

PROTECTING SERVICE USERS FROM HARM – 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 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 are intended to help staff prevent or respond to a particular type of risk which may be faced by vulnerable people – *the risk of harm by others*.

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

- To live without fear and without harm
- 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 harm, without recrimination

- 1.5** All DRH staff have a duty to report any concerns they may have that harm 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 harm is colluding with that harm 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 harm and will take appropriate remedial action
- 1.8** This policy should be read in conjunction with the Multi – Agency Safeguarding Adults Policy and Procedure – Bournemouth, Dorset and Poole Adult Social Services, Dorset Bournemouth and Poole NHS Trusts, Dorset Police July 2011

2.0 RESPONSIBILITIES

- 2.1** All DRH staff have a duty to report any allegations or suspicions of actual or potential harm of an adult at risk either to their immediate line manager or another senior staff member.
- 2.2** If the adult at risk 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 harm, care must be taken to preserve the evidence.
- 2.4** Failure to report evidence or suspicions of harm will be regarded as collusion and will lead to dismissal from DRH employment.
- 2.5** In the event of an allegation or suspicion of harm, DRH staff will be guided the Multi – Agency Safeguarding Adults Policy and Procedure – Bournemouth, Dorset and Poole Adult Social Services, Dorset Bournemouth and Poole NHS Trusts, Dorset Police July 2011. All homes have a Safeguarding file which provides all relevant information and contact details

3.0 DEFINITIONS OF HARM

- 3.1** Harm has been defined as “ a violation of an individual’s human and civil rights by any other person or persons, which results in significant harm ” (DoH 2000)
- 3.2** Harm may be:
- A single act or repeated acts
 - An act of neglect or a failure to act
 - Multiple acts, for example, an adult at risk may be neglected and also being financially harmed.
- A number of harmful acts are crimes and informing the police must be the key consideration.

3.3 Harm may take many forms including:

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

3.3 INDICATORS OF HARM

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

<p>DISCRIMINATORY HARM: discriminatory harm 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"> • Verbal harm, harassment or similar treatment on the basis of a person’s race, gender, religion, ethnic origin, age and sexual orientation • Isolation due to language difficulties • Lack of respect for an individual’s beliefs and cultural background
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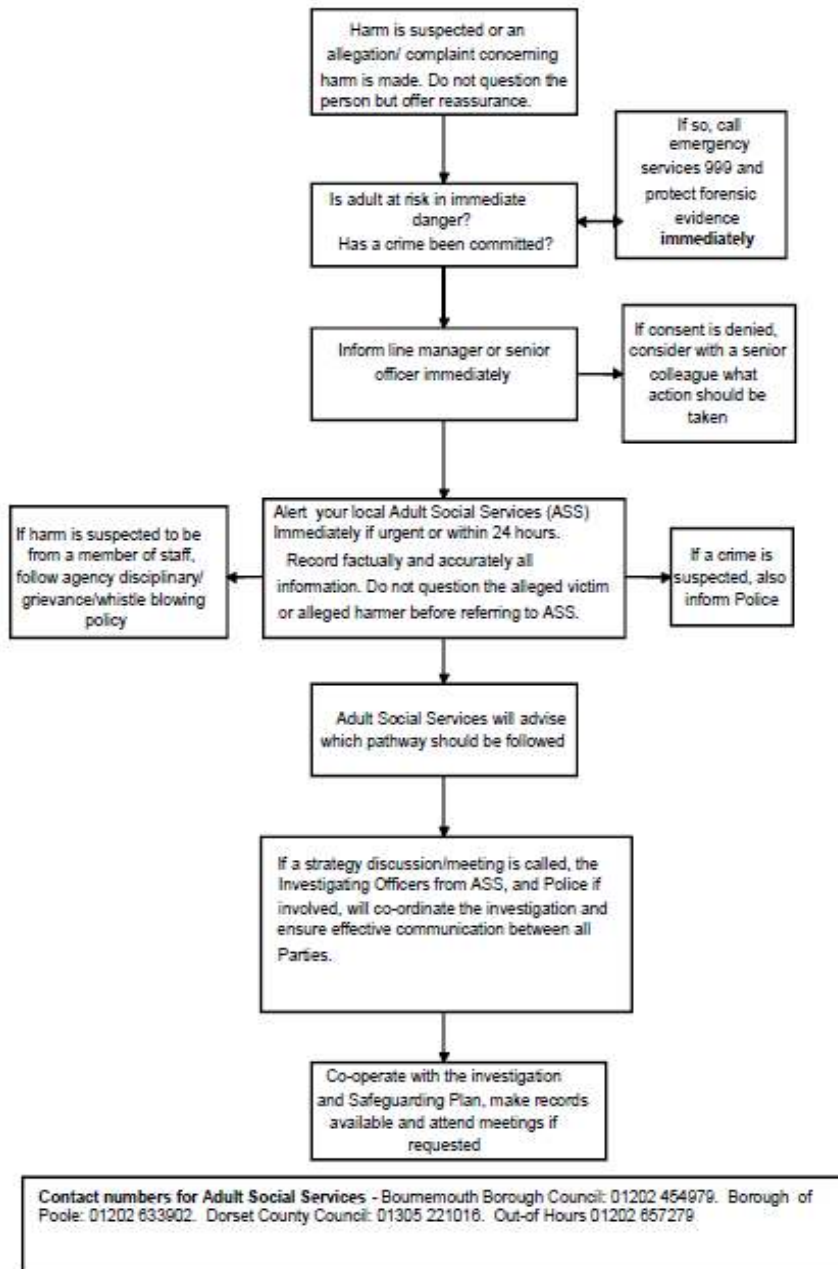
4.0 WHAT ACTION SHOULD BE TAKEN:

- 4.1.** All DRH staff share a responsibility to be aware of issues of adult harm and neglect and are deemed competent to recognise abusive incidents, situations and practice.
- 4.2.** No allegation of harm should be considered too trivial to report. Harm is often repeated.
- 4.3.** Anonymous allegations of harm should always be investigated
- 4.4.** A referral should have the consent of the adult at risk 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 harm to any DRH service user has an absolute and unequivocal duty to inform their immediate line manager/shift leader (Alerting)
- 4.6.** If a adult at risk is in immediate danger and/or at risk of continuing harm 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 harm to the attention of the Chief Executive or On Call Lead. The Chief Executive or On Call Lead (Alerting Managers) shall be responsible for determining whether the allegation/suspicion is likely to constitute harm
- 4.8.** Report to the police if a crime has been committed or may have been committed.
- 4.9.** An accurate record of the incident/allegation/suspicion should be made in the adult at risks daily living notes and a DRH Incident Report submitted. This record should detail exactly what the adult at risk 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 (Body map completed)
 - 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
- 4.10.** Wherever possible, the adult at risks consent should be sought for further action and he/she should be notified that they are the subject of concern and possible investigation.

- 4.11.** If the consent cannot be obtained the Chief Executive/ On Call Lead will decide what further action should be taken.
- 4.12.** If it is decided that harm has taken place or that the evidence suggests harm is likely then a referral shall be made immediately to Social Services and/or the Police by the Alerting Line Managers (see alerters guide diagram 1 page 7).
- 4.13.** Safeguarding will determine whether alert meets safeguarding criteria then follow set pathways of investigation or no further action (see diagram 2 page 8)
- 4.14.** A report should be made to CQC following CQC required notification guidance.
- 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 adult at risk e.g. Dorset CHC; supporting people.
- 4.16.** In consultation with Social Services and the Police, a senior manager will take any action necessary to safeguard the at risk adult from the risk of further harm.
- 4.17.** When it is suspected that another Service User is responsible for the alleged harm 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 harm, 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 harm - subject to the wishes of an adult at risk 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 harm.
- 4.21.** Staff must ensure they preserve all evidence and do not try to question the alleged victim. All staff must ensure they adhere to the guidance as set out in the Multi-agency safeguarding adults policy and procedures
Bournemouth, Dorset and Poole Adult social services
Dorset, Bournemouth and Poole NHS Trusts
Dorset Police
July 11

Figure 3.1: Alerting action to be taken after becoming aware

Alerters guide – What to do if harm is suspected



**Taken from Multi-agency safeguarding adults policy and procedures
Bournemouth, Dorset and Poole Adult social services
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Figure: 3.2 Safeguarding Adults Timescales and Process

		Timescale	Total time
Stage 1	Alert/Initial action Abuse suspected by anyone working with or in contact with adults at risk. Inform line manager and Social Services. If a crime is suspected, contact Police Confirm in writing.	Immediate if urgent or within 24 hours	1 day
Stage 2	Responding to an alert by Social Services/Police (SRU) Does alert meet Safeguarding criteria? Initial information gathering and safeguarding decision. Ensure initial action taken to safeguard individual and others and follow appropriate pathway. See para 3.4.5.	24 hours	2 days
Stage 3	Strategy discussion or meeting Appoint Safeguarding Adult investigator and convene strategy discussion or meeting in a timescale commensurate with the degree of risk, to plan investigation	within 7 calendar of alert, depending on pathway or level of risk	9 days
Stage 4	Investigation Process Undertake investigation	Urgent will be same day	
Stage 5	Safeguarding Adult Conference Multi-agency meeting evaluates information, level of risk, formulates initial Safeguarding Plan, and identifies key workers/care co-ordinators who will finalise detailed actions in Safeguarding Plan. Agree closure of investigation stage	Within 21 calendar days of Strategy meeting	30 days
	Finalise Safeguarding Plan Finalise detailed actions required in Safeguarding Plan and ensure consistency between this and care plan.	Within 2 weeks of safeguarding adult conference	44 days
Stage 6	First Review Meeting To consider and update effectiveness of Safeguarding Plan. If it is not working and risk remains, convene a new conference	within 3 months of initial conference	4.5 months
Stage 7	Subsequent Reviews Consider and update effectiveness of Safeguarding Plan as above. If risk removed and SP no longer required it will be closed and Care Plan continued. Ongoing preventative actions should be included in the Care plan.	Up to 6 months from 1 st review	10.5 months

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5.0 MANAGING CONFIDENTIAL INFORMATION IN THE COURSE OF SUBSEQUENT INVESTIGATIONS

- 5.1** Any investigation into an incident or allegation of harm 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 adult at risk has the capacity to consent, their consent should be obtained before confidential information is disclosed.
- 5.3** If the adult at risk 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 harm provides adequate justification to disclose information that would otherwise be protected on the grounds of confidentiality.
- 5.5** Wherever possible the adult at risk 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 its contents.
- 6.2** All new staff shall be informed of DRH policy regarding harm as part of their Induction training.
- 6.3** Home Managers will ensure that issues of adult harm are regularly raised and discussed within the team and that staff remain fully conversant with the contents of this policy.

REFERENCE: *Multi – Agency Safeguarding Adults Policy and Procedure – Bournemouth, Dorset and Poole Adult Social Services, Dorset Bournemouth and Poole NHS Trusts, Dorset Police July 2011*

February 2003
Revised June 2004
Revised March 2008
Revised November 2010/ August 2011
Next Review Date: August 2013

APPENDIX 1

CONTACT DETAILS FOR REPORTING ALLEGATIONS OF HARM

<p>DRH Gillian Lacey, Chief Executive, DRH Connaught House 22 Cornwall Road Dorchester DT1 1RU Tel: 01305 267483 Email doresd@aol.com</p> <p>Or ON-CALL LEAD AS PER ON-CALL ROTA</p>	<p>Safeguarding Adults Triage Service Dorset County Council County Hall Colliton Park Dorchester Dorset DT1 1XL Telephone: 01929 557712 Email: dorsetadultsafeguarding@dorsetcc.gov.uk Fax 01929 554217</p>
<p>Dorset County Council County Hall Colliton Park Dorchester Dorset DT1 1XJ Telephone: 01305 221016 Out of Hours 01202 657279</p>	<p>Care Quality (CQC) Citygate Gallowgate Newcastle upon Tyne NE1 4PA Tel: 03000 616161 Email: enquiries@cqc.org.uk</p>
<p>Supporting People Tel 01035 224853 s.barnes@dorsetcc.gov.uk</p>	
<p>Service Contract Manager – Elsadene Tel 01035 368900</p>	
<p>Continuing Health Care Tel 01305 361123</p>	