

SHORT TITLE/ACRONYM: Mapping post-falls
organisational processes in care homes

IRAS: 358818

FULL/LONG TITLE OF THE STUDY

Mapping post-falls management organisational processes for older people who fall in care homes in England

SHORT STUDY TITLE / ACRONYM

Mapping post-falls organisational processes in care homes

RESEARCH REFERENCE NUMBERS

IRAS Number: 358818
SPONSORS Number: 25HC001
FUNDERS Number: NIHR208177

OTHER RESEARCH REFERENCE NUMBERS:

SPONSOR / CO-SPONSORS / JOINT-SPONSORS: Nottingham University Hospitals NHS Trust

PROTOCOL VERSION NUMBER AND DATE: 1.1, 22nd September 2025

- This protocol has been designed to ensure regard for the HRA guidance
Amendment History

Amendment No.	Protocol version no.	Date issued	Author(s) of changes	Details of changes made

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List details of all protocol amendments here whenever a new version of the protocol is produced.

Protocol amendments must be submitted to the Sponsor for approval prior to submission to the REC committee.

SIGNATURE PAGE

The undersigned confirm that the following protocol has been agreed and accepted and that the Chief Investigator agrees to conduct the study in compliance with the approved protocol and will adhere to the principles outlined in the Declaration of Helsinki, the Sponsor's SOPs, and other regulatory requirement.

I agree to ensure that the confidential information contained in this document will not be used for any other purpose other than the evaluation or conduct of the investigation without the prior written consent of the Sponsor

I also confirm that I will make the findings of the study publicly available through publication or other dissemination tools without any unnecessary delay and that an honest accurate and transparent account of the study will be given; and that any discrepancies from the study as planned in this protocol will be explained.

For and on behalf of the Study Sponsor:

Signature:

.....

Date:

...../...../.....

Name (please print):

.....

Position:

.....

Chief Investigator:

Signature:

.....

Date:

...../...../.....

Name: (please print):

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KEY STUDY CONTACTS

Chief Investigator (CI)	Dr Fran Hallam-Bowles Clinical Researcher Nottingham University Hospitals NHS Trust Research & Innovation
Study Co-ordinator	Dr Fran Hallam-Bowles Clinical Researcher Nottingham University Hospitals NHS Trust Research & Innovation
Sponsor	Nottingham University Hospitals NHS Trust Research & Innovation
Joint sponsor(s)/co-sponsor(s)	Not applicable
Funder(s)	NIHR Research for Patient Benefit (reference NIHR208177)
Key Protocol Contributors	Dr Katie Robinson University of Nottingham Dr Janet Darby Nottingham University Hospitals NHS Trust Professor Pip Logan University of Nottingham

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	<p>Peter Smith</p> <p>Public co-applicant and NUH Research Volunteer</p> <p>Gemma Squires</p> <p>East Midlands Ambulance Service NHS Trust</p>
Committees	Study management consisting of the Chief Investigator, study co-applicants, researcher undertaking the support role and a representative from the Research Governance team.

STUDY SUMMARY

Study Title	Mapping post-falls management organisational processes for older people who fall in care homes in England
Internal ref. no. (or short title)	Mapping post-falls organisational processes in care homes
Study Design	Online survey
Study Participants	Care home and health and social staff with experience of supporting people immediately after a fall in care homes in England
Planned Size of Sample (if applicable)	Approximately 500 survey responses expected.
Follow up duration (if applicable)	Not applicable
Planned Study Period	6 months

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Research Question/Aim(s)	<p>Question: What post-falls management organisational processes are used for older people who fall in care homes?</p> <p>Aim: To map post-falls management organisational processes for older people who fall in care homes</p>
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FUNDING AND SUPPORT IN KIND

FUNDER(S) (Names and contact details of ALL organisations providing funding and/or support in kind for this study)	DETAILS OF FINANCIAL AND NON FINANCIAL SUPPORT GIVEN
NIHH Research for Patient Benefit	<p><i>This study/project is funded by the National Institute for Health Research (NIHR) [Research for Patient Benefit (NIHR208177)]. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.</i></p> <p>Total funding = £199,462.00</p> <p>This forms the first component of a programme of work developing post-falls management principles for older people in care homes in England. The funding provides financial support for the CI and researchers to undertake this component of work. The funding will support the time involvement of the co-applicants, Patient and Public Involvement (PPI) group and collaborator group. Costs for a trust approved survey tool are included in the NIHR award.</p>

ROLE OF STUDY SPONSOR AND FUNDER

The study sponsor will monitor the study conduct against applicable regulatory standards. The study sponsor and study funder will have no role in the design, data analysis, interpretation, manuscript writing and dissemination of the results. The sponsor and funders will be consulted for the final decision/s regarding any aspects of this study.

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ROLES AND RESPONSIBILITIES OF STUDY MANAGEMENT COMMITTEES/GROUPS & INDIVIDUALS

Study management group

The study management group will meet monthly to oversee the running of the study against the protocol and timescales. The group will monitor study progress, including recruitment and survey uptake. The study steering group will consist of the Chief Investigator, study co-applicants, researcher undertaking the support role. A representative from the research governance team from NUH will be invited to attend meetings on a quarterly basis. The study management group includes a public co-applicant.

Patient and Public Involvement group

A patient and public involvement group has contributed to the research design and processes. The group includes care home residents, relatives and carers. The group will meet on a bi-monthly basis and will be involved in interpreting key findings from the data analysis and sharing of the study findings.

Collaborator group

A PPI group of care home residents, relatives and staff, and a collaborator group (including a care home quality assurance manager, an NHS Enhanced Health in Care Homes Lead, healthcare professionals from acute and urgent community response services, a representative from a care home software provider, a policy officer from Care England) have supported research design and processes. The group will meet on a bi-monthly basis and will be involved in interpreting key findings from the data analysis and sharing of the study findings.

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Protocol contributors

CONTRIBUTOR(S) (Names and contact details of ALL individuals providing contribution to the protocol)	DETAILS OF CONTRIBUTION GIVEN
Dr Katie Robinson	Peer review of protocol, participant information sheet, survey, invitation emails and PowerPoint slide.
Dr Janet Darby	Peer review of protocol, participant information sheet, survey, invitation emails and PowerPoint slide.
Professor Pip Logan	Peer review of protocol, participant information sheet, survey, invitation emails and PowerPoint slide.
Peter Smith (Public co-applicant)	Peer review of protocol, participant information sheet, survey, invitation emails and PowerPoint slide.
Gemma Squires	Peer review of protocol, participant information sheet, survey, invitation emails and PowerPoint slide.
Study collaborator group	Piloted survey (including participant information sheet). Informed research design.
Patient and Public Involvement group	Informed research design.

KEY PHRASES: Falls, implementation science, care homes, long-term care, organisational management

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ABBREVIATIONS

CI	Chief Investigator
ENRICH	ENabling Research In Care Homes
NICE	National Institute for Health and Care Excellence
NUH	Nottingham University Hospitals
REC	Research Ethics Committee
REDCap	Research Electronic Data Capture
PPI	Patient and Public Involvement

STUDY FLOW CHART

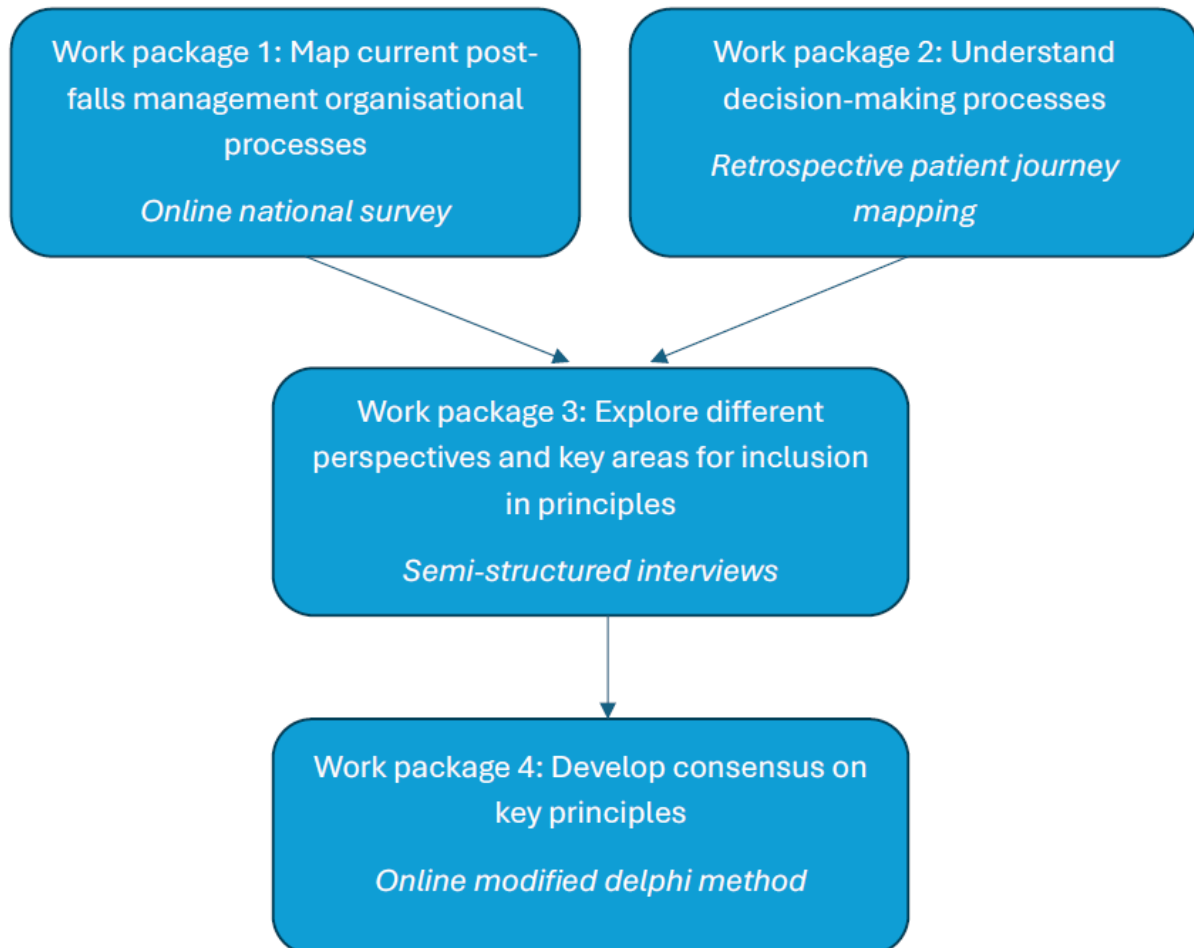
The Gantt chart below outlines the timeline of activity for study management of the online survey

Month	1	2	3	4	5	6
Recruitment						
Survey Data collection						
Qualitative data analysis						
Quantitative data analysis						

The flow diagram below outlines how this study fits within the wider research programme which aims to develop principles for post-falls management for older people in care homes in England.

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STUDY PROTOCOL

Mapping post-falls management organisational processes for older people who fall in care homes in England: a national online survey.

1. BACKGROUND

Care homes are regulated organisations that provide personal care and accommodation, with or without nursing care. Falls are common among older people, aged 65 years or over, living in care homes. A fall is an event where an individual unintentionally comes to rest on the ground or on a lower level than they first started (1). After a fall, older people require post-falls management which involves timely risk assessment and immediate action to manage potential injuries and reduce risk of further falls. Residents, relatives and numerous organisations may be involved in decision making. Organisations include care homes, community, primary care, ambulance and acute providers. Care

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home residents who fall often have complex needs, including cognitive impairment and frailty. Falls can be distressing and some emergency admissions resulting from falls may be avoidable with proactive, multidisciplinary support (2).

Collaborative working and understanding the local context have been suggested to reduce unwarranted variation in ambulance conveyance from care homes (3). However, care home providers are independent businesses with autonomy to set their own post-falls policies and these can differ between care homes. Our previous research suggests that cultural and policy differences across organisational settings may affect collaborative decision-making (4, 5). There are also challenges with data sharing and reconciling perspectives of residents, relatives, care staff and paramedics to make decisions about hospital admissions (6).

The World Falls Guidelines recommend a post-fall assessment is completed with residents to identify the cause, identify injuries, re-assess falls risk factors, and avoid unnecessary hospitalisation (7). This recommendation was made based on expert opinion and further research was recommended.

National guidance is available for post-falls management in inpatient settings (8, 9). However, this guidance may not be generalisable to care homes due to contextual differences between settings. A scoping review of grey literature and expert consensus conducted by our team highlighted that care homes should have a policy to support post-falls management; however, implementation is likely to be affected by the care home culture and interactions with wider services (5, 10, 11). The high volume of grey literature on falls management in care homes suggests that care homes rely on producing their own guidance, with limited reference to the underpinning evidence base, in the absence of care home-specific guidance (11). Some local areas have developed their own post-falls management guidance (12). However, the availability of local guidance across England is unknown and the guidance may be inconsistent with limited capacity to support implementation. Post-falls assessment tools, including iSTUMBLE and HelpFall, are recommended in care homes by NHS England guidance (13). It is unclear whether these tools are in widespread use, how they interact with organisational policies and whether they complement organisational processes used by wider services, such as emergency, urgent, primary and community care services.

Action Falls is a falls prevention programme developed for care homes to support targeted risk assessment and intervention. A randomised controlled trial demonstrated a 43% reduction in falls and cost-effectiveness (14). However, the programme contains limited information about post-falls management. A survey of care home staff provides insights into in-house actions taken after a fall, such as injury checks and calling for help (15). However, limited information was provided about policies and decision-making steps. All responses were from care homes that provided nursing care. Processes may differ in residential care settings with no nurse onsite to support assessment. Further, the study did not explore in detail how other organisations, such as emergency, urgent, primary and community care, contribute to post-falls management in care homes.

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A survey will be conducted to map current post-falls management organisational processes for older people who fall in care homes. The survey will be completed by care home and healthcare staff involved in post-falls management in their professional role across England (approximately 1300 homes, 42 Integrated Care Systems at the time of writing) (16, 17). The survey will identify current guidance informing post-falls management with care home residents, key topics included in the guidance, and barriers and facilitators to applying post-falls management guidance in real world settings.

The survey is the first component of a research programme which will develop principles for post-falls management for older people in care homes that can be used across health and social care organisations alongside existing evidence-based interventions and guidance, such as Action Falls and National Institute for Health and Care Excellence (NICE) guidance. The principles will promote a consistent, proactive approach at all stages of resident care for all older people living in care home settings. The findings will inform interviews with stakeholders involved in post-falls management and the development of draft principles for post-falls management in later stages of the research. Please see the study flow chart for an outline of the full research programme.

2. RATIONALE

Falls cost the NHS alone £2.3 billion yearly (18). Falls can have serious physical and psychological consequences for individuals and are costly for health and social care systems. For instance, 40% of hospital admissions from care homes result from falls (19). Our future goal is to undertake an implementation study to determine whether consistent principles of post-falls management in care homes reduce hospital admissions and improve experiences of care for older people. However, we must first co-develop post-falls management principles that are acceptable and relevant to care homes and wider supporting organisations, such as emergency, primary and community services. This is in line with Medical Research Council guidance which emphasises the importance of context and involving key stakeholders to develop interventions (20). The survey is the first stage of developing the principles and will further our understanding of current delivery of organisational processes when supporting older people who fall in care homes.

3. THEORETICAL FRAMEWORK

The Behaviour Change Wheel will be used as an overarching theoretical framework for this research programme (21). The Behaviour Change Wheel is an established implementation model that will aid understanding of behaviour influences affecting implementation of post-falls management policies and interventions. This model will aid the exploration of interactions between organisational practices and approaches to change behaviour towards a consistent approach. The Behaviour Change Wheel will support planning along the implementation pathway.

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4. RESEARCH QUESTION / AIM(S)

Question: What post-falls management organisational processes are used for older people in care homes?

Aim: To map post-falls management organisational processes for older people in care homes.

4.1. Objectives

- To disseminate the survey to care home and wider health and social care staff involved in post-falls management in care homes
- To analyse quantitative data using descriptive statistics and qualitative data using thematic analysis
- To synthesise quantitative and qualitative data to produce a map of post-falls processes and factors affecting their implementation

4.2. Outcome

To understand current post-falls practices for older people in care homes, including key guidance being used, barriers and facilitators affecting implementation of policies and processes.

5. STUDY DESIGN AND METHODS OF DATA/SAMPLE COLLECTION AND DATA/SAMPLE ANALYSIS

Surveys can be used to gain understanding of current organisational practices in health and social care settings at a national level. The survey includes open and closed questions to map organisational processes related to delivering post-falls management in care homes (see survey draft document). The survey includes questions to aid demographic monitoring, what guidance is currently in used, the core practices included in organisational policies and processes (e.g. assessment/risk stratification, immediate care processes, monitoring, moving and handling, family communication), whether any specific decision-making tools, equipment or software are used to support post-falls management within their organisation, barriers or facilitators affecting their implementation immediately after an older person falls in a care home. The survey will take no more than 15 minutes to complete on a PC, laptop and mobile device. The survey has been piloted by members of our study collaborator group from healthcare and care home settings who have advised on the participant information page and wording of questions. The survey will be completed by staff from care homes and health and social care organisations across England who are involved in post-falls management in care homes. The

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survey will be distributed by existing networks or contacts using publicly held information and professional networks in which the research team are active. To support recruitment of care homes, the Enabling Research in Care Homes (ENRICH) network will support survey dissemination using the national ENRICH community network and local network channels, utilising their existing relationships.

Quantitative data will be analysed with descriptive statistics and qualitative data will be analysed using thematic analysis. Qualitative data will be analysed independently by two members of the research team.

Survey responses will be collected using REDCap (Research Electronic Data Capture, a Trust approved software platform) and exported into an Excel spreadsheet for analysis. Personal information will be stored separately in two Excel files away from the rest of the data to de-identify the survey responses. This will be completed by the CI/named researcher. The personal information spreadsheet will include names and email addresses. This will be used to send updates about the research, including the study findings, where consent has provided. All spreadsheets will be stored securely on a shared NUH area accessible to only the research team. The spreadsheet will be password protected and accessed on a NUH laptop which is also password protected and encrypted. The spreadsheet will not be accessed outside of NUH. The research team will store the laptops securely following the Trust's Mobile Computing and Remote Working Policy.

6. STUDY SETTING

The online national survey will be completed by care home staff and healthcare staff involved in the delivery of post-falls management with older adults living in care homes in England (approximately 1300 homes, 42 Integrated Care Systems at the time of writing). Participants will be accessed by distributing an invitation through existing contacts and networks. The research setting is appropriate for mapping processes used across different organisations that care home residents receive support from immediately after a fall. This is a single site study and there are no site-specific requirements to run the study.

7. SAMPLE AND RECRUITMENT

7.1. Eligibility Criteria

7.1.1. Inclusion criteria

- Care home staff in any role or healthcare staff in any role working in a primary, community,

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emergency and acute settings

- Work in a care home or healthcare setting in England
- Has any previous experience in supporting older people immediately after a fall in a care home as part of their role
- Aged 16 years or over

7.1.2. Exclusion criteria

- Care home and healthcare staff working outside of England
- Staff working outside of stated settings
- No experience in supporting older people immediately after a fall in a care home as part of their role
- Under 16 years of age

7.2. Sampling

7.2.1. Size of sample

There is no definitive sample size as we aim to research background information rather than produce generalisable findings, in line with a previous national care home survey (22). We expect to achieve 500 survey responses based on the sample population and the team's previous research experience.

7.2.2. Sampling technique

Convenience sampling will be used to recruit care home and health care staff as we are aiming for the broadest reach across the country possible. We will not target specific regions or localities as we are not aiming to produce generalisable findings.

7.3. Recruitment

7.3.1. Sample identification

A range of relevant organisations, networks and existing contacts who have access to or work with staff in care homes and health and social care settings will be asked to distribute a survey invitation (see templates). The survey link will be distributed by existing networks or contacts using publicly held information and professional networks which the research team are active in. For instance, ENRICH, Care England, NHS Futures, the British Geriatric Society and British Society of Gerontology care home groups,

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Chartered Society of Physiotherapy professional networks and interactive online forums. This will enable dissemination of invitations to staff working in a diverse range of settings and regions and ensures that the research team do not access personal information without prior consent. The email invite will include a link to the survey. A slide will be provided to support networks to advertise the survey at their events. The research team will use the slide to promote the survey at relevant in-person conferences and events. A reminder to circulate the information will be sent to existing networks or contacts to encourage uptake.

The survey begins with an information sheet page which includes the eligibility criteria. Participants will self-assess their eligibility and confirm that they meet these criteria. Participants will not be offered payment for completing the survey.

7.3.2. Consent

An information sheet will be provided on the first page of the survey (see survey draft). The information sheet is readily available by clicking on the survey link to the REDCap platform. Participants will be asked read a series of eligibility statements and select 'yes' to indicate that they understand each statement and are eligible to participate in the survey before proceeding to the survey questions. Completion of the survey will imply that informed consent has been given. The participant information sheet will outline that there is no obligation to complete the survey, and non-completion will not affect their role in their organisation. The study information page recommends that participants take time to read the study information sheet carefully as many times as they would like before deciding to take part. Participants can access the survey link multiple times until the survey closing date. Contact details for the research team are provided for participants to ask questions about the study.

The participant can exit the survey at any time before submitting their responses by closing the browser. Any information provided up until the point of closing the browser may be recorded and retained. Once the survey response has been submitted, it will not be possible to retract at a later time. This is clearly explained in the participant information sheet.

There is a risk that a single participant completes the survey multiple times. Participants will not be paid for completing the survey to reduce the risk of the survey being completed for monetary gains only. Participants will be asked to complete the survey only once, unless they move roles and have new information to share. It will not be possible to check for repeat entries as the survey is anonymous. This is unlikely to impact on achievement of the study's aims and objectives.

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8. END OF STUDY DEFINITION

The end of the study is defined of completion of data collection and analysis.

9. ETHICAL AND REGULATORY CONSIDERATIONS

The survey will ask participants not to share personal information about residents or staff members to maintain confidentiality. Open questions are written in a way that encourages general information about post-falls management to be shared.

Participants may have concerns about safe handling of data. Assurances about handling of confidential data will be provided in study information section of the survey. It will be clearly explained that provision of personal identifiable information and equality monitoring data is optional. REDCap is recommended as the approved platform for collecting personal identifiable information by the sponsor organisation.

9.1. Assessment and management of risk

The risk to participants is low as there is no clinical intervention and the study is gaining background information about post-falls management processes as well as gaining perspectives of different stakeholders. Participants can close the browser to exit REDCap if they decide to take part then change their mind whilst completing the survey. Any information provided up until that point may be recorded and retained this is explained on the information page. Participants will be unable to retract their responses once the survey has been submitted. Submission of personal details to be contacted with updates about the research is optional. All data management systems and procedures will be compliant with the sponsor's guidelines. REDCap will be used as the survey platform as this is approved by the sponsor for handling personal identifiable information.

Any emerging risks will be reviewed and managed by the CI. The CI will be supported in the management of risks by the study management group who consist of experienced health and social care researchers.

9.2. Research Ethics Committee (REC) review & reports

Before the start of the study, approval will be sought from regulatory bodies as required for the study protocol and other relevant documents e.g. advertisements.

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Substantial amendments that require review by HRA will not be implemented until the HRA grants a favourable opinion for the study (note that amendments may also need to be reviewed and accepted by R&D departments, or through other research governance mechanisms, before they can be implemented in practice at sites).

The Chief Investigator will notify the HRA of the end of the study.

If the study is ended prematurely, the Chief Investigator will notify the HRA, including the reasons for the premature termination. Within one year after the end of the study, the Chief Investigator will submit a final report with the results, including any publications/abstracts, to the HRA.

9.3. Peer review

The study is funded by an NIHR Research for Patient Benefit grant and underwent an independent, expert peer review process to be successful for funding.

9.4. Patient & Public Involvement

This research has been developed and will be undertaken with a public co-applicant who is a member of the study steering group.

The following groups have been formed to support this Research for Patient Benefit research programme:

- a PPI steering group consisting of care home residents, relatives and carers)
- a study collaborator group consisting of PPI steering group members, an NHS England Care Home Lead, health professionals from acute and urgent community response services, a representative from a care home software provider, a representative from Care England and a care home quality assurance manager.

The groups have helped to develop the research design, including the recruitment strategy, the survey and invitation documents. Key themes from the analysis of the data will be discussed with these groups to inform next stages of the research and the sharing of the findings. These groups will not have direct access to the data.

9.5. Regulatory Compliance

This is a single site study. Before any site can enrol patients into the study, the Chief Investigator/Principal Investigator or designee will apply for HRA approval for the study and will contact the R&D department and, if applicable, the local Regional Research Delivery Network.

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Prior to commencing recruitment, the site must confirm their capacity and capability to conduct the study, as per the HRA approval letter.

Any amendment to the protocol should be considered that it may potentially affect the site's capacity to continue in the study, the Chief Investigator/ Principal Investigator or designee will inform the Sponsor of the proposed amendment. The amendment will be submitted as per Section 8.7.

9.6. Protocol compliance

Unintentional protocol deviations can happen at any time. They must be adequately documented on the relevant forms and reported to the Chief Investigator and Sponsor immediately.

Deviations from the protocol which are found to frequently recur are not acceptable, will require immediate action and could potentially be classified as a serious breach.

9.7. Amendments

It is the sponsor's responsibility to decide whether an amendment is substantial or non-substantial for the purposes of submission to the REC. If the sponsor wishes to make a substantial amendment to the REC application or the supporting documents, the sponsor or delegate must submit a valid amendment tool to the REC for consideration once reviewed and approved by the sponsor team. The REC will provide a response regarding the amendment within 35 days of receipt of the notice, informing the HRA of the amendment.

If applicable, other specialist review bodies need to be notified about substantial amendments in case the amendment affects their opinion of the study.

Non-substantial amendments also need to be notified to the HRA as well as the relevant R&D departments of participating sites to assess whether the amendment affects the continued capacity for that site. Note that some amendments that may be considered to be non-substantial for the purposes of REC may still need to be notified to NHS R&D (e.g. a change to the funding arrangements).

9.8. Adverse Events

This study has no intervention and no adverse events will be recorded/collected.

9.9. Data management

9.9.1. Data collection

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The study will collect new data in the form of online survey responses. The survey is anonymous and non-identifiable information will be collected. Names, contact details and equality monitoring data may be collected (optional) and will be stored separately from the survey responses. Data will be collected and stored electronically using REDCap which is a sponsor-approved software platform for collecting personal identifiable information. Data will be exported into Excel files. Personal information and equality monitoring data will be held in separate Excel files to de-identify survey responses prior to analysis.

9.9.2. Data quality

Capture of the data on the study database will be checked on a regular basis by the CI. Where corrections are required (e.g. typographical errors in free text responses) these will carry a full audit trail and justification. Qualitative data will be analysed electronically and independently by two researchers. The researchers are NUH employees and will access the data on a shared area accessible only to the research team using NUH laptops.

The study is subject to monitoring and audit by the Sponsor. Study data and evidence of monitoring and systems audits will be made available for inspection by the Sponsor as required.

9.9.3. Data storage

Data will be held securely electronically at Nottingham University Hospitals NHS Trust under the provisions of the General Data Protection Regulation 2018 and Data Protection Act 2018. Names and email addresses will be collected for the purposes of contacting participants with updates about the research programme. Personal information (names and emails) will be deleted at the end of the two-year research programme.

Survey responses will be stored on REDCap Cloud. REDCap Cloud is ISO 27001 certified; it also has SOC 2 type 2 and HITRUST CSF attestation. It is a commercial e-Clinical Platform that is 21 CFR Part 11 Validated, HIPAA & FISMA compliant, WHODrug and MedDRA certified.

Electronic files containing identifiable information will be password protected and stored securely. Analysis will be undertaken using Excel. The Excel file and subsequent reports will not contain any personal information.

9.9.4. Data transfer (if applicable)

In compliance with the ICH/GCP guidelines, regulations and in accordance with the Nottingham University Hospital SOP-RES-028 and Research Ethics, the Chief or local Principal Investigator will maintain all records and documents regarding the conduct of the study. These will be retained for 5 years. A in line with NUH's standard operating procedure for archiving and the destruction of records. If the responsible investigator is no longer able to maintain the study records, a second person will be nominated to take over this responsibility.

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Data will be exported from REDCap into password protected Excel files stored on an NUH shared area which is only accessible to the research team. Personal information and equality monitoring information will be stored separately from the anonymous survey responses. Data will be deleted from REDCap by the study administrator (CI) once the survey has closed and the data has been exported to Excel for analysis.

9.9.5. Data protection

All investigators and study site staff must comply with the requirements of the General Data Protection Regulation 2018 and Data Protection Act 2018 with regards to the collection, storage, processing and disclosure of personal information and will uphold the Regulation's/Act's core principles. The CI is the Data Custodian for the study.

9.10. Indemnity

As Nottingham University Hospitals NHS Trust is acting as sponsor for this study, NHS indemnity applies to NHS staff and NHS patients and any activities documented in the protocol. NHS bodies are legally liable for the negligent acts and omissions of their employees. Non-negligent harm is not covered by the NHS indemnity scheme. The Nottingham University Hospitals NHS Trust, therefore, cannot agree in advance to pay compensation in these circumstances. In exceptional circumstances an ex-gratia payment may be offered.

9.11. Access to the final study dataset

The study management group will have access to the anonymised dataset. This is a single site study.

10. DISSEMINATION POLICY

10.1. Dissemination policy

On completion of the study the data will be analysed and a Final Study Report prepared. The report will be submitted to NIHR and will be available on their study webpage once approved.

The NIHR will be acknowledged in any publications using the statement below:

This study/project is funded by the National Institute for Health Research (NIHR) [Research for Patient Benefit (NIHR208177)]. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

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Study findings will be shared on social media and relevant websites with support from the NUH communications teams. A quarterly update will be sent out to participants who agree to be contacted about the research and provide their contact details for this purpose. It is intended that the findings will be written up as a peer reviewed publication and presented at relevant academic conferences. The study will be listed on a national database (clinicaltrials.gov) and participants will be signposted to this.

The anonymised Excel file containing survey responses will be made available upon request, for supporting further research and ensuring transparency, by contacting the CI after the results have been published. Sharing the file will require sponsor approval. The file will not contain identifiable information. The spreadsheet will be sent securely from an NHS.net email address. There will be no geographical restrictions. Sharing research data will be in line with the NIHR's commitment to open access of research outputs (23).

10.2. Authorship eligibility guidelines and any intended use of professional writers

The International Committee of Medical Journal Editors will be used to define the authorship criteria for manuscripts submitted for publication (24).

11. REFERENCES

1. World Health Organization. Falls [Available from: <https://www.who.int/news-room/fact-sheets/detail/falls>].
2. Wolters A, Santos F, Lloyd T, Lilburne C, Steventon A. Emergency admissions to hospital from care homes: how often and what for? London: Health Foundation 2019.
3. NHS England. Going further for winter: Care homes ambulance conveyance avoidance. London: NHS England; 2022.
4. Nottingham University Hospitals NHS Trust. CHAFFINCH n.d. [Available from: <https://www.nuh.nhs.uk/chaffinch/>].
5. Robinson K, Logan PL, Gordon AL, Timmons S, Masud T, Rees L, et al. Exploring the organisation and delivery of falls management in care homes for older people in England. BMC Geriatrics. 2025;25(1):433.
6. Chambers D, Cantrell A, Preston L, Marincowitz C, Wright L, Conroy S, et al. Reducing unplanned hospital admissions from care homes: a systematic review. Health and Social Care Delivery Research. 2023;11(18):1-130.
7. Montero-Odasso M, van der Velde N, Martin FC, Petrovic M, Tan MP, Ryg J, et al. World guidelines for falls prevention and management for older adults: a global initiative. Age and Ageing. 2022;51(9).
8. National Institute for Health and Care Excellence (NICE). Falls in older people. Quality standard [QS86]. [Available from: <https://www.nice.org.uk/guidance/qs86>].
9. Royal College of Physicians. Supporting best and safe practice in post-fall management in inpatient settings. London: Royal College of Physicians; 2022.

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10. Robinson KR, Gordon AL, Logan PA, Timmons S, Westlake M, Cowley A. Identifying the key characteristics of falls management programmes in UK care homes - A scoping review of grey literature. *Journal of Frailty, Sarcopenia & Falls*. 2022;7(3):165-74.
11. Robinson KR, Hallam F, Horne JC, Allen F, Darby J, Kilby A, et al. Developing the Principles of Falls Management in Care Homes: An expert Consensus Process. *Journal of Long-Term Care*. 2024.
12. NHS Gloucestershire ICB. Falls Guidance for Care Homes for Older People [Available from: <https://extranet.nhsglos.nhs.uk/wp-content/uploads/2023/09/Falls-Guidance-for-Care-homes-for-Older-People-Aug-23-Final.pdf>].
13. NHS England. Enhanced health in care homes framework. London: NHS England. ; 2023 [Available from: <https://www.england.nhs.uk/publication/enhanced-health-in-care-homes-framework/>].
14. Logan PA, Horne JC, Gladman JRF, Gordon AL, Sach T, Clark A, et al. Multifactorial falls prevention programme compared with usual care in UK care homes for older people: multicentre cluster randomised controlled trial with economic evaluation. *BMJ*. 2021;375:e066991.
15. Albasha N, Curtin C, McCullagh R, Cornally N, Timmons S. Staff's insights into fall prevention solutions in long-term care facilities: a cross-sectional study. *BMC Geriatrics*. 2023;23(1):738.
16. NHS England. NHS in numbers today [Available from: <https://www.england.nhs.uk/nhsbirthday/about-the-nhs-birthday/nhs-in-numbers-today/>].
17. Competitions and Markets Authority. Care homes market study: summary of final report. [Available from: <https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/care-homes-market-study-summary-of-final-report>].
18. National Institute for Health and Care Excellence (NICE). Falls in older people: assessing risk and prevention. Clinical guideline [CG161] London 2013 [Available from: <https://www.nice.org.uk/guidance/cg161>].
19. Care Inspectorate and NHS Scotland. Managing Falls and Fractures in Care Homes for Older People – good practice resource. Revised edition. Scotland: Care Inspectorate; 2016.
20. Skivington K, Matthews L, Simpson SA, Craig P, Baird J, Blazeby JM, et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ*. 2021;374:n2061.
21. Michie S, van Stralen MM, West R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*. 2011;6(1):42.
22. Hanratty B, Wolters A, Towers A-M, Spilsbury K, Meyer J, Killelt A, et al. Data Collection in Care Homes for Older Adults: A National Survey in England. *Journal of Long Term Care*. 2023:288-96.
23. National Institute for Health and Care Research. NIHR position on the sharing of research data 2021 [Available from: <https://www.nihr.ac.uk/about-us/who-we-are/policies-and-guidelines/sharing-of-research-data>].
24. International Committee of Medical Journal Editors. Defining the role of authors and contributors [Available from: <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>].

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12. APPENDICES

12.1. Appendix 1- Required documentation

Investigator CVs	In site file
Study invitations	<ol style="list-style-type: none"> 1. Invite to networks and contacts 2. Participant invite 3. PowerPoint slide
Survey	<ol style="list-style-type: none"> 1. Participant information sheet 2. Survey – eligibility section 3. Survey - anonymous responses section 4. Survey – equality monitoring section 5. Survey - future contact section

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Study invitations

1. Invite to networks and contacts

Dear [insert network/contact name],

We are a research team at Nottingham University Hospitals (NUH) NHS Trust. We are conducting a research study to develop principles for providing care immediately after an older person falls in a care home (known as post-falls management). The research is sponsored by NUH.

As part of this research, we would like to carry out an online national survey to map post-falls management processes and procedures in England. We are inviting care home staff and health staff working in acute, community, primary and emergency care settings to take part in the survey.

We would appreciate your support with sharing a survey invitation with your network [attached/below*] and sharing details about the survey at relevant events using the attached slide. We do not need you to share any personal information, such as names and contact details, directly with us.

The survey will be open for 3 months, [Insert dates].

If you have any questions or would like to discuss the study, please contact the research team- [insert contact details of researcher]

Thank you for supporting this research.

**delete as appropriate*

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2. Participant invite

Do you work with older people living in care homes who experience falls?

Care home staff, and healthcare staff working in acute, community, primary and emergency care across England are invited to take part in a short online survey. The survey will map processes and procedures used immediately after older people fall in care homes (known as post-falls management). The survey is part of a research programme at Nottingham University Hospitals NHS Trust.

The survey will help understand how falls are currently managed and identify barriers and facilitators to shared decision-making. We'll use findings to inform principles for post-falls management in care homes, with the intention of improving care for residents.

Taking part will involve completing a one-off survey, which is estimated to take no more than 15 minutes to complete.

The link and QR code below takes you to REDCap (Research Electronic Data Capture) which is an online application for research surveys. Here you can read the study information page and decide if you wish to take part. If you do not wish to take part, or need some time to decide, you can close your browser and exit REDCap. You can revisit the link until **[ADD SURVEY CLOSING DATE]** if you wish to take part.

If you are interested in completing the survey, please click on the link or scan the QR code:

[INSERT SURVEY LINK and QR code]

If you have any questions, please get in touch with the Chief Investigator: Fran Hallam-Bowles,
nuhnt.postfalls@nhs.net

Thank you for considering taking part in this research. Please feel free to forward this invitation to your contacts, as relevant.

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3. PowerPoint slide

Do you work with older people living in care homes who experience falls?

Care home staff, and healthcare staff working in primary, community, emergency and acute settings in England are invited to take part in a national survey.

The survey will map processes and procedures used immediately after an older person falls in a care home (known as post-falls management). It will take no more than 15 minutes to complete.

Why take part?

- Help understand how falls are currently managed
- Identify barriers and facilitators to shared decision-making
- Inform principles for post-falls management in care homes to help improve care for residents

Scan the QR code or use the link to access the survey: [add link]

Insert QR code

Please get in touch with any questions: [insert research team contact details]

FUNDED BY
NIHR | National Institute for
Health and Care Research

Nottingham University Hospitals **NHS**
NHS Trust

IRAS 358818 Mapping post-falls management organisational processes for older people who fall in care homes in England. PowerPoint slide V1.0 18.08.25

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Survey

1. Participant information sheet

Page 1: Participant Information sheet

Study title: Mapping post-falls management organisational processes for older people who fall in care homes in England

IRAS Reference: 358818

Version 1.1, dated 22nd September 2025

Chief Investigator: Dr Fran Hallam-Bowles,

nuhnt.postfalls@nhs.net

Please read through this information carefully as many times as you need to before agreeing to participate (if you wish to) by ticking the boxes on the consent page. You can revisit the survey link later if you need time to think about taking part. The survey will be open until **[INSERT DATE]**. You may ask any questions before deciding to take part by contacting the researcher (details above).

What is the purpose of this study?

The aim of this survey is to map processes used to support older people immediately after a fall (known as post-falls management) in registered care homes in England. Older people are defined as aged 65 or over. The survey will help understand how falls among older people in care homes are currently managed.

Why have I been asked to take part?

You are eligible to take part if:

- You are a member of care home staff or healthcare staff working in a primary, community, emergency and acute settings. This can be in any role
- You work in England
- You have any previous experience in supporting older people immediately after a fall in a care home. All experience levels are welcome.

You are being asked to complete the survey due to your professional role and not because you work for a specific organisation. The survey should be completed outside of working hours.

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It is up to you to decide whether or not to take part. If you decide not to take part, this will not affect your role in your organisation. If you do decide to take part and change your mind whilst completing the survey, close the browser to exit the REDCap (Research Electronic Data Capture) survey application. Any information you provide up until this point may be recorded and retained. By answering the survey questions, it is implied that you consent to take part in the study. Once the survey has been submitted, you will be unable to retract your responses.

What do I have to do?

You need to read this study information sheet. You will be asked to confirm that you are eligible to take part in the survey. You will need to read a series of mandatory eligibility statements and select 'yes' on an eligibility form to confirm that you have read and understood these. The survey will take around 15 minutes to complete. Please only complete the survey once, unless you move to another organisation and have new information to share. Please do not share personal information that may identify specific residents, patients and staff in your responses. You will be asked questions about:

- your role and area of work. This will help with mapping post-falls management across England
- processes, policies and guidance that are used in your organisation to support post-falls management for older people in care homes. There are no right or wrong answers
- enablers and barriers when putting policies and guidance into practice

You will have the option to:

- answer some equality monitoring questions to help check that our research is inclusive
- provide your name and email address if you are happy to be contacted with updates about the research. Updates will be sent approximately every three months. You can let the research team know if you no longer wish to be contacted.

What are the possible benefits?

The survey will help understand how falls among older people in care homes are currently managed across a range of settings. We'll use findings to inform principles for post-falls management for older people living in care homes, with the intention of improving care.

What are the disadvantages?

We do not foresee any disadvantages other than giving up your own time.

Who has reviewed this study?

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The study has been reviewed and approved by the Health Research Authority and the Research & Innovation department of Nottingham University Hospitals NHS Trust. The Nottingham University Hospitals NHS Trust will act as the 'Sponsor' (i.e., the lead NHS hospital) for this research. The National Institute for Health and Care Research will fund this research.

How will we use information about you?

We will need to use information from you for this research project. You will have the option to provide your name and contact details. People will use this information to do the research or to check your records to make sure that the research is being done properly. People who do not need to know who you are will not be able to see your name or contact details.

Nottingham University Hospitals NHS Trust is responsible for looking after your information. We will share your information related to this research project with the following types of organisations:

- Regulators who check that the research is being done properly. No information that can be used to identify you will be shared with them.
- Health and social care organisations and a university who share responsibility for the research. No information that can be used to identify you will be shared with them.

We will keep all your information safe and secure:

- All the information about your participation in this study will be kept confidential
- The information will be held securely on paper and electronically at Nottingham University Hospitals NHS Trust under the provisions of the General Data Protection Regulation and the Data Protection Act.
- Your name will not be passed to anyone else outside the research team or the sponsor, who is not involved in the trial.

International transfers

Your data will not be shared outside of the UK.

How will we use information about you after the study ends?

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study. Direct quotes from your survey responses may be used in our reports but you and your organisation will not be identifiable. We will keep your study data for a maximum of five years. Your contact

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details will be destroyed at the end of the two year project once it is no longer need provide updates about the research.

What are your choices about how information is being used?

- You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.
- You have the right to ask us to access, remove, change or delete data we hold about you for the purposes of the study. You can also object to our processing of your data. We might not always be able to do this if it means we cannot use your data to do the research. If so, we will tell you why we cannot do this. If you agree to take part in this study, you will have the option to take part in future research using your data saved from this study. The research team will use your contact details to send updates about the research.
- If you agree to take part in this study, anonymous data from this study will be shared to support future research. We cannot remove your responses. A file containing anonymous survey responses will be shared with organisations outside of Nottingham University Hospitals NHS Trust who request this information for research purposes.

Where can you find out more about how your information is used?

You can find out more about how we use your information:

- our leaflet <https://www.nuh.nhs.uk/privacy-notice/>
- by sending an email to nuhnt.dpo@nhs.net, or nuhnt.researchsponsor@nhs.net

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak with the researchers who will do their best to answer your question.

If you remain unhappy and wish to complain formally, you can do this through the sponsor team.

Email nuhnt.researchsponsor@nuh.nhs.uk

In the event that something does go wrong and you are harmed during the research study there are no special compensation arrangements. If you are harmed and this is due to someone's

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negligence, then you may have grounds for a legal action for compensation but you may have to pay your legal costs. The normal NHS complaints mechanisms will still be available to you.

Further information

If you have any questions, require any further information or have any concerns while taking part in the study please contact the Chief Investigator: Dr Fran Hallam-Bowles,
nuhnt.postfalls@nhs.net

If you decide you would like to take part then you will be asked to tick a box to confirm this on the next page.

Patient and Public Involvement

All research participants should be offered the opportunity to feedback on their experiences of taking part in clinical research at NUH through the Participant in Research Excellence Survey (PRES). PRES is a requirement for all NIHR-adopted studies (although participants are free to choose if they want to participate or not).

The web link is: www.nuh.nhs.uk/ri-feedback

You can have more time to think this over if you are at all unsure.

A plan for involving patients and the public in this research has been developed and reviewed by the sponsor team.

Thank you for taking the time to read this information sheet and to consider this study.

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2. Survey – eligibility section

Page 2: Eligibility

By ticking the box, you confirm that you agree and understand the following:

☐ I have read and you understand the information sheet

By ticking the box, you confirm that you agree and understand the following:

☐ I agree to take part in the survey

By ticking the box, you confirm that you agree and understand the following:

☐ I am a member of care home staff or healthcare staff working in a primary, community, emergency or acute settings. This can be in any role

By ticking the box, you confirm that you agree and understand the following:

☐ I work in a care home or healthcare setting in England

By ticking the box, you confirm that you agree and understand the following:

☐ I have experience in supporting older people immediately after a fall in a care home as part of my role

By ticking the box, you confirm that you agree and understand the following:

☐ I am aged 16 years or over

By ticking the box, you confirm that you agree and understand the following:

☐ I agree to direct quotes being used in study reports. No one will be able to identify me or my organisation from these.

By ticking the box, you confirm that you agree and understand the following:

☐ I agree to any personal information and/or equality monitoring information you choose to provide being stored by the research team. Providing this is optional. Contact details will be used to send updates about the research

By ticking the box, you confirm that you agree and understand the following:

☐ I understand that I can close the browser at any time to exit the survey but once my responses have been submitted, they cannot be retracted

By ticking the box, you confirm that you agree and understand the following:

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☐ I understand that anonymous data may be shared with other researchers outside of Nottingham University Hospitals NHS Trust to support further research

By submitting the survey, it is implied that you consent to take part in the study. Press 'next' to begin the survey.

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3. Survey – anonymous responses section

Page 3: Roles

1. What region do you work in?

- North East
- North West
- Yorkshire and the Humber
- East Midlands
- West Midlands
- East of England
- North London
- South London
- South Central
- South East
- South West

2. Do you work in a care home?

YES/NO

[If yes go to next question, if no skip to question 6)

3. What type of care is provided in your care home?

- Nursing and residential care
- Nursing care only
- Residential care only

4. Does your care home provide any of these types of specialist care for older people? Select all that apply

- Rehabilitation from illness or injury
- Dementia
- End of life care
- None
- Other

If other, please state

5. Which of the following job types best describes your role?

- Carer
- Senior carer
- Registered nurse

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- Care home clinical lead
- Care home quality lead
- Deputy care home manager
- Care home manager
- Care home owner
- Activity staff
- Domestic staff
- Kitchen staff
- Maintenance staff
- Therapist (for example, physiotherapist, occupational therapist)
- Other

If other, please state

[skip to question 9)

6. Do you work in the NHS?

YES/NO

[If yes go to next question, if no skip to question 9)

7. Which of the following best describes where you work?

- Acute inpatient care
- Emergency care - ambulance services
- Emergency care - other (e.g. emergency department, same day emergency care)
- Urgent care (e.g. 111, urgent community response)
- Routine community care (e.g. nursing, therapy, care home support)
- Primary care
- Other

If other, please state

8. Which of the following best describes your role?

- Medical staff
- Nurse
- Occupational therapist
- Operating department practitioner
- Operational lead
- Paramedic
- Physiotherapist
- Radiographer

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- Support to professionally qualified clinical staff
- Team lead/ clinical lead
- Other

If other, please state

9. How many years have you worked for your current organisation?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- Over 15 years

10. How many years have you worked in health and social care settings?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- Over 15 years

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Page 4: Current approaches

These questions are about policies and guidance to support post-falls management for older people in care homes where you work. We refer to post-falls management as the immediate care of an older person following a fall in a care home. We are interested in policies and processes used in care homes. We are also interested in policies and processes used by healthcare staff who support older people after a fall in care homes. There are no right or wrong answers. Your answers will help to develop principles for post-falls management.

11. Is information about post-fall management for older people in care homes included in any of the following documents in your organisation? Please select all that apply.

- Falls management policy or protocol
- Moving and handling policy or protocol
- Individual care plans
- Advanced care plans
- Risk assessments
- Posters about post-falls management
- Falls incident reporting systems
- Other (please state)
- None

[If None, go to question 14]

12. Is the information included in these documents specific to care home residents?

- Yes
- No - the information applies to older people generally
- Some information is specific to care homes and other information is broader
- Other

If other, please state

[section break]

13. Which elements of post-falls management are included in your organisation's documents? Please select all that apply.

Assessment

- Assessing for injuries
- Assessing for medical factors contributing to the fall
- Assessing the mechanism or circumstances that led to the fall
- Advanced decision making
- Advanced care plans
- DNACPR (Do Not Attempt Cardiopulmonary Resuscitation)

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- Electronic Palliative Care Coordinating Systems (EPaCCS)
- ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

Escalation

- Process for categorising risk to decide on the appropriate management pathway
- Requesting help within your organisation
- Requesting help outside of your organisation
- Processes for handing over information about the fall
- Preparing for hospital admission

Communication with residents and families

- Communication with the person who has fallen
- Communication with family members

Supporting and moving the person safely

- Maintaining dignity
- Maintaining comfort
- Moving the person from the floor
- Supporting a person who is unable to get up off the floor for a prolonged period (long lies)

Treatment

- Treatment of injuries
- Ongoing observations/ monitoring
- Medication changes

Following on from immediate care

- Reporting and recording the fall
- Post-falls analysis
- Review of care plan
- Arrange for ongoing assessment, examination, treatment or support
- Support for family members after a fall
- Debrief with staff involved in caring for the person

Other (please state)

Please add any further details about elements of post-falls management covered by your organisation's policies.

[free-text response box- 'Please do not share any personal information or names that may identify specific residents, patients or staff' displays when text box is selected]

[Section break]

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Other guidance

14. What guidance (if any) is available from outside of your organisation to support post-falls management?

- Integrated Care Board or System (ICB/ICS) post-falls guidelines
- Local Authority guidance
- NICE guidelines
- World Falls guidelines
- Assessment tools from lifting equipment providers, for instance I-STUMBLE, HelpFall
- Profession specific guidance
- Other
- None

Please state the name of assessment tools, profession specific and other guidance

15. Do you use diagnostic support tools after an older person in a care home has fallen?

YES/NO

If yes, please state the name of the tool and briefly describe how it is used. Please do not share any personal information or names that may identify specific residents, patients or staff.

16. Do you use digital technology to support post falls management? For instance, sensor technology, acoustic monitoring technology, AI, apps, data dashboards

YES/NO

If yes, please briefly describe the technology and how it is used.

['Please do not share any personal information or names that may identify specific residents, patients or staff.' displays when text box is selected]

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Page 5: Barriers and enablers

17. What helps you to put policies and guidance about post-falls management into practice?

[free text response]

18. What challenges do you face when putting policies and guidance about post-falls management into practice?

[free text response]

19. What additional support would help you in your role when caring for older people after a fall?

[free text response]

['Please do not share any personal information or names that may identify specific residents, patients or staff' displays when text boxes for questions 17-19 are selected]

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4. Survey – equality monitoring section

Page 6: Equality monitoring (optional)

Completing these questions will help us to monitor how inclusive our research is. Providing answers is optional. If you prefer not to answer, please select ‘prefer not to say’.

20. What is your nationality?

- British
- European Union
- Non-European Union
- Prefer not to say

21. What is your ethnicity?

- White
 - English / Welsh / Scottish / Northern Irish / British
 - Irish
 - Romani or Irish Traveller
 - Other
- Mixed / multiple ethnic groups
 - White and Black Caribbean
 - White and Black African
 - White and Asian
 - Other
- Asian / Asian British
 - Indian
 - Pakistani
 - Bangladeshi
 - Chinese
 - Other
- Black / African / Caribbean / Black British
 - African
 - Caribbean
 - British
 - Other
- Other ethnic group
 - Arab
 - Other

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- Prefer not to say

22. What is your gender?

- Male
- Female
- Other
- Prefer not say

23. What is your age?

- Under 25
- 25 to 54
- 55 and over
- Prefer not to say

SHORT TITLE/ACRONYM: Mapping post-falls
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5. Survey – future contact section

Page 7: Future contact (optional)

We would like to keep in touch with you to provide updates about the research. Updates will be sent approximately every three months. It is up to you to decide whether you would like to be contacted for this purpose. Providing contact information is optional. This information is collected and stored separately from your survey responses which are anonymous.

Would you like to receive updates about this research, including findings from this study?

YES/NO

If yes, please provide your contact information.

Name:

Email:

Thank you for taking the time to complete this survey. Please contact Dr Fran Hallam-Bowles (Chief Investigator) if you have any questions about the research: nuhnt.postfalls@nhs.net

Information about the study, including findings, will also be published on an online national research database: [insert link]

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