



University of  
Nottingham  
UK | CHINA | MALAYSIA

# ACTION FALLS

## Toolkit



## List of authors

PA Logan<sup>1,7</sup>, F Allen<sup>1</sup>, J Darby<sup>1</sup>, J Horne<sup>1</sup>, S Burgess<sup>1</sup>, ML Hart<sup>1</sup>, S Hodge<sup>1</sup>, C Ward<sup>7</sup>, L Houten<sup>7</sup>, E McManus<sup>2</sup>, B Guo<sup>1</sup>, K Robinson<sup>1,16</sup>, V Hallam<sup>18</sup>, E Orton<sup>1,17</sup>, A Gordon<sup>1,12,13</sup>, J Manthorpe<sup>3,15</sup>, C Norrie<sup>3</sup>, C Forward<sup>3</sup>, D Lasserson<sup>4</sup>, C Harris<sup>4</sup>, B Hanratty<sup>5,14</sup>, JRF Gladman<sup>1</sup>, P Leighton<sup>1</sup>, M Fletcher<sup>1</sup>, T Locke<sup>19</sup>, V Place<sup>6</sup>, S Knowles<sup>19</sup>, K Cobb<sup>7</sup>, A Rees<sup>8</sup>, L Jones<sup>9</sup>, S Quirke<sup>8</sup>, L Pyne<sup>10</sup>, J Laiseta<sup>19</sup>, M Lie<sup>5</sup>, D Rowlands<sup>19</sup>, B Brown<sup>11</sup>, M Godfrey<sup>19</sup>, P Smith<sup>19</sup>.

## Organisations

<sup>1</sup>School of Medicine, University of Nottingham, Nottingham, UK.

<sup>2</sup>University of Manchester, Manchester, UK.

<sup>3</sup>Kings College London, UK.

<sup>4</sup>Warwick Medical School, University of Warwick, UK.

<sup>5</sup>Newcastle University, Newcastle, UK.

<sup>6</sup>Nottinghamshire Healthcare Foundation Trust, Nottingham, UK.

<sup>7</sup>Nottingham CityCare Partnership, Nottingham, UK.

<sup>8</sup>South East London ICS, UK.

<sup>9</sup>Northumbria Healthcare NHS, UK.

<sup>10</sup>Bromley Healthcare, UK.

<sup>11</sup>White House Care Home, Stockton-on-Tees, UK

<sup>12</sup>Derby and Burton Hospitals NHS Trust.

<sup>13</sup>Applied Research Collaboration, East Midlands, UK.

<sup>14</sup>Applied Research Collaboration North-East and North Cumbria, UK.

<sup>15</sup>Applied Research Collaboration, South London, UK.

<sup>16</sup>Nottingham University Hospitals (NHS) Trust, Nottingham, UK.

<sup>17</sup>Leicestershire County Council, UK.

<sup>18</sup>The Byars, Care Home Manager, UK.

<sup>19</sup>Patient Public Involvement Group.



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# Foreword

Falls in older people living in care homes and long-term care facilities are twice as likely to occur as people living in their own homes. They can lead to broken bones, distress, fear and pain for the older person and worry, guilt and feelings of helplessness for the families, carers and friends.

The World Health Organization Step Safely publication reviewed evidence for falls prevention across the life cycle and recommended a range of interventions for falls among the older aged population, including multifactorial falls prevention programmes. This toolkit presents an evidence based multifactorial falls prevention intervention called Action Falls which has been recommended by the UK NHS in their Enhanced Health in Care Homes Framework and the World Falls Guidelines.

Action Falls was developed by care home staff, residents, families, and researchers, and is suitable for anyone to use. It has been tested in the largest UK care home study to date and was shown to be effective at reducing falls rates by 43% without reducing liberty, mobility, or normal activities of daily living.

The Action Falls toolkit provides users with a systematic approach with information in an easy format introducing the training, expected benefits and gives access to various resources. It can be followed by care home staff, families, volunteers, and residents themselves, as part of the approach is to recognise that falls are everybody's business and should not be hidden. It was written by the research team led by the University of Nottingham in the UK, using data provided from the study.

## **David Meddings**

Scientist

World Health Organisation (WHO)



# Introduction



Creating a toolkit for Action Falls is an essential step in promoting the safety and well-being of elderly residents in care homes. This toolkit provides guidance and resources for care home managers, commissioners, healthcare professionals and stakeholders to understand, prevent and manage falls effectively.

Defining a fall, as recommended by the World Health Organisation (WHO) [1], is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

Falls in older people aged 65 years or older is a global concern with a third of all falls occurring in this age group [1]. The incidence of falls is higher for older adults residing in care homes with at least half experiencing multiple falls every year [2].

In the UK it is estimated that there are over 408,000 people (2022) [3] living in over 15,000 care homes [4] that offer 24-hour care, with or without nursing input. Although care home occupancy fluctuates, this figure equates to 4% of the total UK population aged 65 years and over, rising to 15% for those aged 85 and over [2]. Many residents in care homes have multiple long-term conditions and reduced mobility levels and require some assistance in daily activities. As a result, they are three times more likely to have falls, compared to those of a similar age living in the community.

Falls can have a devastating impact on residents and care homes [5]. The falls cycle (Fig.1) shows how falls can lead to a repeating pattern of increased dependence, loss of confidence and further falls.

The wider impact of falls has a high cost to society as 40% of hospital admissions from care homes are from falls, with 25% of residents sustaining serious injuries [6]. Falls are estimated to cost the NHS £2.3billion per year [5].

Therefore, finding effective ways to reduce the risk of falls within care home settings is a high priority for residents, family members, care home staff and health and social care providers [1].

## Did you know?

**There are multiple risk factors associated with falls in older people including: age, gender, polypharmacy, neurological conditions such as Parkinson's or dementia and visual impairments [7].**

**Older people in care homes 3x more likely to fall than those living in their own home and are twice as likely to sustain a fracture if they fall [2].**

**10% of residents who fall sustain a fracture [8].**

**40% of injury deaths in care home are from residents falling [9].**

**Falls cost NHS £2.3bn annually [5].**

**The Action Falls programme described in this toolkit has been recommended by the UK NHS Department of Health and Social Care [10]**



**Fig 1:** Falls have the potential for lasting physical, psychological and emotional effects on care home residents.

Using a co-design approach, an intervention programme (Guide to Action for Care Homes – GtACH) [11] was developed to help prevent falls in care home residents. The results from the intervention programme provided the evidence, and justification, to undertake a full trial. Following feedback from the care homes GtACH – the multifactorial falls prevention intervention programme – was renamed to something more meaningful, and Action Falls was born [12, 13]. The ‘Falls in Care Homes’ study was completed, and Action Falls proved to be clinically and cost-effective, feasible and valued by users and participants [12, 13, 14].

Action Falls includes training, provision of a manual and resources to enable care home staff to become more aware and knowledgeable about the management and prevention of falls.

Implementing Action Falls across the UK, and wider, will not be straightforward due to variations in the ethos and organisation of care homes. However, its proven cost-effectiveness and associated reduction in fall rate, without a reduction in activity or increase in dependency, means that it can bring significant benefits to residents and care home operators [12,13].



# Action Falls Timeline

**2002**

Falls Prevention Group established.  
Falls care pathway developed to provide an easy way to refer clients for falls assessment and treatment programmes.

**2005**

Guide to Action to Prevent Falls (GtA) created.  
This provided a falls screening and action checklist / training programme / support structure / manual.

**2010**

GtA results presented in a paper 'Thinking Falls and Taking Action'.

**2012**

Care home version of training package was developed. This was called 'Guide to Action for Care Homes' (GtACH).

**2013**

The feasibility of the co-created programme was proven in the study 'Falls in Care Homes' (FICH)

**2015**

GtACH evaluated in largest UK care home trial called 'Falls in Care Homes' (FinCH)

**2019**

Falls in Care Homes' study completed.  
GtACH proved to be clinically and cost-effective, feasible and valued by users and participants.  
GtACH implemented across the East Midlands.  
GtACH changed its name to Action Falls.

**2021**

National ARC funded a study to implement Action Falls across England (FinCH Imp Nat). This took place in four locations across 60 care homes. The results from this form the basis of Action Falls and this toolkit.

**2022  
onwards**

Work continues to develop on-line training and to embed Action Falls into care homes nationally.



# Section 1

## Using Action Falls

### 1.1 What is it?

Action Falls was designed through partnership, and co-designed with care homes, to create a falls prevention programme that is usable, and suitable, for use by all care home staff for all residents. .

### 1.2 The Action Falls Programme

The Action Falls programme consists of many different elements:

#### 1.2.1 Falls Risk Assessment checklist and associated action plan

Central to the Action Falls programme is the evidence based, systematic multifactorial falls risk Checklist and associated actions. Action Falls supports staff to identify the reasons why individual residents fall and then guides them to complete actions to reduce falls. Staff then sign off the actions when completed. It is designed in such a way that anyone, in any job role within the care home, who is trained in its use, can complete it.

#### 1.2.2 Training and Support

Fundamental to the success of Action Falls is the training and support provided to care homes through therapists and registered nurses, who are specially trained as Falls Leads.

- Care home staff receive a face-to-face training session from one of these specially trained Falls Leads. These sessions take place within the care home and last one hour. Eight staff can be trained in each session. The training sessions are open to all staff, regardless of job role – this is a key aspect of Action Falls. For greatest effectiveness, the programme aims to train at least half of all care home staff. This helps to develop a falls prevention culture in each care home.
- The training for the Falls Leads adopts a 'Train the Trainer' model. They are shown how to provide Action Falls specific training and support to care homes.
- The training is focussed around how to use the Checklist and complete the associated actions. The learning centres around case studies and group work is encouraged.
- It was found that the Falls Leads may need to return to the homes to conduct either one-to-one or group support sessions to get long-lasting implementation.
- The implementation study found that, further training was needed outside the training room environment which focussed on completing the Action Falls Checklist with actual residents.

**ACTION FALLS Checklist: A Guide to Action for Care Homes**

Resident's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Falls History (1 of 4 sections)

Falls risk factors	Suggested action	Action taken	Date action taken & by whom
<b>History of falls</b> Number of falls in last 12 months Number of falls in last 6 months Number of falls in last 3 months Number of falls in last 1 month Number of falls in last 7 days Number of falls in last 24 hours	Number of accidents using the patient's checklist (if the only activity of interest) - if not, then record number of falls in last 12 months and any other falls		
<b>Resident falls</b> If a fall occurred in the past 12 months, it is not included in an appropriate assessment or action plan, unless it is a fall that occurred in the past 7 days	Method of assessment for the number of falls in the past 12 months, and if a fall occurred in the past 7 days, the number of falls in the past 7 days, and the number of falls in the past 24 hours, and the number of falls in the past 7 days, and the number of falls in the past 24 hours		
<b>Environment</b> The resident has been assessed for falls risk in the last 12 months, and if a fall occurred in the past 7 days, the number of falls in the past 7 days, and the number of falls in the past 24 hours, and the number of falls in the past 7 days, and the number of falls in the past 24 hours	Method of assessment for the number of falls in the past 12 months, and if a fall occurred in the past 7 days, the number of falls in the past 7 days, and the number of falls in the past 24 hours, and the number of falls in the past 7 days, and the number of falls in the past 24 hours		
<b>Personal assessment</b> A resident with a fall risk assessment score of 1-3, or a fall risk assessment score of 4-6, or a fall risk assessment score of 7-9, or a fall risk assessment score of 10-12, or a fall risk assessment score of 13-15, or a fall risk assessment score of 16-18, or a fall risk assessment score of 19-21, or a fall risk assessment score of 22-24, or a fall risk assessment score of 25-27, or a fall risk assessment score of 28-30	Method of assessment for the number of falls in the past 12 months, and if a fall occurred in the past 7 days, the number of falls in the past 7 days, and the number of falls in the past 24 hours, and the number of falls in the past 7 days, and the number of falls in the past 24 hours		
<b>Other things that can fall</b> Other things that can fall (e.g. medication, equipment, etc.)	Method of assessment for the number of falls in the past 12 months, and if a fall occurred in the past 7 days, the number of falls in the past 7 days, and the number of falls in the past 24 hours, and the number of falls in the past 7 days, and the number of falls in the past 24 hours		
<b>Living arrangements</b> Living arrangements (e.g. living alone, living with family, etc.)	Method of assessment for the number of falls in the past 12 months, and if a fall occurred in the past 7 days, the number of falls in the past 7 days, and the number of falls in the past 24 hours, and the number of falls in the past 7 days, and the number of falls in the past 24 hours		
<b>Plan of falling</b> Plan of falling (e.g. plan of falling, plan of falling, etc.)	Method of assessment for the number of falls in the past 12 months, and if a fall occurred in the past 7 days, the number of falls in the past 7 days, and the number of falls in the past 24 hours, and the number of falls in the past 7 days, and the number of falls in the past 24 hours		





### 1.2.3 Falls Champion

Care homes that adopt the Action Falls programme are encouraged, and supported, to create a Falls Champion role in the home to help to drive the uptake of Action Falls and to act as a liaison with the Falls Lead to support staff.

### 1.2.4 Resources

- **Care home manual which includes:**
  - A useful reference guide which goes through how to use the Action Falls Checklist, as well as provide support on medications, incident reporting.
  - FAQs.
  - React to Falls pocket guide: A handy pocket guide to assist with problem solving.
  - Links to other resources such as the React to Falls app and the React to Falls website.
- **Awareness poster**
  - A visual reminder of the importance of falls assessment.

## 1.3 Costs implications of Action Falls

As well as the huge impact falls can have on an individual's health and confidence, they are also extremely costly both to the NHS and to care homes, with the annual cost of falls to the NHS estimated to be £2.3 billion per year [5]. Falls in care homes frequently require an ambulance visit which costs on average £357 per callout [15]. There are also the costs to the individual care home which include a loss of staff time when dealing with a fall and potentially waiting for an ambulance, as well as liaising with family members and completing incident reports, all of which take staff away from other residents and care home duties. There may also be loss in revenue as the resident may never return to the home following a fall. Therefore, finding ways to prevent falls is a high priority to care homes.



The 'Falls in Care Homes' trial is the largest UK care home trial conducted to date. It compared care homes delivering Action Falls with care homes delivering usual care in terms of fall prevention [12,13]. The trial found that for care homes delivering Action Falls, at 91-180 days after implementing, care homes saw a 43% reduction in fall rates compared to usual care. Using this and the rates of falls observed in the care homes delivering usual care, it can be calculated that Action Falls helped to prevent between six and seven falls per month, for a hypothetical care home with 50 residents. If each of these falls required an ambulance to hospital, this would equate to cost savings of £2,227 per month for the NHS in terms of ambulance call-outs alone, for just one care home.

To deliver Action Falls, on average, it cost only an additional £108 per resident (which included staff training), a cost which will likely be offset over time, as more falls are prevented, and staff time is saved. Action Falls was also found to increase residents' quality of life and reduce the proportion of residents suffering from fractures because of a fall. Combining the costs and benefits estimates, Action Falls was found to be cost-effective according to current National Institute for Health and Care Excellence (NICE) willingness to pay thresholds [16]. The willingness to pay thresholds are set by NICE as the amount the NHS is willing to pay for the health benefit of an intervention and is set for the NHS at £20,000 to £30,000 per incremental quality-adjusted life year, [16] Action Falls was found to fall well below these thresholds, costing £4,544 per incremental quality-adjusted life year generated.

From the 'real world' implementation study of Action Falls, which looked to test how best Action Falls could be rolled out to care homes, there have been several key findings. The Action Falls training was found to increase awareness of falls, and reminded all staff of the little things that could be done to prevent falls. Many care home staff reported that the Checklist was easy to use, and whilst it can take time to complete for new or more complex residents, staff gained confidence in completing the Checklist and as a result, the time taken to complete it reduced.



# Section 2

## Research Evidence

### 2.1 FinCH Implementation Study

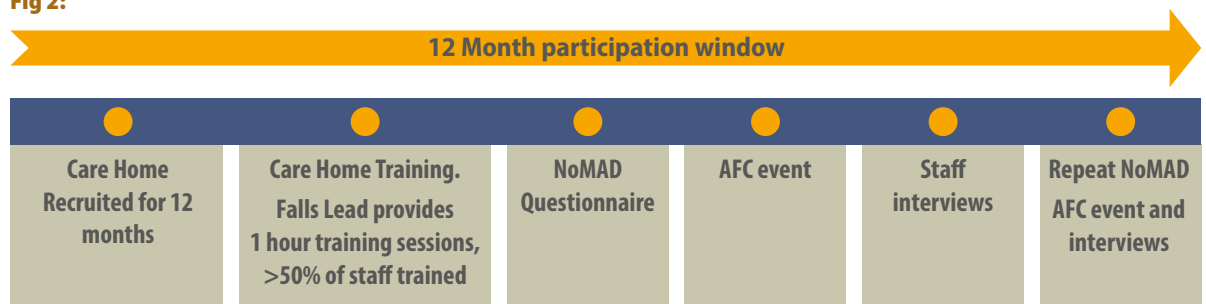
This toolkit is a result of the findings of the FinCH Implementation study (2021-2024). This research study investigated the barriers and facilitators of using the Action Falls programme in care homes as part of daily care [17]. For this study, 60 care homes were recruited from Central, Northern and Southern England.

Each care home received training and ongoing support from specially trained Falls Leads. At least 50% of all staff were trained at each care home. Each care home was provided with a full range of Action Falls resources and encouraged to use Action Falls for 12 months. During this time, Falls Leads contacted the care home at least once a month and offered extra training and help with the new intervention. Care home staff were also invited to take part in three Quality Improvement Collaborative Events, called Action Falls Collaboratives (AFC). These events encouraged supportive discussion around the experiences of care homes in implementing Action Falls as well as providing feedback to the research team.

All staff members, in each care home, were invited to complete a Normalisation MeASURE Development questionnaire (NoMAD), on two separate occasions. This questionnaire assessed the readiness and opinions of staff in using Action Falls in daily care. Staff and Falls Leads were also invited to take part in one-to-one interviews or focus groups to explore the barriers and facilitators to using Action Falls.

All participating care homes were asked to submit monthly data on the number of falls and number of residents over a period of 18 months (6 months prior to starting in the study and 12 months into the study).

Fig 2:



### 2.2 Data collection and management

The interview, focus group and AFC field note data underwent a process of qualitative analysis to discover underlying themes relating to the experiences of care home staff and Action Falls trainers in completing Action Falls training and using the Action Falls Programme. NoMAD and falls rate data underwent statistical analysis to review the effect of care homes using the programme and the perspectives of staff to using the new intervention.

### 2.3 Outcomes

The results from the FinCH Implementation National study enabled the research team to create this toolkit which aims to support care home owners and managers, health and social care commissioners in the successful provision for the Action Falls programme.

Elements of the Action Falls programme continue to be reviewed and developed to ensure they represent best practice and are usable in the developing landscape of digitisation of training and care home resources.

Future plans involve the development of on-line Falls Lead training into an eLearning package to create a more accessible platform for uptake and a planned process for the digitisation of the Action Falls programme into digital care platforms.



# Section 3

## Case studies and success stories

### 3.1. Care Home 1: Central England

A small independent care home with nursing provision for a maximum of 27 residents. The home was recruited in August 2022. The recruitment was completed with the Acting Manager/Clinical Lead who was keen to participate in the research study as they had heard 'good things' about it. The Falls Lead contacted the care home to arrange the Action Falls training which took place in November 2022. This involved three training sessions with 24 staff attending and accounted for 80% of staff members in the home, including the Acting Manager/Clinical Lead. Two top-up sessions took place in March 2023 with 11 staff attending.

The Falls Lead phoned the home each month. The Acting Manager reported that staff were more aware of falls risks since the training. The Acting Manager completed the Action Falls Checklists as care staff were anxious about recording something wrong on the documentation. By the end of the 12 months study period the Acting Manager reported that staff had become more confident in completing the Checklist. They had not experienced many falls in the home.

The Acting Manager (nurse) was interviewed for feedback on the overall experience of the Action Falls programme. They reported that the training had been interesting and felt that it was pitched at the right level for all the staff that attended. They believed falls should be everyone's concern and liked the inclusion of all staff in the training:

*"I liked the fact that we'd arranged it so that different job roles were involved, so we included every staff member in our training, from cleaning, activities, maintenance, kitchen, everybody got involved, so everybody was involved in talking about the residents, we were talking about and, and getting involved in looking at different aspects and that was really helpful. I think everyone enjoyed thinking about things in a different way."*

The Acting Manager felt the training led her to reflect on existing falls prevention knowledge, rather than increasing her falls knowledge base. However, she felt the training increased awareness and knowledge for other staff, and gave an example of simple things, such as cleaners not leaving trailing flexes when they were working.

The Acting Manager was confident in using the Checklist after the training, and as a nurse, was familiar with conducting assessments and completing documentation. They had used the Checklist with no problems, and made the Action Falls Checklist part of their morning routine, surveying each resident and room for risks:

*"I go into the home in the morning and the first thing I do is walk around my home. It's only, it's a small home, we've only got 24 residents s-so it's a smallish home, but I'll go round every single room and check, is my resident alright, is their room looking safe, and that's implemented in the Checklist, you know, is there anything out of place, are they in bed, are they, have they got the crash mat, have they got the PIR, is everything OK and as it should be."*

They indicated that the carers were worried about filling in the Checklist and often asked for help with completing it. They did feel that residents were getting better care because of the Action Falls Checklist, as staff were more aware of potential risks and ensuring resident safety:

*"I honestly think it's made the carers more, and, and all the other grade staff more aware of what we're doing and why."*

In terms of going forward, they felt they had received sufficient support to use the Action Falls Checklist, but more help (over and above the monthly phone calls stipulated in the study protocol) was needed for the seniors and carers. They thought it would be helpful if somebody visited the home informally to go through completing the Checklist with real residents.





## 3.2 Care Home 2: Northern England

A large care home with residential, nursing and dementia support for a capacity of 58 residents. There are 17 care homes in the chain.

The care home has a few residents at high risk of falls. The manager hoped that, by participating in the research study, they could reduce the number of falls. This was the first time the home had participated in any research. There were no issues recruiting this home, and the Falls Lead delivered two training sessions. This was insufficient for the number of staff working in the home so further sessions were arranged, but each was cancelled due to lack of staff availability.

The Deputy Manager was also the Falls Champion and was interviewed to provide feedback on the overall experience of using the Action Falls Programme. There were issues around releasing staff for training and bringing in other staff to cover the absent staff. However, the participant was positive about the training session, saying it was engaging and informative. They particularly liked the fact that staff, such as housekeeping, were invited to join the sessions. The training encouraged them to 'think outside the box', and look at each resident as an individual, rather than focusing on just the fall. The Deputy Manager said:

*"It kind of opened I think few people's eyes of actually looking at the bigger picture of falls and the chart [Checklist] itself that went through more of a holistic view rather than just the falling because, y'know the mobility's not very good."*

The practical part of the training session, the case study, was viewed positively, and seen as a means of encouraging staff to think about falls in relation to their residents.

They liked the Action Falls Checklist and felt it was more in-depth than the home's existing falls assessment. They were enthusiastic about the basic ethos of the programme involving all staff in falls prevention rather than just being the responsibility of the nurses and carers.

Once the training was completed, they were left to implement the Checklist. However, the care home was busy, so the Checklist was pushed to the bottom of the priority list. The Deputy Manager said:

*"I really thought it was good and I thought that it would, you know, potentially help reduce certain falls in certain people. But to do it for everybody, it just wasn't relevant for everybody, and it was too, it was too longwinded to go through everything of actually looking at their medication every time, looking at their eyesight every time, do they need this, do they need that, you know. Personally when we're full we're a 57, 58-bedded home, to do it for everybody it was just unrealistic."*

Their thoughts on going forward were to only use the Checklist with high-risk fallers (in addition to using the home's existing falls documentation), rather than using it with all residents. They wished to meet the ethos of the programme, adopting a whole team approach, and envisaged achieving this by assembling a group of staff at all levels, with an interest in falls. This group could then meet each month to discuss the Action Falls Checklist in relation to high-risk fallers. They recommended that the Checklist be integrated into their digital system, rather than being used as a separate stand-alone document.



### 3.3 Care Home 3: Southern England

A medium sized care home with nursing provision for a maximum of 42 residents. There are five care homes in the chain.

The Care Home Liaison Nurse was instrumental in the recruitment of this home and forwarded the home's details to the research team. There was a delay in recruitment as the manager of the home left, but once the new manager was in place the home was recruited with no problems. The manager and Clinical Lead nurses were very supportive of the Action Falls Programme.

The Falls Lead completed three training sessions at the home, accounting for 72% of the staff in the home. However, no Checklists had been completed by the time the Falls Lead made a review visit. The visit was therefore used to go through the e-version of the Checklist with the manager and Clinical Lead for one of the residents in the care home. They felt the Checklist was more comprehensive than their existing documentation and saw the benefit of the suggested actions. They subsequently replaced their existing falls assessment with the Action Falls Checklist.

A top-up training session was conducted focusing on their residents and discussing common problems and suggested actions.

A joint interview took place with the manager and one of the Clinical Lead nurses to get feedback on the overall experience. They explained that they had taken part in the research due to the high number of falls in the home. They wanted to see what else they could do to prevent falls and were interested in how they could adapt the care home environment. They also liked the fact that anyone could attend the training and that falls prevention was not restricted to the carers.

Training sessions were arranged over different days to accommodate staff on duty. The sessions took place at 7.30am so that night-staff could also attend. The nurse liked the fact that a target was set around the number of staff in the home that should be trained:

*"Because when you are trying to share with them, maybe let's say for example during meetings etc. the larger the number of staff members that would have attended, you know, it makes it easier for people to understand and sort of like take on board, if at all there's any changes that you are trying to, you know, sort of like implement as a result of the training."*

The training greatly increased the knowledge of these two senior staff members. They stated their knowledge was enhanced by the training and felt the training was at a suitable level for the carers:

*"So that even our carers who attended that training, they said that it's quite understandable and it's clearly, because each steps it's clear. They, they can understand and they can put it into action also."*

The practical case study in the training was perceived positively, and it was felt that this encouraged staff to think outside the box in relation to their own residents.

The nurses completed the electronic version of the Action Falls Checklist. They had no difficulties filling it in, found it helpful, and did not find it time consuming. The home had a nurse doing supernumerary shifts who normally completed the Checklist. They staggered, and spaced out, completing the Action Falls Checklist across the residents.

When asked if the Action Falls programme had changed anything for the home. The nurse replied:

*"Oh yeah definitely. Because once we've got that knowledge, you know, there were a lot of other things that we're looking into including medication reviews, you know, although yes, the medications were being reviewed but, you know, one, once you, you, you sort of like have this awareness, you do it proactively, you know."*

Going forward they suggested that the electronic version of the Action Falls Checklist should be developed so that once the Checklist is generated it can pre-populate without refilling it in.



## Section 4

# Evidence for Commissioners, Care Home owners, Health and Social Care providers

### 4.1 Why do we need Action Falls?

- Action Falls has been recommended by the UK NHS in the Enhanced Health in Care Home Framework [10].
- It has been proven to reduce falls by 43% in the largest Randomised Controlled Trial (RCT) in UK care homes.
- It is recommended in the World Falls Guidelines [7].
- The benefits are not only to the care home residents but the whole health and social care pathway – ambulance services, acute hospitals, intermediate care facilities.
- Investing in falls prevention in the summer will have a positive effect on winter pressures.

### 4.2 What is the staffing requirement to use Action Falls?

- Falls Leads are HCPC registered Allied Health Professionals or registered nurses who have completed the Falls Lead training which is a single session lasting one and a half hours.
- All Falls Leads are provided with a trainer's manual.
- Care home materials, including the Action Falls manual and resources, are supplied separately.
- Once the Falls Leads have completed the training, they are able to provide the one-hour, Action Falls training to care home staff in face-to-face, small group sessions.
- Falls Leads have an ongoing role to support care homes and should provide one hour per month drop-in support to each care home.

### 4.3 What do care homes have to do to use Action Falls?

- Remove other falls prevention documents to reduce duplication.
- Work with their electronic records company to get Action Falls integrated.
- Commit to all staff being trained, this includes cleaners, caretakers, gardeners, and managers.
- Consider having a Falls Champion who can be the link between the Falls Lead and the care home staff.
- Support staff to complete the actions.
- Support staff to download and use the APP.

### 4.4 How do commissioners and care home staff keep up to date with Action Falls?

- The University of Nottingham is continuing to complete research on Action Falls.
- The resources will be updated every three years.
- A website will be in place from Sept 2024 where new Action Falls information will appear and where people can post questions.



# Section 5

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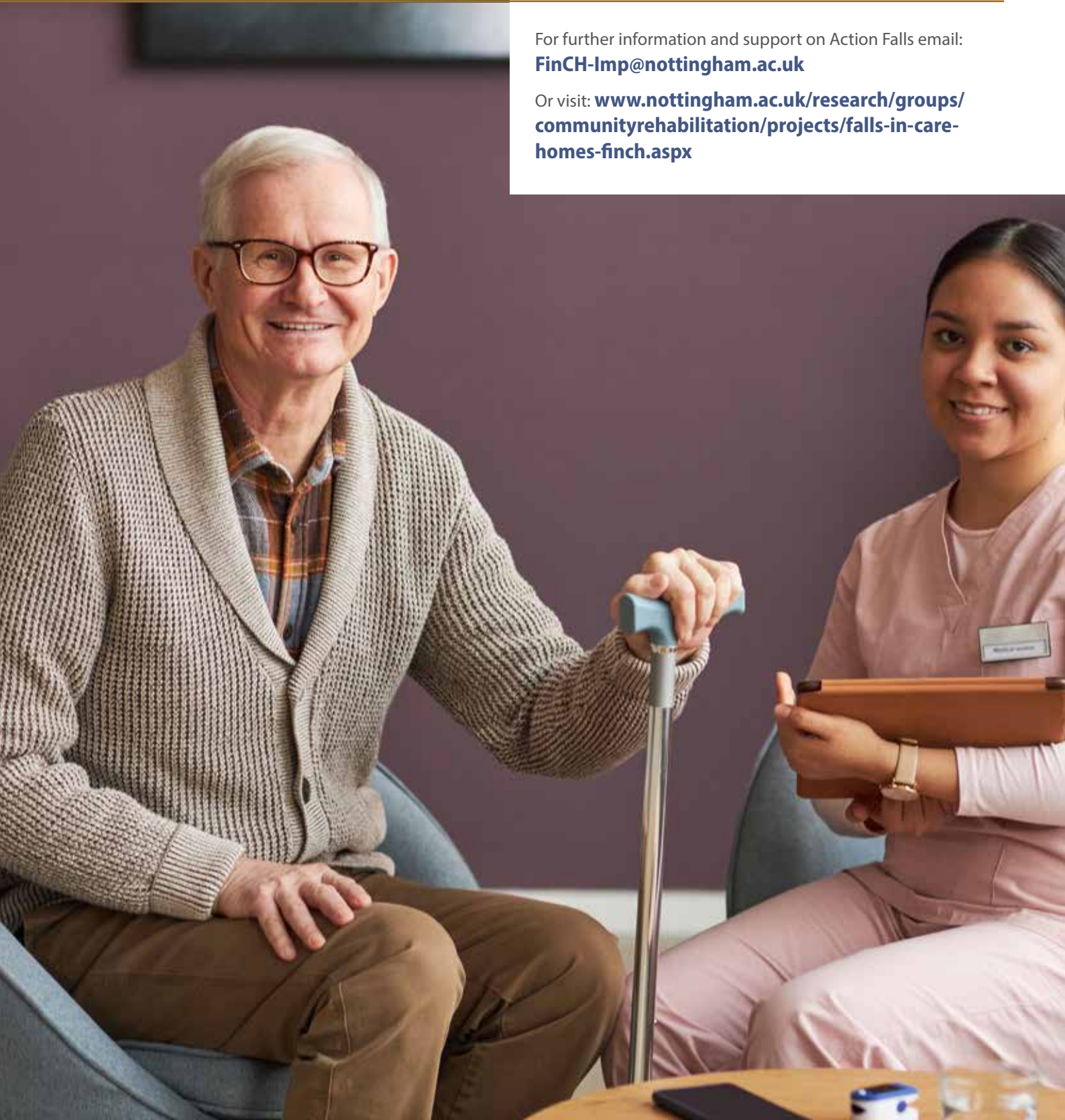
# Section 6

## Contact and Support

For further information and support on Action Falls email:

**[FinCH-Imp@nottingham.ac.uk](mailto:FinCH-Imp@nottingham.ac.uk)**

Or visit: **[www.nottingham.ac.uk/research/groups/communityrehabilitation/projects/falls-in-care-homes-finch.aspx](http://www.nottingham.ac.uk/research/groups/communityrehabilitation/projects/falls-in-care-homes-finch.aspx)**



# Appendices

## Action Falls Infographic

### Falls in Care Homes, clinical trial



A programme of activity designed to prevent, manage or reduce falls...

The Guide to Action for Care Homes (GtACH) programme was designed by researchers, care home staff and residents to prevent falls in care homes. It includes training, resources, case studies and a list of actions.

...Because falls cause injuries and distress



...That was tested in the biggest care home study in the UK (10 sites)



...Because falls are three times more likely to happen in a care home than in people living in their own home



...That 84 care homes took part in



Received normal care



Received normal care plus the GtACH programme

1657 CARE HOME RESIDENTS TOOK PART IN THIS STUDY...

GtACH training was delivered to 71% (n=1051) of staff in over 146 training sessions.



...With a mean age of 85 years old



88 participants took part in the Process Evaluation through...

...68% were Female & 32% were Male



44 interviews

11 focus groups

This included management, care staff, residents and those delivering the training.

THE GtACH PROGRAMME...

...Reduced falls by 43%



...Did not affect residents activity & dependence levels



...Was cost effective

Costing £108 per resident



...Offers benefit in the management of falls, however delivery of the programme was influenced by the local needs of care homes.

Our next study, FinCH Imp, aims to find how best to use the GtACH programme in everyday practice.

Thank you for your participation in this study. Success!



University of Nottingham  
UK | CHINA | MALAYSIA

**Researchers:** Philippa A Logan<sup>1,2,10,11</sup>, Jane C Horne<sup>1</sup>, Frances Allen<sup>1</sup>, Sarah J Armstrong<sup>1</sup>, Allan B Clark<sup>4,5</sup>, Simon Conroy<sup>6</sup>, Janet Darby<sup>1</sup>, Chris Fox<sup>4</sup>, John RF Gladman<sup>1,3,10,11</sup>, Maureen Godfrey<sup>1,8</sup>, Adam L Gordon<sup>1,9,10,11</sup>, Lisa Irvine<sup>12</sup>, Paul Leighton<sup>1</sup>, Karen McCartney, Gail Mountain<sup>7</sup>, Kate Robertson<sup>1</sup>, Katie Robinson<sup>1,3</sup>, Tracy H Sach<sup>4</sup>, Susan Stirling<sup>4,5</sup>, Edward CF Wilson<sup>5</sup>, Erika J Sims<sup>4,5</sup>

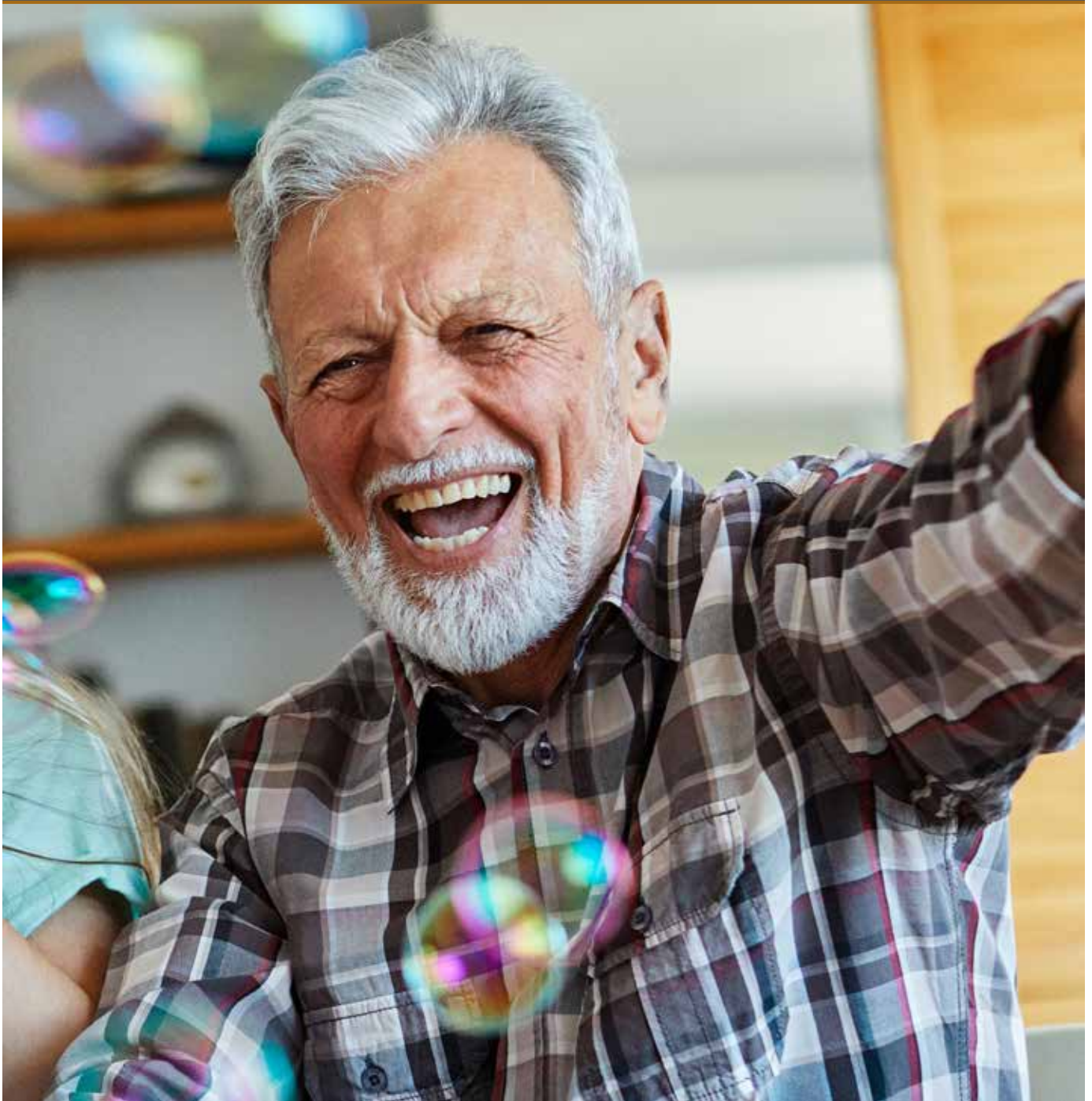
**1** School of Medicine, University of Nottingham, Nottingham, United Kingdom. **2** Community Rehabilitation Team, Nottingham CityCare Partnership, Nottingham, United Kingdom. **3** Health Care of the Elderly Directorate, Nottingham University Hospitals, Nottingham, United Kingdom. **4** Norwich Clinical Trials Unit, University of East Anglia, Norwich, United Kingdom. **5** Norwich Medical School, University of East Anglia, Norwich, United Kingdom. **6** Department of Health Sciences, University of Leicester, Leicester, United Kingdom. **7** Centre for Applied Dementia Studies, University of Bradford, Bradford, United Kingdom. **8** Patient & Public involvement representative, Nottingham, United Kingdom. **9** Medical School, University Hospitals of Derby and Burton NHS Foundation Trust, United Kingdom. **10** NIHR Applied Research Collaboration East Midlands, United Kingdom. **11** NIHR Nottingham Biomedical Research Centre, United Kingdom. **12** Centre for Research in Public Health and Community Care, University of Hertfordshire, Hatfield, Hertfordshire, UK

## Abbreviations

AFC	Action Falls Collaborative
ARC-EM	Applied Research Collaboration – East Midlands
FICH	Falls in Care Homes
FinCH	Falls in Care Homes
FinCH Imp EM	Falls in Care Homes Implementation Study for the East Midlands
GtA	Guide to Action to Prevent Falls
GtACH	Guide to Action for Care Homes
HCPC	Health and Care Professions Council
HRA	Health Research Authority
MRC	Medical Research Council
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NoMAD	Normalisation MeASURE Development questionnaire
PIR	Passive Infra Red
PPI	Patient and Public Involvement
RCT	Randomised Controlled Trial
RfPB	Research for Patient Benefit
WHO	World Health Organisation







**Creating a toolkit requires collaboration with healthcare professionals, researchers, care home staff and managers dedicated to improving care for care home residents.**

**Regular updates and revisions will be made to keep this toolkit current with the latest research and best practices.**

**FUNDED BY**

**NIHR** | National Institute for  
Health and Care Research

This study was funded by Wessex ARC (ARC West) and supported by East Midland ARC (ARC EM) and Greater Manchester ARC (ARC GM). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

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Date of issue April 2024



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