

## Elizabeth Finn Homes Safeguarding Matrix for the Assessment of level of Seriousness

Types of Abuse / Seriousness	Concerns may be raised to homes locality team but these are likely to be managed by the General Manager at the initial enquiry stage using the EFH incident report and Managers follow up form on Access and Clinical. These concerns will be reported to Regional Manager, Clinical Director, Compliance Lead within 48 hours. Professional judgement or repeated incidents of low-level harm will progress further with the EFH safeguarding process	Concerns of a significant nature will receive additional scrutiny through the EFH Investigation of an incident / concern process. Some examples of significant harm will require reporting to the locality safeguarding team, CQC and police. These events require report to EFH RM / CD / CL within 24 hours.	Concerns of a critical / serious nature which will require a report to the Clinical Director and Compliance lead within 24 hours. An investigation using the EFH investigation of an incident / concern process. Examples of significant harm will require reporting to the CEO of EFH, Charity Commission, Police, CQC.
	<b>Low - Seriousness level 1</b>	<b>Significant – Seriousness level 2</b>	<b>Critical – Seriousness level 3</b>
<b>Choking</b>  <b>EFHL Benchmark</b>	<ul style="list-style-type: none"> <li>Resident is observed coughing after diet or fluids with no known history of dysphagia or previous events.</li> <li>Resident requires no intervention from staff other than reassurance.</li> <li>Incident reported to lead for shift.</li> <li>Documented in progress notes. Incident form / Manager Follow up form completed to document event on Access.</li> <li>Event included in handover.</li> </ul> <ul style="list-style-type: none"> <li>Resident is observed coughing after eating or drinking.</li> <li>Resident has had a previous event of coughing after diet or fluids.</li> <li>Resident has a medical condition which would affect ability to swallow safely.</li> <li>Resident requires no intervention from staff other than reassurance.</li> <li>Incident reported to lead for shift.</li> <li>Documented in progress notes. Incident form / Manager follow up form completed to document event on Access.</li> <li>Event included in handover.</li> <li>GP informed.</li> <li>Referral made to SALT or Care Home Support Team.</li> <li>Nutrition and hydration care plan updated.</li> </ul>	<ul style="list-style-type: none"> <li>Resident is observed coughing after diet or fluids.</li> <li>Resident has had a previous event of coughing after diet or fluids.</li> <li>Resident has a medical condition which would affect ability to swallow safely.</li> <li>Resident is known to have a medical condition causing excess oral secretions or malignancy to oral cavity.</li> <li>Resident may be on a modified diet prescribed by SALT. (IDDSI)</li> <li>Resident requires backslaps as an emergency intervention to dislodge a food bolus and recovers without any further intervention.</li> <li>Incident reported to lead for shift.</li> <li>Documented in progress notes. Incident form / Manager follow up form completed to document event on Access.</li> <li>Incident reported to GM / RM / CD / CL within 48 hours as an EFH benchmark for safeguarding.</li> <li>Event included in handover.</li> <li>GP informed.</li> <li>Referral / update made to SALT or Care Home Support Team.</li> <li>Nutrition and hydration care plan updated.</li> </ul>	<ul style="list-style-type: none"> <li>Resident has had a previous event requiring physical intervention to dislodge a food / fluid bolus.</li> <li>Resident is on a modified diet (IDDSI).</li> <li>Resident requires back slaps to dislodge oral obstruction.</li> <li>Resident requires more than one sequence of back slaps before choking is reversed.</li> <li>Resident requires the use of Live-vac as a second resort when back slaps have not reversed choking emergency</li> <li>Resident requires 999 emergency intervention for choking event.</li> <li>Resident requires hospitalisation following choking event.</li> <li>Choking event causes critical harm / death.</li> <li>Documented in progress notes. Incident form / Manager follow up form completed to document event on Access.</li> <li>Incident reported to GM / RM / CD / CL immediately as an EFH benchmark for safeguarding.</li> <li>Clinical Director / Compliance Lead will report to CEO for EFH within 24 hours.</li> </ul>

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<b>Discriminatory</b>	<ul style="list-style-type: none"> <li>Isolated incident of teasing motivated by prejudicial attitudes towards a resident's individual differences</li> <li>Isolated incident of care planning that fails to address a resident's specific diversity associated needs for a short period</li> <li>Occasional taunts</li> </ul>	<ul style="list-style-type: none"> <li>Inequitable access to service provision as a result of a diversity issue. Recurring failure to meet specific care/support needs associated with diversity. Being refused access to essential services/ social activities.</li> <li>Denial of civil liberties e.g. voting, making a complaint.</li> </ul>	<ul style="list-style-type: none"> <li>Hate crime resulting in injury/emergency medical treatment/fear for life.</li> <li>Humiliation or threats on a regular basis, recurring taunts.</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>Staff personally benefit from residents' funds e.g. accrue 'reward' points on their own store loyalty cards when shopping.</li> <li>Money not recorded safely and properly.</li> <li>Resident not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered.</li> <li>Non-payment of care fees not impacting on care delivery</li> </ul>	<ul style="list-style-type: none"> <li>Resident denied access to his/her own funds or possessions</li> <li>Misuse/misappropriation of property or possessions of benefits by a person in a position of trust or control.</li> <li>Personal finance removed from residents' control without capacity assessment or permission</li> <li>Ongoing non-payment of care fees putting a resident's care at risk.</li> </ul>	<ul style="list-style-type: none"> <li>Fraud/exploitation relating to benefits, income, property or will.</li> <li>Theft.</li> </ul>
<b>Institutional</b>	<ul style="list-style-type: none"> <li>Lack of stimulation/ opportunities for residents to engage in social and leisure activities</li> <li>Residents not given sufficient voice or involve in the running of the service</li> <li>Denial of individuality and opportunities for resident to make informed choice and take responsible risks</li> <li>Care-planning documentation not person-centred</li> </ul>	<ul style="list-style-type: none"> <li>Rigid/inflexible routines</li> <li>Residents dignity is undermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing</li> <li>Poor practice not being reported and going unchecked</li> </ul>	<ul style="list-style-type: none"> <li>Staff misusing their position of power over residents</li> <li>Over-medication and/or inappropriate restraint used to manage behaviour</li> <li>Widespread consistent ill treatment</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>Resident is not assisted with a meal/drink on one occasion and no harm occurs.</li> <li>Resident not bathed as often as would like – possible complaint.</li> <li>Inadequacies in care provision that lead to discomfort or inconvenience- no harm occurs e.g. being left wet occasionally.</li> <li>Not having access to aids to independence.</li> </ul>	<ul style="list-style-type: none"> <li>Hospital discharge without adequate planning and harm occurs</li> <li>Pattern of lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence</li> </ul>	<ul style="list-style-type: none"> <li>Failure to arrange access to lifesaving services or medical care. Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk</li> </ul>
<b>Self-Neglect / harm</b>	<ul style="list-style-type: none"> <li>Incontinence leading to health concerns</li> <li>Isolated/ occasional reports about unkempt personal appearance which is out of character or unusual for the person with a refusal to allow staff to assist with personal hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>Behaviour which poses a fire risk to self and others</li> <li>Ongoing refusal of care, lack of personal care or behaviour to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>Failure to seek lifesaving services or medical care where required.</li> <li>Life in danger if intervention is not made by care staff in order to protect the individual</li> </ul>

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<p><b>Medication</b></p>	<ul style="list-style-type: none"> <li>Resident does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs</li> <li>EMAR system change results in resident not receiving prescribed medication (missed / wrong dose) on one occasion – no harm occurs.</li> <li>Recurring missed medication or administration errors that cause no harm</li> </ul>	<ul style="list-style-type: none"> <li>Recurring missed medication or errors that affect more than one resident and/or result in harm. Potential serious consequences or harm occurs.</li> <li>Deliberate maladministration of medications.</li> <li>Covert administration without proper medical authorisation.</li> <li>Improper use of EMAR system to record controlled medication</li> </ul>	<ul style="list-style-type: none"> <li>Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death.</li> <li>Misuse of controlled medication register resulting in harm or reputational damage.</li> </ul>
<p><b>Physical</b></p>	<ul style="list-style-type: none"> <li>Staff error causing no/little harm e.g. friction mark on skin due to ill-fitting hoist sling.</li> <li>Minor events that still meet criteria for 'incident reporting' accidents.</li> <li>isolated incident involving service on service user. Inexplicable marking found on one occasion.</li> <li>Minor event where users lack capacity.</li> </ul>	<ul style="list-style-type: none"> <li>Inexplicable marking or lesions, cuts or grip marks on a number of occasions.</li> <li>Accumulations of minor incident</li> <li>Inappropriate restraint.</li> <li>Withholding of food, drinks or aids to independence.</li> <li>Inexplicable fractures/injuries. Assault.</li> <li>Events that invoke the serious Incident reporting process for EFHL.</li> </ul>	<ul style="list-style-type: none"> <li>Grievous bodily harm/assault with a weapon leading to irreversible damage or death.</li> <li>Fall with injury requiring hospital treatment e.g. Fracture. Laceration requiring suturing.</li> </ul>
<p><b>Psychological / emotional / Verbal</b></p>	<ul style="list-style-type: none"> <li>Isolated incident where resident is spoken to in a rude or inappropriate way – respect is undermined but no/little distress caused.</li> <li>Occasional taunts or verbal outburst.</li> <li>Withholding of information to disempower.</li> </ul>	<ul style="list-style-type: none"> <li>Treatment that undermines dignity and esteem.</li> <li>Denying or failing to recognise adult's choice or opinion. Humiliation.</li> <li>Emotional blackmail e.g. threats or abandonment/harm.</li> <li>Report of ridiculing / bullying or inappropriate name calling to a resident.</li> <li>Frequent and frightening verbal outbursts or harassment.</li> </ul>	<ul style="list-style-type: none"> <li>Denial of basic human rights/civil liberties, over-riding advance directive.</li> <li>Prolonged intimidation.</li> <li>Vicious/personalised verbal attacks.</li> </ul>
<p><b>Sexual</b></p>	<ul style="list-style-type: none"> <li>Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists.</li> <li>Minimal verbal sexualised teasing or banter</li> </ul>	<ul style="list-style-type: none"> <li>Recurring sexualised touching or isolated or recurring masturbation without consent.</li> <li>Voyeurism without consent</li> <li>Being subject to indecent exposure.</li> <li>Being made to look at pornographic material against will/where consent cannot be given</li> </ul>	<ul style="list-style-type: none"> <li>Attempted penetration by any means (whether or not it occurs within a relationship) without consent.</li> <li>Sex in a relationship characterised by authority inequality or exploitation e.g. receiving something in return for carrying out a sexual act.</li> <li>Sex without consent (rape).</li> </ul>

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<p><b>Unexpected Death</b></p> <p><b>EFH Benchmark</b></p>	<ul style="list-style-type: none"> <li>• Death which occurs following a period of increasing frailty or progression of a known disease / condition but is unexpected.</li> <li>• Death which occurs with a documented review from GP within the last 10 days</li> </ul>	<ul style="list-style-type: none"> <li>• Death which occurs where a review of medical/ general condition has not been within the last 10 days</li> </ul>	<ul style="list-style-type: none"> <li>• Death which occurs where there have been interventions from care staff which may have contributed to harm.</li> <li>• Death which occurs where there is a delay in contacting emergency care with a sudden change in physical condition.</li> <li>• Death of a resident that occurs during a period of 6 hours where there is no documented sighting of the resident.</li> </ul>
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