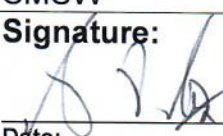





Safeguarding Vulnerable Persons at Risk of Abuse – LPH

Document Reference No:		Document Drafted by:	Director of Nursing / Person in Charge SMSW
Approval Date:	December 2022	Document Approved by:	Signature:  <hr/> Date: Adrian Ahern Director of Nursing Signature:  <hr/> Date: 15.12.22 Ann Marie O Grady Chief Executive Officer
Revision Date:	December 2024 Policy will be kept under review and amended in light of experience and developments in best practice locally, nationally and internationally.	Responsibility for Implementation	All staff
Revision No:	005	Responsibility for Evaluation and audit	P.I.C.
Number of Pages	13		
Amendments	See Review History		

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1.0 Purpose of Policy

Leopardstown Park Hospital has adopted the HSE's "Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures". The purpose of this policy is to explain the protocol and procedures in relation application of the above policy within Leopardstown Park Hospital. This policy **must be read** in conjunction with the **HSE's Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures**.

2.0 Review History

Date	Review No.	Ref. Section	Changed By
February 2016	001	This policy replaces the following policies/procedures/frameworks: <ul style="list-style-type: none"> Adult Protection Framework Adult Protection Policy Abuse Reporting & Investigation Procedure Elder Abuse Policy 	Working group: CEO QPS Manager, DON, SMSW
September 2018	002	No changes	No changes
July 2020	003	Section 5 Added definitions of abuse 9.0 Added Appendix - HSE's "Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures".	PIC/ DON
March 2021	004	Formatting applied to section 5.0 – Definitions -Types of Abuse to include all bullet points in the correct area.	CEO, DON

October 2022	005	Formatting and update Bibliography Updating LPH process Update D.O. TIC updated section	PIC/DON
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3.0 Persons Affected

- All Staff including agency workers, students, volunteers and contract workers
- Any adult considered to be a *Vulnerable Person*

4.0 Policy

- Leopardstown Park Hospital clearly states that it has a **“No Tolerance”** approach to any form of abuse.
- The policy that applies is the **HSE’s *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures***

5.0 Definitions

Vulnerable Person;

A Vulnerable Person, in the context of this policy, is an adult who is restricted in capacity to guard himself/herself against harm or exploitation or to report such harm or exploitation. This may arise as a result of physical or intellectual impairment, and risk of abuse may be influenced by both context and individual circumstances.

The Designated Officer;

This term is used within the HSE Policy. Within Leopardstown Park Hospital the *Designated Officer* is the Director of Nursing/*Person in Charge*. The Designated Officer is responsible for ensuring submission of required reports to the HSE Safeguarding and Protection Team within 3 working days.

Person in Charge (PIC):

This is a designated title under the Health Act (2007) and in Leopardstown Park Hospital the PIC is the Director of Nursing. The PIC is responsible for ensuring submission of NF06 reports within 3 working days to HIQA.

Safeguarding and Protection Team (SPT):

This is a HSE specialist team relating to safeguarding vulnerable persons established to support the objectives of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures. Each Community Health Organisation has a SPT in place. Leopardstown Park Hospital's designated Adult Safeguarding and Protection Team is in Community Health Organisation (CHO) 6. Contact details are:

Ballinteer Health Centre
 Ballinteer Avenue
 Dublin 16
 Tel: 01-216 4511
 Email: safeguarding.cho6@hse.ie

Types of Abuse: The following are the main categories of abuse (See HSE national safeguarding policy for greater detail)

- Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Sexual abuse includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
- Psychological abuse 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 includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Neglect and acts of omission includes 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.
- Discriminatory abuse includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
- Institutional abuse may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

6.0 Responsibilities**All Staff**

- Promote the welfare of vulnerable person in all interactions.
- Be aware of the HSE Policy and the Leopardstown Park Hospital policy.

- Comply with the policy and procedure to ensure the safeguarding of vulnerable persons from all forms of abuse.
- Support an environment in which vulnerable persons are safeguarded from abuse or abusive practices through the implementation of preventative measures and strategies.
- Avail of any relevant training and educational programmes.
- Be aware of the signs and indicators of abuse.
- Support vulnerable persons to report any type of abuse or abusive practice.
- Ensure that any concerns or allegations of abuse are reported in accordance with the policy

Line Managers

- Promote a culture of **zero tolerance** for any type of abuse or abusive practice.
- Ensure that the policy and procedures is made available to all employees and volunteers and to all persons accessing services and their advocates/families in an accessible format.
- Maintain a record of all employees and voluntary staff members "sign off" on policies/procedures/guidelines pertaining to the safeguarding of vulnerable persons.

Designated Officer:

Ensure that all employees / volunteer staff receive the appropriate training with regard to the implementation of this policy.

- Ensure safeguarding is part of the Induction Programme for everyone involved in the Hospital.
- Ensure that any concerns or allegations of abuse are managed in accordance with the policy.

Training: Training is mandatory for all new staff and is required every three years thereafter

7.0 Procedures/Protocol

Please note that at any point in the process it may be appropriate to consult with the HSE Safeguarding and Protection Team or An Garda Síochána.

Please see flowcharts below that outline the procedures to be followed where a concern or allegation of abuse arises. These flowcharts are taken from the Safeguarding Vulnerable Persons at Risk of Abuse National Policy and applied with the Leopardstown Park Hospital structures.

- All reported concerns and allegations of taken seriously, without fear or retaliation or retribution
- Concerns/allegations should be reported within 1 day

- Management of all investigations fair, expedient; right to natural justice respected
- Confidentiality protected.
- Process should empower the vulnerable person, supporting them to exercise choice over all stages whenever possible. Support to be provided as appropriate to all those involved at all stages of an investigation into allegations of abuse and/or neglect.

➤ **If the alleged perpetrator is a staff member**

Reasonable steps are taken to avoid contact between the alleged victim and offender. They may be:

- Asked to continue with normal working arrangements
- Paid leave of absence
- Reassigned to other duties
- Provided an appropriate level of supervision
- Full support given, no assumption of guilt
- Trust in Care process initiated

➤ **If the alleged perpetrator is another resident (Peer to Peer)**

- Discussions with both people involved held by Unit CNM /member of staff with whom there is good rapport
- Factors such as living environment, their life experiences, capacity to make informed decisions and understanding of their rights, responsibilities and LPH values of respect for all residents are taken into account.
- Investigation of the incident proceed as appropriate with relevant documentation as previously outlined.
- Minimise contact with affected parties

➤ **Preliminary Screening**

- Report given to DON/Person in Charge by Unit CNM / deputy/line manager within two working days of receipt of written allegation. Preliminary screening commences as soon as possible, within five working days of notification by CNM / designated person.
- The staff member against whom the allegation is made will be notified. All requested staff under obligation to participate.
- An assessment of the resident may be requested
- Preliminary Report to be completed by the DON /PIC within 3 working days of commencement of preliminary screening and submitted to HSE within three days
- The Preliminary Screening Team comprises CEO, SMSW, DON/PIC, Line Manager.
- The preliminary Screening establishes "could the reported incident have occurred".

➤ **Outcome of Preliminary Screening**

- If abuse deemed not to have occurred, copy kept on file.

- All parties will be advised in writing of the outcome of the preliminary screening.
- If formal investigation warranted, all affected parties will be advised. A formal investigation is arranged.
- Gardaí may be advised.
- Staff will be afforded due process at all stages.
- HSE and HIQA will be advised on the prescribed forms.

➤ **Investigation**

If investigation recommended:

- **Investigation Committee:** Safeguarding team comprising Senior clinicians, and Chief Executive.
- Full investigation commenced as soon possible following the receipt of the Preliminary Screening Report.
- Meeting with all parties. Details of complaint and intention to carry out full investigation will be sent in advance of the meeting. Terms of Reference will be agreed between the parties.
- Person under investigation will be afforded chance to make an initial response.
- Advised not to contact the complainant.
- Trust in Care (TIC) policy guidelines are followed.
- All parties have right to have representation (e.g., trade union official/advocate) and relevant reports /documents to prepare for the meeting.
- Investigation Committee reviews possible contributory procedures, systems and practices.
- All parties informed of initial conclusions. Given right of reply.
- Final outcome delivered in writing.

➤ **Outcome of Investigation**

- **Allegation unfounded:** No adverse repercussions. Staff Disciplinary Procedure invoked if deemed malicious allegations by staff.
- **Abuse by staff member:** Staff disciplinary procedure invoked.
- **Abuse by Resident:** Support provided to address their actions / behaviour. If ongoing or criminal in nature – Contract of Care / concurrent Gardaí investigation.
- **Professional misconduct** – NMBI, CORU or relevant regulatory body.
 - Follow up support for victim and alleged perpetrator.
 - HIQA and HSE Safeguarding team updated

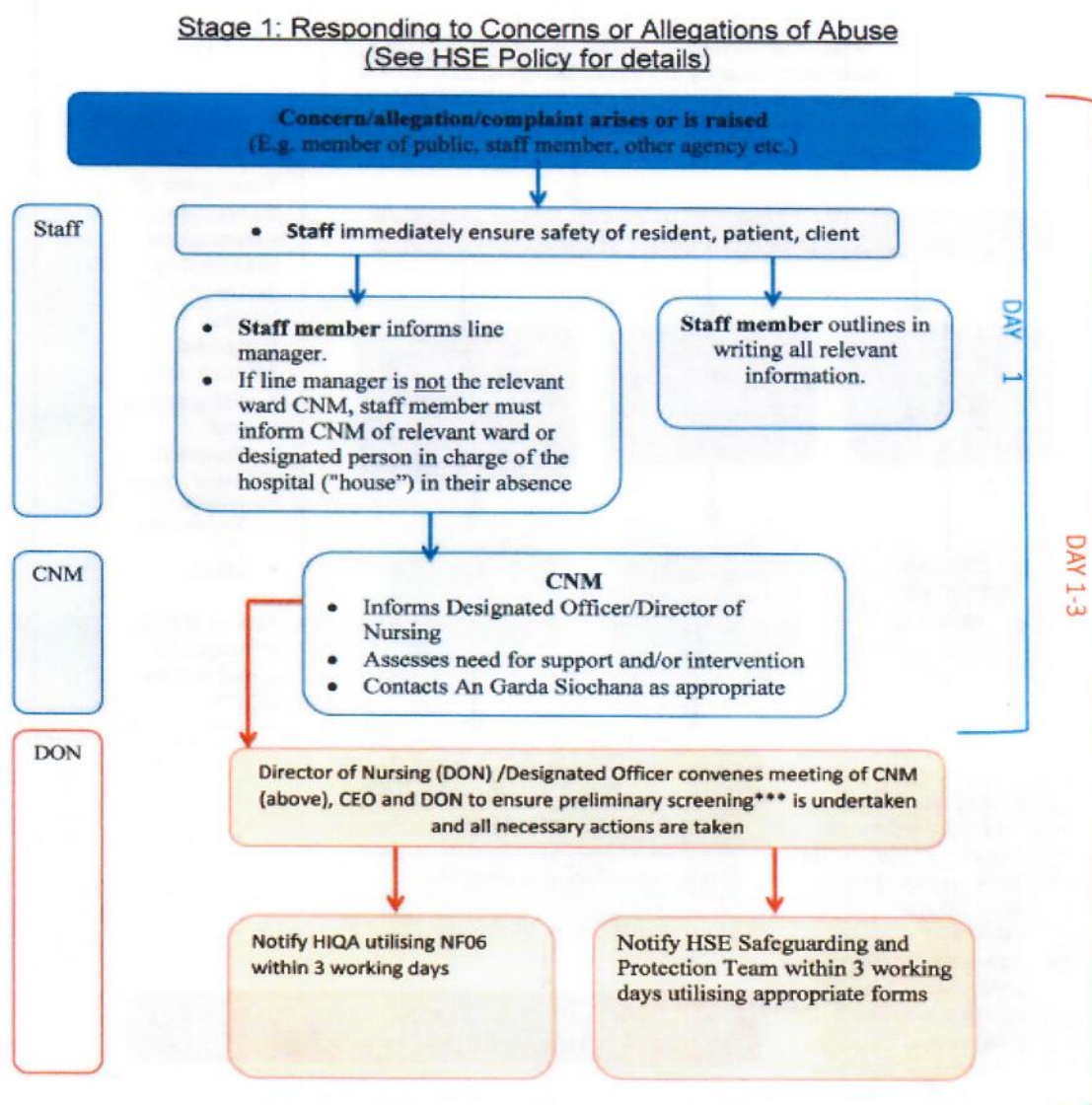
8.0 Appendix 1

LPH Standard Operating Procedure for the management of safeguarding concerns in line with the Trust in Care Policy

These flow charts are for guidance and must be read in conjunction with the HSE Policy that contains greater detail on all aspects of the procedures. Stage 1: Responding to Concerns or

Allegations of Abuse

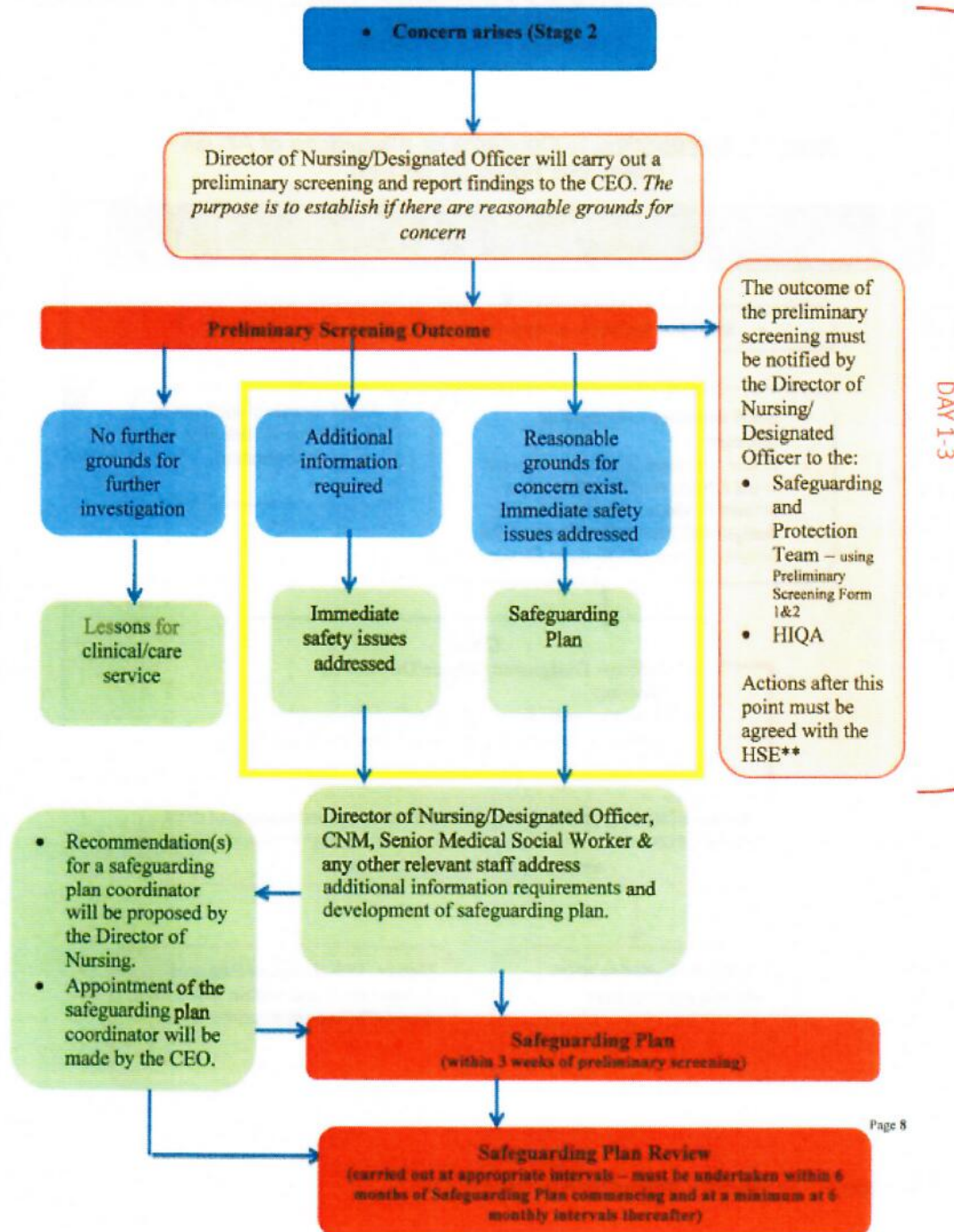
See HSE Policy for details



***See Stage 2 Preliminary Screening flow chart

Stage 2: Preliminary Screening & Safeguarding [See HSE Policy for details](#)

Stage 2: Preliminary Screening & Safeguarding - See HSE Policy for details



9.0 Appendix 2

HSE's "Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures".

1. A concern is identified and the Complainant completes the Initial Incident Report Form
2. A member of senior management is notified
3. 1st Safeguarding Team meeting is convened.
 - a. Present at this meeting are CEO, PIC, MSW, Department Manager plus the Complainant (where applicable)

The Complainant describes the concern they have and clarification is sought by the Safeguarding Team.

Once complete, the Complainant leaves the meeting to allow the Safeguarding Team to determine one of three outcomes:

- b. No further grounds for investigation
- c. Additional information required
- d. Reasonable grounds for concern exist

The Safeguarding Team will at this point determine whether Safeguarding Measures are required.

4. In the event the Safeguarding Team determine that reasonable grounds for concern exist, and the concerns relate to a staff member, then the matter must be progressed in accordance with the Trust In Care Policy as follows:
 - a. HR Manager is advised that the matter is to progress under the Trust In Care Policy
 - b. HR Manager advises the Safeguarding Team regarding the procedures to be followed regarding the Preliminary Screening required under Trust In Care Policy
5. The immediate Line Manager(s) completes the Preliminary Screening meeting with the employee in order to answer the question, "could an abusive interaction have occurred?"
6. Second Safeguarding Team meeting is convened. Present at this meeting are: CEO, PIC, MSW, Department Manager/Preliminary Screening Team.
 - a. The Preliminary Screening Team present the outcome of their Preliminary Screening to the Safeguarding Team.

- b. If an abusive interaction could NOT have occurred, the Preliminary Screening Team confirm this in writing to the employee
 - c. If an abusive interaction could have occurred, the Safeguarding Team must determine one of two options:
 - i. Matter can be managed locally
 - ii. matter requires a formal independent investigation
7. Safeguarding Team refer the matter to the HR Manager who will then write to the employee confirming the outcome of the Preliminary Screening and the next steps in the process.
- a. Where the matter is to be managed locally, the HR Manager is removed from the process which is then led by the Line Department.
 - b. Where the matter is to be managed through an independent investigation, the HR Manager will issue Terms of Reference for investigation in accordance with the TIC Policy.
 - c. Investigation then proceeds in accordance with terms of TIC Policy.

10.0 Bibliography/References

- Health Act 2007 and 2013 (Care and the Welfare of Residents in Designated Centres for Older People).
- Health and Social Care Professionals Act 2007
- Assisted Decision Making (Capacity) Act, 2015
- Equal Status Acts 2000-2015
- Criminal Justice (Withholding of Information on offences against children and vulnerable persons) Act 2012
- Data Protection Acts (1998 and 2003)
- Freedom of Information Acts (1997 and 2003)
- Trust in Care Policy

- HIQA and Safeguarding Vulnerable Adults Policy and Procedures
- National Standards for Residential Services for Children and Adults with Disabilities (HIQA Jan 2013)
- The National Quality Standards for Residential Care Settings for Older People (HIQA 2009)
- [Banking and Payments Federation Ireland – Guide to Safeguarding Your Money](#)
- Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures, HSE. 2015
- <https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

9.0 Appendices

- Appendix 1 - LPH Standard Operating Procedure for the management of safeguarding concerns in line with the Trust in Care Policy
- Appendix 2 - HSE's "Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures".

