

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

PROCEDURES MANUAL

Title: SAFEGUARDING VULNERABLE ADULTS AT RISK OF ABUSE

SD-14

1.0 SCOPE.

1.1 The system and good practice used to prevent abuse.

2.0 AIMS AND VALUES

2.1 To ensure that vulnerable adults protected from all forms of abuse.

2.2 To ensure that effective policies and procedures are in place to prevent abuse.

2.3 To protect staff and service users where abuse is alleged, disclosed or suspected.

2.4 To promote WIDA's 'No Tolerance' approach to any form of abuse or harm to vulnerable adults.

3.0 CONTENTS

6.0 Underlying Principles.

7.0 Definitions and Categories of Abuse.

8.0 Preventing abuse.

9.0 Dealing with disclosures of abuse.

10.0 Reporting Concerns.

11.0 Designated Officer

12.0 Concern Arises in a Community Setting

13.0 Concern Arises in a Service Setting

14.0 Allegations against Staff

15.0 Record Keeping

16.0 WIDA Code of Conduct

17.0 Complaints

18.0 Missing Service User

19.0 Risk Management

20.0 Protected Disclosures

4.0 REFERENCED DOCUMENTS

C4-001 Accident/Incident/Near Miss Report

C4-040 Medication Error Form

C4-067 Service User Body Chart

C4-075 Service User's Personal Support Plan

C4-077 Service User's Daily Report Record/Nursing Report/Sleepover Report/After School Club Report

QP-15 HSE Children First 2011

QP-24 Health Board's Policy on Record Retention Periods 1999

QP-25 Protection & Prevention of Abuse Policy

QP-43 National Standards for Residential Services for Children & Adults with Disabilities- HIQA, 2013

C4-SCB Staff Communications Book

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

PROCEDURES MANUAL

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| C4-SUPMPB | Service User Personal Monies and Property Book. |
| MA-11 | Reporting Poor Practice |
| MA-15 | Confidentiality & Access to Records |
| MA-24 | Management of Complaints procedure. |
| HR-012 | Recruitment Policy & Procedure |
| HR-019 | Induction & Probation Policy & Procedure |
| HR-041 | WIDA's Code of Behaviour |

5.0 RESPONSIBILITIES

5.1 The manager, Designated Officers and all staff & volunteers.

This is the procedure to be followed

This procedure is informed by WIDA's policy on Protection and Prevention of Abuse and the new HSE policy and procedure on Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure launched in December 2014 and should operate in accordance with same.

6.0 UNDERLYING PRINCIPLES

This procedure is informed by the following principles:

- WIDA are committed to supporting the rights of vulnerable adults to lead independent life based on self-determination
- WIDA recognises people who are unable to make their own decisions and/or to protect themselves, their assets and their bodily integrity, and will take steps to ensure adequate protection for them.
- WIDA recognises that the right to self-determination can involve risk and will endeavour to ensure that such risk is recognised and understood by all concerned and is minimised where possible.
- WIDA acknowledges that although intervention may, in some cases, compromise the individual person's right to independence and choice, the principle of 'least restrictive alternative' should apply at all times.
- WIDA will ensure that the law and statutory requirements are known and used appropriately so that older people receive the protection of the law and access to the judicial process.

7.0 DEFINITIONS & CATEGORIES OF ABUSE

7.1

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. Abuse may take a variety of forms.” (QP-43 HIQA: National Standards for Residential Services for Children & Adults with Disabilities, 2013)

7.2 An individual's human and civil rights can also be violated through inadequacy of care or inappropriate programmes of care.

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

PROCEDURES MANUAL

- 7.3 Where it is in a service user's best interests, this procedure can be utilised in cases of crimes committed by strangers and also severe self-neglect where a vulnerable adult may pose a risk to him/herself.
- 7.4 There are many different types of abuse, which can be perpetrated through negligence, ignorance or with intent.
- 7.5 **Physical Abuse**
Including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- 7.6 **Sexual Abuse**
Including rape and sexual assault or sexual actions to which the vulnerable adult has not consented, or could not consent, or into which he/she was compelled to consent.
- 7.7 **Psychological Abuse**
Including 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.
- 7.8 **Financial or Material Abuse**
Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- 7.9 **Neglect and Acts of Omission**
Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of necessities of life, such as medication, adequate nutrition and heating. Failure to provide appropriate equipment.
- 7.10 **Discriminatory Abuse**
Including racism, ageism, sexism, and other forms of harassment, slurs or similar treatment.
- 7.11 **Institutional Abuse**
Including, but not limited to, impacting service user rights in order to meet the needs of the service- for example; rigid bedtimes, meal-times, sedation, lack of stimulation, restricting visitors or access to community, rigid routines etc.
- 7.12 The signs and symptoms of each category of abuse are outlined in the HSE's 'Safeguarding Vulnerable Person's at Risk of Abuse' National Policy & Procedures. All staff and volunteers will receive training in how to recognise and respond to the signs and symptoms of abuse. Advice may, and should, be sought at any time from a manager or the Designated Officers if staff have any concerns or suspicions of abuse or neglect in respect of a vulnerable adult.

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

PROCEDURES MANUAL

8.0 PREVENTING ABUSE

- 8.1 WIDA acknowledges that central to protecting people from abuse is taking steps to ensure that vulnerable adults in our care:
- are aware of their rights
 - are informed about how to complain and supported to do so
 - feel that they will be listened to and supported by staff
 - are not isolated from their natural support networks (friends, family & community) and have access to, and are made aware of, independent advocacy services.
 - are aware of external bodies that they may report concerns to including the HSE's confidential recipient and the Health Information and Quality Authority.
- 8.2 In order to prevent abuse, WIDA are committed to best practice in the recruitment of staff and volunteers, recognising that safe recruitment procedures are central to safeguarding service users in our care.
- Staff will be recruited in line with our Recruitment Policy & Procedure (HR-012) and Induction & Probation Policy & Procedure (HR-019).
 - Staff will adhere to HR- 40 WIDA Code of Behaviour
- 8.3 In order to recognise and respond to abuse, staff must be willing to accept that abuse happens and familiarise themselves with the different types of abuse (outlined above). In responding to abuse, staff must:
- (i) consider the possibility that a vulnerable could experience abuse;
 - (ii) look out for signs of neglect or abuse;
 - (iii) record relevant information
 - (iv) report any concerns, suspicions, allegations or disclosures.
- 8.4 Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. Care should be taken as to how such information is stored and to whom it is made available
- 8.5 Reasonable grounds for concern
- An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
 - Consistent indication over a period of time that a vulnerable adult is suffering from emotional or physical neglect.
 - Admission or indication by someone of an alleged abuse.
 - A specific indication from a vulnerable adult that he or she was abused.
 - An account from a person who saw the vulnerable adult being abused.
 - Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

PROCEDURES MANUAL

9.0 DEALING WITH DISCLOSURES OF ABUSE.

9.1 Abuse can be suspected or it can be disclosed by an individual. Disclosures should always be taken very seriously and should be acted upon without delay.

Staff should:

- Remain calm, avoid panic
- Be mindful of how difficult it is for the person to disclose this information
- Avoid putting pressure on the person
- Give time to listen closely to what they are being told and provide the service user with support and understanding.
- Accept what the person is telling them

Staff should not:

- Ask too many questions, other than to show support or seek clarity
- Ask 'leading questions'
- Show any signs of anger, disgust or disbelief

9.2 No undertaking of secrecy should be given by any member of staff, but rather it should be explained how the information will be shared with the Designated Officer and potentially with the HSE/An Garda Síochána.

10 REPORTING CONCERNS

10.1 Staff should report any concerns or disclosures of abuse to their manager or directly to the Designated Officer in a timely manner.

10.2 Any concerns or allegations of abuse received by a staff member from a family member, advocate or other interested party must be reported to the manager and a designated officer without delay.

10.3 Where the concerns might involve their manager, staff should report the alleged abuse to another manager. The manager should ensure that every effort is made to protect the complainant by following the procedure for Reporting Poor Practice, MA-11. The failure of any member of staff to report abuse concerns may lead to disciplinary action.

11 DESIGNATED OFFICER

11.1 It is the responsibility of the Management Team and the Designated Officers to ensure that correct procedures are followed in respect of all concerns brought to them by staff/volunteers and that where necessary, reports of suspected abuse of vulnerable adults are reported to external agencies without delay (HSE Safeguarding Team, An Garda Síochána).

- The Designated Officers within WIDA are:
Ms. Claire Looney, Social Worker,
WIDA, Ashley Drive Cherrymount, Waterford. **051-897822**
Ms. Teresa Harhen, Assistant Director of Nursing,
WIDA, Ashley Drive Cherrymount, Waterford. **051-897822**

The names and contact details of the Designated Officers is displayed in all centres.

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

PROCEDURES MANUAL

- 11.2 In the event of an emergency, where staff think a vulnerable adult is in immediate danger An Garda Siochána should be contacted.
- 11.3 Upon receipt of a referral, the Designated Officer should gather factual information as part of a preliminary investigation- including biographical details, nature of relationship with the person causing concern, other people/agencies involved with the service user and source of the allegation, disclosure or concern. It should then be considered whether there is an immediate risk to the person, whether he/she requires immediate medical treatment or examination and the service user's ability to communicate or provide informed consent
- 11.4 It should be established whether the concern relates to a community setting or a service setting, as per the HSE's National Policy.

12. CONCERN ARISES IN A COMMUNITY SETTING

12.1 Stage One:

The immediate safety of the service user must be ensured. Staff must inform line manager & designated officer.

An Garda Siochana should be contacted as required.

Staff should document in writing all relevant information.

A referral will be completed to the HSE's Safeguarding and Protection Team within 3 working days.

Stage Two:

The Line Manager/Safeguarding & Protection Team will carry out a preliminary screening. The purpose of this is to establish if there are reasonable grounds for concern and whether further information or a safeguarding plan is required. The preliminary screening must be forwarded to the Safeguarding & Protection Team within three working days.

The preliminary screening should set out one of the following outcomes:

1. No grounds for further investigation- lessons for clinical/care service
2. Additional information required- immediate safety issues addressed (safeguarding plan formulated)
3. Reasonable grounds for concern exist- immediate safety issues addresses. Safeguarding Plan formulated.

13. CONCERN ARISES IN A SERVICE SETTING

13.1 Stage One:

The immediate safety of the service user must be ensured. Staff informs the line manager and designated officer.

Line manager assesses the need for support and/or intervention.

An Garda Siochana should be contacted as required.

Staff should document in writing all relevant information.

Management and Designated Officer ensure preliminary screening is completed.

NF-06 notification to HIQA should be completed as required.

The line manager will ensure that the Safeguarding and Protection Team are informed.

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

PROCEDURES MANUAL

Stage Two:

Designated Officer carries out a preliminary screening within three working days and reports findings to the Manager. The purpose of this is to establish if there are reasonable grounds for concern.

The outcome of the preliminary screening must be forwarded to the HSE's safeguarding and protection team and the follow-up/actions agreed with the HSE.

The preliminary screening should set out one of the following outcomes:

4. No grounds for further investigation- lessons for clinical/care service
5. Additional information required- immediate safety issues addressed (safeguarding plan formulated)
6. Reasonable grounds for concern exist- immediate safety issues addresses. Safeguarding Plan formulated.

- 13.2 These preliminary screenings should be conducted with sensitivity to the person's needs and their understanding of the situation. Following this preliminary investigation, the designated person should consider whether the alleged abuse could have happened or whether there are reasonable grounds for concern in respect of the service user.
- 13.3 It is the responsibility of the Person in Charge/ Manager of the service to act as the 'Safeguarding Plan Co-ordinator' to ensure the formulation and implementation of Safeguarding Plans and to ensure that timely reviews are held.
- 13.4 An Garda Síochána must be notified where a criminal act has been alleged and/or where there may be a risk to others now or in the future.
- 13.5 The alleged victim's carer should be informed of the allegation, disclosure or concern unless the person has made an informed choice that they do not wish for their carer to be informed, or if the carer is the alleged perpetrator and informing him/her of the allegation, disclosure or concern creates a further risk.
- 13.6 Where the alleged perpetrator is also a service user, the designated person should consider their needs separately to the needs of the alleged victim
- 13.7 Any retrospective disclosures or allegations of abuse by an adult regarding abuse perpetrated against them as a child must be referred to Tusla, the Child & Family Agency in accordance with Children First (QP-15).
- 13.8 If there are significant concerns for the safety or welfare of a vulnerable adult, the Chief Officer of the CHO must be informed so that necessary actions may be taken.

14. ALLEGATIONS AGAINST STAFF

- 14.1 Where the alleged or suspected perpetrator is a member of staff, it should be reported to a manager without delay. The manager should conduct a preliminary screening in line with the Trust In Care Policy (QP-15) and if it is deemed as a result of the

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

PROCEDURES MANUAL

preliminary screening that an abusive interaction could have occurred, an investigation should proceed in line with Trust In Care (QP-15).

- 14.2 The manager should inform the Chairperson of WIDA's Board of Directors of the allegation and any actions being taken.
- 14.3 The manager should ensure that arrangements are put in place, which enable staff and service users affected by the incident to access counselling services if required.
- 14.4 Following any such investigation, the management and the Designated Officer should consider whether there are any quality or service provision issues arising for WIDA and take any corrective actions required in order to minimise any future risk to service users in our care.
- 14.5 A separate preliminary screening should be conducted by the Designated Officer, which may be informed by the preliminary screening conducted under Trust in Care. The outcome of the preliminary screening must be forwarded to the HSE's Safeguarding and Protection Team.

15. RECORD KEEPING

- 15.1 Staff should record allegations, concerns and/or disclosures of abuse on the service user's file.
- 15.2 Any referrals to the Designated Officer should be maintained in a central file, detailing actions taken and the outcome of the referral.
- 15.3 All records are to be maintained in line with MA-15 Confidentiality & Access to Records.
- 15.4 All preliminary screenings, referrals to the HSE's safeguarding team, safeguarding plans and safeguarding plan reviews must be documented on the HSE's forms provide by the Safeguarding and Protection Team.
- 15.5 The manager should ensure that the following records are kept and maintained:
 - Accident/Incident/Near Miss Report, (C4-001)
 - Staff Communications Book, C4-SCB.
 - Service User's Person Centred Plan, C4-075(A/B/C)
 - Medication Error Form, (C4-040)
 - Staff Communications Book, C4-SCB.
 - Service User Body Chart, (C4-067)
 - Service User's Personal Monies and Property Book, (C4-SUPMPB).
 - Service User's Daily Report Record / Nursing Report / Sleepover Report / After School Club Form, C4-077 (A/B/C/D).

WATERFORD INTELLECTUAL DISABILITY ASSOCIATION

PROCEDURES MANUAL

- 15.6 A record should be kept of all staff who have been trained in recognising and responding to abuse in line with the service's policy and procedure on Protection and Prevention of Abuse.

16. WIDA CODE OF CONDUCT

- 16.1 Please refer to HR- 041 WIDA Code of Conduct for guidance on appropriate conduct and boundaries between staff and service users. Staff must familiarise themselves with this Code and adhere to same.

17. COMPLAINTS

- 17.1 Please refer to MA-24 Management of Complaints for guidance on dealing with complaints from service users. This procedure should be made available to all service users/ parents/ representatives/ advocates in an accessible format.

18. MISSING SERVICE USER

- 18.1 If a service user goes missing while in the care of WIDA, please refer to SD-20 'Missing Service User'.

19. RISK MANAGEMENT

- 19.1 WIDA are committed to ensuring that risk management principles are integrated into all aspect of service delivery rather than risk management been viewed as an isolated operation and that all hazards/risks are identified and managed proactively, whilst ensuring that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Staff should be familiar with and refer to Risk Management procedure SD-13

- 19.2 All accidents/incidents/near misses are to be recorded on C4-001 Accident/Incident/Near Miss report form.

20. PROTECTED DISCLOSURES

- 20.1 Staff and volunteers are encouraged to raise concerns with the designated officers or with any member of the management team. WIDA are committed to responding to such concerns in a comprehensive and transparent manner.

- 20.2 Where staff or volunteers feel there is a need to raise the concerns externally, they may make a Protected Disclosure under the Protected Disclosures Act 2014. Alternatively, staff, volunteers or family members may contact the Confidential Recipient as appointed by the HSE.