

Health and Social Care Committee

Inquiry into residential care for older people

RC56 – British Geriatric Society - falls sub group of the Welsh Branch

All Wales Falls & Bone Health Group

Submission on behalf of the Welsh British Geriatric Society Falls subgroup

This submission is on behalf of the falls sub group of the Welsh BGS, this group represent clinicians with a special interest in older people and the assessment, management of older people who have fallen or who are at high risks of falls and fall related injuries.

Falls prevention and management is a shared responsibility across the health and social care community. Effective interventions can reduce both the frequency of falls and subsequent injuries; thereby promote independence and enhance quality of life.

Falls are a common event in older people, the risk of falls and injury is highest in people living in the Nursing care home sector. Falls are frequently (but not exclusively) a consequence of an accumulation of deficits leading to increased frailty. Multifactorial assessments and interventions can help reduce falls and falls related harms.

This submission is focussed on the areas within the terms of reference that are most salient to people at risk of falls. However, for many people falls are an indicator of increasing frailty and should therefore be seen within the context of the overall health and wellbeing of the individual.

- the process by which older people enter residential care and the availability and accessibility of alternative community-based services, including reablement services and domiciliary care.

- new and emerging models of care provision.

Falls are a frequent factor in the decision for an older person to move into the care home sector. Members of the group are involved in a variety of enhanced care models to support assessment and management of people who are at risk of entering residential care or who are already established in the sector. Many of these interventions are joint initiatives with social care, private providers and the third sector.

The importance of falls prevention has been recognised within the Public Health Priorities using for example the methodology of the 1000 Lives+ falls collaborative (NLIAH). By preventing falls it may be possible to reduce dependency and to delay (or avoid) admission into residential care.

In the current financial climate services developed to support older people in some settings may be at risk. There is evidence that a few services that manage people who

have fallen exclude patients from residential care settings for non-clinical reasons (Royal College of Physicians Falls & Bone Health Audit, 2010).

- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources, including the skills mix of staff and their access to training, and the number of places and facilities, and resource levels.

The group has experience of engaging with the residential care home sector providing clinical support, healthcare and training and educating staff. Examples include conferences, delivering training to the residential sector staff and providing information and helping in policy development.

- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.

We recognise that care home regulators monitor care homes for the presence of a falls register (such registers being a requirement for care homes), however members are concerned the format and nature of registers vary and that some providers have been using risk assessment tools that are no longer recommended (e.g. STRATIFY falls risk assessment tool). The move to increased self assessment necessitates that there is greater consistency in the format and recording of falls registers.

The group is concerned that there is evidence that service commissioners do not routinely receive reports detailing falls rates within care homes (Royal College of Physicians Falls & Bone Health Audit, 2010).

Communication of established falls prevention strategies is often poor both from health services (e.g. on patient discharge) and from residential care providers (e.g. on transfer to a healthcare setting), this contributes to exposing vulnerable people to avoidable risk.

Where falls are identified as a factor in a patient's death investigation is under the appropriate jurisdiction of the coroner's courts; however there is no robust system or tool in place to allow sharing of experience or identifying trends to the regulator.

The 2010 Royal College of Physicians National Audit whilst focussed on health care settings included returns from a number of care home providers. The college strongly recommends that health care organisations expertise is used to support care homes analyse falls trends through their falls registers.

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