



# St. Michael's House

## Policy and Procedures for the Safeguarding of Adults at risk of Abuse and Neglect

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<p><i>Person Centred • Professional • Honest • Ethical • High Standards of Governance • Innovative</i>  <i>All Policies and Procedures are in line with St. Michael's House Values</i></p>		

<b>CONTENTS</b>		<b>Page No:</b>
<b>Section 1:</b>	<b>St. Michael's House Policy</b>	<b>3 - 8</b>
<b>Section 2:</b>	<b>Definitions of Abuse and Neglect</b>	<b>9 - 11</b>
<b>Section 3:</b>	<b>The Designated Officer</b>	<b>12 - 13</b>
<b>Section 4:</b>	<b>St. Michael's House Procedures</b>	<b>14 – 21</b>
<b>Section 5:</b>	<b>Staff Support</b>	<b>22 - 25</b>
<b>Section 6:</b>	<b>Appendices</b>	<b>26 - 31</b>
	<b>Appendix 1</b> Good Practice Guidelines when working with Service Users in Vulnerable situations	
	<b>Appendix 2</b> Signs and Symptoms of Abuse and Neglect	
	<b>Appendix 3</b> Flow Charts summarising Investigation Process	
	<b>Appendix 4</b> Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures Preliminary Screening Form (PSF1)	
	<b>Appendix 5</b> Guidance Notes for Completing PSF1 & 2	
	<b>Appendix 6</b> Guidance Notes for Completing FSP1	

## Versions of Policy

Version	Date	Amendments	Written By / Reviewed by
1.0	January 2016		Ed Beausang, Principal Social Worker and Tracey McKenna, Head of Social Work
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3.0	May 2019	Policy Revised	
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5.0	September 2022	Appendices Added	Emma Byrne, Designated Officer

# SECTION 1 – ST. MICHAEL'S HOUSE POLICY

## POLICY STATEMENT

In line with national policy, a Vulnerable Person is identified as an adult who is restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation.

This may arise as a result of physical or intellectual impairment and risk of abuse may be influenced by both context and individual circumstances. Many complex issues arise in dealing with the *abuse* and neglect of people with rights, communication, and power differences.

While recognising that everyone in our society can be abused and neglected, research has shown that people with intellectual disabilities are particularly vulnerable to all forms of abuse and neglect. This is because of the nature of their intellectual disability, which can affect their understanding, their communication and their physical well-being.

In light of this, St Michael's House has developed this policy and these procedures reviewed against and in compliance with national HSE policy as part of its commitment to provide safe services to all people using its services, and protect them from abuse and neglect. Fundamental to the delivery of its services is the belief that services should be safe and trustworthy and contribute to the wellbeing of services users. This policy and these procedures are an essential element in ensuring that safety and maintaining that trust.

This policy and these procedures aim to give clear guidance to users and families/carers who receive services and supports from St. Michael's House, staff of St. Michael's House, and others providing service on behalf of St. Michael's House and to the public, as to how St. Michael's House will address the issue of abuse and neglect of its service users, while taking into account the many complexities inherent in this subject.

St. Michael's House is explicit in promoting a 'No Tolerance' approach to any form of abuse and endeavours to promote a culture which supports this ethos. This policy and these procedures recognise the obligation that St. Michael's House, its staff, students, volunteers and others contracted to provide services on its behalf, have in:

- Promoting the wellbeing of service users
- Treating service users with dignity and respect and adopting a person-centred approach in the delivery of all service
- Alerting and investigating, when necessary, concerns and allegations of abuse and neglect.
- Co-operating with other authorities in the sharing of information and records, where appropriate
- Recognising the signs and symptoms of abuse

# IMPLEMENTING SAFEGUARDING:

## 1) Responsibilities of St. Michael's House

### Prevention

St. Michael's House will take all possible actions to safeguard against abuse and neglect of all people receiving services and supports.

### Respect and Dignity

St. Michael's House has a duty of care to ensure that all service users are treated with dignity and respect.

### Recruitment

St. Michael's House will take all possible care in its recruitment processes to employ people and to recruit volunteers who will not abuse and neglect service users.

### Legislation

St. Michael's House will ensure that it implements all legislation in relation to the abuse and neglect of vulnerable people.

### Training

St. Michael's House will provide ongoing training to its employees in relation to safeguarding service users against abuse and neglect, so that they are aware of the signs and risks of abuse and neglect. This training is mandatory for all staff and volunteers.

St. Michael's House will provide training or education to service users and their families/carers, so that they can be aware of the risks, can recognise abusive and neglectful behaviour, and will know that they can report such incidents.

### Procedure:

St. Michael's House will take all reports/concerns of abuse and neglect seriously, and adopts a 'No Tolerance' approach to any form of abuse. Preliminary screenings and safeguarding plans will be developed and implemented in a timely fashion. This will be done in consultation and where necessary reporting to the HSE CHO Safeguarding and Protection teams.

St. Michael's House is of the view that any form of behaviour which undermines the physical, sexual, emotional and/or financial well-being of those in receipt of services and supports is unacceptable and must not, therefore, be ignored. This includes incidents of peer to peer interactions and/or behaviour that challenges that adversely affect service users.

### **Agencies Contracted to Provide Services**

St. Michael's House requires that agencies contracted to provide service commit to upholding the St. Michael's House Policy and Procedures for the safeguarding of adults at risk of Abuse and Neglect.

They will also be required to report any concerns they have in relation to abuse and neglect to their line manager, who in turn must furnish St. Michael's House with a full written report detailing the concerns.

### **Support**

St. Michael's House will provide support to those involved in preliminary screenings and investigations, including family members of service users, as appropriate.

St Michael's House will support people who have allegations of abuse made against them in their right to a fair and impartial investigation of the allegation.

### **Natural Justice**

All reports will be followed up and investigated in a fair and impartial manner and in accordance with the principles of natural justice. However, the welfare of those receiving services and supports will be of paramount concern.

### **Statutory and Regulatory Bodies**

St. Michael's House will report as required to the relevant statutory and regulatory bodies (such as HIQA, the HSE and the Gardaí) as well as the regulatory bodies of the various professions, if deemed appropriate.

### **Records**

A record of all allegations of abuse and neglect will be kept by St. Michael's House in a manner that respects the right to confidentiality of all concerned. Records will be used to provide organisational learning, through statistical and data analysis, which will be anonymous. This data will be shared with relevant external agencies such as the HSE and HIQA as appropriate.

### **Continuous Review and Improvement**

St. Michael's House will engage in continuous review and improvement in all of its systems and processes to ensure best practice standards.

## **2) Responsibilities of St. Michael's House Staff, Volunteers, Host Families and Agencies contracted to provide Services.**

### **Prevention and Protection**

St. Michael's House expects all staff, volunteers, people participating in home-based respite schemes (host families), and students on placement to take all possible actions to prevent the abuse and neglect of all people receiving services and supports, and to take every care to protect service users from abuse and neglect.

### **Reporting and Co-operation**

St. Michael's House requires that all staff, volunteers, people participating in home-based respite schemes (host families), employees of St. Michael's House schools, and students on placement report any instances of abuse and neglect or any concerns about the possible occurrence of abuse and neglect. St. Michael's House expects full co-operation with any preliminary screening or investigation, which St. Michael's House undertakes into alleged abuse.

***Failure to do so by staff employed by St. Michael's House will be regarded as a failure to perform their duties and may be dealt with under the Dignity at Work Policy i.e. disciplinary measures may be taken.***

### **Agencies contracted to provide services**

St. Michael House requires that agencies contracted to provide services report any concern they have in relation to abuse and neglect to their senior management, who in turn must furnish the Designated Officer with a full written report detailing those concerns.

## REGULATION AND LEGAL FRAMEWORK

Residential and residential respite centres are prescribed as 'designated centres' in the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations, 2013.

The Health Information and Quality Authority (HIQA) has, among its functions under law, responsibility to regulate the quality of services provided in designated centres for people with disabilities, and to safeguard people with disabilities who are receiving residential services. These regulations came into operation on 1<sup>st</sup> November, 2013.

Within these regulations specific reference is made to protection. Part 2, 8(2) of the regulations (S.I. No. 367 of 2013) state that "*the registered provider shall protect residents from all forms of abuse.*" Part 8, 31(1) states that "*The Person in Charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre,*" including "*any allegation, suspected or confirmed, of abuse of any resident.*" (Part 8, 31(1)(f))

The National Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse was launched by the HSE and Kathleen Lynch, Minister with Responsibility for Disabilities and Older Care, on the 5<sup>th</sup> December, 2014. The policy and procedures is underpinned by a number of principles, including respect for human rights, person centeredness, culture, advocacy, confidentiality, empowerment and collaboration. The document emphasises the importance of collaboration with vulnerable persons and consideration of the wishes and needs of those persons in relation to decisions taken.

Section 22.8 establishes a Safeguarding and Protection Team (Vulnerable Persons) in each of the nine new *Community Healthcare Organisations (CHO)* across the country to work collaboratively with services and professionals in promoting the welfare of vulnerable persons, receiving and assessing concerns and complaints regarding and involving vulnerable adults, and advising on or undertaking assessments regarding the possible abuse of vulnerable persons. Section 10 of the National Policy states that the Designated Officer or Line Manager must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) in their relevant CHO within **three working days** after he/she has been informed of the concern.



## LINKAGES

This policy and these procedures have links with the following policy and procedure documents, and committees:

- Principles and Practice in Intimate Physical Care
- Positive Behaviour Support Policy
- Policy and Procedures for the management of service users' monies by staff
- St. Michael's House Health and Safety Statement
- Standards for Report Writing and Record Keeping
- St. Michael's House Volunteer Policy and Guidelines
- St. Michael's House Human Resources Policies and Procedures Manual, including the Dignity at Work Policy
- Rights Policy
- Personal and Intimate Relationships Committee (PAIRS)
- St. Michael's House Risk Management Policy
- Visitors' Policy
- Nutrition Policy
- Feds Policy
- Lone Working policy
- Good Practice Guidelines When Working with Service Users in Vulnerable Situations See **Appendix 1**

The Policy and Procedures are also informed by:-

- Safeguarding Vulnerable Persons at Risk of Abuse: National Policy and Procedures: Incorporating Services for Elder Abuse and for Persons with a Disability (2015)
- Trust in Care: Policy for Health Services Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse Against Staff Members (HSE, Employment Representative Division (2005)).
- National Standards for Residential Services for Children and Adults with Disabilities (Health Information and Quality Authority 2013).
- Health Act 2007 (Care and Support of residents in designated centres for persons (children and adults) with disabilities) Regulations (2013). Statutory Instrument No. 367 of 2013.

## SECTION 2 - DEFINITIONS OF ABUSE AND NEGLECT

### 2.1 HIQA DEFINITION

The National Quality Standards as set out by the Health Information and Quality Authority (HIQA) use the Council of Europe definition of abuse as follows:

*Abuse: any act, or failure to act, which results in a significant breach of a vulnerable person's human rights, civil liberties, bodily integrity, dignity or general wellbeing, whether intended or inadvertent, including sexual relationships or financial transactions to which the person has not or cannot validly consent, or which are deliberately exploitative.*

Although this definition focuses on acts of abuse by individuals, abuse can also arise from inappropriate or inadequacy of care or programmes of care.

**HIQA set out the forms of abuse as follows:**

#### **Physical Abuse**

Physical abuse, including corporal punishment, incarceration – being locked in one's home or not allowed out, over- or misuse of medication, medical experimentation or involvement in invasive research without consent, and unlawful detention of psychiatric patients.

#### **Sexual Abuse**

Sexual abuse and exploitation, including rape, sexual aggression, indecent assaults, indecent exposure, sexual acts to which the vulnerable person has not given consent or cannot give consent, involvement in pornography and prostitution.

#### **Psychological Abuse**

Psychological threats and harm, usually consisting of verbal abuse, constraints, isolation, rejection, intimidation, harassment, humiliation or threats of punishment or abandonment, emotional blackmail, arbitrariness, denial of adult status and infantilising people with disabilities, and the denial of individuality, sexuality, education and training, leisure and sport.

#### **Neglect, Abandonment, Deprivation or Acts of Omission**

Neglect, abandonment and deprivation, whether physical or emotional, in particular, and often cumulative lack of health care or negligent risk taking, of food or drink or other daily necessities, including in the context of educational or behavioural programmes.

#### **Financial or Material Abuse**

Financial abuse, including fraud and theft of personal belongings, money or property.

#### **Integrity of the Person**

Interventions which violate the integrity of the person, including certain educational, therapeutic and behavioural programmes.

## Discriminatory Abuse

Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and/or other forms of harassment, slurs or similar treatment.

## Institutional Conditions

Institutional violence with regard to the place, the level of hygiene, the space, the rigidity of the system, the programme, the visits, the holidays.

***A person may experience more than one form of abuse at any one time.***

## 2.2 TRUST IN CARE DEFINITION

Trust in Care (2005) defined abuse in the context of staff caring and supporting service users. The document states:

*Abuse is considered to be any form of behaviour that violates the dignity of patient/clients. Abuse may consist of a single act or repeated acts. It may be physical, sexual 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.*

## 2.3 ST. MICHAEL'S HOUSE DEFINITION

St. Michael's House will use the definition and the forms of abuse as set out by **HIQA** and **Trust in Care (2005)** above.

See **Appendix 2** for signs and symptoms of abuse and neglect.

## 2.4 SPECIAL CONSIDERATIONS

Anyone who has contact with a vulnerable person may be abusive, including a family member, friend, carer, peer, healthcare/social care or other worker. Abuse can happen at any time in any setting. Abuse of a vulnerable person may be a single act or repeated over a period of time. It may comprise of one form or multiple forms of abuse. Lack of appropriate action can also be a form of abuse. It is critical that the rights of vulnerable people to lead as normal a life as possible is recognised. In particular, deprivation of the following rights may constitute abuse:

- Liberty
- Privacy
- Respect and dignity
- Freedom to choose
- Opportunities to fulfil personal aspirations and realise potential in their daily lives
- Opportunity to live safely without fear of abuse in any form
- Respect for possessions

The **assessment and management of risk** should promote independence, real choices and social inclusion of vulnerable adults. In assessing and managing risks, the aim is to minimise the likelihood of risk or its potential impacts while respecting the ambition that the individual is entitled to live a normalised life to the fullest extent.

St. Michael's House adopts the approach that the key to the successful safeguarding of vulnerable persons is an **open culture** with a person-centred approach to care/support, underpinned by a no tolerance policy towards abuse and neglect.

## SECTION 3 - THE DESIGNATED OFFICER

**The National Policy and Procedures for Safeguarding Vulnerable Persons at Risk of Abuse (2014)** requires that each organisation providing services to people who may be vulnerable should identify a Designated Officer who will be responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons.
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified and implemented.
- Ensuring reporting obligations are met.
- Other responsibilities, such as conducting preliminary assessments and further investigations, may be assigned within a specific service.

In St. Michael's House, the Designated Officer is a Social Work Team Leader. The Designated Officer reports to the Head of Social Work or Principal Social Worker who in turn reports to the Clinical Director.

All concerns/reports of abuse must be immediately and verbally notified to Principal Social Worker/Head of Social Work or if unavailable to contact the Designated Officer for advice and guidance on immediate next steps.

### 3.1 RESPONSIBILITIES AND ROLE

#### Reports of Safeguarding Concerns or Allegations of Abuse

The Designated Officer will receive all reports of safeguarding concerns or allegations of abuse and neglect in St. Michael's House in line with these policy and procedures.

#### Preliminary Screenings and Safeguarding Plans

- The Designated Officer in conjunction with the relevant people will ensure that preliminary screenings are conducted by the appropriate St. Michael's House Staff.
- The Designated Officer will co-ordinate all abuse and neglect preliminary screenings and safeguarding plans in St. Michael's House.
- The Designated Officer will notify the Community Healthcare Organisation Safeguarding and Protection Team (Vulnerable Persons) of all preliminary screenings of concerns/allegations of abuse within 3 working days.

#### Service Users and families

The Designated Officer will support St. Michael's House service users and families to increase their awareness of abuse and neglect, in order that they may be able to take steps to prevent and protect themselves from abuse and neglect.

### **Education and Awareness**

The Designated Officer will, in conjunction with the Training Department, increase awareness in St. Michael's House staff, families and volunteers and those contracted to provide services of the issue of abuse and neglect. This will involve supporting them through information sharing and training.

The Designated Officer will be available to all staff of St. Michael's House, carers and those who use St. Michael's House services, volunteers, host families and those contracted to provide services, to provide information and/or support if they wish to express concerns or report allegations of abuse or neglect.

### **Legislation**

The Designated Officer will ensure that any future legislation enacted in relation to vulnerable adults is implemented and followed.

### **Governance and Oversight**

The role of the Designated Officer and the safeguarding function is integrated into the Quality and Safety Governance structures of St Michael's House. The Adult Safeguarding committee has been established and this committee meets regularly.

The Designated Officer/ Head of Social Work will produce an annual report for the Management Teams, the Executive and Board of Directors of St. Michael's House to ensure that they are informed of safeguarding concerns in the organisation. The Designated Officer will also provide safeguarding reports to the Organisations Quality and Safety Committees as prescribed.

### **Records and Data Base**

The Designated Officer will ensure that appropriate records and files are kept in relation to cases/concerns of abuse and neglect. She/he will maintain a database of all cases and ensure that such information is maintained in a confidential and secure manner.

Information from preliminary screenings will be kept on a database. Access to this database will be limited to the CEO, the DOO, the Designated Officer, the Head of Social Work, Principal Social Workers and members of the Adult Safeguarding committee.

Statistical information will be used more widely so that periodic reports using statistical data will be made to the Executive Management Team of St. Michael's House, the Health Information and Quality Authority (HIQA) and the Health Services Executive (HSE). These will not include information that will identify people.

## **SECTION 4 - PROCEDURES FOR RESPONDING TO CONCERNS OR ALLEGATIONS OF ABUSE AND NEGLECT**

### **4.1 Duty to Report**

Staff play a key role in protecting those who use St. Michael's House services from abuse and neglect. They do this by being open to signs that may concern them and reporting these concerns to the appropriate person/s in the organisation.

Being open means listening to those who use our services and taking them seriously when they either say that they have been abused or neglected or there are signs in their behaviour or their appearance that may be cause for concern. It means not accepting poor practice from colleagues and being prepared to speak out about it. It means being vigilant at all times.

Alerting others to those concerns means that staff can never give guarantees of confidentiality. They can, however, involve the service user in the process by acknowledging that they cannot fix this situation on their own and identifying with the service user to whom this information has to go.

St. Michael's House expects all staff, volunteers, people participating in home-based respite schemes (host families), students on placement and agencies, which are contracted to provide services to St. Michael's House to take all possible actions to safeguard service users and prevent the abuse and neglect of all adults receiving services and supports.

It is important to note that professional regulatory bodies, (e.g. the Medical Council, CORU, An Bord Altranais), which register the various professionals, also require their members to report issues relating to abuse and neglect.

### **Stage 1: Reporting Concerns**

Where a staff member has a concern that an adult is being subjected to abuse and/or neglect or where a person discloses abuse or neglect to them, they must immediately report this concern to their Line Manager. The Line Manager will report this to the Principal Social Worker/the Head of Social Work or if they are unavailable to the Designated Officer by direct communication either via telephone or face-to-face. If their Line Manager is not available they must immediately report their concern to their Service Manager or Nurse Manager-On-Call, if out of hours.

Use of email at this initial point in the reporting process is not appropriate, and should only ever be used on specific direction from the Principal Social Worker/ Designated Officer.

The important thing for staff is to raise and report concerns with someone whom they can trust and with whom they can speak freely. In most instances, this is their Line Manager. In the event that concerns are about a Line Manager, Clinicians or senior members of staff in the organisation, staff should alert the Principal Social Worker/ the Head of Social Work and the Designated Officer.

Failure to report significant concerns will be deemed serious misconduct and will be dealt with under the Dignity at Work Policy, i.e. disciplinary measures may be taken.

The staff member must follow up with a written account/report of their concern.

The following points will help when writing the report:

- Complete the report as soon as possible after being told or becoming aware of the concern or allegation. Those who attend our service do not always report concerns or allegations verbally. Instead it may be something staff see or notice.
- Include as many factual details as possible (date, time, location, what was said/done/what you heard/saw), even if they seem irrelevant
- Sign and date the report with full name and staff title.
- Name other people who may have been present.
- Give facts, not opinion.
- Remember that when people are named in reports, they are entitled to receive this information and the relevant parts of the report will be passed on to them.
- The report may be required for disciplinary or legal or criminal proceedings.

This report should be submitted to your Line Manager who will then submit it to the Principal Social Worker/ Designated Officer.

### **What to Report**

The definition of abuse and neglect provided in the St. Michael's House policy and the list of possible signs and symptoms (See **Appendix 2**) should help in deciding what kinds of things staff should be concerned about.

However if in doubt, report anything that is making you uncomfortable so that the matter can be discussed and worries and fears allayed or followed up as necessary.

### **Staff Must Report**

- Concerns regarding abuse and neglect
- Suspicions of abuse and neglect
- Allegations of abuse and neglect which are made to them
- If they witness abuse and neglect
- If they witness peer to peer interactions or behaviour that challenges that adversely affect other service users.
- Disclosures of abuse and neglect, whether past or present



**Examples of What to Report, Could Include the Following:**

- Poor practice, such as colleagues speaking about people or acting towards people in a disrespectful manner, feeding people quickly or aggressively, being physically forceful towards people.
- Neglect, e.g. users arriving to their service dirty or hungry
- Physical abuse, e.g. bruising or bleeding, hitting
- Unexplained bruising
- Sexual abuse, e.g. inappropriate sexualised behaviour
- Emotional abuse can show itself in many ways, but depression and self harm can be possible indicators, as well as changes in mood.
- Peer to peer interactions/ behaviour that challenges that impact adversely on service users
- Peer to peer interactions/ behaviour that challenges where one person's behaviour results in someone else feeling afraid or anxious.
- Financial abuse could be indicated by consistent lack of money or in a change in a person's dress, from being well dressed to having few clothes. It could also be indicated by inconsistencies in a person's bank account or unexplained withdrawals. When staff are dealing with service users' money, they must follow the St. Michael's House Policy and Procedures for the Management of Service Users' Monies by Staff.

**Poor Practice**

Staff may not be clear about raising concerns regarding poor practice. Poor practice, if left unchallenged, can lead to ongoing abuse and neglect over time and so must be reported. St. Michael's House is committed to dealing with all concerns and allegations of abuse and neglect in a proportionate manner and in line with natural justice. Therefore, unintentional poor practice that may be perceived as abusive will be dealt with in a humane and understanding fashion. However, the welfare of people who attend our services is always of paramount concern, so all concerns are subject to possible investigation.

It is important for staff to remember that they also have a professional responsibility to report such practice in line with their professional bodies' code of practice and/or code of ethics.

**Who Might Inform You of a Concern or Allegation?**

Allegations and concerns of abuse and neglect can be made in many different ways and by different people.

It is true to say that every case or situation is different. Information can come from:

- Families
- The community
- Other staff members
- The alleged victim
- The alleged perpetrator.
- Outside agencies, such as the Gardaí or the HSE
- You also witnessing something yourself, which causes you concern.
- Other service users may report

Where it is suspected that a crime may have been committed, the Director of Adult Services, Director of Operations, Principal Social Worker, Head of Social Work or the Designated Officer will inform the Gardaí.

### **Service Users and Families/Carers**

Service users and families/carers can report abuse and neglect to any member of staff. The member of staff will follow the procedure outlined above.

### **Volunteers/Students**

Volunteers/students must first report any concerns, suspicions or allegations of abuse and neglect to the staff member who is supervising their placement, or another member of staff if their supervisor is unavailable. The staff member must then follow the procedures outlined above.

## **HOW TO DEAL WITH AN IMMEDIATE INCIDENT OF ALLEGED ABUSE AND NEGLECT**

### **You Will Need to**

- look after the alleged victim and ensure his/her safety
- look after the person who is alleged to have carried out the abuse if he/she is another service user
- preserve forensic evidence (forensic evidence means usable in court and includes physical evidence, such as clothes and DNA, and may include a physical examination by designated services)
- complete a report of exactly what happened immediately or as soon as is feasible; Information, which is recorded near to the event, is very helpful to a team following up the incident.

## Stage 2: Preliminary Screening

When an allegation of abuse and/or neglect is made, a preliminary screening when appropriate will be carried out in consultation with and under the direction of the Principal Social Worker/ the Head of Social Work or the Designated Officer.

### Purpose

The purpose of a Preliminary Screening is to establish the facts and determine whether there are reasonable grounds for concern that an adult may have been abused or is being abused or is at risk of being abused.

### Process

When the Principal Social Worker/the Head of Social Work or the Designated Officer receives an allegation of abuse or neglect they will when appropriate, initiate a preliminary screening. Relevant information and documentation will be gathered from key parties.

Throughout this process, paramount importance is placed on maintaining the safety and welfare of the person about whom an allegation/concern has been raised and steps will be taken to protect the person at all times in this regard.

In cases involving allegations against staff members of St Michaels House, volunteers, students, host families, those contracted to provide services to St Michael's House; The Trust in Care Policy will be followed.

### Time Frame

The time frame for preliminary screenings will be a maximum of **three** working days (as per the National Policy and Procedures). In the event that the time needs to be extended, the Principal Social Worker/the Head of Social Work and the Designated Officer in consultation with key people will agree this extension.

### Confidentiality

Everyone involved in the preliminary screening must maintain confidentiality and share information only on a need to know basis.

### Outcome

The preliminary screening and safeguarding plan will be submitted to the HSE CHO Safeguarding and Protection Team by the Designated Officer.

A preliminary screening will conclude one of three outcomes:-

- (I) Additional information required (this should be specified)
- (II) No grounds for reasonable concerns exist
- (III) Reasonable grounds for concern exist

Where **additional information is required**: Immediate safety issues addressed and a safeguarding plan to secure the additional information and the deployment of resources to achieve this within a specified time will be developed by the Designated Officer and relevant St. Michael's House staff.

Where **no grounds for reasonable concerns exist**, a review may be carried out to consider any lessons learned or any clinical and care issues that need to be addressed within normal management arrangements.

Where **reasonable grounds for concern exist**, a safeguarding plan will be developed in consultation between the Designated Officer, relevant St. Michael's House staff and the HSE Safeguarding and Protection Team (Vulnerable Persons) to address these concerns.

## HIQA

If the person about whom the allegation or concern has been raised is resident in a designated centre, then Regulation 31(1)(f) of the Statutory Instruments S.I. No. 367 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 applies.

Regulation 31(1)(f) stipulates that the Person In Charge (P.I.C.) shall give the chief inspector in HIQA (Health Information and Quality Authority) notice in writing within 3 working days of any allegation, suspected or confirmed, of abuse of any resident (NF06 form to be completed). In addition to this notification, a follow-up report into the alleged abuse may be requested by the Office of the Chief Inspector and must be submitted within 20 working days to the Authority, again in consultation with the Designated Officer.

*Where allegations or concerns raised relate to a member of St. Michael's House staff, no information that can identify that person, including gender-specific references, will be included either in the notification or in the follow-up report.*

## The Safeguarding Plan

A safeguarding plan will be developed as part of the preliminary screening process in consultation between the Principal Social Worker/ Designated Officer and the relevant St. Michael's House staff. The plan will outline actions identified to address the needs and minimise the risk to an individual or to groups of individuals. Where reasonable grounds for concern are determined, the safeguarding plan will be informed and amended by the decisions agreed upon at this stage. It will address the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse.

The Designated Officer will act as safeguarding plan co-ordinator to co-ordinate information and intervention. She/he will arrange reviews at agreed intervals. The Safeguarding Plan will be reformulated, implemented, reviewed and updated within 3 weeks of the screening being completed. A further Safeguarding Plan Review will be undertaken at appropriate intervals and, at a minimum of six monthly intervals thereafter or on case closure. The plan will include positive actions to safeguard the person/s at risk from further abuse/neglect and to promote recovery, and positive actions to prevent identified perpetrators from abusing or neglecting in the future. Updating and review of the Safeguarding Plan will be informed by all stages of the process.

Safeguarding planning meetings and reviews may include representation from the Safeguarding and Protection Team, HSE or other appropriate agencies as required.

**Cases involving allegations against staff members of St Michael's House**

In all cases where an allegation of abuse arises in respect of a member of staff, the Designated Officer will liaise with the Director of the Human Resources Department and the Director of Adult Services and St. Michael's House will follow the Trust In Care Policy 2005.

Students/ volunteers/ contracted staff have the same obligations under this Policy as St. Michael's House staff members.

**Cases involving concerns of abuse/allegations against another service user**

Where a concern of abuse/allegation perpetrated by a service user is received, in consultation with Principal Social Worker/Designated Officer a preliminary screening may be carried out as per St. Michael's House policies and procedures.

As is life, service users do not reside/work amicably together all of the time, and altercations between service users and residents will and do occur. St. Michael's House provides services to many adults with complex needs and situations arise where service users are at risk from the behaviours of others. St. Michael's House staff endeavours to manage these situations through the implementation of guidelines, positive behaviour support plans, and other processes (both managerial and clinical) where the continuing safety and welfare of all service users is considered paramount. However, this cannot always be guaranteed. Peer to peer interactions and/or behaviour that challenges that adversely affects service users should be reported to the Principal Social Worker/ the Head of Social Work or the Designated Officer as a safeguarding concern.

**Cases involving allegations against members of the public**

In the event that a member of the public is the subject of the preliminary screening and the conclusion is that reasonable grounds for concern exist, the Designated Officer will liaise with the HSE Safeguarding and Protection Team (Vulnerable Persons) with regards to follow-up in this regard.

## SECTION 5 - STAFF SUPPORT

St. Michael's House are committed to supporting staff in recognising and reporting safeguarding concerns through communicating of this policy and safeguarding training.

St. Michael's House recognise that it is not always easy for staff to report concerns and allegations. There can be many reasons for this which can include:

- They may not always be clear about what kind of concerns to report.
- They may be afraid to express concerns.
- They may not know how to report concerns or allegations.
- They may not understand what abuse is.
- They may not know what signs to look for.

Staff may be fearful of reporting concerns and/or allegations for a number of reasons which may include:

- Fear of what may happen.
- Fear of not being listened to.
- Confusion regarding confidentiality and keeping secrets.
- Knowledge of the person who is alleged to have carried out the abuse.
- Friendship or relationship with the person who is alleged to have carried out the abuse, particularly if they are a colleague.
- Not understanding the seriousness of the abuse.

While all of these are understandable, they are insufficient reasons for not alerting people to concerns of abuse and neglect. If in doubt, staff should report as it is better to err on the side of caution rather than let fear or disbelief take over.

St. Michael's House will provide support to staff that come forward with concerns or allegations of abuse and neglect.

If for some reason it is difficult for staff to report internally, staff may report externally to the Health Service Executive (HSE) under the provisions of the 2004 Health Act, as amended by Health Act 2007 (Section 103). This provides protection for those making disclosures of information. A document entitled Procedures on Protected Disclosures of Information in the Workplace was produced by HSE Working Group to meet the requirements in the Act. The legislation required the appointment by the HSE of an "Authorised Person" to discharge this function on behalf of the HSE and all service providers.

Additionally, The Director General of the HSE, has appointed a "Confidential Recipient", independent of the HSE, to whom anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility.

## **SOME DOs AND DON'Ts IF A SERVICE USER SAYS THEY HAVE BEEN ABUSED**

### **Do**

- stay calm
- listen sympathetically and attentively
- reassure the person
- let the person take their time
- assure the person that only those who need to know must be informed of what he/she has said
- explain what will happen, for example that you will talk to your Line Manager, that you will write a report and others who need to be informed will be told about what they have said
- get advice and know the correct procedure, except if you need to take emergency action in the event of someone being injured or ill, or to protect him/her from the person who they allege is abusing them

### **Don't**

- promise to keep secrets
- be judgemental
- ask for more details than you need
- offer guarantees that the abuse will stop immediately
- start to investigate – that is for others to do and could lead to contamination of the evidence

## **When They Have Finished Telling You**

### **Do**

- record the information) as soon as possible, using the words of the service user as much as possible
- write factually and sign, date and title must be on the report
- discuss it with your Supervisor/Manager
- inform the service user, if possible, of what is in the report

### **Don't**

- discuss the matter with anyone else apart from your Line Manager or Social Worker (or in their absence the Service Manager, Principal Social Worker or the Designated Officer, or if out of hours, the Nurse On Call or the Psychiatrist on Call)
- contact the person who is alleged to have carried out the abuse
- give your opinions in the report

## When allegations are made against a Staff Member

**Trust in Care: Policy for Health Services Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse Against Staff Members (HSE, Employment Representative Division (2005))** points out that "the Common Law provides a defence, in particular circumstances, to individuals who make verbal or written statements of a kind which could expose their author to a claim of defamation if such statements were made in different circumstances".

This ***defence of qualified privilege*** exists in recognition of the fact that there are circumstances in which individuals have to be able to speak freely without fear of adverse legal consequences.

In general, the privilege covers situations where the maker of the statement has a duty to speak or is obliged to protect some interest. The duty in question does not have to be a strictly legal one: moral or social duty, to make the statement or report is sufficient. The recipient of the statement must have a corresponding duty to receive the statement. The defence only applies where the individual who makes the statement is not motivated by malice in making his statement.

In circumstances where an individual has a duty to speak and does so without malice, he can be assured that the defence of qualified privilege will protect him from any defamation claim to which his statement could possibly give rise. The defence will apply, for example, when an employee reports to his Line Manager (or HR manager or some specially Designated Officer); his bona fide suspicion that a fellow employee may have committed an act of abuse in the course of the latter's employment.

Section 55(B) of the 2007 Health Act (Section 103) also provides protection for those making disclosures of information. It states that where an employee of a relevant body makes, in good faith, a disclosure to an authorised person, the disclosure shall be a protected disclosure under this Act.

A document entitled Procedures on Protected Disclosures of Information in the Workplace was produced by the Health Service Executive (HSE) Working Group to meet the requirements in the Act. The legislation required the appointment by the HSE of an "Authorised Person" to whom protected disclosures may be made.

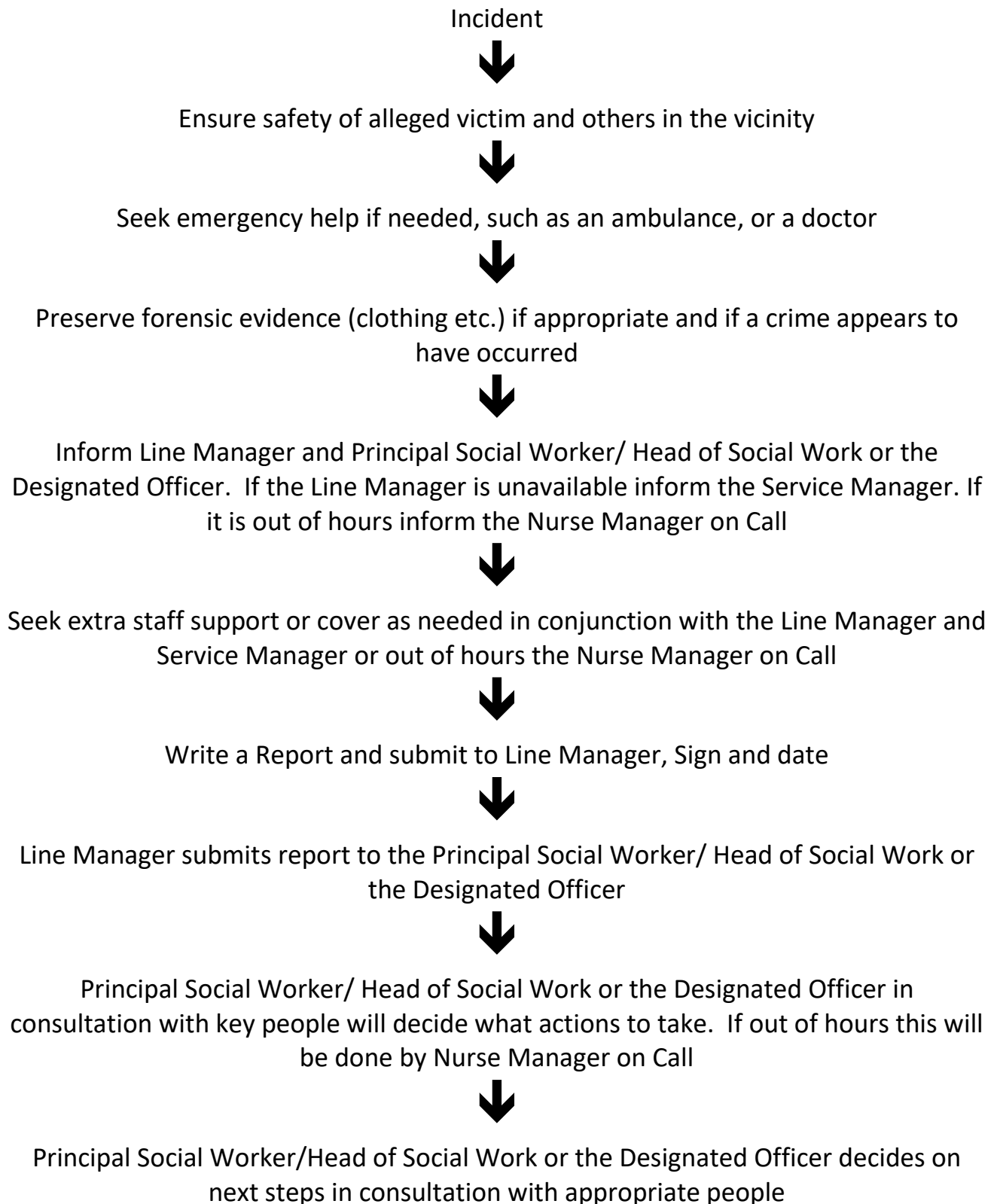
The HSE has appointed a person to discharge this function on behalf of the HSE and all HSE funded service providers.

Additionally, The Director General of the HSE, has appointed a "Confidential Recipient", independent of the HSE, to whom anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility.

Further information about this can be accessed at <http://www.hse.ie/confidential/>



## FLOW CHART FOR DEALING WITH IMMEDIATE INCIDENTS OF ABUSE AND NEGLECT



## **SECTION 6 - APPENDICES**

### **APPENDIX 1 - Vulnerable Situations**

### **APPENDIX 2 - Signs and Symptoms of Abuse and Neglect**

### **APPENDIX 3 - Flow Charts Summarising National Safeguarding Process**

**Stage 1: Responding to Concerns or Allegations of Abuse**

**Stage 2: Preliminary Screening**

### **APPENDIX 4**

**Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures  
Preliminary Screening Form (PSF1)**

### **APPENDIX 5**

**Guidance Notes for Completing PSF1 & 2**

### **APPENDIX 6**

**Guidance Notes for Completing FSP1**

# APPENDIX 1 - Vulnerable Situations

## Good Practice Guidelines When Working with Service Users in Vulnerable Situations

Follow any guidelines which have been set out by the team working with the service user (including the clinicians). When providing intimate care, follow the St. Michael's House Intimate Care Guidelines.

Inform other members of staff if you are taking a service user into a room on your own and if possible keep a door open or ajar, as long as the dignity and privacy of the service user can be maintained.

Inform other staff where you are going and when you expect to be back if you are going out on your own with a service user. This applies also to drivers of St. Michael's House transport, where no escort is available to accompany the driver.

Keep doors unlocked in day and residential services, unless there is good reason for doors to be locked and the Positive Approaches Committee has agreed this.

If a service user has made unsubstantiated allegations in the past or displays sexualised behaviour, consult with your Person In Charge as to the safety of working alone with the service user.

If a risk has been identified then a risk assessment needs to be completed.

If an incident occurs while out in the community and onlookers try to get involved, give them the name and number of the Manager of the service and ask them to contact him/her for an explanation. Onlookers may misunderstand the management of a service user's behaviour.

When showing affection to service users, keep in mind what is appropriate in terms of age, gender and culture. As affection can be misinterpreted, ensure it is shown in a socially appropriate manner and be sensitive to how it may be viewed by the service user and others.

### **If you are working in a service user's home, pay particular attention to the following:**

- Make sure a relative/carer is at home if you are working with a service user
- If the relative/carer leaves the room, make sure he/she is happy for you to be alone in the room with the service user.
- Make sure to keep the door of the room open.
- If a service user has made unsubstantiated allegations in the past or displays sexualised behaviour, make sure a family member/carer is at home while you are there.
- If concerned for your personal safety in a service user's home, leave immediately

If in doubt talk to the Person In Charge, member of the clinic team, a colleague or the Principal Social Worker/ the Head of Social Work or the Designated Officer. Do not take unnecessary risks.

All staff of St. Michael's House should ensure that staff from agencies contracted to provide services are not left alone with service users at any time (with the exception of agency Nurses or Care Staff). This is to ensure the safety of all concerned.

## APPENDIX 2 - Signs and Symptoms of Abuse and Neglect

### Types of Abuse

The following table provides definitions, examples and indicators of abuse with which all staff members must be familiar.

Type of Abuse: Physical	
<b>Definition</b>	<b>Physical abuse</b> includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
<b>Examples</b>	Hitting, slapping, pushing, burning, inappropriate restraint of adult or confinement, use of excessive force in the delivery of personal care, dressing, bathing, inappropriate use of medication.
<b>Indicators</b>	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a particular person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual	
<b>Definition</b>	Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
<b>Examples</b>	Intentional touching, fondling, molesting, sexual assault, rape. Inappropriate and sexually explicit conversations or remarks. Exposure of the sexual organs and any sexual act intentionally performed in the presence of a service user. Exposure to pornography or other sexually explicit and inappropriate material.
<b>Indicators</b>	Trauma to genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STDs and human bite marks.  Service user demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes to eating patterns, inappropriate or unusual sexual behaviour, anxiety attacks.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)	
<b>Definition</b>	Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
<b>Examples</b>	Persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing, invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance. Failure to show interest in, or provide opportunities for a person's emotional development or need for social interaction. Disrespect for social, racial, physical, religious, cultural, sexual or other differences. Unreasonable disciplinary measures / restraint. Outpacing – where information /choices are provided too fast for the vulnerable person to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.
<b>Indicators</b>	Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness / hopelessness, Extreme low self esteem, tearfulness, self abuse or self destructive behaviour.  Challenging or extreme behaviours – anxious/ aggressive/ passive/withdrawn.

Type of Abuse: Financial	
<b>Definition</b>	Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
<b>Examples</b>	Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain, putting pressure on the service user in relation to wills property, inheritance and financial transactions.
<b>Indicators</b>	No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service users internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

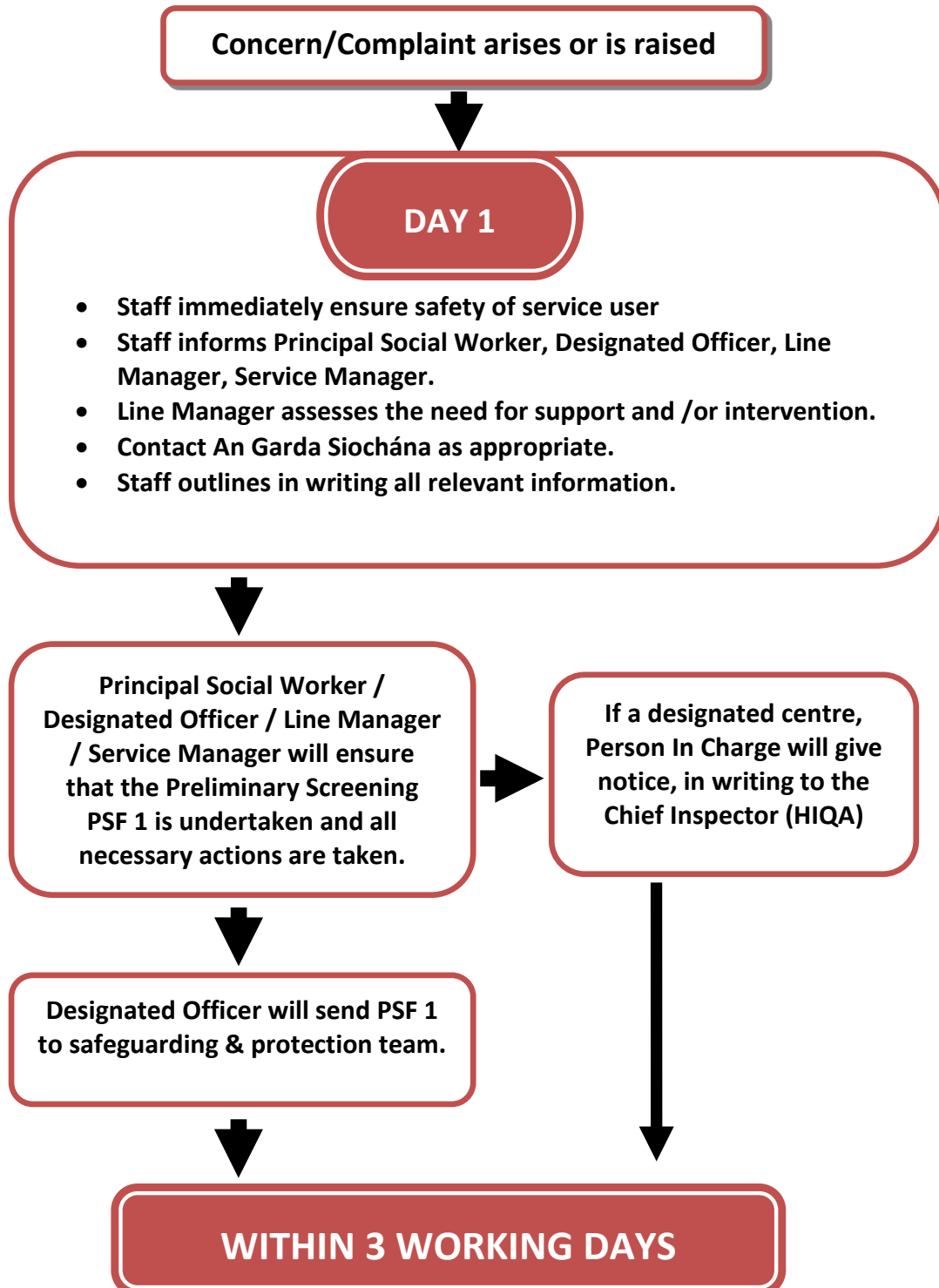
Type of Abuse: Institutional	
<b>Definition</b>	<b>Institutional abuse</b> may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.
<b>Examples</b>	Service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.
<b>Indicators</b>	Lack of or poor quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc.

Type of Abuse: Neglect	
<b>Definition</b>	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
<b>Examples</b>	Withdrawing or not giving help that a vulnerable person needs so causing them to suffer e.g. malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance.
<b>Indicators</b>	Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails. Poor state of clothing. non attendance at routine health appointments e.g. dental, optical, chiropody etc. socially isolated i.e. has no social relationships.

Type of Abuse: Discriminatory	
<b>Definition</b>	Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
<b>Examples</b>	Shunned by individuals, family or society because of age, race or disability. Assumptions about a person's abilities or inabilities.
<b>Indicators</b>	Isolation from family or social networks.

## APPENDIX 3 - Flow Charts Summarising National Safeguarding Process

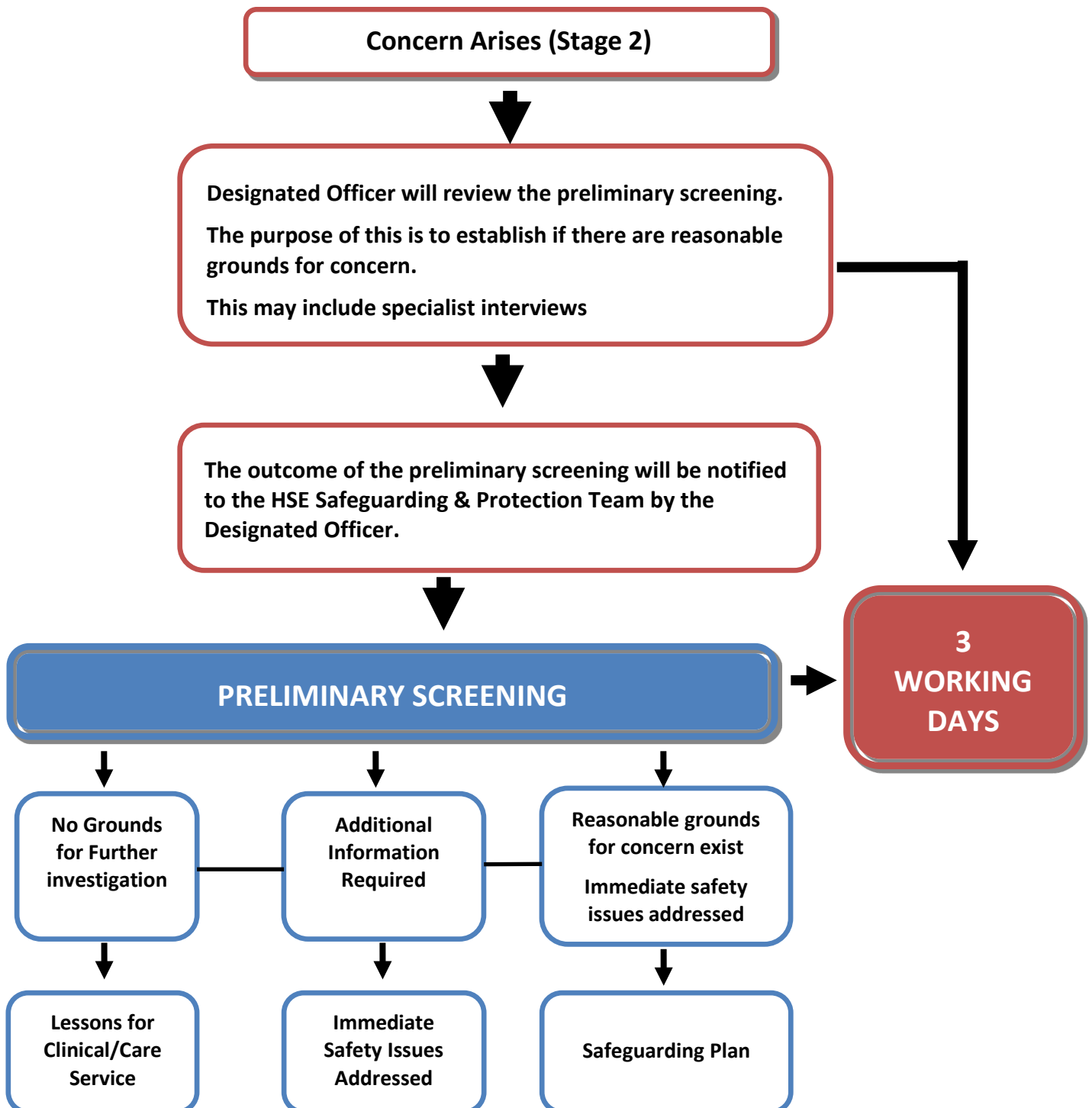
### Stage 1: Responding to Concerns or Allegations of Abuse



## APPENDIX 3 -

### Stage 2: Preliminary Screening

**Note:** At any point in the process, it may be appropriate to consult with the HSE Safeguarding & Protection Team (Vulnerable Persons) or An Garda Síochána. In such instances, a written note must be kept of any such consultation.



## **APPENDIX 4**

### **HSE - Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures Preliminary Screening Form (PSF1)**

## **APPENDIX 5**

### **Guidance Notes for Completing PSF1 & 2**

## **APPENDIX 6**

### **Guidance Notes for Completing FSP1**