



# ADULT SUPPORT AND PROTECTION THRESHOLDS GUIDANCE AND FRAMEWORK

## for Care Homes and Residential Care Settings

### Introduction

This guidance is designed to support providers to make consistent and appropriate decisions about which incidents should be referred to Social Work under **Adult Support and Protection** Legislation. It also offers guidance for recording and follow up actions for incidents which are lower risk.

The Threshold Matrix sets out different types and patterns of harm in terms of the level of risk they pose to adult(s). The level of risk then determines the level of reporting and response. As a general rule, incident types and patterns categorised as presenting a **lower level of risk** to adults can be dealt with by the provider. Information should be recorded internally in line with organisational guidance and reflected in the individual's case records. Consideration should be given by the provider as to whether information in this category requires to be submitted to the Care Inspectorate in line with the '[Care Inspectorate Report Guidance](#)'. If contractually there are identified reporting requirements, these should be made to the HSCP's Commissioning Team, Dg.spcp@nhs.scot.

If the level of risk escalates to **Serious** or **Very High**, a referral should be made to Social Work in accordance with Adult Support and Protection procedures (AP1 form). **NOTE:** if the concern is urgent please phone initially and follow up with an AP1. If the concern relates to significant harm and/or potential criminality, a report **must** also be made to the Police as a priority.

Regardless of how they are responded to, all incidents must be properly logged by providers to enable patterns of concern to be identified and responded to appropriately. Providers must also ensure that the Care Inspectorate, Relatives, POA/Guardians and relevant professionals are notified timeously.

Providers are encouraged to refer to the **Early Indicators** framework to identify and analyse harm/risks at an early stage and prevent harm escalating. If there is any doubt regarding an incident, providers should contact social work and the Care Home Tactical Team (CHTT) for advice and guidance as a priority.

Level of Intervention	Aware (Risk = Lower Level)	Alert (Risk = Serious) – AP1	Alarm (Risk = Very High) – AP1
Intervene via	<ul style="list-style-type: none"> <li>Internal processes (supervision, disciplinary/training/etc)</li> <li>Review care plan/risk assessment</li> <li>Discussion with CHTT and/or other relevant agencies</li> <li>Care Management/Review of Self Direct Support/(HSCP)</li> </ul> <p><b>Please record rationale for not meeting ASP Threshold.</b></p>	<p>Adult Support and Protection Procedures</p> <p>Ensure that Social Work are advised of <b>all</b> previous concerns/incidents via an up-to-date chronology, as this will inform their risk assessment.</p>	<p>Adult Support and Protection Procedures</p> <p>Ensure that Social Work are advised of <b>all</b> previous concerns/incidents via an up-to-date chronology, as this will inform their risk assessment.</p> <p><b>and</b></p> <p>Criminal investigation (if evidence of potential criminality).</p>
Notify (as appropriate)	<ul style="list-style-type: none"> <li>Social Worker/Care Manager (If active allocated case)</li> <li>Care Home Tactical Team (CHTT)</li> <li>Contracts and Commissioning</li> <li>Care Inspectorate (as per CI guidance)</li> <li>Family/POAs/Guardians</li> <li>Any other relevant professional</li> </ul>	<ul style="list-style-type: none"> <li>Social Work Single Access Point 033 33 33 3001</li> <li>Family/POAs/Guardians</li> </ul> <p><i>Also consider referral to Office of the Public Guardian PG where POA/Guardian involved in harm, SFRS or Environmental Health where environment is unsafe.</i></p>	<ul style="list-style-type: none"> <li>Police/Emergency Services</li> <li>Social Work</li> <li>Family/POAs/Guardians</li> </ul>

## THRESHOLD MATRIX

<div>Level of Risk</div> <div>Type of Harm</div>	LOWER LEVEL – Low/Moderate	SERIOUS – Significant/Substantial AP1	VERY HIGH – Critical AP1
<b>Physical</b>	<ul style="list-style-type: none"> <li>Staff error causing no harm – e.g. skin friction mark due to ill-fitting hoist sling (no medical attention required)</li> <li>Minor events which meet incident reporting criteria</li> <li>Inexplicable light marking found on one occasion</li> <li>Isolated service user on service user incident (no injury/medical attention required)</li> </ul>	<ul style="list-style-type: none"> <li>Isolated service user on service user incident with injury</li> <li>Multiple service user on service user incident/physical altercation with or without injury</li> <li>Inexplicable marking or lesions, cuts or grip marks on a repeat basis</li> <li>Witnessed accidental injury leading to hospital admission/medical treatment</li> <li>Inappropriate restraint (NB: Please remember that inappropriate restraint could constitute an assault by a staff member – consult with the Police if in any doubt)</li> <li>Withholding of food, drinks or aids to independence resulting in no irreversible damage</li> <li>Inexplicable fractures/injuries</li> </ul>	<ul style="list-style-type: none"> <li>Withholding of food or drink resulting in irreversible damage or death</li> <li>Assault by carer/family, staff member</li> <li>Serious assault resulting in injury, permanent disfigurement, endangerment of life, death</li> </ul>
<b>Trips and falls</b>	<ul style="list-style-type: none"> <li>Isolated incident where no harm occurs</li> <li>Recurrent incidents where no harm occurs</li> </ul> <ol style="list-style-type: none"> <li><b>A Care Plan is in place/reviewed</b></li> <li><b>Action is being taken to minimise further risk</b></li> <li><b>Other relevant professionals have been notified/referred to</b></li> <li><b>There has been a discussion with the adult, their family or proxy</b></li> <li><b>There are no other indicators of harm or neglect</b></li> </ol>	<ul style="list-style-type: none"> <li>Isolated or multiple incident(s) resulting in injury</li> </ul> <p>Emphasis placed on whether:</p> <ol style="list-style-type: none"> <li>The Care Plan has not been fully implemented</li> <li>It is not clear that professional advice or support has been sought at the appropriate time. e.g. Falls Prevention Service</li> </ol> <ul style="list-style-type: none"> <li>Unwitnessed events/suspected falls resulting in injury</li> <li>Any fall where there is suspected harm or neglect by a carer/staff member or other person or a failure to follow relevant care plans, policies or procedures</li> </ul>	<ul style="list-style-type: none"> <li>Any fall resulting in significant injury or death where there is suspected harm or neglect by a carer/staff member or other person or a failure to follow relevant care plans, policies or procedures</li> </ul>
<b>Skin integrity</b>	<ul style="list-style-type: none"> <li>GRADE 1 and 2 sores</li> <li>A pressure injury develops</li> <li>Person has capacity and makes an informed decision to decline treatment</li> <li>Pressure damage that has occurred as a result of a sudden and rapid onset and/or deterioration of skin integrity</li> <li>Reasonable steps been taken to prevent skin damage</li> <li>One off skin tear – no medical treatment required</li> <li>Signs of redness around any pressure points</li> </ul> <ol style="list-style-type: none"> <li><b>A Care Plan is in place/reviewed</b></li> <li><b>Action is being taken to minimise further risk</b></li> <li><b>Other relevant professionals have been notified/referred to</b></li> <li><b>There has been a discussion with the adult, their family or proxy</b></li> <li><b>There are no other indicators of harm or neglect</b></li> </ol>	<ul style="list-style-type: none"> <li>GRADE 3 and 4 sores</li> <li>Person not risk assessed with regards to pressure ulcers risk and management and harm occurs</li> <li>Failure to provide suitable pressure relieving equipment and harm occurs</li> <li>Failure to follow the advice of clinical specialists and harm occurs</li> <li>There is evidence of poor practice or neglect.</li> <li>The level of damage to the skin is disproportionate to the person's risk status for skin damage. For example, the person with a low risk of skin damage has a pressure ulcer</li> <li>Any skin tear(s) which requires medical treatment</li> </ul>	<ul style="list-style-type: none"> <li>GRADE 3 and 4 sores</li> <li>Person not risk assessed with regards to pressure ulcers risk and management leading to catastrophic harm/possible hospitalisation/irreparable damage/death</li> <li>Failure to provide suitable pressure relieving equipment/follow the advice of clinical specialists leading to catastrophic harm/possible hospitalisation/irreparable damage/death</li> </ul>

<b>Medication</b>	<ul style="list-style-type: none"> <li>Adult does not receive prescribed medication (missed/ wrong dose or wrong medication) on one occasion – no harm occurs/no need for medical intervention</li> <li>PRN medication is not given when required or would have benefited the adult</li> <li>Adult does not receive prescribed medication (missed/ wrong dose) on more than one occasion - no harm occurs/no need for medical intervention</li> <li>Identification of poor medication administration/ storage with remedial action in place</li> </ul>	<ul style="list-style-type: none"> <li>Isolated medication error (missed/wrong dose or wrong medication) where harms occur, and adult requires medical intervention</li> <li>PRN medication is not given when required or benefited the adult</li> <li>Recurring errors (missed/wrong dose or wrong medication) that affects one adult or more and/or results in harm/the need for medical intervention</li> <li>Appearing over medicated/sedated</li> <li>Insufficient prevention measures in place, training and audit.</li> <li>Covert or deliberate maladministration of medication</li> </ul>	<ul style="list-style-type: none"> <li>PRN medication is not given when required or would have benefited the adult</li> <li>Pattern of recurring errors or deliberate maladministration which results in ill-health or death</li> </ul>
<b>Sexual</b>	<ul style="list-style-type: none"> <li>Sexualised teasing/language on one occasion – no evidence of distress</li> </ul>	<ul style="list-style-type: none"> <li>Sex in a relationship characterised by authority, power inequality or exploitation including grooming</li> <li>Being made to look at pornographic material in absence of consent/capacity to give consent</li> <li>Images taken/shared without consent</li> <li>Isolated/recurring sexualised touch or masturbation without consent</li> <li>Being subject to indecent exposure</li> <li>Contact or non-contact sexualised behaviour which distresses the adult and/or is unwanted (e.g. includes via social media)</li> </ul>	<ul style="list-style-type: none"> <li>Indecent exposure, indecent assault, rape</li> <li>“Revenge porn” and online exploitation</li> <li>Stalking/harassment</li> <li>Any sexual behaviour between an Adult and a staff member</li> </ul>
<b>Psychological</b>	<ul style="list-style-type: none"> <li>Adult is spoken to or treated in a rude or inappropriate way on one occasion but is not distressed</li> <li>Occasional taunts which causes distress, responds to reassurance</li> <li>Restricting choice and assistance in relation to care delivery (isolated occurrence)</li> </ul>	<ul style="list-style-type: none"> <li>Care or treatment which undermines the adult’s dignity and damages their self-esteem</li> <li>Denying or failing to respect the adult’s choice or opinion (on more than one occasion)</li> <li>Deliberate humiliation</li> <li>Emotional blackmail (e.g. threats of abandonment/ harm/ self-harm)</li> <li>Frequent and Frightening verbal outbursts</li> <li>Adult is spoken to or treated in a rude or inappropriate way on more than one occasion</li> <li>Gaslighting</li> </ul>	<ul style="list-style-type: none"> <li>Denial of basic human rights/health and social care standards</li> <li>Prolonged intimidation</li> <li>Threatening, vicious personal attacks</li> <li>Stalking</li> <li>Coercive/Controlling behaviour (by staff/family or residents etc)</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>Money is not stored safely or properly recorded</li> <li>Single- or one-off incident of missing money and/or belongings where the quality of life has not been affected and little or no distress is caused</li> <li>Adult is not routinely involved in decisions about how their money is spent or kept safe – capacity not properly considered</li> <li>Isolated occurrence - missed payment of care home fee</li> <li>Isolated occurrence – lack of access to personal allowance/finances (family/POA/Staff etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Adult denied access to personal allowance, own funds or possessions on more than one occasion (family/ POA/ Staff etc.)</li> <li>Adult’s money kept in joint bank account and unclear as to equitable spend</li> <li>Misuse/misappropriation of money, property and/ or possessions by person in a position of trust e.g. POA/ Family/Staff</li> <li>Unpaid care home fees – Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Fraud, scams, exploitation in relation to income, benefits, property, will</li> <li>Theft</li> </ul>

<b>Neglect</b>	<ul style="list-style-type: none"> <li>Isolated inadequacies in care causing no harm e.g. delivery of personal care/food/fluids</li> <li>Withholding access to aids for communication/independence – isolated occurrence</li> <li>Failure to recognise and seek medical treatment – no harm occurs</li> <li>Adult declining care and support – no harm occurs</li> </ul>	<ul style="list-style-type: none"> <li>Hospital discharge without adequate planning and harm occurs</li> <li>Adult declining care and support – harm occurs</li> <li>Ongoing deficiencies in care which impact on health and wellbeing – e.g. pressure injury, urine burn, dehydration, malnutrition, injury from preventable falls, loss of independence/confidence</li> <li>Failure to follow up agreed protocols to prevent harm</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing deficiencies in care which result in irreversible damage or death</li> <li>Failure to access emergency services or medical care – harm occurs</li> </ul> <p>Failure to intervene in dangerous situations where adult lacks ability to safeguard</p>
<b>Self-harm &amp; Self-neglect</b>	<ul style="list-style-type: none"> <li>Self-care causing some concern - no signs of harm or distress</li> <li>Temporary Self-isolation (e.g. not leaving room) – no harm occurs</li> <li>First signs of declining care and support – no harm occurs</li> <li>Isolated incident of self-harm – no medical intervention required</li> </ul>	<ul style="list-style-type: none"> <li>Refusing medical treatment resulting in harm or likely to result in harm. Please give context when making referral particularly where the adult has understanding and is able to weigh up consequences/risks when declining medical intervention e.g. end of life cancer treatment.</li> <li>Won't accept care and support from staff – ongoing</li> <li>Problematic substance use</li> <li>Repeat self-harm/self-injurious behaviour</li> <li>Lack of self-care results in deterioration in health/wellbeing</li> <li>Suicidal ideation</li> <li>Others affected by self-harming or self-neglect</li> <li>Behaviour poses risk to self/others</li> <li>Self-isolation affecting health and mental well-being</li> <li>Adult is absconding/leaving placement unsupervised</li> </ul>	<ul style="list-style-type: none"> <li>Life in danger without intervention</li> <li>Repeat self-injury/self-poisoning accompanied by suicidal ideation</li> <li>Self-harm/neglect is life threatening</li> </ul>
<b>Discriminatory</b>	<ul style="list-style-type: none"> <li>Prejudicial comments/attitude towards an adult who has one or more protected characteristics on one occasion (Equalities Act 2010)</li> <li>Care planning fails to take account of impact of adult's protected characteristic(s) – Isolated incident</li> </ul>	<ul style="list-style-type: none"> <li>Recurring failure to take account of impact of adult's protected characteristic(s)</li> <li>Care planning fails to take account of impact of adult's protected characteristic(s) – Ongoing</li> <li>Refusal of access to essential services</li> <li>Denial of human rights and civil liberties</li> <li>Harassment on a regular basis (in person, telephone or via social media)</li> <li>Inequitable access to services</li> </ul>	<ul style="list-style-type: none"> <li>Hate crime</li> </ul>
<b>Organisational/Professional</b>	<ul style="list-style-type: none"> <li>Lack of stimulation/opportunities to engage in social and leisure activities</li> <li>Adult not enabled to participate in service design/delivery</li> <li>Denial of individuality and opportunities to make informed choices and for positive risk taking</li> <li>Support/care plans are not personalised/outcome-focussed</li> <li>Poor, ill-informed or outdated care practice – no harm occurs</li> <li>Service design involves group living settings where residents are incompatible</li> <li>Whistle blowing which is low level – no harm occurs, and internal response is appropriate</li> <li>Early indicators of concern which are identified as per the guidance should be followed up with CHTT</li> </ul>	<ul style="list-style-type: none"> <li>Failure to assist adult(s) to access health treatment, other professionals and support services – harm occurs</li> <li>Routines which benefit staff and organisation, not adults</li> <li>Failure to support adult(s) in line with Health and Social Care standards</li> <li>Poor practice not being reported and going unchecked</li> <li>Unsafe and unhygienic living environments</li> <li>Failure to engage with external agencies/regulators</li> <li>Failure to whistle blow about serious issues when internal procedures do not result in a response</li> <li>Failure to report harm</li> <li>Punitive responses to challenging behaviours</li> </ul>	<ul style="list-style-type: none"> <li>Staff misusing power</li> <li>Adult at ongoing risk of harm or suspected harm and no reporting of this</li> <li>Over-medication</li> <li>Inappropriate restraint</li> <li>Widespread, consistent ill-treatment</li> <li>Wilful neglect</li> <li>Limited/No capacity to address poor care practices and concerns</li> </ul>

Missing Persons		<ul style="list-style-type: none"><li>Adult is missing within home and there has been harm or potential harm</li></ul>	<ul style="list-style-type: none"><li>Follow Dumfries and Galloway Missing Persons Protocol</li><li>Adult leaves care home for any length of time which requires staff to mobilise a search <b>out with</b> the care home</li><li><b>Adult is reported missing to the Police</b></li></ul> <p><b>Herbert Protocol should be in place.</b></p>
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