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Safeguarding Vulnerable adults at risk from Abuse		

<b>Title of Policy: Policy on Safeguarding Vulnerable Adults at Risk from Abuse</b>	
<b>Description of the Policy:</b> This Policy has been developed for the staff in The Village Residence.	
<b>Ratification Details:</b>	
<b>Developed by: Drogheda Services for Older People.</b>	<b>Date Developed: Revised February 2011 Revised December 2012 Revised August 2015 June 2019 October 2021 December 2022 August 2023</b>
<b>Developed By: Nursing Department. Year 2009</b>	<b>Date Approved: February 2011 Approved again December 2012. Revised Feb 2014, August 2015 Revised June 2019 October 2021 December 2022 August 2023</b>
<b>Implementation Date: February 2011</b>	<b>Review Date: August 2024 or as per National Policy Changes.</b>
<b>Policy Reference Number: DSOP</b>	<b>No. of Pages: 20</b>

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Status of the Policy: Final	
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1.0. This Centre under the Health Service Executive Social Care Division Area 8, for the purposes of this policy and procedures document, considers a Vulnerable Person as an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation.

Restriction of capacity may arise as a result of physical or intellectual impairment. Vulnerability to abuse is influenced by both context and individual circumstances. Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other setting.

The Social Care Division of Area 8 is putting in place service and management arrangements to support the implementation of this Policy and Procedure in this Centre.

### Role of Frontline Personnel

- Promote the welfare of vulnerable person in all interactions.
- Be aware of the services policy and any local procedures, protocols and guidance documents.
- Comply with the policy and procedure to ensure the safeguarding of vulnerable persons from all forms of abuse.
- Support an environment in which vulnerable persons are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies.
- Avail of any relevant training and educational programmes.

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- Be aware of the signs and indicators of abuse.
- Support vulnerable persons to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with the policy.

## 1.2 Aim of this Policy

This Centre has a publicly declared '*No Tolerance*' approach to any form of abuse and promotes a culture which supports this ethos. The Person in Charge is responsible for ensuring that all policies and procedures promote welfare, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding older people who live here.

The Person in Charge along with the Clinical Nurse Manager's in this Centre have the responsibility to ensure that safeguarding policies and procedures and associated practices are in place and appropriate to the services provided.

This Policy will be reviewed on an annual basis by the multi-disciplinary team.

## 1.3 Scope

### **This Policy and Procedure applies TO:**

This centre, as a statutory publicly funded service, with responsibility, for the provision of health and social care services to vulnerable persons.

It applies to ALL staff and volunteers.

Associated support services such as transport are also included, AND ANY PERSON PROVIDING TRANSPORT ON BEHALF OF THE SERVICE

In situations where formal health or social care services are not in place but where concerns have been raised TO ANY STAFF MEMBER by, for example, neighbours, family members and members of the public in relation to the safeguarding of an individual and a health and/or social

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service response is required.

The term “disability” for the purposes of this policy applies to persons who have physical, intellectual or sensory impairments which, in interaction with various **barriers, may hinder their full and effective participation in society on an equal basis with others.**

#### 1.4. Implementation

Responsibility for leading implementation of this policy and procedure rests with the HSE Social Care Division 8 and the Person in Charge along with each clinical nurse manager and nursing staff **TAKING A LEAD TO ENSURE THAT ALL STAFF ARE AWARE OF THEIR RESPONSIBILITIES.** This includes all agency staff nurses, all Health Care Assistants, Agency Health Care Assistants, Catering Personnel, Household Staff, General Operatives, student nurses, students on placement undertaking the HCA Programme, Transitional Year Students and Volunteers, and any visiting professional to the Centre

**The Person in Charge has a responsibility for ensuring that they :**

- Communicate this policy to all staff and volunteers.
- Ensure that service specific procedures are developed, implemented and reviewed in compliance with national policy.
- Ensure that all adults with a disability and older people in receipt of health and/or social care services and their next of kin / advocates, are informed of local policies / procedures / protocols for safeguarding.

#### 1.5. Regulation

Residential and residential respite centres are prescribed as ‘designated centres’ in the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) 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

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disabilities and older people.

The purpose of regulation in relation to this designated centre is to safeguard people with disabilities and older people who are receiving residential services. Regulation provides assurance to stakeholders that people living in this designated centre are receiving services and supports that meet the requirements of national standards which are underpinned by regulations.

Regulation has an important role in driving continuous improvement so that people with disabilities and older people have better, safer lives. When this designated centre does not meet the required standards and/or the provider fails to address the specific areas of non-compliance, appropriate enforcement action will be taken to either control or limit the nature of the service provided or to cancel this centre's registration and prevent it from operating.

The Health Act, 2007 (Care and the Welfare of Residents in Designated Centres for Older People) Regulations 2013 sets out the arrangements to be put in place by the registered provider and the person in charge in relation to protecting residents from all forms of abuse, including ensuring that there are policies and procedures in place for the prevention, protection and response to abuse and recording any incidents and taking appropriate action where a resident is harmed or suffers abuse.

Any allegation, suspected or confirmed abuse of any resident in this designated centre must be formally notified to HIQA on the appropriate form (NF06 Form) within 3 working days of the incident being reported by the Person in Charge.

## 1.6. Definitions of Abuse

Abuse may be defined as **“ any act, or failure to act , which results in a breach of a vulnerable person’s human rights, civil liberties, physical and mental integrity, dignity or general well being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.”**

### 1.7. Types of Abuse

- **Physical abuse** includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

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- **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.
- **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.
- **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.
- **Neglect and acts of omission** includes 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.
- **Discriminatory abuse** includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
- **Institutional abuse may occur within residential care**
- **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.**

### 1.8. Who May Abuse?

Anyone who has contact with a vulnerable person may be abusive, including a member of their family, community or a friend, informal carer, healthcare/ social care or other worker.

#### Familial Abuse

Abuse of a vulnerable person by a family member.

#### Professional Abuse

Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care

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practice or neglect.

### **Peer Abuse**

Abuse, for example, of one Older Adult by another Older Adult.

### **Stranger Abuse**

Abuse by someone unfamiliar to the vulnerable person.

## **Abuse can happen at any time in any setting.**

### **Accidents, incidents and near misses**

Lessons can be learned from accidents, incidents and/or near misses. As a result, organisations should have in place a procedure for reporting accidents, incidents and near misses that occur.

Accidents, incidents and near misses, particularly those which are recurring, can be indicators of organisational risk, including risk to safeguarding, which needs to be managed. ALL ACCIDENTS, INCIDENTS AND/OR NEAR MISSES MUST BE CAREFULLY DOCUMENTED USING THE HSE REPORTING SYSTEM FOR THIS CENTRE.

### **1.9. Vulnerable Persons - Special Considerations**

It is critical that the rights of vulnerable persons 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

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- Respect for possessions

Older people may be particularly vulnerable due to:

- diminished social skills
- dependence on others for personal and intimate care
- capacity to report
- sensory difficulties
- isolation
- power differentials

Adults who become vulnerable have the right:

- To be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs.
- To be given access to knowledge and information in a manner which they can understand in order to help them make informed choices.
- To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse.
- To live safely without fear of violence in any form.
- To have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law.
- To be given guidance and assistance in seeking help as a consequence of abuse.
- To be supported in making their own decisions about how they wish to proceed in the event of abuse and to know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others to take an alternate course, or if required by law to do so.
- To be supported in bringing a complaint.



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- To have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately.
- To receive support, education and counselling following abuse.
- To seek redress through appropriate agencies.

### **1.10. Advocacy**

Advocacy assumes an important role in enabling people to know their rights and voice their concerns. The role of an advocate is to ensure that individuals have access to all the relevant and accurate information to allow them to be able to make informed choices.

Vulnerable persons can be marginalised in terms of health, housing, employment and social participation. Advocacy is one of the ways of supporting and protecting vulnerable persons. Advocacy services may be preventative in that they can enable vulnerable persons to express themselves in potentially, or actually, abusive situations.

The purpose of advocacy is to:

- Enable people to seek and receive information, explore and understand their options, make their wishes and views known to others and make decisions for themselves.
- Support people to represent their own views, wishes and interests, especially when they find it difficult to express them.
- Ensure that people's rights are respected by others.
- Ensure that people's needs and wishes are given due consideration and acted upon.
- Enable people to be involved in decisions that would otherwise be made for them by others.

### **1.11. Key Considerations in Recognising Abuse.**

#### **Recognising Abuse**

Abuse can be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than abuse. All signs and symptoms must be examined in the context of the person's situation and family circumstances.

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## Early Detection

All staff in this service need to be aware of circumstances that may leave a vulnerable person open to abuse and must be able to recognise the possible early signs of abuse. They need to be alert to the demeanour and behaviour of adults who may become vulnerable and to the changes that may indicate that something is wrong.

The possibility of abuse should be considered if a vulnerable person appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the vulnerable person seems distressed without obvious reason or displays persistent or new behavioural difficulties. The possibility of abuse should also be considered if the vulnerable person displays unusual or fearful responses to carers. A pattern of ongoing neglect should also be considered even when there are short periods of improvement. Financial abuse can be manifested in a number of ways, for example, in unexplained shortages of money or unusual financial behaviour.

A person may form an opinion or may directly observe an incident. A vulnerable person, relative or friend may disclose an incident. An allegation of abuse may be reported anonymously or come to attention through a complaints process.

## Capacity

All persons should be supported to act according to their own wishes. Only in exceptional circumstances (and these should be communicated to the service user/resident when they occur) should decisions and actions be taken that conflict with a person's wishes, for example to meet a legal responsibility to report or to prevent immediate and significant harm. As far as possible, people should be supported to communicate their concerns to relevant agencies.

A key challenge arises in relation to work with vulnerable persons regarding capacity and consent. It is necessary to consider if a vulnerable person gave meaningful consent to an act, relationship or situation which is being considered as possibly representing abuse. While no assumptions must be made regarding lack of capacity, it is clear that abuse occurs when the vulnerable person does not

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or is unable to consent to an activity or other barriers to consent exist, for example, where the person may be experiencing intimidation or coercion. For a valid consent to be given, consent must be full, free and informed.

It is important that a vulnerable person is supported in making his/her own decisions about how he/she wishes to deal with concerns or complaints. The vulnerable person should be assured that his/her wishes concerning a complaint will only be overridden if it is considered essential for his/her own safety or the safety of others or arising from legal responsibilities.

In normal circumstances, observing the principle of confidentiality will mean that information is only communicated to others with the consent of the person involved. However, all vulnerable persons and, where appropriate, their carers or representatives, need to be made aware that the operation of safeguarding procedures will, on occasion, require the sharing of information with relevant professionals and statutory agencies in order to protect a vulnerable person or others.

## Complaints

Things can go wrong and do go wrong in any service organisation. People may instinctively regard complaints as a comment on personal performance. However, the appropriate handling of complaints is an integral part of good governance and risk management. The first step for this Centre is to ensure that proper and effective complaint handling procedures are in place. **All staff should be familiar with the Complaints Policy of this Centre.**

## 2.0. Procedures.

### 2.1. Designated Officer

In this Centre, the Person in Charge has been appointed as the 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.
- ☐ Conducting preliminary assessments and further investigations, may be assigned.

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## 2.2. Data/Information

All information concerned with the reporting and subsequent assessment of concerns or allegations of alleged abuse is subject to the HSE policy on service user confidentiality.

However, information regarding or allegations of abuse cannot be received with a promise of secrecy. A person providing such information should, as deemed appropriate, be informed that disclosures of information to appropriate others can occur if:

- A vulnerable person is the subject of abuse and/or
- The risk of further abuse exists and/or
- There is a risk of abuse to another vulnerable person(s) and/or
- There is reason to believe that the alleged person causing concern is a risk to themselves
- and/or
- A legal obligation to report exists.
- **All staff must be aware that failure to record, disclose and share information in accordance with this policy is a failure to discharge a duty of care.**

## Records

It is essential to keep detailed and accurate records of concerns or allegations of abuse and of any subsequent actions taken.

Any staff member should if they have a concern or even just a feeling that something is not right, write it down and report it.

If a staff member witnessed abuse they should document it, date it and put the time on same and write exactly what they witnessed.

If anyone disclosed abuse to a staff member, they should document exactly what was said, and not what they thought was said. Listen really attentively to what the person is telling them. Write down exactly what was said, date it and proper time.

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

**Concern/complaint arises or is raised**

(e.g. member of public/staff member/other agency, etc.)

**Staff immediately ensure safety of client**

- Staff informs Designated Officer and Line Manager
- Line Manager assesses the need for support and/or intervention
- Contact An Garda Síochána as appropriate
- Staff outlines in writing all relevant information

Line Manager, Director of Services and Designated Officer will meet to ensure that the preliminary screening is undertaken and all necessary actions are taken

If a Designated Centre, Person in Charge will give notice, in writing, to the Chief Inspector (HIQA) USING NF06 Notification Form

The Line Manager will notify the Safeguarding and Protection Team

**WITHIN 3 WORKING DAYS**

A concern regarding concerns or allegations of abuse of a vulnerable person may come to light in

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one of a number of ways:

- ☐ Direct observation of an incident of abuse.
- ☐ Disclosure by a vulnerable person.
- ☐ Disclosure by a relative/friend of the vulnerable person.
- ☐ Observation of signs or symptoms of abuse.
- ☐ Reported anonymously.
- ☐ Come to the attention as a complaint through the HSE or agency/organisation complaints

process.

**The alleged perpetrator may be, for example, a family member, a member of the public or an employee of the HSE.**

**If unsure that an incident constitutes abuse or warrants actions, the Safeguarding and Protection Team (Vulnerable Persons) is available for consultation through the Person In Charge**

The following are key responsibilities and actions for **any staff member or volunteer** who has a concern in relation to the abuse or neglect of a vulnerable adult.

These responsibilities must be addressed on the *same day* as the alert is raised.

### **Immediate Protection.**

Take any immediate actions to safeguard anyone at immediate risk of harm including seeking, for example, medical assistance or the assistance of An Garda Síochána, as appropriate.

### **Listen, Reassure and Support.**

If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed.

Do not:

- ☐ Appear shocked or display negative emotions

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- ☐ Press the individual for details
- ☐ Make judgments
- ☐ Promise to keep secrets
- ☐ Give sweeping reassurances.

### **Detection and Prevention of Crime.**

Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately.

### **Record and Preserve Evidence.**

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate).

*As soon as possible on the same day*, make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- ☐ when the disclosure was made, or when you were told about/witnessed this incident/s;
- ☐ who was involved and any other witnesses, including service users and other staff;
- ☐ exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told;
- ☐ any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- ☐ include as much detail as possible;
- ☐ make sure the written report is legible and of a photocopyable quality;
- ☐ make sure you have printed your name on the report and that it is signed and dated;
- ☐ keep the report/s confidential, storing them in a safe and secure place until needed.

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## Report & Inform.

Report to the Line Manager or Person in Charge as soon as possible. This must be reported on the *same day* as the concern is raised. The **Line Manager/CNM/Senior Nurse on Duty** must ensure the care, safety and protection of the victim and any other potential victims, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps. **The LINE MANAGER MUST NOTIFY THE PERSON IN CHARGE IMMEDIATELY.**

The Designated Officer/Person in Charge will notify the Registered Provider and will the concern to the Safeguarding and Protection Team (Vulnerable Persons) within *three working days* after he/she has been informed of the concern.

If the concern relates to a designated centre, the Person in Charge will notify HIQA in writing within

three working days using NF06 form.

Nothing should be done to compromise the statutory responsibilities of An Garda Síochána.

## Stage 2 – Preliminary Screening.



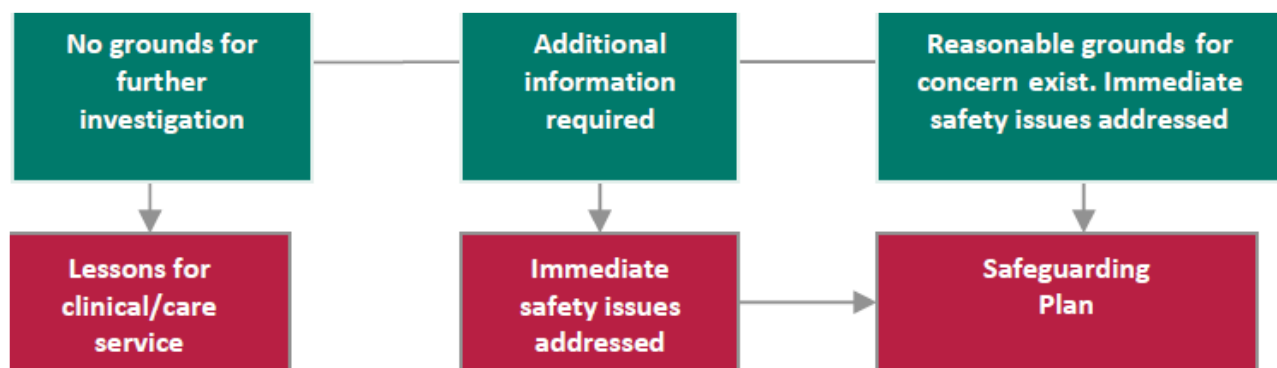
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## Concern Arises (Stage 2)

Designated Officer will carry out a preliminary screening and report findings to the Service Manager. The purpose of this is to establish if there are reasonable grounds for concern.

The outcome of the preliminary screening must be notified to the HSE Safeguarding and Protection Team and actions after this point must be agreed with the HSE

**3 WORKING DAYS**



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On receipt of the report of suspected or actual abuse, the Service Manager will establish and document the following:

- What is the concern?
- Who is making the report?
- Who is involved, how they are involved and are there risks to others. What actions have been taken to date?
- Biographical information of those involved, including the alleged perpetrator where appropriate, e.g. name, gender, DOB, address, GP details, details of other professionals involved, an overview of health and care needs (and needs relating to faith, race, disability, age, and sexual orientation as appropriate).
- What is known of their mental capacity and of their wishes in relation to the abuse/neglect?
- Any immediate risks identified, or actions already taken, to address immediate risks.
- Establish the current safety status of the victim. Arrange medical treatment if required.
- Establish if An Garda Síochána have been notified.

In general, through the information gathering process, the following information should be available:

- Name of person/s referred.
- Biographical details and address/living situation.
- As much detail as possible of the abuse and/or neglect that is alleged to have taken place/is taking place/at risk of taking place (including how it came to light, the impact on the individual, and details of any witnesses).
- The views of the person/s referred and their capacity to make decisions.
- Details of any immediate actions that have taken place (including use of emergency or medical services).
- An overview of the person/s health and care needs (including communication needs, access needs, support and advocacy needs).
- An overview of the persons needs.
- GP details and other health services/professionals.
- Details of other services/professionals involved.
- Name of main carer (where applicable) or name and contact details of organisation providing support.
- Checks made to ensure that the referral is not a duplicate referral.
- Checks made for possible aliases.
- Checks made if other services, teams or allocated workers are involved with the person/s referred or alleged perpetrator/s.
- Checks made for previous concerns of abuse and/or neglect with regards to person/s referred.
- Check for previous concerns of abuse and/or neglect with regards to the alleged perpetrator.

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### ***Involvement of staff member:***

In situations where the allegation of abuse arises in respect of a member of staff of the HSE , then the HSE Policies for Managing Allegations of Abuse Against Staff Members will be followed.

### ***Involvement of a service user:***

In the event that the concerns or allegations of abuse identified a service user, the plan must ensure that relevant professional advice on the appropriate actions is sought which may include, for example, a behavioural support programme.

The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.

### **Outcome of Preliminary Screening**

A report on the Preliminary Screening will be submitted to the Service Manager with a recommendation regarding proposed/required actions.

The report on the Preliminary Screening will be assessed by the Service Manager who will decide on

appropriate actions and prepare a written plan for each action.

The report on the Preliminary Screening and the associated plan will be copied to the Safeguarding and Protection Team (Vulnerable Persons) who may advise on other appropriate actions.

Based on the information gathered, an assessment should be made which addresses the following;

- ☐ Does the person/s referred or group of individuals affected fall under the definition of Vulnerable Adult (as defined above)?
- ☐ Do the concerns referred constitute a possible issue of abuse and/or neglect?
- ☐ Where it is appropriate to do so, has the informed consent of the individual been obtained?
- ☐ If consent has been refused and the person has the mental capacity to make this decision, is there a compelling reason to continue without consent? Have the risks and possible consequences been made known to the client?

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The outcome of the Preliminary Screening may be:

- A. No grounds for reasonable concerns exist.
- B. Additional information required (this should be specified).
- C. Reasonable grounds for concern exist.

### ***Reasonable Grounds for Concern Exists***

A safeguarding plan must be developed to address the concerns.

The plan may include:

- 1. Local informal process
- 2. Internal Inquiry
- 3. An Independent Inquiry
- 4. Assessment and management by Safeguarding and Protection Team (Vulnerable Persons).

### **The Safeguarding Plan.**

If the preliminary screening determines that reasonable grounds for concern exist a safeguarding plan must be developed. Responsibility to ensure a safeguarding plan is developed rests with the Service Manager IN CONJUNCTION WITH THE Person in Charge.

The Safeguarding Plan will outline the planned actions that have been identified to address the needs and minimise the risk to individuals or groups of individuals.

The Safeguarding Plan will be further developed in line with further assessments, i.e., when the appropriate assessments/investigations have been carried out to establish levels of risk and whether the abuse or neglect occurred. The Safeguarding Plan will be formulated in partnership with all relevant stakeholder parties.

A Safeguarding Plan will be informed by the Preliminary Screening and developed in all cases where reasonable grounds for concern exist.

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### Safeguarding Plan Co-ordinator

One lead person must be appointed to act as a co-coordinator of information and intervention. The Safeguarding Plan Co-ordinator will arrange a full review at agreed intervals.

The responsibility for appointment of a Safeguarding Plan Co-ordinator will be with the Service Manager.

If the vulnerable person has capacity and agrees to intervention, a safeguarding plan will be developed, as far as possible, in accordance with his/her wishes.

If the person has capacity and refuses services, every effort should be made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's well being.

If the person lacks capacity, legal advice may be required to inform the decision making process. Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values. It is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

### ***Timescale.***

The Safeguarding Plan should be formulated, even in a preliminary form, and implemented *within three weeks* of the Preliminary Screening being completed. A Safeguarding Plan Review should be undertaken at appropriate intervals and must be undertaken *within six months* of the Safeguarding Plan commencing and, at a minimum, at six monthly intervals thereafter or on case closure.

The Safeguarding Plan should include, relevant to the individual situation:

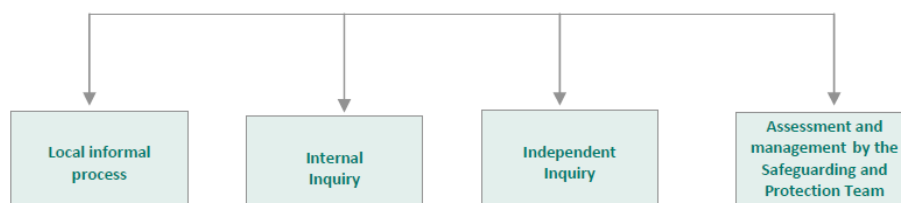
- ☐ Positive actions to safeguard the person/s at risk from further abuse/neglect and to promote recovery.
- ☐ Positive actions to prevent identified perpetrators from abusing or neglecting in the future.

The Safeguarding Plan should also include consideration of what triggers or circumstances would indicate increasing levels of risk of abuse or neglect for individual/s and how this should be dealt

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with.

### Stage 3: Reasonable Grounds for Concern have been Established.



If it is determined that abuse of a vulnerable person may have occurred, the responsibilities towards all relevant parties must be considered and addressed. These may include:

- ☐ The vulnerable person.
- ☐ The family of the vulnerable person.
- ☐ Other vulnerable persons, where appropriate.
- ☐ The perpetrator, particularly if a service user.
- ☐ Staff.

The needs of the vulnerable person is the paramount consideration and a formal Safeguarding Plan must be developed which addresses the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse.

#### ***Inquiry – Internal or Independent***

In establishing any form of Inquiry, relevant HSE Policies must be considered. In considering the specific form of Inquiry, issues to be considered include;

- ☐ The nature of the concerns.
- ☐ If the matters relate to an identifiable person, or incident, or to system issues.
- ☐ The impact on confidence in the service.
- ☐ The views of the vulnerable persons and/or his/her family.

The Service Manager will usually commission the Inquiry. The Commissioner of an Inquiry must develop specific Terms of Reference and, where appropriate, ensure the appointment of a Chair and members with the suitable experience and expertise, both in services for vulnerable persons and in the application of fair procedures.

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The Terms of Reference should be informed by appropriate professional advice. Arrangements for the provision of expert advice to the enquiry should also be outlined.

An Inquiry Report will usually contain certain conclusions and recommendations and it is the responsibility of the Commissioner to receive the report and to determine the necessary actions.

In certain circumstances, the HSE Head of Social Care in each Community Healthcare Organisation may decide that the matter should be assessed and managed by the Safeguarding and Protection Team (Vulnerable Persons). Such circumstances may include any possible/perceived conflict of interest for the Service Manager.

The Head of Social Care in each Community Healthcare Organisation may also determine that another process, appropriate to the particular issues arising, is required and may arrange such a process. This may include the arranging of a comprehensive professional assessment.

### ***Management of an Allegation of Abuse against a Staff Member***

In situations where the allegation of abuse arises in respect of a member of staff of the HSE or a Non Statutory Organisation funded by the HSE, then the HSE Policies for Managing Allegations of Abuse against Staff Members will be followed.

The safety of the service user is paramount, and all protective measures proportionate to the assessed risk must be taken to safeguard the welfare of the service user.

Nothing should be done to compromise the statutory responsibilities of An Garda Síochána. If it is considered that a criminal act may have occurred, agreement on engagement with the person who is the subject of the complaint should be discussed in the first instance with An Garda Síochána.

### **Responsibilities in relation to this policy.**

It is the responsibility of each Clinical Nurse Manager to go through with staff this policy and to ensure that staff receive and attend mandatory elder abuse training.

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**Read and Understood. Please ensure that all staff have read and understand the processes involved in protection of Vulnerable Older Adults.**



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