

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## InSafeHands Limited

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6LW

Tel: 01270626020

Date of Inspection: 14 December 2012

Date of Publication: January  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	InSafeHands Limited
Registered Manager	Miss Rachel Cole
Overview of the service	InSafeHands Ltd is a domiciliary care service that provides care and support in the community to people who live in the Nantwich area of East Cheshire.
Type of service	Domiciliary care service
Regulated activities	Personal care Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 December 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Records showed an assessment of people's care and support needs was carried out. One person made the following comment:

"The manager came to see us and assessed my relative's needs and asked us what we needed and wanted. I was very impressed and the service has delivered the support we wanted."

Records showed people were given a contract that detailed the responsibilities of the provider and the customer including costs. When people lacked the capacity to consent action was taken to gain consent from other parties such as a relative or the appointed lasting power of attorney.

Care plans viewed provided the care workers with information about the type of care and support people needed. People who used the service told us the staff who supported them were caring and professional and had treated them with respect. We spoke with three care workers who told us they had received training in the safeguarding of vulnerable adults.

The three care workers spoken with told us they enjoyed their work and felt well supported in their role. Records showed and care workers spoken with confirmed they had either completed or were being encouraged to undertake a recognised qualification in care.

All records pertaining to the service were held in one central office and were managed by the management team all had responsibility for specific areas of the service. For example care planning and risk management, health and safety and staff deployment.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

We looked at four care records that showed prior to an offer of a service being made. An assessment of people's care and support needs was carried out by a member of the management team. This was to determine whether the service was right for them.

Care records showed InSafeHands Ltd had provided people who were considering using their service with detailed information about the care and support to be offered including the cost. This meant before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes. The two people who used the service and a relative spoken with confirmed this information some comments were:

"The manager came to see us and assessed my relative's needs and asked us what we needed and wanted. I was very impressed and the service has delivered the support we wanted."

"The agency has provided us with exactly what we needed and I was made aware of the costs and when the visits would take place."

Records showed people who used the service were given a contract that detailed the responsibilities of the provider and the customer. When people lacked the capacity to consent to the care package to be provided the service ensured consent was sought from a relative, lasting power of attorneys or the local authority commissioners. This meant where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

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We spoke with two people who used the service and one relative they told us they were very happy with the support and care they received. Some comments made were

"I picked this agency following a recommendation and I have been very pleased with the support they have provided my relative with."

"I have a group of staff who come and they are very caring and supportive nothing is too much trouble."

"We have the same carers which is great we have really got to know them well,"

We looked at the care files of four people who used the service. An assessment of people's care and support needs was carried out when they first started to use the service. This information was confirmed by a person who used the service and a relative. This information was then included in the plan of care drawn up by the service and other professionals involved in their care.

Care plans viewed provided the care workers with information about the type of care and support people needed. They also included risk assessments that provided care workers with information about the risks. The provider may find it useful to note that information held in risk assessments was limited and did not fully reflect the possible risks to both the people who received the service and the care workers supporting them.

Records showed care plans and packages of care were reviewed regularly to ensure people's changing needs were identified and supported. The three care workers spoken with confirmed they had access to this information and kept a daily record of the support and care they provided. Discussions with people who used the service and a relative confirmed this information. This meant people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Care workers spoken with demonstrated a clear understanding of people's care and support needs and their role and responsibility to maintain their safety.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used the service told us the staff who supported them were caring and professional and had treated them with respect. One relative spoke with told us they had no concerns about how their relative was supported or cared for.

We spoke with three care workers who told us they had received training in safeguarding and described how they would ensure the welfare of vulnerable adults was protected through the whistle blowing and safeguarding procedures.

The manager reported care workers received training around the protection of vulnerable adults from abuse during their induction. The training record for the service showed further regular training in this area was also provided. The care workers spoken with confirmed this information.

The service had a detailed policy and procedure in place for the protection of vulnerable adults. The manager told us this had been reviewed in conjunction with Cheshire East safeguarding board to ensure the appropriate information was available for the staff team to refer to. The service also had a copy of the Cheshire East Council safeguarding procedures.

Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary. This meant the provider responded appropriately to any allegation of abuse.



**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The three care workers spoken with told us they enjoyed their work and felt well supported in their role. They said the manager and senior staff were always available for support and advice. They considered that a good service was provided. They also told us they felt they had enough time to carry out their work. They did not feel they rushed or hurried the people who used the service in order to get to their next appointment.

The manager reported that formal supervision of care workers took place regularly this included observational supervisions in people's homes. This information was confirmed by records looked at and by care workers spoken with.

Team meeting minutes looked at and discussions with staff showed team meetings took place to ensure the staff team were aware of any changes to working practices, management structures and training opportunities.

The manager told us new care workers shadowed experienced staff until they were considered competent to work alone. This was confirmed by care workers spoken with and a relative of a person who used the service. Induction training was completed by new staff and covered information about their roles and responsibilities, key policies such as safeguarding of vulnerable adults, infection control and the whistle blowing policy. The induction training also covered health and safety procedures such as moving and handling.

Records showed that all care workers completed follow on training around health and safety matters such as medication management, safeguarding, food hygiene and infection control. The manager told us there was a plan in place to update training. This included sourcing and providing specialist training in areas such as dementia, mental health and autism awareness training. This meant people who used the service were supported by a staff team with appropriate skills and knowledge.

Records showed and three care workers spoken with confirmed they had either completed or were being encouraged to undertake a recognised qualification in care. This meant the provider supported the staff team, from time to time, to obtain further relevant qualifications.

The provider may find it useful to note that records showed care workers had not completed training in basic first aid. It is important that care workers receive this training so that they have the basic knowledge, skills and understanding to enable them to appropriately support the people who use the service.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

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## **Reasons for our judgement**

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A set of care records were held by the people who used the service. They included a copy of the contract that detailed the care package to be provided and daily records that documented the support provided by care workers during their visits. Completed daily records were collected on a monthly basis and added to people's individual files and stored in lockable cabinets in a locked room at the service's head office. This meant records were kept securely and could be located promptly when needed.

All records pertaining to the service were held in one central office and were managed by the management team all had responsibility for specific areas of the service. For example care planning and risk management, training, staff deployment, health and safety and general administration.

Care records looked at were well organised and had the required information in place including care plans, emergency contact details including people's doctors and other healthcare professional involved in their care and support.

The staff team had a staff handbook that provided detailed information about key areas of their work including safeguarding vulnerable adults, health and safety responsibilities and confidentiality.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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