

NursingDirect

POLICY NUMBER: **8**

POLICY TITLE: **PREVENTION & DETECTION OF ABUSE**

WHO MUST ABIDE BY THIS POLICY? **ALL TEMPORARY WORKERS**



PREVENTION & DETECTION OF ABUSE

THE PURPOSE OF THIS POLICY

- To ensure that Temporary Workers understand PREVENTION & DETECTION POLICY.

PREVENTION & DETECTION

Nursing Direct strives to ensure compliance by ensuring that the following procedures and checks are carried out:

Nursing Direct undertakes to conform to the requirement of the 'No Secrets' document of the Department of Health (2000). In general, Nursing Direct will take the following steps: Identify who may be at risk. Identify the types of abuses that may occur, and will not be prejudiced as to what forms abuse may take. Staff will be made aware of the different manifestations of abuse and how to recognise them. Staff will be made aware of what steps to take if abuse is suspected. Nursing Direct has a specific abuse awareness staff training programme that will be evaluated and improved on an ongoing basis. Nursing Direct will develop and have other policies in support of this policy, such as policies on complaints and whistle-blowing.

Nursing Direct accepts the following definition of a vulnerable adult:

A person of 18 years or older, who is, or may be, for reasons of mental or physical disability or impairment, in need of specific or community care services and who is, or may be, unable to protect themselves from harm or exploitation.

Nursing Direct accepts the following definition of abuse:

PHYSICAL

This may include slapping, kicking, pushing and hitting.

Indicators are:

- Bruises
- Clusters of injuries
- Scalding or burns
- Nervousness and fear of sudden movements
- Fear of physical contact
- Dehydration
- Weight loss
- Injuries not consistent with the explanations offered
- Social / Institutional
- This may include inappropriate restraint and the misuse of medication. Indicators are: Overmedicating Undermedicating

FINANCIAL

This may include theft and the misuse of finances, property or benefits.

Indicators are: Inability to afford basic services when it is known that the patient should have the means

- Fraud involving power of attorney, assets or wills
- The theft or disappearance of personal property
- Sudden loss of cash or liquidity
- Sectarian This may include inappropriate utterances, verbal abuse and graphic material.
- Indicators are:
- Fear of ministers of religion
- Offensive remarks regarding religious beliefs
- Inappropriate banners,
- Emblems and visual material
- Emotional withdrawal

SEXUAL

This may include sexual assault, rape, erotic acts to which the patient has not consented. Indicators are:

- Unexplained injuries or soreness in the genital areas
- Unexplained rashes,
- Itching or pain in the genital areas
- Discomfort when sitting or walking
- The appearance of sexually transmitted disease
- Bruises on the buttocks or inner thighs
- Pregnancy when there was an inability to consent

NEGLECT

This may include the withholding of the necessities for care or health. Indicators are:

- The sudden unauthorised withdrawal of basic services
- Poor personal care
- A third party enjoying monetary benefits that do not seem to accrue to the patient
- Malnutrition
- Emaciation or weight loss
- Untreated conditions like bed-sores or ulcers

DISCRIMINATION

This may include racism, sexism and discrimination based upon impairment. Indicators are:

- Evidence of racism, sexism or ageism
- Offensive remarks regarding
- Religion
- Culture
- Gender
- Ethnic origin

Any discriminatory practise based on the patient's impairment.

PSYCHOLOGICAL / EMOTIONAL

This may include threats, harassment, blaming, coercion and humiliation. Indicators are:

- Bed-wetting when incontinence has not been diagnosed
- Depression
- High anxiety levels
- Unwarranted displays of fear
- Emotional
- Withdrawal
- Distrust of those around them

Nursing Direct requires that, in the case of all suspected or alleged abuse, the following procedures must be followed:

Any Temporary Worker who has a concern that a vulnerable adult or child may be the victim of abuse must report it immediately to the person in charge of the care of the patient.

This person will, if appropriate, escalate the matter to another appropriate person in Nursing Direct, such as the Registered Manager. The matter will be dealt with in accordance with Nursing Direct policy on whistle-blowing.

Nursing Direct will take care to maintain an appropriate balance between the duty to report the abuse and the client's right to the confidentiality of their affairs. The person in charge of the care must assess the facts, suspicions and allegations before them and decide on the appropriate action as described below. If the incident can safely be considered to be of a minor nature then the person in charge may choose to deal with the matter directly.

If the incident may be serious then the person in charge must inform the police, if appropriate and required in line with CQC guidance inform the Care Quality Commission, The Scottish Care Commission and The Regulation and Quality Improvement Authority and the POVA or POCA administration.

The person in charge must at all time keep complete and extensive records of all actions taken, the reasons for them and all the details of all the events that may have a bearing on the matter. The person in charge must take decisions regarding the actions that must be taken against the perpetrator of the abuse, making sure that the safety and dignity of the injured party are protected. The abused person must always be handled with discretion and sensitivity.

The person in charge must recommend and, if possible, implement preventative actions to prevent the abuse from occurring again. Nursing Direct will review all instances of alleged and confirmed abuse during the quarterly management meetings and take action regarding any visible or possible adverse trends.