Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

MHC
Coimisiún Meabhair-Shláinte | Mental Health Commission

NATIONAL STANDARDS FOR ADULT SAFEGUARDING

2019

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About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.

- **Regulating health services** — Regulating medical exposure to ionising radiation.

- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

About the Mental Health Commission

The Mental Health Commission (MHC) was established under the Mental Health Act 2001 to promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services in Ireland.

The MHC's remit includes the broad spectrum of mental health services including general adult mental health services, as well as mental health services for children and adolescents, older people, people with intellectual disabilities and forensic mental health services.

The MHC's role is to regulate and inspect mental health services, support continuous quality improvement and to protect the interests of those who are involuntarily admitted and detained under the Mental Health Act 2001. Legislation focuses the MHC's core activities into regulation and independent reviews.

In addition, under the provisions of the Assisted Decision-Making (Capacity) Act 2015,[1] the MHC's remit has been extended to include the establishment of the Decision Support Service (DSS). The DSS will support decision-making by and for adults with capacity difficulties and will regulate individuals who are providing those supports. The main functions of the MHC are:

Regulation:

- **Registration and enforcement** — registering approved centres and enforcing associated statutory powers, such as attaching registration conditions.

- **Inspection** — inspecting approved centres and community mental health services and reporting on regulatory compliance and the quality of care.

- **Quality improvement** — developing and reviewing rules under the Mental Health Act 2001. Developing standards, codes of practice and good practice guidelines. Monitoring the quality of service provision in approved centres and community services through inspection and reporting.

Independent reviews:

- **Mental Health Tribunal Reviews** — administering the independent review system of involuntary admissions. Safeguarding the rights of those detained under the Mental Health Act 2001.

- **Legal Aid Scheme** — administering the mental health legal aid scheme.

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1 At the time of writing, the Assisted Decision-Making (Capacity) Act 2015 is not fully commenced, therefore, the Decision Support Service is not operational.

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INTRODUCTION

1. Background

The Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC) recognise the importance of increasing the quality and safety of services for all adults in Ireland, especially those who may be at risk of harm. Having National Standards for Adult Safeguarding in place allows for a consistent approach to preventing and responding to harm when it does occur. National standards provide a framework for the continual development of person-centred, high-quality, safe and effective services. However, a system-wide approach to addressing safeguarding requires policy and legislation to also be in place. The Government is committed to safeguarding adults through relevant legislation and national policy and the Department of Health announced that a new national adult safeguarding policy was to be developed for the health sector.[2] This, together with national standards and service provider policies and procedures, will provide a system-wide approach to addressing safeguarding in Ireland.

This approach requires services putting people at the centre of everything they do, for example by communicating with them in a way they can understand, respecting and promoting their autonomy and ensuring that they participate in decisions about their lives.

All adults have the right to be safe and to live a life free from harm. Safeguarding means putting measures in place to promote and protect people's human rights and their health and wellbeing, and empowering people to protect themselves. It is fundamental to high-quality health and social care.

Safeguarding relies on people and services working together to ensure that people using services are treated with dignity and respect and that they are empowered to make decisions about their own lives. As a starting point, everyone must be presumed to have capacity to make their own decisions recognising that capacity can change over time. Each person's welfare should be promoted and they should receive care and support in an environment where every effort is made to prevent the risk of harm. Health and social care services have a responsibility to do everything possible to prevent harm as a result of abuse, neglect or exploitation.

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2 In December 2017, the Department of Health announced that a new national adult safeguarding policy was to be developed for the health sector. This acknowledges the need to build further on the existing range of policies, procedures, codes of practice and legislation aimed at protecting and safeguarding adults in the health sector in Ireland. At the time of developing these national standards, the Department of Health was in the process of developing a national policy that will assist in framing legislation on safeguarding for the health and social care sector. This policy will apply across all health and social care services.

Any adult may need help to protect themselves at any point in their lives. There may be times when a person is more vulnerable to abuse, neglect and exploitation, and this may mean that they are unable to adequately protect themselves from a wide range of potential harm. Any adult can go through a period of risk and need care and support. This care and support should be balanced and proportionate to manage or mitigate risk in order for the person to live a safe and fulfilling life.

Services have a responsibility to ensure that if harm occurs or is likely to occur that it is stopped and reported as quickly as possible. Services must respond effectively when harm does occur in order to minimise the impact of harm. However, there may be times when a service will need to respond to a safeguarding concern in a manner that is not in accordance with the person's wishes. This response must be proportionate and tailored to the person's circumstances, respect the person's will and preferences; be the least restrictive; applied for the shortest possible time; and subject to a timely review.

2. Adult safeguarding principles

The national standards are underpinned by key principles that emerged from the literature and engagement with a wide range of stakeholders. These principles should be reflected in the ways health and social care services deliver care and support to all people using their services. These principles should not be viewed in isolation, as all of the principles interact with each other to ensure that services place people using their services at the centre of what they do. The principles are:

- **Empowerment** — people are empowered to protect themselves from the risk of harm and to direct how they live their lives on a day-to-day basis according to their will and preferences. This requires people having access to the right information in a way they can understand, making decisions about their lives and being supported to engage in shared decision-making about the care and support they receive.

- **A rights-based approach** — people's rights should be promoted and protected by health and social care services. These include the right to autonomy, to be treated with dignity and respect, to be treated in an equal and non-discriminatory manner, to make informed choices, the right to privacy and the right to safety. A rights-based approach is grounded in human rights and equality law.

- **Proportionality** — staff working in health and social care services should take proportionate action which is the least intrusive response appropriate to the risk presented and takes account of the person's will and preferences.

- **Prevention** — it is the responsibility of health and social care services to take action before harm occurs. Preventative action includes care, support and interventions designed to promote the safety, wellbeing and rights of adults.

- **Partnership** — effective safeguarding requires working in partnership, that is, health and social care services and the person using the service, their nominated person and professionals and agencies working together to recognise the potential for, and to prevent, harm.

- **Accountability** — health and social care services are accountable for the care and support they deliver and for safeguarding people using their services. This requires transparency in the ways in which safeguarding concerns are responded to and managed.

While the arrangements that a service puts in place will vary depending on the size and complexity of the service, these principles apply regardless of the setting.

3. Purpose of the national standards

It is recognised internationally that the setting and implementation of standards are important levers in promoting improvements in the quality and safety of care and support. They also help to set the expectations of people using services, the public, providers and professionals.

National Standards for Adult Safeguarding:

- offer a common language to describe adult safeguarding in health and social care services

- help people using services to understand what they should expect from a service committed to promoting their rights, health and wellbeing and protecting them from the risk of harm

- enable a person-centred approach by focusing on the people who use services and placing them at the centre of everything that the service does

- create a basis for services to improve the way in which they promote the rights, health and wellbeing of people using services

- help to reduce harm and respond to harm when it does occur by identifying strengths and highlighting areas for improvement

- promote practice that is up to date, effective and consistent.

The purpose of the standards is not to set out specific procedural detail which is best described in operational policies and procedures. National standards are supported by a legislative framework, national policy and local policies, procedures and structures which interact with each other to consistently ensure the prevention of harm and the appropriate response to safeguarding concerns.

4. Interaction with national standards

Reference is made to safeguarding at a high level in a number of national standards developed by HIQA. In existing national standards, emphasis is placed on promoting people's rights and respecting their autonomy, privacy and dignity. The role of staff in facilitating people to be as independent as possible and to exercise personal choice in their daily lives while also safeguarding them from abuse is also outlined. Similarly, the autonomy, capacity and involvement of people using services in decisions about their care and treatment are key themes in the MHC's Quality Framework for Mental Health Services in Ireland. While elements of safeguarding are included in existing national standards, a dedicated set of national standards for adult safeguarding:

- focuses attention on the area of safeguarding
- supports service providers to:
  - » understand what safeguarding is
  - » identify ways to prevent harm from occurring
  - » respond proportionately when harm does occur, with the rights and interests of the person at risk of harm to the fore.
- sets out what people using services can expect from those services.

These standards are not intended to replace existing standards and frameworks. Some service providers may be in a position that other existing standards or frameworks are also relevant to them.

5. How the national standards should be used

HIQA and the MHC's aim in developing these standards is to improve the experience of all people accessing health and social care services, reduce their risk of harm, and promote their rights, health and wellbeing. Although HIQA only has a legal mandate to set standards for the safety and quality of certain health and social care services,[3] Section 7 of the Health Act 2007 outlines HIQA's role in promoting safety and quality in the provision of

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3 Health and social care services provided by the HSE or a service provider in accordance with the Health Acts 1947 to 2007, Child Care Acts, 1991 and 2001, the Children Act 2001 and nursing home services as defined in section 2 of the Health (Nursing Homes) Act 1990.

health and social services for the benefit of the health and welfare of the public.

Under the Mental Health Act 2001, the statutory mandate of the MHC is to 'promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres'.

These standards have been approved by the Minister for Health. This places a responsibility on all residential services for older people and people with disabilities and all publicly-funded health and social care services to begin implementing these national standards. As these standards have been jointly developed and approved by the MHC, they should be implemented by all mental health services.

People interact with and move between a wide range of health and social care services and should expect the same level of care, support and commitment to safeguarding from all of the services that they use (that is, all health services, including mental health and social care services). Safeguarding should form part of the culture of any service. People accessing any health and or social care services should expect that their risk of harm is reduced and their rights, health and wellbeing are promoted and protected by each of the services that they come into contact with.

Therefore, HIQA and the MHC took a broader focus in developing these adult safeguarding standards by actively engaging with stakeholders from a wide range of health services — including mental health and social care services, — throughout the standards development process. This included people using services, advocates, practitioners, service providers and policy makers. This has resulted in a set of standards that have been designed to apply to all health and social care services. Therefore, it is envisaged that all health services will adopt these national standards, approved by the Minister for Health, to promote people's rights, health and wellbeing and reduce the risk of harm.

6. Themes in the national standards

HIQA uses an established framework to develop national standards. This framework was developed following a review of national and international evidence, engagement with national and international experts and applying HIQA's knowledge and experience of the health and social care context. Figure 1 illustrates the eight themes under which the standards are presented. The four themes on the upper half of the circle relate to the dimensions of **safety and quality in a service**, while the four on the lower half of the circle relate to the key areas of a service's **capacity and capability.**

Figure 1. Standards development framework

The four themes of quality and safety are:

- **Person-centred Care and Support** — how services place people using their services at the centre of what they do in order to protect them from harm. This includes how services communicate with people using these services to ensure they are well informed, involved and supported. In the context of safeguarding, this includes making sure that people's rights are upheld and promoted.

- **Effective Care and Support** — how services ensure that safeguarding is part of the routine delivery of care in and between services using the best available evidence and information.

- **Safe Care and Support** — how services protect people from the risk of harm and respond to safeguarding concerns when they arise.

- **Health, Wellbeing and Development** — how services work in partnership with people using the service to develop the skills to protect and promote their own physical, mental, emotional and social health and wellbeing and protect themselves from harm.

Delivering improvements within these quality and safety themes depends on service providers having capacity and capability in the following four key areas:

- **Leadership, Governance and Management** — the arrangements put in place by services for clear accountability, decision-making, risk management and performance assurance to reduce the risk of harm and respond to safeguarding concerns, underpinned by effective communication among staff.

- **Responsive Workforce** — how services plan, recruit, manage and organise their workforce to ensure enough staff are available at the right time with the right skills and expertise to reduce the risk of harm and promote the rights, health and wellbeing of people using services.

- **Use of Resources** — how services plan, manage and prioritise their resources to reduce the risk of harm and promote the rights, health and wellbeing of each person.

- **Use of Information** — how services use information as a resource for planning, delivering, monitoring, managing and improving services to keep people safe.

7. Structure of the national standards

The national standards are set out according to the above eight themes. The eight themes are intended to work together, and collectively they describe how a health or social care service promotes the rights, health and wellbeing of people using its services and how it puts in place measures to reduce the risk of harm to people using its services.

Each standard consists of three sections:

- **Standard** — describes the high-level outcome required to contribute to delivering care and support that promotes the rights, health and wellbeing of people using services, reduces the risk of harm and responds appropriately and effectively when harm does occur.

- **Features** — taken together, these will enable progress towards achieving the standard. The list of features provided under each standard statement is not exhaustive, and the health or social care service may meet the requirements of the standards in other ways. While it is expected that all health and social care services will work to achieve each standard, not all features within each standard are relevant to all services.

- **What does this mean for me** – this provides at-a-glance information for people using services on what each standard means for them, and it also assists those providing services to understand what is expected of them.

8. Key terms used in this document

This section defines some of the key terms which are used throughout the standards. A full list of relevant definitions is included in the Glossary of Terms section of this document.

Abuse: a single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. The main areas of abuse which cause people harm are physical abuse, emotional abuse, sexual abuse, neglect of the person and financial abuse. It is important to note that this is not an exhaustive list.

Adult: a person aged 18 years or older.

Adult at risk: a person who is aged 18 years or older who needs help to protect themselves from harm at a particular time. A distinction should be made between an adult who is unable to safeguard him or herself, and one who is deemed to have the skill, means or opportunity to keep him or herself safe, but chooses not to do so.

Advocate: a person who assists an individual in making their views known. Advocacy comes in different forms. This may include informal support or independent advocacy services.

Capacity: in line with the Assisted Decision-Making (Capacity) Act 2015, 'capacity' means 'decision-making capacity' and refers to the ability to understand, at the time that a decision is to be made, the nature and consequences of the decision in the context of the available choices at that time.

Harm: the impact of abuse, exploitation or neglect on the person. Harm arises from any action, whether by a deliberate act or an act of omission, that may cause impairment of physical, intellectual, emotional, or mental health and wellbeing.

Nominated person: a person who has been expressly identified by the person using the service and has been given authority by that person as an individual with whom information in relation to them may be shared and who can assist them in making their views known. A nominated person can be a family member or another person who has an interest in the welfare of the person using the service. The involvement of any person must be in line with the expressed wishes of the person using the service.

Person using services: a person who uses health and or social care services.

Safeguarding: measures that are put in place to reduce the risk of harm, promote and protect people's human rights and their health and wellbeing, and empowering people to protect themselves. Safeguarding is fundamental to high-quality health and social care.

Service: any health or social care service where care and support is provided to adults.

Staff: the people who work in, for or with a health or social care service. This includes individuals who are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the service.

9. How the national standards were developed

As a first step, a review of national and international literature on the issue of adult safeguarding was undertaken by HIQA and the MHC and used to inform the development of the national standards. This review took account of published research, investigations, and reviews of adult safeguarding in Ireland, alongside legislation, standards, policy, guidelines and best practice in other countries. All documents and publications were reviewed and assessed for inclusion in the evidence base that informed the development of the National Standards for Adult Safeguarding. The background document setting out the findings of the literature review was published in May 2018 and is available on **www.hiqa.ie** and **www.mhcirl.ie**.

HIQA and the MHC also established an Advisory Group, comprised of a diverse range of interested and informed parties, including representatives from support and advocacy groups, regulatory bodies, professional representative organisations, the Health Service Executive (HSE) and the Department of Health. The group's function was to advise HIQA and the MHC on the development of the standards, and to support consultation and information exchange. Both organisations would like to gratefully acknowledge the hard work and commitment of the Advisory Group. The members of this group are listed in Appendix 1 of this document.

HIQA and the MHC hosted an awareness-raising seminar on adult safeguarding, where the background document setting out the findings of the literature review was published. The seminar brought together practitioners, policy-makers and people using services to share their experience and learn from each other.

Focus groups were organised with people who use health and social care services and with staff working in these services to discuss their experiences and get their opinions as to what the National Standards for Adult Safeguarding should address. Seventeen focus groups were conducted with a total of 145 participants. One-to-one interviews were held with key stakeholders who did not attend a focus group to ensure that their opinions informed the development of the standards. HIQA and the MHC would like to gratefully acknowledge those who participated for taking the time to attend these sessions and meetings and contributing to the standards development process in such a meaningful way.

A national public consultation was carried out during a seven-week period from 1 August until 19 September 2018. HIQA and the MHC received 79 detailed submissions on the national standards. Of the 79 submissions received, 44 were submitted on behalf of organisations. Following the consultation, all submissions were analysed and the standards were revised as appropriate.

A summary of these submissions is available to read in a Statement of Outcomes document on both **www.hiqa.ie** and **www.mhcirl.ie.**

10. Summary of the National Standards for Adult Safeguarding

Theme 1: Person-centred Care and Support	
Standard 1.1	Each person's rights are recognised and promoted.
Standard 1.2	Each person is supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and wellbeing.

Theme 2: Effective Care and Support	
Standard 2.1	The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights, health and wellbeing.
Standard 2.2	Each person experiences integrated care and support which is coordinated effectively within and between services to reduce the risk of harm and to promote their rights, health and wellbeing.

Theme 3: Safe Care and Support	
Standard 3.1	The service strives to protect each person from the risk of harm and to promote their safety and welfare.
Standard 3.2	Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.

Theme 4: Health, Wellbeing and Development

Standard 4.1	Each person is supported to develop the skills to protect and promote their own physical, mental, emotional and social health and wellbeing and protect themselves from harm.

Theme 5: Leadership, Governance and Management

Standard 5.1	The service has effective leadership, governance and management arrangements in place with clear lines of accountability to reduce the risk of harm and to promote the rights, health and wellbeing of each person.
Standard 5.2	The service strives to continually improve the quality of the care and support it provides to reduce the risk of harm and to promote the rights, health and wellbeing of each person.

Theme 6: Responsive Workforce

Standard 6.1	The service plans, organises and manages the workforce to reduce the risk of harm and to promote the rights, health and wellbeing of each person.
Standard 6.2	The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.

Theme 7: Use of Resources

Standard 7.1	Resources are used efficiently to reduce the risk of harm and promote the rights, health and wellbeing of each person.

Theme 8: Use of Information

Standard 8.1	Information is used to effectively reduce the risk of harm and promote the rights, health and wellbeing of each person.
Standard 8.2	The service shares information appropriately to keep people safe.

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THEME 1:

Person-centred Care and Support

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Person-centred care and support refers to how services place the people using the service at the core of what they do. The needs of each person using the service therefore determine how the service operates. Person-centred care includes promoting people's rights, allowing people to make meaningful choices, supporting them to participate in decisions about their lives and providing an individualised service that recognises their will and preferences.

To deliver person-centred care and support, services work beyond making people feel safe in order to support other aspects of the person's wellbeing, such as making them feel empowered and in control. These are core elements of promoting the rights, health and wellbeing of people using services. Internationally, there has been a shift in how adult safeguarding is approached: from a paternalistic approach to a rights-based approach.[4]

In a rights-based approach, proportionality is a key principle. This means that when an intervention is required to safeguard a person, it is important to ensure that the intervention is relevant to the person and is in line with their will and preferences. However, there may be times when a service needs to respond to a safeguarding concern in a manner that is not in line with the person's wishes. This response must be proportionate and tailored to the person's circumstances, be the least restrictive, applied for the shortest possible time and subject to a timely review.

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4 A paternalistic approach is one which limits a person's liberty or autonomy with the intention of promoting the person's own good.

To deliver person-centred care and support, staff respect and promote the rights of people to live free from harm that arises as a result of abuse, neglect and exploitation. It is critical that each person is empowered to know their rights and be supported to promote and protect them.

A service is person-centred when people who use the service are encouraged and supported to be actively involved in shared decision-making, for example, in the planning and delivery of their own care and support and of the service generally. People using services and or their nominated person should have a meaningful say in how the service is delivered and are encouraged to advocate for themselves. Key to this is staff providing information to people using services in a way that they can understand and communicating in ways that will build trust.

Support in decision-making is also central to a person-centred approach to providing a service. Each person is supported and encouraged to make decisions around their personal welfare, affairs and property. As a starting point, it must be presumed that everyone has capacity to make their own decisions[5] recognising that capacity can change over time. Services must ensure that each person has the information they need to help them make decisions and that they get help from people who have an interest in their welfare if they need it. Services have a responsibility to use appropriate tools to facilitate communication and to allow time for a person to make a decision. Person-centred services work with people's strengths and networks to help them make decisions and manage complex situations.

In order to prevent harm from occurring, services put measures in place to reduce risk. This includes supporting people to understand what harm is and to develop the skills to protect themselves from harm.

If a safeguarding concern arises, a person-centred service supports the person who is at risk of harm or who has been harmed and explains the process to them in a way that takes account of their communication needs. The person is kept informed and is supported by staff throughout the process. If the person needs help to stay safe, this is fully explained and the person is involved in determining how this happens. If harm occurs, it is critical that each person is empowered to understand what safeguarding procedures and criminal justice processes might involve.

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5 When decision-making capacity is assessed, it must be in a time-specific, issue-specific way that considers whether a person is able to understand the nature and consequences of the decision in the context of the available choices. The test is a functional one, which asks whether the person can understand, retain and weigh up information and communicate his or her decision. Decision-making capacity is a not a matter to be medically assessed, and cognitive impairment is relevant only to the extent that it actually impacts on decision-making. It is recognised that capacity can fluctuate over time.

People should choose the supports they receive in preventing and responding to safeguarding concerns. A person's family may play a key role in providing ongoing care and support to a person before, during and after receiving a health or social care service. Every person with an interest in the welfare of the person should be properly informed about what safeguarding is and signposted to the appropriate supports and services, but family involvement in preventing and responding to safeguarding concerns should only be at the express will and preferences of the person.

Standard 1.1 Each person's rights are recognised and promoted.

Features of a service meeting this standard are likely to include:

1.1.1 Each person's rights, such as the rights to autonomy, respect, dignity, privacy and equality of opportunity and treatment, and non-discrimination are promoted and protected by staff. All staff are aware of these rights as set out in legislation, national policy and national standards.[6]

1.1.2 Each person is informed about and supported to understand their rights and information about their rights is communicated in a way that they can understand.

1.1.3 Each person is treated with dignity and respect in a way that recognises and promotes their individuality, and their equality is promoted in line with legislation.

1.1.4 Where a safeguarding concern arises, the person is informed about the supports available to them and facilitated to access protection and support to keep them safe.

1.1.5 People are informed about and supported to access the justice system if there is a concern that a crime may have been committed. Examples of this may include contacting An Garda Síochána (Ireland's National Police Service) or employing legal representation.

WHAT DOES THIS MEAN FOR ME?

- My identity, values, beliefs and culture are respected by staff and other people using the service.

- I am helped to understand my rights and staff support me to protect and promote them.

- If I am at risk of harm, staff assist me in accessing support and, if necessary, the justice system, for example by contacting the Gardaí.

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6 The Equal Status Acts 2000-2015 ('the Acts') prohibit discrimination in the provision of goods and services, accommodation and education. They cover the nine grounds of gender, marital status, family status, age, disability, sexual orientation, race, religion, and membership of the Traveller community. The Acts also prohibit discrimination in the provision of accommodation services against people who are in receipt of rent supplement, housing assistance, or social welfare payments.

Standard 1.2 **Each person is supported to engage in shared decision-making about their care and support to reduce their risk of harm and promote their rights, health and wellbeing.**

Features of a service meeting this standard are likely to include:

1.2.1 Each person has access to the information they need so that they can make informed choices. Information is communicated in a way that they can understand.

1.2.2 Each person is presumed to have capacity to make their own decisions and is supported to make them.

1.2.3 Each person is supported to assess the risks associated with the choices they make and to weigh up the benefit and the potential harm. Each person has the right to make a decision, even if others think this is an unwise decision.

1.2.4 Each person has the opportunity to discuss who they want involved in their care and support with staff, for example a nominated person or a family member. Staff ensure that such participation is with the person's consent.

1.2.5 Each person is supported and facilitated to advocate for themselves.

1.2.6 Each person is informed about advocacy and support services and what they can offer. They are facilitated and supported to access such services.

1.2.7 Each person and or their nominated person receives information on what safeguarding is, how to prevent harm from happening and how to address harm if it does happen.

1.2.8 Where a safeguarding concern arises, the person and or their nominated person, is involved in the safeguarding process and is supported to exercise choice.

1.2.9 Where a service responds to a safeguarding concern in a way that is not in accordance with a person's wishes, they do so only after all other options have been exhausted. Reasons for any decisions are explained to the person in a way that they can understand.

1.2.10 Staff ensure that any actions undertaken to address harm:

- take account of the person's will and preferences, beliefs and values

- are proportionate and tailored to the person's circumstances

- are the least restrictive and are applied for the shortest possible time

- and are subject to regular review.

This is fully explained to the person at an appropriate time.

WHAT DOES THIS MEAN FOR ME?

- I have all of the information I need to help me make decisions about my life, including when I need help to keep myself safe.

- I am supported and encouraged to participate in decisions about my care and support.

- I get help from the right people if I need help to make, or cannot make, decisions about my care and support.

- If I need help to stay safe, this is fully explained to me and I get a say in how this happens.

THEME 2:

Effective Care and Support

Effective care and support in health and social care means consistently working towards the best achievable outcomes for people using services. It means that services ensure that appropriate and consistent support is in place so that people using services lead fulfilling lives. In an effective service, care and support is planned and delivered productively and in a timely way. Effective services are responsive to people's range of health and social care needs and recognise that each person's needs are different and change over time.

Effective services acknowledge that they often cannot effectively safeguard adults from risk independently of other services. Therefore, they work in an integrated way with other services, organisations and professionals (this is called 'interagency working'). Effective services build meaningful communication networks, connections and relationships, and these relationships can be used quickly if there are adult safeguarding concerns. Staff in effective services also develop relationships with other professionals and services in order to build trust with people and communities. Staff communicate with each other in a timely way, both in and between services, to reduce the risk of harm and promote each person's rights, health and wellbeing. Staff respect the values, opinions and contributions of other staff from different disciplines and professional backgrounds and actively build effective working relationships.

To prevent adult safeguarding issues from arising and to deal effectively with them if they do arise, staff across services use a common understanding and approach to safeguarding, for example between acute and community services. Transitions between services are well managed, recognising that this is a key time when harm can occur. Where a person requires support from more than one service, one of the services takes a lead role in coordinating the support, reviewing progress, monitoring the outcomes for the person and communicating progress to all interested parties.

The delivery of health and social care and support is complex, and it must be well planned, organised and managed to be effective. This involves clearly and regularly documenting decision-making within services, and developing individual plans for care and support for people using services. Effective planning involves risk assessment and the service is aware of any issues that may put an adult at risk of harm. Services recognise that there are benefits as well as potential harm when people using services take risks in day-to-day life. However, adults are also supported to make informed decisions about risk.[7] This supports them to live the most whole and fulfilling life possible.

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7 *In the literature, making balanced decisions about risks is also called positive risk taking. This is the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day-to-day life.*

Standard 2.1 The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights, health and wellbeing.

Features of a service meeting this standard are likely to include:

2.1.1 The service assesses the individual care and support needs of each person, with maximum participation from the person. This is done when the person first accesses a service and is regularly reviewed and updated as appropriate. As part of this process, the service identifies and clearly documents any potential risks and how they will be managed.

2.1.2 The service supports each person to make informed decisions about risk to support them to live the most fulfilling life possible.

WHAT DOES THIS MEAN FOR ME?

- I am involved in planning my care and support. This sets out how my needs will be met and how any risks to me will be managed.

- I am supported to live the most fulfilling life possible, even if this involves some element of risk.

Standard 2.2 **Each person experiences integrated care and support which is coordinated effectively within and between services to reduce the risk of harm and to promote their rights, health and wellbeing.**

Features of a service meeting this standard are likely to include:

2.2.1 Arrangements are in place to encourage team working across disciplines, including agreed communication pathways and understanding of the roles and responsibilities of each team member in inter-professional working between health and social care services.

2.2.2 The service effectively manages transition planning and planning for discharge. There is effective communication within and between services during these periods to minimise risk and to share necessary information with the person's consent.

2.2.3 Where the person is moving from one service to another, this is planned and managed in partnership with the person.

2.2.4 Arrangements are in place to clearly define responsibilities within and between services to support people who require support from more than one service, for example one staff member is identified as the lead coordinator across services.

2.2.5 The service puts arrangements in place to support interagency working, communication and information sharing to meet the needs of people using services in order to minimise the risk of harm to a person. The purpose of sharing a person's information is explained to the person and consent is sought, as appropriate.

2.2.6 The service builds networks and relationships across a range of services and agencies so that they can respond effectively when a safeguarding concern arises, for example with Gardaí and other statutory services, financial institutions, advocacy and support groups.

WHAT DOES THIS MEAN FOR ME?

- All staff involved in my care and support work together to reduce the risk of harm to me.

- I am involved in planning and managing any move between services or out of a service to reduce the risk of harm to me during the move.

- My information is shared with the people who need it so they can care for and support me effectively.

Safe Care and Support

Safe care and support recognises that safeguarding each person from harm is paramount. Services promote the safe care and support of each person in two ways: by preventing or reducing the risk of harm occurring, and by responding effectively and appropriately if harm does occur.

In a safe service that works to minimise the risk of harm to people using its services, safeguarding is part of the service's culture and is embedded in its practices — rather than being viewed or undertaken as a separate activity. It is therefore important that services foster a culture of respecting people's rights and protecting them from the risk of harm. In order to achieve this culture, staff must be facilitated to work in partnership with each person to support them in building capacity to protect themselves from harm. Having this culture in place means that staff are confident in raising safeguarding concerns where the behaviour of a staff member, family member, visitor or another person using the service is the cause for the safeguarding concern.

Services have a transparent complaints process that is accessible to people using the service, as well as a system for gathering ongoing feedback on the service. This encourages people using the service, their family, their nominated person and advocates as well as staff to both raise concerns and identify areas for improvement.

Staff know how to recognise and respond to harm. When harm occurs, or may have occurred, staff work with people to respond to concerns about their safety or the safety of others. Staff communicate the response to the safeguarding concern and the outcome of the concern to the person.

To promote safe care and support, services have an adult safeguarding policy which sets out the ways in which harm is prevented, recognised and addressed. This policy is followed when harm is suspected or is happening and staff are trained in their roles and responsibilities in implementing this policy. Where there are risks to the safety and welfare of people, the service works with them to put in place all appropriate supports to protect them and to minimise the effect on them.

Services report, manage and review safeguarding concerns in line with relevant national legislation, policy, standards and guidelines, respecting the will and preferences, dignity and privacy of each person using the service. Learning from incidents of harm arising from abuse, neglect or exploitation is shared with staff and used to improve the delivery of safe services. At times this will involve sharing learning between services that are working with a person, or where the person moves between services, in order to reduce the risk of harm.

Standard 3.1 **The service strives to protect each person from the risk of harm and to promote their safety and welfare.**

Features of a service meeting this standard are likely to include:

3.1.1 The service has arrangements in place to identify risk and protect each person from harm and to ensure the least restrictive environment possible. These arrangements are in line with legislation, national policy, standards and guidelines.

3.1.2 The service proactively manages risks. Measures are put in place for each person to reduce the likelihood and impact of risks. These include assessing the needs of each person at each stage of their engagement with a service and reviewing these needs regularly thereafter.

3.1.3 Each person is encouraged to be respectful of the rights of others. This is communicated in a way that each person can understand.

3.1.4 In exceptional circumstances, where it has been assessed that restrictive practices[8] are required due to a serious risk to the safety and welfare of the person or others, this is done in line with legislation, national policy, standards, guidelines and the service's policy.

3.1.5 The service reviews the use of restrictive practices regularly to ensure that the least restrictive practice possible is in place for the least amount of time possible.

3.1.6 The service has a process in place that facilitates people using the service and staff to provide feedback, make complaints and identify areas for improvement. Staff communicate the outcomes from complaints to people using the service.

3.1.7 Staff are aware that there are different types of harm and know what to do to prevent harm from occurring.

3.1.8 Staff work in partnership with people to support them to protect themselves from harm, including supporting them to report safeguarding concerns for their own or others' safety, health and wellbeing.

3.1.9 Arrangements are in place for each person to look after their own personal belongings and finances in a way that takes account of the will and preferences of the person. Where a person needs support to do this, the service has transparent and secure arrangements in place.

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8 Restrictive practices are practices that intentionally limit a person's movement, communication and or behaviour.

WHAT DOES THIS MEAN FOR ME?

- I am protected from the risk of harm. Staff know how to respond to signs that I might be at risk.

- I know how to tell a service what I think about it and how to make a complaint.

- I know that staff who care for and support me will follow up on my complaint and tell me about the outcome.

- I know that my personal belongings are safe and secure and that if I need help to manage my finances that I am consulted about this.

Standard 3.2 **Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.**

Features of a service meeting this standard are likely to include:

3.2.1 The service has an open culture that encourages each person and all people with an interest in their welfare to raise safeguarding concerns. People know who to report concerns to and can do so without being negatively affected as a consequence.

3.2.2 Where it is suspected or identified that a person is experiencing harm, staff members know their responsibilities in responding to this. This includes recording and reporting, and, where appropriate, escalating the concern and following up on reports. This is done in line with legislation, national policy, standards, guidelines and the service's policy, as appropriate.

3.2.3 Staff work together in their own service and, where relevant, with other services to respond to harm and identify actions to prevent harm from reoccurring to both the individual concerned and other people using services.

3.2.4 Where one person's behaviour is putting others at risk of harm, staff review any factors that may be contributing to this behaviour and address these. Working with the person, a plan is put in place to reduce the risk of the behaviour reoccurring.

3.2.5 Staff recognise harm and when harm does occur, staff know how to address the harm and minimise its effect.

3.2.6 Individual safeguarding concerns are reviewed in a timely manner and outcomes are communicated to the person and inform practice at all levels.

3.2.7 The service regularly evaluates its approach to identifying, responding to, managing and learning from safeguarding concerns and the resulting outcomes. The service uses learning from this to review its policies and procedures in order to reduce the risk of harm to each person.

WHAT DOES THIS MEAN FOR ME?

- I know who to talk to if I feel myself or others are at risk of harm. I know that these concerns will be taken seriously.

- Staff who care for and support me understand their responsibilities in protecting me from harm.

- My service knows what to look out for to keep people safe, and it actively tries to improve the service when something goes wrong.

THEME 4:

Health, Wellbeing and Development

A service focused on health, wellbeing and development looks for ways and opportunities to promote, maintain and improve the health and wellbeing of people using services. Improving the health and wellbeing of people using services is not just the person's responsibility or that of service providers. Instead, they work together to achieve this outcome.

Working with people to improve their health, wellbeing and development is part of empowering people to protect themselves from harm and to feel more in control of their lives — both of which are key elements of safeguarding. This may include supporting people to be more independent, to participate fully in decisions about their lives, to undertake new challenges and educating people to empower them in areas such as managing their own finances and managing challenging situations.

To support the health, wellbeing and development of people using services, the service focuses on the abilities, goals, aspirations, health and wellbeing of each person and works to empower and enable them. Staff support each person to assess their own physical, mental, emotional and social wellbeing on an ongoing basis and to identify actions and resources that can support them to maximise their quality of life.

Each person is supported to enjoy a good quality of life and live their lives in keeping with their own social, cultural and religious beliefs. People should be encouraged and supported to be connected to their communities of identity and choice. Good health, wellbeing and development in all aspects of people's lives can be achieved through providing accessible services that are based on need and narrow the educational, employment, and health and wellbeing gap for those who are at greater risk of harm.

Standard 4.1 **Each person is supported to develop the skills to protect and promote their own physical, mental, emotional and social health and wellbeing and protect themselves from harm.**

Features of a service meeting this standard are likely to include:

4.1.1 The design and delivery of the service supports all aspects of each person's physical, mental, emotional and social health and wellbeing in line with the service's statement of purpose[9] or equivalent, such as a mission statement.

4.1.2 The service ensures that there are practices and initiatives to promote the maintenance and improvement of the health and wellbeing of each person.

4.1.3 Each person is supported to:

- assess their own physical, mental and emotional health and wellbeing on an ongoing basis

- identify and develop the life skills they need to maximise their independence and to develop and maintain social networks

- develop the skills to advocate for themselves and to protect themselves from harm.

4.1.4 Each person is facilitated to access, in a timely way, the range of health and wellbeing and development services which protect their health and help to keep them safe, recognising the person's range of needs beyond their current health and social care setting.

4.1.5 Each person is supported and encouraged to participate in their communities of identity and choice.

WHAT DOES THIS MEAN FOR ME?

- I have supports and opportunities to learn new skills and to understand, protect and promote my rights, health and wellbeing.

- I am supported to deal with and recover from difficult situations.

- I am supported to participate in my community of identity and choice.

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9 A statement of purpose, or its equivalent, describes the aims and objectives of the service, including how resources are aligned to deliver these aims and objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

THEME 5:

Leadership, Governance and Management

The key components of governance include: leadership; decision-making; assessing, balancing and managing risk; ensuring effective communication among staff members; and providing assurance that the service is performing well.

A well-governed service is clear about what it does, how it does it and is accountable to its stakeholders. Managers at all levels have an important role to play in strengthening and encouraging their services' quality and culture of safety. Effective management ensures that a service fulfils its statement of purpose, or its equivalent, such as a mission statement. It does this by planning, managing and organising the service to achieve its outcomes in the short, medium and long term, and organising the necessary resources to ensure the delivery of high-quality, safe and reliable care and support. Management ensures that the service complies with relevant with legislation, national policy, standards and guidelines.

Leaders and managers of health and social care services are accountable for the safety and wellbeing of each person using the service. By putting measures in place to prevent harm from occurring, leaders and managers reduce risk to the person, individual staff members and the service itself. This can be done by responding to, monitoring

and evaluating potential or actual safeguarding concerns through the service's risk management system. Managers ensure that services operate in an integrated way with other services, organisations and professionals, and have arrangements in place to define responsibilities within and between services to support people who require support from more than one service.

Management promotes a culture of safeguarding and this is evidenced in the service's practices. To minimise the occurrence of safeguarding incidents, and to respond effectively when concerns arise, a well-led service has clear lines of accountability and fosters an open culture of quality and safety. This culture is evident in the behaviour and attitudes of leaders and managers at all levels of the organisation.

Safeguarding is part of the service's overall policies and procedures and the way in which the service operates. The service has an adult safeguarding policy that comprehensively covers how the service works to prevent harm as a result of abuse, exploitation and neglect and which clearly sets out the steps to be taken if an issue arises. Staff and people using services are aware of how this policy and associated processes work, and the roles and responsibilities of those involved are clear.

Management supports and empowers staff to exercise their professional and personal responsibility to reduce the risk of harm to people using their service, and to promote each person's rights, health and wellbeing. Management actively involves staff in quality improvement initiatives, which allows the service to better respond to identified risks.

Safeguarding principles of empowerment, rights, proportionality, prevention, partnership and accountability are reflected in the service's statement of purpose, or equivalent. A statement of purpose, or its equivalent, describes the aims and objectives of the service, including how resources are used to deliver these aims and objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

A well-governed and well-managed service monitors and evaluates its performance to ensure that the care and support it provides is of a consistently high quality. The feedback, concerns and complaints of people using the service, and those of their nominated person, families, advocates and staff, are taken into account as part of this evaluation process to reduce the risk of harm and to improve care and support.

Services learn from external reviews and inspections and ensure that recommendations are put in to action to improve the care and support of people using the service.

Standard 5.1 **The service has effective leadership, governance and management arrangements in place with clear lines of accountability to reduce the risk of harm and to promote the rights, health and wellbeing of each person.**

Features of a service meeting this standard are likely to include:

5.1.1 The service promotes openness and accountability at all levels so that staff can exercise their professional and personal responsibility to report in good faith any concerns that they have about the delivery of safe and effective practices in their service, in line with service's policy.

5.1.2 The service fosters interagency working and communication and has arrangements in place to build networks, relationships and a common understanding of safeguarding.

5.1.3 A senior identified individual at the highest level of the service has overall accountability, responsibility and authority for promoting and managing safeguarding within the service. This includes accountability and responsibility for overseeing the implementation of these national standards.

5.1.4 The service has an adult safeguarding policy which describes how the service minimises the risk of harm and abuse occurring, how it responds whenever harm or abuse is suspected or has occurred, and how it escalates concerns, as appropriate. This policy is developed and communicated in a way that people can understand.

5.1.5 The service's policies and procedures reflect the aim of supporting people to exercise their rights and promote their health and wellbeing and this is led and supported by senior management.

5.1.6 The management of a service ensures that the service performs its functions as outlined in relevant legislation, regulations, national policies and standards to reduce the risk of harm and to promote the rights, health and wellbeing of each person using the service.

5.1.7 The service sets out clear roles and responsibilities for staff in reducing the risk of harm and promoting each person's rights. There are clear reporting arrangements and lines of accountability and staff know how to access support and advice, when required. Staff are clear when they should make a referral to adult safeguarding services in line with national policy.

5.1.8 The service has an identified staff member, with appropriate knowledge and skills, who advises and supports other staff to take the necessary actions if they have a safeguarding concern.

5.1.9 The service has risk management arrangements in place which identify and evaluate risk and set out appropriate and timely action to safely manage safeguarding risks.

WHAT DOES THIS MEAN FOR ME?

- The service I use is well led and managed, and I know who is responsible for my care and support.

- The staff caring for and supporting me know they can raise concerns if they think I might be at risk of harm.

Standard 5.2 **The service strives to continually improve the quality of the care and support it provides to reduce the risk of harm and to promote the rights, health and wellbeing of each person.**

Features of a service meeting this standard are likely to include:

5.2.1 Arrangements are in place to review and evaluate the service to ensure that it is delivering care and support that is in line with the principles of safeguarding, and these are reflected in the statement of purpose, or its equivalent.

5.2.2 Arrangements are in place to review and evaluate the way in which the service:

- reduces the risk of harm

- promotes each person's rights, health and wellbeing

- responds to safeguarding concerns

- takes action to improve staff practices and the outcomes for each person.

5.2.3 The service collects information to assess its performance in preventing and responding to safeguarding concerns, appropriate to the service. Recommendations from external reviews and inspections and actions to address these recommendations are included in this assessment. This information is used to identify strengths and highlight areas for improvement. It is also used to ensure that issues are addressed appropriately, trends are detected and learning takes place.

WHAT DOES THIS MEAN FOR ME?

- Staff in my service are always looking for ways to improve the care and support given to me and other people using the service.

- I have opportunities to share my views on the service and how it could be improved to best suit my needs and the needs of others. I am informed of how my feedback has been used to improve the service.

Responsive Workforce

Effective staff recruitment helps to ensure that there are sufficient staff available at the right times and with the right experience, qualifications and skills to meet each person's needs. Safe and effective recruitment and workforce planning ensures that members of staff have the necessary abilities to undertake their roles confidently and safely and to meet the service's requirements.

All staff working in a service have a role in promoting the rights, health and wellbeing of the people using that service. They also have a role in reducing the risk of harm to people using the service and need to know how to respond if they are concerned that harm has occurred. Everyone involved in providing care and support should be trained and competent in safeguarding knowledge and skills, appropriate to their role. Providing education and training to all staff enables them to apply the necessary knowledge and skills to reduce the risk of harm and to promote each person's rights, health and wellbeing.

Staff exercise their professional judgment and are creative and flexible in their approach to meeting each person's care and support needs. As aspects of service provision and the needs of people using the service change and develop over time, staff need to be supported to participate in training and education to retain, reflect and build on their safeguarding skills and knowledge.

The workforce is key to delivering a safe, high-quality service and should be supported to do this both individually and in effective teams. Retaining staff ensures continuity of care for people using the service and supports people to build secure and trusting relationships with staff. All staff receive support and supervision to ensure that they perform their role to the best of their ability. This includes providing supports to manage the impact of responding to harm that occurs as a result of abuse, neglect and exploitation.

Standard 6.1 **The service plans, organises and manages the workforce to reduce the risk of harm and to promote the rights, health and wellbeing of each person.**

Features of a service meeting this standard are likely to include:

6.1.1 Staff recruitment is in line with relevant legislation, for example Garda vetting requirements and any relevant registration, licensing, accreditation or other regulatory obligations, and is informed by evidence-based human resource practices.

6.1.2 The service ensures that, at all times, there is a sufficient number of staff who have the required experience, qualifications and skills to meet the safeguarding needs of each person, as outlined in the service's statement of purpose, or equivalent document.

6.1.3 Arrangements are in place to promote staff retention and continuity of care. This supports people using services to build secure and trusting relationships with staff.

WHAT DOES THIS MEAN FOR ME?

▪ I know that the staff who care for and support me and others have been safely recruited by the service.

▪ There is always enough staff to care for and support me and other people using the service.

▪ I have the opportunity to build good relationships with the staff members who care for and support me.

Standard 6.2 — **The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.**

Features of a service meeting this standard are likely to include:

6.2.1 Services identify, support and educate staff members to champion best practice to reduce the risk of harm and promote the rights, health and wellbeing of people using services — and to support other colleagues to make changes. This includes sharing the learning with colleagues to support sustained improvement within services.

6.2.2 As part of their induction, new staff members learn about their role and responsibilities in reducing risk and promoting the rights of people using the service and how the service supports them in doing so.

6.2.3 Staff are trained, appropriate to their role, in how to:

- promote people's rights, health and wellbeing to reduce the risk of harm

- identify and assess potential risks and put measures in place to address these risks

- reduce the risk of safeguarding concerns arising

- respond when a safeguarding concern arises.

6.2.4 Staff exercise their professional judgment and are creative and flexible in their approach to meeting each person's care and support needs and discuss this approach with the person.

6.2.5 Staff receive regular supervision, or its equivalent, from their line manager or another appropriate supervisor. Support and advice on managing safeguarding concerns is part of this supervision.

6.2.6 A team-based approach to working is promoted through regular team meetings, reflective learning and effective communication in relation to supporting each person.

6.2.7 Staff have opportunities to train with staff from other disciplines, to reflect on their practice together and to foster positive inter-professional relationships.

6.2.8 The service has a system in place to support staff to manage the impact on them of working with people who have experienced harm.

6.2.9 Fair and transparent arrangements are in place to support and manage a member of staff if a complaint or a concern has been expressed about them.

WHAT DOES THIS MEAN FOR ME?

- I know that staff have the right skills and experience to care for and support me.

- I receive care and support that is flexible enough to suit my changing needs.

THEME 7:

Use of Resources

The use of resources theme relates to how resources are planned, managed and delivered. Resources include human resources (which includes staffing), financial resources and environmental resources. The way a service uses resources is important to how safeguarding concerns are both prevented and responded to.

Effective management ensures that a service organises and aligns the necessary resources to ensure the delivery of high-quality, safe and reliable care and support. It is important that there is accountability for use of resources and that there is funding allocated specifically to adult safeguarding. Decisions about funding are driven by the needs of each person using the service. People using services are consulted on environmental changes, such as upgrades to a service's facilities or buildings, and on changes to the service.

Resources are used effectively to create safe care and environments in which the people using services are supported in promoting their rights, health and wellbeing. Resources are also used to respond to safeguarding concerns as they arise. In times where there is pressure on a service's resources, resources are used and allocated in a way that does not negatively affect people's right to be safe.

Standard 7.1 **Resources are used efficiently to reduce the risk of harm and promote the rights, health and wellbeing of each person.**

Features of a service meeting this standard are likely to include:

7.1.1 The service identifies the resources it needs in order to promote the rights, health and wellbeing of each person and to reduce the risk of harm.

7.1.2 The service effectively uses available resources to prevent and manage safeguarding issues and concerns. The right of people to be safe when using services is not diminished by pressure on resources.

7.1.3 Any refurbishment of a service's facilities or buildings considers how the physical environment can contribute to promoting each person's rights, health and wellbeing, for example having the least restrictive environment.

7.1.4 People using services are consulted on changes to the service or upgrades to the facilities or buildings.

WHAT DOES THIS MEAN FOR ME?

- The service makes the best use of resources to keep me safe from harm and promote my health and wellbeing.

- My views, and the views of other people using the service, are taken into account when a service is building a new premises, refurbishing the existing premises or changing how the service works.

Use of Information

For services, having access to good quality information and effective information systems is essential for improving the quality of the service generally.

In the context of safeguarding, information is an important resource in planning, managing, delivering and monitoring safe services. Having good-quality information is central to planning and delivering services to people to reduce their risk of harm and promote their rights, health and wellbeing. Good quality information can also inform wider improvements that benefit all people using the service.

Information should be:

- relevant
- accurate
- reliable
- timely
- coherent

- comparable
- accessible
- punctual
- clear.

Each person's personal information is recorded, stored and managed confidentially and in line with legislation, national policy, standards and guidelines. While services should always seek consent before sharing a person's information, there may be times when

their information needs to be shared without consent. Where such information is shared, the person to whom the information relates to is informed about this. Data protection legislation allows for the sharing of information without consent where there is a substantial concern for the person or another person and when there is a lawful basis to do so.

In order to provide coordinated care, there is a need for effective communication and information exchange within and between services. It is essential that services have defined arrangements in place for sharing information within and between services and that all staff are aware of these arrangements. This ensures that where information is shared it is done so in a way that protects the privacy and confidentiality of the person to whom the information relates and that it complies with relevant legislation.

Standard 8.1 **Information is used to effectively reduce the risk of harm and promote the rights, health and wellbeing of each person.**

Features of a service meeting this standard are likely to include:

8.1.1 Each person's information is securely stored, collated and managed in line with data protection legislation.

8.1.2 The service uses relevant information to inform and support the delivery of person-centred, safe and effective services and to improve outcomes for each person using the service.

8.1.3 Staff inform people about the recording and intended use of their personal information.

8.1.4 Arrangements are in place to facilitate each person and or their nominated person to have access to their personal information in line with legislation and policy.

8.1.5 Each person's personal information is retained and destroyed in accordance with legislation and national policy.

WHAT DOES THIS MEAN FOR ME?

- My information is kept safe and is only used to help the service improve the care and support they provide.

- I am facilitated to have access to my information.

Standard 8.2 **The service shares information appropriately to keep people safe.**

Features of a service meeting this standard are likely to include:

8.2.1 Policies are in place for sharing and transferring information in an efficient and timely manner to support effective safeguarding. This includes sharing information within and between services in a way that protects the privacy and confidentiality of the person to whom the information relates, in line with legislation, national policy, standards and guidelines.

8.2.2 Arrangements are in place for staff to access information, appropriate to their role. Staff know in what circumstances information about a person is shared, how to share it appropriately and inform the person that this information has been shared.

WHAT DOES THIS MEAN FOR ME?

▪ When there is a safeguarding concern, my personal information is only shared by staff if I agree to it or if it is being done to keep people safe.

Glossary of Terms

Abuse: a single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person. The main areas of abuse which cause people harm are physical abuse, emotional abuse, sexual abuse, neglect of the person and financial abuse. It is important to note that this is not an exhaustive list.

Adult: a person aged 18 years or older.

Adult at risk: a person who is aged 18 years or older who needs help to protect themselves from harm at a particular time. A distinction should be made between an adult who is unable to safeguard him or herself, and one who is deemed to have the skill, means or opportunity to keep him or herself safe, but chooses not to do so.

Advocate: a person who assists an individual in making their views known. Advocacy comes in different forms. This may include informal support or independent advocacy services.

Autonomy: the ability of an individual to direct how he or she lives on a day-to-day basis according to personal values, beliefs and preferences.

Capacity: in line with the Assisted Decision-Making (Capacity) Act 2015, 'capacity' means 'decision-making capacity' and refers to the ability to understand, at the time that a decision is to be made, the nature and consequences of the decision in the context of the available choices at that time.

Equality: individuals or groups of individuals have equality of opportunity, and are treated equally and no less favourably than other individuals or groups on different grounds set out in equality legislation.

Exploitation: the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation.

Family: an individual who is a parent, guardian, son, daughter, brother, sister, spouse, civil partner or cohabitee of the person using services.

Harm: the impact of abuse, exploitation or neglect on the person. Harm arises from any action, whether by a deliberate act or an omission, which may cause impairment of physical, intellectual, emotional or mental health and wellbeing.

Integrated care and support: health and social care services working together, both internally and externally, to ensure people using services receive continuous and coordinated care and support.

Neglect: whenever a person withholds, or fails to provide, appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

Nominated person: a person who has been expressly identified by the person using the service and who has been given authority by that person as an individual with whom information in relation to them may be shared and who can assist them in making their views known. A nominated person can be a family member or another person who has an interest in the welfare of the person using the service. The involvement of any person is in line with the expressed wishes of the person using the service.

Person using services: a person who uses health and or social care services.

Positive risk taking: the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day-to-day life.

Restrictive practices: practices that intentionally limit a person's movement, communication and or behaviour.

Risk assessment: the overall process of risk analysis and risk evaluation. Its purpose is to develop agreed actions for the identified risks. It involves collecting information through observation, communication and investigation.

Risk management: the systematic identification, evaluation and management of risk. It is a continual process that aims to reduce risk to an organisation and individuals.

Safeguarding: measures that are put in place to reduce the risk of harm, promote and protect people's human rights and their health and wellbeing, and empowering people to protect themselves. Safeguarding is fundamental to high-quality health and social care.

Service: any health or social care service where care and support is provided to adults.

Shared decision-making: a two-way communication process between staff providing health and social care services and the person using these services to help guide decisions about the person's care and support.

Staff: the people who work in, for or with a health or social care service. This includes individuals who are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the service.

Statement of purpose: a document that describes the aims and objectives of the service, including how resources are aligned to deliver its aims and objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

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Appendix 1 — Membership of the Advisory Group and the HIQA and MHC Project Team in 2018

Advisory Group membership

Name	Organisation
Áine Flynn	Director of Decision Support Service, Mental Health Commission
Anne Dempsey	Communications Manager & Training Facilitator, Third Age Ireland
Anne O'Loughlin	Principal Social Worker (Retired), Irish Association of Social Workers
Ann-Marie O'Boyle	Investigator, The Office of the Ombudsman
Catherine Cox	Head of Communications and Carer Engagement, Family Carers Ireland
Christine Barretto	Social Care Worker, Cheeverstown House Community Services, Social Care Ireland
Ciara McShane	Regional Manager (Disability Services), HIQA
Conor Foy	Administrative Officer, Older Person's Unit, Department of Health
Donal Hurley	Principal Social Worker, National Safeguarding Office, Health Service Executive (HSE)
Emma Balmaine	Chief Executive, St John of Gods, Private Hospitals Association
Iris Elliott	Head of Policy and Research, Irish Human Rights and Equality Commission
Ita O'Driscoll	Garda Sergeant, An Garda Síochána National Liaison Officer for Older People, An Garda Síochána
Linda Moore	Standards, Compliance and Quality Officer, Health Quality and Service User Safety (Mental Health), HSE
Mark Felton	Solicitor, The Law Society

Martin Keville	Assistant Principal, Department of Employment Affairs and Social Protection
Mary Condell	Legal Advisor, SAGE
Noeleen Byrne	Assistant Inspector, Mental Health Commission
Phelim Quinn[11]	CEO, HIQA
Rachel Flynn	Director of Health Information and Standards, HIQA
Rosemary Smyth	Interim Chief Executive, Mental Health Commission
Ruth O'Reilly	Senior Standards Officer, National Disability Authority
Sarah Lennon	Communications and Information Manager, Inclusion Ireland
Sinead Morrissey	Practice Development Facilitator, Nursing Homes Ireland
Vicky Blomfield	Head of Quality Assurance, HIQA

Project team

Aidan Murray	Subject Matter Expert (Northern Ireland)
Deirdre Connolly	Standards Development Lead, HIQA
Kate Frowein	Quality Improvement and Regulatory Manager, MHC
Linda Weir	Standards Manager, HIQA
Louise Dolphin	Standards Development Officer, HIQA

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11 Chairperson