Tool 6: Falls management checklist

This tool can be used to check if falls prevention actions have been carried out. It can be used to check one area of the care home or on a random selection of residents.

Date of check:	Please enter any comments on reverse page
	(Circle appropriate response)

	(Officie appropriate response)									
Resident	1	2	3	4	5	6	7	8	9	10
1.ls the resident's chair at appropriate height?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(for example, resident can sit on chair with feet resting on the floor)	No	No	No	No	No	No	No	No	No	No
(for residents in wheelchairs; are footplates in use?)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2. Is the resident's bed in the low position?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(even if resident is not presently in bed)	No	No	No	No	No	No	No	No	No	No
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3. Is the call bell within easy reach?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4.Can the resident access personal belongings at arms reach?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(If resident able, ask him/her to reach for an item of personal	No	No	No	No	No	No	No	No	No	No
belongings)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5. Have all non-essential items which would impact on the resident's	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
safety been removed from their bedspace?	No	No	No	No	No	No	No	No	No	No
(inspect bed space for example, cables/clutter)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6.If the resident uses a walking aid independently – is walking aid within	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
reach?	No	No	No	No	No	No	No	No	No	No
(ask resident to reach for walking aid, if able)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7. Are bedrails used when this resident is in bed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No
8.Is reason for bedrail use recorded in resident's notes ie bedrail risk	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
assessment?	No	No	No	No	No	No	No	No	No	No
(Check with staff) note if used as restraint or moving & handling aid	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9. Detail the reason for using the bedrails, ie sided weakness/resident requested										

Resident	1	2	3	4	5	6	7	8	9	10
10. Has a multifactorial falls risk screen been initiated within 24 hours of	Yes									
the resident's admission to the care home (check notes)?	No									
	N/A									
11. Has the risk screen been updated in line with the written	Yes									
guidance?	No									
(check notes)	N/A									
13. Has a falls care plan been initiated?	Yes									
	No									
(check notes)	N/A									
14. Has the falls care plan been up dated in line with written guidance?	Yes									
	No									
(check nursing notes)	N/A									
15. How many falls has the resident experienced in the last year?										Ī
(check falls diary)										
		•	•	-	,		•	,		
Please list any actions below										
- -										

Name:	Signature:	

Adapted from a tool developed by NHS Greater Glasgow and Clyde