



Saint John of God
Community Services clg.

Kerry Services Policy 29

Safeguarding Policy and Procedure

Completed April 2025

THIS DOCUMENT OUTLINES ST JOHN OF GOD COMMUNITY SERVICES CLG.
Kerry Services

Document Reference	Kerry 29
Revision Number	6 Version
Approval Date	April 2025
Due for Revision	April 2025
Document drafted by	PPPG Committee
Document approved by	Designated Officer PPPG Committee
Responsibility for implementation	All employees of Saint John of God Community Services Limited
Responsibility for evaluation and audit	Designated Officers, Area Managers
Pages, incl. cover and signature	12



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 Regional Director 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 (poster)
- 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**

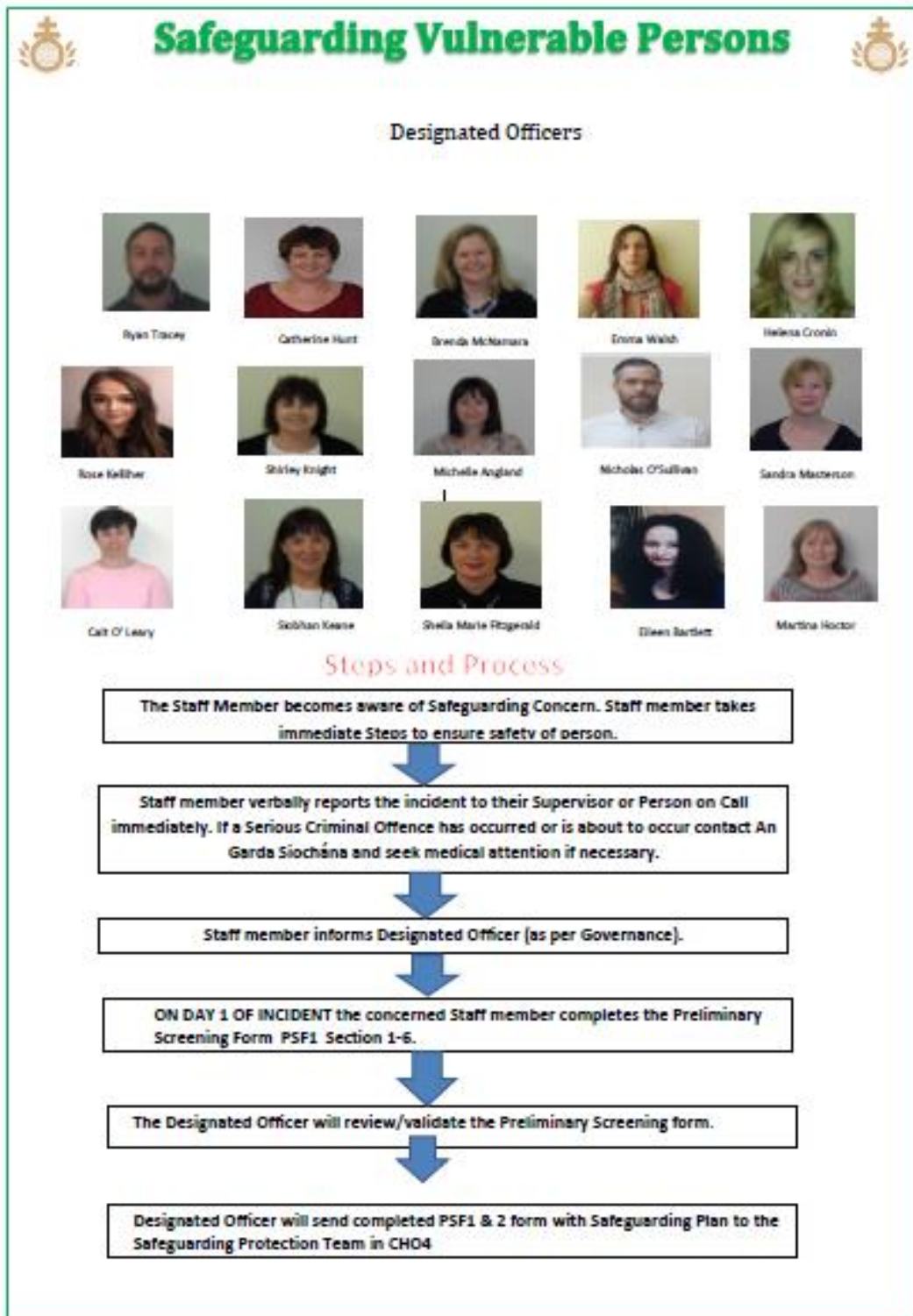
- National Safeguarding Office recommends this training be repeated 3 yearly.

4 Procedures when responding to allegations 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 uploaded onto the portal. [HSE Adult Safeguarding Portals](#)
 - In the event that there are issues with the portal direction can be sought from the HSE Safeguarding Team at safeguarding.cho4@hse.ie.
 - In the unlikely event of IT issues (i.e. outage/hacking) the PSF may need to be posted 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 Regional Director 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.**





PRELIMINARY SCREENING FORM (PSF 1)



APPENDIX 2

Section 1: Details of vulnerable person at risk of abuse

Name:	<input type="text"/>	Gender:	<input type="text"/>
Date of Birth:	<input type="text" value="Choose a date"/>	Phone Number:	<input type="text"/>
Home address	<input type="text"/>	Eircode:	<input type="text"/>
Current address: (if different)	<input type="text"/>	Eircode:	<input type="text"/>
Is current address a HIQA designated centre:	<input type="text" value="Select"/>	If yes, enter HIQA code:	<input type="text"/>
Type of service:	<input type="text" value="Choose service type"/>	If other, please specify:	<input type="text"/>
Community/ Service setting?	<input type="text" value="Choose setting"/>		
Brief description of the vulnerable person:	<input type="text"/>		
Details if the vulnerable person has communication support needs:	<input type="text"/>		
Are other services involved with the vulnerable person?	<input type="text" value="Select"/>	If yes, please specify:	<input type="text"/>

Section 2: Your Details (person completing form)

Name:	<input type="text"/>	CHO:	<input type="text" value="Choose a CHO Area"/>
Job Title:	<input type="text"/>	Organisation:	<input type="text"/>
Email:	<input type="text"/>	Date:	<input type="text" value="Choose a date."/>
Address:	<input type="text"/>	Phone number:	<input type="text"/>
Are you the Designated Officer:	<input type="text" value="Select"/>		



PRELIMINARY SCREENING FORM (PSF 1)

Section 3: Details of concern

3.1: Date that safeguarding concern arose:

Choose a date

3.2: Date that safeguarding concern was notified to the DO:

Choose a date

3.3: What type of abuse is indicated?
(Select as many as necessary)

Physical abuse	<input type="checkbox"/>	Neglect/ acts of omission	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Institutional abuse	<input type="checkbox"/>
Emotional/ psychological abuse	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>
Financial abuse	<input type="checkbox"/>	Extreme self-neglect	<input type="checkbox"/>

3.4a: Who has raised this concern?

Select

3.4b If other, please specify

3.5a: Location of safeguarding concern:

Select location

3.5b If other, please specify

3.6a: Is the vulnerable person aware that this concern has been raised?

Select

3.6b If not, why not?

3.7: Details of safeguarding concern:

3.8: What is known of the vulnerable person's wishes in relation to the concern?

3.9a: Is this concern linked to any other Preliminary Screening?

Yes:
☐
No:
☐

3.9b If yes, give case reference(s):

3.10a: Was the safeguarding concern observed?

Yes:
☐
No:
☐

3.10b If yes, by whom?

3.11: Details of response to date:



PRELIMINARY SCREENING FORM (PSF 1)



3.12a: Is it deemed at this point that there is an ongoing risk?

Select

3.12b: If yes, please specify

3.13: [Details of any risk escalation:](#)

Capacity and consent considerations:

3.14a: [Is a decision support/ Ward of Court arrangement in place that may have relevance to this safeguarding concern?](#)

Select

3.14b: If yes, (and where relevant), has any reporting requirement been fulfilled?

Select

3.15: Any concern regarding decision making capacity in relation to this concern?

Select

3.16: If the vulnerable person has a support person (family, friend etc.) in their life, have you considered discussing with the adult if they wish this support person to be consulted?

Select

[Out-of-Area Placements:](#)

3.17a: If the vulnerable person is the subject of an out-of-area placement, has the funder of their placement been informed of the safeguarding concern?

Select

3.17b: CHO providing funding for this placement:

Choose a CHO Area

3.18a: If the person allegedly causing concern is the subject of the out-of-area placement and is considered to be a vulnerable person, has the funder of their placement been informed?

Select

3.18b: CHO providing funding for this placement:

Choose a CHO Area



PRELIMINARY SCREENING FORM (PSF 1)



Section 4: Outcome of Preliminary Screening

4.1: Outcome:

Choose one outcome only

4.2: Complete if 'Reasonable Grounds' or 'Additional Information' ticked in 4.1

- | | |
|--|--------------------------|
| Immediate safety issues addressed | <input type="checkbox"/> |
| Interim Safeguarding Plan completed and attached | <input type="checkbox"/> |

4.3: Any additional actions undertaken? (Select as many as necessary)

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Medical treatment | <input type="checkbox"/> | HIQA notified | <input type="checkbox"/> |
| Medical assessment | <input type="checkbox"/> | Incident management system notified | <input type="checkbox"/> |
| An Garda Síochána notified* | <input type="checkbox"/> | Open disclosure | <input type="checkbox"/> |
| Referred to sexual assault trauma unit | <input type="checkbox"/> | Referred to Tusla | <input type="checkbox"/> |

4.4: Other relevant details:

4.5: If the Preliminary Screening has taken longer than three days to submit, please outline why:

Section 5: Person Allegedly Causing Concern

5.1: Anonymous agency identifier:**

5.2 Gender

5.3: Relationship to person referred:

Choose relationship

5.4: If other, please state relationship:

5.5a: Has this person been named in a previous Preliminary Screening?

Choose an item.

5.5b: If yes, give details:

* An Garda Síochána should be notified if the safeguarding concern could be criminal in nature. Ongoing liaison is important to ensure any safeguarding assessment does not interfere with the statutory responsibilities of An Garda Síochána.

**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.



INTERIM SAFEGUARDING PLAN



Name of vulnerable person:

Safeguarding ID:

What are the wishes of the vulnerable person in relation to this plan?

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 (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	

Name of DO/ Service Manager:

Name of Safeguarding Plan Coordinator:

Date of Interim Safeguarding Plan:

Click or tap to enter a date.

If appropriate, the Interim Safeguarding Plan may become the Formal Safeguarding Plan on agreement with the SPT



PRELIMINARY SCREENING FORM (PSF 1)



APPENDIX 2

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 (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	
			Click to enter date	Click to enter date	

Safeguarding Policy and Procedure

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

Print Name	Signature	Area of Work	Date
------------	-----------	--------------	------

Print Name	Signature	Area of Work	Date
------------	-----------	--------------	------

Print Name	Signature	Area of Work	Date
------------	-----------	--------------	------

Print Name	Signature	Area of Work	Date
------------	-----------	--------------	------

[illegible]