems (Nourish).

External reporting (Regulatory & Legal Requirements)
Certain falls must be reported externally to regulatory bodies, local authorities, or health and safety organisations.

Report externally when:
- Serious Injury- The fall results in a fracture, head injury, unconsciousness, significant bleeding, or hospitalisation.
- Death- Any fall leading to a person's death must be reported promptly.
- Neglect or Safeguarding Concerns- If poor moving and handling practices contributed to the fall, or there is evidence of neglect, abuse, or lack of supervision.
- Trends & Patterns-If multiple similar falls occur, suggesting systemic risks (e.g., environmental hazards, staffing issues, time of the day and pre/post medication).

Key External Agencies & Their Requirements
- Care Quality Commission (CQC)– Report serious injuries and safeguarding incidents.
- Health and Safety Executive (HSE) – Falls causing work-related injuries (e.g., staff falls) should be reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).
- Local Authorities & Social Services – If a fall suggests neglect or a safeguarding issue.
- Commissioners/Funders – Funding bodies require notifications of significant incidents.

Timing:
- Immediately for serious injuries, safeguarding concerns, or fatalities.
- Within 24-48 hours for reportable incidents

Duties and Responsibilities Foundation staff will:

- Ensure all risk assessments are in place, up-to-date and address risk to the person who is being supported
- Ensure specific falls risk assessments are in place and accurate.
- Where bedrails are in place, ensure that this is recorded appropriately, and risks are documented.
- Ensure care plans are signed off by relevant stakeholders, and involve the person in these discussions as far as possible
- Document falls history.
- Ensure all falls are recorded within Nourish for analysis.
- Complete environmental checks and remove trip/slip hazards and ensure a safe environment where reasonably practicable. Note: a capacitated person may refuse to remove a potential slip/trip hazard in their own environment, where this occurs this must be documented and included within risk assessments
- Ensure lighting is sufficient/have eye tests been carried out recently.
- Ensure medication records are up to date and risk assessments consider the impact of medication on likelihood of risk of falls.
- Check appropriate well-fitting footwear is being worn, and document all discussions and considerations that have been undertaken
- Ensure a visual inspection of any lifting equipment or bedrails, where in place, takes place before each use.
- Consider if alcohol/drug use could be a factor. Provide falls prevention information.
- Refer to GP, Community Therapist or Falls Clinic as appropriate, and internal therapy team if funded..
- Inform all relevant parties that a fall has occurred, family, care manager, and GP, following GDPR principles and seeking consent as appropriate.
- Collate information on falls in order to complete routine reporting to commissioning.
- Review falls risk assessment monthly or if changes to medication, health or fall occurs.
- Review care plan if changes to medication, health or fall occurs.
- Analyse falls in incident/accident logs for triggers/patterns.
- Consider safeguarding referrals after each fall, taking into consideration the circumstances of the fall and management, and where there are multiple falls related to the same person and/or service.

Health and Safety Manager will ensure that:

1. PHF complies with all statutory obligations in relation to Health and Safety in particular LOLER (1998) and PUWER (1998)
2. There is availability of adequate health and safety training programmes for all staff in by working in conjunction with the Learning and Development Team and the Operational Leads of each service.
3. A management system exists for reporting and investigating incidents, accidents and near misses and work-related ill health.

All staff are responsible for actively cooperating with managers in relation to this policy and in particular:

Regulation 5 of the Manual Handling Operations Regulations 1992 (as amended) states that:

"**Every employee while at work shall make full and proper use of any system of work provided for his use by his employer in compliance with Regulation 4(1)(b)(ii) of these regulations."**

The Health and Safety at Work Act 1974 requires all staff to:

1. Take care of their own health and safety and that of others who may be affected by their actions.

2. Inform their manager of any limitations that may prevent them from undertaking specific moving and handling tasks, including pregnancy.
3. Cooperate with the manager and moving and handling coordinator in carrying out assessment of moving and handling tasks and in generating a suitable risk assessment accordingly.
4. Observe safe systems of work and use equipment provided to complete specified moving and handling tasks.
5. Wear appropriate clothing and footwear to complete operations safely. No open toed footwear or clothing that may lead to entrapment.
6. Promptly report and defects/ faults in relation to moving and handling equipment or concerns in relation to staff practice to their manager
7. Participate in moving and handling training and maintain competencies, applying this knowledge and skill to moving and handling tasks undertaken.

6 Monitoring and Compliance

Monitoring Arrangements

- The Registered Manager/Head of Service/Assistant Head of Service are responsible for ensuring this policy is implemented within their service and that staff understand and follow its requirements.
- Compliance with this policy will be monitored through:
    - Regular audits of care plan and records relating to accidents, incidents and near misses (AIN)
    - Incident and complaint reviews related to falls
    - Feedback from individuals, families, carers, and staff.
    - Staff supervision and reflective practice sessions.
- Learning and improvement actions identified through monitoring will be recorded and followed up as part of the Foundation's quality assurance processes.

Policy Review

- This policy will be formally reviewed every year, or sooner if there are significant changes in legislation, regulation, or best practice guidance relating to managing or preventing falls
- The review will be led by the Head of Operations (or equivalent senior manager) in consultation with service managers, staff representatives, and relevant health and social care partners.

7 Associated Policies and References

Percy Hedley Foundation Health and Safety Policy/Manual.

Percy Hedley Foundation Quality of Life Policy

Bullying policy.

Percy Hedley Foundation Mental Capacity and Deprivation of Liberty Policy.

Accident Incident Near Miss and Work-Related Ill Health policy.

Safeguarding Children and Young People Policy.
Safeguarding Policy – Adults (including Child Protection).

Percy Hedley Foundation Moving and Handling Training packages.

Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Manual Handling Operations Regulations in 1992 (amended 2002)

National Institute for Excellence (2013) Falls in older people: assessing risk and prevention.

Health and Safety at Work Act 1974

Management of Health and Safety at Work Regulations 1999: Approved Code of Practice, L21 HSE Books.

Manual Handling Operations Regulations (amended2002). Guidance on regulations (revised 1998) London. HSE Publications.

Mental Capacity Act (2005)

Provision and Use of Work Equipment Regulation 1998 (PUWER): Approved Code of Practice and Guidance L22, HSE Books

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER): Approved Code of Practice and Guidance L113 HSE Books.

Care Act (2014)

Preventing falls in care homes
https://www.scie.org.uk/publications/briefings/briefing01/

8 Appendices

1. **Appendix A – Post Falls Decision Making tool**