



Falls Prevention and Management

Policy number and category	C 18	Clinical
Version number and date	3	<i>Approx. June 2020</i>
Ratifying committee or executive director	Clinical Governance Committee	
Date ratified	July 2020	
Next anticipated review	July 2023	
Executive director	Director of Nursing	
Policy lead	Nurse Consultant for Physical health (Dementia and Frailty)	
Policy author (if different from above)	Falls prevention policy working group	
Exec Sign off Signature (electronic)	XXXXX	
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

The aim of this policy is to provide practical guidance to managers and staff providing care for people who may be at risk of falling, in order to minimise the risk of harm and maintain safety. The policy aims to support the falls prevention and management needs of people whom NICE have identified at particular risk of falling who are:

- (a) Service users who are aged 65 or over who are receiving inpatient care
- (b) Service users who are aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying health condition.

Policy requirement (see Section 2)

Any service user in the scope of this policy must:

- Have a multifactorial falls risk assessment within one working day of admission
- Be checked for signs or symptoms of fracture and potential for spinal injury before they are moved if they have fallen or appear to have fallen
- Be moved using safe manual handling methods if they exhibit signs or symptoms of fracture or potential for spinal injury
- Have a medical examination if they have fallen or are suspected of having fallen

The Trust will not support the use any fall risk prediction tool. These are tools that aim to calculate a person's risk of falling, either in terms of 'at risk/not at risk', or in terms of 'low/medium/high risk' or RAG rating. The RCP in their annual audit of falls in 2015 directed that Trust's cease using such tools

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1. INTRODUCTION

1.1. Rationale (why):

Birmingham and Solihull Mental Health NHS Foundation Trust is committed to providing a safe environment for patients, staff and visitors. The aim of this policy is to provide practical guidance to managers and staff providing care for people who may be at risk of falling, in order to minimise the risk of harm and maintain safety. The policy aims to support the falls prevention and management needs of people of those who NICE have identified at particular risk of falling who are:

- a) Service users who are aged 65 or over who are receiving inpatient care.
- b) Service users who are aged 50 to 64 years who are judged by a clinician to be at higher risk of falling because of an underlying health condition.
- c) Although NICE guidelines do not include those less than 50 years old, the trust believes it would be best practice to review those below the recommended age group if there is a risk identified.

1.2. Scope (when, where and who):

This policy particularly applies as follows:

- a) To service users who are aged 65 or over who are admitted to any inpatient services.
- b) Service users who are aged 50-64 admitted to any inpatient services that are judged by a clinician to have an underlying condition that predisposes them to risk of falling.
- c) For service users not in above categories we will rely on robust environmental risk assessment and intervention arising from hot-spot monitoring for general prevention of falls. We would expect a falls assessment to be completed in these cases.

1.3. Principles (Beliefs)

Falls and fall-related injuries are a common and serious problem for service users. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year.

The human cost of falling includes distress, pain, injury, loss of confidence, loss of independence and mortality. Falling also affects the family members and carers of people who fall. Falls are estimated to cost the NHS more than £2.3 billion per year. Therefore falling has an impact on quality of life, health and healthcare costs.

2. THE POLICY

It is the policy of Birmingham and Solihull Mental Health NHS Foundation Trust that service users in our care will be free from avoidable harm. To support this,

- a) Any service user who is admitted to inpatient services over 65 or 50-64 and judged to have an underlying condition which predisposes them to risk of falls will have multifactorial risk assessment and associated falls care plan within one working day of admission. (appendix 2)
- b) Service users who fall during a hospital stay will have a multidisciplinary review of their individual risk factors (Falls Huddle) next working day and an associated falls care plan. (Appendix 3)
- c) Service users who fall during a hospital stay are checked for signs or symptoms of fracture and potential for spinal injury before they are moved.

- d) Service users who fall during a hospital stay and have signs or symptoms of fracture or potential for spinal injury are moved using safe manual handling methods.
- e) Service users who fall during a hospital stay have a clinical examination by a medic, nurse consultant or practitioner with advanced examination skills on same day.
- f) **We will not support the use any risk prediction tool. These are tools that aim to calculate a person's risk of falling, either in terms of 'at risk/not at risk', or in terms of 'low/medium/high risk' or RAG rating. The RCP in their annual audit of falls in 2015 directed that Trust's cease using such tools.**

3. THE PROCEDURE

3.1. Prevention of Avoidable Falls

- 3.1.1. There will be no requirement to conduct a 'falls prevention risk assessment' on RiO for every service user; however everyone (not in the high risk groups) should be offered physical activities to improve wellbeing.
- 3.1.2. ***Every service user aged over 65 admitted to inpatient care or those aged 50-64 with an underlying condition admitted to inpatient care are inherently at risk of falling and will therefore require an individualised risk assessment and care plan item for this- see appendix 5.***
- 3.1.3. ***All service users in the scope of this policy admitted to inpatient care will be subject to a 'Falls Prevention Risk Assessment' based on RiO (formerly known as the 'Falls Screening Tool'). This will be part of the admission process and completed within one working day of admission - see appendix 6.***
- 3.1.4. Any interventions indicated by the initial assessment will be incorporated into a falls prevention care plan for preventing avoidable falls.

3.2. Management of Falls

- 3.2.1. In the event of a witnessed fall or a service user being found on the floor assumed to have fallen, staff will follow the Immediate Post-Fall Care Protocol Appendix 3.
- 3.2.2. Following immediate post-fall care an Multidisciplinary Team (MDT) Falls huddle should be arranged and actioned. (Appendix 4).

3.3. Training

- 3.3.1. Staff working with service-users in higher risk groups as above should access 'Falls prevention and Management' training in Learning Zone.
<https://learning.bsmhft.nhs.uk/enrol/index.php?id=108>

4. RESPONSIBILITIES

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	Follow the falls management procedures in the care plan for patient at risk of falling or fall falls management Complete appropriate falls documentation RiO	
Service, Clinical and Corporate Directors	Ensure that managers are aware of and comply with the policy and are supported in enforcing the policy with staff, including bank, agency and staff on temporary contracts Ensure that appropriate and realistic targets are met regarding the reduction of harm from falls within their area of responsibility, and to report compliance assurance to the trust board	
Policy Lead	Review and refresh the policy in response to local and national changes	

Executive Director	Ensure that this policy is observed by all staff and that resources are available to ensure effective implementation Ensure that staff, service users, volunteers and contractors are made aware of the policy	
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5. DEVELOPMENT AND CONSULTATION PROCESS

An outline of who has been involved in developing the policy and procedure including Trust forums and service user and carer groups.

Consultation summary		
Date policy issued for consultation	4 th May 2020	
Number of versions produced for consultation	5	
Committees / meetings where policy formally discussed	Date(s)	
Physical health committee	29 April 2020	
Falls steering group	Autumn, Winter 2019	
Where received	Summary of feedback	Actions / Response
28 th April 2020	Clarity of who completes a clinical examination in section 2 (e)	Agreed and added
4 th May 2020	Consider activity support for those not in risk category	Agreed and added
4 th May 2020	Consider appropriate care plans for falls	Agreed and template falls care plan to be added as appendix

6. REFERENCE DOCUMENTS

- ✦ Public Health England (2020) Guidance Falls: applying All our Health
<https://www.gov.uk/government/publications/falls-applying-all-our-health/fallsapplying-all-our-health>
- ✦ NHS England (2020) Falls and Fragility Fractures Pathway
<https://www.england.nhs.uk/rightcare/products/pathways/falls-and-fragility-fracturespathway/>
- ✦ Gov.UK (2017) Falls and Fractures: consensus statement and resources pack
<https://www.gov.uk/government/publications/falls-and-fractures-consensusstatement>

7. GLOSSARY

None

8. AUDIT AND ASSURANCE

- ✦ Data is collected around the number of falls and harm from falls on the Eclipse system.
- ✦ Quarterly reports of this data are presented at the Physical Health Committee (sub group to Clinical Governance Committee)
- ✦ Informs reports as requested to other Trust for and local commissioners.

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
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Monthly review of frequent fallers (more than 2 reported)	Nurse Consultant for Dementia & Frailty	Eclipse	Monthly	Physical Health Committee
Quarterly Falls Report	Nurse Consultant for Dementia & Frailty	Eclipse	Quarterly	Physical Health Committee

9. APPENDICES

- ✦ **Appendix 1 - The Equality Assessment**
- ✦ **Appendix 2 - Falls Prevention Process**
- ✦ **Appendix 3 - Immediate Post Care Falls**
- ✦ **Appendix 4 - Multidisciplinary Team (MDT) Falls Huddle Guidelines**
- ✦ **Appendix 5 - Care plan examples for falls**
- ✦ **Appendix 6 - Screen shot of fall prevention risk form (RiO)**

APPENDIX 1 - Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Prevention and Management of Falls Policy			
Person Completing this proposal	XXXXX	Role or title	Lead Nurse for Physical health	
Division	Corporate	Service Area	All	
Date Started	23 rd April 2020	Date completed	23 rd April 2020	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
To provide clear and evidence based guidelines and direction to A prevent falls within the trust B reduce harm if a fall occurs				
Who will benefit from the proposal?				
Service users at risk of harm from falls				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment? Eliminate victimisation?</i>		<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			x	Promotes a positive plan of action for the older adult
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			x	Consider more favourable treatment of disabled people

Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?
Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?

Gender	x			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	x			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	x			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	x			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			

Including gay men, lesbians and bisexual people

Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?

Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?

Transgender or Gender Reassignment	x			
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This will include people who are in the process of or in a care pathway changing from one gender to another

Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?

Human Rights	x			
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Affecting someone's right to Life, Dignity and Respect?

Caring for other people or protecting them from danger?

The detention of an individual inadvertently or placing someone in a humiliating situation or position?

If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)

	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				x

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

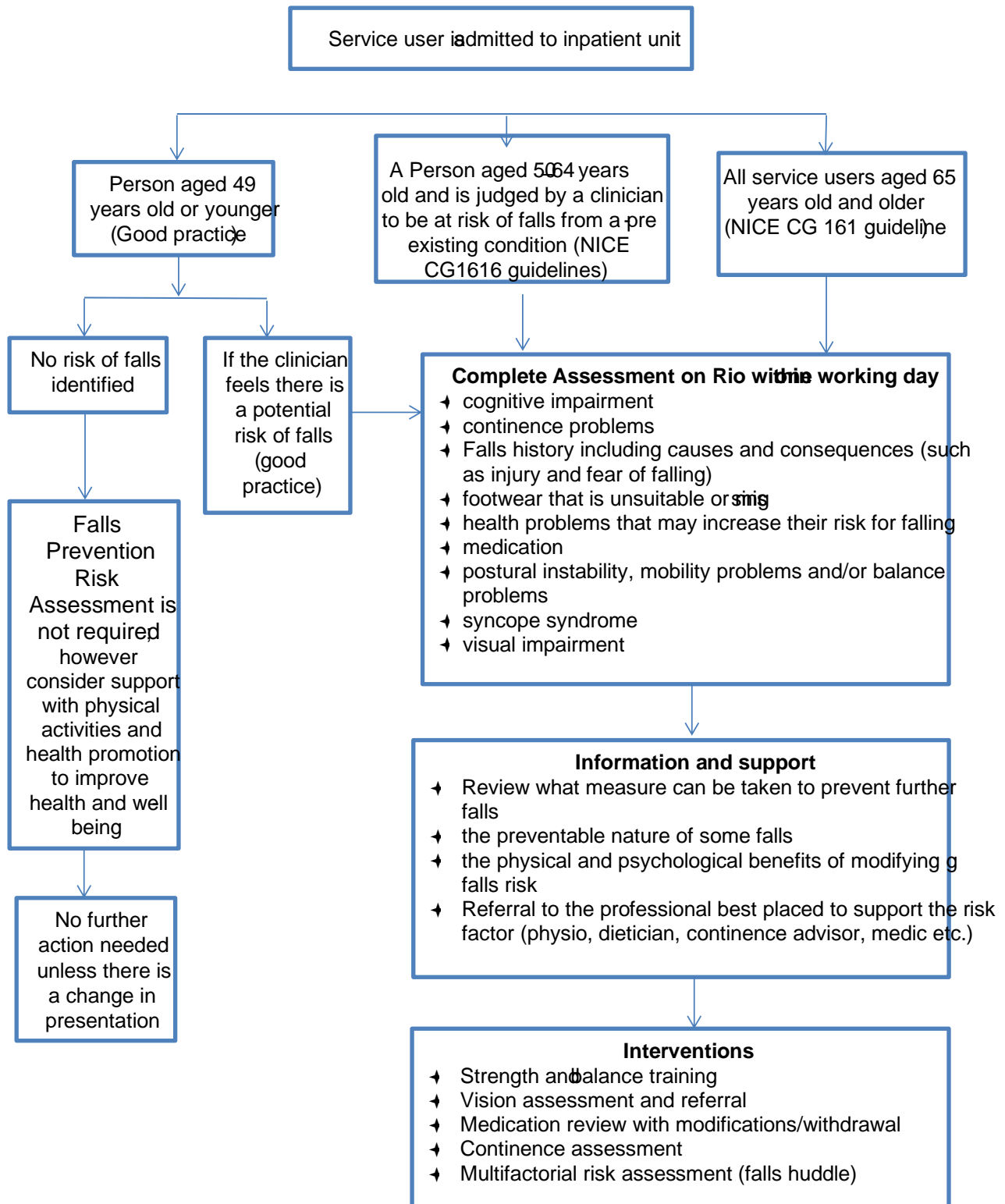
Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

No negative impact

How will any impact or planned actions be monitored and reviewed?
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

APPENDIX 2 - Falls Prevention Process Flowchart



APPENDIX 3 - Immediate Post Care Following a Fall Flowchart

The member of staff who witnesses the fall or discovers the service user will assess the environment to ensure it is safe to assist the service user.

The staff member will summon assistance – by use of personal alarm if necessary.

If the service user rises from the fall independently and without apparent pain then the staff member will assist them to a place of comfort and privacy.

A registered health professional will then follow these steps:

Step one: Attempt to communicate with the service user to ascertain level of consciousness and information about what happened

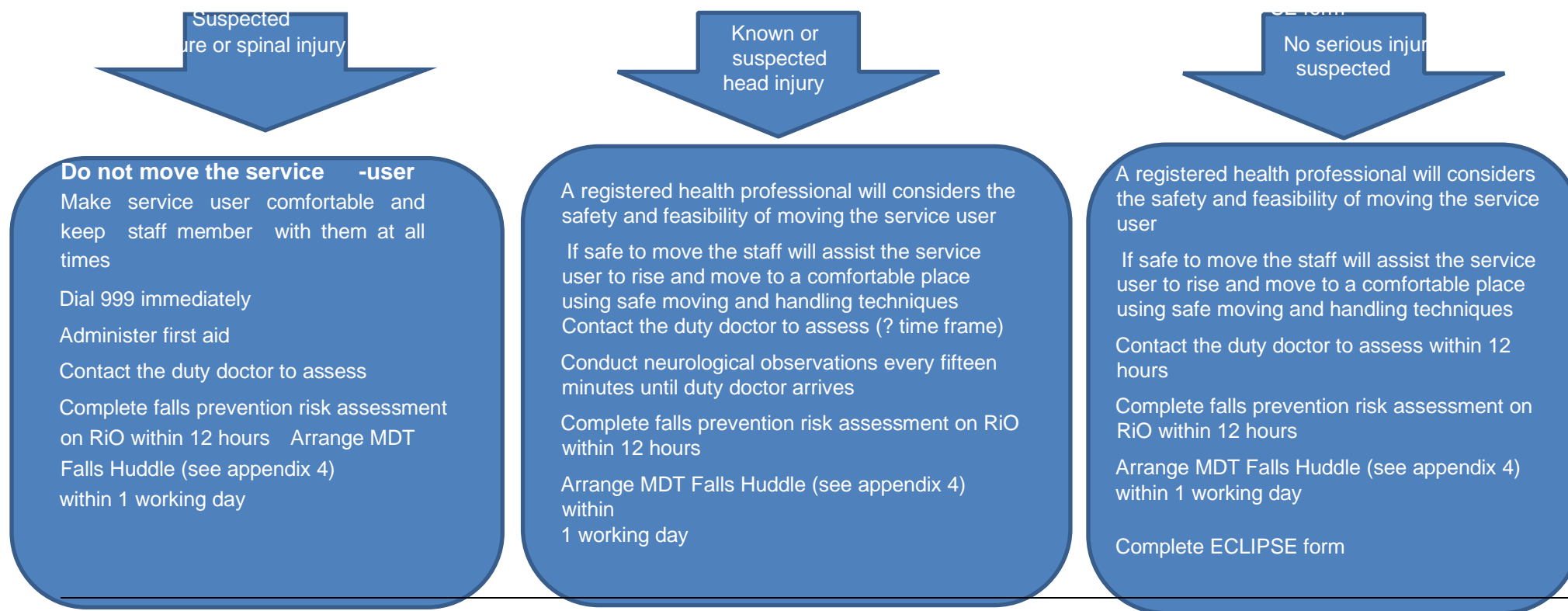
Step two: Assess the service user's responsiveness to touch/painful stimuli (ACVPU)

Step three: Check each limb for signs of reddening and/or swelling

Step four: Check for bruising, lacerations or other signs of injury

Step five: Check legs for signs of shortening and/or rotation

Step six: Working from head to toe, check head, limbs and joints to ensure full movement and rotation



APPENDIX 4 - Multidisciplinary Team (MDT) Falls Huddle Guideline

1. A Multidisciplinary Team (MDT) Falls Huddle should be arranged for any service-user experiencing a fall on an inpatient ward.
2. A Multidisciplinary Team (MDT) Falls Huddle can also be arranged for the prevention of falls in addition to the required Falls Prevention Risk Assessment
3. The Multidisciplinary Team (MDT) Falls Huddle should aim to have in attendance where possible
 - ✦ Nurse
 - ✦ Physiotherapist
 - ✦ Medic
 - ✦ Psychologist
 - ✦ Pharmacist
 - ✦ Occupation Therapist
 - ✦ Dietician
4. The Multidisciplinary Team (MDT) Falls Huddle is a structured MDT discussion with the aim to address all areas highlighted on the Falls Prevention Risk Assessment and ensure they are actioned. Discussion to consider the areas below:

Risk Identified	Common Considerations
Cognitive impairment	<ul style="list-style-type: none">✦ Dementia✦ Traumatic Brain Injury✦ Depression✦ Delirium due to current illness
Continence problem	<ul style="list-style-type: none">✦ Frequency or Benign Prostatic hyperplasic (BPH)✦ Overactive bladder✦ Urgency to pass urine✦ Nocturia
Falls history	<ul style="list-style-type: none">✦ Frequency Causes✦ Consequence
Footwear	<ul style="list-style-type: none">✦ Unsuitable Missing
Health problem that may increase the risk of falling	<ul style="list-style-type: none">✦ Frailty✦ Neuropathy (loss or poor sensation)✦ Foot deformities, foot ulcers✦ Hypotension✦ Cardiovascular Disease (including irregular heart beat)✦ Dehydration and/or weight loss✦ Osteoporosis risk or arthritis
Medication	<ul style="list-style-type: none">✦ Taking 4 or more per day✦ Side effects from medication

	<ul style="list-style-type: none"> ✦ Medication which can cause dizziness, drop in blood pressure, causes drowsiness
Mobility and Balance	<ul style="list-style-type: none"> ✦ Mobility problems ✦ Balance problems ✦ Abnormal gait ✦ Using walking aids ✦ Reduced muscle strength ✦ Prolonged inactivity
Risk Identified	Common Considerations
	<ul style="list-style-type: none"> ✦
Syncope syndrome (fainting)	<ul style="list-style-type: none"> ✦ Blood pressure drops on standing ✦ Overheating ✦ Dehydration
Visual impairment	<ul style="list-style-type: none"> ✦ Blindness ✦ Macular degeneration ✦ Reduced sight ✦ Glasses available ✦ Correct glasses prescription ✦ Risks of environment due to visual impairment
Behaviour	<ul style="list-style-type: none"> ✦ Motivation ✦ Understanding and Management of risk
Environment	<ul style="list-style-type: none"> ✦ Lighting Furniture ✦ ✦ Assistive Technology

The Multidisciplinary Team (MDT) Falls Huddle should be documented on RiO by a professional in attendance.

The actions identified in Multidisciplinary Team (MDT) Falls Huddle should be included as the interventions in a Falls Care Plan created and reviewed by the Named Nurse on the ward.

APPENDIX 5 Care Planning for Service Users who are at Risk of Falls

Care plans should be written in collaboration with service user and where appropriate family and carers. Service users have a single care plan that addresses all of the “needs” identified by the assessment/screening process. Therefore following completion of the Falls Screening Tool, if fall(s) have taken place or there is a risk of falls then key information should be recorded in the care plan.



To make text more inviting to read, use:

Short sentences – in general no more than 15-20 words long

Bulleted or numbered points to divide up complicated information

Small blocks of text - Do not use long paragraphs –

White space makes the information easier to read

Large bold font emphasizes text (If you are providing information for elderly people, or those with sight difficulties, you should always increase the font in the printable care plan)



Remember:

Not all care plans have to be written in the first person “I” This is appropriate if it is the preference of the service user. Ensure that the care plan provides evidence of service user views and that conversations have taken place when planning care and treatment.



NEEDS: (should be recorded in the free text box in the “Need” field of the CPA/inpatient care plan)

- Information from the Falls Screening Tool should be used to assist in recording a description of how the fall happened and any risk factors identified. The description should be recorded in the “Need” field of the care plan.
- The view of the service user should also be recorded in this field. The service user’s view does not have to accord with the clinical view, for example if the service user does not think that they are at risk of falls then this should be recorded as their view

Need

John prior to being admitted into hospital you had a fall at home which resulted in some injuries John you have reported that

- **You have poor eyesight and have not had an eye test within the last 12 months**
- **have experienced some dizziness,**
- **have had recurrent frequent urinary tract infections**
- **are on 11 medications**
- **are dependant on your wheeled zimmer frame to mobilise**

John you have said that independence and mobility are important to you and you feel that you have lost confidence



INTERVENTIONS: Make sure that the interventions:

- Relate directly to the needs and goals; and are evidence based where appropriate
- Focus on managing the presenting issues
- Are personalised to the individual and worked out and agreed collaboratively
- Describe the practical strategies being employed by the team to achieve stated outcomes
- Contain timeframes or frequencies
- Include the support being provided by families and carers
- State the name of the team/clinician responsible for carrying out the intervention
- Provide evidence of the service user's involvement in decisions about care and treatment and include actions that the service user has agreed to

Interventions

Multiple interventions can be added to a single need this makes managing the care plan easier

- **The MDT will work together to action the falls risks identified.**
- **The Dr will ensure you have no underlying infection/delirium.**
- **The Dr will also review your medications (timeframe /date required)**
- **The Physio will assess your mobility and balance and provide intervention to improve your transfers, mobility and balance. (time frame/date required)**
- **The Nursing team will assess your lying and standing BP and refer to the Dr If necessary for review (timeframe/date required)**
- **The Nursing team will ensure you can access an optician to have your eyes checked as soon as you are well enough to attend. In the meantime the nursing staff will ensure you are able to function in the ward environment orientating you to the ward and assisting you when necessary**



GOALS - Consider what needs to be resolved before the service user is ready for discharge from your service/caseload/ward. When setting outcomes consider:

What the service user wants to change

How will the service user know that their situation has changed/improved?

What will the service user be doing that they are not doing now?

What the intervention is intended to achieve?

How will the outcome be evaluated /measured (SMART)?

Not all service users will engage with care planning and goal setting; This should be clearly documented in your care plan, and your goals may be service orientated; but should still be SMART

Goals

**John you have said that you would like to remain mobile on the ward
You would also like to reduce your risk of falls and prevent injuries**



EVALUATION - The evaluation field should be used to provide a progress report in relation to interventions/goals/outcomes. The team/clinician/professional who is delivering the intervention is responsible for entering the progress report

Evaluation

This field is used to provide progress reports. Please ensure there are not multiple dated progress reports recorded in this field as this makes the care plan lengthy. Each time you wish to report on progress

- Delete the previous progress report, • Enter a date and record your report.
- Information is never lost from the care plan if you click on the intervention and click on show edits you can view previous reports

01/05/2020 MDT Falls Huddle following fall on 30/04/2020
Mobility and Balance assessment by Physio – commence balance exercises
Medic to rule out infection/delirium & review Medication
Nurse to check lying/standing blood pressure & arrange optician appointment

APPENDIX 6 - Screen shot of fall prevention risk form (RiO)

Service user	PATIENT, Test (Mx) - 1000000
Date/time	<input type="text"/>
Assessor	<input type="text"/> <input type="button" value="x Clear"/>
Select referral	<input type="text"/> <input type="button" value="x Clear"/>
Which age group is the service user?	<input type="text" value="Please Select"/>
Please indicate if the assessment is not being completed	<input type="checkbox"/>
What is the reason for not completing this assessment today?	<input type="text" value="Please Select"/>
When do you plan to complete this form?	<input type="text"/>

Cognitive impairment

Does the service user have any of the following conditions which could increase the risk of falls (i.e. Dementia, Traumatic Brain injury, Depression, delirium due to intercurrent illness)?

☐ Yes ☐ No

Physical health problems

Does the service user have any of the following conditions which could increase the risk of falls (Frailty, neuropathy, foot deformities, foot ulcers, hypotension, cardiovascular disease, weight loss, osteoporosis or arthritis)?

☐ Yes ☐ No

Syncope syndrome (fainting)

Does the service user have (or ever had) any problems with fainting or sudden blood pressure drop?

☐ Yes ☐ No

Does the service user have dehydration or an acute episode of poor food or fluid intake?

☐ Yes ☐ No

Continence problems

Does the service user have any continence problems? (i.e. Frequency or benign prostatic hyperplasia, overactive bladder, urgency, nocturnal)?

☐ Yes ☐ No

Falls history

Has the service user previously had a fall?

☐ Yes ☐ No

Footwear

Is the service user wearing suitable footwear?

☐ Yes ☐ No

Medication

Does the service user take 4 or more medications per day?

☐ Yes ☐ No

Does the service user take medication with side effects which can cause falls?

☐ Yes ☐ No

Does the service user take medication which can cause dizziness, drowsiness or drop in blood pressure?

☐ Yes ☐ No

Postural instability

Does the service user have any problem with the following (Mobility problems, balance problems, abnormal gait, reduced muscle strength or uses a walking aid)?

☐ Yes ☐ No

Has the service user recently has any acute episode of illness which could effect their mobility?

☐ Yes ☐ No

Visual impairment

Is the service user registered blind?

☐ Yes ☐ No

Does the service user have any sight problems (i.e. macular degeneration, limited sight, retinopathy, correct glasses etc.)?

☐ Yes ☐ No

Does the service user have access to their glasses (if needed)?

☐ Yes ☐ No

Following this assessment please complete an appropriate care plan the with service user. Consider the frequency of reviews and which professionals are able to support them (i.e. Physiotherapy, Dietetics, Continence Nurse) - Refer as needed