

TITLE: The prevention, detection and response to abuse	REFERENCE NO: OAK-01
AUTHOR (OWNER): Marta Piskorowska	REVISION NO: 1
APPROVED BY (LEAD): Michael O' Donoghue	EFFECTIVE FROM: 3/12/2018
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TITLE: The prevention, detection and response to abuse

SCOPE: Oaklands Nursing Home

REVIEWED BY: Aoife Delaney

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1.0 Policy

Oaklands Nursing Home recognises that each resident has the right to protection from abuse, and accordingly, takes all reasonable measures to safeguard residents from all forms of abuse and neglect through promoting practices that promote resident safety within Oaklands Nursing Home (HIQA, 2016).

Oaklands Nursing Home provides effective mechanisms and supports for resident's and staff to report concerns or allegations of abuse and responds in an effective manner that respects the rights and dignity of the individuals concerned.

The investigation of any allegation of abuse of a resident will prioritise the safety of the resident, take into account their need for early resolution of such matters and ensure that those against whom such allegations are made are treated fairly and with due process (HIQA, 2016).

All residents, family members and staff are encouraged by Oaklands Nursing Home to report any suspected abuse.

2.0 Definitions

Abuse: 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 wellbeing, 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:

- physical abuse, including corporal punishment, incarceration (including being locked in one's home or not allowed out) over or misuse of medication, medical experimentation or involvement in invasive research without consent, and unlawful detention of psychiatric patients;
- sexual abuse and exploitation, including rape, sexual aggression, indecent assault, indecent exposure, forced involvement in pornography and prostitution;
- psychological threats and harm, usually consisting of verbal abuse, constraints, isolation, rejection, intimidation, harassment, humiliation or threats of punishment or abandonment, emotional blackmail, arbitrariness, denial of adult status and infantilising people with disabilities, and the denial of individuality, sexuality, education and training, leisure and sport;
- interventions which violate the integrity of the person, including certain educational, therapeutic and behavioural programmes;
- financial abuse including fraud and theft of personal belongings, money or property;
- neglect, abandonment and deprivation, whether physical or emotional, in particular an often-cumulative lack of healthcare or negligent risk-taking, of food or of other daily necessities, including in the context of educational or behavioural programmes;
- institutional violence with regard to the place, the level of hygiene, the space, the rigidity of the system, the programme, the visits, the holidays.
(HIQA, 2016)
(see Appendix 1: Definitions, Examples and Indicators of Abuse).

Preliminary Screening of Abuse: Is an initial investigation that takes account of all relevant information which is readily available in order to establish the following:

- If an abusive act could have occurred;
- If there are reasonable grounds for concern.
(HSE, 2014)

Protection: process of protecting individual adults identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect (HIQA, 2016).

Safeguarding Plan: Outlines the planned actions that have been identified to address the needs, and minimise the risk, to residents or groups of residents. The Safeguarding Plan may incorporate the following:

- Local informal process;
- Internal investigation (see 10.0 below);
- An independent inquiry;

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- Assessment and management by Safeguarding and Protection Team. (HSE, 2014)

3.0 Responsibilities

3.1 All staff: Protection of residents from abuse and report suspected abuse. Taking the immediate action requirements to safeguard residents at immediate risk of harm. Other responsibilities include the following:

- Promote the welfare of the residents in all interactions;
- Be aware of Oaklands Nursing Homes policy, the National Policy and any other procedures, protocols or guidance documents;
- Comply with this policy to ensure the safeguarding of residents from all forms of abuse;
- Support an environment in which residents are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies;
- Avail of any relevant training or educational programmes;
- Be aware of the signs and indicators of abuse;
- Support residents to report any type of abuse or abusive practice;

Ensure that any concerns or allegations of abuse are reported in accordance with this policy (HSE, 2014).

3.2 Nursing Staff: Acting as an advocate for the resident to provide support, reassurance and ensuring their views and wishes are taken into consideration.

3.3 Director of Nursing:

- Appointing and supporting the Designated Officer throughout the investigations process, as per section 6.0 and 8.0 below;
- Appointment of a Safeguarding Plan Co-Ordinator as outlined 7.0 below;
- Appointment of a Chair and members of the Investigation Team (as per 9.4 below);
- Investigate any incident or allegation of abuse (S.I. No. 415 of 2013).
- Ensure that this policy and procedure for safeguarding of residents is in place and is compliant with, the HSE National Policy;
- Promote a zero tolerance for any type of abuse or abusive practice;
- Ensure policies and procedures are made available to all staff, volunteers and to all residents accessing the services, and their family members, in an accessible format;
- Maintain a record of all staff and voluntary staff members "sign off" on all policies and/or guidelines pertaining to the safeguarding of residents;
- Ensure safeguarding is part of the Induction Programme for all staff in Oaklands Nursing Home
- Ensure that any concerns or allegations of abuse are in compliance with the following process.
- Act as liaison with outside agencies, including the Safeguarding and Protection Team, HIQA and An Gardaí Síochána.
- Act as a resource person to staff members, carers or volunteers who have protection concerns.
- Reporting allegations or suspicions of abuse to the Safeguarding and Protection Team and An Gardaí Síochána in accordance to any national guidance. (HSE, 2014; HIQA, 2016)
- Inform key staff members of any details in relation to incidents/allegations of abuse on a need to know basis.
- Ensure that the appropriate safeguards are in place to restrict unauthorised access to the resident's records.

3.4 Line Manager: Receiving concerns or allegations of abuse regarding residents, where the Designated Officer is unavailable.

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- 3.5 Designated Officer: The Designated Officer shall have a management/supervisory role, which shall include the following responsibilities:
- Receiving concerns or allegations of abuse regarding residents;
 - Collating basic relevant information;
 - Ensuring the Director of Nursing is informed of concerns or allegations of abuse;
 - Ensuring necessary actions are identified and implemented;
 - Ensuring all reporting obligations are met (internally to the Director of Nursing, to the Management Team and externally to the statutory authorities);
 - Maintaining appropriate records in accordance to IM-007 Management of Personal Data in line with Data Protection Requirements (incorporating GDPR);
 - Ensure the Preliminary Screening process occurs and takes account of all relevant information which is readily available in order to establish the following:
 - If an abusive act could have occurred.
 - If there are reasonable grounds for concern.
 - Supporting the Director of Nursing and other staff members in addressing the issues arising;
 - Other responsibilities, such as conducting preliminary assessments and further investigations of allegations of suspected or confirmed abuse.
(HSE, 2014)
- 3.6 Safeguarding Plan Co-Ordinator: Appointed by the Director of Nursing, to act as a co-ordinator of information and intervention. The Safeguarding Plan Co-Ordinator shall arrange a full review of the Safeguarding Plan at agreed intervals (HSE, 2014).
- 3.7 Safeguarding and Protection Team: External team available in the Community Healthcare Organisation, the Team shall work closely with the Director of Nursing to support the implementation of the responses to concerns and complaints of abuse of vulnerable persons in the HSE and HSE funded services. The Team shall advise and support front line personnel and services and may directly manage complex concerns and complaints (HSE, 2014). The role of the Safeguarding and Protection Team includes the following:
- Provide advice to Oaklands Nursing Home, where they wish to report a concern or complaint of alleged abuse;
 - Receiving reports of concerns and complaints regarding the abuse of residents;
 - Supporting Oaklands Nursing Home to assess and investigate the concern(s)/complaint(s) and develop interventions approaches and protection plans;
 - Directly assessing and managing particularly complex cases of alleged abuse and coordinate residential home responses;
 - Supporting, through training and information, the development of a culture which promotes the welfare of residents, and the development of practices which respond appropriately to concerns or allegations of abuse of residents;
 - Maintaining appropriate information/records. Collect and collate data in a consistent format that is consistent with the data protection requirements as outlined in IM-007 Management of Personal Data in line with Data Protection Requirements (incorporating GDPR).
 - Participate in assurance processes.
(HSE, 2014)
- 4.0 Principles in relation to Recognising and Responding to Allegations of Abuse**
- 4.1 Elder abuse can occur at several levels. It can occur on an individual level where the abuse is perpetrated by one individual, at an institutional level where the culture of a service permits or contributes to abusive treatment, or at a systemic level whereby the structures and systems of a society encourage or permit the continuation of abusive attitudes (Help the Aged, 2000).
- 4.2 Oaklands Nursing Home has a duty of care to protect residents from any form of behaviour which violates their dignity and to maintain the highest possible standards of care.

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The residents, and their family members, shall be assured that reporting allegations of abuse will never lead to retaliation or otherwise negatively affect their lives (Hawkes, 2003).

4.3 Oaklands Nursing Home shall ensure that where residents become vulnerable, they have the following rights:

- To be accorded the same respect and dignity as any others, by recognising their uniqueness and personal needs.
- To be given access to knowledge and information in a manner which they can understand in order to help them make informed choices.
- To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse.
- To live safely without fear of violence in any form.
- To have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law.
- To be given guidance and assistance in seeking help because of abuse.
- To be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others to take an alternative course, or if required by law to do so.
- To be supported in bringing a complaint.
- To have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately (see 6.0 to 8.0 below).
- To receive support, education and counselling following abuse.
- To seek redress through appropriate agencies.

4.4 Human resource policies and procedures are available to all staff to ensure their awareness of the standards of care expected of them and to support their protection from situations which may render them vulnerable to unsubstantiated/inappropriate allegations of abuse.

4.5 Residents, and their family members as appropriate, shall be made aware of the abuse reporting process available to them within Oaklands Nursing Home and external reporting agencies that may also provide assistance. This shall be implemented during orientation of the resident into Oaklands Nursing Home and on an ongoing basis as deemed required (see RR-001 Management of Resident Information and Education Materials).

4.6 Staff Awareness regarding Indicators for Abuse

4.6.1 All staff shall be vigilant for the indicators of abuse (Appendix 1: Definitions, Examples and Indicators of Abuse).

4.6.2 Staff shall be aware of indicators as part of the admission assessment process (see OAK-02 Management of Admission, Assessment and Care Initiation). Where abuse or neglect is suspected at admission, the resident shall be provided with contact details, and access to, community support services.

Where a resident has been a victim of historical abuse or neglect, this information shall be provided to relevant care staff to enable them provide care with in a manner considerate of the resident's experiences .

4.6.3 Oaklands Nursing Home shall be aware of the difficulties that residents with a cognitive impairment/dementia may have in communicating an allegation of abuse or neglect (HIQA, 2016). Staff shall utilise appropriate communication techniques with these residents to support and facilitate any communications by residents with cognitive impairment/dementia care.

Possible indicators of abuse to residents with cognitive impairment may include:

- Avoidance behaviours, such as limited eye contact, withdrawal from interaction, refusal to accept personal care or medication and overt displays of aggression;

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- Changes in sleeping or eating habits, malnourishment, unexplained bruises, poor personal hygiene, chronic pain, hyper-vigilance, frightening recollections and nightmares;
- Behavioural signs of distress, such as insistent refusal of personal care, assuming a foetal position, displaying fear or strong ambivalence toward a suspected abuser or sudden changes in behaviour.

(NCPOP, 2013)

As many of these indications are consistent with the signs and behaviours associated with cognitive impairment/dementia, careful assessment shall be completed by the Multidisciplinary Team in order to determine if these warning signs are indicative of abuse or attributable to the natural course of a disease (NCPOP, 2013).

- 4.7 Staff shall work in partnership with each resident to promote their safety and wellbeing, in accordance with their wishes. Each resident is supported and facilitated to safety report concerns and allegations of abuse to staff.

Any staff member who receives information, suspects or is concerned that a resident has been abused, is being abused or is at risk of abuse has a duty of care to report the matter as soon as possible in accordance to section 5.0 below. All staff shall be aware that failure to record, disclose or share information is a failure to discharge a duty of care (HSE, 2014).

Staff reporting abuse shall be assured by Oaklands Nursing Home management that:

- They shall be taken seriously.
- They shall be protected from the risk of reprisals or intimidation.
- They shall be informed of the action taken and the outcome.

Suspected abuse claims may arise from concerns highlighted by staff members. The

- 4.8 All aspects of this procedure shall be managed in a timely manner, with due regard for the resident's need for resolution of the matters. Each resident shall be kept informed and supported during investigation process (HIQA, 2016).
- 4.9 Oaklands Nursing Home shall ensure that all information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse is subject to HR-018 Confidentiality Policy.
- 4.10 Suspected financial abuse shall be managed in accordance to this procedure and PR-004 Security of Resident Accounts and Personal Property.
- 4.11 Where sensitive personal data from a disclosure of an allegation of abuse or an investigation is collected and stored, Oaklands Nursing Home shall ensure that it is managed in accordance with IM-007 Management of Personal Data in line with Data Protection Requirements (incorporating GDPR).

5.0 Stage 1: Responding to Concerns or Allegations of Abuse on the Day the Alert is raised (HSE, 2014)

Responding to concerns or allegation of abuse on the day the alert is raised shall be managed as per the process outlined in Figure 1.0:

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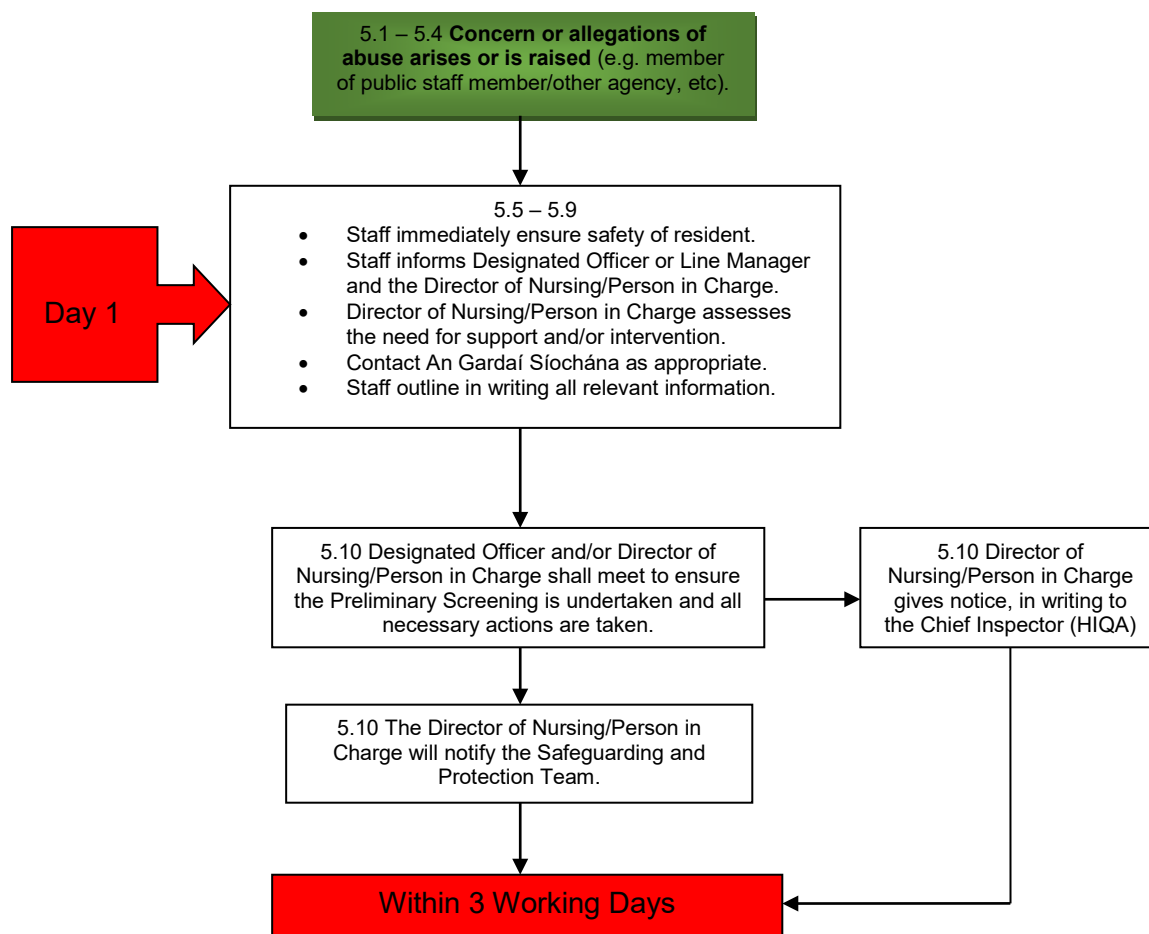


Figure 1.0 – Management of Responding to Concerns or Allegations of Abuse

- 5.1 A staff member may become aware of a concern or allegations of abuse by:
- Direct observation of a concern or incident of abuse;
 - Disclosure by a resident via one-to-one communications or a complaint;
 - Disclosure by a resident's family/friends;
 - Observation of indicators of abuse recognised by staff;
 - Concerns or allegations are reported anonymously;
 - Comes to the attention as a complaint through the HSE or agency/organisation complaints process.
 - Reported by a member of staff.

The staff of Oaklands Nursing Home shall be open to any communications in relation to abuse.

The perpetrator may be, for example, a family member, a member of the public, a staff member or an individual linked to an organisation providing services to Oaklands Nursing Home. The concerns or allegations can take place anywhere such as in Oaklands Nursing Home, within the organisation providing services to residents of Oaklands Nursing Home, the community or the resident's home.

- 5.2 When the resident approaches a staff member with an allegation of abuse, the staff member shall:
- Listen carefully to establish what the accuser is saying – it is not necessary to encourage further discussion at this point;

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- Take them seriously;
- Ask questions to ensure the staff member is clear on what the accuser is saying. Do not ask leading questions;
- Reassure them that help is available;
- Make a careful written record.

The staff member shall not:

- Appear shocked or display negative emotions;
- Press the resident for details;
- Make judgements;
- Promise to keep secrets;
- Give sweeping reassurances.

The staff member shall ask if the resident making the allegation (or the individual making the allegation on behalf of the resident), whether they are happy to utilise Oaklands Nursing Home's internal investigation process or whether they wish to take their concerns directly to an external agency. Where the resident wishes to bring their concerns to an external agency, this shall be supported and facilitated by the staff member (HIQA, 2016).

External agencies include:

- Health Information and Quality Authority (HIQA)
- HSE's Community Healthcare Organisation Safeguarding and Protection Team
- An Gardaí Síochána

Contact details for the agencies detailed above shall be publicly displayed within Oaklands Nursing Home for the resident and/or their family members.

- 5.3 The staff member shall take any direct actions required to safeguard the resident who is at immediate risk of harm, this may include seeking, for example, medical assistance or assistance from An Gardaí Síochána, as appropriate.

Oaklands Nursing Home shall ensure that nothing is done to compromise the statutory responsibilities of An Gardaí Síochána. Where it is considered that a criminal act has occurred, an agreement shall occur on engagement with the staff member/resident with the concern or allegation of abuse. This shall be discussed in depth with An Gardaí Síochána.

- 5.4 The staff member shall preserve any observed evidence through recording and preserving physical evidence, so far as reasonable practical.
- 5.5 The staff member shall report any incident of suspected abuse to Oaklands Nursing Homes' Designated Officer, as soon as possible. Oaklands Nursing Home staff shall be aware that information regarding allegations of abuse cannot be reported with a promise of secrecy from the Designated Officer or other in Oaklands Nursing Home(HSE, 2014).

Where the Designated Officer is unavailable, the staff member shall notify the Line Manager or other senior person on duty at the time.

Where the Designated Officer is unsure that the incident constitutes abuse or warrants action, the Safeguarding and Protection Team shall be contacted by the Director of Nursing for consultation. For example, situations may arise where information is suggestive of abuse and the resident does not wish to engage. If the risk is of concern, Oaklands Nursing Home shall form a multi-disciplinary approach to review and develop interventions. Legal advice shall be sought where required.

- 5.6 The Designated Officer shall consult with the staff member reporting the concern or allegation of abuse and identify the direct actions that have been taken (as per to 5.3 above).

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- 5.7 The Designated Officer shall inform the Director of Nursing and the Management Team.
- 5.8 The Designated Officer and the Director of Nursing shall ensure the care, safety and protection of the resident/victim and any other potential residents/victims at all times, where appropriate.

If an incident occurs where a resident's safety is compromised, the Director of Nursing shall take all reasonable and proportionate interim measures to protect the resident pending the outcome of an investigation (HIQA, 2016).

Where the resident is in imminent danger, the Director of Nursing shall immediately contact An Gardaí Síochána if not already done so by the staff member reporting the concern or allegation of abuse.

- 5.9 The Designated Officer shall ensure that all details of the concern/allegation of abuse are documented in a Staff Report by the staff member who reported the concern or allegation of abuse on the day the allegation is made.

The Staff Report shall include the following information:

- When the disclosure was made, heard about or witnessed by the staff member or other;
- Who was involved and any other witnesses, including residents and other staff members;
- Exactly what happened or what the staff member was told, using the staff members/witnesses' own words, keeping it factual and not interpreting;
- Any other relevant information, e.g. previous incidents that have caused concern to staff members or others;

The following shall be implemented within the Staff Report:

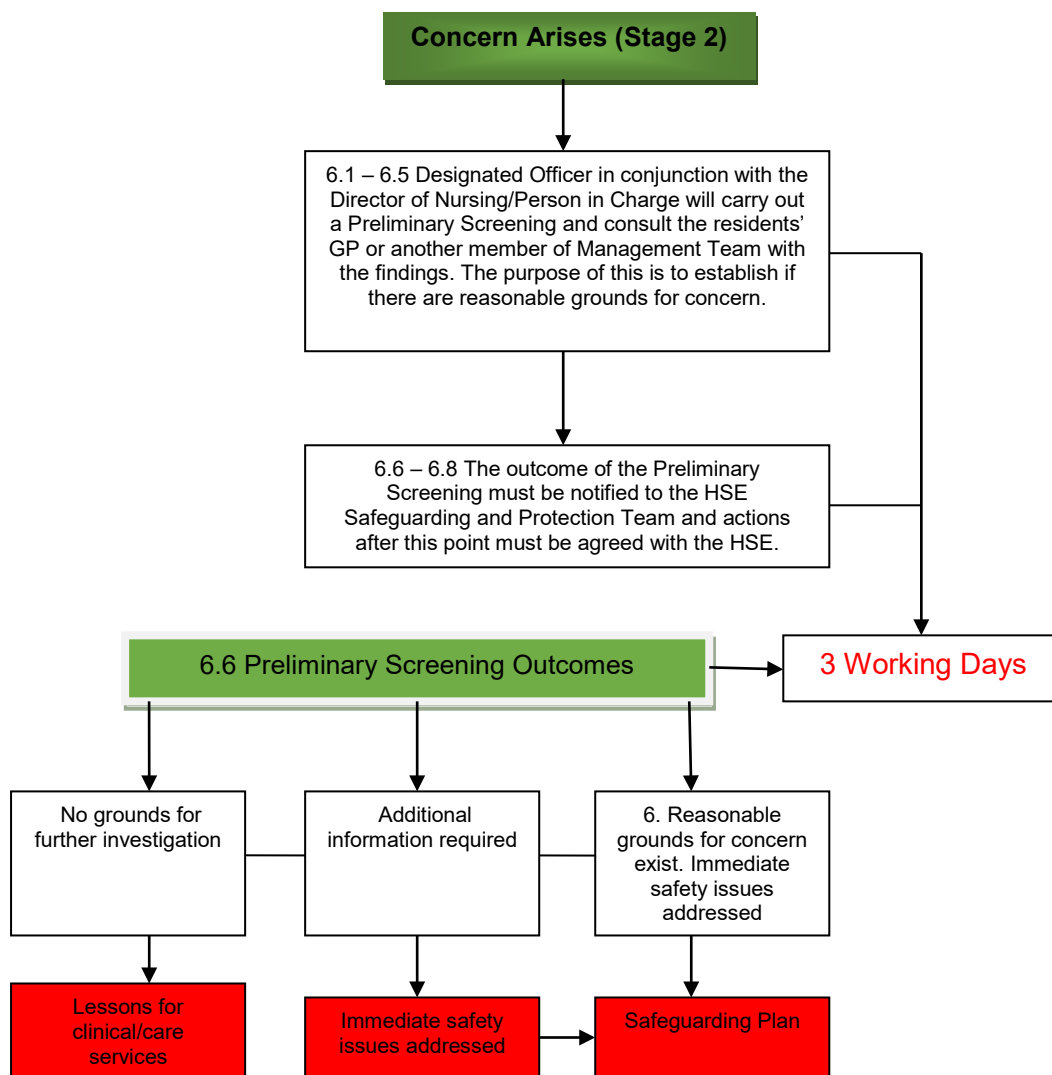
- As much detail as possible is included;
 - The written report is legible and of a photocopyable quality;
 - The writers name is printed on the report and that it is signed and dated;
- The report is kept confidential, stored in a safe and secure place until needed (see IM-007 Management of Personal Data in line with Data Protection Requirements (incorporating GDPR)).

- 5.10 Following the implementation of the Day 1 activities, the Designated Officer or Director of Nursing shall initiate the Preliminary Screening Process (see Section 6.0 below). Simultaneously, the following must take place within 3 days of the concern/allegation being raised:
- The Director of Nursing shall notify the Health Information and Quality Authority (HIQA) through NF06 of any allegations, suspected or confirmed abuse of any residents within 3 days of the incident occurring (S.I. No. 415 of 2013).
 - The Designated Officer or Director of Nursing shall inform the Safeguarding and Protection Team within 3 days of the incident occurring where appropriate.

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6.0 Stage 2: Preliminary Screening within 3 Working Days (HSE, 2014)

Management of Preliminary Screening shall be, as per the process outlined in Fig 2.0:



Note: At any point in the process, it may be appropriate to consult with the HSE Safeguarding and Protection Team (Vulnerable Persons) or Garda Síochána. In such instances, all consultations shall be documented.
(HSE, 2014)

Figure 2.0 – Management of Preliminary Screening

6.1 Primarily Screening Process

The Designated Officer, in conjunction with the Director of Nursing, shall perform a Preliminary Screening of the concern/allegation of abuse. The purpose of the Preliminary Screening is to determine if it is possible that an abusive interaction could have occurred (HSE, 2014).

Throughout the Preliminary Screening process, the Designated Officer and/or Director of Nursing shall ensure that the rights of all parties involved in the concern or allegation of abuse receive

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appropriate consideration, with the welfare of the vulnerable resident (victim) being paramount. The Preliminary Screening Report, where possible, shall contain the views and wishes of the resident.

The Preliminary Screening Report shall contain details of the precise nature of the concern or allegation of abuse, including that a preliminary screening in respect of the concern or allegation of abuse has been carried out in accordance with this policy.

At any stage during the process, where there is a concern that a serious criminal offence may have been committed, or is about to take place, the Designated Officer shall contact An Garda Síochána immediately (HSE, 2014).

6.2 On receipt of the Staff Report of the concern/allegation of abuse (as outlined in 5.9 above), the Director of Nursing shall review the Staff Report, in conjunction with the Designated Officer, to establish the following:

- What is the concern?
- Who is making the report?
- Who is involved, how they are involved and are there risks to others? What actions have been taken to date?
- Biographical information of those involved, including the alleged perpetrator where appropriate, e.g. name, gender, date of birth, address, GP details, details of other professionals involved, an overview of health and care needs (and needs relating to faith, race, disability, age, sexual orientation, as appropriate).
- What is known of their mental capacity and of their wishes in relation to the abuse/neglect?
- Any immediate risks identified, or actions already taken, to address immediate risks.
- The current safety status of the victim. Arrange medical treatment, if required.
- If An Garda Síochána have been notified.
(HSE, 2014)

6.3 Additional screening information may be deemed required by the Designated Officer and/or Director of Nursing depending on the information received in the Staff Report and on the circumstances of the concern/allegation of abuse. These may include:

- The views of the resident (directly received);
- The views of the resident referred and their capacity to make decisions. Checks for electronic/paper files to establish known history of the resident.
- As much detail as possible of the abuse and/or neglect that is alleged to have taken place/is taking place/at risk of taking place (including how it came to light, the impact on the resident, and details of any witnesses).
- Details of any immediate actions that have been taken (including the use of emergency or medical services).
- An overview of the resident's health and social care needs (including communication needs, access needs, support and advocacy needs).
- An overview of the resident's needs.
- GP details and other health services/professionals.
- Details of other services/professionals involved.
- Name of key worker or name and contact details of any organisations providing support and care.
- Checks made to ensure that it is not a duplicate concern or allegation.
- Checks made for possible aliases.
- Checks made if other services, teams or allocated workers are involved with the residents referred or alleged perpetrator.
- Checks made for previous concerns of abuse and/or neglect with regards to the residents referred.
- Checks for previous concerns of abuse and/or neglect with regards to the alleged perpetrator.

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6.4 As part of the Preliminary Screening process, the Designated Officer and/or the Director of Nursing shall also implement the following:

6.4.1 Where the alleged abuse is being carried out by a staff member, the staff member against whom the complaint has been made shall be notified. The staff member shall be advised that the Preliminary Screening process is being undertaken. This shall be done in a meeting and the staff member shall be advised in advance of their right to representation at the meeting (HSE, 2005). As part of this meeting, the Designated Officer and/or Director of Nursing shall ensure that the staff member has a clear understanding of the procedures that will be followed to investigate the allegations of the abuse (HIQA, 2016).

6.4.2 Where the alleged abuse is being carried out by another resident, the Designated Officer and/or Director of Nursing shall notify the resident against whom the complaint has been made. The resident shall be advised that the screening process is being undertaken. This shall be done in a meeting and the resident shall be advised in advance of their right to representation at the meeting.

6.4.3 A risk assessment and staffing review shall be completed as part of the Preliminary Screening process to ensure the safety of the staff and residents at Oaklands Nursing Home. This shall be managed in accordance to GM-004 Risk Management Policy and Procedure. The affected resident(s) Individual Risk Management Plan(s) shall be reviewed, and further safeguards put in place where necessary.

6.4.4 Where the concerns or allegations of abuse are against a resident, the Designated Officer and/or the Director of Nursing shall ensure that relevant advice on the appropriate immediate actions is sought which may include, for example, a behavioural support programme (HSE, 2015). A physical or psychological assessment of the resident at the centre of the abuse allegation may also be carried out where appropriate (HSE, 2005).

6.5 The Designated Officer and/or the Director of Nursing shall consult with the residents' GP or another member of Management Team prior to the release of the Preliminary Screening Report.

6.6 The Designated Officer and/or the Director of Nursing shall complete a Preliminary Screening Report with recommendations regarding proposed/required actions. The Preliminary Screening Report shall contain details of the precise nature of the concern or allegation of abuse, including that a preliminary screening in respect of the concern or allegation of abuse has been carried out in accordance with this policy.

The outcome of the Preliminary Screening shall be one of the following:

- **No grounds for reasonable concerns exist**
If the Preliminary Screening Report details that an abusive interaction could not have occurred (giving the reasons for the decision), the following shall be implemented:
 - The Director of Nursing shall record the decision on the staff members' personnel file or the resident's record/individual care plan.
 - The source of the concern or allegation shall be informed of the Preliminary Screening findings.
 - An assessment shall be conducted to ensure lessons can be learned, for example, clinical and care issues need to be addressed within the normal management arrangements.
 - No referral required to An Garda Síochána.
 - The staff member or resident who has been accused of abuse shall be advised of support and counselling services available to them, see section 7.2 below (HSE, 2005).
- **Reasonable grounds for concern exist**
If the Preliminary Screening Report determines that an abusive action could have occurred, a Safeguarding Plan shall be written, and all action requirements included, see 7.0 below (HSE, 2014). The Safeguarding Plan shall be informed by the Preliminary Screening Report.

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Where the Preliminary Screening has been completed and it is established that a single incident has occurred which is not of a serious nature, the Director of Nursing may decide to deal with the matter locally and informally. This shall be agreed in consultation with the resident, who was the victim of the concern or allegation of abuse and with the Safeguarding and Protection Team prior to implementation.

- **Additional information required (this should be specified).**

Where additional information is required in relation to whether the abuse has occurred, the Director of Nursing shall develop an Investigation Plan to further investigate and secure the relevant information and the deployment of resources to achieve this information within a specified timeframe. This may include the appointment of a small investigation team.

When establishing a further Investigation Plan the Director of Nursing shall consider the following:

- The nature of the concerns;
- If the matters relates to an identifiable person, or incident, or to system issues;
- The impact on confidence in Oaklands Nursing Home;
- The views of the resident (victim) and/or their family/representatives.

- 6.7 The Preliminary Screening Report is circulated to the Management Team for review on completion for review and discussion to discuss appropriate actions that may be incorporated into the Safeguarding Plan, where required.
- 6.8 The Preliminary Screening Report and any associated plans shall be copied to the Safeguarding and Protection Team for advice on other appropriate actions. Any actions from this point on by Oaklands Nursing Home shall be in agreement with the Safeguarding and Protection Team.
- 6.9 The decision as to whether or not abuse could have occurred is recorded as in incident. This shall be managed in accordance to GM-010 Incident Reporting – Identification, Documentation, Rectification, Review and Communication.
- 6.10 The Director of Nursing shall notify An Gardaí Síochána if the complaint/concern could be criminal in nature or if the inquiry could interfere with the statutory responsibilities of An Gardaí Síochána.

Where possible agreement should be reached with An Gardaí Síochána regarding the conduct of an inquiry and the issuing of a report. If necessary advice should be obtained in this regard.

7.0 Stage 2a: Safeguarding Plan (HSE, 2014)

- 7.1 Where the Preliminary Screening Report has identified reasonable grounds for concern exists, a Safeguarding Plan shall be developed to address safety issues to the resident and within Oaklands Nursing Home.
- 7.2 The Safeguarding Plan shall be formulated by the Safeguarding Co-Ordinator in partnership with the Management Team, the Safeguarding and Protection Team and relevant stakeholders.
- 7.3 The Safeguarding Plan should include, where relevant to the resident's situation:
- Positive actions to safeguard the resident(s) at risk from further abuse/neglect and to promote recovery.
 - Positive actions to prevent identified perpetrators(s) from abusing or neglecting in the future.
 - Include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for resident(s) and how this should be dealt with.
 - Support measures for residents who have experienced abuse or who are at risk of abuse should be carefully considered by Oaklands Nursing Home. Maintaining support service provision, e.g., victim support services, should be considered as well as specialist support

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services, e.g., specialist psychology services, mediation, etc. The role of An Garda Síochána may be considered where a resident may be going through the criminal justice process, including intermediaries, independent advocates, etc.

- Address the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse of the resident.

The needs of the resident shall be paramount, and the Safeguarding Plan shall be developed with the resident(s), so far as reasonably practicable, in accordance to the resident(s) wishes.

- 7.4 The Safeguarding Co-Ordinator shall agree the interventions with the resident and the Safeguarding and Protection Team.

Where the resident has the capacity and refuses services, every effort shall be made to negotiate and build a rapport and trust with Oaklands Nursing Home. Staff shall always monitor the resident's wellbeing .

- 7.5 The Safeguarding Co-Ordinator shall formulate (even in a preliminary form) and implement the Safeguarding Plan within three weeks of the Preliminary Screening being completed.

- 7.6 The Safeguarding Plan shall be further developed in line with ongoing assessments, i.e., when the appropriate assessments/investigations have been carried out to establish levels of risk and whether abuse or neglect occurred.

7.7 Safeguarding Plan Review Process

- 7.7.1 A Safeguarding Plan Review shall be scheduled at agreed intervals, within 3 months of the Safeguarding Plan commencing and, at minimum, at 3 monthly intervals thereafter or on case closure.

If new or heightened concerns arise prior the planned review, these shall be addressed in the Safeguarding Plan.

- 7.7.2 The aims of the Safeguarding Plan Review should, include the following:
- Establish any changes in circumstances or further concerns which may affect the Safeguarding Plan;
 - Evaluate the effectiveness of the Safeguarding Plan;
 - Evaluate, through appropriate risk assessment, whether there remains a risk of abuse or neglect to the residents';
 - Make required changes to the Safeguarding Plan and set a further review date.

- 7.7.3 The Safeguarding Plan Review shall be informed by all stages of the process, including any meetings arranged by the Safeguarding Plan Co-ordinator and the associated findings. The meetings may address the following:

- Feedback and evaluation of the evidence and outcomes from the assessments, including making a multi-agency (where appropriate) judgement of whether the abuse/neglect has occurred, has not occurred, or whether this is still not known.
- A review of the initial Safeguarding Plan.
- Where abuse/neglect has taken place, or an ongoing risk of abuse/neglect is identified, a Safeguarding Plan should be agreed with proactive steps to prevent/decrease the risk of further abuse or neglect.
- An assessment of current and future risk of abuse/neglect to the resident, group of residents, or others.
- To evaluate the need for further assessment and investigation.
- Agreeing an ongoing communication plan, including the level of information that should be fed back to the person who raised the concern, other involved individuals or agencies, and who will be responsible for doing this.
- To set an agreed timescale for further review of the Safeguarding Plan.

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7.7.4 The Safeguarding Plan Review process shall be used as an opportunity to evaluate the interventions e.g. what worked well, what caused difficulties, how effectively did staff and agencies work together.

This information shall be fed back through the Safeguarding and Protection Team and disseminated to all staff, as appropriate.

7.8 The Safeguarding Plan shall be closed when the updated risk assessment arising from the Safeguarding Plan Review provides evidence that the risk of abuse or neglect has been removed, or through changed circumstances.

7.9 The closing of the Safeguarding Plan shall be a multi-disciplinary agreement and the reasons and rationale must be recorded in full.

7.10 The Director of Nursing shall notify the staff member, or individual who reported the concern, of the closure of the Safeguarding Plan.

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8.0 Management of Abuse Allegation against the Registered Provider or Director of Nursing
Where a staff member receives a complaint or suspects abuse is being carried out by the Director of Nursing or Registered Provider the following shall be adhered to;

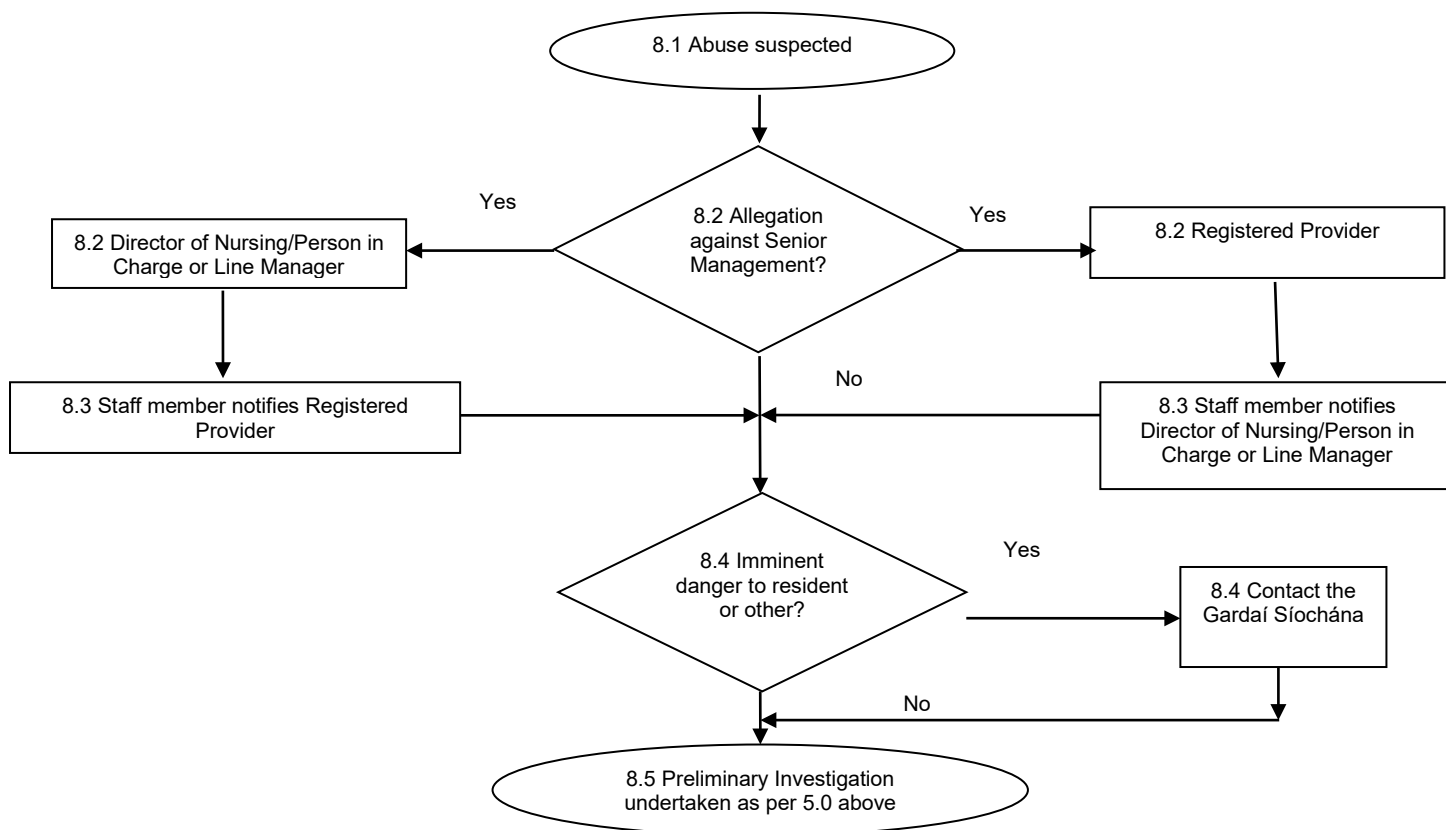


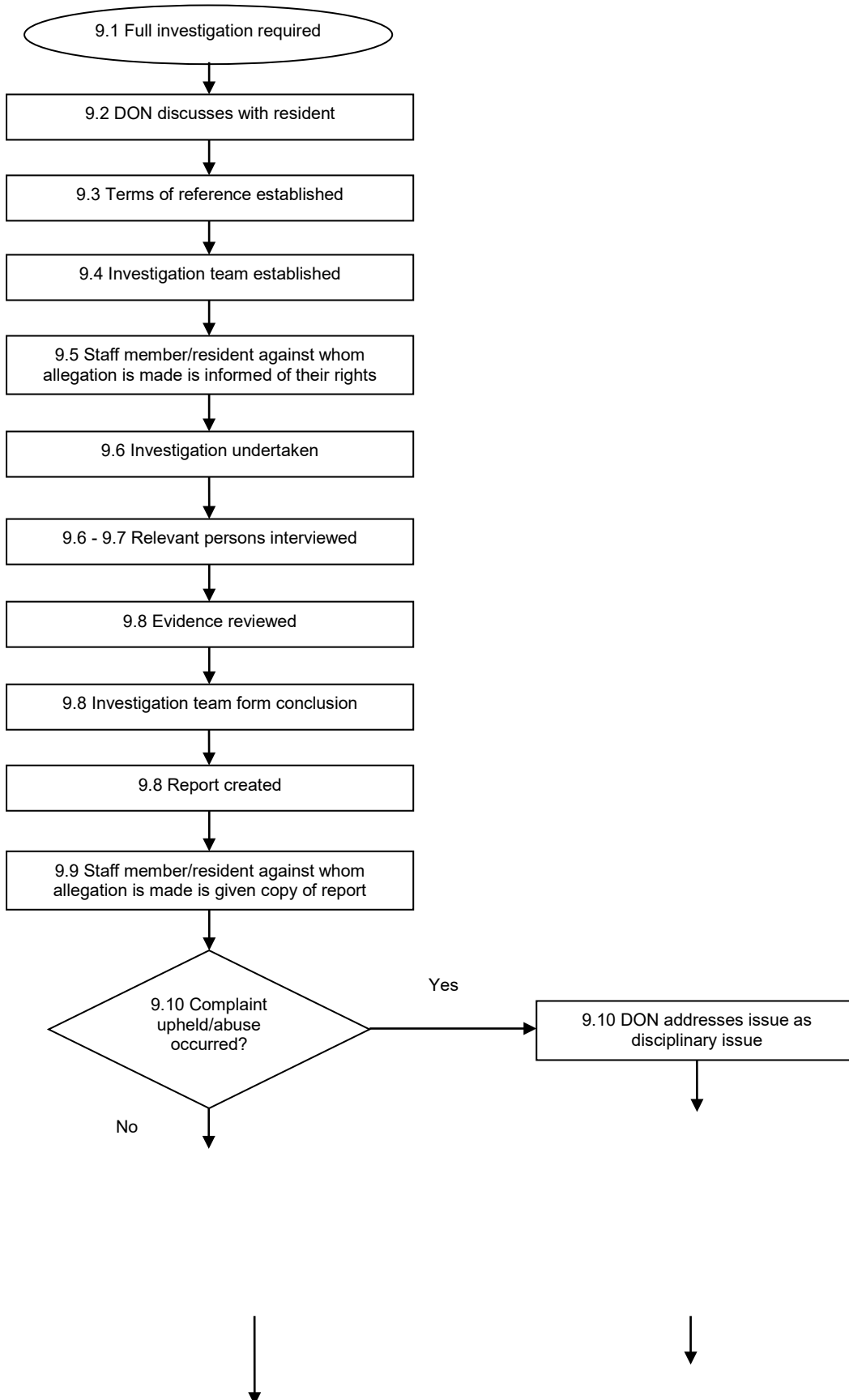
Figure 3.0 – Management of Abuse Allegation against the Registered Provider or Director of Nursing

- 8.1 All allegations of suspected abuse shall be reported to the most senior member of staff on duty.
- 8.2 Where the allegation is made against a senior management member of staff for example:
- Registered Provider
 - Director of Nursing
 - Designated Officer
- this shall be managed in accordance to 6.0 above.
- 8.3 The staff member receiving or making the allegation shall notify the Registered Provider where the Director of Nursing or the Designated Officer is the subject of an incident, allegation or suspicion of abuse, the Registered Provider shall investigate the matter or nominate a third party who is suitable to investigate the matter (S.I. No. 415 of 2013; HIQA, 2016).
- In certain circumstances the Registered Provider may decide the matter should be assessed by the Safeguarding and Protection Team, such circumstances may include any possible/perceived conflict of interest (HSE, 2014).
- 8.4 Where the staff member identifies that there is a high-risk situation and the resident is in imminent danger, they shall immediately contact the local Gardai Síochána directly.
- 8.5 The Preliminary Investigation shall be undertaken as per section 5.0 above.

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9.0 Stage 3: Management of a Full Investigation

A full investigation shall be managed as per the process outlined in Fig 4.0



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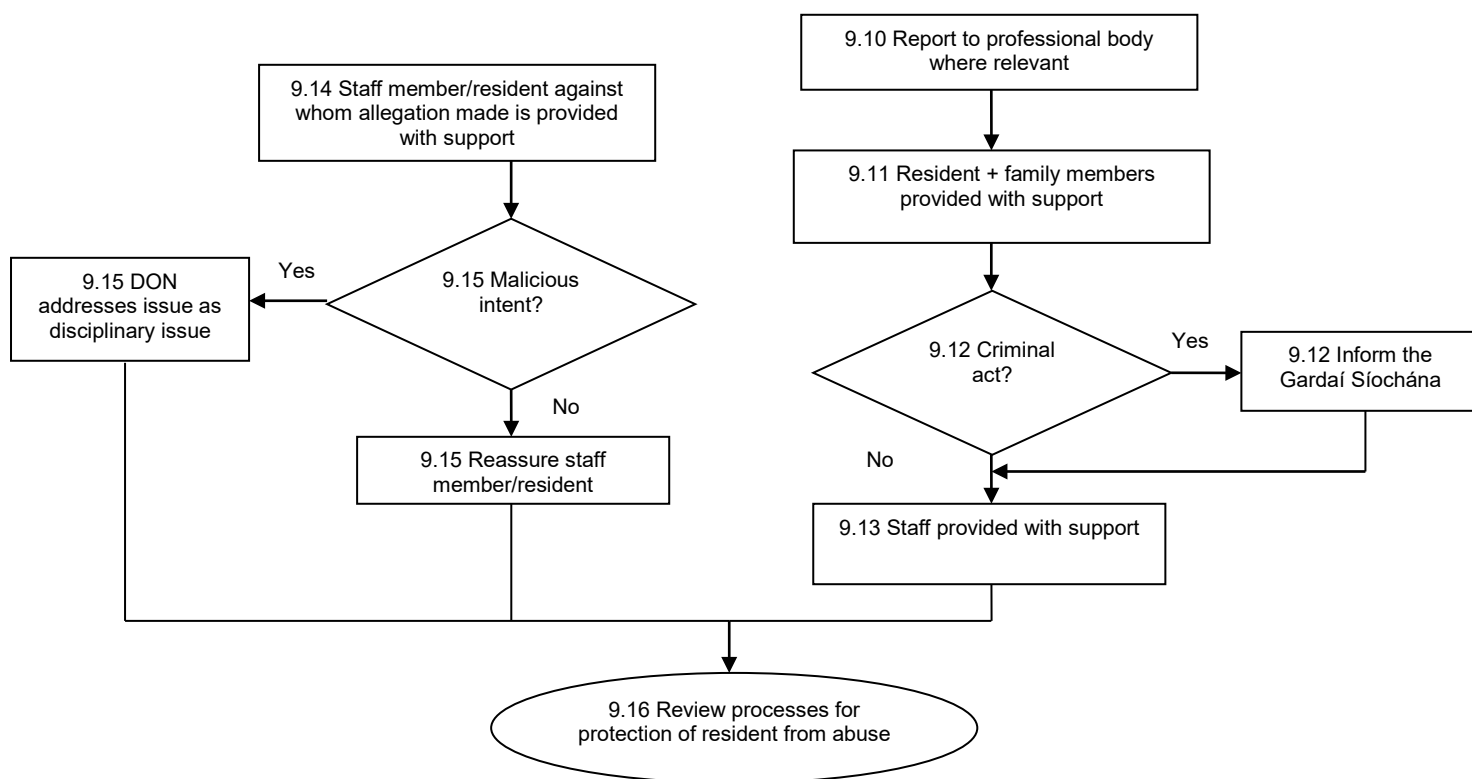


Figure 4.0 – Management of a Full Investigation

- 9.1 Where an investigation is undertaken, it shall adhere to the following principles:
- It shall be conducted thoroughly and objectively in strict accordance with the defined Terms of Reference.
 - It shall have due respect to the rights of the complainant and the rights of the staff member/resident to be treated in accordance with the principles of natural justice.
 - The investigation team shall have the necessary expertise to conduct an investigation impartially and expeditiously.
 - Confidentiality shall be maintained throughout the investigation to the greatest extent consistent with the requirements of a fair investigation.
 - A written record shall be kept of all meetings and treated in the strictest confidence (see IM-007 Management of Personal Data in line with Data Protection Requirements (incorporating GDPR)).
 - The investigation team may interview any person who they feel can assist with the investigation. Staff/resident are obliged to co-operate fully with the investigation process and shall be fully supported throughout the process.
 - Staff that participate in the investigation process will be required to respect the privacy of the parties involved by refraining from discussing the matter with other work colleagues or persons outside the organisation.
 - It shall be considered a disciplinary offence to intimidate or exert pressure on any person who may be required to attend as a witness or to attempt to obstruct the investigation process in any way (HSE, 2005).
 - An advocate shall be made available to the resident at all stages during the investigation process (see Provision of Advocacy Services to Residents).
- 9.2 The Director of Nursing shall discuss the allegation with the resident suspected of being abused. Where the resident consents, this shall also be discussed with the residents' family members.
- 9.3 The Director of Nursing shall develop specific Terms of Reference shall be established which detail:

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- The timescale for the investigations.
- The stages to be completed.
- The scope of the investigation.
(HSE, 2005)

9.4 The Director of Nursing shall establish an investigation team and ensure the appointment of a Chair and members of the team. The team shall be appointed based on suitable experience and expertise, both in relation to services been provided to residents and in their application to perform duties of fair procedures (HSE, 2014).

This team shall consist of a minimum two staff members from within the service, from outside the service or a combination of both. This decision shall be based on what is judged to be appropriate to the situation presented. The investigation team should preferably not contain the Director of Nursing (HSE, 2005).

9.5 The staff member/resident against whom the complaint is made, shall be advised of their right to representation and given copies of all relevant documentation prior to and during the investigation process (e.g. complaint, witness statements, etc.) (HSE, 2005).

9.6 The Investigation shall be undertaken. This shall include interviews/meetings with the victim, the accused, and any other witnesses or persons involved. Staff members may be interviewed a number of times to gain clarity on information as it arises (HSE, 2005).

9.7 Where the resident is interviewed, the investigation team shall communicate with the resident in a manner that the resident is comfortable with. The privacy and dignity of the resident shall be upheld at all times.

9.8 The evidence shall be reviewed, and the investigation team shall form its final conclusions. This shall be documented in a report of findings and recommendations, which shall be submitted to the senior management of Oaklands Nursing Home (HSE, 2005; HSE, 2014) and to the HIQA Chief Inspector.

The Director of Nursing/Person in Charge shall determine the necessary actions based on the report findings (HSE, 2014).

9.9 The staff member/resident against whom the complaint is made will be given a copy of the investigation report and an opportunity to comment before management decides upon any action (HSE, 2005).

9.10 Where the complaint is upheld, the Director of Nursing shall address the issue as a disciplinary matter with the staff member as per HR-023 Disciplinary Procedure (HSE, 2005). This may include reporting of the outcome to the relevant professional body (e.g. An Bord Altranais). The staff member shall be advised of their right to due process.

9.11 Where abuse has occurred, or where there is a concern that a resident has been abused or may have been abused or ill-treated, the resident shall be provided with counselling and support to ensure the full recovery of the trauma suffered (HIQA, 2016).

9.12 Where abuse has occurred, An Garda Síochána shall be informed if there are reasonable grounds to suspect that a criminal act has been committed.

9.13 Where abuse has not occurred, assistance shall be made available to staff members or residents who have been affected by the allegation to help them come to terms with what has happened and to restore a normal environment (HSE, 2005).

9.14 Where the complaint is not upheld, and abuse has not occurred, management shall ensure that the reputation of the staff member or resident concerned are not adversely affected by reason of

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the complaint having been brought against him/her. The staff member or resident shall be offered counseling and any other support necessary to restore his/her confidence and morale.

- 9.15 Where the complaint is not upheld, the staff member, visitor or resident who made the complaint shall be reassured that management appreciates that the complaint was made in good faith.

Where it is found that a report of abuse was brought maliciously, the staff member who made the complaint should be dealt with under the disciplinary procedure (HSE, 2005).

- 9.16 Oaklands Nursing Home shall review the processes for the protection of the resident for abuse (HSE, 2005) (as per PR-001 Protection of the Resident from Abuse).

10.0 Protective Measures

- 10.1 The safety and wellbeing of the residents shall be paramount at all times in Oaklands Nursing Home. Management shall take all necessary protective measures to ensure that no resident is exposed to unacceptable risk. These protective measures are not disciplinary measures and may include:

- Providing an appropriate level of supervision.
- Putting the staff member off duty with pay pending the outcome of the investigation (HSE, 2005).
- Moving the accused and/or resident suspected of being abused to different room and/or location within Oaklands Nursing Home, where possible.

- 10.2 The views of the accused staff member shall be taken into consideration when determining the appropriate protective measures to take in the circumstances but the final decision rests with management (HSE, 2005).

- 10.3 Putting the staff member off duty pending the outcome of the investigation shall be reserved for only the most exceptional of circumstances. It shall be explained to the staff member concerned that the decision to put him/her off duty is a precautionary measure and not a disciplinary sanction (HSE, 2005).

11.0 Staff Education and Training

- 11.1 All relevant staff shall receive education regarding:

- Understanding what constitutes abuse;
- Identifying indicators of abuse;
- How to protect the resident from abuse **and their role and responsibilities in ensuring its prevention;**
- Required responses to allegations of abuse
- Reporting suspected, alleged or actual abuse
- Handling of residents with behavioural symptoms, particularly combative or aggressive behaviours;
- How to support and facilitate residents who wish to take their concerns directly to an external agency.
(S.I. No. 415 of 2013; Hawkes, 2003)

- 11.2 Staff education regarding recognising and responding to allegations of abuse shall be provided with the relevant education and training during staff induction through formal education sessions and on an ongoing basis thereafter (S.I. No. 415 of 2013).

- 11.3 The information from the evaluation of the Safeguarding Plan Review shall be fed back to all staff. Experiences from practice, positive and negative, can be used to facilitate learning arising from specific situations to enable Oaklands Nursing Home to develop and be in a better position to safeguard residents at risk from abuse and neglect (HSE, 2014).

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12.0 Records

- 12.1 All records relating to the recognising and responding to allegations of abuse shall be managed in accordance with the data protection legislative requirements as detailed in IM-007 Management of Personal Data in Line with Data Protection (incorporating GDPR).
- 12.2 Oaklands Nursing Home shall maintain detailed and accurate records of concerns or allegations of abuse and of any subsequent action taken. Failure to adequately record such information appropriately in accordance with the National Policy shall be considered a failure to adequately discharge a duty of care (HSE, 2014). These shall include:
- Resident Records
 - Staff Records
 - Investigation Reports
 - Records of Suspected Abuse
- 12.3 Where staff restriction to resident records is required, Oaklands Nursing Home shall file this specific information separate to the resident record or shall ensure additional controls are placed on electronic records so that only staff authorised to view the record can access it (NHI, 2018) (see IM-007 Management of Personal Data in Line with Data Protection (incorporating GDPR)).

13.0 Audit and Evaluation

Regular audits shall be undertaken to determine compliance to this policy and procedure. The Director of Nursing shall complete these via a review of relevant records, including incident reports, through observation and by utilising the appropriate audit tool. Results of these audits are presented to the Management Team.

14.0 References

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15.0 Appendices

15.1 Appendix 1: Definitions, Examples and Indicators of Abuse

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15.1 Appendix 1: Definitions, Examples and Indicators of Abuse

The following table provides definitions, examples and indicators of abuse with which all staff members must be familiar:

Type of Abuse: Physical	
Definition	Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Examples	Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.
Indicators	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual	
Definition	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.
Examples	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.
Indicators	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks. Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
Definition	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.
Examples	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information /choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.
Indicators	Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self esteem, tearfulness, self abuse or self destructive behaviour. Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.

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Type of Abuse: Financial	
Definition	Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Examples	Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.
Indicators	No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

Type of Abuse: Institutional	
Definition	Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.
Examples	Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.
Indicators	Lack of or poor quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.

Type of Abuse: Neglect	
Definition	Neglect and acts of omission include 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.
Examples	Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.
Indicators	Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails. Poor state of clothing. non attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.

Type of Abuse: Discriminatory	
Definition	Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
Examples	Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities.
Indicators	Isolation from family or social networks.

(HSE, 2014)