



Cork Centre for Independent Living Vulnerable Adult Safeguarding Policy

This Policy must be read and considered in conjunction with
Safeguarding Vulnerable Persons at Risk of Abuse: National Policy
& Procedures

**Update
August 2017**

Cork Centre for Independent Living Vulnerable Adult Safeguarding Policy

Section 1

Purpose

This policy recognises the obligations and duty of care on Cork CIL working with all service users including those Service Users who are or may be vulnerable. The policy outlines the Cork Centre for Independent Livings (Cork CIL) Vulnerable Adult Protection Policy and procedure. It aims to support and guide staff who work with vulnerable adults; on how to recognise abuse and neglect; and if there is concern, this policy outlines the reporting procedure and the procedure for responding to allegations of harm. These procedures mirror the HSE Safeguarding Procedure.

Scope

The policy applies to all staff, students, volunteers including Members of Board of Management working with Cork CIL. This Policy should be read in conjunction with: "Trust In Care" "Our Duty to Care"; "Cork CIL Recruitments & Selection Policy", the "Policy for Management of Allegations against Staff", "Responding to Allegations of Elder Abuse: HSE Elder Abuse Policy". and the HSE Guidelines on Assisted Decision Making.

For the purpose of this policy an Adult is anyone who is 18years old or older.

The Cork CIL Service

Cork CIL provides Assisted Living Service (ALS) supports to children and adults up to the age of 65 years with primary physical and/or sensory disabilities. The service is usually provided on a one-to-one service and can range from complex personal and social supports to facilitate independent living to social inclusion. The ALS service is provided to adults in their own home and community. It is also accessed by named adults in congregated settings. Some service users who commenced their service before aged 65 years many exceed this and still be in receipt of a service for a period. If a concern or allegation of abuse affecting a person over 65, it is considered "elder abuse" and managed in line with the HSE protocol 'Responding to Allegations of Elder Abuse: HSE Elder Abuse Policy'.

Definition of a 'Vulnerable Adult'

The Garda Vetting Bureau (children and vulnerable persons) Act 2012 defines a 'vulnerable person' as a person, other than a child, who:

- a. is suffering from a disorder of the mind, whether as a result of mental illness or dementia,
- b. has an intellectual disability,
- c. is suffering from a physical impairment, whether as a result of injury, illness or age, or
- d. has a physical disability, which is of such a nature or degree. as to
 - i. restrict the capacity of the person to guard himself or herself against harm by another person, or
 - ii. result in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing and bathing.

Our Duty to Care

Adults with disabilities may be more susceptible to abuse¹. This may be due to the fact that a person with a disability may be very reliant on support and assistance with all activities of daily living; due to a cognitive impairment or a learning disability which may limit their capacity to recognise abuse and appropriately report their concerns or a perceived fear of reprisal if a concern is reported by them. Cork CIL staff have a duty of care toward service users and staff.

Duty to care is a legal obligation found in law of tort, which requires an individual to exercise reasonable care regarding the welfare of others, including protecting them from harm. It is a legal requirement that one is expected to uphold in their normal activities to avoid causing injury to others.

The Cork CIL is committed to treating all service-users with respect. This includes, creating an environment in where everyone is valued, their rights are respected and people are safe, valued, and are empowered and supported to live happy and fulfilled lives and are treated as individuals.

Consent/Capacity

There is a legal presumption that an individual of 18 years and over has the mental capacity to make their own decisions. This is a legal presumption which may be rebutted by evidence to the contrary. Assessment of capacity to make a decision is time and issue specific.

The degree of capacity required depends on the significance of the decision to be made. The individual must fully comprehend the information about the decision and the implications of the decision.

It is recognised that adults have the right to self-determination and to make decisions, even if this means that they remain at risk. Where there are concerns regarding diminished capacity, in the context of the abuse allegations and a risk posed to the person, consideration will be given to requesting a specialist assessment of the person's decision making capacity. Where it is established that the person **does not have** the capacity to make decisions and/or protect themselves, or if there is a concern about capacity Cork CIL staff have a responsibility in respect of their duty to care and must follow the "in their best interest" principle and report any concerns to their line Manager.

Principles of Practice

This policy is underpinned by the vision mission and values of Cork CIL¹ and adopts the principles set out in 'Protecting Our Future (2002)', that is;

- Act in a way that supports the rights of the individual to lead an independent life based on self-determination.
- Recognise people who are unable to make their own decisions and/or to protect themselves, their assets and their bodily integrity, and ensure adequate protection for them.
- Person-centredness is that principle which places the person as an individual at the heart and centre of any exchange requiring the provision or delivery of a service. Cork CIL will:

¹ (Baladerian, 1991; Sobsey, 1994; Casteel et al, 2008; Lan-Ping et al, 2009).

- Recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned and is minimised whenever possible.
- Work to ensure that services are organised around what is important to the Service User but recognises that although intervention may, in some cases, compromise the individual person's right to independence and choice, the principle of "least restrictive alternative" should apply at all times.
- Ensure that the law and statutory requirements are known and used appropriately so that people receive the protection of the law and judicial process.

Confidentiality

Confidentiality refers to the limited use of information about Service Users and their families that is obtained by staff during the course of their work. This information should be treated with the utmost respect at all times in order to preserve the service user's right to privacy and to establish and maintain a good working relationship. These principles should be borne in mind at all times

Sharing of Information and Limits to Confidentiality

It will be necessary to share information about service users with others on the team providing the service. On occasion, it may be necessary to share information outside of the people directly involved with the service user in order to obtain advice and consultation. Names will not be used during such consultations. In certain circumstances, the service user may request that a piece of information is not shared. This request will be complied with **except** in circumstances such as suspected abuse or where it would be detrimental to the service user. In this situation, all information will be treated in a careful and sensitive manner and must only be discussed on a 'NEED TO KNOW' basis.

Section 2

What is Abuse?

Abuse is considered to be any form of behaviour that causes harm or distress. It can be a single act or repeated over a period of time.

- **Physical Abuse**

This can involve: beating, slapping, hitting or kicking; pushing, shaking or throwing, pinching, biting, choking or hair-pulling; terrorising with threats; observing violence; use of excessive force in handling; misuse of medication, restraint or inappropriate sanctions.

- **Sexual Abuse**

Rape and sexual assault, or sexual acts to which the adult has not consented, or could not consent, or into which he/she was compelled to consent.

- **Neglect**

Neglect can be defined in terms of an omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

- **Psychological Abuse**

This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

- **Financial or material abuse**

This includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- **Discriminatory abuse**

This includes abuse i.e. ageism, racism, sexism or related to the persons disability and other forms of harassment, slurs or similar treatment.

Potential indicators of abuse are many and varied, they may be obvious but more often are subtle and unclear. Some indicators are listed in appendix 2 6

Section 3

Protocol for Staff Reporting Concerns

Cork CIL Staff are working in a variety of settings, the persons home, community and in residential settings. Working on a one-one basis with a service-user over a period of time can lead to a trusting and positive relationship which may mean that the individual may feel safe confiding in the staff member. Working in a close setting staff may observe something that give rise for concern. If staff have a concern or if a Service User discloses their experience or concerns this must be responded to sensitively and appropriately. If, during the course of their work a staff member has a concern they should always seek advice as soon as possible.

- Staff should reassure the service user that they are there to support them.
- Staff must NEVER question, probe, judge or dismiss any concerns expressed to them.
- Staff must NEVER promise to keep secrets or give sweeping reassurances.
- Staff will reassure the Service User that ALL CIL staff have a responsibility of a duty of care and confidentiality, but be clear of your responsibility to report concerns to an appropriate person.

Reporting Concerns

If any member of Cork CIL staff has a concern or if they suspect an adult is being harmed or is at risk of harm, then they have a responsibility to report this to the DESIGNATED OFFICER or an appropriate Manager. **Concerns must be reported on the same day that the concern is raised.**

Staff who have a concern must:

1. **During Office Hours Contact the Cork CIL DESIGNATED OFFICER directly. The Designated Officer in Cork CIL is the Service Manager**

Call 0214322651 and ask to speak to the Designated Officer directly. If the Designated Officer is not in the office, ask to speak the Co-ordinator/Designate. Explain that you have a safe guarding concern and want to speak with the Designated Officer. The co-ordinator will arrange that the Designated Officer/ Designate will call you immediately they are available.

You will be asked what your concern is. It may be more appropriate for you to come to the office to outline your concerns and to enable a confidential record of your concern to be made.

2. **Service Users who live in Congregated Settings**

If you are working with a Service user who lives in a congregated setting Care Home or Community Nursing Unit any concern should be reported directly to the Designated Officer of the Community / Residential unit. Inform the Service User of your duty of care and responsibility. Encourage the service user to share their concern directly with the units Designated Officer [self-report]. If the Designated Officer is not available ask to speak to the Person in Charge. You **must** then call the Cork CIL Designated Officer as outlined above.

3. **Concerns Arising 'Out of Hours'**

If a concern is raised 'out of hours' Staff should contact the Designated Officer directly on 086 7929684. If this phone is not answered it will patch to the main office number. Leave a 'real time' brief message and your contact number.

Text a request for a call back from the Designated Officer to 086 7929684. Be sure that you include your contact number

The Designated Officer or in their absence the Acting Manager will contact you. You will be asked to outline your concern and describe the of the actions you have taken.

4. **'Imminent Danger'**

Any concern where there is **imminent danger** to an adult this must be referred to the Gardaí. Encourage the Service User to 'self-refer' / 'self-report'. If they are unable or unwilling and you think there is imminent danger you should advise them that you have a 'duty of care' and a 'responsibility' report and that with them present if possible, call the local Garda Station.

5. Confidentiality & Consent

If with the consent of the Service Users, you can contact a trusted family member or friend you should do so. **DO NOT** disclose or share any information you have with the family member or friend but ask if they can come to stay with the Service User.

REMEMBER

DO NOT

Do not discuss your concerns or a disclosure with other staff or colleagues

Do not discuss your concerns or a disclosure with other Service Users

Do not discuss your concerns or a disclosure with friends or family

Do not use texting or an encrypted e-mail to report concerns or share information

DO

Report your concern

Inform the Service User that you are reporting your concern and encourage them to self-report with your support.

Keep all records pertaining to any incident/allegation in a secure place in the Cork Office. No staff member must should make or retain copies.

Access to records is limited to the Designated Person and only reviewed by other relevant parties when necessary.

All Staff must be aware that failure to record, disclose and share information in accordance with the Safeguarding Policy is failure to discharge a duty of care

Section 4

Managing an Adult Protection Concern

Adult Safeguarding concerns will be managed by a Designated Officer / Delegate / Designated Team. The team will comprise the Designated Person (Service Manager) or Deputy Designated Person and one or two a Service Co-ordinators as required.

Role of The Designated/ Deputy Designated Person

The Designated Person or delegate is responsible for:

- Acting as a source of advice on adult protection matters
- Ensuring that Cork CIL's adult protection policy and procedures are followed.
- Acting as 'decision maker' in cases of concern reported.
- The Designated Officer / Delegate or Line Manager MUST complete a Preliminary Screening [Appx 1] Form and discuss the screening with HSE Safeguarding Team
- The Designated Officer / Delegate or Line Manager MUST report using standard referral form [Appx2] the concern to the Safeguarding office within **3-three days** after they have been informed of the concern
- If an allegation of abuse is disclosed by a service-user who resides in a designated centre in the public, private and voluntary sector, it must be formally notified to HIQA on the appropriate form, NFO6 within three working days of the incident being involved.
- The Designated officer or Line Manager MUST also notify TUSLA immediately if there are any concerns in relation to children.

Please see flow sheet Page 10

Guidelines for Receiving a Report of a Concern

The person receiving the report should:

- Reassure the member of staff making the report that they have acted appropriately
- Pass call to the Designated Person if available or Deputy Designated Person
- If the Designated/ Deputy Designated Person is not available, the call should where possible be passed to a Co-ordinator. The person taking the call should take an initial written report.
- Where possible it should be arranged for the staff member reporting the concern to come to the office
- Ensure arrangements are in place to confirm the safety of the Service User.
- Record and outline all / any protective measures taken

Recording an Initial Written Record of Concern.

The person taking the report should:

- Remove themselves to a separate office space and listen to the concerns raised'
- Use the template as a guide to ensure as much relevant information is recorded.
- This report should be factual and unbiased.
- Discourage the reporter from making comment or judgement
- The report should be read back to the reporter and then signed and dated.
- If the report is initially taken over the phone arrange for staff member to come to the office as soon as possible to countersign it.
- Explain the next steps to the member of staff reporting the concern.
- Remind them of their responsibilities with respect to confidentiality
- Record and outline all / any protective measures taken
- Remember the responsibility of disclosing information on a 'need to know basis'
- Complete the Preliminary Screening Form Appx

Please see flow sheet Page 10

Staff Support

After the initial report, has been made, ensure the staff member has support, it can be stressful and challenging to have a service-user disclose a concern or to have observed a situation that is of cause for concern. Staff should be invited to the office for a follow up meeting / debrief. Confidential supports are available from the Cork CIL VHI Employee Assistance Programme is available and all staff should be reminded of this offered to staff.

Next Steps

- If the person taking the report is not the Designated Officer/ Designate, they must ensure that Designated Officer/ Designate is informed on the day the concern is reported.
- If there is a concern that the adult is in serious imminent danger or has suffered a recent trauma, the Gardaí must be informed
- The Designated Officer/ Designate will as appropriate convene a Designated Team meeting to review the report and support decision making on how to proceed with the suspicion/allegation.
- The Designated Officer / Designate will always take confidential advice from the appropriate Officer of the Health Board

- The Designated Officer and/or Team Members **will not** investigate the case themselves – It is his/her role is to notify the relevant Health Service Executive Board.

Record Keeping

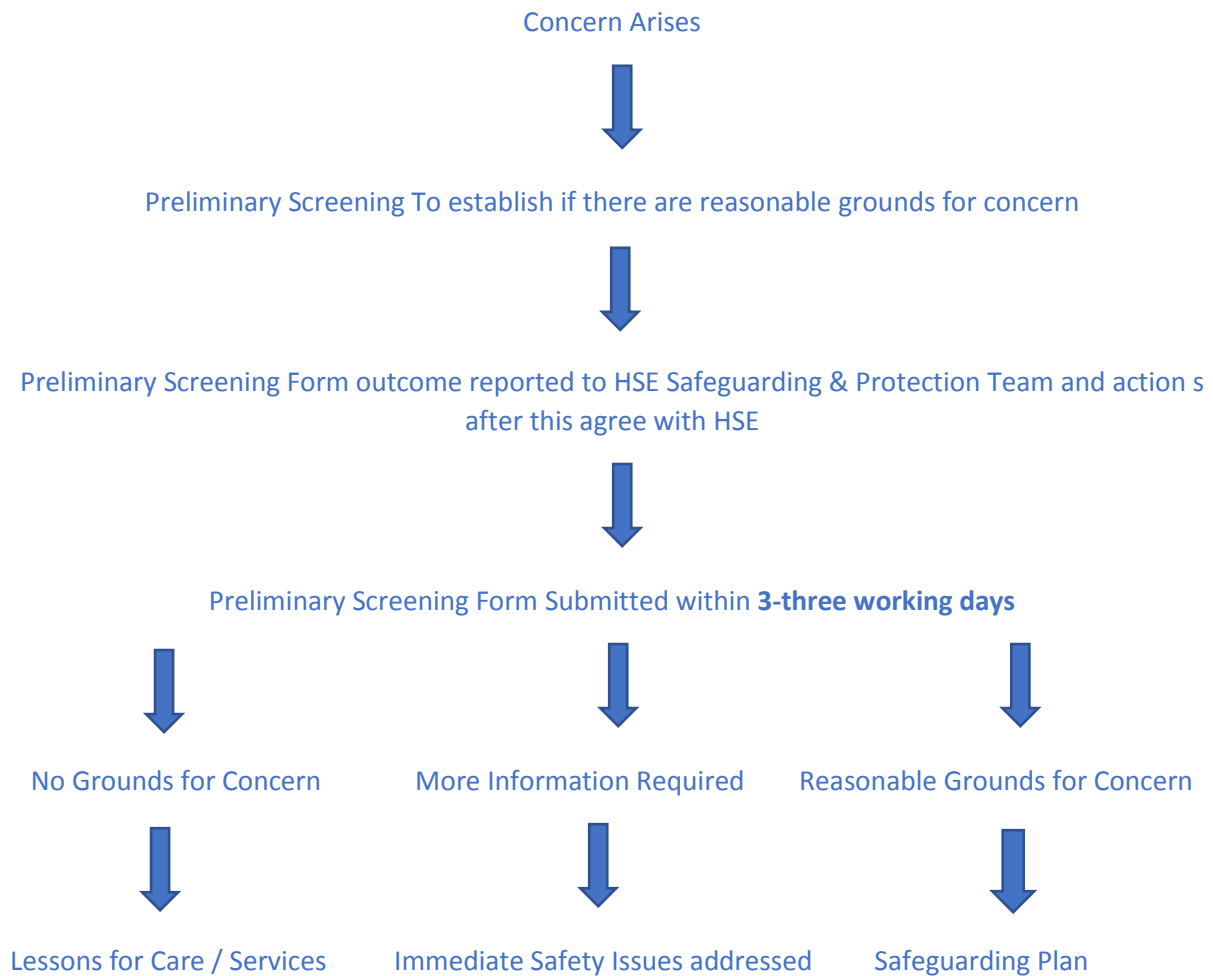
- A Confidential case record will be kept.
- Only one copy will be kept and duplicates will not be made.
- Individual / personal notes should not be kept separately but may be kept in Confidential Case File.
- The record will be kept secure. If the record is electronic it must be encrypted and password protected
- This will not be kept in the main Service User File

Practice Review

After any reporting of concern the Designated Team will reconvene within 4 weeks to review the incident and the organisational policies. A member of the team will contact the report to follow up and seek their opinion on the experience. The Designated Team can also make recommendations for change to the consider if any changes in practice can improve the service.

Preliminary Screening.

This is a simplified flow chart. Please read in conjunction with Safeguarding Vulnerable Adults at Risk of Abuse: National Policy & Procedure



The outcome of Preliminary Screening must be reviewed with HSE Safeguarding Team

If reasonable grounds for concern are established a Safeguarding Plan will be developed which addresses the therapeutic and supports needs arising from the experience. For Cork CIL this will be in partnership with HSE and other providers.

Police Station's

Cork city & County. Station	Location	Tel
Tougher	Cork City Co. Cork	Tel: +353 21 494 7120 fax: +353 21 494 7123 www: http://www.garda.ie
Gurrabraher	Baker's Road Cork City Co. Cork	Tel: +353 21 439 5540 fax: +353 21 430 2307 www: http://www.garda.ie
Kyrls Quay	Bridewell Cork City Co. Cork	Tel: +353 21 494 3330 fax: +353 21 427 7657 www: http://www.garda.ie
Watercourse Road Opening Hours: Mon - Sat 9.00-6:00 & 7.00-10.00	Cork City Co. Cork	Tel: +353 21 455 8260 fax: +353 21 450 1636 www: http://www.garda.ie
Anglesea Street 24 hours	Cork City Co. Cork	Tel: +353 21 452 2000 fax: +353 21 452 2087 www: http://www.garda.ie
Barrack Street	Cork City Co. Cork	Tel: +353 21 432 7300 Fax: +353 21 432 7303 www: http://www.garda.ie



**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. Details of concern including time frame:

- c. Was an abusive incident observed and details of any witnesses:**

- 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:**

3. Relevant information regarding concern:

Date that concern were notified to the Designated Officer:

Who has raised this concern?

Self Family Service Provider Healthcare staff Gardaí

Other (*please specify*)

Type of concern or category of suspected abuse:

Physical Abuse Sexual Abuse Psychological Abuse Financial / Material Abuse

Neglect / Acts of Omission Extreme Self-neglect Discrimination Institutional

Setting / Location of concern or suspected abuse:

Own Home Relatives Home Residential Care Day Care Other (*please specify*)

Are there any concerns re: decision making capacity? **Yes** **No**

Are you aware of any formal assessment of capacity being undertaken?

Yes **No**

Outcome:

Is the Vulnerable person aware that this concern has been raised? **Yes** **No**

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

Are other agencies involved in service provision with this vulnerable person that you are aware of?

Yes **No**

If yes, Details:

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:

*Name:

Address:

Date of Birth (if known)

Gender: Male Female

Relationship to Vulnerable person:

Parent Son/Daughter Partner/Spouse Other Relative Neighbour/Friend Other Service User / Peer Volunteer Stranger Staff

Other (please specify)

***Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials and work address.**

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: Other relevant details including any immediate risks identified:

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

D: 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)

Name of Vulnerable person:

Safeguarding Concern ID number generated:

Date Received by SPT:

Date reviewed by SPT:

Name of Social Work Team Member reviewing form:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes No

If not in agreement with outcome at this point outline of reasons:

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name:

Signature:

Date review form returned to Designated Officer/ Service Manager:

Preliminary Screening Review Update Sheet from Designated Officer/ Service Manager (PSF4):

(Only for completion if requested by Safeguarding and Protection Team)

Name of Vulnerable person:

Unique Safeguarding ID:

Date returned to SPT:

Name of Designated Officer/Service Manager:

Signature:

Reply with details on any clarifications, additional information or follow up actions requested:

Date received by SPT:

Date reviewed by SPT:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes

No

Name of SPT Team Member reviewing form:

Signature:

If not in agreement with outcome at this point give outline of reasons and planned process to address outstanding issues in preliminary screening:

***Interim Safeguarding Plan. Please include follow up actions and any safety and supports**

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

measures for the Vulnerable Person:

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

Name of Designated Officer/ Service Manager:
safeguarding plan:

Date of Interim



REFERRAL FORM FOR COMMUNITY BASED REFERRALS

SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES

There is duty of care to report allegations or concerns regardless of whether client has given consent

Referrer should take any immediate actions necessary as per policy in relation to seeking An Garda Síochana or medical assistance

Vulnerable Person's Details:

Name: _____ DOB: _____

Address: _____

Marital Status: _____ Contact Phone Number

:/Mobile: _____

Does anyone live with client: Yes No If yes, who?: _____

Medical history and any communication support needs (as understood by referrer):

Details of the person's vulnerability (as understood by referrer):

Is client aware this referral is being made? Yes No

Has client given consent? Yes No

Is there another nominated person they want us to contact, if so please give details?

Name: _____ Contact Details: _____

Relationship to vulnerable person: _____

GP Contact Details:

Name: _____ Telephone: _____

Primary care team details i.e. social worker, PHN, etc.

Any other key services/agencies involved with client (Please include Name and Contact):

Details: _____

Details of allegation/ concern: Please tick as many as relevant:

Physical abuse

Financial/material abuse

Psychological/Emotional abuse

Neglect/acts of omission

Sexual abuse

Discriminatory abuse

Extreme Self Neglect*

Institutional abuse

(extra sheet/report can be included if you wish)

Details of concern:

(*If self neglect is being referred please complete the attached presence of indicators of extreme self-neglect)

Details of Person Allegedly Causing Concern (if applicable)

Name: _____ Relationship to vulnerable person: _____

Address: _____

Is this person aware of this referral being made: Yes No

Details of person making referral:

Name: _____ Job Title (if applicable): _____

Agency/Address: _____

Landline _____ Mobile: _____

Signature _____ Date: _____

Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials & work address only