# WHAT IF... ORGANISATIONAL ABUSE

**The What if ...**series seeks to provide guidance to aid the identification of an adult safeguarding concern and the action to take.

**Organisational Abuse is defined locally as "Organisational safeguarding concerns refers to actual or potential abuse or neglect of more than one adult within a regulated health or social care setting"**

A number of adults at risk have allegedly been abused resulting in significant harm or there is potential for significant harm (whether or not the local authority is funding this care). This could include people within a provider service or a group of individuals being allegedly abused by an individual or individuals.

- The receipt of collective concerns in relation to one service setting and/or are of a high volume.
- The concerns are serious in nature i.e. serious crime, media interest, and multi-agency involvement.
- The provider/organisation has failed to engage with the safeguarding process to date resulting in continued harm or continued risk of harm to one or more adults at risk.
- The outcome of an individual safeguarding concern or enquiry has raised significant concerns about the care of others in the same service or within the same organisation.
- A speaking out (whistle blowing) concern suggesting large scale concerns involving one or more adults at risk and/or more than one suspected cause of risk.
- Information received from the CQC and other system partner's, both statutory and non-statutory, which suggests that the practices of an establishment are placing adults at serious risk of harm.
- Information given by professionals or the public suggesting serious concerns within a service.

## Considerations & Response

The first consideration should always be the Immediate safety, support & care of individuals within the service. Running parallel to this may be Individual concerns which will be addressed through the usual safeguarding process.

Consider the information received in the complaint/ from person who has spoken out/evidence found etc. Is there reasonable cause to suspect abuse has occurred that requires safeguarding referral? Or is it poor practice that requires in house response? In either case action must be taken to safeguard the individuals The lead person should undertake internal information gathering and consider and check the below:

- What are the views of the adult or their family? Is this a one-off or is there a pattern with one or more individuals?
- Has the complaint been responded to and actioned?
- Does the situation involve staffing levels or staff members?
- Has the root cause been identified?
- Is Reg. 20 duty of Candour relevant?
- Is the incident reportable to CQC?
- Use reflection and professional curiosity to consider if this could be organisational?
- Consider if organisational quality assurance is robust? Is training and further information required for staff?
- Do staff have the knowledge and skills required.
- Has relevant documentation been evidenced? (to check practice and response to incident)
- Accident/Incident form/ Capacity/Consent/ inform relatives/advocate.
- Person centred support plan review & update
- Staff supervision & HR if appropriate/ retraining
- Are health & safety checks on building & equipment up to date?
- Training record & competency checks
- Up to date policy & procedure relevant to situation
- Action planning and monitoring to embed continuous improvement
- Partnership working – seek advice from Local Authority or relevant Health staff, Care Quality Team, GP, District Nurse or specialist service.

## Examples and Indicators of Organisational Abuse

- Lack of management overview and support: Lack of leadership and supervision. Failure to respond to abuse appropriately (Poor safeguarding culture). Failure to respond to complaints.
- Discouraging visits or the involvement of relatives or friends: Absence of visitors.
- Run-down or overcrowded establishment.
- Authoritarian management or rigid regimes: Lack of flexibility, independence and choice for people using the service.
- Poor standards of care and lack of Person- centred, individualised care planning.
- Insufficient staff or high turnover resulting in poor quality care.
- Abusive and disrespectful attitudes towards people using the service.
- Inappropriate use of restraints.
- Lack of respect for dignity and privacy: such as unnecessary exposure during bathing or using the toilet or public discussion of personal matters.
- Failure to manage residents with abusive behaviour...
- Illegal confinement or restrictions
- Not providing adequate food and drink, or assistance with eating: evidence of malnutrition & dehydration.
- Misuse of medication
- Not taking account of individuals' cultural, religious, or ethnic needs.
- Care home fails to improve in response to reviews, inspections or audits and deteriorates over time.

## Additional issues:

- Is there a positive safeguarding culture?
- Are provider organisations, care homes and staff learning from safeguarding concerns, referrals and enquiries?
- Does the organisation have a good awareness of what constitutes 'Organisational Abuse'? Is there a culture of care?
- Does the organisation have recruitment to values, robust induction and DBS Checking?
- Does the organisation have positive working relationships with the Adult safeguarding Team, DoLs, Commissioners and Care Quality Commission?
- Designated safeguarding Lead for organisation identified
- Leadership team has undertaken further development in Safeguarding for Managers such as S42

## Resources

Skills for Care - A positive workplace culture

NICE - Safeguarding adults in care homes

Hull Safeguarding - Hull Safeguarding Adults Board

Hull Safeguarding Adults Partnership Board

Hull City Council