



St Joseph's House for  
Adult Deaf and Deaf  
Blind

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 1 of 21</b>

**TITLE:** **Safeguarding and Responding to Allegations of Abuse**  
(Formerly "Responding to Allegations of Abuse" –SS-002 and  
"Safeguarding and Protection from Abuse" SS-001)

**SCOPE:** Residential centre, All Areas

**REVIEWED BY:** G. Gallagher  
L. Tierney

**AUTHOR(S)/(OWNER):** CIDP

**SIGNATURE(S):**

**DATE:**

**APPROVED BY/(LEAD):** Keith Adams CEO

**SIGNATURE(S):**

**DATE:**

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 2 of 21</b>

## 1.0 Policy

St Joseph's House for Adult Deaf and Deafblind has a "No Tolerance" stance to any form of abuse or harm towards any resident and any such incident will be dealt with to the full extent of the law.

Each resident shall be protected from all forms of abuse. Where abuse is suspected, St Joseph's House for Adult Deaf and Deafblind shall follow a standardised process to determine if abuse occurred, and take appropriate action (including disciplinary action) dependent on the outcome. All residents, family/representatives and staff shall be encouraged to report any suspected abuse.

## 2.0 Definitions

**2.1** *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 exploitive. Abuse may take a variety of forms:

- Physical abuse, including corporal punishment, incarceration (including being locked in one's home or not allowed out) ever 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 infantilizing people with disabilities, and the denial of identity, 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 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, 2012)

**2.2** "Vulnerable Adult" – for the purposes of this policy, the definition of a "vulnerable adult" is someone:

"Who is or may be in need of community care services by reason of disability, age or illness; and is or may be unable to take care of, unable to protect him or herself against significant harm or exploitation". (UK Govt. 1997)

## 3.0 Responsibility

**3.1** All Staff and Volunteers: Protection of residents from abuse and report suspected abuse.

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 3 of 21</b>

(In all cases when the term "staff" is used, this is to be taken as including volunteers or any other relevant person)

- 3.2 Nursing Staff/Key Worker: Protection of residents from abuse and report suspected abuse.
- 3.3 Director of Care. Ensure compliance with this process.
- 3.4 Care Manager: Initial investigation of allegation of abuse.

#### 4.0 Principles

Residents have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed. They have a right to be treated with respect and to feel safe. The following principles are critical to the safeguarding of vulnerable persons from abuse:

- Human Rights
- Person Centeredness
- Advocacy
- Confidentiality
- Empowerment
- Collaboration

- 4.1 Elder abuse can occur at several levels. It can occur on a resident level where the abuse is perpetrated by one resident on another, at an institutional level where the culture of an organisation 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 St Joseph's House for Adult Deaf and Deafblind has a duty of care to protect residents from any form of behaviour which violates their dignity whilst maintaining the highest possible standards of care.
- 4.3 St Joseph's House for Adult Deaf and Deafblind has a duty of care to provide staff with the necessary supervision, support and training to enable them to deliver a high quality service and to protect staff from situations which may leave them vulnerable to allegations of abuse or neglect (Trust in Care, 2005).
- 4.4 Any staff member who receives information, suspects or is concerned that the 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 to the Care Manager. The staff member is not responsible for deciding whether or not abuse has occurred but is obliged to report suspicions or allegations of abuse so that appropriate action can be taken (HSE, 2005).
- 4.5 Staff reporting abuse shall be assured 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.

#### 5.0 Prevention of Abuse

The Commission for Social Care Inspection (CSCI) identified some of the following for prevention and early intervention:

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 4 of 21</b>

- Residents being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy;
- A well trained workforce operating in a culture of zero tolerance to abuse;
- A sound framework for confidentiality and information sharing across service providers;
- Needs and risk assessments to inform people's choices;
- A range of options for support to keep people safe from abuse tailored to people's individual needs;
- Multi-disciplinary team work, interagency co-operation and information sharing.

## 6.0 Risk Management:

The identification of factors that may indicate an increased risk of abuse is of assistance in the interests of prevention. Identifying risk factors can help to prevent abuse by raising awareness, among staff and service managers, of the people in their care/support who may be most at risk of abuse. Staff can use these insights to develop effective risk assessments and prevention strategies. Risk may be related to personal factors such as:

- diminished social skills / judgement
- diminished capacity
- physical dependence
- need for help with personal hygiene and intimate body care
- lack of knowledge about how to defend against abuse.

Risk may also occur as a result of organisational risk factors which may include:

- low staffing levels
- high staff turnover
- lack of policy awareness
- isolated services
- a neglected physical environment
- weak / inappropriate management
- staff competencies not matched to service requirements
- staff not supported by training/ongoing professional development.

Where there are concerns identified in relation to risk to a resident or residents, the risk should be reported for discussion at Clinical Governance Meeting and if appropriate, a risk assessment should be carried out and appropriate measure should be put in place to mitigate the risks.

### 6.1 Interagency Collaboration

Interagency collaboration is an essential component to successful safeguarding. Designated Liaison Officers will be required to attend local/national safeguarding training and discussion forums to ensure the at St. Joseph's staff and management are fully appraised and up to date on all aspects of safeguarding.

## 7.0 Suspected Abuse

- 7.1 St Joseph's House for Adult Deaf and Deafblind shall endeavour to protect all residents from abuse.

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 5 of 21</b>

**7.2** Abuse can be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than abuse. All signs and symptoms must be examined in the context of the person's situation and circumstances.

All members of staff need to be aware of circumstances that may leave a resident open to abuse and must be able to recognise the possible early signs of abuse. They need to be alert to the demeanour and behaviour of adults who may become vulnerable and to the changes that may indicate that something is wrong.

As such, all staff shall be vigilant for the indicators of abuse and should ensure that they are familiar with the Indicators of Abuse which can be observed in different situations which may lead to a suspicion of abuse which can be found in Appendix 1.

**7.3** Anonymous and Historical Complaints:  
All concerns or allegations of abuse must be assessed, regardless of the source or date of occurrence.  
The quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. Critical issues for consideration include:

- The significance/seriousness of the concern/complaint.
- The potential to obtain independent information.
- Potential for ongoing risk.

In relation to historical complaints the welfare and wishes of the person and the potential for ongoing risk will guide the intervention.  
Any person who is identified in any complaint, whether historic or current, made anonymously or otherwise, has a right to be made aware of the information received.

**7.4** Designated Officer  
St Joseph's House will appoint a Designated Officer who will be responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons.
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented.
- Ensuring reporting obligations are met.
- Other responsibilities, such as conducting preliminary assessments and further investigations, may be assigned to other appropriate persons, interpreters may be required where communication needs cannot be met effectively. This will be decided by the Designated Liaison Officer.

All concerns/reports of abuse must be immediately notified to the Designated Officer/ Director of Care. In their absence, then the report should be made to the senior person on duty.

Designated Liaison Officers are:

Linda Tierney, Care Manager, Tel: 01 – 289316  
Mobile - 0870578643

Or,

Geraldine Gallagher, Director of Care, Tel: 01 – 2893160  
Mobile - 0863896164

The contact details, as above of the Designated Liaison Officers shall be displayed, with relevant information publically within the house.

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 6 of 21</b>

## 7.5 Responsibilities of All Staff

All staff must be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care. There is an absolute obligation on all members of staff and volunteers to report any concerns of abuse or around the safeguarding of residents. In making a report or referral, it is essential to be clear whether the resident is at immediate and serious risk of abuse, if this is the case it is essential to outline the protective actions taken. The report/referral may also contain the views and wishes of the resident where these have been, or can be, ascertained. The role of an advocate or key worker may be important in this regard.

## 8.0 Responding to Concerns or Allegations of Abuse.

### 8.1 Concern/complaint arises or is raised (e.g. member of public/staff member/other agency, etc.)

- Staff immediately ensure safety of client
- Staff informs Designated Officer and Line Manager
- Line Manager assesses the need for support and/or intervention
- Contact An Garda Síochána as appropriate
- Staff outlines in writing all relevant information

Line Manager and Designated Officer will meet to ensure that the preliminary screening is undertaken and all necessary actions are taken. Person in Charge will give notice, in writing, to the Chief Inspector (HIQA), within 3 working days utilising Form NF06.

The Designated Officer / Line Manager will notify the Safeguarding and Protection Team.

The following are key responsibilities and actions for any staff member or volunteer who has a concern in relation to the abuse or neglect of a vulnerable adult.

These responsibilities must be addressed on the same day as the alert is raised.

### 8.2 Immediate Protection.

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of An Garda Síochána, as appropriate.

### 8.3 Listen, Reassure and Support.

If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed.

Do not:

- Appear shocked or display negative emotions
- Press the individual for details
- Make judgments
- Promise to keep secrets
- Give sweeping reassurances

### 8.4 Detection and Prevention of Crime.

Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately.

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 7 of 21</b>

## 8.5 Record and Preserve Evidence.

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate).

As soon as possible on the same day, make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- When the disclosure was made, or when you were told about/witnessed this incident/s;
- Who was involved and any other witnesses, including service users and other staff;
- Exactly what happened or what you were told, using the person's own words, keeping it
- Factual and not interpreting what you saw or were told;
- Any other relevant information, e.g. previous incidents that have caused you concern.
- The report/s must be kept confidential, stored in a safe and secure place until needed.

## 8.6 Report & Inform.

Report to Designated Officer/ Line Manager as soon as possible. This must be reported on the same day as the concern is raised. The Line Manager must ensure the care, safety and protection of the victim and any other potential victims, where appropriate. The line manager must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps. In the absence of the Designated Officer / Line Manager, the Service Provider must be informed immediately.

The following must be done by the Line Manager and/or Designated Officer:

- The Designated Officer or Line Manager must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within three working days after he/she has been informed of the concern.
- The Director of Care must notify HIQA in writing within three working days on the appropriate form, NF06.
- Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed with An Garda Síochána.

## 9.0 The Investigative Process

When a concern has arisen the process should then be followed. At any point in the process, it may be appropriate to consult with the HSE Safeguarding and Protection Team (Vulnerable Persons) or An Garda Síochána. In such instances, a written note must be kept of any such consultation.

### 9.1 Preliminary Screening

The Director of Care is responsible for ensuring that the Preliminary Screening takes place. The Preliminary Screening will take account of all relevant information which is readily available in order to establish:



<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 8 of 21</b>

- If an abusive act could have occurred and
- If there are reasonable grounds for concern.

This process should be led by the Designated Officer or other person as determined by the Director of Care and completed, if possible, within 3 working days following the report. Additional expertise may be added as appropriate.

## 9.2 Ensuring Immediate Safety and Support

On receipt of the report of suspected or actual abuse, the Director of Care will establish and document 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, DOB, address, GP details, details of other professionals involved, an overview of health and care needs (and needs relating to faith, race, disability, age, and 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.
- Establish the current safety status of the victim. Arrange medical treatment if required.
- Establish if An Garda Síochána have been notified.

## 9.3 Information Gathering

The Designated Officer or an appropriate staff member appointed by the Director of Care will be appointed to manage the intra and/or inter-agency safeguarding procedure and processes, including co-ordinating assessments.

A Meeting with the person referred should happen at the earliest appropriate time. Consent to share or seek information should be addressed at this stage.

It is important to remember that in the process of gathering information, no actions should be taken which may put the person/s referred or others at further risk of harm or that would contaminate evidence.

The types of information to be gathered will be dependent on the individual circumstances of the report. Accordingly, information sources will vary depending on the nature of the referrals but some examples include:

- Gaining the views of the individual referred.
- Checking of electronic/paper files to establish known history of person.
- Checking if there are services already in place and liaison with those services.
- Verifying referral information and gaining further information from the referral source.
- Considering consultation with An Garda Síochána to see if they have any information relating to the person/s referred or alleged perpetrator.
- In general, through the information gathering process, the following information should be available:
  - Name of person/s referred.
  - Biographical details and address/living situation.
  - 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 individual, and details of any witnesses).
  - The views of the person/s referred and their capacity to make decisions.



<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 9 of 21</b>

- Details of any immediate actions that have taken place (including use of emergency or medical services, a detailed description of any marks or injuries and if appropriate photograph of any injuries).
- An overview of the person/s health and care needs (including communication needs, access needs, support and advocacy needs).
- An overview of the person's needs.
- GP details and other health services/professionals.
- Details of other services/professionals involved.
- Checks made to ensure that the referral is not a duplicate referral.
- Checks made for possible aliases.
- Checks made if other services, teams or allocated workers are involved with the person/s referred or alleged perpetrator/s.
- Checks made for previous concerns of abuse and/or neglect with regards to person/s referred.
- Check for previous concerns of abuse and/or neglect with regards to the alleged perpetrator.

#### 9.4 Involvement of a Staff member:

In situations where the allegation of abuse arises in respect of a member of staff, CIDP Policies for Managing Allegations of Abuse Against Staff Members will be followed.

#### 9.5 Involvement of a Resident:

In the event that the concerns or allegations of abuse identified a resident, the plan must ensure that relevant professional advice on the appropriate actions is sought which may include, for example, a behavioural support programme.

The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.

### 10.0 Outcome of Preliminary Screening

- 10.1** A report on the Preliminary Screening will be submitted to the Director of Care with a recommendation regarding proposed/required actions. The report on the Preliminary Screening will be assessed by the Director of Care who will decide on appropriate actions and prepare a written plan for each action. The report on the Preliminary Screening and the associated plan will be copied to the Safeguarding and Protection Team (Vulnerable Persons), within 21 days, who may advise on other appropriate actions.

Based on the information gathered, an assessment should be made which addresses the following;

- Does the person/s referred or group of individuals affected fall under the definition of Vulnerable Adult, as defined in 2.2 above.
- Do the concerns referred constitute a possible issue of abuse and/or neglect?
- Where it is appropriate to do so, has the informed consent of the individual been obtained?
- If consent has been refused and the person has the mental capacity to make this decision, is there a compelling reason to continue without consent? Have the risks and possible consequences been made known to the client?

The outcome of the Preliminary Screening may be:

- A. No grounds for reasonable concerns exist.

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 10 of 21</b>

- B. Additional information required (this should be specified).
- C. Reasonable grounds for concern exist.

#### 10.1.1 No grounds for reasonable concern.

An outcome that there are not reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements.

#### 10.1.2 Additional information required.

A plan to secure the relevant information and the deployment of resources to achieve this within a specified time will be developed by the Director of Care. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified.

In 10.1.2 above a safeguarding plan must be formulated.

#### 10.1.3 Reasonable Grounds for Concern Exists.

A safeguarding plan must be developed to address the concerns.  
The plan may include:

1. Local informal process
2. Internal Inquiry
3. An Independent Inquiry
4. Assessment and management by Safeguarding and Protection Team (Vulnerable Persons).

- #### 10.2
- The outcome of the preliminary screening must be notified to the HSE Safeguarding and Protection Team (Vulnerable Persons) and actions after this point must be agreed with the HSE Safeguarding and Protection Team (Vulnerable Persons)  
An Garda Síochána should be notified if the complaint/concern could be criminal in nature or if the Inquiry could interfere with the statutory responsibilities of An Garda Síochána.  
An investigation by An Garda Síochána should not necessarily prevent the Inquiry. Where possible agreement should be reached with An Garda Síochána regarding the conduct of the Inquiry and the issuing of a report. If necessary advice should be obtained in this regard.

In 10.1.3 above a safeguarding plan must be formulated

### 11.0 Reasonable Grounds for Concern have been Established.

If it is determined that abuse of a vulnerable person may have occurred, the responsibilities towards all relevant parties must be considered and addressed. These may include:

- The vulnerable person.
- The family of the vulnerable person.
- Other vulnerable persons, where appropriate.
- The perpetrator, particularly if a service user.
- Staff.

The needs of the vulnerable person is the paramount consideration and a formal Safeguarding Plan must be developed which addresses the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse.

### 12.0 Outcome of Preliminary Screening

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 11 of 21</b>

#### 12.1.1 Local Informal Process

If it is established that, for example, a single incident has occurred which is not of a serious nature, the manager may decide to deal with the matter locally and informally. This would usually include training. This approach must be agreed with the vulnerable person. This should be notified to the Safeguarding and Protection Team (Vulnerable Persons).

#### 12.1.2 Inquiry – Internal or Independent

In establishing any form of Inquiry, relevant HSE Policies must be considered. In considering the specific form of Inquiry, issues to be considered include;

- The nature of the concerns.
- If the matters relate to an identifiable person, or incident, or to system issues.
- The impact on confidence in the service.
- The views of the vulnerable persons and/or his/her family.

The Director of Care will usually commission the Inquiry. The Commissioner of an Inquiry must develop specific Terms of Reference and, where appropriate, ensure the appointment of a Chair and members with the suitable experience and expertise, both in services for vulnerable persons and in the application of fair procedures. The Terms of Reference should be informed by appropriate professional advice. Arrangements for the provision of expert advice to the enquiry should also be outlined.

An Inquiry Report will usually contain certain conclusions and recommendations and it is the responsibility of the Commissioner to receive the report and to determine the necessary actions.

#### 12.1.3 Assessment and Management by Safeguarding and Protection Team (Vulnerable Persons)

In certain circumstances, the HSE Head of Social Care in each Community Healthcare Organisation may decide that the matter should be assessed and managed by the Safeguarding and Protection Team (Vulnerable Persons). Such circumstances may include any possible/perceived conflict of interest for the Director of Care.

The Head of Social Care in each Community Healthcare Organisation may also determine that another process, appropriate to the particular issues arising, is required and may arrange such a process. This may include the arranging of a comprehensive professional assessment.

#### 12.1.4 Management of an Allegation of Abuse against a Staff Member

In situations where the allegation of abuse arises in respect of a member of staff, then CIDP Policies for Managing Allegations of Abuse against Staff Members will be followed. As required HIQA will be informed of any allegation against a member of staff within 3 days using NF06.

The safety of the service user is paramount, and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the service user. Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed in the first instance with An Garda Síochána.

### 13.0 The Safeguarding Plan.

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 12 of 21</b>

If the preliminary screening determines that reasonable grounds for concern exist, a safeguarding plan must be developed. Responsibility to ensure a safeguarding plan is developed rests with the Director of Care

A safeguarding plan must be developed if reasonable grounds for concern have been established, even if the plan may only be preliminary in nature. The safeguarding plan will need to be informed and amended according to the provisions of 12 above.

The Safeguarding Plan will outline the planned actions that have been identified to address the needs and minimise the risk to individuals or groups of individuals.

The Safeguarding Plan will be further developed in line with further assessments, i.e., when the appropriate assessments/investigations have been carried out to establish levels of risk and whether the abuse or neglect occurred. The Safeguarding Plan will be formulated in partnership with all relevant stakeholder parties.

A Safeguarding Plan will be informed by the Preliminary Screening and developed in all cases where reasonable grounds for concern exist.

### 13.1 Safeguarding Plan Co-ordinator

One lead person must be appointed to act as a co-ordinator of information and intervention.

The Safeguarding Plan Co-ordinator will arrange a full review at agreed intervals. The responsibility for appointment of a Safeguarding Plan Co-ordinator will be with the Director of Care.

If the resident has capacity and agrees to intervention, a safeguarding plan will be developed, as far as possible, in accordance with his/her wishes.

If the person has capacity and refuses services, every effort should be made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's wellbeing.

If the person lacks capacity, legal advice may be required to inform the decision making process.

Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values. It is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

### 13.2 Timescale

The Safeguarding Plan should be formulated, even in a preliminary form, and implemented within three weeks of the Preliminary Screening being completed. A Safeguarding Plan Review should be undertaken at appropriate intervals and must be undertaken within six months of the Safeguarding Plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure.

### 13.3 Formulating the Safeguarding Plan

The Safeguarding Plan should be relevant to the individual situation and include,:

- Positive actions to safeguard the person/s at risk from further abuse/neglect and to promote recovery.
- Positive actions to prevent identified perpetrators from abusing or neglecting in the future.

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 13 of 21</b>

- The Safeguarding Plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s and how this should be dealt with.

#### 13.4 Support for Vulnerable Adults

Support measures for Vulnerable Adults who have experienced abuse or who are at risk of abuse should be carefully considered when formulating the Safeguarding Plan. Mainstream support service provision, e.g., Victim Support services, should be considered as well as specialist support services, e.g., specialist psychology services, mediation, etc. The role of An Garda Síochána and related support measures should be considered where a Vulnerable Adult may be going through the criminal justice process, including use of intermediaries, independent advocates, etc.

Where there is a potential for criminal prosecution, it is important to ensure that support is provided to the Vulnerable Adult.

#### 13.5 Updating the Safeguarding Plan

Updating and review of the Safeguarding Plan will be informed by all stages of the process. Discussions/meetings on the Safeguarding Plan will be arranged by the Safeguarding Plan Coordinator and should 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.
- An assessment of current and future risk of abuse/neglect to the individual, group of individuals, or others.
- To evaluate the need for further assessment and investigation.
- 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.
- Agreeing an ongoing communication plan, including the level of information that should be fed back to the person who raised the concerns (the referrer), 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.

#### 13.6 The Safeguarding Plan Review

The Safeguarding Plan Review refers to the planned process of reviewing the actions and safeguards put in place through the Safeguarding Plan. If new or heightened concerns arise prior to the planned Review, these should be addressed in the Safeguarding Plan.

##### 13.6.1 Aims of the Safeguarding Plan Review

The Safeguarding Plan Review should:

- 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 individuals or group of individuals.
- Make required changes to the Safeguarding Plan and set a further review date.

#### 13.7 Evaluating the Safeguarding Process

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 14 of 21</b>

The Safeguarding Plan Review process should also be used as an opportunity to evaluate the intervention in general terms, e.g., what worked well, what caused difficulties, how effectively did people and agencies work together.

This level of information should be fed back through the Safeguarding and Protection Team (Vulnerable Persons) and disseminated to other staff/agencies as appropriate. Experiences from practice, positive and negative, can be used to facilitate learning arising from specific situations to enable services to develop and be in a better position to safeguard individuals at risk from abuse and neglect.

### 13.8 Closing the Safeguarding Plan

The updated risk assessment arising from a Safeguarding Plan Review may provide evidence that the risk of abuse or neglect has been removed, or through changed circumstances, be no longer appropriate to be managed through this procedure. When this occurs, decisions should be taken with multi-agency agreement, where appropriate. Reasons and rationale for closing the Procedure must be recorded in full. The client and/or referrer may be formally notified of closure where appropriate.

### 14.0 Management of Abuse Allegation against the Registered Provider or Person in Charge

Where a staff member receives a complaint or suspects abuse is being carried out by the Person in Charge or Registered provider the following shall be adhered to;

All allegations of suspected abuse shall be reported to the most senior member of staff on duty.

Where the Allegation is made against a Senior Management member of staff for example;

- Registered Provider
- Person in Charge

This shall be managed in accordance to sections 8 and 9 above.

- The Staff member shall notify the Registered Provider where the allegation has been made against the Person in Charge.
- Where the allegation has been made against the Registered Provider, the staff member shall notify the Person in Charge.

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 Gardaí.

The investigation shall be managed in accordance to section 9 above

### 15.0 Protective Measures

15.1 The safety and well-being of the residents shall be paramount at all times in St Joseph's House for Adult Deaf and Deafblind. Management shall take all necessary protective measures to ensure that no resident is exposed to unacceptable risk pending the outcome of any assessment or investigation into abuse (HIQA 2012, 3.1.8). 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).



<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 15 of 21</b>

- Moving the accused and/or resident suspected of being abused to different room and/or location within St Joseph's House for Adult Deaf and Deafblind where possible.
- 15.2 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).
- 15.3 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).
- 15.4 Any allegations of suspected or confirmed abuse of a resident is a notifiable event NF06 and shall be reported to HIQA within three working days of the incident.

#### **16.0 Staff Education**

- 16.1 All staff shall receive education regarding:
- Responding to suspected, alleged or actual abuse.
  - Reporting suspected, alleged or actual abuse (HIQA 2009, 8.4).

#### **17.0 Audit and Evaluation**

An annual audit shall be undertaken to determine compliance to this policy and procedure. The Director of Care shall complete this 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.

Relevant records include but are not limited to:

- Resident Records
- Staff Records
- Investigation Report
- Record of Suspected Abuse

#### **References:**

HR-012 Disciplinary Process Policy and Procedure.  
 SS-001 Safeguarding and Protection from Abuse.  
 PC-007 Availability and Communication of Information.  
 PC-002 Respecting the Privacy and Dignity Policy and Procedure.  
 GM-003 Internal and External Communications.

Data Protection Act (1998). Dublin: Stationery Office.

Department of Health and Children (2002). *Protecting our Future: Report of the Working Group on Elder Abuse*. Dublin: Stationery Office.

Disability Act 2005 (8<sup>th</sup> July, 2005), Disability Act 2005 (S.I. no. 14 of 2005), Dublin: Iris Oifigiúil.

Disch, R., Dobrof, R. & Moody, H. (1998). Dignity and old age. *Journal of Gerontological Social Work*, 29, (2/3):170.





<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 16 of 21</b>

Freedom of Information Act (1997). and Freedom of Information (Amendment) Act (2003) (Amalgamated). Dublin: Stationery Office.

George, L. K (1998). Dignity and quality of life in old age. *Journal of Gerontological Social Work*, 29, (2/3), 39-52.

Health Act 2007 (30<sup>th</sup> June 2009). *Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009* (S.I. no. 236 of 2009) Iris Oifigiúil,

Health Act (2007). (S.I. No. 23 of 2007). Dublin: Stationery Office.

Health (Repayment Scheme) Act (2006). Dublin: Stationery Office.

Health Service Executive (2006). *Patients' Private Property, Interim Guidelines*. Dublin: Health Service Executive.

Health Information and Quality Authority (2009). (Available Online). [e](#) [Accessed 16<sup>th</sup> August 2011].

Health Information and Quality Authority (February 2009). *National Quality Standards for Residential Care Settings for Older People in Ireland*. Dublin: Health Information and Quality Authority.

Health Information and Quality Authority (2013). *National Standards for Residential Services for Children and Adults with Disabilities*. Dublin: Health Information and Quality Authority.

Health Service Executive (2005). *Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members*. Dublin: HSE.

Horton, R. (2004). Rediscovering human dignity. *The Lancet* 364, 1081-85.

Irish Nurses Organisation (2004). *Guidelines for Nurses in the Understanding and Prevention of Elder Abuse*. Dublin: Irish Nurses Organisation.

Irish Nursing Homes Organisation (2006). *Higher Standards, Better Care: Review of Nursing Homes Legislation and the Development of National Minimum Standards for Nursing Homes, An INHO Position Paper*. Dublin: Irish Nursing Homes Organisation.

Lothian, K. & Philp, I. (2001). Maintaining the dignity and autonomy of older people in the healthcare setting. *British Medical Journal* 322, 668-670.

O'Neill, D., Gibson, J. & Mulpeter, K. (2001). Responding to care needs in long term care. *Irish Medical Journal*, (94) 3. ([www.imj.ie](http://www.imj.ie)).

O' Neill, D. (2002). *Protecting Our Future. Report of the Working Group on Elder Abuse*. Government Publications. Dublin.

O'Shea, E. (2003). *Healthy Ageing in Ireland: Policy, Practice and Evaluation*. Report No. 77. Dublin: National Council on Ageing and Older People.

O'Neill D. (2006). *A review of the deaths at Leas-Cross Nursing Home 2002-2005*. Dublin: Health Service Executive.

Royal College of Nursing (1996). *Combating Abuse and Neglect of Older People*. London: Royal College of Nursing.



St Joseph's House for  
Adult Deaf and Deaf  
Blind

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 17 of 21</b>

Safeguarding Vulnerable Persons at Risk of Abuse, National Policy & Procedures, Incorporating Services for Elder Abuse and for Persons with a Disability. Social Care Division. (HSE 2015)

UK Govt. (1997) Consultation "Who Decides?" issued by the Lord Chancellor's Department.

## Appendix 1: Types of Abuse and their Indicators

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 18 of 21</b>

## 1.0 Physical Abuse

The infliction of pain or injury, physical coercion, physical/chemical restraint.

### 1.1.1 Types of Physical Abuse (Abusive Behaviour)

- Assault: Hitting, slapping, pushing, burning, shaking.
- Pulling, twisting, punching, kicking, biting, beating.
- Dragging, scratching, hair pulling.
- Physical coercion.
- Inappropriate physical restraint: Being tied to bed/chair/toilet.
- Inappropriate use of cot sides / Monitoring systems.
- Forced or rushed feeding.
- Misuse of medication:
  - Overdosing, over sedation, withholding necessary medication.
  - Exposure to inappropriate drugs including intention to cause Medical Emergency.

### 1.1.2 Indicators of Physical Abuse (Effects of Abuse)

- Bruises: May have distinctive shape e.g. hand, buckle, hairbrush, rope.
- Grab Marks: Around joint areas from being forcibly held.
- Burns: Rope or chain burns around wrists, elbows, knees, ankles, waist from being restrained (tied to bed/chair/toilet). Immersion in hot liquid results in a definite line e.g. stocking or glove marks, Cigarette burns. Burns from caustic substances.
- Lacerations, puncture wounds, open wounds, bite marks, welts and pinch marks.
- Bone fractures: Particularly of the skull, usually signify that considerable force has been applied. Fractured ribs from pushing or shoving against an object. Note fractures of nose and facial bones.
- Untreated injuries in various stages of healing or not properly treated.
- Presence of old injuries especially where they have not been reported e.g. old fractures picked up on x-ray.
- Mouth injuries: Tears, abrasions of the skin. Sores around mouth area. Missing teeth.
- Black eyes, retinal haemorrhages, broken eye glasses.
- Effects of over/under-dosing of medication e.g. over sedation.
- Bald patches, bruising on scalp.
- Inconsistent or implausible explanation for injury.
- Any story of a resident being "accident-prone" should be viewed with suspicion.
- Doctor/hospital hopping (to avoid detection).
- A resident telling you that they have been physically abused i.e. a disclosure.

## 1.2 Psychological/Emotional Abuse

The infliction of mental anguish. Usually characterised by a pattern of behaviour repeated over time and intended to maintain a hold of fear over the resident.

### 1.2.1 Types of Psychological/Emotional Abuse (Abusive Behaviour)

- Verbal aggression: Shouting, swearing, name calling, blaming, humiliating, frightening, intimidating, shaming, harassment, jeering or laughing at the person.
- Threatening harm, isolation, deprivation or institutionalisation.
- Deliberately misinterpreting a person's communication.
- Deliberate social isolation: Deprivation of contact and support.
- Exclusion from family events and social activity.
- Emotional isolation: Withholding of affection and ignoring.

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 19 of 21</b>

### 1.2.2 Indicators of Psychological/Emotional Abuse (Effects of Abuse)

- Fearfulness, helplessness, hopelessness, passivity, apathy, resignation, withdrawal, depression, shame, indignity, powerlessness, upset, agitation.
- Anxious, nervous, intimidated or subdued in presence of carer. Reluctant to talk openly, avoiding eye contact.
- Sudden changes in mood/behaviour.
- Anger without apparent cause.
- Confusion or disorientation.
- Unexplained fear or paranoid behaviour.
- Denial of a situation.
- Unusual behaviour e.g. sucking, biting or rocking.
- Sleeping/eating problems.
- Extremely withdrawn, non-communicative and non-responsive.
- Frightened to make choices or exercise their rights.
- Loss of previous skills may have an air of resignation.
- A resident telling you that they are being verbally or emotionally abused, i.e. a disclosure.

### 1.3 Financial Abuse

The illegal or improper exploitation and/or use of finances or resources/property belonging to the resident.

#### 1.3.1 Types of Financial Abuse (Abusive Behaviour)

- Misappropriation of money, valuables or property.
- Theft from social welfare and/or other pension.
- Convincing the resident to share resources.
- Denial of right of access to or control over personal funds.
- Threatening the resident if money is not given.
- Intimidation to sign over property.
- Influencing the resident to change their will.

#### 1.3.2 Indicators of Financial Abuse (Effects of Abuse)

- Loss of money ranging from removal of cash from a wallet to the cashing of cheques for large amounts of money.
- Signatures on cheques etc. that do not resemble the resident's signature or signed when the resident cannot write.
- Sudden changes in bank accounts, including unexplained withdrawal of large sums of money by a person accompanying the resident.
- Inclusion of additional names on a resident's bank account.
- Abrupt changes to or creation of wills.
- Consent for changes to will may be obtained improperly from a resident who is not mentally competent.
- Sudden appearance of previously uninvolved family claiming their rights to a resident's affairs or possessions.
- Unexplained sudden transfer of assets to a family member or someone outside the family.
- Inability to pay bills.
- Unpaid bills when someone is supposed to be paying bills on resident's behalf.
- Bank books, credit cards, cheque books may be 'lost'.
- Unusual concern by someone that an excessive amount of money is being spent on the care of the resident.
- Lack of amenities e.g. TV, clothing, toiletries that the resident should be able to afford.

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 20 of 21</b>

- Unexplained disappearance of valuable possessions such as art, silverware, jewellery, and furniture.
- Deliberate isolation of the resident from friends and family, giving the caregiver total control.
- A resident telling you that they are being financially abused i.e. a disclosure.

#### 1.4 Sexual Abuse

Non-consensual sexual contact of any kind with a resident.

##### 1.4.1 Types of Sexual Abuse (Abusive Behaviour)

- Forcing a resident to take part in any sexual activity without their consent.
- Threatening the resident with rape or other sexual assault.
- Forcing the resident to view pornography.
- Exhibitionism by the perpetrator.
- Sexual harassment.
- Harmful genital practices such as obsessive washing and unnecessary inspection.

##### 1.4.2 Indicators of Sexual Abuse (Effects of Abuse)

- Bruises/trauma around the breasts, mouth, genital area or anus.
- Bite marks, scratches, and unexplained marks.
- Unexplained venereal disease, genital or anal infection/discharge/bleeding.
- Injury to other parts of body during restraint.
- Torn, stained or bloody underclothing.
- Difficulty with walking/sitting.
- A resident telling you that they have been sexually assaulted or raped i.e. a disclosure.

#### 1.5 Neglect

Intentional or unintentional refusal or failure to fulfil a care-giving obligation.

##### 1.5.1 Types of Neglect (Abusive Behaviour)

- Failure of a resident responsible for care giving to respond adequately to established care needs i.e. food, shelter, clothing, medical and dental care, toileting.
- Refusal to permit other people to provide appropriate care.

##### 1.5.2 Indicators of Neglect (Effects of Abuse)

- Safety hazards in resident's living environment i.e. exposure to danger.
- Dirt, faecal or urine smell, unsanitary and unclean conditions.
- Resident is inadequately clothed. Clothing may be dirty and in poor condition, inappropriate for the weather or the person's gender.
- Resident is malnourished or dehydrated, or has constipation or faecal impaction.
- Resident has an untreated medical condition or evidence of unmet physical needs e.g. decaying teeth or overgrown nails.
- Resident has poor personal hygiene, may appear very dirty, smell strongly of urine or be infested with lice.
- Resident is denied access to toilet when they require it.
- Repeated accidents due to inadequate supervision.
- Lack of assistance with eating and drinking where required.
- Withholding medication or over medication e.g. over sedated in the middle of the day.
- Inadequate skin care resulting in rashes and sores, and where the resident is immobile. Pressure areas may develop over sacrum, hips, heels and elbows.



St Joseph's House for  
Adult Deaf and Deaf  
Blind

<b>TITLE: Safeguarding and Responding To Allegations of Abuse</b>	<b>REFERENCE NO: SS-001/2</b>
<b>AUTHOR (OWNER): CIDP</b>	<b>REVISION NO: 1</b>
<b>APPROVED BY (LEAD): UNDER REVIEW</b>	<b>EFFECTIVE FROM: 01.10.2016</b>
<b>REVIEW DATE: 01.10.2017</b>	<b>Page 21 of 21</b>

- Lacking necessary aids e.g. glasses, dentures, hearing aid, walking stick or frame.
- Non-attendance at appointments/clinics.
- A resident telling you that they are being neglected i.e. a disclosure.