

## Saint John of God Kerry Services

Hospitality - - Compassion - - Respect

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Saint John of God Kerry Services

## Safeguarding Policy and Procedure

Title: Safeguarding

Policy and Procedure

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Approved By: PPP Group



## Policy and Procedure

It is the policy of Saint John of God Kerry Services to ensure the safety and welfare of all Residents/Service Users who are availing of our services.

#### 1. Purpose

The purpose of this Policy and Procedure is to provide information to staff advising them of what they are to do in the event of a safeguarding concern.

#### 2 Scope of Policy and Procedure

This policy and procedure is applicable to all staff and volunteers working across Saint John of God Kerry Services.

#### 3 Roles and Responsibility

- The General Manager of Kerry Services acknowledges their responsibility in ensuring adequate planning for safeguarding concerns.
- The Person in Charge /Supervisor takes a lead role in co-ordinating the Policy and Procedure.
- A key element of the Vulnerable Adult safeguarding Policy is the nomination of a Designated Officer in a service setting. The Designated officer will;
  - Receive concerns or allegations of abuse regarding vulnerable persons
  - Collate relevant information
  - Ensure reporting obligations are met,
  - Support the manager and other personnel in addressing the issues
  - Maintain appropriate records and conducting preliminary assessments.
  - Please see appendix 1 list of all officers
- The St John of God Kerry Services adhere to the National Policy and Procedure HSE Safeguarding Vulnerable Persons at Risk of Abuse.
- All staff working in Saint John of God Kerry Service are responsible for adhering to this Policy and Procedure.



All staff must complete the mandatory HSELAND.ie **Safeguarding adults at risk** of abuse- E Learning Programme

 National Safeguarding Office recommends this training be repeated 3 yearly.

#### 4 Procedures when responding to allegation of Abuse

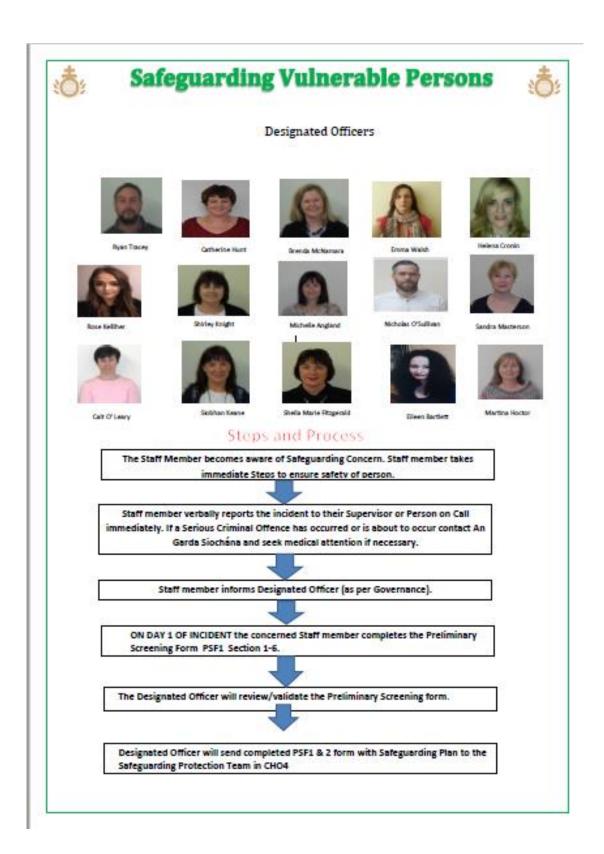
- If a staff member has any concerns that a service user / resident is being abused or if a staff member has been informed that a service user / resident is being abused then the staff member must ensure the immediate safety and protection of the vulnerable person.
- Staff member must inform the Supervisor/ Person in Charge.
- Staff members(s) informs Designated Officer and sends on completed Preliminary Screening Form (PSF1) (appendix 2).
- Designated Officer completes Preliminary Screening Form (PSF2) within 3 working days
  - Completed PSF is emailed to <u>safeguarding.cho4@hse.ie</u>.
     Currently we are posting form by registered post.

Safeguarding and Protection Team Cork Kerry Community Healthcare Health Service Executive Unit 24/25 Doughcloyne Industrial Estate Wilton Cork T12 Y821

- o An interim safeguarding plan is also included.
- If appropriate a full safeguarding plan (FSP) is forwarded to CHO 4 within 3 weeks.
- Designated Officer consults with Gardaí where appropriate.
- If an allegation is made against staff, the Designated Officer will then inform the General Manager and the HR Department. As a section 38 agency St John of God Kerry Services must invoke - Trust in care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members.

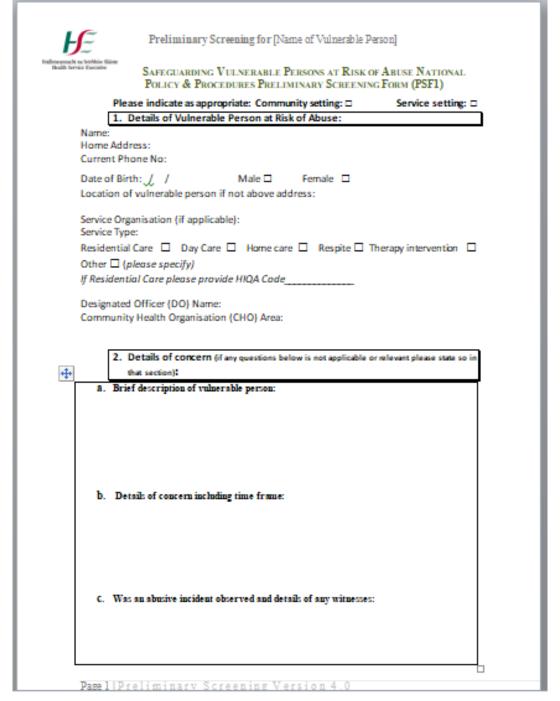


#### Appendix 1 update





#### Appendix 2 update





d.	Relevant contextual information:
e.	Have any signs or indicators of abuse been observed and reported to the designated officer? Please specify?
f.	Details of assessment or response to date?
g.	Is it deemed at this point that there is an ongoing risk? If so please specify?
h.	Include any incident report or internal alert detail: if completed(a: attachment):
i.	Details of any internal risk escalation:
j.	Is this concern linked to any other Preliminary Screening? If so give details and reference:

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4. Is there another nominated person the Vulnerable Adult wants us to contact, if

so please give details? Name: Address: Phone: Nature of relationship to vulnerable person (i.e. family member/advocate etc.): Is this person aware that this concern has been reported to the Designated Officer? Yes No 🗆 Not known Stenkelw-sentl If yes - date by whom Has an Enduring Power of Attorney been registered in relation to this Vulnerable Person? No 🗆 Not known Contact details for Registered Attorney(s): Is this Vulnerable Person a Ward of Court? Yes No Contact details for Committee of the Ward: Has any other relevant person been informed of this preliminary screening? Details2 5. Details of person allegedly causing concern: The HSE tagether with HSE service providers and funded agencies are mindful of their mutual obligations to protect the data protection rights of all data subjects. The identification of the "person allegedly causing concern" to the HSE Safeguarding and Protection Team has a legal basis and may be necessary in certain circumstances. A request for identifying information on "the person allegedly causing concern" by a HSE Safeguarding and Protection Team will need to be considered and decided upon by the data controller in the relevant agency. Anonymous Agency Identifier (of person allegedly causing concern): Gender: Relationship to person referred: Immediate family member 

Other family member Other service user/ peer Neighbour/friend Volunteer Stranger Staff Other Has this person been a person allegedly causing concern in a previous Preliminary Screening? Yes □ No □ Unknown □ If yes, give details



6. Details of Person of	ompleting preliminary	screening				
Name: Address:	Phone:					
Job Title:	Are you	the Designated Offic	er:Yes 🔲 No 🛭			
Email:	Date:					
Prelimina	ry Screening Outo	ome Sheet (PSF2)	)			
Name of Vulnerable person: A: Options on Outcome of P	reliminary Screening					
<ol> <li>No grounds for further</li> </ol>	concern					
(If necessary attach an		as per policy)				
<ol> <li>Additional information</li> </ol>			ed and			
interim safeguarding p						
<ol> <li>Reasonable grounds for</li> </ol>						
<ul> <li>Immediatesafety issue</li> </ul>						
<ul> <li>Interim safeguarding p</li> </ul>	lan developed					
<ul> <li>Incident Management</li> </ul>	System Notified e.g. N	IIMS				
B: Any Actions undertaken	:					
Medical assessment	Yes □	No 🗆	N/A 🗆			
2. Medical treatment	Yes □	No 🗆	N/A □			
3. Referred to TUSLA	Yes □	No □	N/A □			
4. Gardai notified	Yes □	No □	N/A □			
300000						
Ap, Garda Siochána should be or if the inquiry could interfer						
	e wan me saamory res	ponsionines of An Gr	tradi sidentana.			
C: Out of area placement co			_			
Has the funder of the vulnerable adult's placement been informed of the safeguarding						
concern? Yes □ No □ N/A □						
If the person allegedly causing concern is considered to be a vulnerable adult, has the funder of the placement been informed? Yes   No   N/A						
or the placement been mibring	ar ves 🗆 No l	⊔ N/A				
D: Other relevant details inc	luding any immediat	erisks identified:				
	,					



(Attach any interim safeguarding plan on appendix 1 template as required)
E: If the preliminary screening has taken longer than three worlding days to submit please give reasons.:
Name of Designated Officer/Service Manager:
Signature :
Date sent to Safeguarding and Protection Team:

Preliminary Screening Review Sheet from the Safeguarding and Protection Team (PSF3)



Appendix 1 Interim Safeguarding Plan for [Name of Vulnerable Person]

\*Interim Safeguarding Plan. Please include follow up actions and any safety and supports measures for the Vulnerable Person:

What are you trying to achieve	What specific follow up or safeguarding actions are you taking to achieve this	Who is going to do this	When will this be completed	Review date for actions	Review Status Update

<sup>\*</sup>Rease note that Interim Safeguarding Plan if appropriate can become formal Safeguarding Plan

Name of Designated Officer/ Service Manager:

Date of Interim safeguarding plan:

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# Safeguarding Policy and Procedure

#### **SIGNATURE PAGE**

I have read, understand and agree to adhere to the attached Policy and procedure:

Print Name	Signature	Area of Work	Date