SAFEGUARDING
AN OCCUPATIONAL THERAPIST'S PERSPECTIVE

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THE PROBLEM

What is the problem?	• Signs of abuse are being missed in under performing care homes
Who has this problem?	• Norfolk County Council has a duty to safeguard and protect vulnerable adults
Why should this problem be solved?	• People deserve to be treated with dignity and respect
How will I know this problem has been solved?	• Inadequate care home provision will decrease

SEXUAL, PHYSICAL, EMOTIONAL ABUSE (DURING A TASK ANALYSIS)

CASE STUDY

- Whilst conducting a review in an under performing care home, OT identified a history of alleged sexual, physical and emotional abuse. This had not been identified in the previous annual review and had allegedly been happening for 3 years.

This was identified by the approach of review being changed by OT to 'listen more'.

- 'I prefer to strip wash'. Why?
- 'The carer told me she would take a photo of me in the 'horse' and screen it on the televisions for everyone to see'. So what did you do? 'I stayed in the bath until it was cold'. How did you get out? 'I waited for someone to come, they did eventually'. Why didn't you use the call bell 'Didn't have it and I am not allowed to'. What would happen if you called out for help 'The monster would come in and …… (too scared to say out loud so demonstrated slapping across her face).
- If I could sleep through it, I would'. What is it that you want to sleep through? 'Putting the cream on'.
- 'It hurts, depending on the size of their fingers. It is not the carers fault that their fingers slip when putting on cream'.

WORKABLE SOLUTIONS

TIME

- Allowing time to not just observe moving and handling, but to 'listen'
- This might mean moving someone to a place where they feel 'safe' to talk
- Barriers may be organizational/environmental

Liaise with QA/Safeguarding

- Access to QA worker and safeguarding PC
- Be prepared with knowing the QA worker involved, have safeguarding contacts available
- Barriers may be workers are unavailable. Always feedback to Manager over-seeing the reviews

MDT Working

- Work with Community Matron, health OT's, Social Worker, AP
- A holistic picture of concerns raised at the time of the reviews – gathering information across systems to feedback to QA/Safeguarding.
- Barriers may be lack of staff resources.

OT APPROACH

- What worked? Having a 'calm' approach and a 'listening' ear by a non-uniformed OT
- What did not work? Only observing moving and handling. Why? Because this did not allow a 'safe space' for resident to disclose or the right environment
- What changed for OT? OT changed the questions for a resident in a failing care home. Why? To gather a deeper insight into the reasons behind a choice made.
- Allowing time proved to be the difference. Why? Because it allows time to build trust. An OT is perceived as a 'safe option' to disclose allegations to
- This was tested with an un-uniformed Police Officer, Social Worker, Care Home Manager, Carers. An OT was seen as being a 'neutral', safe person to disclose to regarding incidents that occur whilst tasks of daily activities are being assisted by perceived perpetrators.

RE-DESIGNING OT APPROACH WHEN REVIEWING RESIDENTS IN CQC RATED INADEQUATE CARE SETTINGS

- Use the data from QA inspection as a guide. Fill in the gaps by '*listening to residents*'. Ask questions regarding previous tasks:
  - Why do you prefer to strip wash?
  - What happened the last time you had a bath?
  - Look on care plan log and identify the date and name of carer of whom the allegation is being made
  - Feedback to the care home manager

- Lessons learnt: Do NOT ask leading or guiding questions

- Do not ask the resident to identify a perpetrator using a photograph as this can obscure police investigations

OUTCOME

- A more in depth, holistic review – combining listening to how someone 'feels' about a task rather than only observing if 'moving and handling guidelines' are being followed
- Understanding why someone 'chooses not to take part in an activity' rather than only focusing on what they do
- Resulting in either a disclosure of alleged abuse to raise as a safeguarding or a deeper understanding into what can be improved to help the home to raise standards and remove alleged perpetrators of abuse from the care system.