

Care Home residents fall five times more often than elderly frail people living in their own homes. Of those residents who fall nearly 1 in 10 suffer a broken bone, 1 in 5 is admitted to hospital and 1 in 5 will die within the year as a result of this injury. These people suffer pain, immobility and fear of further falls with high personal and financial costs. Currently hip fractures cost £1.4 billion per annum and the number of fractures is set to double by 2050. It is imperative that there is a reduction in the high level of falls in care homes. However, the physical environment and the decline in the resident's memory have prevented this from being achieved through the traditional falls prevention programmes.

The Guide to Action Care Home (GtACH) falls prevention is a unique process which involves falls prevention experts, usually employed by the NHS, training care home staff in small groups to systematically assess residents fall risk and then provide actions to reduce falls risks. The GtACH process was developed by a team comprising residents, clinicians, care home staff, carers and researchers. It has been published and won a prize for innovation. Previous studies have demonstrated that care homes are keen to take part in GtACH research, staff will attend GtACH training, GtACH processes can be implemented with residents and falls can be reliably ascertained from care home records. However we still do not know if the GtACH process can reduce falls rates in care home residents and the costs to the NHS.

The proposed trial called FinCH (Falls in Care Homes) will compare falls rates in homes where staff are trained to use the GtACH process with homes that are providing usual care. Sixty six care homes and 1308 residents will be recruited in sites across the UK (Nottingham City, Nottinghamshire County, Sheffield, Leicester, Derby and Norwich). In each care home we will ensure both managers and residents or their named person give consent and provide information. Then the participating care homes will be randomly allocated to either the GtACH process or usual care. If allocated to the GtACH process, care home staff will attend the training and all residents will be offered the assessment and actions.

At 3, 6, 9 and 12 months after randomisation data will be collected from each consenting resident on falls and fractures, changes in medication and equipment use, quality of life, activity and if a person has died. This information will be taken from care home records, residents, families, care home staff and NHS records. We will interview care home staff about the training and the GtACH process and will observe how it is used in care homes. We will use the data to compare the GtACH process homes with usual care homes. Our hypothesis is that residents in GtACH homes will experience a lower rate of falls compared to residents in usual care homes. Alongside this we will use the data to explore the economic consequences of providing the GtACH process and the success of embedding the GtACH process into care homes.

The results will be disseminated to care home practices, residents, their families and carers as well as at professional conferences and in journal articles.