Draft national standards for adult safeguarding

For public consultation 2018

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered.

HIQA aims to safeguard people and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services —** Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.

- **Regulation —** Registering and inspecting designated centres.

- **Monitoring Children's Services —** Monitoring and inspecting children's social services.

- **Monitoring Healthcare Safety and Quality —** Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health Technology Assessment —** Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.

- **Health Information —** Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

About the Mental Health Commission

The Mental Health Commission (MHC) was established under the Mental Health Act 2001 to promote, encourage, and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services in Ireland.

The MHC's remit includes the broad spectrum of mental health services including general adult mental health services, as well as mental health services for children and adolescents, older people, people with intellectual disabilities and forensic mental health services.

The MHC's role is to regulate and inspect mental health services, support continuous quality improvement and to protect the interests of those who are involuntarily admitted and detained under the Mental Health Act 2001. Legislation focuses the MHC's core activities into regulation and independent reviews.

In addition, under the provisions of the Assisted Decision-Making (Capacity) Act 2015,[*] the MHC's remit has been extended to include the establishment of the Decision Support Service (DSS). The DSS will support decision-making by and for adults with capacity difficulties and will regulate individuals who are providing those supports.

Regulation:

- Registration and enforcement — registering approved centres and enforcing associated statutory powers, such as attaching registration conditions.

- Inspection — inspecting approved centres and community mental health services and reporting on regulatory compliance and the quality of care.

- Quality improvement — developing and reviewing rules under the Mental Health Act 2001. Developing standards, codes of practice and good practice guidelines. Monitoring the quality of service provision in approved centres and community services through inspection and reporting.

Independent reviews:

- Mental Health Tribunal Reviews — administering the independent review system of involuntary admissions. Safeguarding the rights of those detained under the Mental Health Act 2001.

- Legal Aid Scheme — administering the mental health legal aid scheme.

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[*] At the time of writing, the Assisted Decision-Making (Capacity) Act 2015 is not operational.

Table of contents

Introduction

1.   Background

All adults have the right to be safe and to live a life free from harm. Safeguarding means putting measures in place to promote and protect people's human rights and their health and wellbeing, and empowering people to protect themselves. It is fundamental to high-quality health and social care.

Safeguarding relies on people and services working together to ensure that people using services are treated with dignity and respect and that they are empowered to make decisions about their own lives. Their welfare should be promoted and they should receive care and support in an environment in which every effort is made to prevent the risk of harm. The care environment responds effectively when harm does occur in order to minimise the impact of harm.

Any adult may need help to protect themselves at any point in their lives. There may be times when a person is more vulnerable to abuse, neglect and exploitation, and this may mean that they are unable to adequately protect themselves from a wide range of potential harm. Any adult can go through a period of risk and need appropriate support and care to manage or mitigate risk and live a safe and fulfilling life. Health and social care services have a responsibility to do everything possible to prevent harm arising from abuse, neglect or exploitation. Services also have a responsibility to ensure that if harm occurs or is likely to occur that it is stopped and reported as quickly as possible.

The Health Information and Quality Authority (HIQA) and the Mental Health Commission (MHC) are jointly developing National Standards for adult safeguarding for health and social care services. The National Standards will provide a framework for best practice in safeguarding adults in health and social care services. HIQA has a remit under the Health Act 2007 to set standards for Ireland's health and social care services and to monitor services against these standards. Under the Mental Health Act 2001, one of the functions of the MHC is to develop standards, codes of practice and guidelines for the broad spectrum of mental health services.

2. Developments in adult safeguarding

A review of literature which focused on six countries to inform the development of the draft national standards highlighted the need for a focused national policy and legislative framework for adult safeguarding. In addition to national policy and legislation, standards are required to promote practice that is up-to-date, evidence-based, effective and consistent in reducing the risk of harm to people using services

and promoting their rights, health and wellbeing. Standards help service providers to identify strengths and highlight areas that may need improvement and are a resource for people using services to know what to expect from a service.

The international review also identified the need for specific legislation that would place an obligation on State bodies to ascertain if adults are at risk of harm, and to intervene when necessary to protect adults at risk. To effectively implement such legislation, the review identified the need for a consistent approach to adult safeguarding across both health and social care that was supported by local structures, policies and procedures. This approach needs to be person-centred and ensure that the person is supported to participate fully in any decisions about their life.

In Ireland, adult safeguarding is currently undergoing significant change including the development of national policy, legislation and standards. A significant development of note was the establishment of the Health Service Executive's (HSE's) National Safeguarding Office, which was established in line with the HSE's adult safeguarding policy. The core function of the office is to oversee the implementation, monitoring, review and continuous evaluation of its safeguarding policy, in addition to coordinating development and delivery of safeguarding training.

2.1 Policy and legislation

In December 2017, the Department of Health announced that a new national adult safeguarding policy was to be developed for the health sector. This acknowledges the need to build further on the existing range of policies, procedures, codes of practice and legislation aimed at protecting and safeguarding adults in the health sector in Ireland. At the time of developing these draft standards, the Department of Health was developing a national policy that will assist in framing legislation on safeguarding for the health and social care sector. This policy will apply across all health and social care services.

The policy being developed by the Department of Health will assist in framing the development of safeguarding legislation. A legislative development of note specifically related to safeguarding is the Assisted Decision-Making (Capacity) Act 2015, which provides a statutory framework for individuals to make legally-binding agreements to be assisted and supported in making decisions about their welfare, their property and affairs. This assistance and support is particularly required to safeguard a person's rights to participate in decisions that affect their life where they lack, or may lack, the capacity to make a decision unaided. This Act enshrines the

presumption of capacity[†] and sets out a functional test for the assessment of a person's capacity. This functional approach to the definition of capacity allows for changes in a person's capacity over time.

2.2 National Safeguarding Committee

The National Safeguarding Committee is a multiagency and inter-sectoral body with an independent chairperson. It was established by the HSE in 2014 with the overarching remit of supporting the development of a societal and organisational culture that promotes the rights of persons who may be vulnerable and safeguards them from abuse.

One of the key objectives of the National Safeguarding Committee is to inform and influence Government policy and legislation to safeguard the rights of people who may be vulnerable. One of the Committee's actions in working towards achieving this objective is to influence the development of nationally approved standards by HIQA and the Mental Health Commission for adult safeguarding.

2.3 Standards

HIQA and the MHC are developing draft national standards that will provide a framework for best practice in safeguarding adults in health and social care services. The national standards, when finalised, aim to reduce the risk of harm and promote the rights, health and wellbeing of all adults using across the range of health and social care services that they engage with.

The finalised National Standards will be a resource for services to know what is expected of them in reducing the risk of harm to people using their services and how to promote their rights, health and wellbeing. They will also be a reference for people using services and their families to gauge how well, or otherwise, any particular service is doing in this area. The finalised national standards will refer to services and staff developing, implementing and adhering to safeguarding policies that set out the ways in which harm is recognised, prevented and addressed. The national standards will require that the policy is followed when harm arising from abuse, neglect or exploitation is suspected or occurs and that staff are trained in their roles and responsibilities in implementing this policy. In the context of HSE and HSE-funded services, this detail will be set out in the revised safeguarding policy.

[†] In line with the Assisted Decision-Making (Capacity) Act 2015, 'capacity' is conceptualised as 'decision-making capacity' and refers to the ability to understand, at the time that a decision is to be made, the nature and consequences of the decision in the context of the available choices at that time. Although at time of publication, the Assisted Decision-Making (Capacity) Act 2015 is not fully commenced, the functional test of capacity is already required under common law and is reflected in current standards and policy.

2.4 HSE's National Safeguarding Office and HSE Policy for Safeguarding

The HSE's current *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures* (2014) covers safeguarding of all persons at risk of harm across the HSE's Social Care Division, encompassing both older people and persons with a disability. The policy sets out the procedures to be followed if there are concerns of abuse and or neglect of a vulnerable adult. It also outlines a number of principles which help to promote the independence and rights of adults who may be vulnerable. At the time of preparing these draft national standards, the HSE was in the process of revising its safeguarding policy, with a view to publishing the revised policy in late 2018. It is anticipated that the revised policy will have a broader focus than the current policy which looks solely at older persons and people with a disability within services managed or funded by the HSE's Social Care Division.

3. Purpose of the draft national standards

It is recognised internationally that the setting and implementation of standards are important levers in promoting improvements in the quality and safety of care and support. They also help to set the expectations of people using services, the public, providers and professionals.

Safeguarding is a component of a number of National Standards developed by HIQA. Within these National Standards, emphasis is placed on promoting people's rights and respecting their autonomy, privacy and dignity. The role of staff in facilitating people to be as independent as possible and to exercise personal choice in their daily lives while also safeguarding them from abuse is also outlined. Similarly, the autonomy, capacity and involvement of people using services in decisions about their care and treatment are key themes in the MHC's *Quality Framework for Mental Health Services in Ireland*. While elements of safeguarding are captured within existing National Standards, a dedicated set of National Standards for adult safeguarding will seek to:

- focus attention on the area of safeguarding

- support service providers to:

  - understand what safeguarding is

  - identify ways to prevent harm from occurring

- respond proportionally when harm does occur, with the rights and interests of the person at risk of harm to the fore. They will also set out what people using services can expect from those services.

The National Standards, when approved, will:

- offer a common language to describe adult safeguarding in health and social care services

- aid people using services to understand what they should expect from a service committed to promoting their rights, health and wellbeing and protecting them from the risk of harm

- enable a person-centred approach by focusing on the people that use services and placing them at the centre of everything that the service does

- create a basis for services to improve the way in which they promote the rights, health and wellbeing of people using services

- help to reduce harm and respond to harm when it does occur by identifying strengths and highlighting areas for improvement

- promote practice that is up to date, effective and consistent.

4. Adult safeguarding principles

The draft national standards are underpinned by key principles that emerged from research undertaken by HIQA and the MHC and engagement with a wide range of interested and informed parties. These principles should be reflected in the way in which health and social care services deliver care and support to all people using their services. The principles are:

- **Accountability** — services are accountable for the care and support they deliver and safeguarding the people using their services. This requires transparency in the way in which safeguarding concerns are responded to and managed.

- **A rights-based approach** — people's rights should be promoted and protected by health and social care services. These include the right to be treated with dignity and respect, to make informed choices, the right to privacy and the right to be free from degrading or inhuman treatment.

- **Empowerment** — people are empowered to protect themselves from the risk of harm, to direct how they live their lives on a day-to-day basis according to their will and preferences. This requires people having access to

the right information in a way they can understand, being included in decisions about their life and about the service, and being supported to participate fully. Decision-making capacity is a core element of this and health and social care services should presume each person has capacity to make decisions about their own life unless there is evidence to the contrary at a time that a decision needs to be made.

- **Partnership** — effective safeguarding requires partnership working, that is, individuals, professionals and agencies working together to recognise the potential for, and to prevent, harm.

- **Prevention** — this is about taking action before harm occurs and includes a range of actions and measures such as care, support and interventions designed to promote the safety, wellbeing and rights of adults.

- **Proportionality** — proportionate action is the least intrusive response appropriate to the risk presented and is undertaken in line with the person's will and preferences.

While the arrangements that a service puts in place will vary depending on the size and complexity of the service, these principles apply regardless of the setting.

5. Interaction with other National Standards

The National Standards for adult safeguarding will support and reinforce existing national standards which seek to reduce harm and promote the rights, health and wellbeing of each person using health and social care services. The standards are not intended to comprehensively cover all legislative requirements relevant to safeguarding that services must have in place by law. It is important to recognise that compliance with these standards does not indicate compliance with legislation.

HIQA and the MHC have well-established standards and criteria for quality in services that apply across health, mental health and social care services in Ireland. Therefore, these draft standards seek to outline specifically how quality services prevent and respond to adult safeguarding issues, as opposed to reiterating how services are expected to deliver high-quality care and support more generally. In cases where there are setting-specific standards in place that already reflect adult safeguarding — for example, in older adult residential, disability, maternity settings, and mental health settings — the draft standards set out in this document aim to strengthen and build on these pre-existing standards. Some service providers may be in a position that more than one set of National Standards developed by HIQA or the MHC may be applicable to them.

6. Scope of the draft national standards

The aim of the draft national standards for adult safeguarding is to improve the experience of all people accessing health and social care services, to reduce their risk of harm and to promote their rights, health and wellbeing. Recognising that people interact with a wide range of health and social care services, people should expect the same level of care and support, and commitment to safeguarding from all of the services that they access, that is to say, all health and social care services.

The standards, once approved by the Minister for Health, will become National Standards, placing a responsibility on services to begin implementing them.

These services include but are not limited to:

- residential services for older people and people with a disability

- mental health approved centres

- mental health community residences

- day care services

- community services

- care delivered in the home, including care delivered by a public health nurse or home support services

- acute hospitals

- general practices

- primary care centres.

People accessing the above services should expect that their risk of harm is reduced and their rights, health and wellbeing are promoted and protected by each of the services that they come into contact with.

7. Themes in the draft national standards

HIQA uses an established framework to develop nationally mandated standards. This framework was developed following a review of national and international evidence, engagement with national and international experts and applying HIQA's knowledge and experience of the health and social care context. Figure 1 illustrates the eight themes under which the draft standards are presented. The four themes on the upper half of the circle relate to the dimensions of **safety and quality** in a service, while the four on the lower portion of the circle relate to the key areas of a service's **capacity and capability**.

Figure 1. Standards' Development Framework

The four themes of quality and safety are:

- **Person-centred Care and Support** — how services place people using their services at the centre of what they do. This includes how services communicate with people using these services to ensure they are well

informed, involved and supported. In the context of safeguarding, this includes making sure that people's rights are upheld and promoted.

- **Effective Care and Support** — how services ensure that safeguarding is part of the routine delivery of care using the best available evidence and information.

- **Safe Care and Support** — how services protect people from the risk of harm and respond to safeguarding concerns when they arise.

- **Health, Wellbeing and Development** — how services work in partnership with people using the service to promote and enable their health and wellbeing in a holistic manner.

Delivering improvements within these quality and safety themes depends on service providers having capacity and capability in the following four key areas:

- **Leadership, Governance and Management** — the arrangements put in place by services for clear accountability, decision-making, risk management and performance assurance to reduce the risk of harm and respond to safeguarding concerns, underpinned by effective communication among staff.

- **Responsive Workforce** — how services plan, recruit, manage and organise their workforce to ensure enough staff are available at the right time with the right skills and expertise to reduce the risk of harm and promote the rights, health and wellbeing of people using services.

- **Use of Resources** — how services plan, manage and prioritise their resources to reduce the risk of harm and promote the rights, health and wellbeing of each person.

- **Use of Information** — how services use information as a resource for planning, delivering, monitoring, managing and improving services.

8. Structure of the draft national standards

The draft national standards are set out within the above eight themes. The eight themes are intended to work together, and collectively they describe how a health or social care service promotes the rights, health and wellbeing of people using its services and how it puts in place measures to reduce the risk of harm to those people using its services.

Each standard consists of three sections:

- **Standard** — describes the high-level outcome required to contribute to delivering care and support that promotes the rights, health and wellbeing of people using services, reduces the risk of harm and responds appropriately and effectively when harm does occur.

- **Features** — these, taken together, will enable progress towards achieving the standard. The list of features provided under each standard statement is not exhaustive, and the health or social care service may meet the requirements of the standards in other ways. While it is expected that all health and social care services will work to achieve each standard, not all features within each standard are relevant to all services.

- **What does this means for me** – this provides at-a-glance information for people using services on what each standard means for them, and it also provides a means to assist those providing services to understand what is expected of them.

9. Key terms used in this document

This section includes the key terms which apply across the standards. A full list of relevant definitions is included in the glossary section of this document.

Abuse: a single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person.

Adult: a person aged 18 years or older.

Adult at risk: a person who is aged 18 years or older who needs help to protect themselves from harm. A distinction should be made between an adult who is unable to safeguard him or herself, and one who is deemed to have the skill, means or opportunity to keep him or herself safe, but chooses not to do so.

Advocate: a person nominated by an individual adult to speak on their behalf and represent their views. Advocacy comes in different forms. This may include informal support or independent advocacy services. Advocacy should always be independent from the service providing care or support.

Capacity: in line with the Assisted Decision-Making (Capacity) Act 2015, 'capacity' is conceptualised as 'decision-making capacity' and refers to the ability to understand, at the time that a decision is to be made, the nature and consequences of the decision in the context of the available choices at that time.

Harm: the impact on the person of abuse, exploitation or neglect. Harm arises from any action whether by a deliberate act or an omission, which may cause impairment of physical, intellectual, emotional, or mental health and wellbeing.

Nominated person: a person who has been expressly identified by the person using the service and who has been given authority by that person as an individual to whom information in relation to them may be shared and who can act on their behalf when they are unable to act personally. A nominated person can be a family member or another person who has an interest in the welfare of the person using the service. The involvement of any person is in line with the expressed wishes of the person using the service.

Person using services: a person who uses health and or social care services.

Safeguarding: means putting measures in place to reduce the risk of harm, promote people's human rights and their health and wellbeing, and empowering people to protect themselves. Safeguarding is fundamental to high-quality health and social care.

Service: any health or social care service where care and support is provided to adults.

Staff: the people who work in, for or with a health or social care service. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the service.

10. How the draft national standards were developed

As a first step, a review of national and international literature on the issue of adult safeguarding was undertaken by HIQA and the MHC and used to inform the development of the draft national standards. This review took account of published research, investigations, and reviews of adult safeguarding in Ireland, alongside legislation, standards, policy, guidelines and best practice in other countries. All documents and publications were reviewed and assessed for inclusion in the evidence base that informed the development of the National Standards for adult safeguarding. The background document setting out the findings of the literature review was published in May 2018 and is available on www.hiqa.ie and www.mhcirl.ie

HIQA and the MHC also convened an Advisory Group, which is comprised of a diverse range of interested and informed parties, including representatives from support and advocacy groups, regulatory bodies, professional representative organisations, the HSE and the Department of Health. The function of the Advisory Group was to advise HIQA and the MHC, support consultation and information exchange, and advise both organisations on any further steps deemed necessary. Both organisations would like to acknowledge with gratitude the hard work and commitment of the Advisory Group. The members of this group are listed in Appendix 1 of this document.

In May 2018, HIQA and the MHC hosted an awareness-raising seminar in Dublin on adult safeguarding, at which the background document setting out the findings of the literature review was published. The seminar brought together practitioners, policy-makers and people using services to share their experience and learn from each other.

HIQA and the MHC also organised focus groups with people who use health and social care services and with staff working in these services to discuss their experiences and obtain their opinions as to what the draft national standards for adult safeguarding should address. HIQA and the MHC conducted 16 focus groups, meeting with a total of 144 participants. Of these, nine of the focus groups were undertaken on the afternoon of the seminar with participants who had attended the morning session. HIQA and the MHC would like to acknowledge with gratitude those who participated for taking the time to attend these sessions and contributing to the standards development process in such a meaningful way.

11. Public consultation process

These draft national standards are available for public consultation for a seven-week period. During this time, people using services, their families, service providers and the public will have the opportunity to provide feedback and become involved in the standards development process. We invite all interested parties to submit their views during the public consultation on the draft national standards. We would welcome comments from the public and all interested parties, and all comments and suggestions will be considered.

> **The closing date for receipt of your feedback is 5pm on Wednesday 19 September 2018.**

12. How to make a submission

A number of consultation questions have been prepared for your consideration when reviewing the draft standards. These questions are not intended in any way to limit your feedback, and other comments relating to the draft national standards are welcome.

There are several ways to tell us what you think:

1. You can complete and submit the online consultation feedback form available on www.hiqa.ie.
2. Your comments can be submitted by downloading and completing the consultation feedback form available on www.hiqa.ie and emailing it to standards@hiqa.ie
3. You can print off a copy of your completed consultation feedback form available on our website or print it off and complete it by hand, then post it to us at:

> Health Information and Quality Authority
> National Standards for Adult Safeguarding Consultation
> Dublin Regional Office
> George's Court
> George's Lane
> Smithfield
> Dublin 7
> D07 E98Y

For further information or if you have any questions, you can email standards@hiqa.ie or call 01 814 7400 and ask to talk to a member of the Standards Team.

13. Next steps

HIQA and the MHC will review and consider all submissions received during the consultation process. Following this process, the draft standards will be revised based on your feedback. The main amendments will be published in a statement of outcomes document when the finalised standards are published.

The final draft national standards will be presented to the boards of HIQA and the MHC for their approval. Following approval from the boards of both organisations, the draft national standards will then be submitted to the Minister for Health for approval.

14. Summary of the *Draft national standards for adult safeguarding*

Theme 1: Person-centred Care and Support

Standard 1.1	Each person's rights are recognised and promoted.
Standard 1.2	Each person is supported to have the greatest possible participation in decisions about the services they receive.

Theme 2: Effective Care and Support

Standard 2.1	The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights, health and wellbeing.
Standard 2.2	Each person experiences integrated care which is coordinated effectively within and between services to reduce the risk of harm and to promote their rights, health and wellbeing.

Theme 3: Safe Care and Support

Standard 3.1	Each person is protected from the risk of harm and their safety and welfare is promoted.
Standard 3.2	Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.

Theme 4: Health, Wellbeing and Development

Standard 4.1	Each person is supported to develop the skills to protect and promote their own physical, mental, emotional and social health and wellbeing and protect themselves from harm.

Theme 5: Leadership, Governance and Management

Standard 5.1	The service has effective leadership, governance and management arrangements in place with clear lines of accountability to reduce the risk of harm and to promote the rights, health and wellbeing of each person.
Standard 5.2	The service strives to continually improve the quality of the support and care it provides to reduce the risk of harm and to promote the rights, health and wellbeing of each person.

Theme 6: Responsive Workforce

Standard 6.1	The service plans, organises and manages the workforce to reduce the risk of harm and to promote the rights, health and wellbeing of each person.
Standard 6.2	The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.

Theme 7: Use of Resources

Standard 7.1	Resources are used efficiently to reduce the risk of harm and promote the rights, health and wellbeing of each person.

Theme 8: Use of Information

Standard 8.1	Information is used to effectively reduce the risk of harm and promote the rights, health and wellbeing of each person.
Standard 8.2	The service shares information appropriately to keep people safe.

Theme 1. Person-centred Care and Support

Theme 1: Person-centred Care and Support

Person-centred care and support refers to how services place the people using the service at the core of their delivery of care and support. The needs of each person using the service therefore determine how the service operates at all levels. Person-centred care includes promoting people's rights, allowing people to make meaningful choices, giving them power in all decision-making relating to themselves and receiving an individualised service that recognises their will and preferences.

To deliver person-centred care and support, services work beyond making people feel safe, in order to support other aspects of the person's wellbeing, such as making them feel empowered and in control. These are core elements of promoting the rights, health and wellbeing of people using services. Internationally, there has been a shift in how adult safeguarding is approached: from paternalism to a rights-based approach. Within this approach, proportionality is a key principle and means making interventions relevant to the person and that are in line with their will and preferences.

To deliver person-centred care and support, staff respect and promote the rights of people to live free from harm that arises as a result of abuse, neglect and exploitation. It is critical that each person is empowered to know their rights and supported to promote and protect them.

A service is person-centred when people who use the service are encouraged and supported to be actively involved in the planning and delivery of their own care and support and of the service generally. They are also encouraged to advocate for themselves. Key to this is staff providing information to people using services and promoting effective two-way communication so that trust can be built up. People using services, or where appropriate their nominated person, should have a meaningful say in how the service is delivered.

Support around decision-making is also central to a person-centred approach to providing a service. Each person is supported and encouraged to make decisions around their personal welfare and property and affairs. As a starting point, everyone must be presumed to have capacity to make their own decisions[‡]. Services ensure that each person has the information they need to help them make decisions and that they get help from people who have an interest in their welfare if they need

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[‡] When decision-making capacity is assessed, it must be in a time-specific, issue-specific way which considers whether a person is able to understand the nature and consequences of the decision in the context of the available choices. The test is a functional one, which asks whether the person can understand, retain and weigh up information and communicate his or her decision. Decision-making capacity is a not a matter to be medically assessed, and cognitive impairment is relevant only to the extent that it actually impacts on decision-making.

help to make decisions. Services have a responsibility to maximise capacity, to use appropriate tools to facilitate communication and to allow time for a person to make a decision. Person-centred services work with people's strengths and networks to help them to make decisions and manage complex situations.

In order to prevent harm occurring, services put measures in place to reduce this risk. This includes supporting people to understand what harm is and to develop the skills to protect themselves from harm.

If a safeguarding concern arises, a person-centred service supports the person who is at risk of harm or who has been harmed and explains the process to them in a way that takes account of their communication needs. The person is kept informed and is supported by staff throughout the process. If the person needs help to stay safe, this is fully explained and the person is involved in determining how this happens. It is also critical that, if harm occurs, each person is empowered to understand what safeguarding procedures and criminal justice processes might involve.

People should choose the supports they have in the prevention of and response to safeguarding concerns. A person's family may play a key role in providing ongoing care and support to a person before, during and after receiving a health or social care service. Every person with an interest in the welfare of the person should be properly informed about what safeguarding is and signposted to the appropriate supports and services, but family involvement in the prevention of and response to safeguarding concerns should only be at the express will and preferences of the person.

Standard 1.1

Each person's rights are recognised and promoted.

Features of a service meeting this standard are likely to include:

1.1.1　Each person is informed about and supported to understand their rights.

1.1.2　Each person's rights, such as the rights to respect, dignity, privacy and equality of treatment are promoted and protected by staff who are aware of these rights as set out in legislation, national policy and national standards.

1.1.3　Each person is treated in a way that recognises and promotes their individuality in terms of gender, civil status, family status, sexual orientation, religion, age, disability, race or membership of the Traveller community.

1.1.4　Staff are aware of the potential for conflict between the competing rights of empowerment and protection and the need to balance these.

1.1.5　Where a safeguarding concern arises, the person is informed about the supports available and facilitated to access protection and support to keep them safe.

1.1.6　People are informed about and supported to access the justice system if there is a concern that a crime has been committed.

What does this mean for me?

- My identity, values, beliefs and culture are respected by staff and other people using the service.

- I am helped to understand my rights and staff support me to protect and promote them.

- If I am at risk of harm, then staff assist me in accessing support and if necessary, the justice system.

Standard 1.2

Each person is supported to have the greatest possible participation in decisions about the services they receive.

Features of a service meeting this standard are likely to include:

1.2.1   Each person has access to the information they need so that they can make informed choices. Information is communicated in a way that they can understand.

1.2.2   Each person is presumed to have capacity to make their own decisions and is supported to make them.

1.2.3   A service should only ever seek a decision on someone's behalf if every less intrusive option has been exhausted. This should involve the least intervention for the shortest time necessary and must take account of the person's will and preferences, beliefs and values and be in accordance with relevant legislation and policy. Reasons for any decisions are explained to the person in a way that they can understand.

1.2.4   Staff discuss with each person who they want involved in their care and support, and ensure that this participation is with the person's consent.

1.2.5   Each person is supported to assess the risks associated with the choices they make to weigh up the benefit and the potential harm. Each person has the right to make a decision, even if staff think this it is an unwise decision, and to refuse help.

1.2.6   Self-advocacy is supported and facilitated in line with each person's needs.

1.2.7   Each person is informed about advocacy services and what they can offer. They are facilitated and supported to access such services.

1.2.8   People using the service, staff and their nominated person, receive information on what harm is, how to prevent harm happening and how to address harm if it does happen.

1.2.9   Where a safeguarding concern arises, the person, or their nominated person, is involved in the safeguarding process and is supported to exercise choice.

1.2.10   Where it is identified that a person is at risk of harm, staff take measures that are proportional and tailored to the person's circumstances, are the least restrictive, are applied for the shortest possible time and are subject to regular review. This is fully explained to the person at an appropriate time.

What does this mean for me?

- I have all of the information I need to help me make decisions about my life, including when I need help to keep myself safe.

- I am asked my views and wishes and these are respected.

- I am supported and encouraged to participate in decisions about my life and choose who participates in decisions about my care.

- I get help from the right people if I need help to or cannot make decisions.

- I can refuse help if I don't want it, once it doesn't put other people at risk.

- If I need help to stay safe, this is fully explained to me and I get a say in how this happens.

Theme 2. Effective Care and Support

Theme 2: Effective Care and Support

Effective care and support in health and social care means consistently working towards the best achievable outcomes for people using services. It means that services ensure that the appropriate support is in place so that people using services lead a fulfilling life. In an effective service, care and support is planned and delivered productively and in a timely way. Effective services are responsive to people's range of health and social care needs and recognise that each person's needs are different and change over time.

Effective services acknowledge that they often cannot effectively safeguard adults from risk in isolation. Therefore, they operate in an integrated way with other services, organisations and professionals (multiagency working). Effective services build meaningful networks, connections and relationships and these relationships can be quickly used when there are adult safeguarding concerns. Staff also build relationships with other professionals and services so that there is a relationship of trust with people and communities. Staff in effective services respect the values, opinions and contributions of other staff from different professional backgrounds and actively build effective working relationships across their service.

To prevent adult safeguarding issues from arising and to deal effectively with them if they do arise, staff across services use a common understanding and approach to safeguarding, for example between acute and community services. Transitions between services are well managed, recognising that this is a key time when harm can occur. Where a person requires support from more than one service, one of the services takes a lead role in coordinating the support, reviewing progress, monitoring of the outcomes for the person and communicating progress to all interested parties.

The delivery of health and social care and support is complex, and it must be well planned, organised and managed to be effective. This involves clearly and regularly documenting decision-making within services, and developing individualised plans for care and support for people using services. Effective planning incorporates risk assessment and the service has an awareness of any issues which may put an adult at risk of harm. Services recognise that there are benefits as well as potential harm from people using services taking risks in day-to-day life. However, adults are also supported to make balanced decisions about risk[§] in their lives to support them in living the most whole and fulfilling life possible.

[§] In the literature, making balanced decisions about risks is also called **positive risk taking**; it is the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day-to-day life.

Standard 2.1

The service effectively plans and delivers care and support to reduce the risk of harm and promote each person's rights, health and wellbeing.

Features of a service meeting this standard are likely to include:

2.1.1   The service develops clear individualised plans for each person's care** with maximum participation from the person using the service in line with their will and preferences. This is done when the person initially accesses the service and is regularly reviewed and updated as appropriate. It is also clearly documented. People have access to their care plan or equivalent.

2.1.2   Each person is empowered to make balanced decisions about risk, and risk management plans are regularly reviewed and updated. These decisions are documented by the service to include reasons and considerations of risk versus benefit.

What does this mean for me?

▪   I am involved in developing my care plan which sets out how my needs will be met and how any risks to me will be managed. I have access to this plan.

▪   I am supported to live the most fulfilling life possible, even if this involves some element of risk.

** This may be a care plan, personal support plan, treatment plan, or the equivalent in a service

Standard 2.2

Each person experiences integrated care which is coordinated effectively within and between services to reduce the risk of harm and to promote their rights, health and wellbeing.

Features of a service meeting this standard are likely to include:

2.2.1   Arrangements are in place to encourage teamworking across disciplines, including agreed communication pathways and understanding of the roles and responsibilities of each team member in inter-professional working between health and social care services.

2.2.2   The service effectively manages transition planning and planning for discharge. There is effective communication within and between services during these periods to minimise risk and to share necessary information with the person's consent.

2.2.3   Where the person is moving from one service to another, this is planned and managed in partnership with the person.

2.2.4   The service provides opportunities for staff from different disciplines to work and, where possible, train together, reflect on their practice and foster positive inter-professional relationships.

2.2.5   Arrangements are in place to clearly define responsibilities within and between services to support people who require support from more than one service, for example one staff member is identified as the lead coordinator.

2.2.6   The service puts arrangements in place to support interagency working, communication and information sharing to meet the needs of people using services in order to minimise the risk of harm to a person. The purpose of sharing a person's information is explained to the person and consent is sought to share necessary information.

2.2.7   The service builds networks and relationships across a range of services and agencies so that they can respond effectively in a range of situations, for example with An Garda Síochána and other statutory services, financial institutions, advocacy and support groups.

What does this mean for me?

▪   All staff involved in my care at different levels or in different organisations work together to reduce the risk of harm to me.

- I am involved in planning and managing any move between services or out of a service to reduce the risk of harm during the move.

- If I move to a different service, my information is shared with the people who need it so they can support and care for me effectively.

Theme 3. Safe Care and Support

Theme 3: Safe Care and Support

Safe care and support recognises that safeguarding each person from harm is paramount. Services promote the safe care and support of each person in two ways, by preventing or reducing the risk of harm occurring, and by responding effectively and appropriately when harm does occur.

In a safe service that works to minimise the risk of harm to people using its services, safeguarding is part of the service's culture and is embedded in its practices rather than being viewed or undertaken as a separate activity. As such, it is important that services foster a culture of respecting people's rights and protecting them from the risk of harm. Achieving this culture requires an environment that facilitates staff working in partnership with each person to support them to build capacity to protect themselves from harm. Having this culture in place means that staff are confident in raising safeguarding concerns where the behaviour of staff member, family member or another person using the service is the cause for the safeguarding concern.

Services have a complaints process that is accessible to people using the service, as well as a system for gathering ongoing feedback on the service. This encourages people using the service, their family and advocates as well as staff to both raise concerns and identify areas for improvement.

When harm occurs, staff work with people to respond to concerns about their own safety or the safety of others. Services report, manage and review safeguarding concerns in line with national legislation, policy, standards and guidelines, respecting the will and preferences, dignity and privacy of each person using the service. Learning from incidents of harm arising from abuse, neglect or exploitation is shared with staff and used to improve the delivery of safe services. At times this will involve sharing learning between services that are working with a person, or where the person moves between these services, in order to reduce the risk of harm.

To promote safe care and support, services have a safeguarding policy that is informed by national policy, which sets out the ways in which harm is recognised, prevented and addressed. This policy is followed when harm is suspected or is happening due to abuse, neglect or exploitation and staff are trained in their roles and responsibilities in implementing this policy. Where there are risks to the safety and welfare of people, the service works with them to put in place all appropriate supports to protect them and to minimise the effect of them.

Standard 3.1

Each person is protected from the risk of harm and their safety and welfare is promoted.

Features of a service meeting this standard are likely to include:

3.1.1 The service has arrangements in place to identify and protect each person from harm, promote bodily integrity, personal liberty and the least restrictive environment possible, in line with national policy, legislation and codes of practice.

3.1.2 The service proactively identifies, assesses and plans for potential risks to each person and puts in place measures to reduce the likelihood and impact of such risks. These include assessing the needs of each person before a service is allocated, at the time it is allocated, and the service being reviewed regularly in order to ensure it effectively meets the person's needs.

3.1.3 Each person is encouraged to be respectful of the rights of others. This is communicated in clear, appropriate and positive ways that people can understand.

3.1.4 In exceptional circumstances, where it has been assessed that restrictive practices[††] are required due to a serious risk to the safety and welfare of the person or others, this is done in line with national standards, legislation, codes of practice and the service's policy.

3.1.5 The service reviews the use of restrictive practices regularly to ensure that the least restrictive practice possible is in place for the least amount of time possible.

3.1.6 The service has a feedback and complaints process in place that facilitates people using the service and staff to identify areas for improvement.

3.1.7 Staff are aware that there are different types of harm and know what to do to prevent harm from occurring.

3.1.8 Staff work in partnership with people to support them to protect themselves from harm, including supporting them to report safeguarding concerns for their own or others' safety, health and wellbeing.

[††] Restrictive practices are practices that intentionally limit a person's movement and or behaviour.

3.1.9   Arrangements are in place for each person to look after their own personal belongings and finances in a way that takes account of the will and preferences of the person. Where a person needs support to do this the service has transparent and secure arrangements in place.

What does this mean for me?

- I am protected from the risk of harm by staff who know how to respond to signs that I might be at risk.

- I know how to tell a service what I think about it and how to make a complaint.

- I know that staff who support and care for me will follow up on my complaint and tell me about the outcome.

- I know that my personal belongings are safe and secure and that if I need help to manage my finances that I am consulted about this.

Standard 3.2

Safeguarding concerns are effectively identified and managed, and outcomes inform future practice.

Features of a service meeting this standard are likely to include:

3.2.1   The service has an open culture that encourages each person and all people with an interest in their welfare to raise safeguarding concerns.

3.2.2   Where it is suspected or identified that a person is experiencing harm, staff members know their responsibility in responding to this. This includes recording and reporting, and, where appropriate, escalating the concern and following up on reports. This is done in line with national policy and legislation, as appropriate.

3.2.3   Staff work together in their own service and, where relevant, with other services to respond to harm and identify actions to prevent harm re-occurring to either the individual concerned or other people using services.

3.2.4   Where one person's behaviour is putting others at risk of harm, staff review the physical, social and environmental factors that may be contributing to this behaviour and address these. Working with the person, a plan is put in place to minimise the reoccurrence of the behaviour.

3.2.5   Staff recognise harm and when harm does occur, staff know how to address the harm and minimise its effect.

3.2.6   Individual safeguarding concerns are reviewed in a timely manner and outcomes inform practice at all levels.

3.2.7   The service regularly evaluates its approach to identifying, responding to, managing and learning from safeguarding concerns and the resulting outcomes. The service uses learning from this to review its policies and procedures in order to reduce the risk of harm to each person.

What does this mean for me?

▪ I know who to talk to if I feel myself or others are at risk of harm. I know that these concerns will be taken seriously.

▪ Staff who support and care for me understand their responsibilities in protecting me from harm.

▪ My service knows what to look out for to keep people safe, and it actively tries to improve the service when something goes wrong.

Theme 4. Health, Wellbeing and Development

Theme 4: Health, Wellbeing and Development

A service focused on health, wellbeing and development is one which looks for ways and opportunities to promote, maintain and improve the health and wellbeing of people using services. Improving the health and wellbeing of people using services is not just their sole responsibility or that of service providers. Instead they work together to achieve this outcome and people using services are supported to make decisions.

Working with people to improve their health, wellbeing and development forms part of empowering people to protect themselves from harm and to feel more in control of their lives: both of which are key elements of safeguarding. This may include supporting people to be more independent, to participate fully in decisions about their life, to undertake new challenges and educating people to empower them in areas such as managing their own finances and managing challenging situations.

To support the health, wellbeing and development of people using services, the service focuses on the abilities, goals, aspirations, health and wellbeing of people and takes an empowering and enabling approach. Staff support each person to assess their own physical, mental, emotional and social wellbeing on an ongoing basis and to identify actions and resources that can support them to maximise their quality of life.

Each person is supported to enjoy a good quality of life and live their lives in keeping with their own social, cultural and religious beliefs. People should be encouraged and supported to be connected in their communities of choice. Good health, wellbeing and development in all aspects of people's lives can be achieved through providing accessible services based on need and narrowing the gap in educational, employment and health and wellbeing outcomes for those who are more vulnerable.

Standard 4.1

Each person is supported to develop the skills to protect and promote their own physical, mental, emotional and social health and wellbeing and protect themselves from harm.

Features meeting this standard are likely to include:

4.1.1   The design and delivery of the service supports all aspects of each person's physical, mental, emotional and social health and wellbeing in line with the statement of purpose[‡‡] or equivalent, such as a mission statement.

4.1.2   The service ensures that there are practices and initiatives to promote the maintenance and improvement of the health and wellbeing of each person.

4.1.3   Each person is supported to:

- assess their own physical, mental and emotional health and wellbeing on an ongoing basis

- identify and develop the life skills they need to maximise their independence and to develop and maintain social networks

- develop the skills to advocate for themselves and to protect themselves from harm.

4.1.4   Each person is facilitated to access, in a timely way, the range of health and wellbeing and development services which protects their health and helps to keep them safe, recognising the person's range of needs beyond their current health and social care setting.

4.1.5   Each person is supported and encouraged to be connected to their communities of choice.

What does this mean for me?

- I am fully involved in assessing and reviewing my physical, mental, emotional and social needs.

- I have the skills, and opportunities to learn new skills, to protect and promote my health and wellbeing.

[‡‡] A statement of purpose, or its equivalent, describes the aims and objectives of the service, including how resources are aligned to deliver these aims and objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

- I am supported to deal with and recover from difficult situations.

- I have a strong sense of my own wellbeing and needs.

- I am supported to participate in my community of choice.

Theme 5. Leadership, Governance and Management

Theme 5: Leadership, Governance and Management

The key components of governance include leadership, decision-making, assessing and managing risk, ensuring effective communication among staff members and providing assurance that the service is performing well.

Leaders and managers of health and social care services are accountable for the safety and wellbeing of each person using the service. By putting measures in place to prevent harm occurring, leaders and managers reduce risk to the person, individual staff members and the service itself. This can be done by responding, monitoring and evaluating potential or actual safeguarding concerns through the service's risk management system.

Safeguarding should form part of the culture of the service and be part of the service's practices rather than being viewed as a separate activity. To prevent safeguarding incidents, and to respond effectively when concerns arise, a well-led service has clear lines of accountability and fosters an open culture of quality and safety. This culture is evident in the behaviour and attitudes of leaders and managers at all levels of the organisation.

Safeguarding is part of the overall policies and procedures of the service and the way in which the service operates. Management ensure that the service complies with relevant legislation, policy and standards.

The service has an adult safeguarding policy that comprehensively covers how the service works to prevent harm as a result of abuse, exploitation and neglect and which clearly sets out the steps to be taken when an issue arises. Staff and people using services are aware of how this policy and associated processes work, and there is clarity around the roles and responsibilities of those involved.

Staff are supported and empowered by management to exercise their professional and personal responsibility to reduce the risk of harm to people using their service, and to promote each person's rights, health and wellbeing. Management actively involve staff in quality improvement initiatives which allows the service to respond to identified risks.

A well-governed service is clear about what it does, how it does it and is accountable to its stakeholders. Managers at all levels have an important role to play in strengthening and encouraging their services' quality and safety culture. Effective management ensures that a service fulfils its statement of purpose, or its equivalent, such as a mission statement, by planning, managing and organising the service to achieve its outcomes in the short, medium and long term, and organising the

necessary resources to ensure the delivery of high-quality, safe and reliable care and support.

Safeguarding principles of accountability, rights, empowerment, partnership, prevention and proportionality are reflected in the service's statement of purpose, or equivalent. A statement of purpose, or its equivalent, describes the aims and objectives of the service including how resources are aligned to deliver these aims and objectives. It also describes in detail the range, availability and scope of services provided by the overall service.

A well-governed and managed service monitors and evaluates its performance to ensure that the care and support that it provides is of a consistently high quality throughout the system. The feedback, concerns and complaints of people using the service, and those of their nominated person, families, advocates and staff are taken into account as part of this evaluation process to reduce the risk of harm and to improve care and support.

Standard 5.1

The service has effective leadership, governance and management arrangements in place with clear lines of accountability to reduce the risk of harm and to promote the rights, health and wellbeing of each person.

Features of a service meeting this standard are likely to include:

5.1.1 The service promotes a culture of openness and accountability at all levels so that staff can exercise their professional and personal responsibility to report in good faith any concerns that they have about the delivery of safe and effective practices in their service, in line with service's policy.

5.1.2 A senior identified individual at the highest level of the service has overall accountability, responsibility and authority for safeguarding within the service. This includes accountability and responsibility for overseeing the implementation of these National Standards.

5.1.3 The service has an adult safeguarding policy which describes how the service prevents harm and abuse occurring and how it responds whenever harm or abuse does happen and how it escalate concerns, as appropriate. This policy is developed and communicated in way that people can understand.

5.1.4 The service's policies and procedures reflect the aim of supporting people to achieve their rights and promote their health and wellbeing and this is led and supported by senior management.

5.1.5 The management of a service ensures that the service performs its functions as outlined in relevant legislation, regulations, national policies and standards to reduce the risk of harm and to promote the rights, health and wellbeing of each person using the service.

5.1.6 The service sets out clear roles and responsibilities for staff in reducing the risk of harm and promoting each person's rights. There are clear reporting arrangements and lines of accountability and staff know how to access support and advice, when required. Staff are clear on the point of referral to adult safeguarding services in line with national policy.

5.1.7 The service has a named designated staff member, with appropriate knowledge and skills, who advises and supports other staff to take the necessary actions if they have a safeguarding concern.

5.1.8   The service has risk management arrangements in place which identify and evaluate risk and set out appropriate and timely action to safely manage safeguarding risks.

What does this mean for me?

- I use a service that is well led and managed, and I know who is responsible for my support and care.

- The staff supporting and caring for me know they can raise concerns if they think I might be at risk of harm.

Standard 5.2

The service strives to continually improve the quality of the support and care it provides to reduce the risk of harm and to promote the rights, health and wellbeing of each person.

Features of a service meeting this standard are likely to include:

5.2.1   Arrangements are in place to review and evaluate the service to ensure that the service is delivering support and care that is in line with the principles of safeguarding, and these are reflected in the statement of purpose, or its equivalent, such as a mission statement.

5.2.2   Arrangements are in place to review and evaluate the way in which the service:

- reduces the risk of harm

- promotes the rights health and wellbeing of each person

- responds to safeguarding concerns

- takes action to improve staff practice and the outcomes for each person.

5.2.3   The service defines and collects information to assess its performance in the prevention of and response to safeguarding concerns, appropriate to the service. This information is used to identify strengths and highlight areas for improvement. It is also used to ensure that issues are addressed appropriately, trends are detected and learning takes place.

What does this mean for me?

- Staff in my service are always looking for ways to improve the support and care given to me and other people using the service.

- I have opportunities to share my views on the service and how it could be improved to best suit my needs and those of others.

- If I give feedback or make a complaint it will be welcomed and used to improve support and care for me and others.

Theme 6. Responsive Workforce

Theme 6: Responsive Workforce

Effective staff recruitment helps to ensure that there are sufficient staff available at the right time with the right experience, qualification and skills to meet each person's needs. Safe and effective recruitment and workforce planning ensures that members of the workforce have the necessary abilities to undertake their role confidently and safely and to fulfil the requirements of the service.

All staff working in a service have a role in promoting the rights, health and wellbeing of the people using that service. They also have a role in reducing the risk of harm to people using the service and need to know how to respond if they are concerned that harm has occurred. Everyone involved in providing support and care should be trained and competent in safeguarding knowledge and skills. Providing education to all staff enables them to apply the necessary knowledge and skills, appropriate to their role, to reduce the risk of harm and to promote each person's rights, health and wellbeing.

Staff are encouraged to exercise their professional judgment and to be creative and flexible in their approach to meeting each person's support and care needs. As aspects of service provision and the needs of people using the service change and develop over time, staff need to be supported to participate in training and education to retain, reflect and build on their safeguarding skills and knowledge.

The workforce is key to delivering a safe, high-quality service and should be supported to do this. Staff retention ensures a continuity of care for people using the service and it supports people to build secure and trusting relationships with staff. All staff receive support and supervision to ensure that they perform their role to the best of their ability. This includes providing supports to manage the impact of responding to harm that occurs as a result of abuse, neglect and exploitation.

Standard 6.1

The service plans, organises and manages the workforce to reduce the risk of harm and to promote the rights, health and wellbeing of each person.

Features of a service meeting this standard are likely to include:

6.1.1   Staff recruitment is in line with relevant legislation, for example, Garda vetting requirements and any relevant registration, licensing, accreditation or other regulatory obligations, and is informed by evidence-based human-resource practices.

6.1.2   The service employs a sufficient number of staff who have the required experience, qualifications and skills to meet the support and care needs of each person, as outlined in the statement of purpose for the service or equivalent document.

6.1.3   Arrangements are in place to promote staff retention and continuity of care. This supports people using services to build secure and trusting relationships with staff.

What does this mean for me?

- I know that the staff who support and care for me and others have been safely recruited by the service.

- I have the opportunity to build a good relationship with the staff members who support and care for me.

- Staff know my needs and preferences.

- There are always enough staff to support and care for me and other people using the service.

Standard 6.2

The service supports staff to reduce the risk of harm and promote the rights, health and wellbeing of each person by providing training, development and supervision.

Features of a service meeting this standard are likely to include:

6.2.1   Services identify, support and educate staff members to champion best practice to reduce the risk of harm and promote the rights, health and wellbeing of people using services — and to motivate other colleagues to make changes. This includes sharing the learning from adverse events with colleagues to support sustained improvement within services.

6.2.2   As part of induction, new staff members learn about their role and responsibilities in reducing risk and promoting the rights of people using the service and how the service supports them in doing this.

6.2.3   Staff are trained, appropriate to their role, in how to:

- identify and assess potential risks

- put measures in place to address identified risks

- reduce the risk of safeguarding concerns arising

- respond when a safeguarding concern arises.

6.2.4   Staff are encouraged to exercise their professional judgment and to be creative and flexible in their approach to meeting each person's support and care needs and to discuss this approach with the person.

6.2.5   Staff receive regular supervision, or equivalent, from their line manager or another appropriate supervisor. Support and advice on managing safeguarding issues forms part of supervision. Administrative details of supervision are documented.

6.2.6   Staff have opportunities to reflect on their work. These opportunities include, for example, team meetings and service reviews.

6.2.7   The service has a system to provide support to staff to manage the impact of working with people who have experienced harm.

What does this mean for me?

- I know that staff have the right skills and experience to support and care for me.

- I experience support and care that is flexible enough to suit my changing needs.

Theme 7. Use of Resources

Theme 7: Use of Resources

The theme of use of resources relates to how resources are planned, managed, and delivered. The way in which a service uses resources is important in how safeguarding concerns are both prevented and responded to. Resources include human resources (which includes appropriate staffing), financial resources and environmental resources.

Effective management ensures that a service organises and aligns the necessary resources to ensure the delivery of high-quality, safe and reliable care and support. It is important that there is accountability for use of resources and that there is funding allocated specifically to adult safeguarding. Decisions about funding are driven by the needs of each person using the service. People using services — and their families as appropriate — are also consulted on environmental changes, such as upgrades to a service's facilities or buildings.

Resources are used effectively to create safe care and environments where the people using services are supported in the promotion of their rights, health and wellbeing. Resources are also used to good effect to respond to safeguarding concerns as they arise. In times where there is pressure on resources in health and social care services, resources are used and allocated effectively so that the rights of people using services are not compromised.

Standard 7.1

Resources are used efficiently to reduce the risk of harm and promote the rights, health and wellbeing of each person.

Features of a service meeting this standard are likely to include:

7.1.1 The service identifies the resources it needs to reduce the risk of harm, and respond to safeguarding concerns.

7.1.2 The service effectively uses available resources to prevent and manage safeguarding issues and concerns. The rights of people using services are not diminished by pressure on resources.

7.1.3 Any refurbishment of a service's facilities or buildings considers how the physical environment can contribute to promoting rights, health and wellbeing, for example having the least restrictive environment. Experts are consulted as part of this process.

7.1.4 People using services — and their nominated person as appropriate — are consulted on changes to the services or upgrades to a service's facilities or buildings.

What does this mean for me?

- The service makes the best use of resources to keep me safe from harm and promote my health and wellbeing.

- My views and needs are taken into account when a service is building a new premises, refurbishing the existing premises or changing how the service works.

Theme 8. Use of Information

Theme 8: Use of Information

For services, having access to good quality information and effective information systems is essential for improving the quality of the service generally.

In the context of safeguarding, good quality information is central to planning and delivering services to people in order to reduce the risk of harm and promote their rights, health and wellbeing. This in turn informs wider improvements that benefit all people using the service. Information is an important resource in planning, managing, delivering and monitoring services and should be relevant, accurate, reliable, timely, punctual, coherent, comparable, accessible and clear.

People's personal information is recorded, stored and managed confidentially in line with legislation and policy. While the service should always seek consent to share information, there may be times where information will be shared without consent. Where information is shared, the person to whom the information relates to is informed about this. Data protection legislation allows for the sharing of information without consent where there is a substantial concern for the person or another person and when there is a lawful basis to do so.

It is important that there are defined arrangements in place for sharing information within and between services and that all staff are aware of these arrangements. This ensures that where information is shared it is done so in a way that protects the privacy and confidentiality of the person to whom the information relates to and that it complies with relevant legislation.

Standard 8.1

Information is used to effectively reduce the risk of harm and promote the rights, health and wellbeing of each person.

Features of a service meeting this standard are likely to include:

8.1.1   Each person's information is securely stored, collated and managed in line with data protection legislation.

8.1.2   The service uses relevant information to inform and support the delivery of person-centred, safe and effective services and improve outcomes for each person using the service.

8.1.3   Staff inform people about the recording and intended use of their personal information.

8.1.4   Each person, or their nominated person, is facilitated to have access to their personal information in line with legislation and policy.

8.1.5   Each person's personal information is retained and destroyed in accordance with legislation and national policy.

What does this mean for me?

- My information is kept safe and is only used to help the service improve the care and support they provide.

- My information is not shared with others unless people are at risk of harm.

- I am facilitated to have access to my information.

Standard 8.2

The service shares information appropriately to keep people safe.

Features of a service meeting this standard are likely to include:

8.2.1   Policies are in place for sharing and transferring information in an efficient and timely manner to support effective safeguarding. This includes sharing information within and between services in a way that protects the privacy and confidentiality of the person to whom the information relates, in line with legislation, national standards and national policy.

8.2.2   Arrangements are in place for staff access to information, appropriate to their role. Staff know in what circumstances information about a person is shared, how to share it appropriately and inform the person that this information has been shared.

What does this mean for me?

- My personal information is only shared by staff if I agree or when it is being done to keep people safe.

Glossary of Terms

Abuse: a single or repeated act, or omission, which violates a person's human rights or causes harm or distress to a person.

Adult: a person aged 18 years or older.

Adult at risk: a person who is aged 18 years or older who needs help to protect themselves from harm. A distinction should be made between an adult who is unable to safeguard him or herself, and one who is deemed to have the skill, means or opportunity to keep him or herself safe, but chooses not to do so.

Advocate: a person nominated by an individual adult to speak on their behalf and represent their views. Advocacy comes in different forms. This may include informal support or independent advocacy services. Advocacy should always be independent from the service providing care or support.

Capacity: in line with the Assisted Decision-Making (Capacity) Act 2015 'capacity' is conceptualised as 'decision-making capacity' and refers to the ability to understand, at the time that a decision is to be made, the nature and consequences of the decision in the context of the available choices at that time.

Exploitation: the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation.

Family: an individual who is a parent, guardian, son, daughter, brother, sister, spouse, civil partner or cohabitee of the person using services.

Harm: the impact on the person of abuse, exploitation or neglect. Harm arises from any action whether by a deliberate act or an omission, which may cause impairment of physical, intellectual, emotional, or mental health and wellbeing.

Integrated care: means health and social care services working together, both internally and externally, to ensure people using services receive continuous and coordinated care.

Neglect: occurs whenever a person withholds, or fails to provide, appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.

Nominated person: a person who has been expressly identified by the person using the service and who has been given authority by that person as an individual to whom information in relation to them may be shared and who can act on their behalf when they are unable to act personally. A nominated person can be a family

member or another person who has an interest in the welfare of the person using the service. The involvement of any person is in line with the expressed wishes of the person using the service.

Person using services: a person who uses health and or social care services.

Positive risk taking: the taking of calculated and reasoned risks, which recognises that there are benefits as well as potential harm from taking risks in day-to-day life.

Restrictive practices: practices that intentionally limit a person's movement and or behaviour.

Risk assessment: the overall process of risk analysis and risk evaluation. Its purpose is to develop agreed actions for the identified risks. It involves collecting information through observation, communication and investigation.

Risk management: the systematic identification, evaluation and management of risk. It is a continual process with the aim of reducing risk to an organisation and individuals.

Safeguarding: means putting measures in place to reduce the risk of harm, promote people's human rights and their health and wellbeing, and empowering people to protect themselves. Safeguarding is fundamental to high-quality health and social care.

Service: any health or social care service where care and support is provided to adults.

Staff: the people who work in, for or with a health or social care service. This includes individuals that are employed, self-employed, temporary, volunteers, contracted or anyone who is responsible or accountable to the service.

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Appendix 1 — Membership of the Advisory Group and the HIQA and MHC Project Team

Advisory Group membership

Name	Organisation
Aine Flynn	Director of Decision Support Service, Mental Health Commission
Anne Dempsey	Communications Manager & Training Facilitator, Third Age Ireland
Anne O'Loughlin	Principal Social Worker (Retired), Irish Association of Social Workers
Ann-Marie O'Boyle	Investigator, The Office of the Ombudsman
Catherine Cox	Head of Communications and Carer Engagement, Family Carers Ireland
Christine Barretto	Social Care Worker, Cheeverstown House Community Services, Social Care Ireland
Ciara McShane	Inspector Manager (Disability Pillar), HIQA
Conor Foy	Administrative Officer, Older Person's Unit, Department of Health
Donal Hurley	Principal Social Worker, Health Service Executive (HSE)
Emma Balmaine	Chief Executive, St John of Gods, Private Hospitals Association
Iris Elliot	Head of Policy and Research, Irish Human Rights and Equality Commission
Ita O'Driscoll	Garda Sergeant, An Garda Síochána
Linda Moore	Standards, Compliance and Quality Officer, Health Quality and Service User Safety (Mental Health), HSE
Mark Felton	Solicitor, The Law Society
Martin Keville	Assistant Principal, Department of Social Protection
Mary Condell	Legal Advisor, SAGE

Noeleen Byrne	Assistant Inspector, Mental Health Commission
Phelim Quinn§§	CEO, HIQA
Rachel Flynn	Director of Health Information and Standards, HIQA
Rosemary Smyth	Interim Chief Executive, Mental Health Commission
Ruth O'Reilly	Senior Standards Officer, National Disability Authority
Sarah Lennon	Communications and Information Manager, Inclusion Ireland
Sinead Morrissey	Practice Development Facilitator, Nursing Homes Ireland
Vicky Blomfield	Head of Quality Assurance, HIQA

Project team

Aidan Murray	Subject Matter Expert (Northern Ireland)
Deirdre Connolly	Standards Development Lead, HIQA
Kate Frowein	Quality Improvement and Regulatory Manager, MHC
Linda Weir	Standards Manager, HIQA
Louise Dolphin	Standards Development Officer, HIQA

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§§ Chairperson.