

<b>TITLE: Safeguarding and Protection of the Resident</b>	<b>REFERENCE NO: PR-001</b>
<b>AUTHOR (OWNER): Marta Piskorowska</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): Michael O' Donoghue</b>	<b>EFFECTIVE FROM: 12/01/19</b>
<b>REVIEW DATE: 11/01/2021</b>	<b>Page 1 of 9</b>

TITLE: **Safeguarding and Protection of the Resident**

SCOPE: Residential Home, All Areas

REVIEWED BY: CNM- Aoife Delaney

AUTHOR(S)/ (OWNER): PIC -Marta Piskorowska

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DATE: 11/01/2019

APPROVED BY/ (LEAD): Michael O' Donoghue

SIGNATURE(S):

DATE:

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## 1.0 Policy

The Oaklands Nursing Home is committed to ensure that residents are treated with respect and dignity, have their welfare promoted and receive support in a safe environment in which every effort is made to promote welfare and to prevent abuse. The Oaklands Nursing Home has a 'No Tolerance' approach to any form of abuse and promotes a culture which supports this ethos (HSE, 2014). The Oaklands Nursing Home is committed to their staff and to providing the necessary supervision, support and training to enable them to provide the highest standards of care to all residents.

## 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)

*Intimate personal care* involves hands-on physical support in areas of personal hygiene, and a physical presence or observation during such activities. Intimate personal care includes:

- Body bathing to areas other than arms, face and legs below the knee.
- Support to use the toilet that involves the cleaning of genital and anal areas.
- Support with incontinence aids and sanitary ware.
- Dressing and undressing.
- Application of medical treatment by a suitably trained and competent practitioner, i.e. the administration of rescue medications such as rectal diazepam, other than to arms, face and legs below the knee (NHS, 2008).

*National Policy:* Health Services Executive (HSE) 'Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure'.

*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).

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### **3.0 Responsibilities**

3.1 All staff: To ensure all reasonable measures are taken to ensure the protection of residents from abuse (S.I. No 415 of 2013).

3.2 Line Managers:

- Communicate this policy and the National Policy to all staff including agency staff, volunteers and students.
- Educate all staff regarding prevention of elder abuse.
- Ensure that all residents and their family members are informed of this policy and the processes for safeguarding within The Oaklands Nursing Home (HSE, 2014).

3.3 Director of Nursing:

- Ensure that policies and procedures supporting the protection of residents from all forms of abuse are available and in line with best practice guidance, are implemented and reviewed regularly in compliance to National Policy (HSE, 2014).
- Inform key staff members of relevant information relating to safeguarding issues on a need to know basis (NHI,2018).
- Evaluate adherence to the process for the prevention of elder abuse.

3.4 Multi-Disciplinary Team: Interagency co-operation and information sharing (HSE, 2014).

### **4.0 Principles for the Protection of the Resident from Abuse**

4.1 The Oaklands Nursing Home shall ensure that all staff are aware that the rights of each resident to lead as normal a life as possible is recognised and, in particular, that the deprivation of the following rights may constitute abuse:

- Liberty;
- Privacy;
- Respect and dignity;
- Freedom to choose;
- Opportunities to fulfil personal aspirations and realise potential in their daily lives;
- Opportunity to fulfil personal aspirations and realise potential in their daily lives;
- Opportunity to live safely without fear of abuse in any form;
- Respect for possessions;

Residents may be particularly vulnerable to the following:

- Diminished social skills;
- Dependence on others for the personal and intimate care;
- Capacity to report;
- Sensory difficulties;
- Isolation;

4.2 The Oaklands Nursing Home shall discharge its corporate responsibility to protect the dignity and welfare of residents entrusted to its care and to support staff with responsibility for them through the following measures:

- Ensuring that safeguarding and independence of residents are prioritised by The Oaklands Nursing Home (HSE, 2014).
- Ensure insofar as is reasonably practical that sufficient resources are available to enable best practice standards of care to be delivered
- Provide safe systems of work to minimise the potential for abuse.
- Ensuring the residents are informed of their rights to be free from abuse and supported to exercise these rights, including accessing advocacy, see 4.3 below (HSE, 2014) .
- Provide information which set out how residents, families and carers can report concerns or complaints of abuse (see OAK 01- the prevention , detection and response to Abuse)).
- Providing staff who are well trained and operating in a culture of zero tolerance to abuse (HSE, 2014) (OAK- 08 Staff Training and development).

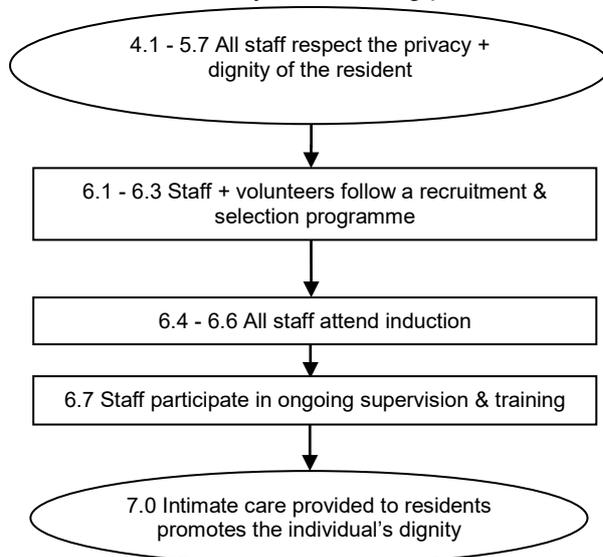
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- Ensuring a sound framework for confidentiality and information sharing across the service provided (HSE, 2014).
  - Rigorous application of recruitment and selection procedures to ensure that staff possess the required skills and attributes.
  - Providing induction for all new staff to ensure that they are aware of the standards of care expected from them(OAK- 08 Staff Training and development).
  - Provide effective supervision, support and training for all staff so that they are aware of the standards of care expected from them and shortfalls in standards are dealt with promptly.
  - Communicate their policy in relation to abuse prevention to all staff, see section 3.2 above.
  - Ensuring that the welfare of residents is of paramount importance and to know the action to be taken if abuse is suspected or alleged.
  - Communicating the duty of each staff member to report any past or current concerns for the safety of the people living in The Oaklands Nursing Home or in any other setting.
  - Manage allegations of abuse against staff members promptly and with due regard for the rights of the staff member to fair procedures whilst safeguarding the welfare of residents (HSE 2005).
  - Needs and risk assessments to inform residents of choices (HSE, 2014).
  - A range of options for support to keep residents safe from abuse tailored to residents' individual needs (HSE, 2014).
- 4.3 The Oaklands Nursing Home shall be proactive in its identification of potential areas of risk and reactive to actual risks or incidents that have occurred as detailed within OAK-15 Risk Management Policy and Procedure.
- 4.4 Staff shall recognise that the following are factors that increase the vulnerability of a resident:
- they may have less control over their lives than is normal;
  - they may often not recognise abuse;
  - they may have/had multiple carers;
  - differences in appearance may be attributed to an individual's disability or medical condition rather than to abuse;
  - they may not always be able to communicate what is happening to them.
- (HIQA, 2013)
- 4.5 Where personal data, including special categories of data, is collected and stored, The 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).

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## Procedure

Residents are protected from abuse by the following processes:



*Fig 1.0 Protection of the Residents from Abuse*

## 5.0 Promotion of Resident's Dignity

5.1 All staff shall respect the privacy and dignity of the resident by:

- Listening to residents.
- Giving residents the time to carry out activities.
- Treating residents as individuals
- Valuing and respecting residents.
- Involving residents in decision-making, where appropriate.
- Encouraging residents.
- Only providing intimate care when it is acceptable to all persons concerned.
- Never physically punishing or be in any way verbally abusing a resident.
- Never telling jokes or making comments of a sexual nature in the presence of a resident.
- Never using bad language in the presence of a resident.
- Being sensitive to the possibility of developing favouritism or becoming over involved or spending a great deal of time with any one resident.

5.2 The Oaklands Nursing Home shall provide information and advice to help residents to care for and protect themselves. All information shall be provided in a sensitive manner towards the resident's gender and communication requirements.

5.3 The Oaklands Nursing Home shall promote a positive attitude amongst staff and residents that respect the personal space, safety and privacy of residents.

5.4 All staff shall act in a way that supports the rights of the individual to lead an independent life based on self-determination (O'Neill, 2002).

5.5 All staff shall recognise residents who are unable to make their own decisions and/or to protect themselves, their assets and their bodily integrity, and ensure adequate protection for them (O'Neill, 2002).

5.6 All staff will recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned and is minimised whenever possible (O'Neill, 2002).

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5.7 As part of the pre-admission needs assessment, nursing staff shall consider the resident's possible areas of vulnerability. Where vulnerabilities are identified, these are documented in the resident's Individual Risk Management Plan and individual safeguards put in place (HIQA, 2016).

## **6.0 Recruitment and Selection of Staff**

6.1 The Oaklands Nursing Home shall follow a rigorous recruitment and selection process for all staff to ensure that they possess the required skills, attributes and competencies for the job. Recruitment shall incorporate appropriate vetting processes.

6.2 Volunteers who have significant and regular contact with residents shall be managed as per HR-004 Management of Independent Practitioners, Students, Volunteers and Trainers (HSE, 2005).

6.3 All staff shall be aware of their role and responsibilities and the standard of care expected from them. All staff shall have a job description, which clearly sets out the caring responsibilities of the job and the duty of all staff to report concerns of the safety and welfare of residents (HSE 2005).

6.4 All staff shall undergo an induction process to ensure that they are clear about the standards of care expected from them and any protocols to be followed when interacting with residents (HSE, 2005).

6.5 As part of the induction, all staff shall receive a written Code of Behaviour to ensure that they carry out their duties in a manner that is respectful of the dignity of residents.

6.6 Staff shall be required to undergo a probationary period to establish their suitability for the job (HSE, 2005).

6.7 Staff shall continually receive performance feedback, supervision and training to assist them in delivering high quality standards of care (HSE, 2005).

The Oaklands Nursing Home acknowledges that early intervention is key to ensuring that poor working practices do not develop and culminate in a more serious incident (HSE, 2005).

## **7.0 Intimate Care with Residents**

7.1 All healthcare staff shall be aware that residents may be modest, or fearful regarding intimate care. It is, therefore, very important for staff to introduce themselves, explain who they are, what they are doing and why they are doing it.

## **8.0 Financial Protection**

8.1 The finances of residents are safeguarded by The Oaklands Nursing Home through the implementation of a standardised process for the management resident's monies and valuables. This shall be implemented in accordance to PR-004 Security of Residents' Accounts and Personal Property.

## **9.0 Protection within the Physical Environment**

9.1 The Oaklands Nursing Home shall endeavour to ensure that its building and premises are secure at all times to protect residents, staff and visitors.

9.2 Residents, their family members and staff, shall be protected in the case of emergency as detailed within the Emergency Plan.

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## **10.0 Care of Vulnerable Residents**

- 10.1 All staff involved in the care of vulnerable residents must strive to establish and maintain the trust and confidence of the residents. This includes:
- Being honest and trustworthy.
  - Communicating in an appropriate, open, accurate and straightforward way.
  - Respecting confidential information and clearly explaining residential home policies and procedure regarding confidentiality of resident information.
  - Being reliable and dependable –responding to identified care needs or ensuring that other's meet their duty of care (e.g. preventing any deficit of identified care service by omission).
  - Maintaining professional boundaries with residents and their families.
- 10.2 Staff shall ensure that the resident always has ease of access to an alarm system (bell) and that the resident understands the importance of the bell and is competent in using the bell.( see: use of bell system process)
- 10.3 Depending on the level of resident vulnerability, the resident may need to be located to facilitate greater observation by nursing staff.
- 10.4 When a resident is very agitated or disoriented, key family members or significant others who have a positive relationship with the resident will be requested to assist by spending time with the resident. Staff will always seek to reassure and re-orient any resident who is agitated.
- 10.5 During the development of a resident's individual care plans, should there be concerns relating to the residents' vulnerability, the Multidisciplinary team shall be involved in devising appropriate interventions to assist the resident. The resident, and their family members if appropriate, shall be involved in the process where this is deemed possible. This shall be completed in conjunction with the resident's Individual Risk Management Plan.
- 10.6 Residents and visitors shall be aware of their responsibilities in relation to treating other residents and their family members with dignity and respect .
- 10.7 Any staff member who has concerns regarding a resident's level of vulnerability should inform their relevant Line Manager and seek appropriate advice.

## **11.0 Maintaining Professional Boundaries with Residents and their Family Members**

- 11.1 When staff establish professional relationships with residents and their family members, they must reflect the dual standards of safety and compassion. It is important for staff to maintain professional boundaries at all times with residents and their family members while still share aspects of their own life with the residents (see QL-007 Facilitating Resident Daily Living, Activities and Social Contacts).
- 11.2 Staff must help residents and their relatives/representatives to understand the professional nature of their caring relationships with the residents.
- Staff must avoid any activity they were not employed to carry out
  - Staff must never share personal phone numbers or personal email addresses.
  - Staff must not contact residents, or their family members post discharge unless directed by the Line Manager.

## **12.0 Identification of Elder Abuse**

- 12.1 The Oaklands Nursing Home shall assist and support the residents to identify and recognise abusive and neglectful behaviour and to develop the knowledge, self-awareness, understanding and skills needed for their own self-care and protection (HIQA, 2016). This shall be supported by the following:

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- Providing the residents with education on elder abuse, including on the definitions, examples and Indicators of abuse (see Appendix 1 of PR-002 Recognising and Responding to Allegations of Abuse)
  - Supporting the resident to ensure that their financial and legal affairs are in order and assisting them in receiving professional external assistance where necessary.
  - Support the resident to maintain social contacts with family and friends to avoid becoming isolated.
  - Support their involvement in religious and/or community activities.
  - Providing the resident with support and forum to communicate if they are unhappy with any aspect of their care.
  - Provide the residents with information regarding telephone solicitations and internet or mail scams;
  - Communicate to the resident to safeguard their personal information and passwords.
  - Recommend that the residents keep their legal and financial documents in a safe place (w.helpguide.org & NCPEA, 2013)
- 12.2 The Oaklands Nursing Home shall support the raising of concerns about the residential home's care staff and external third parties.
- 12.3 Possible indications of possible abuse are detailed in oAK-01\_ The prevention, detection and response to abuse.
- 12.4 The Health Information and Quality Authority Chief Inspector must be notified of any allegation, suspected or confirmed abuse of any resident within 3 days of its occurrence (S.I. No. 415 of 2013).
- 12.5 All residents and their family members shall be aware of, educated, and facilitated by The Oaklands Nursing Home staff to take their concerns directly to an external agency where they wish to do so.
- 13.0 Staff Education and Training**
- 13.1 All staff shall receive education on the following:
- 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.
  - Handling residents with behavioural symptoms, particularly combative or aggressive behaviours;  
(S.I. No. 415 of 2013; Hawkes, 2003;)
- 13.2 Staff education regarding the safeguarding of residents from 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).
- 14.0 Records**
- 14.1 All records relating to the safeguarding and protection of the resident that contain personal data shall be managed in accordance with legislative requirements in IM-007 Management of Personal Data in Line with Data Protection (incorporating GDPR).
- 14.2 The Oaklands Nursing Home shall retain the following:
- Staff training records, including Induction Records.
  - Staff personnel records, including recruitment records.
  - Records of any incidents

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### 15.0 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.

### 16.0 References

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