Falls: Information for friends and family
Introduction

Your relative/friend has recently been identified as being at risk of having a fall. Falls are very common and older people living in a care home are 3 times more likely to fall than those living in their own home. There are many different reasons why people fall and staff members are keen to work with you and your relative/friend to identify any individual risk factors in order to minimise such risks.

This leaflet describes the most common risk factors for falls and how a joint approach helps to reduce the risk of your relative/friend from falls.

If your relative/friend has a fall in the care home, the staff will immediately assess any injuries and make a decision as to the need for a hospital visit, sometimes with the assistance of a GP or NHS 24. You will be fully informed during this process, in accordance with the care home policies.

Falls history

If someone has fallen previously, they are more likely to fall again. It is important for staff to know the details of any falls that have occurred before coming to live in the care home. This can be very useful in working out the cause of falls and what can be done to minimise them.

Mobility and balance

It is important that older people keep as physically active as possible while remaining safe. Everyone needs to maintain a certain level of physical activity or exercise to maintain the use of their muscles and older people in care facilities are particularly susceptible to muscle
wastage, if their activity levels are reduced. Your knowledge of their ability and their perception of their ability is crucial so that we can best support a positive, active, safe environment as far as possible.

Maintaining good balance is equally important in reducing the likelihood of falls. Balance depends on a number of factors including vision and fine motor skills. Impaired balance and unsteadiness are often related to diagnoses of stroke, dementia or Parkinson’s Disease.

If appropriate, individual exercises may help to improve mobility and balance. Staff will be happy to discuss this with you and may put you in touch with a physiotherapist if necessary. It is helpful if you can encourage your relative/friend with their exercise programme.

There may also be opportunities within the care home for group physical activity sessions; details of these can be gained from the person in charge.

Cognitive impairment/dementia

There are a number of different behaviours which increase the risk of falls in people with cognitive impairment/dementia, including agitation, the urge to walk, and impulsiveness. Observation and discussion with relatives/friends will help staff to identify possible triggers for such behaviour, and to plan potential strategies to reduce high risk behaviour.
Sudden onset of confusion is often caused by an acute medical condition such as infection, diabetes and some medications. If you notice your relative/friend is more confused than normal please tell the person in charge, who will assess the situation.

**Loss of confidence and over confidence**

Often, people who have fallen previously or have poor balance suffer from a loss of confidence in their ability. This in turn can limit their motivation to remain physically active, which further reduces their ability to mobilise safely, thus increasing their risk of falls.

Overconfidence is sometimes evident in older people with cognitive impairment such as dementia. Their balance may be poor but they have no perception of their high risk of falling and their need for assistance.

**Environment**

A safe environment is fundamental to reducing the risk of falling in older people. Environmental risks include cluttered rooms and corridors, poorly fitting carpets, uneven flooring, slippery surfaces, stairs, inappropriate bed heights, walking aids out of reach and lack of appropriate supervision. Some people find they are less steady in the open spaces of a care home and many find it a struggle to open doors, especially heavy fire doors. It is important to discuss any issues with staff who will take action to reduce such risks.

**Medication**

Use of four or more medications has been shown to be a strong risk factor for falls among older adults. Some medications, such as tranquilisers and antidepressants can cause confusion, dizziness or drowsiness, increasing the risk of falls.
If you know your relative/friend has started a new medication and you think this may be causing such problems, please inform the person in charge.

**Continence**

Incontinence can be considered a risk factor for falls in two ways. First, if there is a urinary accident, then there is potential for slipping on the wet floor surface. Second, where there is an urge incontinence problem (that is, a sudden and often uncontrollable urge to go to the toilet), then the risk of falling is increased with the stress and haste of trying to get to the toilet quickly.

Good continence assessments and the appropriate use of continence aids where necessary can help reduce anxiety around this. Also clothing that is easy to remove and adjust will help to reduce stress.

**Foot health and footwear**

Foot care is very important and staff will be able to tell you what their routine is for looking after your relative/friend’s toenails and feet; this may involve a podiatrist visiting if there is a specific need.

Poorly fitting footwear can cause sore feet and unsteadiness. You may be asked to help your friend/relative purchase a new pair of shoes. A good shoe should support and protect feet and allow natural movement during walking.
Qualities to look for in footwear include:

**Upper:** made of leather or breathable natural or synthetic materials with seam-free linings

**Toe-box:** deep and roomy at the front of the shoe to prevent pressure on the toes and joints on the side of the foot

**Sole:** cushioned and flexible with good grip

**Heel:** no more than 3cm (1½”) high and broad enough to provide stability

**Fastenings:** laces, buckles or velcro© straps hold the shoe comfortably and securely on the foot

**Hosiery:** socks should contain a high proportion of natural materials such as cotton or wool – this allows sweat to evaporate from the skin. Wool is good for warmth and cotton for coolness. Make sure socks and tights are not too tight.

**Vision/hearing**

As people get older, their sight can deteriorate and good lighting is essential. Many older people are given prescriptions for bi-focal or varifocal lenses to avoid the use of two pairs of spectacles for long and short vision. These sometimes create difficulties with mobility as depth of vision may be distorted.

Effective hearing is important for safe mobility as it provides extra information about the environment that may not be available to the other senses, for example, if someone or something (such as a wheelchair or trolley) is coming along the corridor near a door entrance being approached. It is therefore important that people with a hearing impairment are assessed and are using appropriate aids where necessary. If your relative/friend has a visual or hearing impairment, please discuss this with staff and encourage the use of spectacles and/or hearing aids.
Nutrition

Good nutrition is important for many aspects of health. The nutritional state of some older people may be poor through a number of reasons, including difficulties with preparing meals, limited ability to cut food and eat independently, oral or dental problems, dislike of certain food types and problems affecting the absorption of nutrients.

Two aspects of good nutrition that are of particular importance in reducing falls is to ensure that the diet is sufficient to maintain physical function (especially muscle strength), and to maximise bone strength. If you are bringing food and drink as gifts, you may wish to ask the staff for advice regarding what would be suitable. For example milk shakes, still juices or waters are a good option for drinks but drinks containing caffeine, such as coffee and fizzy drinks, are not especially nutritious or good for bone health.

Bone health

Problems with bone strength and quality are common with increasing age, and reduced mobility. If bone strength and quality are reduced, less force is required for a fall to cause a fracture.

Osteoporosis is a common problem for older people, which is characterised by low bone mass, and reduced quality of the structure of bone. Factors contributing to risk of osteoporosis include reduced physical activity, low dietary calcium, smoking and alcohol consumption, and some medications.

If your relative/friend has a diagnosis of osteoporosis, they may be prescribed medication for this and the person in charge will be able to give you more information about this.