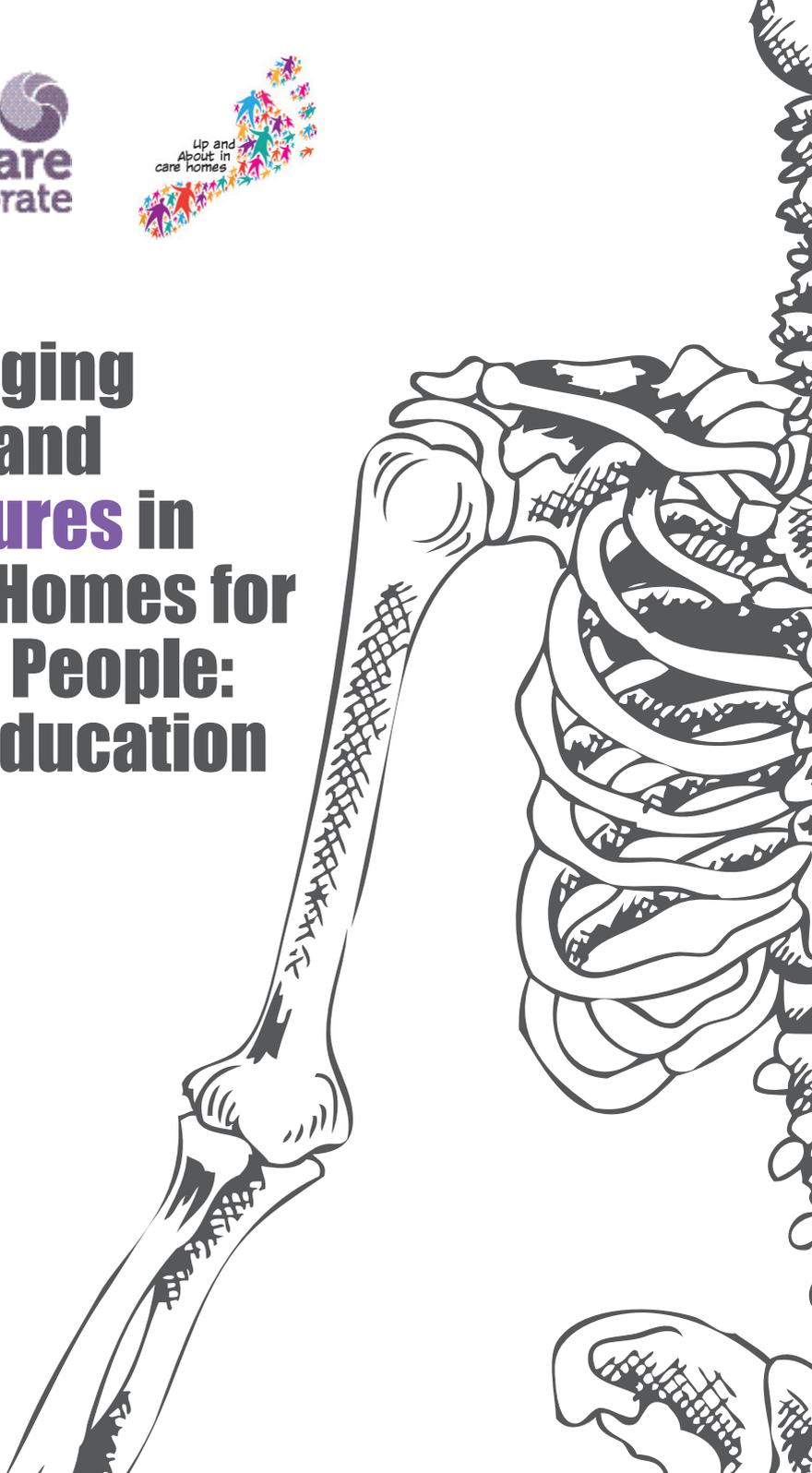


# Managing **Falls and Fractures** in Care Homes for Older People: DVD Education Pack



## Facilitator notes

- This education pack should be used in conjunction with the Managing Falls and Fractures in Care Homes for Older People Good Practice Self Assessment Resource and accompanying DVD.
- Familiarise yourself with the resource, supporting documents and DVD before using this education pack.
- Print off information for facilitator and for staff before delivering the education.
- Delivering the education in full will take 2–3 hours. It is recommended that the training be delivered in full, however, if this does not meet the needs of your care home each section can be delivered individually (see appendices), for example use of case study on its own to facilitate discussion.
- Please be aware this is an education pack for all staff. Your staff may have varying levels of knowledge and expertise. It is recommended that staff complete the training in groups with support for different levels of knowledge and expertise.
- The education pack can be used with staff who do not directly assess/deliver resident falls prevention management, for example catering staff, administration staff and handymen, however, additional support may be required.
- Additional resources are listed at the end of the case study should staff require further information on the topics raised in this education pack.

- For staff who are not direct care staff it is useful to provide additional examples of how falls prevention is part of their role, for example chefs providing balanced diet and hydration, handymen supporting a safe environment.

## **Planning the Session**

### **The purpose of this session**

This session will prepare care home staff to contribute to the prevention and management of falls and prevention of fragility fractures in their day to day work with older people.

### **Learning Outcomes**

These learning outcomes are based on the National Prevention and Management of Falls and Fragility Fractures in Older People (2011) – Refer to Appendix 1 for further information.

1. In order to support self management, be able to advise and inform older people and carers about falls and fragility fractures.
2. Identify, record and report risks, physical and psychological consequences of falls and fragility fractures for older people and their family and carers as appropriate.
3. Understand the range of solutions available to reduce risks, including steps to take to enable self management, and apply this within your scope of practice.

## Material required

### Content of facilitator pack:

- Guidance notes and plan for the session (next section)
- Managing Falls and Fractures in Care Homes for Older People Good Practice Self Assessment Resource and toolkit
- Managing Falls and Fractures in Care Homes for Older People DVD
- Copies of care home falls prevention documentation/tools
- All documents included in the staff pack:

### Content of staff pack (\*a copy should be printed for each person attending the session\*):

- Falls quiz
- Falls quiz (answers) (\*\*to be provided at the end of the session\*\*)
- Key points handout (\*\*to be provided at the end of the session\*\*)
- Case study and falls diary
- Case study (discussion points) (\*\*to be provided at the end of the session\*\*)
- Action plan
- Declaration form
- Evaluation

## Supporting documentation

(Click on the links below)

[Falls quiz](#)

[Falls quiz \(answers/discussion points\)](#)

[Key points handout](#)

[Case study and discussion points](#)

[Action plan](#)

[Declaration form \(to be signed by participants\)](#)

[Evaluation form](#)

## Guidance notes and plan for session

1. **Introduce self and outline the learning outcomes for the session (as per page 3).**

This session will prepare care home staff to contribute to the prevention and management of falls, and prevention of fragility fractures in their day to day work with older people.

2. **Falls quiz** – ask staff to complete the falls quiz. Answers are given at the end of the session.
3. **What is a fall?**

**Discuss with group what their definition of a fall is.**

Advise the group that there are different definitions.

It is important to know the definition for reporting purposes so that everyone is clear when to report.

This is the definition of a fall that is most recognised:

**A fall is:**

**'An unintentional event that results in a person coming to rest on the ground or another lower level, not as a result of a major intrinsic event (such as stroke or epilepsy) or overwhelming hazard (such as being pushed).'** (Gibson et al, 1987).

\*This includes falls that are not witnessed, for example where you find a resident on the floor.\*

#### 4. Why falls matter?

Discuss with group why falls matter to them.

Discuss with group:

- 1 in 3 people over the age of 65 will fall in a year.
- As age increases falls risk increases to 45% in those over 80 (DoH 2009).
- One in two women and one in five men over the age of 50 have Osteoporosis (thinning bones). If a person with Osteoporosis falls then they are more likely to break a bone. This is described as a fragility fracture.  
BUT....
- Older people living in care homes are three times more likely to fall than community dwelling older people.
- They are ten times more likely to have a hip fracture in a care home than in other environments.
- One third of care home residents will be dead four months following a hip fracture.
- The statistics are higher if the resident has dementia.
- The rate of emergency admissions due to falls in people aged over 65 living in Care Homes is almost **four times higher**.
- The cost of these admissions is estimated to be in the region of **£22 million**.

There is a financial cost of falls and fractures however the human cost is much greater.

Discuss with the group about the physical and psychological cost of falls.

## Physical

Dehydration  
Cuts, bruises, soft tissue injuries  
Fractures  
Hypothermia  
Death Immobility  
Incontinence  
Pressure ulcers/  
Leg ulceration  
Dislocation  
Head injuries  
Pneumonia/chest infection

## Psychological

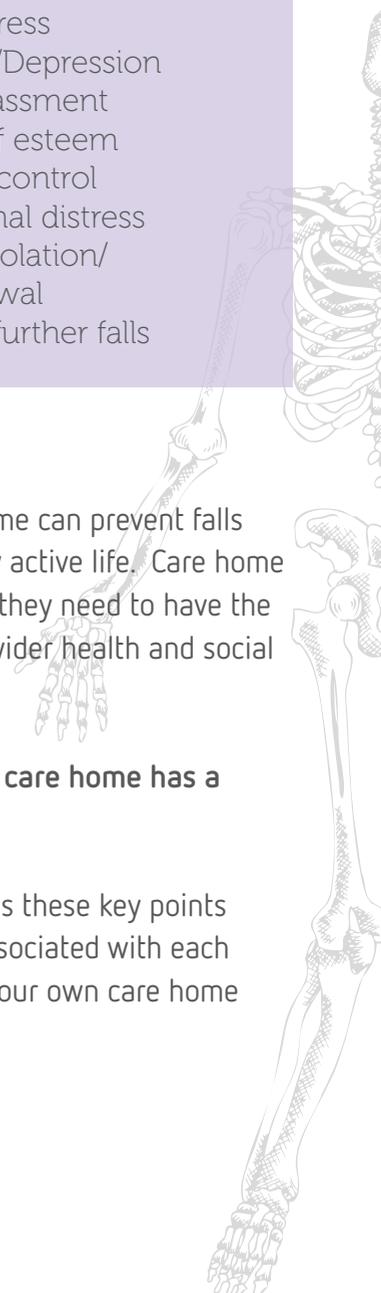
Feelings of uselessness  
Increased dependency  
Loss of confidence  
Carer stress  
Anxiety/Depression  
Embarrassment  
Low self esteem  
Loss of control  
Emotional distress  
Social isolation/  
withdrawal  
Fear of further falls

### **\*Falls are not an inevitable part of ageing\***

In many cases, taking the right steps at the right time can prevent falls and enable an older person to continue a physically active life. Care home staff have a key role to play in falls prevention, but they need to have the knowledge and understanding and support of the wider health and social care team.

### **\*Falls are everyone's business and everyone in a care home has a responsibility to help prevent and manage falls.\***

- 5. Watch DVD.** Stop DVD at key points and discuss these key points with group. The good practice tools that are associated with each section are listed and should be discussed (or your own care home tools as appropriate).



## Key point discussion

Time	Key Points	Good Practice Tools
7.06 10.00	<p data-bbox="232 252 624 327"><b>Multifactorial falls risk screen and action planning</b></p> <ul data-bbox="232 379 731 1316" style="list-style-type: none"><li data-bbox="232 379 731 582">• Assessing every resident's risk of falls and fractures followed by personalised care planning to manage risk is key to falls and fracture prevention and management in a care home.</li><li data-bbox="232 598 731 965">• ALL residents should have a multifactorial falls risk assessment completed on admission, reviewed monthly and if there is any change in circumstances such as illness, fall, change of medication, change in mobility, change in mood/cognition. A new assessment may not be required but it <b>MUST</b> be regularly reviewed.</li><li data-bbox="232 981 731 1316">• Resident perception of their risk of falling or experiencing a near fall will have an impact on their falls. For example if a person has dementia then they may not realise their risk. If a resident is frightened of falling then they will limit activity and this puts them at a higher risk of falls.</li></ul>	Tool 3 Tool 4a Tool 4b Tool 6



10.00	<p><b>Reporting and recording falls</b></p> <ul style="list-style-type: none"> <li>• The actions taken after a fall are critical to a resident’s well-being and future risk of falling. Tool 15 provides a pathway and information for the immediate care following a fall.</li> <li>• Analysing of falls/identifying causes of falls is key. The good practice tools provide a range of ways of reviewing residents falls or patterns of falls. For example a resident may fall getting up to the toilet at night. There may be a pattern of falls at certain times of day or a particular area such as the dining room.</li> <li>• 17b looks at post falls analysis for an individual.</li> <li>• 20b and 21b enable staff to look at locations of falls.</li> </ul>	<p>Tool 15  Tool 17a  Tool 17b  Tool 18a  Tool 18b  Tool 20a  Tool 20b  Tool 21a  Tool 21b</p>
25.00	<p><b>Risk factors for prevention and management of falls</b></p> <ul style="list-style-type: none"> <li>• Risk factors for falling</li> <li>• Often an older person will have a combination of risk factors; the more risk factors present, the greater the risk of falling.</li> <li>• Risk can relate to the individual and/ or their surrounding environment.</li> </ul>	<p>Tool 10  Tool 13  Tool 11  Tool 12  Tool 9  Tool 7a  Tool 7b  Tool 8  Tool 24</p>

	<p>Risks relating to the individual include:</p> <ul style="list-style-type: none"><li>• previous falls</li><li>• ageing - causing changes in the body</li><li>• certain medical conditions such as Parkinsons disease, stroke, dementia, arthritis</li><li>• being less physically active</li><li>• side-effects of medications or a combination of many</li><li>• excessive alcohol.</li></ul> <p>Risks relating to the surrounding <b>environment</b> include:</p> <ul style="list-style-type: none"><li>• poor lighting, especially on stairs</li><li>• low temperature</li><li>• wet, slippery or uneven floor surfaces</li><li>• clutter</li><li>• chairs, toilets or beds being too high, low or unstable</li><li>• inappropriate or unsafe walking aids</li><li>• inadequately maintained wheelchairs, for example, brakes not locking</li><li>• improper use of wheelchairs, for example, failing to clear foot plates</li><li>• unsafe or absent equipment, such as handrails</li><li>• loose-fitting footwear and clothing.</li></ul>	
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6. Summarise with staff about your care homes policies, procedures and documentation related to falls and bone health and what is required of them. Give staff **key Points handout**.
7. Complete **Case Study** and discuss with group. Consider Tool 4a or your own multifactorial falls risk screen as a guide. Give staff **answers** to case study at the end. You can use a real life case study of one of your residents if you prefer.
8. **Quiz answers/recap**.
9. Complete an **action plan** and discuss what individual actions staff can take and what can be done as a group. This may be used to support improvement using PDSA (1a,b,c).
10. Complete **staff evaluation** and sign **declaration form**.

