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**ACTION
FALLS**

Falls in Care Homes

A brief for Policymakers



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Key points

- Falls are a major health risk for care home residents, occurring three times more frequently than in the general population, leading to severe injuries and hospital admissions.
- Falls place a significant financial burden on the NHS, costing approximately £2 billion annually and contributing to waiting lists ⁽¹⁾.
- Action Falls is an evidence-based programme that has been shown to reduce falls by 43% in care home residents, providing a structured approach for care staff to identify and manage fall risks effectively.
- Action Falls was co-created by care home staff, owners, residents, family's researchers and NHS making it advocated by a wide range of stakeholders.
- Action Falls is cost effective within the National Institute for Care Excellence threshold for funding and costs £108 per resident.

Background

Preventing falls in care homes – how do we do it?

Care homes in England are predominantly run by private and third sector organisations with healthcare provided by the NHS, through General Practice and Community Health Services⁽¹⁾. Falls prevention has always been a key objective for care home staff, owners, residents, families and NHS and social care staff ⁽²⁾. Preventing falls in care homes is also important to regulators of quality and funding organisations ⁽²⁾ but until recently there was no evidence that falls could be prevented ^(3,4).

The Action Falls programme ^(5,6) was developed for and with care home staff, residents, visitors, the NHS and researchers with research funded by the NIHR. By being designed and delivered in conjunction with the care home sector Action Falls takes account of the differences between care home provider organisations, and individual homes within their organisations, it enlists the support of NHS and social care organisations who work with the care homes so that necessary expertise from the NHS and social care is available and referral pathways are agreed. Action Falls raises awareness amongst care home staff, provides staff training and education around falls, and helps them respond, with defined actions, in a structured way when residents fall, or are at risk of falls⁽⁷⁾.

Action Falls is the only evidence-based falls prevention programme available for care homes. It reduces falls by 43% in care home residents, is cost-effective meeting the National Institute for Health and Care Excellence (NICE) threshold for funding ^(5,6) and costs £108 per resident. The research included over 2000 residents and 190 care homes across England making it the largest care home study completed. Implementation research has highlighted ⁽⁸⁾ that Action Falls can be implemented at scale and pace, care home staff value and are able to use Action Falls, when it is embedding in routine care. It has been implemented with success in small, large, rural and city homes and in specialist homes, for example, for people who have dementia or have cultural requirements.



Recommendations for policy and practice

Action Falls is already recommended as best practice by the Department of Health and Social Care (DHSC)⁽⁹⁾ and based on the improvement in outcomes for older persons, we recommend that the Action Falls Programme should be used in all care homes in England as an evidence-based programme to prevent the substantial harm associated with falls amongst residents. To achieve this the following policy actions at local, regional and national level are needed:

1. Action Falls must be part of Digital Care Records:

The Department of Health and Social Care should mandate that Action Falls is embedded into all digital care record systems used in care homes, incentivising software providers to incorporate this research-backed intervention.

2. Care Home Providers must provide Action Falls:

The Care Quality Commission should inform homes through the regulation process that they must provide Action Falls as part of their service and remove ineffective outdated falls prevention protocols

3. Care Home Staff must be trained to use Action Falls:

The Care Quality Commission should through its regulatory process introduce Action Falls training as a requirement for all care home employees.

4. Promote collaboration at ICS Level:

The DHSC should encourage ICS leaders to champion Action Falls by working closely with local care providers, patient groups, and commercial partners to ensure successful implementation.

5. Regular Programme Review:

Conduct a three-year evaluation to assess fidelity of implementation, measure impact, and refine the programme based on emerging evidence. This could be funded through the NIHR programmes.

By implementing these measures, policymakers can drive systemic change, protect care home residents, and reduce the burden of falls on the healthcare system.

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