

InSafeHands Limited

# InSafeHands Limited

## Inspection report

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Date of inspection visit:  
18 November 2016

Date of publication:  
14 December 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

InSafeHands Limited is a domiciliary care service. It provides personal care for people living in their own homes in the Nantwich area. The service currently provides care and support to 49 people.

The service has a registered manager who is also the registered provider and they were involved directly in the running of the business and the provision of care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered Nominated individuals, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us that they were safe, could raise concerns if they needed to and were listened to by staff. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management listened and acted upon staff feedback.

We saw the service had trained staff well in the understanding of mental capacity and the Deprivation of Liberty Safeguards. Information in relation to people's consent and records of people with Lasting Power of Attorney was well recorded ensuring people's rights were upheld.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and their care and support package met their needs. People who used the service told us that they had a small team of staff, who were reliable and arrived when expected. Staff confirmed that they were not rushed and had time to provide the care people expected.

Staff told us they were supported by their management and could get help and support if they needed it. Staff did receive supervision through observations and discussions that were recorded.

The service had systems to ensure staff were appropriately recruited, trained and supported. Care staff and the management team were being supported to achieve National Vocational Qualifications in health and social care and leadership and management.

The staff undertook the management of medicines safely and in line with people's care plans. The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with the person's environment and delivering the person's care.

People and staff told us when they raised any issues they were dealt with promptly and professionally and everyone we spoke with knew how to speak to the management team at the office if they had any concerns.

There were quality assurance systems in place to gain the views of people using the service and staff would

discuss developments and issues together.

The service was an active part of the local community. We saw that the registered manager and staff were committed to supporting people to remain in their own homes with support and worked with G.P's and district nursing services and other specialist services.

The registered manager was an active leader in relation to domiciliary care providers in the North West and also supporting the development of registered managers in the Cheshire East area as chair of their network.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and concerns.

Effective recruitment procedures were in place.

Robust risk assessments were undertaken of the environment and personal risks.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to deliver the care and support people required.

Records showed and staff understood the importance of obtaining people's consent prior to any tasks being undertaken and staff had been trained in the Mental Capacity Act.

Where the service provided support with mealtimes, we saw that people were provided with effective nutritional support by trained staff.

### Is the service caring?

Good ●

The service was caring.

We heard the staff had developed positive relationships with people and were caring and kind.

People told us their privacy and dignity were very well respected.

People were supported by a consistent team of staff.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans contained individual, person centred information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances.

People had been provided with information on how to make complaints and said that they were listened to by the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People received a reliable and caring service, and expressed good levels of satisfaction with their care.

The service sought regular reviews of client care and feedback.

The management team were immediately responsive to any issues raised and addressed areas for improvement promptly.

The registered manager was involved in the development of both domiciliary care provision and fellow registered managers via support networks in their local area.

# InSafeHands Limited

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered manager is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected InSafeHands Limited on 18 November 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service with the registered manager also providing care; we needed to be sure that someone would be at the registered office. At the time of our inspection visit the service provided care and support to 49 people and there were approximately 24 care staff members employed.

The inspection team consisted of one adult social care inspector.

We obtained information to contact people who used the service during the course of the inspection and sought people's permission to consult with them.

During the inspection we contacted four people who used the service and two family carers. We also spoke with the registered manager, the office manager, the account manager, two senior care staff and two support workers. We looked at six people's care records, four recruitment records for staff providing personal care, the training chart and training records, as well as records relating to the management of the service.

# Is the service safe?

## Our findings

We asked if people felt safe with InSafeHands Limited and people said; "Oh yes, I feel very safe with all of them," and "Yes, they even check my smoke alarm to check its working properly".

During the inspection we spoke with the registered manager, the office manager and four of the support staff who provided personal care. The staff we spoke with were aware of the different types of abuse and what would constitute poor practice. The staff members we spoke with told us they had confidence in the registered manager and office manager responding appropriately to any concerns.

A staff member told us; "I would have to tell the service user that I had to disclose it. I'd go to the highest point to report it. We would make sure we didn't tell family at that point and ensure we recorded everything that was said." Another staff member said, "Usually we would report anything to the manager but if we needed to go higher, we have the number to report to Social Services".

Staff told us that they had received safeguarding training and records showed this was the case. One staff member said they understood the whistle blowing procedure and would not hesitate to follow this if it was required. The service had a safeguarding policy that included all the local contact details for safeguarding issues. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us they had reported a safeguarding issue to the office and they told us it was dealt with straight away.

We looked at the arrangements that were in place for risk assessment and safety. The service provided a copy of their health and safety policy. This set out the health and safety duties related to the service and its staff, and referenced other relevant policies and procedures. The care records we looked at included detailed risk assessments, which had been completed to identify any risks associated with delivering the person's care and their environment. These risk assessments had been personalised to each individual and covered areas such as moving and handling. The risk assessments provided staff with the guidance they needed to help people to remain safe.

The four staff files we looked at showed us the registered manager operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. We saw staff files were well organised and systematically updated.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. We spoke with two senior care staff who organised the scheduling and they told us that 90% of staff were allocated to the same people to maintain consistency. People told us, "I have the same two girls who come mostly," and another said, "About three people come regularly, on the whole I know them."

We found that all the staff had completed recognised safe handling of medication qualifications.

The service provided us with a copy of their policy on managing medicines, which provided information on how the service assisted people with their medicines. One of the senior care staff told us, "At induction training, staff take home the policy and during the shadowing process we go through each person and their medicines."

We looked at the information that was available in people's care records relating to their medicines and the help provided by care staff. Medicine administration records (MARs) were in place to record the medicines staff had administered. The records we looked at had been completed fully and showed that people had been receiving their medicines safely and as prescribed.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. One staff member told us, "I would not move the person if I found them, call an ambulance and then when able would call the office who would let the next of kin know. We also ring the hospital every hour so we get an update on how the person is." We saw records to confirm this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We also looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff we spoke with told us that any incidents or accidents were reported to the office, so that they could be recorded and monitored. We discussed accident monitoring with the office registered manager. They showed us how individual accidents were recorded and reviewed by the registered manager and any actions taken to reduce risks. There had been no incidents recorded since September 2015.

## Is the service effective?

### Our findings

People told us that the staff from InSafeHands Limited were able to deliver the care and could readily carry out the tasks they had requested during their assessment. People told us they were very happy with the arrangements made for their care and support. People said; "They are very good and kind", and "Two of my staff are former nurses so they are excellent, they really know what they are doing."

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. All of the people who used the service and the relatives we spoke with told us that their regular care staff understood what people needed and appeared to have the appropriate skills. For example one person told us; "You feel very comfortable with them, it's reassuring."

From our discussions with staff and review of staff files we found people had obtained suitable qualifications and experience to meet the requirements of their posts. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to their role and this training was up to date. We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people with dementia and end of life. One staff member said; "The end of life training was really helpful. It was good knowing that what I was doing was correct."

We saw induction processes were in place to support newly recruited staff. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. New staff were supported to undertake the Care Certificate which the service had developed using the Skills for Care guidelines. Staff were then supported by the service's training provider to undertake National Vocational Qualification awards. The office manager told us, "I have been supported to carry out my Level 5 leadership and management. I have been going out to external events and [name] the registered manager has really helped my development."

Staff we spoke with during the inspection told us that they received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw both supervision meetings and spot checks on staff practice were carried out by the registered manager and office manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. No applications had been made by the service to the Court of Protection.

We observed that the service had sought consent from people to the care and support they were provided with and also that prior to administering medicines, people's consent was sought in a written format. We

saw the service had sought written evidence where relatives had got Lasting Power of Attorney to act on behalf of a person using the service. This was good practice.

InSafeHands staff supported people to have meals. This was in the form of preparing foods purchased by the person or family when they visited. They were not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses when needed. Some of the staff assisted with shopping but this was to obtain items the person had listed not to design the shopping list. In other situations it was the person's relative or carer who ensured they had an adequate diet.

People we spoke with told us the staff were considerate and really interested in ensuring they remained well, so encouraged them to have regular health checks. The registered manager gave us examples of how they had raised concerns about people's health or welfare and had shared these concerns with families or their G.P. We saw that as part of one person's review, they were supported to make an opticians appointment. This showed us people were supported to have their healthcare needs met.

# Is the service caring?

## Our findings

People we spoke with who received personal care said they were very happy with the care and support provided. We found a range of support could be offered, which could mean staff visited once a day, several times a day or even as a 24 hour full time care package to assist with personal care tasks; complete domestic tasks or provide companionship.

People said; "They are lovely, so kind", and "They are very kind to me."

We reviewed six sets of care records and saw people had signed to say they agreed with their assessment and plan of care. The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported as part of their assessment.

We found that each person had a detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of care plans being developed, which we found from our discussions with staff and individuals met their needs. One staff member told us, "The care plans are good and they text any updates out. I have a new lady this Sunday, they have rung me and given me a profile about them."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. The care records we viewed included information about InSafeHands and the services they provided. Everyone we spoke with as part of this inspection had information about the service included in their care file, so that they could access it at any time. One person told us, "One of the girl's has been in today and has gone through some new papers with me."

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. People told us; "They always ask if there is anything else I need doing."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. One staff member told us, "I make sure I reassure people, I tell them what and why I am doing something. I always make sure I keep people's dignity by doing things in private."

The registered manager and office manager regularly contacted people to ensure they were happy with the staff and service. The feedback the service received showed this was the case and was done in both a face to face review and telephone feedback.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. One person told us, "I try hard to be independent and they are there to help me if I need it." It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form effective and caring relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

## Is the service responsive?

### Our findings

People told us that InSafeCare Limited staff generally turned up as planned and that if they had been delayed the staff rang them to say why this had happened. People using the service told us that they were kept well informed of any changes to the appointments.

Staff told us they encouraged and supported people to remain as independent as possible. The service provided a minimum half hour call and staff told us they did not feel rushed and were able to have meaningful time with people. Staff also said they were able to have sufficient time allocated to travel between calls.

The office manager outlined the assessment process and we confirmed from the review of care records that this mirrored what had been outlined to us. We found that people's needs were assessed upon referral to establish if the service were able to meet the person's needs and could accommodate the times they required. Information was provided about person's care and support needs by, either the person or their carer or family member. This enabled the management team to produce a care plan. One person said, "I have a file that's got lots of information in it, not for me to complete but my family sometimes read it with my permission."

We found that care plans were very person-centred, reviewed and updated on a regular basis. We found that systems were in place to monitor people's needs and ensure the care records were accurate. The management team reviewed the daily diaries completed by staff on a regular basis (often weekly) to ensure the service was still reflective of the person's needs. Staff visited people at defined times during the day or week and we heard that should someone appear unwell when they visited staff take prompt action to deal with this concern. One person told us, "They always ask how I am and I know they care for me. It's good to know that they look out for me."

Care staff told us they were generally allocated the same people, which meant they could build very good working relationships. One staff member told us, "I stay around the Nantwich area, and I see regular people."

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the management team. The service had a clear process for recording complaints and we saw these had been investigated and responded to in accordance with the service's policy. We saw the service was willing to learn from complaints and shared the outcomes and learning from complaints with the staff team through their staff meetings. This showed an openness and willingness to improve the service.

## Is the service well-led?

### Our findings

People told us the service was well led. Comments included; "They do check I am ok."

There was a registered manager in place who was also the registered provider. The registered manager and office manager regularly carried out care visits and stated this was beneficial to them. The registered manager told us, "You need to be a good role model, staff need to see you out there and we also need to ensure we can cover contingencies." Staff we spoke with told us, "The support I had following a personal issue was amazing. She is the nicest boss I have ever had in care." Another staff member told us, "I can talk to them about anything, they are very easy to discuss anything with."

We observed the finance manager dealing with a telephone call from a relative informing the service that a person who had used the service had passed away. They were extremely sympathetic, recorded the call on the communications log where every telephone call and outcome was recorded and then they informed the senior carer who undertook the scheduling of visits so they could cancel the calls.

The registered manager discussed the process they used for checking if people were happy with the service and showed us the system. We saw they had regularly contacted people to check that the service was meeting their needs and had a system in place to make sure each person was visited at least annually and also contacted via telephone which were all recorded. Most people using the service told us they knew the registered manager and knew how to contact the office if they needed to. This showed people were consulted.

The service had undertaken a survey questionnaire with people who used the service. The comments on this survey from people using the service and their families were positive. Although the service had produced a summary sheet, it was difficult to track what actions the service had taken in response to individual comments. The registered manager agreed to be more explicit in terms of actions taken in response to direct issues.

There was a clear quality assurance programme in place, with a clear weekly task list of audits and checks to be carried out. For example, the service checked the medication sheets were returned to the office and checked for completeness of recording. The had recently changed its audit programme to undertake observations of staff practice and conduct in relation to infection control, nutrition and hydration and privacy and dignity. This was a positive development although was at too early stage to comment on its effectiveness in relation to driving improvement. A monthly medicines audit showed the service quick to address any issues and we saw any issues were followed up with staff through a recorded meeting such as an appraisal.

The registered manager was involved in local provider forums. We saw that as well as supporting staff within the service to develop their professional qualifications, the registered manager chaired the Cheshire East registered manager's network. They also were a member of the Cheshire East and South provider forum for domiciliary care and also provided mentorships through a Skills for Care programme at a national level. The

registered manager told us, "We bounce ideas around and share knowledge and support with other providers."

The vision and values of the service were clearly communicated to staff. We saw the service was a regional finalist at the Great British Care Awards 2016. The Great British Care Awards are a series of regional events throughout England and are a celebration of excellence across the care sector. The purpose of the awards are to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work.

The registered provider and manager was fully involved in the day to day management and provision of the care service. They also had very detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care that was responsive to their needs. Staff told us that the registered manager was open, accessible and approachable. One staff member said; "I reported one person once for not wearing gloves on one occasion and it was dealt with it straight away."

The registered manager told us that at the present time staff communicated with each other via telephone and when staff popped into the office to hand in time sheets and to collect supplies. There was an established programme of staff meetings for staff, seniors, and managers where a range of issues relating to the service and people were discussed. We saw the service was open and honest about sharing learning from events such as complaints and a number of meetings had discussed the learning for the service from complaints that was then shared with the staff team. This was positive and showed the service was willing to reflect and learn from negative feedback. The service had recently implemented an electronic monitoring system so that staff would log into the person's home on arrival and log out when leaving. The registered manager told us this had enabled the service to monitor that visits were being undertaken in a timely fashion.

We also looked at how InSafeHands Limited was meeting the requirement to notify CQC of certain incidents and events. Notifiable incidents are events that the service has a legal requirement to inform CQC about and when we prepared for this inspection we reviewed what the service had submitted and on viewing records on our visit we found the service had submitted all appropriate notifications. There was a robust electronic recording system for notifications and incidents of safeguarding that showed a clear chronology of actions.