

I will keep you safe from Falls . Standard Aim: All patients will be assessed for their risk of falling within 1 hour of admission with action taken to minimise the risk of falls related harm which is fully documented

	Measurement	Source	Fundamental Standards, CQC KLOE. QS, 6 C's	RAG status
Element: Environment				
There should be adequate access to low rise beds	Yes= Green No = Red	ask staff/Observe Beds	FS 12.2 Kloe S3, Caring	
Staff should be aware of how to use the existing beds to facilitate patient comfort	Yes= Green No = Red	ask staff/Observe Beds	FS 12.2 Kloe S3, Caring	
All appropriate patients should be have their call bell within reach	Yes= Green No = Red	Observe ward. Ask Patients	FS 12.2 Kloe C1, Communication	
The ward should be decluttered, well maintained and not pose any falls risk to patients	Yes= Green No = Red	Observe ward.	FS 12.1, 15.1 Kloe S3, Competence	
There should be adequate access to manual sphyganometers to record patient's lying and standing BP	Yes= Green No = Red	Observe ward. Ask Staff	FS 12.2, Kloe S3 W3	
Bed rails assessment should be undertaken for those patients who are over 65 years old or those who are at risk of falling	Yes= Green No = Red	Ask Staff, Observe Documentation	FS 9.1, 12.2 KLOE S4, S3 Competence	
Bed rails should be well fitted and in good maintenance order	Yes= Green No = Red	ask staff/Observe Beds	FS 12.2 Kloe S3, Caring	
All Patients should have their personal belongings including drinks within reach	Yes= Green No = Red	Ask patient/staff & Observe	FS 12.2, Kloe C1, Caring	
Patients with risk factors for falling and have a lack of insight to their risk should be nursed in an area where they are visible to the nurse responsible for their care where possible.	Yes= Green No = Red	Observe Practice, Ask staff	FS 9.1, 10.1; KLOE R1, S3	
Element: Care				
All patients must have/ be supplied with well fitting, non slip footwear	<70% Red 71-89% Amber >90% Green	NSI, Observe patients	FS 12.2 KLOE E1 Caring	
All patient should be assessed regarding their previous history of falling and mobility status within one hour of admission	<70% Red 71-89% Amber >90% Green	NSI, observe documentation	FS 9.1, 12.2 KLOE S4 Competence, Caring, Commitment	
All patients should be assessed for their need and provided with suitable walking aids within 12 hours of admission (taking into account out of hours admissions)	<70% Red 71-89% Amber >90% Green	NSI,Observe documentation and observe patients	FS 9.1, 12.2 KLOE S4 Competence, Caring, Commitment	
Patients who are admitted with a history of falling should have a fall medical review on the initial assessment highlighting an high risk falls medication to the nursing team.	<70% Red 71-89% Amber >90% Green	NSI,Observe documentation and ask staff	FS 9.1, 12.2 KLOE E1 Competence, Caring, Commitment	
Patients over 65 years of age should have a cognitive assessment on admission	<70% Red 71-89% Amber >90% Green	NSI, observe documentation	FS 9.1, 12.2 KLOE E1 Competence, Caring, Commitment	

	Patients over 65 years should be assessed for delirium	<70% Red 71-89% Amber >90% Green	NSI, observe documentation	FS 9.1, 12.2 KLOE E1 Competence, Caring, Commitment	
	Patients over 65 years should have a lying and standing blood pressure on admission	<70% Red 71-89% Amber >90% Green	NSI, observe documentation	FS 9.1, 12.2 KLOE E1 Competence, Caring, Commitment	
	Patients over 65 years should have a visual assessment on admission	<70% Red 71-89% Amber >90% Green	NSI, observe documentation	FS 9.1, 12.2 KLOE E1 Competence, Caring, Commitment	
	Patients over 65 should have toilet plan in place where appropriate	<70% Red 71-89% Amber >90% Green	Observe documentation and ask staff	FS 9.1, 12.2 KLOE E1 Competence, Caring, Commitment	
	Patients over 65 years should be assessed for depression on admission	<70% Red 71-89% Amber >90% Green	NSI, observe documentation	FS 9.1, 12.2 KLOE E1 Competence, Caring, Commitment	
	A post falls checklist should be completed for all patients that have fallen	<70% Red 71-89% Amber >90% Green	NSI, observe documentation	FS 9.1, 12.2 KLOE E1, S4 Competence, Caring, Commitment	
Element: Leadership					
3.3	% of staff who have completed the Falls workbook	<69% Red 70-79% Amber >90-100% Green	NSI	FS 12.2, 18.1; Kloe S3, Competence, Commitment	
	% of staff who have gained competencies in lying and standing BP monitoring	<69% Red 70-79% Amber >90-100% Green	NSI	FS 12.2, 18.1; Kloe S3, Competence, Commitment	
	Reduce the number of falls by 10% from the previous year in line with the quality strategy	Last actuals less 10% by month	NSI	FS 17.2; KLOE SI, WL1, Commitment	
	The daily safety huddles should increase staff's awareness of patient's falls prevention care plans	Yes= Green No = Red	Observe Practice, Ask staff	FS 9.1, 12.2, KLOE E4, E5, S3, Communication	
	Patients who have fallen several times should be clearly identified to the clinical staff	Yes= Green No = Red	ask staff	FS 18.1, KLOE E4, Communication	
	There should be effective cohort one to one specialing in place for those patients requiring additional observation	Yes= Green No = Red	observe and ask staff	FS 18.1; KLOE E3 Caring	
	The ward has a link nurse for falls and attends a minimum of 6 falls steering group meetings	Yes= Green No = Red	Observe minutes of meetings, Resource Folder	FS 12.2, KLOE S2, S3	
	All falls or suspected falls incidents should be reported on DATIX	<70% Red 71-89% Amber >90% Green	NSI, Ask Staff	FS 17.1, KLOE S1,WL2, Commitment, Communication	
	An open and honest meeting with the patient's family/ carers should be facilitated if a fall occurs	<70% Red 71-89% Amber >90% Green	NSI, Ask Staff	KLOE S2	
	Staff are aware of the falls care bundle and can list the five steps	Yes= Green No = Red	ask staff	KLOE E3	