Plain English Summary

Older people living in care homes are more likely to fall due to frailty, mobility problems, or memory loss. Falls can cause serious injuries, distress, and loss of confidence. Preventing falls in care homes is a public health priority.

Action Falls (previously called GtACH) is a programme designed to help care-home staff reduce falls. It includes:

- Training for all staff and support from a trained falls lead
- A multicomponent checklist to identify falls risks for each individual resident
- Posters, manuals, and a guide to prevention strategies.

In a previous research trial, Action Falls reduced falls by **43%** and was found to be cost-effective.

About the Study (FinCH Implementation Study – FinCHimp)

This study explored how care homes used Action Falls in real-world settings, outside of a trial. We wanted to understand what helps or hinders implementation and whether care homes could reliably collect falls data themselves.

We worked with **60 care homes** across four regions in England. Each home received free Action Falls training and support from local healthcare professionals known as **Falls Leads**.

We asked homes to:

- Send staff to training sessions,
- Collect and share monthly falls data (before and after training),
- Complete surveys on confidence and readiness,
- Join local "Collaborative" meetings to share experiences.

We also interviewed **54 staff** from **24 homes**, across various roles, to hear in depth how Action Falls worked in practice. Their experiences were analysed using a framework called **Normalisation Process Theory**—a tool for understanding how new ways of working become part of daily routine.

What We Found

- **57 homes** completed the study.
- **1,657 staff** from 50 homes took part in training (60% uptake).
- Most homes (88%) regularly submitted falls data.
- The average falls rate was around **2.5 falls per resident per year**, similar to past findings.
- Staff who completed training reported higher confidence and greater engagement than those who didn't.

Staff Experiences: What Helped and What Got in the Way

What Helped:

- Interactive training sessions increased staff knowledge and confidence.
- Involving all staff—care and non-care roles—encouraged shared responsibility.
- Ongoing support from Falls Leads helped keep the programme visible and active.

What Got in the Way:

- Staff shortages and turnover made training access difficult.
- Some care homes had already moved to **digital care systems** and were reluctant to use paper Checklists or digital checklists which were separate form their integrated system.

- Staff wanted **NHS or CQC endorsement** to justify replacing existing tools with Action Falls.

Findings from Interviews: Using Action Falls in Everyday Practice
1. **Understanding the Need:** Most homes already had some falls prevention processes, but Action Falls was seen as more thorough.
2. **Staff Engagement:** Training all staff was positively received. However, responsibility for using the Checklist varied. Support from management was crucial to maintaining focus.
3. **Making It Work:** Training was considered the easy part—putting it into everyday use was harder. Many staff needed more support after the training.
4. **Assessing Success:** Staff viewed training as successful, but the **paper-based Checklist** was too complex and outdated. Most homes now use digital systems.

Conclusion

Care-home staff are motivated to reduce falls and found Action Falls helpful, especially the training. Most homes were able to collect data consistently and were open to using the programme.

To make Action Falls work in today's care homes, it should:
- Be fully **integrated into digital care systems**,
- Be **simplified** and aligned with existing processes,
- Be backed by **ongoing local support** (e.g. from Falls Leads).

This study shows that Action Falls can be used outside of a trial, but successful implementation requires **time, support, and integration** with modern care-home systems.