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INTRODUCTION:

Promoting the human rights of older persons and people with disabilities is central to enabling a strong culture of safe services and prevention of abuse. Self- audits are one tool for services to improve quality and patient safety in relation to Safeguarding both in their response and prevention.

The National Safeguarding Office (NSO) has provided this template to facilitate the conducting of a self-audit of safeguarding practices and policy compliance within disability and older person's services.

This self-audit is divided into the eight themes of the standards of the *HIQA/ Mental Health Commission National Standards for Adult Safeguarding (2019).*
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- Section one   THEME ONE: PERSON CENTRED CARE AND SUPPORT
- Section two   THEME TWO: EFFECTIVE CARE AND SUPPORT
- Section three   THEME THREE: SAFE CARE AND SUPPORT
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The NSO understands that services have many demands and requests on their time. The NSO appreciates the co-operation and support of the PICs and management within the services in undertaking this self-audit. This self-audit tool should be used as an aid to assist in the improvement of practice in safeguarding in your service. The questions and completion of the self -audit tool will highlight service compliance with the HSE safeguarding policy as well as areas which require service improvement or capacity building measures.

There is a *Summary of Self-Audit* section at the end of the tool for you to provide further information or clarity on any of the questions raised relating to compliance or confidence levels. Please use this section to reflect on safeguarding practices in your service and to highlight areas undergoing service improvement or where service improvements are planned. The *For Further Action* section provides an opportunity to highlight areas that may be considered at service reviews and meetings between CHO senior management and service reviews (as appropriate).

There are a number of questions which are in the form of a statement. Please rate these in accordance with your confidence of your services compliance in each area.

A section is also included for volunteers in your service. Even if your service does not use volunteers as part of service delivery please answer question 1 of this section and disregard the questions that follow.

Name of Person in Charge

Job Title

Name of Service

Date of completion

SELF-AUDIT TOOL:

THEME ONE: PERSON CENTRED CARE AND SUPPORT.

1.	Does your service have a stated principle and philosophy of person centeredness in the delivery of your service?	Yes	No
2.	My service operates within the principles and philosophy of person centred care? **Please rate on the 1-5 scale.** **1 being no confidence / not compliant and 5 being fully confident/fully compliant.**		
3.	Does your service have a stated position on the human rights of service users?	Yes	No
4.	Service users in my service have the opportunity to live socially valued lives. **Please rate on the 1-5 scale.** **1 being no confidence / not compliant and 5 being fully confident/fully compliant.**		
5.	Does your service have a stated position on advocacy and empowerment for service users?	Yes	No
6.	Service users in my service have their choice and autonomy respected with regard to where they live and who they live with?	Yes	No
7.	My service follows the principles of ADM Act particularly when decision making capacity is in doubt? **Please rate on the 1-5 scale.** **1 being no confidence / not compliant and 5 being fully confident/fully compliant.**		
8.	Do you have an on-going resident's forum or formal engagement process for families, relatives and friends of service users?	Yes	No
9.	My service has a strong safety culture which also promotes person centred support plans? **Please rate on the 1-5 scale.** **1 being no confidence / not compliant and 5 being fully confident/fully compliant.**		

THEME TWO: EFFECTIVE CARE AND SUPPORT

1.	1. Effective interagency collaboration is happening around safeguarding concerns in my service?		
2.	2. Do you have access to adequate clinical support staff in devising and implementation behaviour support plans and/ or safeguarding plans?	Yes	No
3.	3. Are you clear on the limits of confidentiality with regard to reporting abuse or neglect?	Yes	No
4.	4. Do you know the steps to follow in relation to retrospective allegations including notification to TUSLA where necessary?	Yes	No
5.	5. Do you know the requirements to notify HIQA with an NFO 6 following any allegation suspected or confirmed for any resident in a residential setting?	Yes	No
6.	6. Do you have access to an MDT in devising and implementation behaviour support plans and/ or safeguarding plans	Yes	No

THEME THREE: SAFE CARE AND SUPPORT

1.	All available measures are being taken to prevent abuse and neglect in my service?		
2.	Does the service have an internal safeguarding policy for vulnerable persons?	Yes	No
3.	My service has a declared "No Tolerance" approach to any form of abuse or harm towards a vulnerable person?		
4.	Does your safeguarding policy set out the immediate actions to be taken on receipt of a safeguarding concern or allegation?	Yes	No
5.	Are you clear on the grounds for notifying suspicions of abuse that might be criminal in nature to An Garda Síochána?	Yes	No
6.	Staff take the appropriate immediate action on receipt of a safeguarding concern or allegation?		
7.	Does your service have an identified Designated Officer (DO)?	Yes	No
8.	Are you clear about the role and responsibility of the DO?	Yes	No
9.	Does your service have the DO's name, photograph and contact details on display in the service?	Yes	No
10.	Has your DO sought to undertake training on the 'Safeguarding Vulnerable Persons at Risk of Abuse- National policy and Procedures (2014)'?	Yes	No
11.	Does your service have the contact details for the confidential recipient displayed prominently?	Yes	No
12.	Has your agency developed a user friendly version of your safeguarding policy that is accessible to all service users?	Yes	No
13.	The Organisation's safeguarding policy is available to service users, parents, carers, advocates, and the wider community?	Yes	No
14.	Service users in my service are able to express concerns about their own safety.		
15.	Preliminary screenings are submitted by my service to the HSE Safeguarding Protection Team (SPT) within three days.		
16.	Preliminary screenings submitted by my service to the HSE SPT are completed to the required standard.		
17.	Are you clear on the role and responsibility of the safeguarding co-ordinator?	Yes	No
18.	Service user's views and preferences are adequately taken into account in the drafting of any preliminary screenings or safeguarding plans?		
19.	Does your service have a regular meeting or forum for service users?	Yes	No
20.	Does your service have a named complaints officer?	Yes	No
21.	If yes, do your service users and relatives know how to contact your complaint officer?	Yes	No
22.	Does your service have a general complaints policy that is accessible to all?	Yes	No
23.	Do you understand your role in dealing with non-abuse complaints?	Yes	No
24.	Service users and their family members, relatives, friends, and members of the public have a mechanism to make a complaint?		
25.	Does your service review the proportion and necessity for the use of any restrictive practice on a regular basis?	Yes	No
26.	Have all your staff received induction on the organisation's safeguarding policy?	Yes	No
27.	I am aware of my responsibilities under the risk management policy?		
28.	How confident are you that they policy on the safe administration of medication is being applied correctly in my service		

THEME FOUR: HEALTH, WELLBEING AND DEVELOPMENT

1.	Does your service have a policy on visitors to your service?	Yes	No
2.	The visitor policy is being applied correctly in my service?		
3.	Does your service have a policy on personal development of service users including friendships?	Yes	No
4.	Does your service have a policy on relationships and sexual health of service users?	Yes	No
5.	Does your service have a policy on Trust In Care?	Yes	No

THEME FIVE: LEADERSHIP, GOVERNANCE AND MANAGEMENT

1.	Are you confident in your staff **awareness** of their responsibilities to report safeguarding concerns		
2.	Is there current valid Garda vetting on file for all your staff?	Yes	No
3.	Do you have a (HR) Trust In Care policy for investigating allegations against staff?	Yes	No
4.	Do you have a training plan for your service?	Yes	No
5.	Do you have a dignity at work policy?	Yes	No
6.	Do you have a regular staff meeting in your service?	Yes	No
7.	Is safeguarding a standing item on your staff meeting agenda?	Yes	No
8.	There is a frame work within my service for PIC's to raise safeguarding concerns with senior management.	Yes	No
9.	Is Safeguarding a regular agenda item at senior management meetings and you have an opportunity to attend to discuss any concerns in your service?	Yes	No
10.	Does your service have an incident reporting system?	Yes	No
11.	Does this incident reporting system capture safeguarding concerns?	Yes	No
12.	Do you use incident reports to study trends of safeguarding issues and concerns in your service?	Yes	No
13.	Does your service have a risk management policy and procedure?	Yes	No
14.	Do you have a policy on the handling and management of service user's property, possessions and finances?	Yes	No
15.	The policy on handling service user's property, possessions and finances is being applied correctly in my service?		

THEME SIX: RESPONSIVE WORKFORCE

1.	Does your service operate a policy on protected disclosures (whistle-blowing) by staff ?	Yes	No
2.	Do you have specific policy for staff for service users who are reported missing from the service?	Yes	No
3.	Do you have a code of behaviour between staff and service users that is accessible to all?	Yes	No
4.	My service has an open working environment and culture that allows staff question practices, values and attitudes?		
5.	Do you have a staff supervision policy?	Yes	No
6.	Do you receive regular supervision?	Yes	No
7.	Do your staff receive regular supervision?	Yes	No
8.	Do you have specific policy for staff working alone with service users?	Yes	No
9.	Staff in my service have adequate support and training to address self-harm and assaultive behaviour by service users?	Yes	No
10.	Have all your staff accessed the Safeguarding Vulnerable Persons awareness programme on HSELAND?	Yes	No
11.	There is a strong safety culture amongst all the staff working in my service?		

THEME SEVEN: USE OF RESOURCES

1.	Do you receive feedback and guidance from your services Quality and Safety Committee?	Yes	No
2.	Do you have any concerns with levels of staff retention in the Service which impacts on the safety of service user?	Yes	No
3.	Do you have any concerns with regard to the level of agency staffing in your service?	Yes	No

THEME EIGHT: USE OF INFORMATION

1.	Appropriate boundaries of confidentiality regarding a safeguarding issue are maintained in my service?		
2.	Records kept in your service are maintained in a safe and confidential manner in line with data protection and information security standards?	Yes	No

VOLUNTEERS:

Volunteers in your service. If answer to first question is NO then the self -audit tool is now complete.
Only fill out all this section if your service uses volunteers as part of your service delivery

1.	Does your service use volunteers as part of service delivery? If no please skip the rest of this section	Yes	No
2.	Have your volunteers received induction on the organisation's safeguarding policy	Yes	No
3.	Is there current valid Garda vetting on file for all your volunteers?	Yes	No
4.	Do you have a policy for volunteers that work with service users?	Yes	No
5.	Is there an induction delivered to all volunteers which includes safeguarding before they commence in the service?	Yes	No
6.	How confident are you in your volunteers awareness of their responsibilities to report safeguarding concerns		
7.	How confident are you in the ability of your volunteers to recognise signs of abuse and neglect?		
8.	Is there a supervision policy in place to ensure that volunteers are appropriately supervised?	Yes	No
9.	Do you have a code of behaviour between volunteers and service users that is accessible to all?	Yes	No

SUMMARY OF SELF-AUDIT FINDINGS SECTION:

Commentary Box: Highlight actions currently being undertaken or planned to address areas needing service improvement including timelines.

Highlight the areas that you will discuss with senior management in your service as a means to improving practice in the protection of vulnerable adults following your own reflective practice on completing the self-audit tool.

Policies due for Review in the next year List

Date   Completed by

Job Title   Date next Self Audit due:

APPENDIX 1- GUIDE TO UTILISING THE SAFEGUARDING SELF-AUDIT TOOL:

Safeguarding is often thought of only in terms of the response to a specific abuse or safeguarding concern that arises. However safeguarding means much more than this.
In its broadest meaning safeguarding has a significant preventative component and means protecting people's health, well-being, and human rights. It is about enabling people to live free from harm, abuse, and neglect. Having the appropriate policies, protocols, guidance and practice in place ensures that the importance of safeguarding those who may be vulnerable in your service is known to all staff and that safeguarding concerns which arise in your service are responded to appropriately.

This self-audit questionnaire has been designed to assist services to consider their safeguarding practices and to assess their own compliance with current safeguarding policy.

It will aid the service to identify areas of strength and areas where capacity building or assistance is required to address service improvement.

In undertaking the self-audit your service is in keeping with a recommendation and /or a requirement of your Community Health Area to ensure such a task is completed at least once yearly.

The information gleaned from the self-audit can be used to highlight good safeguarding practice in your service and to identify areas which require attention to ensure good safeguarding practices are adopted.

Services are encouraged to review findings internally and information can be utilised to inform ongoing performance management processes.

It is advisable that the person in charge (PIC) of each designated centre would undertake this self-audit on annual basis.

This self-audit tool will assist local managers to assess the quality of their safeguarding practice. However there will still be a need for a provider to assure themselves of the rigour and evidence to support the local findings within their staff practice. Any significant shortcomings and or service gaps should always be reported to the senior management team without delay.

This tool is designed to be applied at each centre level. However it can be also be utilised at an overall service level. As such the terms "service" in the self-audit tool can refer to the individual residential centre or at an organisational level.

On an annual basis the NSO will undertake a review of this self-Audit tool.

1. The National Safeguarding Office (NSO) has provided this template to facilitate the conducting of a self-audit of safeguarding practices within your service.

2. This self-audit is divided into eight subsections or "themes" which reflect the themes detailed in the HIQA/ Mental Health Commission publication; *National Standards for Adult Safeguarding (2019)*:

   • Theme 1: Person-centred care and support
   • Theme 2: Effective care and support
   • Theme 3: Safe care and support
   • Theme 4: Health, wellbeing and development
   • Theme 5: Leadership, governance and management
   • Theme 6: Responsive workforce
   • Theme 7: Use of resources
   • Theme 8: Use of information

3. There are a number of questions which require a "yes" or "no" answer.

4. There are a number of questions which are in the form of a statement. Please answer in accordance with your confidence of service compliance in each area. Questions should be answered using the scale included from 1 to 5 with 1 being *no confidence / not compliant and 5 being fully confident/fully compliant*).

5. When complete the self-audit should be reviewed to highlight areas which require service improvement as well as areas of service strength.

6. This review of your completed self-audit will also provide an opportunity to highlight areas that you believe need capacity-building support.

7. In areas identified as requiring service improvement or where capacity-building support is identified, it is recommended that realistic time frames for improvement should be noted.

8. Findings of this self-audit whilst being a quality assurance measure should also be seen as an opportunity to yield quality improvement information to share with colleagues and supervisors. This is of particular relevance if quality improvement plans are being incorporated into wider service improvements and for informing one-to-one performance meetings between Persons in Charge and their supervisors.

9. It is recommended that this exercise is undertaken annually which will allow for improvements and .... developments to be tracked every year.

10. Support and advice on devising an improvement plan may be available for areas such as education or practice enhancement from your CHO QSSI team and/or the Safeguarding and Protection Team. The NSO is also available if you which to research areas of practice or policy alignment with the HSE safeguarding policy. The NSO can be contacted on safeguarding.socialcare@hse.ie

APPENDIX 2 - LINKS TO ADDITIONAL INFORMATION

HIQA/ MHC National Standards for Adult Safeguarding

HSE Adult Safeguarding Policy: Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (2014)

HSE National Safeguarding Office homepage