



Saint John of God Kerry Services

Hospitality - Compassion - Respect

29

Saint John of God Kerry Services

Safeguarding Policy and Procedure

Title:	Safeguarding Policy and Procedure
Document Reference:	Kerry 29
Approval Date:	28 th May 22
Revision Number:	05
Pages, incl. cover & signature:	11
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 safeguarding.cho4@hse.ie. 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
















- 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

Safeguarding Vulnerable Persons

Designated Officers


 Ryan Tracey	 Catherine Hunt	 Brenda McNamara	 Emma Walsh	 Helena Cronin
 Rose Kellher	 Shirley Knight	 Michelle Angland	 Nicholas O'Sullivan	 Sandra Macneon
 Cait O'Leary	 Seóhan Keese	 Sheila Marie Fitzgerald	 Eileen Barrett	 Martina Hector

Steps and Process

- The Staff Member becomes aware of Safeguarding Concern. Staff member takes immediate Steps to ensure safety of person.
- Staff member verbally reports the incident to their Supervisor or Person on Call immediately. If a Serious Criminal Offence has occurred or is about to occur contact An Garda Síochána and seek medical attention if necessary.
- Staff member informs Designated Officer (as per Governance).
- ON DAY 1 OF INCIDENT the concerned Staff member completes the Preliminary Screening Form PSF1 Section 1-6.
- The Designated Officer will review/validate the Preliminary Screening form.
- Designated Officer will send completed PSF1 & 2 form with Safeguarding Plan to the Safeguarding Protection Team in CHO4



Appendix 2 update

 Preliminary Screening for [Name of Vulnerable Person]

SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES PRELIMINARY SCREENING FORM (PSF1)

Please indicate as appropriate: Community setting: Service setting:

1. Details of Vulnerable Person at Risk of Abuse:

Name:
Home Address:
Current Phone No:
Date of Birth: / / Male Female
Location of vulnerable person if not above address:

Service Organisation (if applicable):
Service Type:
Residential Care Day Care Home care Respite Therapy intervention
Other (please specify)
If Residential Care please provide HIQA Code _____

Designated Officer (DO) Name:
Community Health Organisation (CHO) Area:

2. Details of concern (if any questions below is not applicable or relevant please state so in that section):

a. Brief description of vulnerable person:

b. Detail of concern including time frame:

c. Was an abusive incident observed and detail of any witnesses:

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Preliminary Screening for [Name of Vulnerable Person]

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 details if completed (as 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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Preliminary Screening for [Name of Vulnerable Person]

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~~

~~If no - why not?~~

If yes - date _____ by whom _____

Has an Enduring Power of Attorney been registered in relation to this Vulnerable Person?

Yes 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?

~~Details?~~

5. Details of person allegedly causing concern:

The HSE together 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 _____



Preliminary Screening for [Name of Vulnerable Person]

6. Details of Person completing preliminary screening

Name: _____ Phone: _____
Address: _____
Job Title: _____ Are you the Designated Officer: Yes No
Email: _____ Date: _____



Preliminary Screening Outcome Sheet (PSF2)

Name of Vulnerable person:

A: Options on Outcome of Preliminary Screening

1. No grounds for further concern
(If necessary attach any lessons to be learned as per policy)
2. Additional information required (Immediate safety issues addressed and interim safeguarding plan developed)
3. Reasonable grounds for concern exist:
 - Immediate safety issues addressed
 - Interim safeguarding plan developed
 - Incident Management System Notified e.g. NIMS

B: Any Actions undertaken:

- | | | | |
|-----------------------|------------------------------|-----------------------------|------------------------------|
| 1. Medical assessment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Medical treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. Referred to TUSLA | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Gardai notified | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

An Garda Síochána should be notified if the complaint / concern could be criminal in nature or if the inquiry could interfere with the statutory responsibilities of An Garda Síochána.

C: Out of area placement considerations:

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

D: Other relevant details including any immediate risks identified:



Preliminary Screening for [Name of Vulnerable Person]

(Attach any interim safeguarding plan on appendix 1 template as required)

E: If the preliminary screening has taken longer than three working 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

**Please note that Interim Safeguarding Plan if appropriate can become formal Safeguarding Plan*

Name of Designated Officer/ Service Manager:

Date of Interim safeguarding plan:



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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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