

	Code	Description
Theme 1.0 - General Codes		
1.1	<i>Already Falls Aware-proactive</i>	Already confident to address falls/already doing falls prevention. Aware of impact of falls; assess & take actions to prevent falls already. Everyday role
1.2	<i>Reactive rather than proactive</i>	Only considered to be used when someone has fallen and not as a proactive assessment to prevent falls
1.3	<i>Residents will fall</i>	Realistic recognition that despite interventions, residents will still fall (can reduce risks but not stop all falls).
1.4	<i>Desire to learn</i>	Positive re: learning; Positive about learning new skills; Always room for improvement; Disseminate to others in the home. Staff motivated.
1.5	<i>Value of staff experience</i>	GtACH may be more challenging for less experienced carers; more challenging for carers than seniors/manager; Advantage of staff experience; Aids in knowing residents; Already have knowledge; care staff have different knowledge/experience of residents than seniors
1.6	<i>Work as a team</i>	Will support each other- importance of a cohesive team/importance of team leader
1.7	<i>Whole team approach to falls management</i>	Falls are everyone's business; Seniors consulting care staff re completion of GtACH information.
1.8	<i>Falls risks/actions/training are being cascaded</i>	GtACH cascaded to other staff
1.9	<i>Desire to help residents</i>	Research may improve resident care; Don't want residents to fall. Improve care
1.10	<i>Not my role</i>	Role culture/misconception around what is expected of staff Completing care plans/paperwork (only CTMs do paperwork);any issues/concerns re resident referred to senior .Not all care staff have access to information required for completion of GtACH
1.11	<i>Advantage of knowing resident well</i>	Aware of their medical history and their "capabilities", i.e. level of mobility and consequently increases confidence and recognition of any deterioration. Not needing to refer to the resident's care plan
1.12	<i>Able to identify actions</i>	In answer to Interview question
1.13	<i>Need to refer to care plan, accident reports/residents existing records/other sources</i>	Importance of referring to Care plan record for information relating to the residents relating to the information required to complete the GtACH.
1.14	<i>Value of involving resident</i>	Nice to involve residents when they are able to communicate effectively.
1.15	<i>Have necessary skills to use GtACH</i>	In answer to interview question
1.16	<i>Lack of Information at Handover</i>	Not discussed at team meetings/staff handover.
1.17	<i>Care homes have a lot of paperwork</i>	Care staff have a lot of routine paperwork to complete in the care homes already
1.18	<i>Family members may not follow CH procedures to reduce falls risks/engage with GtACH</i>	Resident's family members may request care actions, which the care home management do not agree with.
1.19	<i>Lots of Falls Occurring</i>	Falls are a big issue in the home. Falls prevention is a current and big concern in the care homes.
1.20	<i>Engagement in the study considered to be positive for home</i>	Participating in FinCH considered to enhance care home status with inspectors and CQC; considered positive for care home; GtACH a positive tool to show inspectors/families/others

	Code	Description
1.21	<i>Not many falls in the home</i>	As stated by care staff member(s)
1.22	<i>Problems accessing [outside] services to address residents' needs</i>	Falls won't reduce if needs are not addressed
1.23	<i>Benefit of external expertise (i.e. NHS services)</i>	I.e. regarding specialist equipment/adaptations needed for individual's needs/medication & treatment
Theme 2.0 - Positives Re: GtACH		
2.1	<i>GtACH can be completed by all staff</i>	GtACH completed by carers as well as management
2.2	<i>GtACH promotes a proactive rather than a reactive approach</i>	GtACH provides knowledge to enable care staff to be proactive rather than just reactive in falls prevention
2.3	<i>Condensed</i>	Everything in one place; All together; less paperwork- one sheet of paper; quick reference tool
2.4	<i>Easy to Complete</i>	Clear; Not complicated; straight forward; quick; self-explanatory. Will use/has used the GtACH manual. Aware of manual location.
2.5	<i>GtACH Thorough- supports theory 1</i>	Comprehensive. Get to know the resident well. Extra information provides suggested 'actions to take' to reduce falls risks? More accurate measurement of risk factors; provides prompts/reminders. Can complement existing falls assessment tool. Reassures staff they have covered everything.
2.6	<i>Useful tool</i>	Like the tool/good tool; Interesting tool; Accurate tool
2.7	<i>Good layout</i>	? One sheet of paper; participant liked layout although GtACH may not be providing new information; Tick boxes ; same information [as in existing CH falls assessment] written in a different way
2.8	<i>Would use in future</i>	In answer to question, carers would use the GtACH again.
2.9	<i>GtACH useful for new residents</i>	More helpful for residents new to the Care Home/residents who have started to fall or become ill or become cognitively impaired
2.10	<i>Shared Communication Tool</i>	Staff can see what has been completed and what needs actioning ; "staff can follow on"; Enables staff to review actions taken and consider new/alternative actions
2.11	<i>Evidence</i>	GtACH provides evidence of action taken. Evidence to show families the care provided to reduce falls risks and CQC
2.12	<i>GtACH is less complicated than existing Falls assessment paperwork</i>	
2.13	<i>Preference for GtACH over existing paperwork</i>	Found GtACH more detailed and informative than existing paperwork.
2.14	<i>Confident to use GtACH</i>	At ease. Confident to use GtACH although looking to researcher for guidance. Confident to follow recommended actions.
2.15	<i>Aids knowledge of resident</i>	GtACH helps getting to know the resident(s) better
2.16	<i>GtACH Provides a prompt</i>	Informal use of GtACH (implicit) good for prompting memory for knowledge/actions already taken.
2.17	<i>Residents/family interested in study/GtACH</i>	
2.18	<i>No further falls since GtACH assessment</i>	No further falls since GtACH actions identified/reviewed
Theme 3.0 - Negatives re: GtACH		

	Code	Description
3.1	<i>Familiarisation with the tool (07/11/17:-researchers note: This code more focussed on feelings of respondents; whilst 'Initial Time Investment' code is about practicality and the time needed to use a new & unfamiliar tool)</i>	GtACH new and scary; staff overwhelmed/anxious about completing the GtACH
3.2	<i>GtACH secondary to existing paperwork</i>	GtACH secondary to existing paperwork
3.3	<i>Recommendations for layout of GtACH</i>	GtACH needs to be electronic; Difficult to read (including small print) and includes preference for landscape over portrait; electronic version may be helpful; colour of paper GtACH printed on may be helpful for readability; Recommend more columns on GtACH for reviews (FC/Nurse 07). Difficult to read others handwriting. Not enough space to write on GtACH. Different languages.
3.4	<i>Staff struggle to complete the action column</i>	This was also observed in fidelity observation in 0402; staff struggle to "connect suggestion to action" on GtACH tool
3.5	<i>GtACH needs to be in different languages</i>	
3.6	<i>Preference for existing paperwork over GtACH</i>	Care staff members prefer to use existing paperwork and will continue to use this unless told otherwise
3.7	<i>Limited effectiveness</i>	Limited effectiveness unless reviewed or actioned promptly
3.8	<i>GtACH delegated by management</i>	Decision to complete GtACH determined by management (no personal ownership); GtACH delegated by management to seniors only
3.9	<i>GtACH complicated</i>	Not straightforward. Staff struggle to find all the necessary information. Too complicated for a residential home. Too complicated for care staff.
3.10	<i>GtACH too long</i>	Could be shortened, particularly in light of lots of other paperwork
3.11	<i>Sections of GtACH not applicable to resident</i>	Too comprehensive
3.12	<i>Lots of paperwork</i>	Doing the same thing repeatedly in response to a fall generally. Repeating GtACH due to repeated falls- same information.
3.13	<i>Time consuming</i>	Need time to complete the assessment properly/thoroughly; particularly if completing for all residents. Insufficient time to complete with some residents.
3.14	<i>Initial time investment (06/11/17- focusses on practical implications of using a new 'tool')</i>	Once GtACH completed with all residents it will be more manageable; Takes time for staff to learn the paperwork; will need to implement it slowly through all the residents; Needs time to familiarise self with tool; GtACH difficult on first attempt; initial time investment; Insufficient time to practice GtACH; limited time to practice completing GtACH before FL gave 'answers'; Support needed initially;
3.15	<i>Time/other commitments hampering engagement in study generally</i>	Think taking part in the study is a good thing but concerned about the amount of time it will involve owing to ongoing commitments within the care home generally. Change in management/staffing impacting on ability to engage in the study. Staff/resident sickness. Change in management structure/staff impacting on ability to engage in the study. Mandatory training.
3.16	<i>Already covered in existing paperwork</i>	GtACH not providing new information. Already covered in existing paperwork; no new actions identified; refer to care plan for more comprehensive/detailed information; (It's nothing new) Doing it already it's just worded differently; already covered in existing paperwork; already falls aware/ proactive; (No new actions identified) Actions suggested on GTACH for resident have already been completed
3.17	<i>GtACH information not shared amongst the team (conflicts</i>	

	Code	Description
	<i>with 'shared communications tool' code)</i>	
3.18	<i>Care staff struggle with paperwork</i>	Care staff generally don't like paperwork and GtACH quite 'wordy'; Care staff not good completing/relevant to complete paperwork as assessments completed by senior care staff; Care staff only complete 'daily logs' and accident forms usually.
3.19	<i>Care staff may struggle with terminology</i>	Both international and non-international staff didn't understand some of the terminology used on the GtACH
3.20	<i>Perception that completion of GtACH takes time away from resident care</i>	Care staff members concerned completing the GtACH will take up time they need to provide resident care.
3.21	<i>Too much depth for residential setting</i>	
Theme 4.0 - Negativity re: Falls Champion (FC)		
4.1	<i>FC not identified</i>	Unaware of who FC is; FC not yet identified by Care Home
4.2	<i>Delays in nominating Falls Champion</i>	FC not identified until after Falls Lead commenced training in the care home
4.3	<i>FC not popular</i>	Unpopular choice (possible personality clashes)
4.4	<i>FC nominated rather than volunteered</i>	FC nominated by Care Home management
4.5	<i>Accessibility of FC</i>	FC needs to be accessible/needs to be the right person; more than one-needs to be on shift
4.6	<i>Concern re: time/responsibility/demands of FC role</i>	Unwillingness to take on role of FC by participant(s); concern re: amount of work involved and amount of time available to conduct this role within the care home (anticipated concerns)
4.7	<i>FC role unclear</i>	FC role not clearly defined. No specific training provided to the FC for this study.
4.8	<i>Part time work- barrier to FC Role</i>	Part-time work limits availability to provide support to staff members
4.9	<i>Will not seek advice from FC</i>	Will seek advice elsewhere (i.e. team leader)
4.10	<i>Unfamiliar/negative re: Champion role</i>	Unfamiliar/negative with champion role generally (not necessarily specific to FC Role) (amended description after QQQ rating Focus Group 0803 [2 nd initial focus group])
4.11	<i>FC needs to be a nurse/senior carer</i>	
Theme 5.0 - Positivity re: Falls Champion (FC) role		
5.1	<i>Aware of staff member nominated as FC</i>	Staff know who is the nominated falls champion
5.2	<i>Positive about Falls Champion</i>	'Positive about FC' so can incorporate positivity from FC and other staff members
5.3	<i>Will go to the FC for help with GtACH</i>	
5.4	<i>FC experienced in falls prevention</i>	
5.5	<i>Positive about champion role</i>	Generally, not specific to falls champion
5.6	<i>Beneficial to have more than one FC</i>	

	Code	Description
5.7	<i>Awareness/knowledge of FC role</i>	
Theme 6.0 - Positives re: Training [in care homes]		
6.1	<i>Training provided a tool to put into practice</i>	
6.2	<i>Training flexible enough to fit around shift patterns/home routine</i>	
6.3	<i>Training session was short</i>	
6.4	<i>Falls are reducing</i>	Although care staff not using the GtACH training has aided in raising awareness which it is believed has contributed to a reduction in falls
6.5	<i>Training encouraged team working</i>	Learned from each other during practical session within the training. Swapped ideas
6.6	<i>Training Provided Confidence and skills</i>	Apparently unfazed by prospect of using the GtACH following training. Confident not to need FL.
6.7	<i>Training was enjoyable-interesting</i>	Room for improvement. Training provided new information; helpful/useful
6.8	<i>Turned to colleagues for assistance; learned from each other</i>	Training staff together meant they could support each other when completing the GtACH; Bounced ideas of each other in training
6.9	<i>Training did provide learning</i>	Makes you think more about what you do, including new information;
6.10	<i>Trainer (FL) explains</i>	Clear explanations by the trainer
6.11	<i>Practical component of training was useful</i>	Practical component was good
6.12	<i>Following training- more falls aware</i>	
6.13	<i>Training encouraged a proactive response</i>	Proactive rather than a reactive response to assessment following training
6.14	<i>Attendance across staff grades at training</i>	All grades of staff attended training including RGNs, Senior care staff and care staff members CH released staff for FL training; Staff encouraged/enabled to attend training
6.15	<i>Training provided a refresher/prompt</i>	Training refreshed previous knowledge re: falls risk assessment; prompted falls risk action(s) generally [not directly related to using GtACH as an assessment tool]
6.16	<i>Falls Lead (FL) reported training straightforward</i>	FL reported no difficulties experienced with providing training
Theme 7.0 - Negatives Re: Training		
7.1	<i>GtACH Training information not cascaded to non-attendees</i>	Care staff members not attended FL training unaware of the GtACH assessment
7.2	<i>Training was rushed</i>	Had to cover too much in time allocated; too much information at once; insufficient time to explain; repetition of information already known; more time needed in case study; staff overwhelmed by amount of information;
7.3	<i>Training not protected time</i>	Conflict between training & meeting resident's needs: Care Home Routines –implication that this may have a negative impact on attendance at Falls Lead training. Staff completed training in own time.
7.4	<i>Concern international staff struggled with training</i>	English not first language; noticed to lack full participation in the training session

	Code	Description
7.5	<i>Training provided mixed levels of confidence to use GtACH</i>	FLs observed some staff showed understanding of using the GtACH straight away, [whilst others struggled and required more practice- as included in other codes]
7.6	<i>Training did not provide confidence, knowledge and skills</i>	Did not provide confidence, knowledge and skills to use GtACH; more support and explanation needed
7.7	<i>More practice/ support/reassurance with GtACH needed</i>	Refresher training. Need for several sessions. (This was also picked up in observations).
7.8	<i>Online training recommended over face to face</i>	(This was picked up in observations)
7.9	<i>Difficulty writing actions/anxiety writing actions</i>	(This was observed in the fidelity checks in 0402). Care staff experience difficulty completing specific actions on GtACH
7.10	<i>(This code has been deleted as it was repeated elsewhere)</i>	
7.11	<i>Difficult assessing staff level of understanding</i>	Unable to assess/ evaluate staffs level of understanding when completing prescribed falls Lead training
7.12	<i>Not confident to use GtACH following training</i>	Confidence to complete GtACH not increased following training
7.13	<i>Gap in training knowledge</i>	Unaware carers had to complete GtACH; unsure when to complete GtACH; looking to researcher for clarification/advice; Unaware had to complete GtACH regardless of whether residents had fallen; Unaware of manual/it's location. Unaware of who is the Falls Lead. Unaware of what to do with GtACH when it has been completed- added 24/09/18 following discussion with JD
7.14	<i>More support/explanation needed</i>	May be challenging for less experienced
7.15	<i>Falls are not reducing</i>	
7.16	<i>Information from case study insufficient for full understanding</i>	Carers expressed preference for using known residents as example in the training as opposed to the case study which lacked insufficient information
Theme 8.0 - Implementation of GtACH		
8.1	<i>Practical Component unhelpful</i>	Unable to complete GtACH following completion of case study
8.2	<i>Carers supported/encouraged to use GtACH/attend the training by senior staff/management/FC</i>	Plus supported to attend training
8.3	<i>Conflict between completing GtACH and resident care</i>	
8.4	<i>Use of GtACH dependent on CH owner/management</i>	Interview with FC from corporate org. Implementation of GtACH in the care home would depend on the adoption of it by the organisation. Staff have to adhere to care home protocols (i.e. contact NHS services if residents fall)
8.5	<i>Knowledge of GtACH has not changed practice</i>	
8.6	<i>Concern that GtACH is limited to form completion rather than a generalised change of practice</i>	
8.7	<i>Few or no GtACHs completed since the training</i>	Long time since attended training and not yet completed GtACH; habit; forgotten to use it; GtACH not used since training

	Code	Description
8.8	<i>Engagement in study encourages a more proactive approach for falls management</i>	
8.9	<i>Prior experience using GtACH</i>	Familiarity with GtACH through prior use, i.e. in clinical practice, not influential on FL role
8.10	<i>GtACH completed to varying standards</i>	
8.11	<i>Engagement in research seen as an opportunity for training</i>	
8.12	<i>Unlikely to continue using GtACH post study</i>	
8.13	<i>Difficult to complete GtACH as care plan not up to date/inaccurate</i>	
8.14	<i>Care staff would benefit from ongoing support from FL</i>	
8.15	<i>Not referred to the manual</i>	
8.16	<i>Resident capacity affects use of GtACH</i>	
Theme 9.0 - Positives re: Falls Lead Role		
9.1	<i>Previous experience of working in care homes</i>	Aware of potential challenges
9.2	<i>Experience in providing training</i>	Falls Lead has previous experience in providing falls prevention training
9.3	<i>Role working well</i>	“Seamless”; positive about the role
Theme 10.0 - Falls lead Challenges		
10.1	<i>Staff requested little support from FL</i>	Staff not contacted the FL. Staff stating that less than 3 months support from FL is needed.
10.2	<i>Need for FL to take a more proactive approach</i>	
10.3	<i>Unsure/unfamiliar with provision of FL support</i>	Unsure if staff remembered FL support available. Care staff unfamiliar with FL support; tendency to use familiar sources of support, i.e. Falls team; senior carers
10.4	<i>Need for flexibility</i>	Falls Lead flexible with times/days for training in order to accommodate most convenient days/ times for care home staff; Challenge of juggling workload
10.5	<i>Difficulty with management</i>	Manager dominated Falls Lead training; delayed start to training as had to go and find manager and remind them to attend. Training time not protected for staff to attend. Lack of management agreement.
10.6	<i>Contacting care homes</i>	Difficult to arrange training/obtain training log within 2 week period, owing to difficulties contacting care home manager/staff to arrange these
10.7	<i>Need for several training sessions</i>	Several session (i.e. more than 2) needed to accommodate the care home
10.8	<i>Challenge of staff turnover</i>	Issues with staff changing regularly in care homes, therefore, names on initial list for trainees may change
10.9	<i>Frustration around arranging training</i>	Challenging arranging training within recommended timescale

	Code	Description
10.10	<i>Challenge of being a clinician delivering training</i>	Influence of being a clinician on delivery of training
10.11	<i>Lack of control (over care homes or recruitment process)</i>	Frustrating when care homes have ‘signed’ up for the research but then do not undertake the activities requested in order to take part; lack of control over training
10.12	<i>Low staff attendance at some training sessions (FL 700)</i>	Comment made by a Falls Lead- 2 staff attended.
10.13	<i>Research not disseminated to staff</i>	Falls lead uncertain how well informed care staff are regarding the research project; getting staff to attend training which they don’t know much/anything about can be difficult; Need to educate staff about the research; Staff expecting training on falls prevention.
10.14	<i>Value of support for FLs</i>	Regular meet-ups/peer support helped ‘bridge’ the gap between training and delivery
10.15	<i>Poor Staff Motivation [in training]</i>	Poor Staff Motivation
10.16	<i>Care Home Routines</i>	Implication that this may have a negative impact on attendance at Falls Lead training as staff have to be taken off the ‘floor’ to attend the training, whilst the CH daily routines have to continue
10.17	<i>Inappropriate training room</i>	Training environment negatively affected training (participants able to withdraw/‘hide’). Interruptions by residents as their communal room
10.18	<i>Delivering according to the protocol</i>	Challenging remembering to deliver falls lead training according to the prescribed protocol
10.19	<i>Training session interrupted</i>	Training session interrupted by a residents “wandering in” to the room whilst training taking place
10.20	<i>Chase home for appointments</i>	
10.21	<i>Cultural Challenges</i>	Culture in care homes. Usual practice is to complete paperwork away from the resident.
10.22	<i>At least 3 months support from FL needed</i>	
Theme 11.0 - Training for Falls Lead		
11.1	<i>Training day useful</i>	Fall lead training day was useful
11.2	<i>Training comprehensive</i>	Falls lead training “covered everything”
11.3	<i>Training perceived as prescriptive</i>	Prescribed GtACH training not how FL would normally deliver training; different to their usual approach (“quite dry”; lacked inclusion of discussion with Care Home staff and “animation” in the delivery)
11.4	<i>Training limited to GtACH Completion</i>	Training limited to the completion of the GtACH form only; not included different case studies and activities, including increased interactions between trainer and trainees
11.5	<i>Interval between FL training and delivery in care homes</i>	Time lapse between receipt of training and providing GtACH training; uncertainty/difficulty planning
11.6	<i>Voluntary Participation in training</i>	Falls leads have no control over who attends training; Training not mandatory; Care home not part of NHS;
11.7	<i>Training support identified</i>	
Theme 12.0 - Falls Lead Positives		
12.1	<i>Staff engaged</i>	Staff motivated to FL training
12.2	<i>Management supportive</i>	

	Code	Description
Theme 13.0 – Recommendations		
13.1	<i>Suggest training Seniors separately from carers</i>	Seniors have different training needs to the carers & vice versa
13.2	<i>Recommendation- helpful to have 1-1 support when first completing the GtACH</i>	
13.3	<i>Recommendation- On-line training module recommended</i>	Care Homes use on-line training modules. Could incorporate different languages into on-line modules
Theme 14.0 - Resident codes		
14.1	<i>Resident had lots of falls</i>	2 or more recent falls
14.2	<i>Slip/trip hazards (external cause of fall) reported</i>	
14.3	<i>Health related falls (internal cause of fall) reported</i>	
14.4	<i>Resident fallen in the care home</i>	
14.5	<i>(Code deleted after team discussion)</i>	
14.6	<i>Falls not resulted in hospital admissions</i>	
14.7	<i>Resident not worried about falling</i>	Easily able to summon help following fall
14.8	<i>Resident unaware/unable to remember GtACH assessment</i>	
14.9	<i>Aware of actions taken to reduce risk of falls</i>	
14.10	<i>Fall made resident feel silly</i>	
14.11	<i>Close staff supervision</i>	to include care home staff and clinicians outside of care home (added in agreement with JD 24/09/18)
14.12	<i>Feel actions taken are helpful</i>	
14.13	<i>Actions leave resident feeling like a child</i>	
14.14	<i>Resident hurt from fall</i>	
14.15	<i>Stoical/accepting of situation/advice</i>	
14.16	<i>Fallen despite actions/may still fall despite actions</i>	
14.17	<i>Shock from fall</i>	
14.18	<i>(Code deleted after team discussion)</i>	
14.19	<i>Resident uses mobility aids to reduce risk of falls</i>	
14.20	<i>Resident tries to think of strategies to prevent falls</i>	Resident is taking preventative actions
14.21	<i>Quick/efficient response from staff when fell</i>	
14.22	<i>Praised staff</i>	

	Code	Description
14.23	<i>Resident knew reason for fall</i>	
14.24	<i>Resident not hurt by fall</i>	
14.25	<i>(Code deleted after team discussion)</i>	
14.26	<i>No falls since actions instigated</i>	
14.27	<i>Resident had no recollection of falls</i>	
14.28	<i>Resident reported short-term memory problems</i>	
14.29	<i>Positive about the GtACH assessment</i>	