# Safeguarding in Adult Mental Health – Building Blocks towards Best Practice

HSE Adult Mental Health Social Work Team – Kildare/West Wicklow Colette Leigh, Social Work Team Leader
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# Outline of Workshop

- Some elements of the KWW MHS Policy including flow chart
- Case demonstration of sample safeguarding plan
- Case scenario /group work session feedback

## The KWW MHS Local Safeguarding Policy

### Sections:

- Prevention section points to care planning process (admission) and importance of risk assessment of individual inpatient in approved centre (prior vulnerability and or risk, presentation)
- Covers both community and Approved centre- guidance has section specific to approved centre and flow chart individual to community and Approved centre
- Will and preference of Service user in terms of response to SG concern always sought and respected
- The reporting of physical and sexual assault/abuse concerns to the Gardai

## **Implementation**

- Use of preliminary screening template and Interim Safeguarding and Full Safeguarding Plan templates as per HSE Safeguarding report templates – adapted
  - Inclusion of Sexual safety concern
  - Adapted care plan for approved centre
  - Recognition of needs of person subject to the abuse and person allegedly causing concern
  - Upskilling on preliminary screenings and plans steep learning curve way to go
    - Procedural/process quality of actual assessment and interventions.

## Training with KWW MHS

- Initial focus of nursing staff in approved centre as frontline staff
- Focus on Recognising responding and reporting process responsibilities
- Focus NIMS and clinical notes

# Flow Chart of the Approved Centre

## ted Staff

#### Immediate/ Prompt Action

- •Ensure immediate safety of patient, listen, support, record- report factually in clinical chart
- •Inform Clinical Nurse Manager/ADON and Treating Consultant/On Call Consultant /NCHD

#### •Immediate/ Prompt Action

- •Ensure safety of the vulnerable adult and the preservation of potential evidence
- •Ensures Treating Consultant/on call Consultant/NCHD, ADON and MDT(s) has been informed
- •Request & ensure Bio/Medical/Psychological/Social assessment and treatment needs of all concerned patients are addressed.
- If person allegedly causing complaint is in approved centre —ensures Treating Consultant/on call consultant/NCHD
  is notified of allegation and all appropriate immediate safeguarding actions are undertaken, request/ensure
  Bio/Medical/Psychological/Social assessment
- •If alerted to a suspicion, report or witnessing of a Criminal Act consult and/or report to Gardai.
- •If Allegation against staff member enact Trust in Care in parallel to Safeguarding process
- Ensures the completion of the Incident Report (NIMS).
- •Ensure that the Clinical Director has been notified who notifies Seniour Accountable Officer within 24 hrs
- •If it is deemed a Serious Reportable Event ensure a report is made to Mental Health Commission by the Registered Proprietor, Clinical Director or Designated Person within 48 hours.

#### •Immediate/ Prompt Action

- •Ensure safety of vulnerable adult ensure Bio/Medical/Psychological/Social assessment and treatment if required.
- •Ensure a referral to Sexual Assault treatment Unit (if required) is undertaken and recommendations followed. Consider, assess and document any issues pertaining to consent and capacity.
- •Ensure Bio/Medical/Psychological/Social needs of patient causing concern are addressed.
- •Ensure all reporting responsibilities are met.
- •Ensure that there is communication with nominated contact/support person, as per HSE Consent Policy.
- •Update Risk Assessment with nursing staff.
- Alert MDT Social Worker(s).

#### •Social Worker co-ordinates a Preliminary Safeguarding Plan within 3 days.

- •Convene a MDT Individual Care Plan Plan Review meeting to ensure Preliminary Safeguarding goals and actions are agreed with patient and documented in ICP <u>within 7 days.</u>
- •Ensure the Risk Assessment is updated in line with the Safeguarding Plan.
- •Ensure any reporting responsibilities have been undertaken and actioned where indicated
- Consider and document consent, capacity and supports for patient for decision making
- •Determine if reasonable ground exist and devise safeguarding actions
- •Record all decisions in clinical notes



#### Reasonable grounds exist/grounds for further investigation

## Within $\underline{\mathbf{3}\ weeks}$ and weekly review at ICP Review meeting thereafter

- MDT Appoint Keyworker, liaise with Team Social Worker
- Further investigate and gather information consider consent and capacity to inform safeguarding actions.
- Collaboratively agree safeguarding actions with patient and consider consent and capacity if taking an action the patient does not consent to e.g. legal requirement.
- Convene case conference/ care planning meeting with patient and agree full safeguarding plan.
- Monitor and review Safeguarding Plan at weekly ICP meeting



#### No Reasonable grounds exist

Document in clinical notes include rationale & identify any welfare actions required

# Case Outline & Safeguarding concern

- 40 year old professional woman with a diagnosis of bipolar disorder.
- She had been stable for many years and on this admission, she had a lengthy in-patient stay as an involuntary patient in the approved centre for 6 months. She was admitted due to a manic episode.
- This social worker became involved with this lady when concerns were raised to the nursing staff by her husband, that she had been engaging in inappropriate content on social media and furthermore, whereby she was communicating with a fraudulent social media scam offering her a new life in a sunny climate and romantic involvement; and at risk of financial abuse.
- The client in question had a large sum of money in her savings account as she was saving to buy a house.
- It was also noted that during her time as an in-patient, other clients were requesting money from her and had been given access to her bank card.



# Safeguarding Plan



## **INTERIM SAFEGUARDING PLAN**

Name of	vulnerable
person:	

Mary Bloggs	:	

What are the wishes of the vulnerable person in relation to this plan?

Client was requesting to be discharged but remained an involuntary patient.

She wanted to manage her own finances and reiterated her competence in this area. She did not accept that there was any risk attached to her communication with this 'George Ezra' account

	What are you trying to achieve?	What specific follow-up or safeguarding actions are you taking to achieve this?	Who is going to do this (name and job title)?	When will this be completed?	Review date for actions	Review status/ update
/	To ensure online and financial safety during the client's inpatient stay	Immediate actions  Informed CNM3 & ADON in approved centre  Informed consultant and MDT  Consultation at ICP re. the concerns  1-1 consultation by social worker with client. Requested that client request a new bank card and hold her card on her person.  Risk management plan updated  ICP updated  Discussion with family members re. concerns	Social worker Social worker Team Social worker  Consultant Team Social worker	19/04/2023	26/04/2023	completed
		<ul> <li>Plan made with client to go to the bank to speak to them re. bank account activity. Husband to accompany her as advocate/support person. Plan was for client to consent to him managing her accounts temporarily while an in-patient.</li> </ul>	Client & husband	21/04/2023	24/04/2024	Completed – reviewed as client revoked consent

<ul> <li>Plan made with client to go to the bank to speak to them re. bank account activity. Husband to accompany her as advocate/support person. Plan was for client to consent to him managing her accounts temporarily while an inpatient.</li> <li>Contact with vulnerable person unit in the bank</li> <li>Discussion of risk of financial abuse &amp; capacity to manage same currently; and letter done for bank to freeze account. Accounts frozen temporarily.</li> <li>Smart phone confiscated to ensure no online activity could be used and nonsmart phone provided for contact with family &amp; friends</li> <li>Functional capacity assessment Commenced jointly with consultant. Social worker spoke with client to explain the assessment process &amp; rationale for same.</li> <li>Education given to client and husband re. DMR, co-decision maker and assistant decision makers. Written info provided. Recommended legal advice re. future planning.</li> </ul>	Social worker Social worker/consultant/MDT  Approved centre staff/Client  Social worker/consultant  Social worker/consultant	21/04/2023	24/04/2024	Completed – reviewed as client revoked consent  Completed  Completed  Completed.  Completed after functional capacity assessment confirmed capacity.

Colette Leigh

Name of Safeguarding Plan Coordinator:

Joan Dunne

21/04/2024

# Group work exercise

- 6 groups of eight participants (feedback spokesperson).
- Read case scenario use safeguarding Preliminary screening template and plan to consider:
  - Nature of safeguarding concern
  - Required safeguarding action(s)
  - Timing of required action(s)
  - Responsible person(s)
  - Feedback and discussion within main group pick a group spokesperson

THANK YOU!