

Oxfordshire Safeguarding Adults Board

Threshold for Access to Safeguarding Services (Threshold of Needs) Matrix

July 2018

Incorporating common safeguarding issues guidance on Medication Errors, Pressure Ulcers, Falls and Incidents involving another person with care & support needs

Introduction

This document has been developed by Oxfordshire Safeguarding Adult Board in response to findings from case reviews and audits which have shown the need for better shared understanding by agencies. It provides guidance for professionals to clarify the circumstances in which the Adult Safeguarding Team of Oxford County Council will assist in safeguarding adults.

Note: This is a guide showing limited illustrations to help you when deciding on the best course of action and you should use your professional judgement in deciding if a concern is similar to the illustrations below

Prior to raising an adult safeguarding concern

Does the concern meet the criteria for a Section 42 (S42) safeguarding enquiry under the requirements of The Care Act 2014?

The requirements are as follows:

- The adult is reported as having or appears to have needs for care and support?
- The adult is reported or appears to be experiencing or at risk of abuse or neglect?
- And as a result of care and support needs is the adult unable to protect themselves from either the risk of, or the experience of abuse or neglect?

Has the person given their consent to the information to be shared and do they know a S42 enquiry may be the result?

Consent is not essential when deciding whether concerns should be raised. However, wherever possible you should discuss your concerns with the person and/or their representative and seek their consent. Where the person is not willing or able to freely give their consent to information about their circumstances being shared you will need to consider if there are any children and/or other adults with care and support needs involved, or is there a potential risk to others. If this is the case, consent can be overridden in the interests of protecting others.

If you remain unsure as to what action to take you should discuss this with your manager or your organisation's safeguarding lead. Ensure you record all actions clearly with reasons for your decision.

Guidance on categories

Non-reportable – Multiple 'non-reportable' incidents concerning the same service user/staff member/team should be considered for consultation. Individual organisations should define this in writing IE three incidents in three months, three in five months, etc. **NB: This does not apply to Providers under the Serious Concerns Framework, all non-reportable concerns require a consultation**

Requires Consultation – This is a consultation with a Social Worker in Oxfordshire County Council's Adult Safeguarding Team. NHS Trust staff should consult with their Adult Safeguarding Lead first, going to OCC's Adult Safeguarding Team if their lead is unavailable.

Reportable – This means it is highly likely the case will meet the criteria for a safeguarding enquiry (known as a Section 42 (Care Act 2014) enquiry

Thresholds Matrix

Neglect & Acts of Omission

Ongoing failure to meet a person's basic physical or psychological needs

| Non-reportable | Requires Consultation | Reportable |
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| <p>Incidents at this level do not require reporting to the Safeguarding Team. However, agencies should keep a written internal record of what happened and what action was taken.</p> <p>Actions/outcomes may include advice, information, risk management and staff training.</p> | <p>Incidents at this level should be discussed with the Oxfordshire County Council's Safeguarding Team (called a Consultation). Call 01865 328232 and ask to speak to the Duty Team.</p> <p>After the conversation, you may be asked to formally report the concern.</p> | <p>Incidents at this level should be reported using the online form.</p> <p>If there is any indication a criminal act has occurred the Police must be consulted.</p> |
| <ul style="list-style-type: none"> • Isolated missed home care visit - no harm occurs and no other service users/clients is missed that day • Adult is not assisted with a meal/drink on one occasion and no harm occurs • Inadequacies in care provision leading to discomfort - no significant harm e.g. left wet for a period of time • An unwitnessed fall that requires no external medical treatment/consultation IE no call to 111 or admission to hospital • Unwitnessed fall where 111 are called but do not recommend getting external medical treatment | <ul style="list-style-type: none"> • Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Discharge from hospital where harm occurs that does not require re-admission • Recurrent lack of care to extent that health and well-being deteriorate e.g. pressure ulcers, dehydration, malnutrition (assessed to the capability of the person reporting) • Unwitnessed fall where 111 are called and recommend getting external medical treatment e.g. an ambulance | <ul style="list-style-type: none"> • Failure to arrange access to life saving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk • Discharge from hospital where harm occurs that does require re-admission |

Self-Neglect

A person living in a way that puts his or her health, safety, or well-being at risk.

NB: 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

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| <ul style="list-style-type: none"> • Self-care causing some concern - no signs of harm or distress • Property neglected but all main services work • Some evidence of hoarding - no major impact on health/safety • First signs of failing to engage with professionals • Property shows some signs of neglect • Evidence of low-level hoarding • No access to support | <ul style="list-style-type: none"> • Refusing medical treatment/care/equipment required to maintain independence • High level of clutter /hoarding • Insanitary conditions in property • Won't engage with professionals • Problematic substance misuse • Potential fire risk/gas leaks • Lack of essential amenities • Property/environment shows signs of neglect that are potentially damaging to health • Chaotic substance misuse | <ul style="list-style-type: none"> • Life in danger without intervention • Chaotic substance misuse • Environment injurious to health • Imminent fire risk/gas leaks* • Access obstructed within property • Multiple reports from other agencies • Behaviour poses risk to self/others • Self-neglect is life threatening • Tenancy at risk because of hoarding/property condition IE notice served • Lack of self-care results in significant deterioration in health/wellbeing |

Self-neglect is complex and any referrals should be made after consulting the self-neglect guidance on the OSAB website

***Score of 9+ as per the Hoarding Protocol**

Physical Abuse

The act of causing physical harm to someone else

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| <ul style="list-style-type: none"> • Error by staff causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling • Isolated incident by other resident causing no/little harm e.g. one resident strikes another but it leaves no mark and does not cause emotional distress lasting hours • Unexplained very light marking/bruising found on one occasion | <ul style="list-style-type: none"> • Unexplained minor marking or lesions, minor cuts or grip marks on a number of occasions or on a number of service users cared for by a specific team/Carer • Inappropriate restraint that causes marks to be left but no external medical treatment/consultation required | <ul style="list-style-type: none"> • Serious bodily harm/assault with weapon leading to irreversible damage or death • Intended harm towards a service user • Deliberately withholding of food, drinks or aids to independence • Unexplained fractures/serious injuries • Assault by another resident requiring medical treatment |

Sexual Abuse

When an adult is forced or persuaded to take part in sexual activities. This doesn't have to be physical contact and it can happen online.

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| <p>Not committed by a person in a position of trust, AND:</p> <ul style="list-style-type: none"> • Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the vulnerable adult is low • Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists - no harm or distress caused | <ul style="list-style-type: none"> • Non-contact sexualised behaviour which causes distress to the person at risk • Verbal sexualised teasing or harassment • Being subject to indecent exposure where the service user isn't distressed | <ul style="list-style-type: none"> • <u>Any</u> allegation of sexualised behaviour relating to a person in a position of trust against a person in their care • Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Sex without valid consent (rape) • Voyeurism • Sexualised touch or masturbation without valid consent • Being made to look at pornographic material against will/where valid consent cannot be given • Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent |

Psychological Abuse

This is the ongoing psychological/emotional maltreatment of an adult

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| <ul style="list-style-type: none"> • Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused • Occasional taunts or verbal outbursts which do not cause distress between service users | <ul style="list-style-type: none"> • Treatment that undermines dignity and damages esteem • Repeated incidents of denying or failing to recognise an adult's choices or of failing to value their opinion, particularly in relation to a service or care they're receiving • Occasional taunts or verbal outbursts which do cause distress between service users | <ul style="list-style-type: none"> • Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage • Prolonged intimidation • Vicious/personalised verbal attacks • Humiliation of service user • Emotional blackmail e.g. threats of abandonment/ harm • The withholding of information to dis-empower • Allegations or concerns relating to 'cuckooing' |

Domestic Abuse

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality

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| <p>Service user has no current fears and there are adequate protective factors, AND it is:</p> <ul style="list-style-type: none"> • One off incident with no injury or harm experienced • Occasional taunts or verbal outbursts where the service user has capacity to decide whether to have the case referred on | <ul style="list-style-type: none"> • Unexplained marking or lesions or grip marks on a number of occasions • Controlling or coercive behaviour is witnessed • Frequent verbal outbursts that cause some distress or some level of harm • Sexual assault or humiliation where the service user has capacity and does not want to be referred • Experiences occasional episodes of fear of the alleged perpetrator • Subject to severe controlling behaviour e.g. finances/medical | <ul style="list-style-type: none"> • Subject to regular violent behaviour • Threats to kill/choke /suffocate etc. • In constant fear of being harmed • Sex without valid consent (rape) • FGM female genital mutilation • Honour based violence &/or forced marriage • Service user denied access to medical treatment/care/vital equipment to maintain independence by alleged abuser • Frequent physical outbursts that cause distress or some level of harm • Subject to stalking/harassment |

NB: Where there are Children (under 18s) in household or present the case must be referred to Children's Safeguarding as well as following the Adult Safeguarding process

Financial or Material Abuse

This is the unauthorised and improper use of funds, property or any resources. This included the use of theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property.

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| <ul style="list-style-type: none"> • Money is not recorded safely or recorded properly • Single incident of missing money and/or belongings where the quality of the service user's life has not been affected, little or no distress is caused and no other service user cared for by that worker/team has been affected • Adult not involved in a decision about how their money is spent or kept safe - capacity in this respect is not properly considered | <ul style="list-style-type: none"> • Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest • High levels of anti-social behaviour reported • High levels of visitors to the property-tenant/service user does not appear to be able to say 'no' • Tenant/service user is socially isolated • Service user falling behind on rent payments • Service user deemed to be 'failing to engage' with professionals • General deterioration in service users health and wellbeing • Property falling into disrepair | <ul style="list-style-type: none"> • Suspected fraud/exploitation relating to benefits, income, property or will, including 'cuckooing' • Lasting Power of Attorney claimed to exist but unregistered • Adult denied access to his/her own funds or possessions • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards • Personal finances removed from adult's control • Adult coerced or misled into giving over money or property |

Modern Slavery

This is holding a person in a position of slavery , forced servitude, or compulsory labour, or facilitating their travel with the intention of exploiting them soon after

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| <p style="text-align: center;">All concerns about modern slavery are deemed to be of a level requiring consultation</p> | <p>No direct disclosure of slavery but:</p> <ul style="list-style-type: none"> • Appears under control of another • Long hours at work • Poor living conditions/low wages • Lives in work place • No health and safety in work place • Risk of physical/psychological harm • Service user being encouraged to participate in unsafe or criminal activity | <ul style="list-style-type: none"> • Any direct disclosure of slavery • Regularly moved to avoid detection • Lives in sheds/lockup/containers • Risk of fatality or serious injury • No freedom/unable to leave • Wages used for debt • Not in possession of ID or passport • Subject to forced marriage • Unable to access medical treatment/care/equipment required to maintain independence • Under control of others e.g. gang master, dealers, pimp for prostitution • Subject to violence/threats/ fearful • Actual physical/psychological harm |

Discriminatory/Hate Crime

Unequal or abusive treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation

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| <ul style="list-style-type: none"> • Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences • Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period | <ul style="list-style-type: none"> • Recurring failure to meet specific care/support needs associated with diversity that cause little distress • Denial of civil liberties e.g. voting, making a complaint | <ul style="list-style-type: none"> • Hate crime resulting in injury/emergency medical treatment/fear for life • Hate crime resulting in serious injury/attempted murder/honour-based violence • Inequitable access to service provision as a result of diversity issue • Being refused access to essential services • Humiliation, threats or taunts on a regular basis • Recurring failure to meet specific care/support needs associated with diversity that cause distress |

Organisational Abuse

This is neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation, resulting in ongoing neglect or poor care

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| <ul style="list-style-type: none"> • Lack of stimulation/ opportunities to engage in social and leisure activities • Service user not enabled to have a say in how the service is run • Denial of individuality and opportunities to make informed choices and take responsible risks • Care-planning documentation not person-centred/does not involve the service user or capture their views • Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm | <ul style="list-style-type: none"> • Rigid/inflexible routines that are not always in the Service User's best interests • Service users' dignity is occasionally undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing • Recurrent bad practice lacks management oversight and is not being reported to commissioners/the safeguarding service • Unsafe and unhygienic living environments that could cause harm to the service users or have caused minor injury requiring no external medical intervention/consultation | <ul style="list-style-type: none"> • Staff misusing position of power over service users • Over-medication and/or inappropriate restraint managing behaviour • Recurrent or consistent ill-treatment by care provider to more than one service user over a period of time • Recurrent or consistent incidents of insufficient staffing resulting in harm requiring external medical intervention or hospitalisation of service users • Recurrent incidents of insufficient staffing resulting in some harm |

NB: the above does not replace any duties to refer incidents to commissioning bodies outlined in contractual arrangements

Common Safeguarding Issues

Medication errors

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| <ul style="list-style-type: none"> • Isolated incident where the person is accidentally given the wrong medication, given too much or too little medication or given it at the wrong time but no harm occurs • Isolated incident causing no harm that is not reported by staff member • Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm | <ul style="list-style-type: none"> • Recurring missed medication or errors that affect more than one adult and result in actual or potential harm to one or more adults • Recurring prescribing or dispensing errors by GP, pharmacist or other medical professional that affect more than one adult and/or result in harm to one or more adults • Covert administration without the person's consent or having a best interest decision recorded in the care plan • Misuse of/over-reliance on sedatives to control challenging behaviour | <ul style="list-style-type: none"> • Deliberate maladministration of medications or failure to follow proper procedures, e.g. controlled medication • Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death • Deliberate falsification of records or coercive/intimidating behaviour to prevent reporting |

Pressure Ulcers

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| <ul style="list-style-type: none"> • Single or isolated incident of Grade 1 or 2 pressure ulcer • Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury or multiple grade 2 pressure ulcers where: <ul style="list-style-type: none"> ○ A care plan is in place ○ Action is being taken ○ 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 | <ul style="list-style-type: none"> • Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury pressure ulcers or multiple grade 1 and 2 pressure ulcers where: <ul style="list-style-type: none"> ○ 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. Tissue Viability Team ○ There have been other similar incidents or areas of concern ○ There are other indicators of abuse or neglect | <ul style="list-style-type: none"> • Grade 3 & 4, Unstageable and Suspected Deep Tissue Injury where: <ul style="list-style-type: none"> ○ The person has been assessed as NOT having mental capacity and treatment and prevention NOT provided ○ No assessment and care planning has not been completed or is of very poor quality ○ No professional advice or support has been sought at the appropriate time, e.g. Tissue Viability Team ○ There are other indicators of abuse or neglect ○ Evidence demonstrates this is part of a pattern or trend |

Falls

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| <ul style="list-style-type: none"> • Isolated incident where no significant harm occurs • Multiple incidents where no significant harm occurs and: <ul style="list-style-type: none"> ○ 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. | <ul style="list-style-type: none"> • More than one incident during a 6 month period requiring attendance at hospital • Multiple incidents where: <ul style="list-style-type: none"> ○ 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. | <ul style="list-style-type: none"> • 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. |

Incidents involving another person with care & support needs

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| <ul style="list-style-type: none"> • Isolated incident where no significant harm occurs • More than one incident where no significant harm occurs and: <ul style="list-style-type: none"> ○ 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 | <ul style="list-style-type: none"> • Any incident requiring medical attention or attendance at hospital • Multiple incidents where: <ul style="list-style-type: none"> ○ The care plan has not or cannot be fully implemented. ○ It is NOT CLEAR that professional advice or support has been sought at the appropriate time. ○ There have been other similar incidents involving this perpetrator or areas of concern. ○ There are other indicators of abuse or neglect | <ul style="list-style-type: none"> • Any incident resulting in intentional or intended harm or risk of harm to the victim. • Any incident where a weapon or other object is used with the deliberate intention of harm • Repeated incidents where the victim lacks capacity and is unable to take action to defend themselves • The victim is, or appears, fearful in the presence of the other person or is adapting their behaviour to pacify or avoid the other person |