

InSafeHands Limited

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Inspection report

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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

About the service:

InSafe Hands Limited is a domiciliary agency providing personal and nursing care to 41 people aged 65 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found:

The service was planned around people's individual needs and was effective in meeting them. The service worked collaboratively with others so that each individual received an holistic and coordinated service

The service was planned effectively and well managed. There was clear leadership and oversight of the service. The registered manager was extremely knowledgeable, highly motivated and very well organised.

The support provided to people was seamless because there was a suitably experienced group of staff who could deputise in the registered managers absence. All staff had clearly defined and well understood roles. Communication between staff and the office was robust and this ensured the needs of people using the service were known. Any risks or changes in people's needs were quickly identified and addressed.

The service had very robust systems in place to monitor compliance and help ensure the service was delivered in line with the organisational business plan. All aspects of the service took into account any relevant legislation and best practice. The service ensured compliance with its own key performance indicators through a series of checks and audits. They were not complacent and were constantly looking at ways of improving and making things better for people, families and the wider community.

It embraced new ideas and technology whilst also investing time and money its work force to be the best they could be. It acted on feedback and had a robust quality assurance system which put people at the heart of everything it did. It was open and transparent as demonstrated by its response to safeguarding concerns, complaints which were dealt with effectively.

Service delivery was safe and in line with the wishes and preferences of people. Timings of calls were monitored by an electronic system which ensured the safety of staff and meant people had their calls as planned. Any risks have been identified and planned for. Staff had sufficient knowledge about people to enable them care for people in line with their wishes and preferences. Staff had regular rounds which helped ensure continuity and people told us they got to know the staff and were able to rely on them and trust them.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were very well organised and efficient. They demonstrated a caring, flexible attitude and real commitment to ensuring people came first. Staff said they were never rushed and took pride in their work. There were robust recruitment processes in place which helped ensure staff with the right values and skills were employed.

Staff were supported through training, observations of practice, supervisions and annual appraisal. These systems helped to support staff develop professionally. Senior staff spoken with had been promoted internally through the organisation and were given the opportunities develop. This helped the service to attract and retain staff which benefited people using the service. Most staff we spoke with were experienced with many years' service.

The service embraced equality and diversity and helped ensure that the service reflected the needs of people using the service. The service was regularly discussed with people to help ensure that they had no concerns or if they had ideas about how the service could be improved upon. This was acted upon and the service was forward thinking and maintained high standards in everything they did whilst continuously trying to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 13 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

InSafeHands Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats or specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to ensure that consent was sought from people using the service to us contacting them.

Inspection activity started on 6 June 2019 and ended on 12 June 2019. We visited the office location on 10 and 11 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service and eight relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, senior care workers and care workers. Three professionals provided us with positive feedback.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at a sample of staff files in relation to recruitment and staff supervision/ training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the service they received from In Safe Hands.
- Relatives told us that they felt their family member was safe and that the staff visits provided them with extra reassurance.
- Staff knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately.

Assessing risk, safety monitoring and management

- Systems were in place to identify risks to people. Risk were assessed, recorded and updated when people's needs changed. Risks which affected their daily lives, such as mobility, environmental, communication, skin integrity and nutrition were clearly documented.
- Risks to staff were also addressed such as those associated with working in a person's home, the use of equipment and lone working.
- The Herbert Protocol had been introduced and used successfully by the service. This form has important information about a vulnerable person. Should they go missing, information is easily on hand about routines, medical requirements and favourite places to visit and can be handed over to the police, alleviating the worry of collecting it together during a stressful time.

Staffing and recruitment

- People told us they were supported by a staff group that were, in the main, quite consistent. Staff aimed to stay for the agreed length of time but where they left early or stayed longer, the reasons were documented in the care notes.
- Calls times were planned to meet persons needs and wishes. Staff could arrive 30 minutes either side of the agreed time as detailed in the contract for care.
- Staff were required to log in and out of a visit. If staff had not logged in within 15 minutes of the scheduled call time, the office received an alert to advise them of this. Office staff were then able to contact and establish their whereabouts and to contact the person receiving care if necessary.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- Standard Operating Processes were in place to direct staff in key aspects of medicines management and administration.
- Medicines administration records (EMARs) were completed electronically and checks were in place to

ensure the information was accurately transcribed. EMAR charts viewed were up to date and had been completed appropriately.

- People and their relatives told us that, where necessary, care staff assisted them with their prescribed medicines and that there had been no mistakes.

Preventing and controlling infection

- People were protected from the risk of infection by staff who were appropriately trained and provided with personal protective equipment (PPE).

- Checks were carried out on staff, including spot checks of their performance, to ensure they were following infection control procedures.

Learning lessons when things go wrong

- The registered manager completed a safeguarding and complaints tracker which captured important information and allowed for the monitoring of outcomes and improvements in practice.

- There was a robust overview of accidents and incidents so that the risks of any reoccurrence could be minimised. Learning was widely shared so that all staff could improve their practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People told us that staff always offered them choices and sought their permission with regards to their support. Staff encouraged people to make their own decisions on a day to day basis, ensuring those important to the individual were involved in this decision making, if appropriate.
- Where people may lack capacity to make certain decisions, records outlined how the judgement of capacity had been reached. For example: some people had restrictions in place, such as locked medication boxes. The reasons behind these were clearly documented in the care plans and staff were able to discuss the application of the MCA. An MCA and best interest decision was recorded to formally support this practice.
- Where consent had been signed by someone than the person themselves copies of legal document relating to decision making were kept in the care plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed before they began using the service to identify the necessary level of support. A relative told us the pre-assessment had been thorough. They said they were confident the agency had gained a good understanding of their family members' needs.
- The registered manager demonstrated a good understanding the best practice guidance and standards that governed the service.

Staff support: induction, training, skills and experience

- People and families told us that they felt the staff were both competent and confident in providing safe and effective support.
- Staff had a thorough induction that covered both the 'theory and practice' of all aspects of care. They

worked alongside a more experienced staff member until assessed as being competent to work on their own.

- There were lots of opportunities for ongoing development including bespoke training to meet a person's specific needs or support to gain qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people required support with food preparation. The level of support was clearly documented along with information about the types of foods people liked to eat and how they liked it presented
- Where appropriate, people's food and drinks were monitored so staff could check people were having enough to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with hospitals and social workers to ensure a safe discharge.
- Staff liaised with other professionals such as district nurses, physios and occupational therapists to ensure that support was person centred and coordinated.
- Close links with services for people with a learning disability had been established to ensure that staff followed best practice in regard to communication and support.

Supporting people to live healthier lives, access healthcare services and support

- Staff were alert to any changes in people's health and made sure they saw external healthcare professionals as necessary.
- When people needed additional equipment to maintain their health and well-being the management team worked to help ensure this was put in place.
- External healthcare professionals told us the agency worked closely with them to deliver effective support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring and respectful staff. People told us their relatives had the same group carers who knew and understood their needs.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds.
- Relatives gave positive feedback as to how they were involved and supported. One had written " You had helped us at a time and point where we had no idea of how to handle things" and " Your team provided every consideration and task with understanding and genuine care".

Supporting people to express their views and be involved in making decisions about their care

- The service supported people with decision making. Care records contained evidence the person who received care or a family member had been involved with and were at the centre of developing their care plans.
- Relatives told us that staff knew people's preferences and cared for them in a way they liked. Each person had their life history and individual preferences recorded, which staff used to get to know people and to build positive relationships with them.
- People supported by the service or a family member had been encouraged to express their views about the care required.
- Care plans had been produced using visual signs to help people understand and enable them to be involved in decision making about their care.
- The service ensured that they supported people to express their wishes and to be involved in decisions the service. For example: staff had enabled a person to express their opinion which resulted in a change to their support so they had care staff they felt comfortable and confident with.
- Information was available about local advocacy contacts, should someone wish to utilise this service. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their dignity was upheld. Family members told us staff supported their relatives to regain or maintain their independence. We were told staff members spoke with people in a respectful way. A relative said " I keep out of the way when they are here but I have never heard anything that gives me cause for concern: they are so respectful".

- Staff described to us in detail how they supported people with personal care.
- When a person was in hospital, staff often took in clothes or provided transport home in their personal time so that person was not waiting for the ambulance and so did not enter an empty house.
- Staff and the registered manager were very aware that they were working in people's homes. They told us how they ensured people received the support that they needed whilst maintaining their dignity and privacy.
- People's confidentiality was respected. One person commented: "I know I can speak to the staff in confidence about personal things".
- People provided examples of how they were supported to maintain their independence. One relative told us, "They promote [name] independence all the time and encourage them to try new things. They even have [name] doing housework which [name] loves". We were shown photos of the person laughing with a Hoover and duster and taking pride in making a snack.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning was focused on all aspects of a person's life, including their goals, skills, abilities and how they prefer to manage their care. Staff were well-supported to understand and meet these needs and their approach adapted accordingly.
- The registered office had accessible shower facilities which people were supported to use if they could not do this safely in their own homes.
- Technology and visual aids were used to contribute to responsive care and support. Medication reminders and dispensers were used to help people remember when to take their tablets so that they could maintain their independence. Signs and notice boards were used to prompt daily routines and to post messages.
- The registered manager had provided advice to staff and relatives on how to support people living with dementia. One relative had bought 'dementia friends' crockery following advice and now the person was eating with more independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of their AIS responsibilities and had shared this with staff via a newsletter. Systems were in place to ensure that information could be provided in an alternative format if required.
- The registered manager was able to communicate via sign language and staff were aware of this should it be required.
- Staff told us how they used 'virtual assistants' to support people. For example, one person had limited speech following a stroke but was now able to repeat key phrases after staff had used voice technology to reintroduce key words. They also used Skype and Face time to support people to communicate with family and friends.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service encouraged people to maintain or re-establish relationships with family and friends. They

supported visits, activities and regular contact.

- Staff were able to securely upload photos to a person's care records to share as appropriate. This enabled family and friends to see what people had done: how they had enjoyed community or one to one activities. This sharing and making memories was important to families.
- The registered manager and staff identified community activities that met people's needs and reduced the risk of loneliness. They provided transport and support, so people could attend, often in staff's own time.

Improving care quality in response to complaints or concerns

- There was a complaints process in place which people were aware of. People and families had confidence that if they complained, they would be taken seriously, and their complaint or concern will be explored thoroughly.
- A log was kept of all formal and informal complaints along with an investigation, an outcome and any learning.

End of life care and support

- The service addressed people's preferences and choices in respect of end of life care where the person had wanted to share this information.
- Where a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision had been made, this was clearly identified in care plans and a copy of the document saved.
- For people with dementia who are at the end of their life the service tried to strike a balance when involving others in regards to decisions about the care provided, to make sure that the views of the person receiving the care are known, respected and acted on.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and leadership team had comprehensive oversight of the service and understood the needs of people they supported. Staff demonstrated a thorough understanding of people's differences and individual preferences.
- Staff told us they had an overwhelming confidence in the registered manager. The staff confirmed they felt supported, informed and enjoyed working in the service. Any issues are dealt with in a positive way.
- The values of the service were based on enabling people to remain living at home for as long as possible. The registered manager had developed a service that maintained people's independence and staff, as noted elsewhere in the caring and responsive domains, would go the extra mile to enhance people's enjoyment of life. The service was highly effective at improving people's outcomes.
- There was regular communication between management and the staff team. Information sharing contributed to the smooth running of the service. Throughout the inspection, that staff talked with each other, suggesting ways of supporting people and making adjustments to visits as and when this was needed.
- The registered manager fulfilled their responsibilities in relation to the Duty of Candour to improve the sharing of information and further development of the high-quality service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had developed a range of 'key performance indicators' based upon the CQC requirements to review the service. Swift action was taken where issue was highlighted. She has been asked to share this as 'good practice' across the registered managers network.
- There were excellent monitoring systems in place. An electronic system, introduced since the last inspection, was bespoke to meet the requirements of the service.
 - The leadership team could check, in real time, various aspects of the support and care provided to each person. Daily checks were undertaken on medicines, calls times and continuity, progress notes, communication with other professionals or relatives and important events. This allowed robust oversight of the quality and safety of the service. Any concerns were immediately picked up and addressed so there was minimal impact on a person.
- There were efficient systems in place to make sure the service ran smoothly. Staff had a good work-life balance as the registered manager was flexible in respect of their working patterns. This improved morale as well as ensuring staff were available to work extra hours to meet the needs of the business.

- New staff were contacted at regular intervals to seek their views and comment on if they needed more support. Staff were asked for their views on the service and where the service could make improvements
- There was oversight of staff performance regular observations and visits to people's homes to check that staff were working appropriately. Staff confirmed these checks were carried out on an ongoing basis and action was taken to address any concerns. There were systems to check staff files were all in order and that checks on staff competency to carry out tasks were all up to date.
- A local Solicitor provided HR support to ensure an independent and robust approach to any staffing issues.
- CQC had been notified of key events and the rating of the last inspection was appropriately displayed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was regular contact with people, through telephone calls and home visits to ensure feedback on the service was obtained to improve service delivery.
- An aim of the service was to share information to people and the wider community. The service had 'dementia friends' champions and they held dementia friends' sessions for the community so that people were more informed about dementia and how it could affect them.
- The registered manager and staff had shared learning with people in the community about 'scam awareness' following an incident with a person using the service and subsequent liaison with the local police.
- The registered manager was involved in numerous initiatives to promote the caring industry. They described the different ways the staff team supported people not just those who used the service but people living in the local community. This was done with good effect to ensure people received opportunities and good health outcomes.
- The management engaged with staff as part of their quality monitoring processes. The registered manager encouraged a positive culture and embraced the input of staff. Staff were encouraged to seek internal promotions
- Staff were made to feel valued in different ways. The registered manager had a passion for ensuring the wellbeing of her staff. They were able to access a range of services such as counselling and complimentary therapies funded by the service. This led to improved retention and reduction in absence levels meaning the continuity of care for people was improved.

Continuous learning and improving care

- There was a strong emphasis on continuously learning new ways of doing things and the staff were determined not stand still and become complacent.
- Staff had access to a 'company car' so that they could continue to support people should their vehicle be 'off the road'. This enabled a continuity and reliability of support and had come as the result of reflective review.
- The registered manager and the leadership team strive for excellence through consultation, research and reflective practice. The registered manager had written articles for Skills for Care which had been published and so they shared their knowledge and best practice to help improve care outcomes nationally.
- The registered manager and care manager were receptive to the inspection and collated evidence of best practice within a folder accessible to all staff. They were keen to show us the improvements made to the service since the last inspection and share examples of where staff input had made a difference to people's lives.
- Any suggestions made during the inspection to further enhance practice were immediately put into place.
- The registered manager used her knowledge and experience to support other services. They were selfless

in sharing local best practice with their business competitors as recognised the local and national need to drive improvement in care.

Working in partnership with others

- The registered manager played an active part in mentoring new managers. They actively encouraged other managers within the registered managers network to support the development of an aspiring manager in their organisations to assist with business continuity.
- The leadership team has shared best practice by visiting different establishments and to be more aware of the services that others provide. This has allowed people and their carers to tap into these services. For example, some people were using facilities and activities in residential or extra care settings whilst other accessed activities in the local community.
- The service was a key participant within the local initiative of working towards Nantwich becoming a 'Dementia Friendly Community'. This community's recognition process encourages communities to sign up and work towards becoming dementia-friendly. Work is underway with carers, local business owners, Leisure industry representatives, Emergency services, Council and health care providers to determine the local needs and priorities and start to action some key pieces of work towards the recognition award for the town.
- Health professionals told us service developed extremely strong and valuable relationships with them to ensure joined up and co-ordinated care and support