

HIQA OUTCOME 008

SAFEGUARDING AND SAFETY

SAFEGUARDING RESIDENTS FROM ABUSE IN THE RESIDENTIAL HOME INCLUDING SERVICE USER TO SERVICE USER POLICY

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Moore Haven Centre

O'Brien Street, Tipperary

Telephone: (062) 52437 Fax: (062) 33566

e-mail: info@moorehaven.ie

web: www.moorehaven.ie

SAFEGUARDING RESIDENTS FROM ABUSE IN THE RESIDENTIAL HOME SERVICE USER TO SERVICE USER POLICY

OBJECTIVE:

The purpose of this Policy/Procedure is to provide the residents of the MooreHaven Centre with guidelines for safeguarding them from abuse by their peers, for example, of one adult with a disability by another adult with a disability, whilst in the residential service of the Moorehaven Centre.

RESPONSIBILITY

The review of this Policy document lies with the management team. The day to day implementation rests with the management and staff team.

POLICY DETAILS

The purpose of this policy is to ensure that clear guidelines are in place within the residential service of the MooreHaven Centre for residents to report incidences of abuse by their peers.

When reading this document reference should also be made to the MooreHaven Centre Mission Statement and Statement of Purpose and the HSE document *Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures*.

DEFINITIONS:¹

Definitions of Abuse

Abuse may be defined as “any act, or failure to act, which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general well being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative “(HSE document *Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures*)”.

The following are the main categories/types of abuse.

Types of Abuse

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

¹ Definitions are taken from the Dignity at Work Policy for the Health Service.

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Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.

Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or finance transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patients settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

Where might abuse occur and how often

Abuse can happen at any time in any setting.

Abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise one form or multiple forms of abuse. The lack of appropriate action can also be a form of abuse.

Risk Management

The Person In Charge / Residential Co-ordinator will be responsible for carrying out and managing risk assessment of the residents, the aim of which is to prevent abuse occurring, to reduce the likelihood of it occurring and to minimise the impacts of abuse by responding effectively if it does occur.

If the risk assessment, once completed, indicates the resident is at a high risk of abusing another particular resident, or injuring any residents, measures will be put in place for safeguarding them. External professional help will be sought through the HSE in the guise of a multi disciplinary team.

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PROCEDURE:

A concern regarding concerns or allegations of abuse of a vulnerable person may come to light in one of a number of ways:

- Direct observation of an incident of abuse
- Disclosure by a vulnerable person
- Disclosure by a relative/friend of the vulnerable person
- Observation of signs or symptoms of abuse
- Reported anonymously
- Come to the attention as a complaint through the HSE or agency/organisation complaints process.

The following are the key responsibilities and actions for any staff member or volunteer who has a concern in relation to the abuse or neglect of a vulnerable adult.

These responsibilities must be addressed on the **same day** as the alert is raised.

Take any immediate action to safeguard anyone at immediate risk of harm and contact the Person In Charge / Residential Co-ordinator in the Residential Service or the Training Coordinator in the Day service. Note the Training Coordinator is also the Designated Officer.

If the vulnerable adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed and contact the Person In Charge / Residential Co-ordinator immediately, who will then alert the Designated Officer to the matter. In the Day Service the Training Coordinator is the person to bring the alert to concerning the concern of abuse.

An Garda Siochana will be informed of any suspected criminal activity.

As soon as possible on the same day make a detailed written record of what you have seen, been told or have concerns about. These details are recorded on a Concern of Abuse form available from the Designated Officer. A preliminary screening process is then conducted by the Designated Officer, Janine Duffy.

The report will need to include:

- When the disclosure was made, or when you were told about/witnessed this incident/s;
- Who was involved and any other witnesses, including service user and other staff;
- Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told;
- Any other relevant information.

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Remember to:

Include as much detail as possible;

Make sure the written report is legible, completed in black ink;

Make sure you have printed your name on the report and that it is signed and dated;

Keep the report/s confidential, storing them in a safe and secure place until needed.

Read the report back to the individual to get their approval to the contents of the report.

The Designated Officer is responsible for ensuring that a Preliminary Screening takes place. The preliminary screening will take account of all relevant information which is readily available in order to establish:

- If an abusive act could have occurred and
- If there are reasonable grounds for concern.

This process should be led by the Designated Officer and completed, if possible, within 3 working days.

If the preliminary screening indicates that abuse could have occurred then a safeguarding plan must be developed and put in place as soon as possible. Responsibility to ensure a safeguarding plan is developed rests with the Management team. The preliminary screening and the safeguarding plan are then sent to the Safeguarding Team for CHO 5 or CHO 3, as appropriate.

All allegations made by residents are filled in their confidential file.

Where the allegations are not substantiated, the personal records of the resident shall clearly state this.

A copy of the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures is attached to this document.

Notes:

1. A concern of abuse form is stored on the P Drive (P = policy) and can be found under file heading "Forms" and is called concern of abuse form.
2. The Trust in Care policy documents is the policy that is being used where there is a concern of abuse to a service user by a staff member.

Reviewed: 25th September 2017

Approved By: Derry McMahon

<https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>