

In Safe Hands Care And Support Ltd

# In Safe Hands Care and Support Ltd

## Inspection report

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Date of inspection visit:  
29 March 2022

Date of publication:  
27 April 2022

## 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

In Safe Hands Care and Support Ltd is a domiciliary care service providing care and support to people living in their own homes in the Sheffield area. At the time of our inspection there were 20 people using the service. 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

People felt safe in the company of staff. Relatives agreed their family members were safe. People consistently told us staff arrived on time and they received support from the same core group of staff, which promoted good continuity of care. The service had recruitment processes in place to ensure suitable staff were employed. General and individual risks were assessed and managed well. Medicines were managed effectively, and the provider ensured all infection control measures were followed by staff.

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

People were supported to receive adequate food and drink to remain healthy. People chose what they wanted to eat and drink. Staff knew the people they were supporting and provided a personalised service. Support plans showed how people wished to be supported and people were involved in making decisions about their care. Staff treated people with respect and people's dignity and privacy was actively promoted.

People told us any concerns were addressed immediately with appropriate actions and the provider had received a number of compliments and thank you cards and emails. The service was well run, and people who used the service were very happy with the care and support they received. Audits and checks of documents and systems helped ensure continuous learning and improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 20 February 2020. This was the service's first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# In Safe Hands Care and Support Ltd

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 24 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 visited the location's office on 29 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke over the telephone with two people who used the service and 10 relatives. We emailed six staff to ask a range of questions. We spoke with five staff in person, a care coordinator and the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited the office location to review written records. We looked at three people's care records. We checked records relating to the management of the service including policies and procedures and quality assurance records.

# Is the service safe?

## Our findings

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The service had safeguarding procedures in place to report concerns to relevant professionals including the local authority and CQC.
- People told us they felt safe. One person said, "The staff are excellent. I rely very heavily on them. I always feel safe and protected." Relative's comments included, "[Name] is very reliant on the staff to keep him safe and that is just what they do. This gives me confidence to go out and live my life knowing [name] is cared for" and "[Name] is very safe and secure with the staff. We get the same staff each day."
- Staff told us they had received training in safeguarding and would report any concerns to the registered manager or external agencies.

Assessing risk, safety monitoring and management

- General and individual risks were assessed and monitored.
- People's care and support files included up to date risk assessments with guidance for staff on how to mitigate the risks.
- Staff were trained to use equipment correctly and there were risk assessments in place around the use of equipment. We discussed with the registered manager how one person's moving and handling risk assessment could be more detailed, and they implemented changes and improvements to this risk assessment during the inspection.

Staffing and recruitment

- Staff were recruited safely and the provider completed appropriate pre-employment checks before employment commenced.
- People's care visit schedules were well managed and people told us staff consistently arrived on time and completed all care tasks before they left. Relatives said, "The staff's time keeping is excellent, they can always be relied on" and "The staff always stay for their correct time and often do extra. They give 110%."

Using medicines safely

- Medicines were managed safely at the service.
- All staff completed regular medicines training and refresher courses.
- Medicines competency was regularly assessed to ensure staff skills remained up to the required standard.
- Regular audits of medicines records were completed and any issues with documentation were addressed with appropriate actions.

### Preventing and controlling infection

- The service had effective systems for managing infection risks including those presented during the COVID-19 pandemic.
- People and relatives told us staff were using personal protective equipment (PPE) effectively and safely.
- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and service users during the COVID-19 pandemic.
- The service had good stocks of PPE, which were kept at the office.
- Infection outbreaks were effectively prevented and managed by staff taking daily lateral flow tests.
- The provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified lessons learned and took action to help prevent repeat events.□
- The registered manager and care coordinator communicated important information to all staff, so they understood learning gained through experience. The management team used different communication systems, such as face to face meetings, texts and emails to ensure staff were kept up to date.

# 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.

This was the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured assessments were completed, which gathered detailed information about each person's care needs, prior to care being delivered. Care plans and risk assessments were devised using this information.
- Care plans gave staff enough information to keep people safe while helping people to be as independent as possible.
- Staff were appropriately trained and knew how to support people safely. They told us they received information about any changes in how they should deliver care. Care staff said, "There are paper copies of all care plans in people's home, if we note any changes in people's needs, the managers soon reassess people's needs and let us know about the changes to the care plans."

Staff support: induction, training, skills and experience

- Staff were required to complete a thorough induction prior to commencing work. This included training, shadowing a more experienced staff member and reading key policies and procedures. A staff member told us, "The induction I had was good. I also worked alongside more experienced staff before I cared for people on my own."
- Staff received appropriate training and support to undertake their jobs effectively. Ongoing support was also provided to staff through supervision, observations and appraisals.
- One relative said, "The staff know their job and appear well trained. They are well organised and efficient but caring with it."

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

- For people who received support with eating and drinking, people's feedback confirmed they were happy with the support they received. They told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough. A relative said, "The staff always make sure that drinks are available and will check the fridge and freezer for meals. This is a great help to us and enables me to keep a good supply of food available to give [name]."
- People's food preferences were recorded in their care plan, along with details of any special dietary requirements. This supported staff to cater for their needs, in accordance with their preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans contained information about people's health so staff could provide appropriate support.
- Details of people's key health and social care contacts were recorded in their care plan such as their GP,



social worker and optician. We saw evidence in people's care plans that staff sought advice from health and social care professionals, such as social workers and district nurses, when required. A relative said, "If any issues are seen by the staff, health or medications, they will always notify me. They are very observant and always pick up on problems."

#### 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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. The registered manager was aware of their legal responsibilities under the MCA.
- People told us they were fully consulted in all aspects of their care and their choices were respected. This was reflected in the feedback received from people and relatives. One relative said, "This service is 'Service User' led. They will always respond to the needs of the individual."
- People's care plans held signed consent forms.
- Staff had received training and had awareness regarding the MCA.

# 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.

This was the first inspection for this newly registered service. This key question has been rated good. 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

- Feedback from people and their relatives about the standard of care they received was consistently positive. People and their relatives told us staff were kind, caring and promoted their independence. Comments included, "The care given to [name] is fantastic. She is treated with respect and love", "The staff are a very caring group of people. They always have time for me. A little chat and a friendly smile go a long way", "I always know [name] is being well cared for when I am not around. This takes a big weight of my shoulders" and "The staff are so patient and show real kindness."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People, and their relatives where appropriate, were supported to be involved with their care reviews. One person said, "Yes, I'm involved. I have been involved from day one." Another relative told us, "The managers are fantastic, really on the ball with care plans and subsequent reviews."
- People told us staff listened to them. One person said, "Staff are lovely. They are like my family. They do all my personal care and I am always asked if I am happy with my care and if there is anything else, I need."
- People told us personal care was provided in a dignified manner. For example, staff always closed the curtains to ensure privacy was maintained. One person said, "I never feel staff are rushed, they treat me with dignity and will always chat with me and even check my phone is charged. This is so important to me as it is my lifeline." A staff member told us, "I look after people the same way I'd want to be treated. I always ask for people's approval in doing any personal care and respect their decisions."
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

# Is the service responsive?

## Our findings

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

This was the first inspection for this newly registered service. This key question has been rated good. 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

- People's care plans contained person-centred detail. They described the support staff needed to provide during each care visit and they were easy to follow. People told us staff knew them well and understood their routines. This supported staff to deliver care to people in accordance with their preferences. One person said, "If I want to change my care in any way, I just discuss it with staff, and they make the necessary adaptations." One relative told us how flexible and responsive the service was in meeting their relative's needs, commenting, "[Name] should have been going into a care home and the date was changed. This would have meant they had no care. The manager reinstated the care at home immediately. This was a great support for me."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- As part of the initial assessment, people's individual communication methods were recorded and guidance for staff, where necessary, was included within people's care files.
- The registered manager confirmed information could be made available in a range of formats, for example, large print or other languages.

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

- People were supported to maintain relationships that were important to them and family and friends were included, if the person wanted this, in discussions about care and support.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was reviewed and updated as needed.
- People and relatives told us they had no concerns but felt they would be listened to and actions taken to resolve any concerns they did have. One person said, "I have not had to complain, but I know how. I have all the details I need."

End of life care and support

- The service was able to provide end of life support in conjunction with health professionals, where

required.

- Training in end of life care had been provided for some staff.

# 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.

This was the first inspection for this newly registered service. This key question has been rated good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback from people and relatives about the service and management team was positive. Comments included, "The standards of a service come from above and this is very evident with this service. The management are always available with help and advice. I have complete confidence in them", "On one occasion I had to call the service for help. The manager was on holiday and still dealt with my problem. I don't think you can ask any better than that. It is going the extra mile" and "I wouldn't hesitate in recommending this service. They are the best. I have experienced other services which have not been any were near the quality of this care."
- People and relatives told us they usually had weekly contact with the registered manager and so were able to provide feedback about the service very regularly. People who used the service, relatives and stakeholders had been asked for written feedback on how the service was being run or what could be done better to drive improvements. We discussed with the registered manager the need to collate this feedback into reports and newsletters, so people could see any improvements made as a result of their feedback had been implemented. The registered manager said they would be implementing this feedback and introducing a newsletter for people and staff in the next few weeks.

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 was aware of their regulatory responsibilities and understood how and when to submit information to CQC.
- The registered manager was fully aware of their responsibility under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The service was open and honest if things went wrong and proactive about putting things right. They investigated incidents and made sure people and relatives were kept involved and informed of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.

- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required.

#### Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.