

Company Name: Integrative Supported Living Care

Policy No: 03-3712	Authorised: Pellagia Margolis	Date: 15/01/2020
SUSPECTED SERVICE USER SELF-NEGLECT & SUBSTANCE ABUSE		

This Policy defines the procedures to be followed in the event of service user self-neglect. This specifically includes instances where it is suspected that a service user has abused alcohol or other mind-altering substances:

1. GENERAL SELF-NEGLECT:

- 1.1 Certain service users may exhibit signs of self-neglect, which can take many forms, for example:
 - 1.1.1 Infection due to lack of basic hygiene and / or medical care. This may originate from a refusal to bathe or wash, or a lack of ability to clean up or dispose of refuse, not looking after pets properly, etc.
 - 1.1.2 Malnutrition.
 - 1.1.3 Alcohol abuse (see below).
- 1.2 Each service user will be different, and the Care Worker will need to exercise discretion and sensitivity. Where there is evidence of self-neglect this should be recorded in the Service User's Records and the matter referred to the Domiciliary Care Services Supervisor or Manager for advice on how a situation may be overcome.
- 1.3 The Care Worker must always bear in mind the right of a service user to live in his / her own home in the manner of their choosing. Therefore, there may well be occasions when the Care Worker may have to accept the situation, with the following provisos:
 - 1.3.1 The welfare of the service user or the health and safety of the environment is not compromised to an unacceptable level.
 - 1.3.2 The Organisation will always retain the right to withdraw the Care Service where there is a serious risk to the health or safety of its staff (refer to *Policy No 4305*).

In both such cases the matter may be referred to Social Services and / or the service user's GP for appropriate action.

2. SUSPECTED ALCOHOL / SUBSTANCE ABUSE:

- 2.1 Abuse of alcohol is very difficult to define but is generally fairly easy to detect to the trained eye. Many elderly people enjoy a small intake of alcohol for social purposes, but the point at which alcohol intake passes from social drinking to problem drinking is almost impossible to define and will vary with each individual.
- 2.2 Alcohol abuse can start early and gradually develop through life, or it can start in retirement. Many elderly people are lonely and may turn to alcohol for a type of temporary relief. All Care Staff will receive training in detecting the symptoms of alcohol abuse. Such training will be recorded in individual Staff Training Files.
- 2.3 As part of the original Baseline Assessment of Need there will be indicators with respect to the level of alcohol consumption, if any, normally enjoyed by the service user. As part of the Care Service the Care Worker will advise all vulnerable service users on the dangers of mixing alcohol with prescribed drugs, particularly sedatives, and the Care Worker should discreetly watch for signs of this.
- 2.4 If the Care Worker should suspect that a service user is suffering from alcohol abuse they should refer the matter to the

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Domiciliary Care Services Supervisor or Manager who will decide upon the best course of action. This may include contacting the GP, particularly where there is a danger of contra-indication with prescribed medication.

- 2.5 The Care Worker must always remember that alcohol abuse can be a sensitive issue, and care should be taken not to impose their own values, beliefs or standards on others. It is a very fine balance between respecting the rights, privacy and independence of a service user and the need to refer the service user for medical help when it is considered that they are putting their health at risk.
- 2.6 If the Care Worker arrives to find the service user in a state of collapse as a result of suspected alcohol or substance abuse, he / she should contact the emergency services in the same way as any other medical emergency. This should then be reported to the Domiciliary Care Services Supervisor or Manager and the Service User's Records annotated accordingly.