SAFEHANDS NURSING CARE
Nurse-Led Complex Care

CAPABILITY STATEMENT

Nurse-Led Complex Care for Adults at Home

London and surrounding counties

CQC Registered Provider

Personal Care · Treatment of Disease, Disorder or Injury (TDDI)

Provider ID: 1-27589550454
Location ID: 1-28641133279

020 8050 0098 | contact@shnc.org.uk | www.shnc.org.uk

Who we are

Organisation overview

SafeHands Nursing Care is a nurse-led provider of complex care for adults with significant clinical needs living in their own homes.

We work with clients, families, case managers, commissioners and multidisciplinary professionals to develop care arrangements that reflect the person's clinical needs, routines, preferences and goals.

Clinical leadership

The service was founded and is clinically led by Registered Nurse Olasunbo Olamide Rabiu-Salau. Her professional background includes surgical nursing, complex community care, tracheostomy and airway management, rehabilitation nursing and nurse case management within the UK health and social care system.

This experience informs our approach to clinical assessment, care planning, risk management, staff training and package oversight.

Our service model

Every accepted package has:

- A comprehensive nurse-led assessment
- An individual care plan and supporting risk assessments
- A named clinical lead
- A named care coordinator
- A consistent core care team with planned cover arrangements
- Package-specific staff training and competency assessment
- Ongoing clinical review
- Defined communication and escalation arrangements

The SafeHands CarePod

Each client is supported through our CarePod model. The CarePod brings together the client's core care team, care coordinator, recruitment representative, clinical lead and practice lead.

This structure provides named responsibility for clinical oversight, staffing, communication, workforce support and the continuing review of the package.

The SafeHands CarePod — named responsibility around every client

Clinical services

SafeHands Nursing Care supports adults with significant clinical needs — from 24-hour complex-care packages to planned rehabilitation support — including:

Airway and respiratory care

- Tracheostomy and airway care
- Ventilation and respiratory support
- Oxygen therapy and respiratory monitoring
- Suction and cough-assist support

Nutrition and medication

- PEG, JEJ and enteral feeding
- Medication administration and monitoring
- Diabetes monitoring and insulin administration

Neurological and spinal care

- Spinal cord injury care
- Autonomic dysreflexia management
- Seizure management and rescue medication
- Neurological and acquired brain injury support

Elimination and personal care

- Catheter and stoma care
- Individual bowel-management programmes
- Pressure-area and skin-integrity care
- Personal care and support with daily living

Palliative and rehabilitation support

- Palliative and end-of-life care
- Hospital discharge and rehabilitation support
- Complex moving and handling

Every referral is reviewed individually to determine whether SafeHands can safely meet the person's needs.

Clinical governance

Every care package is supported by a structured framework of assessment, authorisation, audit and review:

Assessment and care planning

- Nurse-led clinical assessment and care planning
- Client-specific risk assessment
- Planned and needs-led care-plan reviews

Workforce competence and authorisation

- Package-specific staff training
- Observed competency assessment
- Formal clinical authorisation
- Staff supervision and spot checks

Audit and clinical review

- Medication-management controls
- Care-record and medication audits
- Ongoing review of care delivery, documentation and clinical risk

Incidents, safeguarding and escalation

- Incident reporting and investigation
- Safeguarding procedures
- Clinical escalation arrangements

> **No staff member may undertake a delegated clinical intervention independently until they have completed the required training, demonstrated safe practice and received formal authorisation for that client.**

Review arrangements

The frequency of clinical visits, audits and formal reviews is agreed according to the needs and risks associated with each package. Care plans and risk assessments are also reviewed when:

- The person's condition or needs change
- New equipment or treatment is introduced
- An incident, near miss or safeguarding concern occurs
- A concern about staff practice or competence is identified
- The client, family, case manager or involved professional requests a review

This needs-led approach ensures that the level of clinical oversight reflects the risks and requirements of each individual package.

Referral and mobilisation

Referrals are accepted from:

Case managers · Integrated Care Boards and Continuing Healthcare teams · Hospital discharge teams · Rehabilitation services · Local authorities · Solicitors and deputies · Private clients and families · Other health and social care professionals

What happens after a referral?

1. **Initial referral review**
   We review the information supplied to identify the person's needs, requested start date, clinical risks and package requirements. An initial response is provided within 24 to 48 hours.
2. **Clinical discussion**
   A Registered Nurse contacts the referrer or nominated representative to discuss the referral, clarify the clinical requirements and identify any further evidence needed.
3. **Comprehensive assessment**
   A nurse-led assessment is arranged with the person and, where appropriate, their family, representative, case manager and involved clinical professionals.
4. **Package proposal**
   Following assessment, we confirm whether we can safely meet the person's needs and propose the staffing model, mobilisation plan, communication arrangements, start date and cost.
5. **Recruitment, matching and training**
   Staff are matched to the person's clinical needs, preferences, location and hours, and complete package-specific training and competency assessment before independent practice.
6. **Mobilisation**
   Once a package has been accepted and all essential information and approvals received, mobilisation is normally completed within two to three weeks.
7. **Ongoing oversight**
   The named clinical and operational contacts continue to oversee the package, reviewing care delivery, staffing, documentation, clinical risk and staff competence according to the agreed arrangements.

Mobilisation timescales and urgent referrals

The actual mobilisation timescale depends on the complexity of the clinical needs, the size and structure of the required team, recruitment and safer-employment checks, package-specific training, supervised practice and competency sign-off, equipment and environmental requirements, funding approval and the agreed start date.

Urgent referrals and hospital discharges are reviewed individually. An earlier start may be explored where suitably trained staff are available and the package can be established safely.

Working with professionals

SafeHands Nursing Care works in partnership with case managers and multidisciplinary professionals to ensure that each care package supports the client's wider clinical, rehabilitation and personal goals. Communication arrangements are agreed during mobilisation, and may include:

- Mobilisation progress updates
- Named clinical and operational contacts
- Care-plan and risk-assessment reviews
- Incident and safeguarding notifications
- Medication and documentation audit findings
- Staff competency updates
- Clinical-review reports
- Attendance at multidisciplinary meetings
- Updates following a significant change in needs
- Escalation of concerns affecting care safety or continuity

Reporting frequency and format are agreed with the client, representative, funder and case manager.

Our referral commitments

Stage	SafeHands commitment	Timescale
Initial response	Acknowledge and review referral information	Within 24 to 48 hours
Clinical review	Led by a Registered Nurse	During initial response
Assessment	Arranged according to urgency and availability	Agreed with referrer
Package proposal	Issued after assessment and information review	Following assessment
Mobilisation	Normally completed following acceptance and receipt of essential information and approvals	Two to three weeks
Urgent referrals	Considered individually for an earlier safe start	Case by case
Staff authorisation	No independent clinical practice before required competency sign-off	Before package start
Professional communication	Named clinical and operational contacts for each active package	From mobilisation

Service area. SafeHands covers Greater London and surrounding counties. Packages elsewhere in England are considered according to clinical need, location, staffing and safe oversight.

Contact and referrals

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London SE13 6EE

Telephone: 020 8050 0098
Email: contact@shnc.org.uk
Website: www.shnc.org.uk

CQC registration

Completed referral forms and supporting documentation should be submitted using a secure transfer method where one is available. If you do not have access to a secure transfer method, please contact SafeHands Nursing Care on 020 8050 0098 to agree an appropriate way to provide the information. All referrals are reviewed to confirm that SafeHands can safely meet the person's needs.