

Guidance for Safeguarding Concerns

Appendix F: When to Consider Raising a Safeguarding Concern Following a Fall November 2024

It is important that this guidance is read in full to support decision making

1) Falls and safeguarding

All falls must be recorded and reported using the appropriate procedures but not all falls will be safeguarding issues.

- ❖ There is evidence that residents and service users are particularly at risk from falls and fractures in the first few months after admission to a residential or new setting. This may be due to the environmental 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.
- ❖ The purpose of this section is to provide guidance on the management of falls and determining when the circumstances should be considered as requiring a safeguarding referral.

What is a fall?

- ❖ “An unexpected event when a person ‘falls’ to the ground from any level, this also includes falling on the stairs and onto a piece of furniture with or without loss of consciousness”.
- ❖ National Institute for Clinical Excellence (NICE, 2004) <https://www.nice.org.uk/>

2) Responsibilities of care providers

- ❖ There are general measures that can be taken to reduce the risk of falling and harm from falls for all individuals by taking into consideration individual needs and risk.
- ❖ Pre-admission assessments should inform the risk of, and the management of falls before a placement starts.
- ❖ The registered person must seek to protect service users against the risks associated with falls, by having a Moving and Handling Policy and ensuring that all staff are trained in moving and handling.
- ❖ Assessing a resident/service user's risk of falls/fractures followed by personalised care planning to manage risk is key to fall/fracture prevention and management in community settings of care.
- ❖ All falls should be reported in line with the care providers, management of incidents policies and procedures, and contractual requirements, whether a safeguarding concern is raised or not.

3) Post Fall Protocol

- ❖ Care providers should have in place a post fall protocol to inform the appropriate actions to take when a fall is suspected.
- ❖ Members of staff should receive guidance and training to ensure that further harm does not occur as a result of staff intervention.
- ❖ It is essential that individuals are checked for injury before any attempt is made to move them. Medical treatment should always be sought where necessary via GP, NHS 111 or 999 in an emergency.
- ❖ Information regarding falls services, including lifting services is detailed over the page.

4) Best practice for the management of falls

- ❖ The assessment and care plan should be reviewed and updated as a minimum every month, and the falls risk assessment (including environmental risk assessment) and care plan should be reviewed at regular intervals.

- ❖ There should be a complete review of both the assessment and care plan:
 - (a) Following a fall
 - (b) When there is a significant change in a person's condition i.e. during/ following illness
 - (c) On transfer from another care setting i.e. discharge from hospital
- ❖ Falls diaries are essential in falls management, and should be completed for those known to fall. A senior staff member should examine and analyse the information so that in the event of a fall all relevant documentation is completed such as an accident form and RIDDOR notification if required.
- ❖ All members of the care/support team should be aware of and involved in the assessment, care planning and evaluation of risk of falls.
- ❖ Appropriate health professional e.g. GP, district nurses, community matrons, care home team, physiotherapy, occupational therapists and dietician should be involved as and when required and their advice followed.

Community hubs – care home team and community matrons

TEAM	SURGERY	TELEPHONE	EMAIL
SOUTH	Highfield Stonyhill Abbey Dale Arnold	01253 - 951604	bfw.h.southshore@nhs.net
CENTRAL	Marton Layton Grange Park Newton Drive Bloomfield Waterloo	01253 - 953377	bfw.h.central@nhs.net
CENTRAL WEST	St Pauls South King St Adelaide St	01253 - 956161	bfw.h.dncentralwest@nhs.net
NORTH	Glenroyd North Shore	01253 - 956992	bfw.h.northshore@nhs.net
FAR NORTH	Cleveleys Group The Crescent	01253 - 951939	bfw.h.farnorth@nhs.net

The CQC, as part of the inspection process, will require written evidence to confirm that internal reviews, including subsequent actions, have taken place following a fall.

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Raising a Safeguarding Concern Following a Fall

Under the Care Act 2014*, agencies have a legal responsibility to raise safeguarding concerns where there is a **suspicion that abuse** of a vulnerable adult has occurred which may be as a result of neglect or omission of care. This is supplementary to the requirements set out above around the management of falls.

**Safeguarding means 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 both the risks and experience of abuse or neglect, while at the*

same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action'.

1) When to raise a safeguarding concern following a fall

- ❖ It is important to remember that a safeguarding concern must be raised following a fall where there is concern about possible abuse, neglect, or omission of care, and not because there is a general concern about an individual's safety.
- ❖ Where an individual sustains a physical injury due to a fall, and there is a concern that a risk assessment was not in place or was not followed, this must be raised as a safeguarding concern. The key factor is that the individual has experienced avoidable harm.

Or

- ❖ Where an individual has sustained an injury requiring medical advice or attention, and this has not been sought, this must be raised as a safeguarding concern.

2) Unwitnessed' falls / unexplained injury not requiring a safeguarding concern

- ❖ It is not a requirement that a safeguarding concern should be raised in respect of all 'unwitnessed falls'. If a fall is unwitnessed, it cannot be determined how the individual fell. It is possible that they were pushed or knocked over by someone else. The important issue is that each individual incident needs to be considered according to the unique factors of the case and a professional judgement made.
- ❖ 'Unwitnessed falls' have been raised as a safeguarding concern even when the individual has stated that they fell. If there is a risk assessment in place, and the post fall protocol requirement, including observations, have been followed, it is not necessary to raise a safeguarding concern. The individual has explained what happened and abuse or neglect is not likely to have occurred.
- ❖ It is more helpful to use the term 'unexplained injury' rather than 'unwitnessed fall'. In circumstances where an individual has sustained an unexplained injury, a senior staff member should use judgement based on the evidence available to determine what may have happened and whether a safeguarding concern should be raised.

3) Unwitnessed' falls / unexplained injury requiring a safeguarding concern

- ❖ Where an individual has a significant or suspicious (consider nature and location of injury) injury which is unexplained, this must be raised as a safeguarding concern.
- ❖ Where a individual has repeated unexplained injuries a safeguarding concern should be raised

4) Examples of falls which may also be considered appropriate for raising a safeguarding concern:-

- ❖ A fall as a result of safety equipment not in working order, not being used or not in place following an assessment of need causing harm.
- ❖ A fall resulting in harm where there is no risk assessment in place or where the risk assessment has not been reviewed or updated to mitigate the falls risk.
- ❖ Repeated falls despite preventative advice being given and a series of minor injuries.
- ❖ Fall and injury as a result of medication mismanagement.
- ❖ Members of staff not receiving training in falls management and/or not adhering to the falls policy and protocols following a fall.
- ❖ Supervision levels not being sufficient to ensure safety resulting in falls
- ❖ Environmental hazards, such as poor lighting or clutter, resulting in a fall and injury.

This document is intended as a guidance tool, and should be used in conjunction with professional judgement. When there is any doubt as to whether to raise a safeguarding concern, staff should always speak to the safeguarding lead in their organisation, and if further advice is required to the local authority safeguarding team via Adult Social Care on 01253 477800.