Common safeguarding issues – Falls

This guidance is designed to help managers and professionals know when to report an incident where a person has, or appears to have fallen.

Residents should be supported to stay as active and independently mobile as possible and the support they need should be recorded in their care plans. Some people who are frail or have mobility problems may be at greater risk of falling. The consequences of falls can be very costly for both the individual – in terms of their health, wellbeing and mobility – and for services. Following a fall, the individual may require more intensive services for longer and, in some cases, may never return to previous levels of mobility. A fall does not automatically indicate neglect and each individual case should be examined in order to determine whether there is a safeguarding concern.

For further details please refer to the Threshold of Needs matrix overleaf.

Reporting:

Oxfordshire County Council
Wherever possible please use the on-line referral form at:
http://www.osab.co.uk/public/reporting-concerns/
Telephone: 0845 050 7666

Thames Valley Police
Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures should be reported to the police.
Non-emergency number: **101**
In an emergency dial: **999**

Threshold of Needs Matrix

Guidance: This tool does not replace professional judgement or aim to set a rigid threshold for intervention. It helps you consider the type and seriousness of abuse and the circumstances in which a referral to adult social care may be required.

<table>
<tr><th>Types of abuse and seriousness</th><th colspan="3">Levels of harm and related indicators/examples</th></tr>
<tr><td>Level</td><td>Lower Level Harm

Would not normally be reported to safeguarding

Incidents meeting the lower level criteria should, wherever possible, be addressed at a local level with the individuals concerned with particular attention to preventing reoccurrences whilst promoting independence.</td><td>Significant ↔ Very significant Harm

Would normally need to be reported to safeguarding regardless of whether harm has occurred or not.</td><td>Critical

Serious criminal matter – Immediate discussion with police required. Must be reported to safeguarding in all cases</td></tr>
<tr><td rowspan="2">Falls</td><td>• Isolated incident where no significant harm occurs
• Multiple incidents where no significant harm occurs and:
– A care plan is in place
– Action is being taken to minimise further risk
– Other relevant professionals have been notified
– There has been full discussion with the patient, their family or representative
– There are no other indicators of abuse or neglect
• Isolated incident requiring attendance at hospital and no other form of abuse or neglect is suspected.</td><td>• More than one incident during a 6 month period requiring attendance at hospital
• Multiple incidents where:
– The care plan has NOT been fully implemented.
– It is NOT CLEAR that professional advice or support has been sought at the appropriate time. e.g. Care Home Support Service/Falls Service
– There have been other similar incidents or areas of concern.
• Any fall where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures.</td><td rowspan="2">• Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person or a failure to follow relevant care plans, policies or procedures.</td></tr>
<tr><td colspan="2">The person has mental capacity and has refused treatment and prevention strategies.
Only exceptional cases of self-neglect will trigger adult safeguarding. All standard interventions must be used first to manage risk e.g. Care Management/Care Plan Approach/Multi-Disciplinary Team, providing:
1. A clear capacity assessment is in place
2. Evidence available to show concerns were raised and support was sought from a relevant professional
3. There has been full discussion with the patient, their family or representative</td></tr>
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