

ADULT PROTECTION AND PREVENTION OF ABUSE**1.0 POLICY**

- 1.1 It is the policy of Livingstone House to ensure that all Service Users within Livingstone live in a safe, non threatening and abuse free environment where they can recover. Abuse, in any form will not be tolerated.

2.0 RESPONSIBILITIES

- 2.1 **Home Director** is responsible for informing the Board of Trustees of the allegations and for monitoring the progress of the investigation. The Home Director is also responsible for supporting the Home Manager and Livingstone House staff in the event of a Police or multi agency investigation.
- 2.2 **Home Manager** is responsible for implementing this policy within Livingstone House. The Home Manager is also responsible for informing an co-ordinating contact with external agencies. The Home Manager is also responsible for ensuring that all staff receive training in adult protection and prevention of abuse. It is the Home Manager's responsibility to ensure that all senior staff are aware of the local abuse reporting structure and Livingstone House reporting systems. The Home Manager is responsible for keeping records in connection with any allegation of abuse. The Home Manager will be required to give account if any of the above are not achieved.
- 2.3 **Person in Charge** is responsible for implementing this policy in the absence of the Home Manager. Any person left in charge of Livingstone House is accountable for familiarising themselves with local abuse policies and contacts.
- 2.4 **All Staff** are responsible for reporting any abuse or suspected abuse immediately to the Home Manager or Senior Person on duty.
- 2.5 If the Home Director or Person in Charge is the person suspected of abuse, this should be reported to the Chairman and Treasurer of the Board of Trustees immediately.

3.0 BACKGROUND INFORMATION

- 3.1 Abuse is defined as "the misuse of power or a betrayal of trust, respect or intimacy between the practitioner and the Service User, which the practitioner should know would cause physical or emotional harm to the Service User" (2002). Also, "a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress" or "a violation of an individual's human and civil rights by any other person or persons" (DOH 2000)
- 3.2 Research over the past few years has led to a growing recognition of the extent to which vulnerable adults suffer from abuse and neglect. Those who are physically frail, have mental health problems, learning difficulties, impaired

ability to communicate, reduced level of consciousness or are without relatives or friends require special consideration to protect them from abuse. The Nursing and Midwifery Council reports in its Annual Report in 2005 that in the preceding year 30% of all charges considered by its Professional Conduct Committee related to abuse of some kind.

- 3.3 Abuse can occur in any setting and staff must recognise the importance of constant vigilance. There is no place for defensive attitudes and all reports of incidents or allegations must be approached with an open mind.
- 3.4 Livingstone House is a 12 Step Christian Drug and Alcohol Rehabilitation Centre and works with Service Users attempting to withdraw from substances and learn a new way to live substance free. In the course of group therapy, Service Users are confronted on their behaviours and heavily challenged by staff and fellow Service User's. To an outside observer who does not understand the dynamics of a residential rehabilitation environment this could appear abusive and disrespectful of a Service User's emotional and psychological condition at that time. However, this is a necessary therapeutic technique in helping break down "walls of denial" that has been built by a Service User over the years to help him survive whilst in active addiction.

4.0 PROCEDURE

4.1 Principles

- 4.1.1 Livingstone House is committed to pursuing a policy of zero tolerance of any form of Abuse. Staff recruitment, training and supervision procedures are designed to prevent abuse. The complaints, disciplinary, and audit procedures are designed to detect and eradicate abuse if it occurs. Where abuse is suspected Livingstone House will act immediately to protect and support vulnerable people including those who report suspected abuse.
- 4.1.2 It is the responsibility of all staff to act on any suspicion of abuse or neglect and to pass on their concerns to the most senior member of staff on duty. A report of abuse from a visitor or relative should be dealt with in the same way. Where the allegation is about someone not employed by Livingstone House, it will be important to agree at an early stage if arrangements need to be made to prevent any further contact/abuse. Staff should recognise that if they do not report abuse that they are aware of they may be subject to investigation for condoning the abuse.
- 4.1.3 Livingstone House will work in collaboration with other agencies through local Protection of Vulnerable Adults frameworks as described in "No Secrets" (DOH 2000). In particular, many forms of abuse are a criminal offence and as such early consultation with the police will help to establish whether this is the case and give them the opportunity to determine if and at what stage they should be involved. This will ensure that forensic evidence is not lost or contaminated. Examples of abuse which may constitute criminal offences are physical, psychological or sexual abuse, theft, fraud and other forms of financial exploitation and certain forms of discrimination.

- 4.1.4 **Local Protection of Vulnerable Adults' panels (POVA) should be accessed via Social Services.** The Home Manager should make sure that they are familiar with local arrangements and that copies of local policies are available to staff at Livingstone House. The Home Manager should discuss any possible referrals to POVA with the Home Director before making contact. The Registering Body (CSCI) must be informed immediately of allegations or suspicion of abuse. Purchaser and Livingstone House requirements must also be met. A properly co-ordinated joint investigation will be more effective than a series of separate investigations resulting in duplication.
- 4.1.5 The decision to discipline staff lies with Livingstone House and the final decision to report nurses to the NMC where appropriate, lies with the Board of Trustees. Anyone accused of abuse must be dealt with through Livingstone House disciplinary procedure. If the police decide not to investigate or bring charges, the member of staff may still be subject to disciplinary action or NMC referral and should not have their suspension lifted until a decision has been made about this. **NB. Any suspicion of abuse must be dealt with through the same procedure as witnessed abuse.**
- 4.1.6 Staff must at all times protect Service Users' rights to self respect and within the boundaries of the therapeutic programme at Livingstone House their privacy, dignity, independence and choice. All nurses are personally accountable for ensuring that they promote and protect the interests of Service Users in their care, irrespective of gender, race, age, disability, sexuality, culture or religious beliefs (NMC 2002). Care Workers must uphold public trust and confidence (GSCC 2002).
- 4.1.7 Caring for Service Users can be demanding and this work requires knowledge, skill and sensitivity. Training and support at home level is necessary to ensure good standards of care. Abuse can occur for a number of reasons, e.g. A member of staff may set out to harm a Service User or standards and morale may have fallen to such an extent that staff fail to demonstrate any concern or respect for Service Users in their care. Training will be provided for all staff on the prevention and recognition of abuse and on Livingstone House policies. All staff must receive training during their induction and then annually.
- 4.1.8 Abuse may consist of a single act or repeated acts over time and the seriousness or extent of abuse may not be clear when a concern is first raised. An assessment of the seriousness will include the vulnerability of the individual, the nature and extent of the abuse, the length of time it has been occurring, the impact on the individual and the risk of repeat or escalation. Neglect and poor professional practice may range from an isolated incident through to pervasive ill treatment, which constitutes gross misconduct (DOH 2000)
- 4.1.9 Actions that constitute abuse may have origins in minor incidents, reprimands, corrective action and acts of omission and in the early stages may not constitute abuse but may represent indicators. All staff are responsible for ensuring that incidents of this nature are not condoned and preventative action is taken to prevent escalation.

4.1.10 The following points are believed to contribute to the prevention of abuse in a care setting :

- a) 2 written references from previous employers which are thoroughly checked against previous employment history. Any discrepancy should be followed up at interview and if necessary, investigated further. PIN numbers must also be checked for qualified nurses.
- b) All staff to have CRB checks at appropriate level and POVA First checks prior to commencing employment.
- c) Regular updates for staff on the recognition and prevention of abuse.
- d) Regular staff appraisal and supervision sessions.
- e) Senior staff adopting a management style which promotes and maintains good effective communication channels to maximise feedback from Service Users, relatives and staff.
- f) Clearly communicated complaints and whistle blowing procedures.
- g) A working environment that provides adequate staffing levels and stability of staffing.
- h) An environment which values staff, Service Users and relatives.
- i) Strong leadership from senior staff.

4.2 Types of Abuse

4.2.1 Abuse can take many forms and detection is rarely a simple matter. Warning signs may include the Service User becoming increasingly withdrawn or exhibiting signs of stress, fear, aggression, loss of self esteem or being reluctant to be cared for by a particular member of staff. The following table provides further information on types of abuse and some of the warning signs (see Table 1)

ABUSE TYPE	DEFINITION	EXAMPLES/WARNING SIGNS
Physical Abuse	Any physical contact which results in discomfort, pain or injury.	Hitting, slapping, pushing, shaking. Bruising, finger marks, burns, untreated sores or wounds, under or overuse of medication, unprescribed or inappropriate medication.
Verbal Abuse	Any remark or comment by other which causes distress	Demeaning, disrespectful, humiliating, racist, sexist or sarcastic comments. Condescending tone of voice, excessive or unwanted familiarity, shouting, swearing and name calling.
Psychological or Emotional Abuse	Action or inaction which causes mental anguish	Inflexible regimes and lack of choice. The therapeutic programme of Livingstone House and the necessary restrictions are essential to providing effective and appropriate treatment and rehabilitation. Mocking, coercing, denying privacy, threatening behaviour, bullying, intimidation,

		harassment, deliberate isolation.
Sexual Abuse	Coercion of force to take part in a sexual act.	Pain, itching, bleeding, bruising or injury in the anal, genital or abdominal area. Venereal disease or recurrent bouts of cystitis.
Financial Abuse	Misuse of money, valuables or property.	Unexplained withdrawal from the Service Users account, unexplained shortage of money, theft and fraud.
Information Abuse	Failure to adhere to relevant data protection guidance and lack of appropriate information about care.	Breach of confidentiality, inappropriate disclosure of information, failing to pass on essential care information
Institutional Abuse	Failure to recognise individuality and rights as a citizen.	Inflexible, regimented regimes and lack of choice, communal clothing and lack of individualised care planning.
Abuse by Omission	Failure to identify and/or meet the care needs of an individual	Untreated weight loss. Poor hygiene, insufficient food or drink.

- 4.2.2 The nature of the environment at Livingstone House and the Service User group with which Livingstone House work with needs to be taken into account. Whilst every care is taken to protect individuals from abuse, certain therapeutic interventions, particularly in a group therapy setting could be construed as abusive in the way in which a Service User is confronted on their behaviours whilst in active addiction. This is a necessary part of the therapeutic programme whilst at Livingstone House.
- 4.2.3 Livingstone House places restrictions on freedom, privacy, dignity and choice as it is therapeutically necessary to provide effective and appropriate treatment and rehabilitation from substance misuse. This is known to the Service User prior to admission and the reasons explained to them before an offer and acceptance of a place in treatment.
- 4.2.4 All allegations of abuse should be reported immediately to senior staff (see procedure). They will be taken seriously and investigated speedily and thoroughly. Any investigation will be carried out in a manner that minimises distress to the Service User and respects Service User confidentiality. Information regarding the Service User and the alleged perpetrator of the abuse will only be disclosed to those people who have a demonstrable need to know. Informed consent will be obtained prior to this happening.
- 4.2.5 In determining the action to take, the rights of all people to make choices and take risks, and their capacity to make decisions must be taken into account. Consideration must be given to the Service User's emotional, physical, mental and intellectual capacity in relation to self determination and consent. In addition, any intimidation, misuse of authority, or undue influence should be considered. (DOH 2000)

- 4.2.6 Allegations by one member of staff against another, which are found to be malicious following investigation, will be dealt with through the disciplinary procedure.
- 4.2.7 Staff who are ensure whether a situation is classed as abuse should always consult a senior member of staff for advice.

4.3 Suspected Abuse

- 4.3.1 Where abuse is suspected, immediate steps must be taken to protect the Service User.
- 4.3.2 The incident should be reported immediately to the Home Manager or Senior Person in duty. If the cause is a senior member of staff or the Home Manager, the matter must be reported immediately to the Home Director and Board of Trustees. An early decision must be made by the Home Manager, in conjunction with the Board of Trustees as to the level of seriousness, and whether the inappropriate behaviour represents an early indicator of alleged abuse. An early indicator would not warrant official reporting but would still require action, possibly through the disciplinary procedure. Where the decision is that the alleged behaviour is abusive the following must be informed as soon as is possible but certainly within 24 hours:
- a) Registering Body (CSCI)
 - b) Local Protection of Vulnerable Adults Committee (POVA) or Adult Protection Unit.
 - c) Home Director and Board of Trustees if they are not already aware.
 - d) Any other authority who may be using the services of Livingstone House should also be notified (DOH 2000). This is normally Social Services who are involved in POVA. This may also be the local Commissioning or Contracts Department.
- 4.3.3 The Home Director is responsible for informing the Board of Trustees and for monitoring the progress of the investigation.
- 4.3.4 The Home Manager will then discuss the matter with the POVA link person (usually Social Services) and agree how the investigation will proceed. If POVA wish the investigation to be carried out by someone who is not a Livingstone House employee, this must be agreed by the Board of Trustees. This is to ensure that employees are supported and treated fairly and that Livingstone Houses duty of care is not compromised. An early decision about Police involvement is vital. The member of staff of Service User(s) concerned must not be interviewed until guidance has been sought from the Police as doing so may harm any subsequent police investigation.
- 4.3.5 The member of staff alleged to have abused the Service User should normally be suspended from duty immediately without prejudice according to Livingstone Houses disciplinary procedure. Advice must be sought from Livingstone Houses legal advisory service before any action is taken.

- 4.3.6 The Service User will be consulted regarding notification of relatives, and their decision respected. Any discussions/decisions must be documented.
- 4.3.7 Where Livingstone House carries out the investigation, statements should be taken from the alleged perpetrator and any witnesses. Statements should always be recorded with two investigators present. The statements should be dated, carry the full name and address and job title of the witness and be signed by the witness.
- 4.3.8 The objectives of the investigation are to establish the facts, assess the need of the Service User for protection, support and redress, and to make decisions about follow up action with regard to the alleged perpetrator, the service and its management if they have been culpable, ineffective or negligent (DOH 2000). The Home Manager should prepare a full written report covering recommendations for action, and any need for training or counselling. The victim of the abuse may have care needs relating to the incident(s) and these should be prescribed in a care plan covering the period of recovery.
- 4.3.9 Following the investigation, and depending on the outcome, action may need to be supportive or therapeutic. If the abuse is proven then the Livingstone House disciplinary procedure should be followed. Where the alleged perpetrator is a trained nurse, Livingstone House will report him or her to the NMC. Should the trained nurse have resigned prior to the completion of the investigation and where the allegation is founded, Livingstone House is still responsible for referring the case to the NMC. A decision will also have to be made regarding referral to the POVA list (see POVA policy).
- 4.3.10 Following investigation and completion of a report by the Home Manager, they should then submit a copy to the Board of Trustees.
- 4.3.11 The Home Manager is responsible for advising all relevant external agencies involved in the outcome of the case.

5.0 DOCUMENTATION

5.1 External References

Local Policies on Prevention of Abuse or Adult Protection.

Contact Information for Adult Protection Units, Registering Body, Police, Legal Advisory Service, Contract Department.

Department of Health (2002), **No Secrets: Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults**. DOH. London.

GSCC, (2002), **Code of Practice for Social Workers and Code of Practice for Employers of Social Care Workers**, London.

NMC, (2005), **Fitness to Practice – Annual Report**. NMC. London.

NMC, (2002), **Practitioner – Service User Relationships and the Prevention of Abuse**, NMC, London.