



THRESHOLD MATRIX – GUIDANCE FOR ASSISTING THOSE WORKING IN SUPPORTIVE SETTINGS TO MAKE ADULT SUPPORT AND PROTECTION (ASP) REFERRALS

Introduction

This guidance is to support providers and those working in supportive settings to make consistent decisions about the reporting of issues arising within their service. The objective is to guide managers and senior staff on what incidents should be referred to the Local Authority under Adult Support and Protection (ASP) procedures and which matters they can deal with internally while also notifying others of their actions.

This **Threshold Matrix** sets out broad descriptions of harmful behaviours in terms of the level of risk they pose to the adult. The level of risk determines the level of reporting and response. As a general rule, incident types categorised as presenting a lower risk to service users can be dealt with by the provider and/or local authority care manager and reported to the Care Inspectorate and Council's Contracts and Commissioning service. Where the concern continues and/or the level of risk is raised then a referral must be made to Adult Social Work Services under Adult Support and Protection procedures (using the AP1 Form).

Regardless of how they are responded to, all incidents must be properly logged by providers and always reported to the Care Inspectorate, relatives and relevant professionals. The emphasis is always on taking action, including preventative action to reduce or remove harm and decrease the possibility that harm will occur again. In situations where a provider is unsure about what action to take they must contact the Adult Social Work Service for advice and guidance.

The Threshold Matrix defines issues into two sections – one (described as “lower level risk”) where managers can take the decision that they will respond internally and notify external agencies and relations within the timescales set for such reporting. These are marked in **yellow** below.

Secondly (described as “ongoing and/or higher risk”) those which requires the provider to follow Adult Support and Protection procedures and make a referral to the Adult Social Work Service in line with those procedures. These are marked in **red**.

Level of intervention	Lower Level Risk	Ongoing and/or Higher Risk
Intervene via	Internal processes (managerial intervention/supervision of staff/training/disciplinary action etc) Care Management processes/Care Home Assurance and Review Team (CHART)	Adult Support and Protection Procedures <i>If there have been past concerns, always ensure the Adult Social Work Service are advised of all previous incidents. Repeat concerns may lead to the adult being regarded at the Higher Risk level.</i>
Refer to	Social Work Care Manager, Care Inspectorate, Contracts and Commissioning Service. Advise relatives/attorneys/guardians and other professionals as appropriate.	WEST LOCALITY - westlocality.swk@falkirk.gov.uk EAST LOCALITY - eastlocality.swk@falkirk.gov.uk CENTRAL LOCALITY - centrallocality.swk@falkirk.gov.uk If in doubt please use asp@falkirk.gov.uk Out of Office Hours – Emergency Duty Team (EDT) – 01786 470500

Type of Harm	Lower Level Risk – the examples provided are in no way exhaustive	Ongoing and/or Higher Risk – the examples provided are in no way exhaustive
Physical	<ul style="list-style-type: none"> • Minor incident which meets incident reporting criteria (specific to each setting) • Isolated and/or minor resident to resident incident • Staff error - causing no harm • light marking found on one occasion of unknown cause 	<ul style="list-style-type: none"> • Recurrence of incidents • Recurrence or repeat incidents between residents • Staff errors causing harm to adult • markings on a repeat basis of unknown/unreported cause • Incidents involving injury that leads to hospital admission • Physical behaviour, by staff member, that causes any injury to adult • Inappropriate restraint resulting in any injury or harm to adult
Medication	<ul style="list-style-type: none"> • Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs 	<ul style="list-style-type: none"> • Recurring errors (missed/wrong dose) or errors that cause harm to adult • Errors that cause harm to more than one service user

	<ul style="list-style-type: none"> • Recognition of poor medication dispensing and storage practices 	<ul style="list-style-type: none"> • Deliberate maladministration of medication (including staff theft or misuse of medication for own purpose)
Sexual	<ul style="list-style-type: none"> • Sexualised attention (verbal or touching) between service users, on one occasion, not causing distress 	<ul style="list-style-type: none"> • Sexual attention (of any nature) causing distress • Sexual behaviour that is unwanted • Any sexual behaviour (of any nature) between member of staff and adult • Power imbalance clear and observed between involved adults • Concerns about ability to consent
Psychological	<ul style="list-style-type: none"> • Adult is spoken to in a rude or other inappropriate way on one occasion • Adult not having choice in the short term in relation to care delivery 	<ul style="list-style-type: none"> • Adult spoken to in rude or other inappropriate way on more than one occasion • Denying or failing to respect adults choices or opinions • Any form of demeaning, hurtful or otherwise inappropriate language or behaviour by staff member to adult • Evidence of coercive control by a professional/informal visitor/resident
Financial	<ul style="list-style-type: none"> • Financial transactions are not recorded or managed in a safe or proper way • Adult not involved in financial decisions when they can and wish to be • Delay's in accessing personal allowances (staff member, relative, POA etc.) 	<ul style="list-style-type: none"> • Adult denied access to own funds or possessions • Misuse/misappropriation of funds by any person in a position of trust (staff member, relative, POA etc) • Fraud and scams • Financial harm using digital media platforms
Neglect (including self-neglect)	<ul style="list-style-type: none"> • Inadequacies in care, causing no significant harm • Adult not assisted with meal, drink or personal care – no harm occurs 	<ul style="list-style-type: none"> • Repeat inadequacies or missed care • Adult not assisted with care – harm occurs • Adult not taking care – harm occurs or might occur • Repeat pattern of missed visits

	<ul style="list-style-type: none"> • Adult not taking meal, drink or personal care – no harm occurs • Short term failure to recognise and seek treatment for health condition – no harm occurs 	<ul style="list-style-type: none"> • Ongoing deficiencies in care or follow up on healthcare needs which impacts upon health and wellbeing • Failure to follow agreed or necessary protocols to prevent harm to health and wellbeing
Self-harm	<ul style="list-style-type: none"> • Adult experiencing distress and/or self-harm on one occasion and appropriate intervention and care planning provided • Use of substances to self soothe on one or short term basis • Short term self-isolation – no harm occurs • Adult placing themselves in risky situations – intervention and care planning takes place 	<ul style="list-style-type: none"> • Repeat incidences of distress and self-harm • Ongoing substance misuse and distress where the adult is harmed or likely to be harmed • Adult leaving supported setting unsupervised and at risk in this context • Longer term self-isolation which is impacting on health and wellbeing • Repeated incidences of the adult placing themselves in risky situations
Discriminatory	<ul style="list-style-type: none"> • Care fails to take account of impact of adults protected characteristics (Equalities Act 2010) • Comments/attitudes on one occasion related to protected characteristics 	<ul style="list-style-type: none"> • Recurring failure to take account of impact of adults protected characteristics • Refusal of access to essential services • Harassment on an ongoing or regular basis • Denial of human rights and civil liberties • Ongoing hostility or harassment over digital platforms including telephone calls, text message and social media platforms
Institutional	<ul style="list-style-type: none"> • Denial of individuality/opportunity to make decisions about own life in the short term • Lack of stimulation/opportunities to engage in social activities in the short term 	<ul style="list-style-type: none"> • Failure to support adult to access health or care treatments • Poor practice not being reported • Poor practice not being monitored and reviewed • Repeated rigid and/or inflexible regimes, causing harm to adult(s)

	<ul style="list-style-type: none">• Poor, ill-informed or dated care practice – no significant harm• Early indicators of concern that are identified using this framework and discussion and action taken at Step 1 and 2 of guidance• Whistleblowing within a care setting which is low level and response given internally	<ul style="list-style-type: none">• Capacity for addressing poor care is limited• Sustained poor care practices• Adult at ongoing risk of harm or likely harm and no recognition and reporting of this
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