FALLS PREVENTION

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FEAR OF FALLING IN OLDER ADULTS

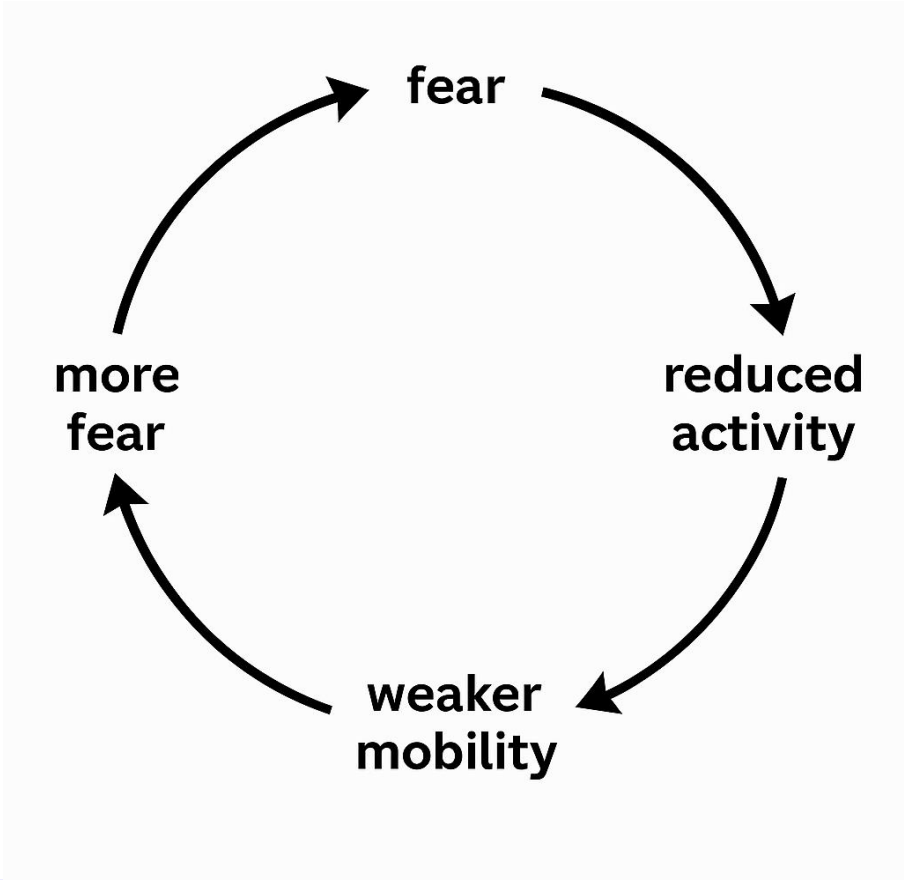
Around half of older adult's experience fear of falling.
(Based on global data of ~49.6%.)

In the UK, about one-third of people aged 65+ fall each year, rising to half of those aged 80+ (NICE 2025 data.)

Fear of falling can reduce confidence and independence.
(Highlighted by Age UK.)

Reduced activity leads to weaker muscles and higher fall risk.
(Supported by UK falls guidance.)

FEAR OF FALLING



INTRINSIC (PERSONAL) FALLS RISK FACTORS

History of falls

Strength, balance & gait

Alcohol

Medication

Vision

Footwear & foot problems

Postural hypotension

Parkinsons

Osteoporosis

Arthritis

Stroke

Diabetes

Psychological (fear of falling)

Dementia

FRAILTY

Frailty is a state of increased vulnerability where even small problems can lead to a big decline in health.

Reduced strength

Reduced endurance

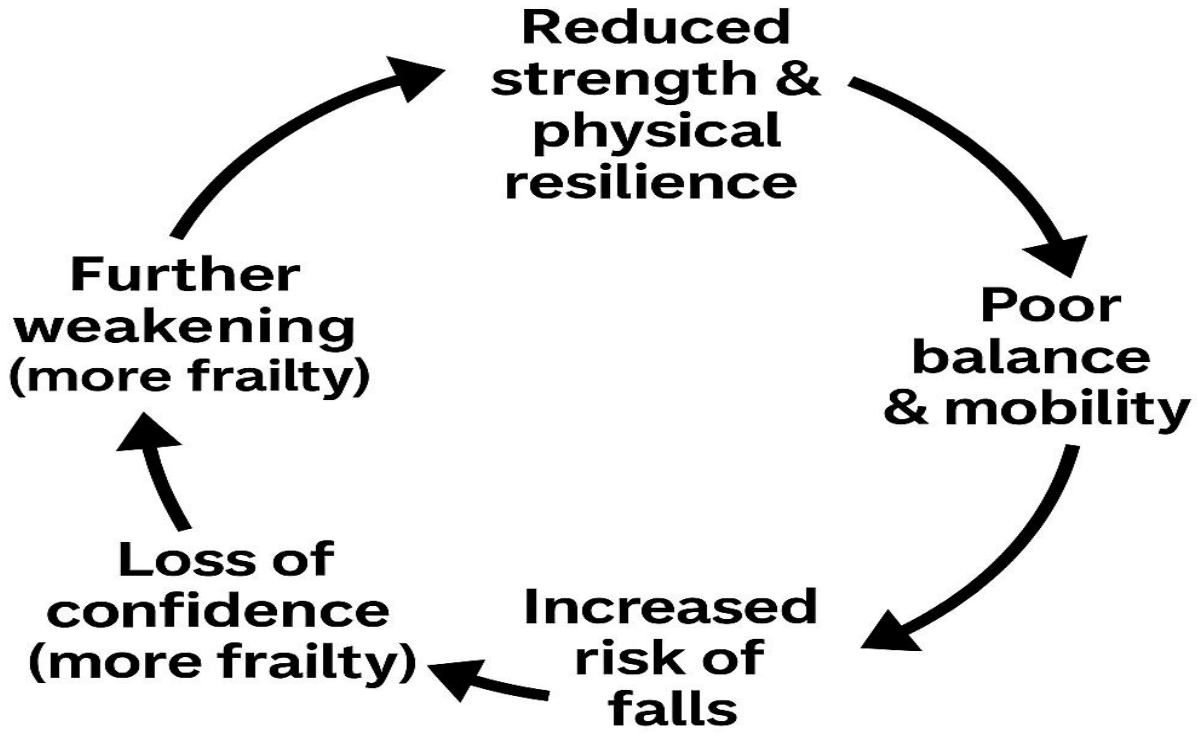
Reduced resilience

Higher risk of falls

Higher risk of hospitalisation

Sudden deterioration after minor events

FALLS & FRAILTY



Case Studies

Frailty has a direct impact on an older person's health and well-being.

Falls are more common in those living with frailty

Need to identify those living with frailty

Effective risk assessment and action planning will help to reduce the incidence of Falls and in turn reduce potential Fractures and possible unnecessary admissions to A&E and Primary Care services

SLIPS, TRIPS & FALLS

SLIPS – usually caused by lack of grip

TRIPS – usually caused by an obstruction or uneven surface

FALLS – the outcome when either a slip or trip causes someone to lose balance and come to rest at a lower level

QUESTIONS TO ASK YOURSELF

When you look at your recent fall incidents, what factors come up often?

Do residents tend to fall more in familiar areas or unfamiliar areas?

Why do you think this may be?

How well does your team communicate about safety concerns?

ENVIRONMENTAL FACTORS

Environmental (or extrinsic) factors

are the hazards in a person's surroundings that can increase their risk of falling.

Risk reviews

are important because they identify potential hazards and reduce the chance of someone falling.

QUESTIONS TO ASK YOURSELF

How often do you do your health and safety walk-around risk reviews?

Who usually joins you – maintenance, seniors, trainers?

Do you feel your walk-arounds pick up the right hazards?

What's one risk you spot often during walk-arounds?

HIP FRACTURES

6% within 1 Month (Mortality rate)

20% Within 4 months (Mortality rate)

30% Within 1 Year (Mortality rate)

40% of over 65's will need long term residential care following hip fracture

Only 20% regain pre-fall mobility

NHS spends - £2bn yearly

TIMED GET UP & GO TEST

IN THE EVENT OF A FALL

Primary Survey (Top-to-Toe Check)

Use the standard first-aid sequence:

D – Danger: Ensure the area is safe.

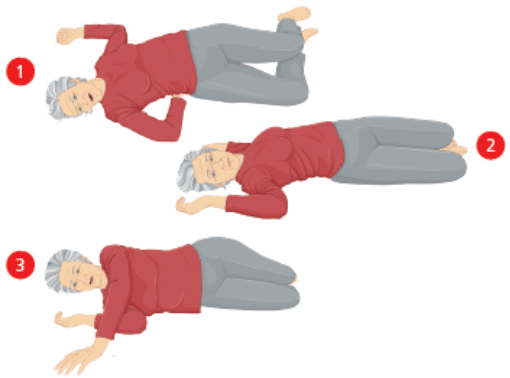
R – Response: Check if the person responds.

A – Airway: Is the airway open?

B – Breathing: Is the person breathing normally?

C – Circulation: Look for bleeding or signs of shock.

GET UP OFF THE FLOOR PLAN



ROOT CAUSE ANALYSIS

A resident slipped in the lounge and sprained their right ankle.

Why? They slipped when trying to stand up from a low armchair.

Why? The chair was too low for them to rise safely and they lost balance.

Why? Their leg strength and mobility had reduced over the past few weeks.

Why? They had been less active and spending longer seated during the day.

Why? They were experiencing increased joint pain which had not been reviewed.

Why? Their pain medication had not been adjusted despite reported discomfort.

HOW YOU CAN PROVIDE SUPPORT

1. How do you help people move more, safely, every day?
2. Do you help people understand falls, fear, and what they can control?
3. How do you support people to keep doing their everyday tasks?
4. Do you help reduce isolation and promote purpose?
5. Is there regular monitoring and early intervention?
6. Do you create a supportive, enabling culture?

SUMMARY

Frailty has a significant impact on an older person's overall health and well-being.

Falls are more common in people living with frailty, so early identification is essential.

Providing effective risk assessment and clear action planning can help reduce the incidence of falls in the home.

This, in turn, may reduce the risk of potential injuries and fractures.

Ultimately, this helps to prevent unnecessary admissions to A&E and Primary Care services.

FINAL THOUGHTS AND QUESTIONS

FEEDBACK

Your feedback is important to us and helps us improve our training and services.

Please scan the QR code and complete the form.

THANK YOU FOR LISTENING

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