



Document Control

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Policy Sign Off

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1.0 POLICY:

Sunbeam House Services is committed to the safeguarding of vulnerable persons from abuse. It acknowledges that all adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances. It is the responsibility of all service providers, statutory and non-statutory, to ensure that, service users are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse

Sunbeam House Services has a '**NO Tolerance**' approach to any form of abuse and promotes a culture which supports this ethos. All policies and procedures promote welfare, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding.

A clear and concise understanding of the term "Abuse" and its various manifestations is central to any policy addressing this issue. In the context of this policy, the term "Abuse" is considered to be any form of behaviour that violates the dignity of the client. It may be physical, sexual, psychological /emotional or neglect. It should be recognised that more than one form of abuse may be present. It may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other end. Repeated instances of poor care may indicate dysfunction in organisational standards and practices and represent institutional /systemic abuse.

The policy encompasses all aspects of the organisations approach to protection, notably the overall strategy and approach to adult protection.

Sunbeam House Services (SHS) promotes the expectation that each person within the organisation, whatever their role, has an ethical, moral, and professional obligation to report abuse and neglect, whether it is observed, reported, or suspected.

Abuse can be defined as the harming of a more vulnerable individual usually by someone who is in a position of power, trust or authority over that individual.

Neglect occurs in areas such as being under stimulated, underfed, left in need, left unprotected from harm, or failure to provide needed services, or maintain necessary adaptive equipment

DEFINITIONS OF ABUSE

Abuse may be defined as " any act, or failure to act , which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general well being, whether intended or through negligence, including sexual relationships or financial

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transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms.

Although this abuse definition focuses on acts of abuse by individuals, abuse can also arise from inappropriate or inadequacy of care or programmes of care.

There are several forms of abuse, any or all of which may be perpetrated as the result of deliberate intent, negligence or lack of insight and ignorance. A person may experience more than one form of abuse at any one time. The following are the main categories/types of abuse.

TYPES OF ABUSE

Research shows that abuse can take many forms and abusers have in the past included staff and managers, visitors, friends and family, volunteers, and even other service users. Abuse is usually carried out deliberately but it can also be the result of thoughtlessness, carelessness, ignorance, inefficiency or recklessness.

The organisation understands that abuse and neglect can take many forms including;

Physical abuse includes hitting, slapping, pushing, kicking, and misuse of medication restraint or inappropriate sanctions.

Inhuman or degrading treatment – for example the use of punishment

Inappropriate or excessive restraint – for example holding, locking doors, tying service users to chairs or commodes or the overuse of sedatives

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, where one group are preferred over another, slurs, or similar treatment.

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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.

ORGANISATIONAL PROTECTIONS

1. In Sunbeam House Services we will operate sound recruitment policies which are designed to exclude untrustworthy individuals or potential abusers from working in a position of trust with vulnerable service users. In this organisation we will ensure that all new and potential appointments and volunteers are given rigorous pre-employment checks, including the use of Garda Vetting checks and by the taking up of two references before the individual starts work
2. A staff member who suspects that abuse or neglect may be occurring, or who witnesses a situation in which a service user may be actually being abused or neglected should report the incident to their Client Service Manager (CSM) or duty manager immediately.
3. A climate of 'openness, honesty and awareness' among staff, service users, families and relatives will be encouraged which enables both staff and service users to freely raise concerns about any behaviour which they suspect might be abusive or which might lead to abuse. Service users should be reassured that they will not be victimised for speaking out and will be informed of where they can raise their concerns.
4. All staff and volunteers will be trained to be aware of adult protection issues. The need for vigilance should be stressed to staff of all job roles and positions during induction training and subsequently in regular updates. Induction training will also include training in what staff should do if they suspect abuse or neglect is taking place and who to report their concerns to. Staff will also be requested to participate in a number of courses that will enhance their ability to provide safe and effective supports to people.
5. Where staff have concerns that they may be victimised because of a disclosure they should be made aware that the organisation has a Whistleblowing Policy in place. (See *Protective Discloser Policy*).
6. Upon receiving a report of suspected or alleged abuse or neglect (observed, Disclosed, or suspected) the first priority is to ensure the safety and protection of the client. The Client Services Manager (CSM) should take immediate action to ensure the safety of the service user concerned and then refer the matter to the Designated Person /Officer /social work department.
7. A staff member who is accused or suspected of abuse or neglect will be dealt with according to the disciplinary procedure which may mean the individual being suspended, without prejudice to that individual, pending investigation. These investigations will be followed in line with Trust in Care Policy
8. Staff and managers will work closely with partner organisations where required, and will cooperate in any abuse investigations. They will follow any protection plan agreed through multi-agency procedures in order to reduce the risk of further abuse after an actual or suspected case of abuse.
9. Records will be kept of all adult protection issues and relevant decisions.

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2.0 EMPLOYEE RELATIONSHIPS WITH SERVICE USERS

From time to time employees develop strong attachments to Service Users and vice versa. Staff are employed to provide professional support to Service Users and such a relationship is essentially an unequal one. Where staff feel that their relationship with an individual is going beyond that of a professional relationship, this should be discussed with their Client Service Manager (CSM) /Senior Services Manager. The company will not condone any intimate or sexual relationship between staff and Service Users. If, after discussion with their Senior Services Manager, a member of staff wishes to continue a relationship beyond that which would be permitted by an employer, then that particular staff member must consider their position with SHS, which may include resignation from their employment and thus having the possibility of developing a relationship outside that of staff member and client.

Staff should be made aware that such a relationship could be perceived to be exploitative and/or illegal and subsequently lead to criminal and/or disciplinary action. All staff need to be aware and to consider how their work may be affected by general and specific laws relating to relationships and people with an intellectual difficulty.

If a member of staff feels they may have been compromised in any way, they should discuss their concerns with their Client Service Manager(CSM)and or Senior Services Manager. These topics will be dealt with in staff training courses, where specific instruction will be given regarding safe practice and the exercise of reasonable care while interacting with Service Users.

2.1. ABUSE ALLEGATIONS AGAINST STAFF

Unfortunately, people working in services such as SHS need to be aware of the possibility of an allegation being made against them as an occupational hazard. Uncomfortable as this may be, it is the responsibility of each staff member to ensure their standard of practice and professionalism is above reproach, to be aware of situations which put them at risk and to minimise the risks as much as possible. Recruitment of new staff involves rigorous selection and recruitment procedures and checking of references and Garda vetting.

The Company's duty of care to Service Users will always take priority and if following the enquiry, any doubts remain concerning the behaviour or practices of the employee they will not be returned to their post. The Company will strive to inform all appropriate personnel as to the outcome of investigations. If the employee is returned to their post, then it should be understood by their colleagues that the allegations were without substance and the persons reputation should not be damaged by any further speculation or gossip.

Any allegation against any employee is a serious matter. False allegations can be very damaging and the company will look harshly on anyone making false allegations. However, if an employee has a serious complaint to make about a colleague and if Service Users are believed to be at risk then employees are duty bound to report their concerns to management immediately.

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2.2. MINIMISING THE RISK

This policy is designed to encourage awareness of situations which can put employees at risk of allegations being made against them. It is important for staff members to understand clearly that this policy should, as far as is possible, be assimilated into ordinary everyday activities of the service. It is not the intention to reduce the quality of care being provided. However, it may be prudent for employees to consider their own behaviour and to make changes in systems of work in order to ensure that they avoid vulnerable situations. If in doubt about undertaking any activity, employees should consult with their Client Service Manager (CSM) / Senior Services Manager.

2.3 ONE TO ONE SITUATIONS

The organisation is particularly careful in screening staff who are likely to be working with clients on a one to one level. Each location should discuss this issue as a staff team and work on guidelines suitable to its environment, identifying areas which would be particularly isolated. Staff should have an agreed strategy for working with Clients who may have a tendency to make allegations.

Necessary one to one work should be agreed with employees / reporting manager and colleagues. If an employee has an unplanned conversation of a personal nature with a client in isolation, they should inform their reporting Manager and record the event immediately.

2.4 LIFTS IN CARS

The necessity for using private cars will vary from location to location within Sunbeam House Services. It is advisable to use public transport or company transport whenever possible to promote client independence. Where employees private cars are used on a regular or emergency basis, such journeys should be recorded detailing the reason for the journey, the date, the duration and the distance.

Employees should endeavour to avoid giving individual clients lifts in their personal cars when this is not a necessary part of their work or is outside of their working hours. When employees are required by the nature of their work to carry clients in their private car, such journeys should be formally recorded as suggested above.

See Company Policy regarding insurance and indemnification of employee private cars.

2.5 INVITING CLIENTS TO VISIT YOUR HOME

It should not be encouraged or recommended that individual employees take clients to their own homes for visits or overnight stays.

Employees wishing to take clients to their own homes for visits or overnight stays should seek approval.

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Employees can go through the “Friends in Deed” or “Homeshare Structure”, when inviting Clients to a volunteer’s own home may have risks. Therefore, any such invitation must be carefully considered in consultation with the reporting Manager and Senior Services Manager.

3.0 THE DUTY OF CONCERNED PERSONNEL

STAFF RESPONSE TO ALLEGATION / SUSPICION / DISCLOSURE OF ABUSE

Whatever the situation there is likely to be a sense of uncertainty about the course of action to be taken. Staff may find themselves confronted by allegations of abuse in different ways, for example:

- A client may describe an incident which occurred in the past
- A client may tell them about current abuse
- An incident may be reported to staff by another agency, family member or friend
- Staff may witness an incident
- Staff may suspect abuse due to physical or behavioural signs with which they will be familiarised by means of staff training.

LISTEN AND BE SUPPORTIVE

A person who is being abused may find disclosure difficult due to a sense of betrayal or fear of the consequences of disclosure. They are likely to speak to someone they trust. If that person is you, then you will need to respond in a supportive manner – be willing to listen, be willing to take the person seriously and be willing to offer help. Staff training courses aim to teach staff how to respond appropriately to initial disclosure.

CONFIDENTIALITY

The client may ask you not to tell anyone. You will need to explain that in order to help them you will need to tell the people who can help and can make the alleged abuse stop. Do not make promises of confidentiality, which you will not be able to keep. You will, however, need to regard what you have been told as strictly confidential and will only report on a “need to know” basis as outlined below.

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REPORTING AND RECORDING

1. Record the issue quickly, factually and as accurately as possible using, in the event of a disclosure or report, the language used by the person reporting.
2. Inform your Client Service Manager (CSM) or equivalent person as quickly as reasonably possible.
3. Complete the "Adverse Reporting Procedure" on CID

4.0 ROLES & RESPONSIBILITIES:

THE PROTECTION FOR PERSONS REPORTING CHILD ABUSE ACT 1998

This legislation provides immunity from civil liability to persons who report child abuse "reasonably and in good faith". This means that, even if a reported suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith in making the report.

This legislation also creates a new offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities "knowing that statement to be false". This is a new criminal offence designed to protect innocent persons from malicious reports.

4.1 MANAGEMENT RESPONSIBILITIES

Managers in Sunbeam House Services have a responsibility to:

Regularly revise policies and procedures to update them with current good practice.

- Operate systems of management, supervision, and internal inspection, which are designed to reveal abuse or neglect if it exists and encourage a culture and ethos for the organisation which is hostile to any sort of abuse or neglect.
- Operate recruitment policies and procedures which identify and exclude from employment in the organisation potential or actual abusers.
- Provide training for staff in all aspects of abuse and protection, including their duties to protect service users from abuse.
- Investigate any evidence of abuse or neglect speedily and sympathetically in full collaboration and cooperation with all other relevant agencies.
- Monitor cases and incidents, analysing trends and patterns and implementing improvements to procedures if an investigation into abuse or neglect reveals deficiencies in the way in which the organisation operates or loopholes which could be exploited by abusers.

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4.2. STAFF RESPONSIBILITIES

Staff in this organisation, have a responsibility to:

- Provide service users with the best possible care at all times and to never engage in any action or activity that could be construed as abusive or neglectful.
- Report any suspicions they might have that abuse or neglect is occurring.
- Cooperate in every possible way in any investigation into an alleged abuse/safeguarding /protection incident.
- Participate in training activities relating to Safeguarding and Protection.

4.3. ROLE OF DESIGNATED PERSON /OFFICER

Each service providing services to people who may be vulnerable will appoint a Designated Officer. This appointment is the responsibility of the Senior Services Manager in the service. The Designated Officer should receive specific training on the legal and policy context in which safeguarding occurs and maintain a familiarity with key practice issues.

The Designated Officer will be responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons
- Collating basic relevant information
- Ensuring the appropriate manager is informed and collaboratively ensuring necessary actions are identified
- Conducting preliminary screening
- Ensuring all reporting obligations are met (internally to the service and externally to the statutory authorities)
- Supporting the manager and other personnel in addressing the issues arising.
- Maintaining appropriate records.

Note: These functions are those relevant to receiving and responding to concerns and complaints of abuse.

4.4. REGULATION

Residential and residential respite centres are prescribed as 'designated Centre's in the Health Act 2007 (Care and Welfare of residents in Designated Centre's for Older People) Regulations, 2013. The Health Information and Quality Authority (HIQA) has, among its functions under law, responsibility to regulate the quality of services provided in designated Centre's for people with disabilities and older people.

The purpose of regulation in relation to designated Centre's is to safeguard people with disabilities and older people who are receiving residential services. Regulation provides assurance to stakeholders that people living in designated Centre's are receiving services and supports that meet the requirements of national standards which are underpinned by regulations.

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Regulation has an important role in driving continuous improvement so that people with disabilities and older people have better, safer lives. When a designated Centre does not meet the required standards and/or the provider fails to address the specific areas of non-compliance, appropriate enforcement action is taken to either control or limit the nature of the service provided or to cancel a Centre's registration and prevent it from operating.

The Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults with Disabilities) Regulation 2013 is a significant development in the safeguarding of children and adults who use residential services. These regulations came into operation on November 1st 2013. Within these regulations specific reference is made to protection. Part 2, 8 (1) of the regulations state that "the registered provider shall protect residents from all forms of abuse." Part 8 – Notification of Incidents 31(1) states that "The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in designated Centre's: This includes (31 (1) (f)) any allegation, suspected or confirmed, of abuse of any resident."

The Health Act, 2007 (Care and the Welfare of Residents in Designated Centre's for Older People) Regulations 2009 (as amended) Article 6 (1) and (2) sets out the arrangements to be put in place by the registered provider and the person in charge in relation to protecting residents from all forms of abuse, including ensuring that there are policies and procedures in place for the prevention, protection and response to abuse and recording any incidents and taking appropriate action where a resident is harmed or suffers abuse.

Any allegation, suspected or confirmed abuse of any resident in a designated Centre in the public, private or voluntary sector must be formally notified to HIQA on the appropriate form (NF06 Form) within 3 working days of the incident being reported.

5.0 RESPONDING TO AN ALLEGATION OF ABUSE AND NEGLECT

LISTEN, REASSURE AND SUPPORT

If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what he/she says and ensure he/she is given the support needed. It is imperative that all allegations or suspicions are reported immediately. Staff must never give assurances to clients or families that suspicions will not be reported

Do not:

- appear shocked or display negative emotions
- press the individual for details
- make judgments
- promise to keep secrets
- give sweeping reassurances

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DETECTION AND PREVENTION OF CRIME

Where there is a concern that a serious criminal offence may have taken place, or a crime may be about to be committed, contact An Garda Síochána immediately.

RECORD AND PRESERVE EVIDENCE

Preserve evidence through recording and take steps to preserve any physical evidence (if appropriate).

As soon as possible on the same day, make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed this incident/s;
- who was involved and any other witnesses, including service users and other staff;
- exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told;
- any other relevant information, e.g. previous incidents that have caused you concern.

REMEMBER TO:

- include as much detail as possible;
- make sure the written report is legible and of a photocopyable quality;
- make sure you have printed your name on the report and that it is signed and dated;
- keep the report/s confidential, storing them in a safe and secure place until needed.

REPORT & INFORM.

Report to Client Service Manager (CSM) as soon as possible.

This must be reported on the **same day** as the concern is raised. The **Client Service Manager (CSM)** must ensure the care, safety, and protection of the victim and any other potential victims, where appropriate. He/she must check with the person reporting the concern as to what steps have been taken (as above) and instigate any other appropriate steps.

In the absence of the Client Service Manager (CSM), the Senior Services Manager must be informed immediately.

The following must be done by the **Client Service Manager (CSM)** and/or Designated Officer:

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The Designated Officer or **Client Service Manager (CSM)** must report the concern to the Safeguarding and Protection Team (Vulnerable Persons) within **three working days** after he/she has been informed of the concern.

ENSURING IMMEDIATE SAFETY AND SUPPORT

On receipt of the report of suspected or actual abuse, the Senior Services Manager will establish and document the following:

- What is the concern?
- Who is making the report?
- Who is involved, how they are involved and are there risks to others? What actions have been taken to date?
- Biographical information of those involved, including the alleged perpetrator where appropriate, e.g. name, gender, DOB, address, GP details, details of other professionals involved, an overview of health and care needs (and needs relating to faith, race, disability, age, and sexual orientation as appropriate).
- What is known of their mental capacity and of their wishes in relation to the abuse/neglect?
- Any immediate risks identified, or actions already taken, to address immediate risks.
- Establish the current safety status of the victim. Arrange medical treatment if required.
- Establish if An Garda Síochána have been notified.
- Ensure referral to Tusla where a child is identified as being at risk of harm

INFORMATION GATHERING

The Designated Officer or an appropriate staff member appointed by the Managing Director will be appointed to manage the intra and/or inter-agency safeguarding procedure and processes, including co-ordinating assessments or investigation.

The person referred should be contacted at the earliest appropriate time. Consent to share or seek information should be addressed at this stage.

It is important to remember that in the process of gathering information, no actions should be taken which may put the person/s referred or others at further risk of harm or that would contaminate evidence.

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The types of information to be gathered will be dependent on the individual circumstances of the report. Accordingly, information sources will vary depending on the nature of the referrals but some examples include:

- Gaining the views of the individual referred.
- Checking of electronic/paper files to establish known history of person.
- Checking if there are services already in place and liaison with those services.
- Verifying referral information and gaining further information from the referral source.
- Considering consultation with An Garda Síochána to see if they have any information relating to the person/s referred or alleged perpetrator.

In general, through the information gathering process, the following information should be available:

- Name of person/s referred.
- Biographical details and address/living situation.
- As much detail as possible of the abuse and/or neglect that is alleged to have taken place/is taking place/at risk of taking place (including how it came to light, the impact on the individual, and details of any witnesses)
- The views of the person/s referred and their capacity to make decisions.
- Details of any immediate actions that have taken place (including use of emergency or medical services).
- An overview of the person/s health and care needs (including communication needs, access needs, support and advocacy needs).
- An overview of the persons needs.
- GP details and other health services/professionals.
- Details of other services/professionals involved.
- Name of main carer (where applicable) or name and contact details of organisation providing support.
- Checks made to ensure that the referral is not a duplicate referral.
- Checks made for possible aliases.

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- Checks made if other services, teams, or allocated workers are involved with the person/s referred or alleged perpetrator/s.
- Checks made for previous concerns of abuse and/or neglect with regards to person/s referred.
- Check for previous concerns of abuse and/or neglect with regards to the alleged perpetrator.

5.1. INVOLVEMENT OF STAFF MEMBER:

In situations where the allegation of abuse arises in respect of a member of staff of SHS then the HSE Trust in Care Managing Allegations of Abuse against Staff Members will be followed.

5.2. INVOLVEMENT OF A SERVICE USER:

In the event that the concerns or allegations of abuse identified a service user, the plan must ensure that relevant professional advice on the appropriate actions is sought which may include, for example, a behavioural support programme. The rights of all parties must receive individual consideration, with the welfare of the vulnerable person being paramount.

5.3. Anonymous and Historical Complaints

All concerns or allegations of abuse must be assessed, regardless of the source of occurrence.

The quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. Critical issues for consideration include:

- The significance/seriousness of the concern/complaint.
- The potential to obtain independent information.
- Potential for ongoing risk.

In relation to historical complaints the welfare and wishes of the person and the potential for ongoing risk will guide the intervention.

Any person, who is identified in any complaint, whether historic or current, made anonymously or otherwise, has a right to be made aware of the information received.

5.4. OUTCOME OF PRELIMINARY SCREENING

A report on the Preliminary Screening will be submitted to the Managing Director with a recommendation regarding proposed/required actions.

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NO GROUNDS FOR REASONABLE CONCERN

An outcome that there are not reasonable grounds for concern that abuse has occurred does not exclude an assessment that lessons may be learned and that, for example, clinical and care issues need to be addressed within the normal management arrangements

ADDITIONAL INFORMATION REQUIRED

A plan to secure the relevant information and the deployment of resources to achieve this within a specified time will be developed by the Service Manager. This may involve the appointment of a small team with relevant expertise. All immediate safety and protective issues must also be specified.

REASONABLE GROUNDS FOR CONCERN EXISTS

A safeguarding plan must be developed to address the concerns.

The plan may include:

1. Local informal process
2. Internal Inquiry
3. An Independent Inquiry
4. Assessment and management by Safeguarding and Protection Team (Vulnerable Persons)

Based on the information gathered, an assessment should be made which addresses the following;

- Does the person/s referred or group of individuals affected fall under the definition of Vulnerable Adult (as defined above)?
- Do the concerns referred constitute a possible issue of abuse and/or neglect?
- Where it is appropriate to do so, has the informed consent of the individual been obtained?
- If consent has been refused and the person has the mental capacity to make this decision, is there a compelling reason to continue without consent? Have the risks and possible consequences been made known to the client?

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.

An investigation by An Garda Síochána should not necessarily prevent any other investigation. Where possible agreement should be reached with An Garda Síochána regarding the conduct of the investigation and the issuing of a report. If necessary advice should be obtained in this regard.

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6.0 STAGE 3: REASONABLE GROUNDS FOR CONCERN HAVE BEEN ESTABLISHED.

If it is determined that abuse of a vulnerable person may have occurred, the responsibilities towards all relevant parties must be considered and addressed. These may include:

- The vulnerable person.
- The family of the vulnerable person.
- Other vulnerable persons, where appropriate.
- The perpetrator, particularly if a service user.
- Staff.

The needs of the vulnerable person is the paramount consideration and a formal Safeguarding Plan must be developed which addresses the therapeutic and support needs arising from the experience and the protective interventions aimed at preventing further abuse.

6.1. INVESTIGATION STAGE

INQUIRY – INTERNAL OR INDEPENDENT INVESTIGATION

In establishing any form of investigation piece, relevant SHS Policies must be considered. In considering the specific form of Inquiry, issues to be considered include;

- The nature of the concerns.
- If the matters relate to an identifiable person, or incident, or to system issues
- The impact on confidence in the service.
- The views of the vulnerable persons and/or his/her family.
- The Managing Director will usually commission the Inquiry. The Commissioner of an Inquiry must develop specific Terms of Reference and, where appropriate, ensure the appointment of a Chair and members with the suitable experience and expertise, both in services for vulnerable persons and in the application of fair procedures. The Terms of Reference should be informed by appropriate professional advice. Arrangements for the provision of expert advice to the enquiry should also be outlined.

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An Inquiry Report will usually contain certain conclusions and recommendations and it is the responsibility of the Managing Director to receive the report and to determine the necessary actions.

FOLLOWING INVESTIGATION

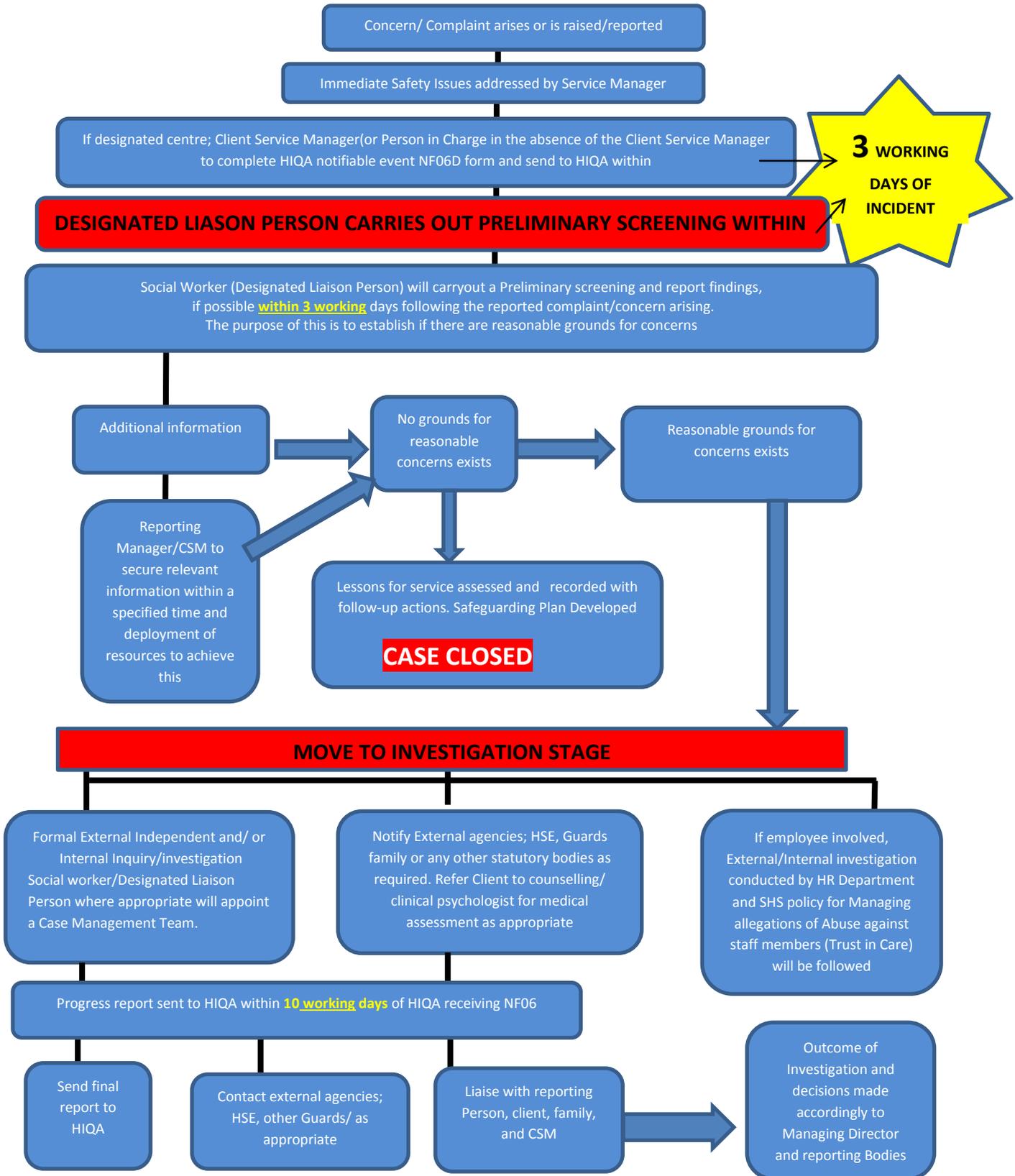
The Outcome of the Investigation will be communicated to the Managing Director and other relevant bodies; H.S.E / HIQA /Gardaí as appropriate.

The organisation will support the individual and their family throughout this process. Where necessary a safeguarding will be put in place to address any issues that arise throughout this process.

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WORKFLOW FOR THE PRELIMINARY SCREENING AND INVESTIGATION OF REPORTING OF OBSERVED, ALLEGED, OR SUSPECTED ABUSE

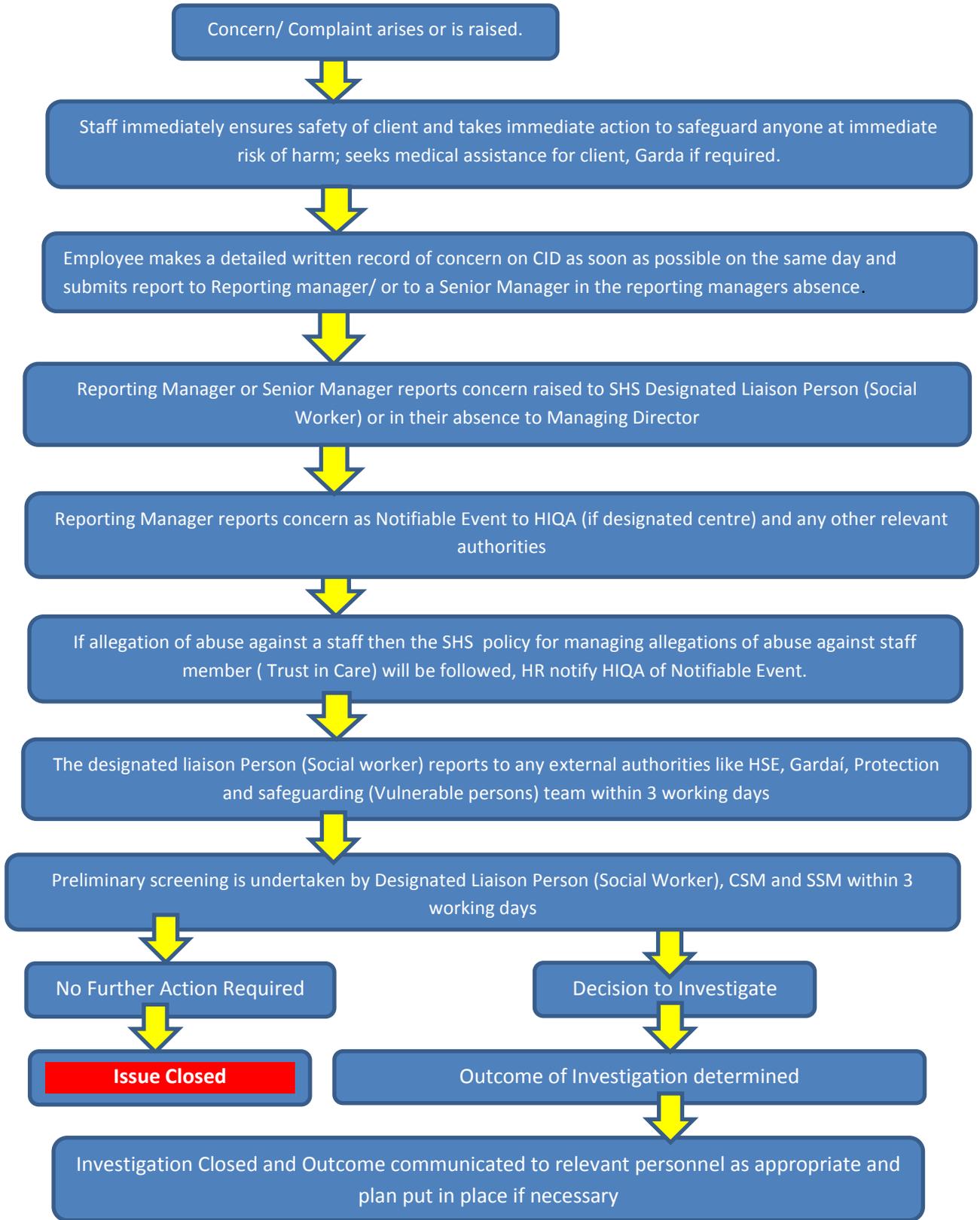


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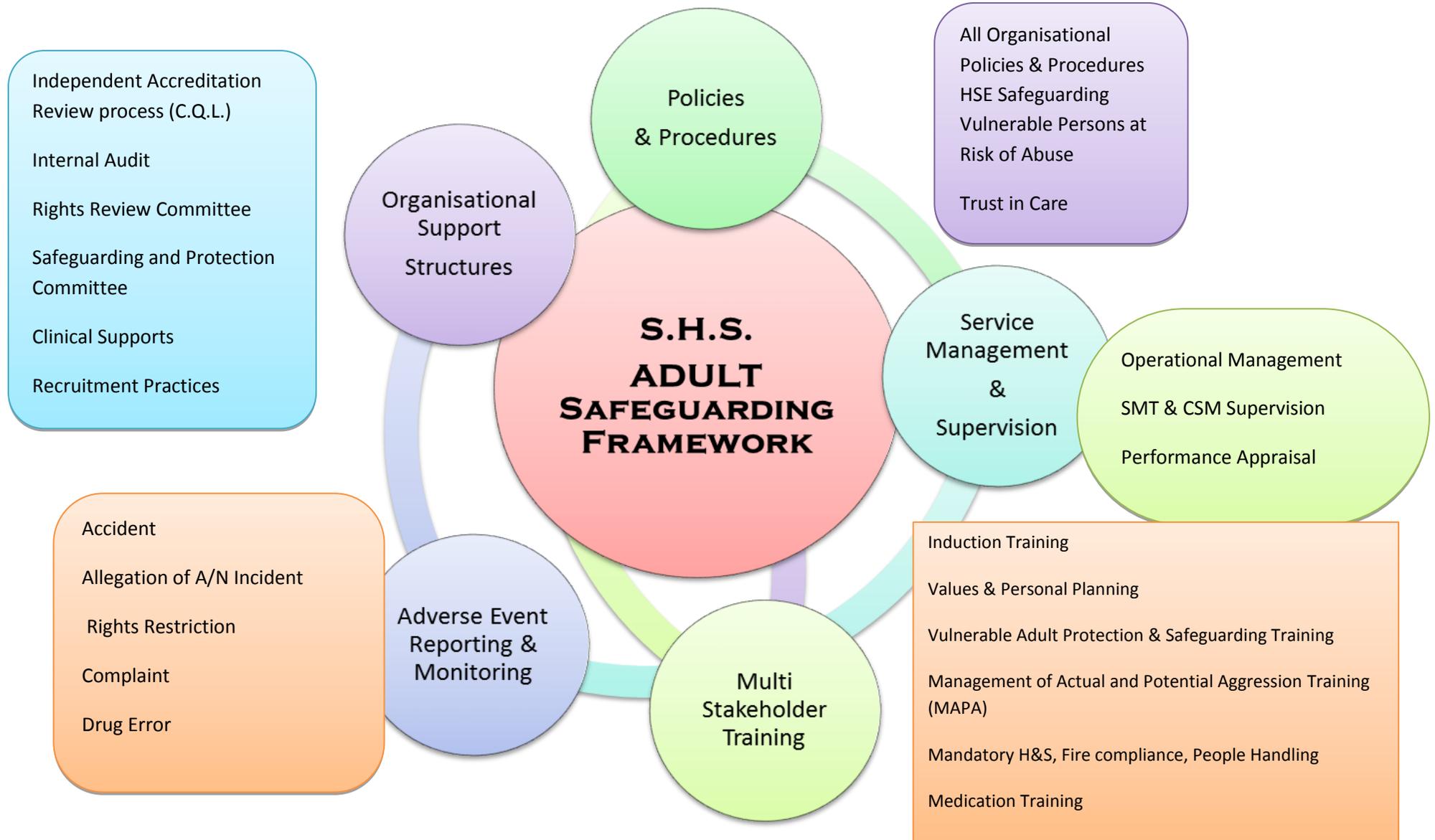
Sunbeam House Services Policy Document	Title: The Protection Of Vulnerable Adults Policy
	Effective Date: 01 September 2014



**Organisation Workflow re: Protection Concerns of Vulnerable Adults
Responding to concerns/ allegations or suspicion of abuse**



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