Essex County Council
Adult Social Care

Developing an Effective Falls Policy for Residential Homes

A helpful, best practice guide

Thank you to all the managers who attended the Falls Prevention & Retrieval CPD managers' workshops in 2025. Your insights were invaluable.

Working together with

Thank you for taking the time to review this guide to developing an effective falls policy for residential homes. This resource was developed in 2026 following a series of Continuing Professional Development (CPD) workshops on Falls Prevention and Retrieval, delivered in 2025 to residential home managers and senior care staff across Essex.

The purpose of this guide is to support residential care organisations in designing and implementing effective, evidence-informed falls policies. While this document provides a structured framework and best practice guidance, organisations are responsible for ensuring that their policies reflect current falls prevention standards, as well as their own operational procedures and regulatory requirements.

Content of a Falls Policy

The falls policies which were identified as comprehensive during the CPD sessions followed a similar structure.

The structure of a comprehensive falls policy should address the following areas:

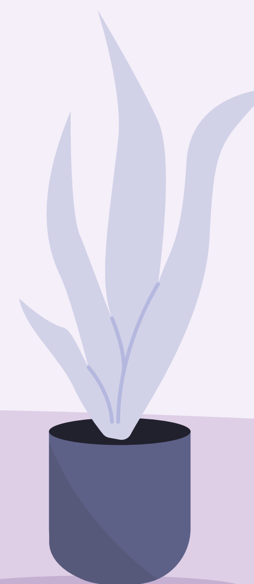
1. **Contain a definition of a Fall**
2. **Detail Falls prevention measures**
3. **Detail falls risk assessment process**
4. **Detail responsibilities, procedures and process for your organisation in relation to falls**
5. **Detail reporting measures**

1 Falls Definitions

1.1 It's important to include a **clear definition** of what a fall is within your policy. This will enable all staff to be working from the same perspective, which can increase accuracy when reporting falls.

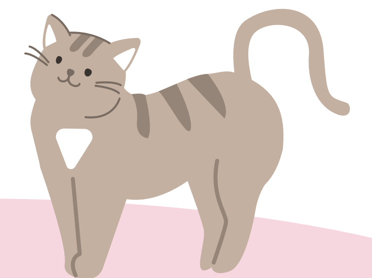
Here are some examples of falls definitions:

- **'A fall** is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level'. World Health Organisation (WHO) 2021 www.who.int/news-room/fact-sheets/detail/falls
- **'A fall** is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard'. Gov.uk, 2022 www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health



1.2 It is also important to define what is classed as an **unexplained/unwitnessed fall, near miss, slip or stumble** so these can be accurately reported. Near misses, slips and stumbles are key predictors of future falls and should be incorporated within falls analysis to support best practice in prevention. Here are some examples of definitions from www.lscthub.co.uk/wp-content/uploads/2022/10/Falls-Prevention-and-Management-in-Care-Homes.pdf:

- **'An unexplained fall:** A fall that has been unwitnessed, a cause cannot be identified, or the person does not know how or why they fell.'
- **'A slip:** To slide involuntarily and lose balance or foothold'
- **'A trip is:** An accidental miss step threatening or causing a fall'
- **'Stumble:** To step awkwardly whilst walking and begin to fall'



2 Falls Prevention Measures

Consider including the following:

2.1 A clear description of the falls prevention process, including when falls risk assessments are completed and how frequently they are reviewed and updated.

2.2 An outline of the standardised falls prevention measures and procedures in place within the home.

2.3 Details of how person centred falls prevention measures are identified and implemented, including how individual needs are assessed and who holds responsibility for this process.

2.4 An explanation of how positive risk taking is supported, demonstrating how residents' choice, autonomy, and control are enabled through least restrictive approaches to risk management. Reference to the Mental Capacity Act (2014) may be helpful in preventing risk adverse practice.

2.5 Information on falls prevention training for staff, including frequency, attendance requirements, and which staff groups the training applies to.

3 Falls Risk Assessment Process

Consider including:

3.1 Clear guidance on which tools and forms staff are required to use. Falls risk assessments should capture details of any equipment identified as suitable to support an individual to rise safely following an uninjured fall. This should be informed by the person's assessed abilities, their environment, and usual support arrangements, and should consider whether assistance would be provided by staff, equipment, or a combination of both.

3.2 Clarification on eligibility for assessment, including whether all residents receive a falls risk assessment or whether specific predictors or risk factors trigger assessment.

Falls risk assessments should capture details of any equipment identified as suitable to support an individual to rise safely following an uninjured fall.

3.3 Identification of roles and responsibilities, detailing who is responsible for completing falls risk assessments.

3.4 Guidance on when falls risk assessments should be completed, for example on admission, following a fall, or after a change in condition.

3.5 Defined timescales for routine reviews of falls risk assessments as part of standard practice.

3.6 Criteria for more frequent or ad hoc reviews, such as where a resident is experiencing recurrent or increasing falls.

3.7 Information on where falls risk assessments are recorded and stored.

3.8 Details of who requires access to these assessments and how they can be accessed.

4 Organistional Responsibilties

Consider including:

4.1 A defined immediate response procedure outlining the actions staff must take following a fall, including who should be involved. This should clearly specify which roles are responsible at each stage (for example, care staff, senior carers, managers, or deputies) and ensure appropriate recording of staff involvement.

4.2 The use of clear, concise, and unambiguous language throughout. Avoid vague terminology such as “use judgement” and instead provide specific guidance to support consistent decision making.

4.3 Reference to the use of the ISTUMBLE assessment tool to support staff in determining the presence or absence of injury.

4.4 Guidance on responding to uninjured fallers. Where a person has fallen and is assessed as uninjured, they should be supported to rise using the equipment identified within their personalised falls risk assessment. Blanket policies that require staff to always call medical support are not person centred and may cause unnecessary delays, which can lead to secondary health issues.

4.5 Clear criteria for when medical follow up is required, which should be based on the outcome of the fall. This may include referral to local falls responder services, GP or district nursing input, or emergency services where the severity of injury warrants this.

4.6 A defined process for managing falls involving individuals prescribed anticoagulant and/ or antiplatelet medication.

4.7 Expectations for post fall monitoring, including frequency and duration of time these observations will need to be completed for.

4.8 Reporting and recording procedures following a fall.

4.9 Arrangements for the analysis of falls data, including how often this will be reviewed and who is responsible for reviewing and using this information to inform service improvement.

5 Reporting Measures

Consider including:

5.1 Clear guidance on who must be informed following a fall. This may include managers and relevant staff within the home, healthcare professionals (such as the GP or district nursing team), the person’s family or representatives, and social care services where appropriate.

5.2 Details of the documentation and forms that must be completed following a fall.

5.3 Information on where records of the fall will be stored, including how they are filed and maintained to ensure accessibility and confidentiality.

5.4 Reference to the use of the Essex **Safeguarding Adults Board (ESAB) Decision Support Framework** to determine whether a safeguarding concern should be raised.

Contact details for this guide

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