

## **PROTECTING SERVICE USERS FROM ABUSE – POLICY & GUIDELINES**

### **1.0 INTRODUCTION**

**1.1** DRH provides a service which seeks to maintain and enhance the well-being of every service user by assisting each individual to meet their own basic human needs i.e.

- the need for air, water, nutritious food and sufficient sleep
- the freedom to stimulate senses and exercise muscles
- the need for security (stable home life and a safe territory to live in);
- the need for intimacy and friendship;
- the need to give and receive attention;
- the need for a sense of autonomy and control;
- the need to feel connected to others and be part of a wider community;
- the need to feel competent which comes from successful learning and effectively applying skills (the antidote to 'low self-esteem');
- the need for privacy (to reflect on and consolidate our experiences) and the need to be 'stretched' from which comes our sense that life is meaningful

**1.2** It is the responsibility of all DRH nursing/support staff to assist service users to meet their basic human needs; to identify and remedy (as far as practicable) deficits in the individual service users ability to autonomously meet their own basic needs; and to identify and address (where practicable) external risks and barriers to the service users well-being.

**1.3** All staff working for DRH have a duty to ensure that these risks and barriers are assessed and minimised wherever possible. This policy and guidelines is intended to help staff prevent or respond to a particular type of risk which may be faced by vulnerable people – *the risk of abuse by others*.

**1.4** DRH recognise that all our Service Users have the following rights:

- To live without fear and without abuse
- To be treated at all times with dignity, respect and friendliness
- To be able to enjoy a reasonable degree of privacy
- To have their confidences respected
- To receive the support and information necessary to make informed choices
- To enjoy security of possessions
- To be advised, supported and treated with regard to their health and well-being
- To be listened to and supported if they have a complaint, concern or grievance
- To have sexual needs and orientation respected (providing it does not infringe the rights of others)

- To be free to express concerns about any form of ill-treatment or abuse, without recrimination

**1.5** All DRH staff have a duty to report any concerns they may have that abuse is or may be taking place. Home Managers should ensure that all their staff are aware that they are free to “speak out” without fear of recrimination, bullying or intimidation.

**1.6** **Any member of DRH who fails to report an incident or reasonable suspicion of abuse is colluding with that abuse and will be subject to disciplinary action – including dismissal.**

**1.7** While recognising the frictions and frustrations that can sometimes occur between Service Users within our Homes, Managers will be alert to the risk of Service User to Service User abuse and will take appropriate remedial action

**1.8** This policy should be read in conjunction Adult Protection Policy and Procedures (Dorset, Bournemouth and Poole – October 2007)

## **2.0 RESPONSIBILITIES**

**2.1** All DRH staff have a duty to report any allegations or suspicions of actual or potential abuse of a vulnerable adult either to their immediate line manager or another senior staff member.

**2.2** If the vulnerable adult is in immediate danger, urgent action should be taken to ensure their safety – including contacting the appropriate emergency services (this could include DRH on-call managers; police; duty social workers)

**2.3** If there is good reason to believe that a crime has been committed then the police should be contacted following consultation with a senior DRH manager. In cases involving physical or sexual abuse, care must be taken to preserve the evidence.

**2.4** Failure to report evidence or suspicions of abuse will be regarded as collusion and will lead to dismissal from DRH employment.

**2.5** In the event of an allegation or suspicion of abuse, DRH staff will be guided by the Adult Protection Policy and Procedures (Dorset, Bournemouth and Poole – October 2007)

## **3.0 DEFINITIONS OF ABUSE**

**3.1** Abuse has been defined as “ a violation of an individual’s human and civil rights by any other person or persons” (DoH 2000)

**3.2** Abuse may take many forms:

<b>Physical</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hitting, slapping, pushing, kicking, scalding burning. The use of inappropriate restraints or inappropriate sanctions</li> </ul>
<b>Emotional</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Intimidation, threats, humiliation, ridicule, extortion, racial abuse, verbal abuse, blackmail, deprivation of contact, coercion, harassment and other forms of psychological abuse. Inconsistent support and harmful emotional climate</li> </ul>
<b>Sexual</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sexual assault, unwanted sexual attention, rape, sexual innuendo Sexual acts to which the vulnerable adult has not consented, could not consent or was pressurised into consenting.</li> </ul>
<b>Neglect and Deprivation</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Failure to take proper care, lack of food/drink/clothing/heat/comfort.</li> <li><input type="checkbox"/> Withholding of aids e.g. walking frames/sticks, hearing aids, spectacles, continence aids.</li> <li><input type="checkbox"/> Putting someone at risk of infection/infectious diseases.</li> <li><input type="checkbox"/> Unmet needs leading to emotional/physical and psychological harm, failure to provide access to appropriate health, social care or educational services.</li> </ul>
<b>Imposed isolation/confinement</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Withholding of company, services and visitors</li> <li><input type="checkbox"/> Sensory deprivation</li> </ul>
<b>Misuse of medication</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inappropriately giving medication, overdosing and withholding</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monies being withheld, bills not paid, property misappropriated, theft, fraud. Coercion or pressure regarding wills, property, inheritance or own personal finances</li> </ul>
<b>Professional</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Abuse by a person employed in a caring position in relation to a vulnerable person</li> </ul>
<b>Institutional</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The systematic deprivation of rights by staff (within a care home, day centre, hospital etc) or the practice of an abusive regime</li> </ul>
<b>Other risks</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Living in close contact with a person charged with or convicted of an offence involving the abuse of an adult – vulnerable or otherwise.</li> <li><input type="checkbox"/> Risks arising from the abuse of drugs and alcohol</li> <li><input type="checkbox"/> Denying choice, deprivation of dignity, privacy and other human rights.</li> <li><input type="checkbox"/> Exploitation</li> <li><input type="checkbox"/> Coercion</li> </ul>

### 3.3 INDICATORS OF ABUSE

NATURE OF RISK/ABUSE	INDICATORS
<b>PHYSICAL ABUSE/NEGLECT</b>	<ul style="list-style-type: none"> <li>• A history of unexplained falls or other minor injuries</li> <li>• Frequent unexplained bruising including:               <ul style="list-style-type: none"> <li>- hand-slap marks</li> <li>- pinch or grip marks</li> </ul> </li> <li>• Unexplained burns</li> <li>• Bite marks</li> <li>• Injuries to head, face and scalp</li> <li>• Bed sores</li> <li>• Person flinching at physical contact</li> <li>• Reluctance to undress or uncover parts of body</li> <li>•</li> </ul>
<b>BULLYING or INTIMIDATION</b>	<ul style="list-style-type: none"> <li>• Fear/anxiety in the presence of a particular carer</li> <li>• Changes in appetite</li> <li>• Unusual weight loss</li> <li>• Tearfulness</li> <li>• Agitation or irritability</li> <li>• Unexplained loss of interest in usual activities</li> </ul>
<b>POOR or RESTRICTIVE ENVIRONMENT</b>	<ul style="list-style-type: none"> <li>• Little community involvement</li> <li>• Lack of social engagement</li> <li>• Long periods of inactivity resulting in apathy</li> </ul>
<b>SEXUAL ABUSE</b>	<ul style="list-style-type: none"> <li>• Self-mutilation or injury</li> <li>• Depression</li> <li>• Loss of skills</li> <li>• Sleep disturbance</li> <li>• Fear of touch</li> <li>• Overt sexualised behaviour</li> <li>• Guilt, shame, anger</li> <li>• Urinary Tract Infections; vaginal infection; or sexually transmitted disease</li> <li>• Behavioural changes including uncharacteristic sexually explicit/seductive behaviour</li> <li>• Obsession with washing</li> </ul>
<b>MATERIAL/FINANCIAL EXPLOITATION</b>	<ul style="list-style-type: none"> <li>• Unexplained loss of property</li> <li>• Inadequately explained cash withdrawals</li> <li>• Unusual interest by relatives in client's financial affairs</li> </ul>
<b>INSTITUTIONAL ABUSE:</b> involves the collective failure of an organisation to provide safe, appropriate and acceptable standards of services to vulnerable people	<ul style="list-style-type: none"> <li>• Unacceptable practice encouraged or tolerated (including disrespectful or hurtful language left unchallenged)</li> <li>• Failure to comply with organisational or regulatory standards</li> <li>• Failure to recognise and respond to individuals human needs &amp; preferences</li> </ul>

<p><b>DISCRIMINATORY ABUSE:</b> discriminatory abuse exists when the values, beliefs and culture of the majority results in the misuse of power that denies equal opportunities to minority groups or individuals.</p>	<ul style="list-style-type: none"> <li>• Verbal abuse, harassment or similar treatment on the basis of a person's race, gender, religion, ethnic origin, age and sexual orientation</li> <li>• Isolation due to language difficulties</li> <li>• Lack of respect for an individual's beliefs and cultural background</li> </ul>
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**4.0 WHAT ACTION SHOULD BE TAKEN:**

- 4.1. All DRH staff share a responsibility to be aware of issues of adult abuse and neglect and are deemed competent to recognise abusive incidents, situations and practice..
- 4.2. No allegation of vulnerable adult abuse should be considered too trivial to report. Abuse is often repeated.
- 4.3. Anonymous allegations of abuse should always be investigated
- 4.4. A referral should have the consent of the vulnerable adult unless there are grounds for overriding consent:
  - ❑ The alleged victim lacks the mental capacity to give consent
  - ❑ There has been a serious crime and the risk of harm to the individual or to others necessarily overrides the need to obtain consent
- 4.5. Any DRH employee witnessing or suspecting abuse to any DRH service user has an absolute and unequivocal duty to inform their immediate line manager/shift leader (Alerting)
- 4.6. If a vulnerable person is in immediate danger and/or at risk of continuing abuse immediate action should be taken to ensure the safety and well-being of that person.
- 4.7. The Home Manager/shift leader should immediately bring evidence or suspicion of abuse to the attention of the Chief Executive or Deputy Chief Executive. The Chief Executive or Deputy Chief Executive (Alerting Managers) shall be responsible for determining whether the allegation/suspicion is likely to constitute abuse
- 4.8. An accurate record of the incident/allegation/suspicion should be made in the vulnerable adults daily living notes and a DRH Incident Report submitted. This record should detail exactly what the vulnerable adult or other person reporting the allegation said. The record should include:
  - ❑ The date & time of the incident
  - ❑ The alleged victims description of what happened using their own words as far as possible
  - ❑ The appearance and behaviour of the victim
  - ❑ Any injuries observed
  - ❑ If the incident/allegation has been reported by a third party, what they have said
  - ❑ Details of the alleged victims expectations regarding investigation and outcome
  - ❑ Record should be signed and dated

- 4.9.** Wherever possible, the vulnerable adults consent should be sought for further action and he/she should be notified that they are the subject of concern and possible investigation.
- 4.10.** If the consent cannot be obtained the Chief Executive/Deputy Chief Executive will decide what further action should be taken.
- 4.11.** If it is decided that abuse has taken place or that the evidence suggests abuse is likely then a referral shall be made immediately to Social Services and/or the Police by the Alerting Line Managers i.e. Chief Executive and Deputy Chief Executive. A preliminary verbal report will also be made to the local office of the appropriate Inspection Authority i.e.
- Commission for Social Care Inspection
  - Healthcare Commission (for Independent Mental Health Hospitals)
- OR
- Supporting People Team (for DRH tenants funded by a Supporting People team)
- 4.12.** The Chief Executive/Deputy Chief Executive will report allegations or suspicions of abuse to the Team Manager of the relevant Social Services Team i.e.
- Learning Disability Team Manager
  - The CMHT nearest to where the alleged victim lives– the manager with responsibility for local authority social services (For Elsadene and Fairfield Independent Mental Health Hospitals report to Weymouth CMHT)
  - Bournemouth, Dorset & Poole Social Services – Out of Hours Service
- (see Appendix A)
- 4.13.** Social Services will appoint a named Investigating Officer
- 4.14.** Social Services will contact the Police in most cases and, together with DRH, will decide what further action is appropriate. A representative of the appropriate Regulatory Authority will also be involved in determining further action.
- 4.15.** When an incident or suspicion is reported to the authorities a report will also be made to the agency purchasing care for the vulnerable adult (e.g. Dorset PCT; Dorset Social Services Contract Department)
- 4.16.** In consultation with Social Services and the Police, a senior manager will take any action necessary to safeguard that vulnerable adult from the risk of further abuse.
- 4.17.** When it is suspected that another Service User is responsible for the alleged abuse it is important to ensure that the best interests of that Service User are also protected.
- 4.18.** If it is alleged or suspected that a member of staff has perpetrated the abuse, then the DRH Disciplinary Procedures will be applied. This may involve suspension from duty pending investigations by DRH/Social Services/Police.
- 4.19.** Close family members will be notified of any serious suspected incident of abuse - subject to the wishes of a vulnerable adult with capacity to consent – where this is deemed appropriate.
- 4.20.** DRH staff should keep detailed records of all contacts made regarding the suspicion/allegation of abuse.

## **5.0 MANAGING CONFIDENTIAL INFORMATION IN THE COURSE OF SUBSEQUENT INVESTIGATIONS**

- 5.1** Any investigation into an incident or allegation of abuse involving a DRH Service User is likely to involve several agencies. It is essential that staff share relevant information with colleagues within those agencies.
- 5.2** When the vulnerable adult has the capacity to consent, their consent should be obtained before confidential information is disclosed.
- 5.3** If the vulnerable adult does not have the capacity to consent or in those situations where the victim remains at risk or other vulnerable people may be at risk, confidential information may be disclosed without consent.
- 5.4** An Investigation into an incident/allegation of abuse provides adequate justification to disclose information that would otherwise be protected on the grounds of confidentiality.
- 5.5** Wherever possible the vulnerable adult should be consulted about the information, which it is intended to divulge – whether or not they have given explicit consent.
- 5.6** Staff should not give Service Users assurances of absolute confidentiality, especially where other people may be at risk.
- 5.7** DRH staff should keep accurate records of confidential information that has been shared with other agencies

## **6.0 COMMUNICATING THIS POLICY**

- 6.1** All staff currently employed by DRH will be required to read this policy and to confirm, in writing, that they have understood it's contents.
- 6.2** All new staff shall be informed of DRH policy regarding abuse as part of their Induction training.
- 6.3** Home Managers will ensure that issues of adult abuse are regularly raised and discussed within the team and that staff remain fully conversant with the contents of this policy.

## **REFERENCE:**

- (i) Adult Protection Policy and Procedures: Bournemouth, Dorset and Poole. October 2007

February 2003  
Revised June 2004  
Revised March 2008  
Next Review Date: March 2011

## **APPENDIX 1**

### **CONTACT DETAILS:**

#### **Care Quality Commission (CQC)**

National Correspondence  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA  
Tel: 03000 616161  
e-mail: enquiries@cqc.org.uk

**FOR INDEPENDENT MENTAL HEALTH  
HOSPITALS AND CARE HOMES**

#### **Dorset Supporting People Team**

Dorset County Council:  
County Hall  
Colliton Park  
Dorchester DT1 1XJ  
Tel: 01305 224873

#### **Dorset Social Services – Local Offices**

#### **West Dorset Learning Disability Team**

Manager Nigel Colls

The Grove  
Rax Lane  
Bridport  
Dorset DT6 3JL

Tel: 01308 422234

#### **Weymouth & Portland CMHT:**

Weymouth & Portland Centre  
Radipole Lane  
Weymouth  
DT4 0QE

Tel: 01305 786905

**Out of Hours Service:** 01202 657279 (for Bournemouth, Dorset & Poole Social Service)