CITY OF YORK
Safeguarding Adults Board

Practice guidance for professionals and agencies

Safeguarding Adults and Falls Protocol

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1. Introduction

The purpose of this guidance tool is to promote best practice and understanding of when a fall may need reporting as a Safeguarding Adults concern, and should be used in conjunction with professional judgement. The guidance is not a substitute for the policies and procedures required of care providers to ensure safe care.

2. Definitions

2.1 Fall

> **An unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground, or an object below knee level.**
>
> ‘National Institute for Clinical Excellence (2014)’

2.2 Safeguarding Adults

> **Safeguarding adults is protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop abuse and neglect happening.**
>
> Care and Support Statutory Guidance (2018)

2.3 Adult at risk

Safeguarding adults duties apply to “adults at risk” These are adults who:

- have care and support needs (whether or not the local authority is meeting any of those needs)
- are experiencing or at risk of abuse or neglect
- as a result of those care and support needs are unable to protect themselves from abuse or neglect because of their care and support needs (Care Act 2014)

An adult at risk may be a person who, for example:

- is an older person who is frail due to ill health, physical disability, or cognitive impairment
- has a learning disability

- has a physical disability and/ or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse, and is in need, of care and support (Care Act, 2014)

2.4 Abuse or neglect

The Care and Support Statutory Guidance (2018) states that abuse and neglect can take many forms. In relation to falls this may be:

Neglect and acts of omission – ignoring medical, emotional or physical care needs. Failure to provide access to appropriate health, care and support or educational services. The withholding of the necessities of life, such as medication, adequate nutrition and heating.

Organisational abuse - Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill treatment. This can be due to neglect or poor professional practice as a result of the structure, policies, processes, practices or staffing within an organisation.

Physical abuse – Including assault, hitting, slapping, pushing, misuse of medication, restraint and inappropriate physical sanctions.

Self-neglect - covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

3. Deciding whether to make a Safeguarding Adults referral

3.1 Top tips:

- ✓ Not all falls will require a safeguarding referral.
- ✓ The referrer will need to consider whether the person is an **adult at risk** and whether **abuse or neglect** was linked to the fall.
- ✓ General concerns about an individual's safety are **not** a safeguarding concern.
- ✓ A Safeguarding Adults referral is not the route to access further support/services in relation to falls.
- ✓ Where there is a doubt as to whether to raise a safeguarding concern, staff should always speak to their safeguarding lead or equivalent in their organisation or the local authority Safeguarding Adults team.

3.2 Unwitnessed falls and Unexplained injuries:

It is important to note the difference between an 'unwitnessed fall' and an 'unexplained injury'. 'Unwitnessed falls' are when a fall has occurred, and the individual has explained what happened. If there is no suggestion that the fall occurred due to possible abuse, neglect or omission of care, a safeguarding referral is not required.

All falls should continue to be reported in line with the care provider's management of incidents policies, and contractual/registration requirements, with risk assessments being reviewed, and post fall protocols being adhered to, whether a safeguarding concern is raised or not.

Any fall that is deemed as unwitnessed, unexplained and results in injury should be referred to as an 'unexplained injury', rather than an unwitnessed fall. In these circumstances the manager on duty should use judgement based on the evidence available to determine what may have happened. If the person has an injury which cannot be explained, then this should be referred as a safeguarding concern.

3.3 Key considerations

A fall can be a safeguarding adults concern when there are is reasonable cause to suspect there is abuse or neglect linked to it. There could be concerns that the fall occurred because of abuse or neglect (including self-neglect) or that care and treatment following a fall was

abusive or neglectful. You will need to consider whether one of the following categories of abuse apply:

Neglect - Person(s) responsible for the care and support needs (whether paid/unpaid) did not carry out their responsibilities as expected before or after the fall.

Organisational abuse - The fall occurred because of wider systemic failures within an organisation.

Physical abuse - Someone pushed/tripped the adult which resulted in the fall.

Self-neglect - The fall occurred because of a lack of self-care, care of one's environment or a refusal of services. Mental capacity will be a key consideration in these cases.

The following considerations may be helpful in determining whether the fall should be referred as a safeguarding adults concern. In line with the key principles of safeguarding adults, any actions taken must be proportionate to the level of presenting risk or harm and be driven by the views and desired outcomes of the adult or their representatives.

Consideration	Circumstances	Possible actions
Was the person a known falls risk and therefore was the fall predictable/preventable? Has the person fallen under similar circumstances more than once?	If the fall was not predictable (i.e. was the first known fall), it is unlikely that the fall would be considered under safeguarding adults procedures.	Professionals should consider referrals to GP/Falls Service and develop or update risk assessments and care plans.
Does the person have a falls risk assessment in place and was this appropriately documented, communicated and followed?	If the person was a known falls risk, there would be an expectation that this would be documented and communicated with all relevant professionals. It would also be expected that there was a risk assessment in place to try and prevent the falls and/or reduce the harm caused because of the falls.	A safeguarding adult's referral should only be considered if the person was a known falls risk and this was not appropriately documented or communicated.

Consideration	Circumstances	Possible actions
Were all the necessary aids and equipment (e.g. call bell, sensor mat, walking aids available and working? Were these used as would be expected?	If the service had not used specific equipment or aids which was not available or not working or staff not trained to use it.	A safeguarding adult's referral should be considered if the fall could have been prevented or the level of harm reduced. Or if the equipment or aids were available but not used, this might suggest negligence on the part of the staff.
Is it possible that a crime occurred?	Crimes that may be applicable include ill-treatment/wilful neglect under the MCA 2005, breach of Health and Safety at Work Act, Common Assault.	A safeguarding adult's referral should be made, in addition to reporting to the Police and/or Health and Safety Executive.
Are there others at risk now or in the future?	Were there unsafe practices/procedures within an establishment that could lead to the harm of adults with care and support needs.	A safeguarding adult's referral should be made.
What is the impact of the fall on the person?	Did the fall result in a significant/serious injury or has a head injury/lost consciousness?	A safeguarding adult's referral should be made particularly if they may be at risk in the future. In the event of a death related to a fall this should always result in a safeguarding referral even if it is unclear whether the fall directly caused the death.
What are the views of the adult or their representative?	If the adult or their representative does not agree to a safeguarding referral or does not want anything to happen.	The referrer would need to consider whether there is a legal basis for overriding consent for example because others may be at risk or it is in the public interest.

Consideration	Circumstances	Possible actions
What happened following the fall?	It may be that the fall itself did not meet the safeguarding criteria, but the subsequent actions or lack of actions amount to abuse or neglect.	The referrer should consider how the immediate needs of the person were met i.e., were they appropriately/inappropriately moved, was necessary medical attention sought.
Was the fall unwitnessed?	It would be dependent on whether significant injuries occurred or there was neglectful practice. It may be more helpful to use the term 'unexplained injury' rather than an 'unwitnessed fall'.	Safeguarding referral should be considered if a significant or suspicious injury has occurred which is unexplained or where the adult has repeated unexplained injuries.

4. Responsibilities of Referrer

4.1 Care provider responsibilities:

Prevention and accountability are key principles in safeguarding adults. Care providers are expected to reduce the risk of falls and harm from falls for every person they support, and to follow guidance and good practice surrounding the prevention of falls.

Due attention 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, will continue to fall.

Falls can significantly damage self-confidence, increase social isolation, reduce independence, and hasten a move into residential care. The fear of falling may lead to deterioration in a person's well-being and quality of life, even if the fall itself does not result in a serious consequence.

There is evidence that residents are particularly at risk from falls and fractures in the first few months after admission to a residential home or new setting. This may be due to the environment changes and/or a period of ill health prior to admission. It is therefore essential that all individuals are assessed for their risk of falling and a care plan put into

practice to manage risk, prior to, or as soon as possible after moving into residential care or a supported living environment.

Falls prevention strategies and interventions need to consider the fact that falls can have a number of causes, such as frailty, infection, confusion, and the effect of certain prescribed drugs that require many different interventions. Falls can also lead to increases in death rates, individual physical and psychological damage, and can be an indicator of potential abuse and neglect.

All falls should be reported in line with other regulatory bodies, contractual requirements and internal policies and procedures. Any internal/ organisational reporting process must not delay safeguarding reporting where it is required. Both can be undertaken at the same time. Where organisations triage concerns, through managers for example, a care provider would need to ensure staff are clear when and how to escalate for immediate or quick decisions for example out of hours.

4.2 Making a safeguarding adults referral:

To make a safeguarding adult's referral use the online professional form which can be found on the City of York Safeguarding Adults Board website.

Specific information to include within a referral related to a fall:

- Injuries sustained as a result of the fall (attach body maps if relevant)
- Information related to previous falls/falls risk assessments
- Action taken following the fall for example medical intervention, contact with the adult/family
- Any plans put in place to address increased risk of falling.

5. Deciding not to refer

If the fall does not require a safeguarding adult's referral, there will still be actions you need to consider to reduce risks and to try and prevent falls happening in the future:

Recognition of risk

- Assessment prior to commencing service
- Ensure specific falls risk assessments are in place and accurate
- Document recent falls history
- Ensure all falls are recorded on incident forms for analysis
- Update documentation as condition changes or local organisational policy indicates

Act to reduce falls

- Check environment for trip/slip hazards
- Review medical history and physical health
- Ensure lighting is sufficient/have eye tests been carried out recently
- Consider communication, understanding and sensory needs
- Is medication record up to date
- Consider if alcohol/drug use could be a factor
- Write individual care plan to address risks
- Provide falls prevention advice
- Consider use of preventative equipment
- Refer to Health professionals, e.g. GP or Falls clinic
- Ensure staff have received appropriate training

Inform

- Inform any relevant parties that a fall has occurred; family, care manager, and GP
- Seek assurances where required regarding training, competency and processes

Review and monitor

- Review falls risk assessment monthly or if changes to medication/health or fall occurs

- Review care plans and analyse fall triggers or pattern

6. Safeguarding Adults enquiries

On receipt of the safeguarding adults referral, the Local Authority will decide whether there is a duty to conduct a Safeguarding Adults (Section 42) Enquiry to investigate the concern(s).

Information will be collated from relevant professionals and the views of the adult or their representative sought.

6.1 Who to involve in a Safeguarding Adults enquiry:

This will depend on the circumstances of the concern, and the following list is not exhaustive:

- The person/representative
- Safeguarding Adults Team
- GP
- Falls specialists
- Care provider (Health/Social Care/Housing)
- CQC
- Commissioner
- Care provider
- District Nurse
- Social Worker
- Police
- Coroner
- Health and Safety Executive

6.2 Safeguarding Adults plan

The following list provides some examples of actions that may feature in a safeguarding adults plan where the concern relates to falls, however this list is not exhaustive:

- Multi-factorial falls risk assessment
- Multi-factorial intervention
- Referral to Falls specialist service
- Care and support assessment/re-assessment
- Home hazard assessment and safety interventions
- Provision of equipment or aids
- Training for staff
- Revision of policies and procedures
- Disciplinary action (including possible referral to DBS/professional bodies)
- Criminal action

7. Case examples

The following are examples of falls which require safeguarding referrals:

- Any falls where abuse, neglect or omission of care is suspected and that result in injury requiring urgent medical and nursing intervention.
- An individual has a significant or suspicious (consider nature and location of injury) injury which is unexplained.
- An individual has repeated unexplained injuries.
- The individual has fallen under similar circumstances more than once (not necessarily sustaining any injuries), which may indicate a lack of risk assessment and/or preventative measures.
- An injury was sustained from a fall, and there was not a risk assessment in place where there should have been.
- Repeated falls have occurred despite preventative actions being taken.
- A fall occurred as a result of safety equipment not being in working order, used, or being used incorrectly.
- A fall or injury has occurred as a result of a medication error.
- Staff not being trained in falls management and/or not adhering to falls policies and protocols, which has led to a fall or injury.
- Supervision levels not being sufficient to ensure safety which has resulted in a fall or injury.
- An individual sustained an injury, but appropriate medical advice/attention was not sought.
- Environmental hazards, such as poor lighting or clutter have resulted in a fall or injury.
- The individual has equipment in place to reduce the risk of falls (e.g. buzzers, falls mats/sensors), but there was a delay in responding, or equipment was not utilised correctly by staff, which led to a fall or injury.
- An incident relating to the falls constitutes a crime e.g. ill treatment/wilful neglect under the Mental Capacity Act 2005, breach of Health and Safety at Work Act, or Common Assault. These cases should be referred to safeguarding, police and/or Health and Safety Executive.
- Unsafe practices within the organisation have led to harm.

- A death has occurred which is related to a fall, even if it is unclear whether the fall directly caused the death.

8. Resources and further information

- Falls in older people: assessing risk and prevention (National Institute for Health and Care Excellence, (NICE) 2013)
- Preventing falls in care homes (Social Care Institute for Excellence, (SCIE) 2005)
- React to falls resources – York Health and Care Partnership
- CYC Safeguarding Adults Board Joint Multi-Agency Safeguarding Adults Policy and Procedures