

<b>Sunbeam House Services Policy Document</b>	<b>Title: Trust in Care Policy</b>
	<b>Effective Date: 6 October 2020</b>

## Document Control

Policy Title	Trust in Care Policy
Policy Number	064
Owner	Senior HR Manager
Contributors	Trisha Molloy, Senior Human Resources Business Partner, Siobhán Power, Senior Human Resources Business Partner & Mark Cantwell, Senior Human Resources Manager
Version	2.0
Date of Production	6 October 2020
Review date	6 October 2023
Post holder responsible for review	Senior HR Manager
Reference Procedure	PRO-003.064.1.0 Trust In Care Procedure
Reference Form	
Primary Circulation List	All in SHS
Web address	<a href="https://sunbeamlink.sharepoint.com/Share/KnowBase/PandP/">https://sunbeamlink.sharepoint.com/Share/KnowBase/PandP/</a>
Restrictions	None

## Version Control

Version Number	Owner	Description	Circulation
1.0	Human Resources Manager	Review	SMT
2.0	Senior Human Resources Manager	Review policy and addition of new procedure	SMT

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## **1.0 PURPOSE:**

This policy outlines the Trust in Care process in SHS. This policy should be read in conjunction with the Safeguarding Policy.

## **2.0 SCOPE:**

This policy applies to all employees.

## **3.0 POLICY STATEMENT:**

Dignity, human rights, client safety and welfare are essential components of the quality of life for all people. Sunbeam House Services (SHS) have a duty of care to protect clients and employees from any form of behaviour which violates their dignity and to maintain the highest possible standards of care.

SHS employees are highly motivated and caring individuals who are committed to providing the highest possible quality of care. SHS have a duty of care to provide employees with the necessary supervision, support and training to enable them to deliver a high quality service and to protect employees from situations which may leave them vulnerable to allegations of abuse or neglect.

Where allegations of abuse of clients are made against an employee, the welfare and safety of the client is of paramount importance. It is also acknowledged that employees may be subjected to erroneous or vexatious allegations which can have a devastating effect on the person's health, career and reputation. SHS are therefore committed to safeguarding the rights of the employee against whom allegations of abuse are made to a fair and impartial investigation of the complaint.

SHS will discharge its corporate responsibility to protect the dignity and welfare of clients entrusted to its care and to support staff with responsibility for them through the following measures:

- Ensure insofar as is reasonably practicable that sufficient resources are available to enable best practice standards of client care to be delivered.
- Provide safe systems of work to minimise the potential for abuse
- Provide information leaflets which set out how clients, relatives and members of the public can report concerns or complaints of abuse
- Rigorous application of recruitment and selection procedures to ensure that staff possess the required skills and attributes
- Provide induction for all new staff to ensure that they are aware of the standards of care expected from them
- 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 the Trust in Care Policy to all staff so that they are fully aware that the welfare of clients is of paramount importance and know the action to be taken if abuse is suspected or alleged
- Manage allegations of abuse against employees promptly and with due regard for the rights of the employee to fair procedures whilst safeguarding the welfare of clients.

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#### **4.0 WHAT CONSTITUTES ABUSE**

The term ‘abuse’ can be subject to wide interpretation. For the purpose of this policy, abuse is considered to be any form of behaviour that violates the dignity of clients. Abuse may consist of a single act or repeated acts. It may be physical, sexual, financial or psychological/emotional. It may constitute neglect and poor professional practice. It may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems within the organisation for which the individual employee cannot be held accountable.

**The HSE Trust in Care Policy (2005) describes** four broad definitions of abuse which can be used to illustrate the type of behaviour which may constitute abuse: physical, sexual, and psychological/emotional or neglect. SHS have added in further definitions of abuse (see below).

#### **5.0 DEFINITIONS OF ABUSE**

It should be noted that the examples given are for illustrative purposes and are not definitive. It should also be borne in mind that some forms of abuse may not be easily categorised.

##### **5.1 Neglect**

Neglect is defined in terms of an omission or the failure to act properly in safeguarding the health, safety, and wellbeing of the person. It can include ignoring medical or physical care needs, failure to provide access to food, clothing, warmth, supervision and safety. Neglect generally, becomes apparent in different ways over a period of time, rather than one specific point.

**Indicators of neglect include:** dehydration, malnutrition, inappropriate clothing, poor hygiene, unkempt appearance, under/overuse of medication, unattended medical needs, exposure to danger/lack of supervision, absence of required aids, such as glasses and dentures, and pressure sores.

##### **5.2 Emotional/Psychological Abuse**

Emotional abuse may arise in the relationship between an employee and a client. It is a consequence of the client’s needs for affection, approval, consistency and security not being met.

Examples of emotional abuse may include:

- persistent criticism, sarcasm, hostility or blaming
- unresponsiveness: failure to show interest in, or provide appropriate opportunities for, a client/resident’s cognitive and emotional development or need for social interaction
- use of unreasonable disciplinary measures or restraint
- disrespect for differences based on social class, gender, race, culture, disability, religion, sexual orientation or membership of the Traveller Community.

*These examples are not exhaustive*

**Indicators of emotional abuse may include:** demoralisation, depression, feelings of helplessness/hopelessness, disrupted appetite/sleeping patterns, tearfulness, excessive fears, agitation, resignation, confusion, unexplained paranoia, and strong ambivalent feelings towards an abuser.

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### 5.3 Physical Abuse

Physical abuse is any form of non-accidental injury that causes harm or could cause harm to a client. It may involve:

- hitting, shaking, slapping, burning or biting
- deliberate poisoning
- giving inappropriate medication, alcohol or illegal substances
- suffocation
- the use of excessive force in delivering personal care e.g. dressing, bathing, administering medication

*These examples are not exhaustive*

**Indicators of physical abuse may include:** bruises, lacerations, abrasions, scratches, burns, sprains, dislocations, fractures, hair loss, missing teeth, or eye injuries.

### 5.4 Sexual Abuse

Sexual abuse occurs when a client is used by an employee for his/her gratification or sexual arousal. Sexual abuse including rape and sexual assault or sexual acts to which the client has not consented, or could not consent, or into which he or she was compelled to consent.

Examples of sexual abuse include:

- intentional touching, fondling or molesting
- inappropriate and sexually explicit conversations or remarks
- exposure of the sexual organs or any sexual act intentionally performed in the presence of the client
- exposure to pornography or other sexually explicit and inappropriate material
- sexual assault
- sexual exploitation of a vulnerable adult, including any behaviours, gestures or expressions that may be interpreted as being seductive or sexually demeaning to a client
- consensual sexual activity between a employee and a vulnerable adult.

*These examples are not exhaustive*

**Indicators of sexual abuse include:** trauma to genitals, breasts, rectum, mouth, injury to face, neck, chest, abdomen, thighs, buttocks, sexually transmitted disease, and human bite marks.

### 5.5 Financial & Legal Abuse

Financial and legal abuse is defined as the wilful misuse of a person's money, properties or possessions. This can include:

- Misuse of benefits
- Lack of access to personal allowances
- Mismanagement of a person's accounts
- Embezzlement
- Theft of property, direct or indirect
- Intimidation and extortion
- Denial of legal advice and representation, and
- Curtailing freedom of movement

*These examples are not exhaustive*

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### 5.6 Discriminatory Abuse

In line with the Equal Status Acts 2000-2018 prohibit discrimination under the nine grounds of gender, marital **status**, family **status**, age disability, sexual orientation, race, religion, and membership of the Traveller community.

### 5.7 Institutional Abuse

Institutional abuse is defined as any system, programme, policy, procedure or individual interaction with a person in a service that abuses, neglects or is detrimental to his or her wellbeing. Institutional abuse may occur within our services and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

## 6.0 ABUSE PREVENTION

### 6.1 Introduction

SHS is committed to promoting the well-being of clients and providing a caring environment where they are treated with dignity and respect. SHS is also highly committed to their employee's and to providing them with the necessary supervision, support and training to enable them to provide the highest standards of care. The proper operation of human resource policies helps to ensure that employees are aware of the standards of care expected from them and is protected from situations which may render them vulnerable to allegations of abuse.

Particular attention should be paid to the following:

- Recruitment and selection
- Induction
- Probation
- Employee feedback, supervision and training

SHS ensures that the Trust in Care Policy is communicated to all staff when they commence employment and that they are made aware of their responsibilities to maintain a culture of vigilance and report any concerns or complaints of suspected abuse.

### 6.2 Recruitment & Selection

SHS follows a rigorous recruitment and selection process for all job applicants to ensure that they possess the required skills, attributes and competencies for the particular job. This involves the following:

- Preparing a job description which clearly sets out the caring responsibilities of the job and a person specification which sets out the caring attributes required to perform the job to the highest standards. The job description makes specific reference to the duty of all employees to report concerns for the safety and welfare of clients.
- Using the interview process to establish if applicants have a caring disposition.
- Verifying qualifications and validating all relevant information and following-up on gaps or inconsistencies in employment history.
- Offers of employment are subject to receipt of satisfactory references which include a reference directly obtained from the applicant's current or most recent employer.
- Offers of employment are subject to satisfactory Garda Vetting.

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- Confirm the identity of the applicant by obtaining a driving licence or passport with the applicant's details together with their signature and photograph.
- Where SHS make use of volunteers who have significant and regular contact with clients, they should undertake the same checks as they would when employing paid staff.

### **6.3 Induction**

All new employee's complete a mandatory induction process which includes this policy, to ensure that they are clear about the standards of care expected from them and any protocols to be followed when interacting with clients. These standards and protocols should also be conveyed through a written Code of Conduct to ensure that employee's carry out their duties in a manner that is respectful of the dignity of clients.

SHS has developed its own Codes of Conduct for all employees which reflect best practice in standards of client care.

Codes of Conduct offer protection not only to clients but also to employee's by providing a safe context within which to work and alerting them to situations which could render them vulnerable to allegations of abuse. Employees are given appropriate guidance on maintaining best practice in relation to areas such as:

- Responsive behaviour
- Personal and intimate care
- Conducting clinical examinations/assessments especially those of an intimate nature
- Appropriate physical contact
- Control and restraint
- Boundaries of social interaction with clients
- Medication
- Handling of clients' money and personal possessions

This Code of Conduct is updated in line with current best practice and be reinforced through on-going supervision, employee feedback and training.

### **6.4 Probation**

Following the induction process all staff should be aware of their role and responsibilities and the standards of care expected from them. New Employees are also required to undergo a probationary/assessment period of 6 months to establish their suitability for the job. The basis for assessing performance during this period should be explained by the manager to the employee at the outset so that expectations regarding the purpose of the probationary period are common.

Managers are responsible for monitoring the employee's progress. During this period there should be regular review meetings to advise the employee whether or not the required standards are being attained. Where any shortcomings exist, training and other appropriate assistance to enable employees to reach the required standards should be provided. If the employee does not demonstrate his/her suitability despite training and other support his/her employment will not be continued.

### **6.5 Employee Feedback, Supervision & Training**

Employees who have satisfactorily completed their probationary period should continue to receive regular performance feedback, supervision and training to assist them in delivering high quality standards of care.

Managers have a duty to be vigilant and to ensure that the required standards of care are maintained. If an employee breaches SHS' rules or his/her work falls short of the required standards the manager

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is responsible for addressing these shortfalls and, where appropriate, operating the progressive stages of the disciplinary procedure. Early intervention is key to ensuring that poor working practices do not develop and culminate in a more serious incident.

#### **6.6 Communicating the Trust In Care Policy**

Each employee must read the Trust in Care Policy on commencement of employment through the e-learning site. The Policy is re-enforced at Team meetings to ensure that employees are aware of their obligations towards clients and know the action to take if abuse is suspected or alleged.

Attendance at these team meetings for Trust in Care Policy briefings should be mandatory.

Employees are made aware of their role in promoting a culture of vigilance and are clearly informed that the safety and well-being of clients must take priority over all other considerations, including loyalty to work colleagues. Employees should be assured that their concerns will be treated seriously, and they will be fully supported throughout the process, regardless of whether or not abuse is found to have occurred.

Employees are given appropriate guidance on behaviours which indicate that a client may be at risk (e.g. they should be alert to anyone who is spending excessive time alone with clients or paying excessive attention to particular clients).

Employees receive guidance on dealing with complaints of abuse from clients e.g.:

- Encourage the client to give as much detail as possible but avoid asking “leading questions”, i.e. questions which suggest certain actions might have occurred or which name particular people who may have been involved. Allow the client as much time as possible.
- Do not press the client for details beyond that which s/he is willing to disclose.
- Do not promise to keep the information a secret.

Volunteers are informed of the policy and procedures for reporting complaints or concerns regarding the welfare of clients.

#### **6.7 Monitoring Awareness & Implementation of the Policy**

A form should be circulated to all managers at least once a year to remind them of their responsibility to ensure that all staff are familiar with the Policy and relevant Codes of Conduct and copies of the Policy and Codes are readily accessible.

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**APPENDIX 1 DEFINITION OF ‘REASONABLY PRACTICABLE’**

The extent of an obligation which is said to require an employer to take reasonably practicable measures has been explored by the courts, particularly in the context of occupational health and safety law.

For example, in Boyle –v– Marathon Petroleum (Ireland) Ltd. [1999] 2 IR 460, the Supreme Court held that reasonable practicability creates a duty that “is more extensive than the common law duty that devolves on employers to exercise reasonable care in various respects as regards their employees. It is an obligation to take all practicable steps. That seems to me to involve more than that they should respond that they, as employers, did all that was reasonably to be expected of them in a particular situation.” (Mr Justice O’Flaherty)

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