CORPORATE AND CLINICAL GOVERNANCE PROFILE 2026

# SafeHands Nursing Care

Nurse-Led Complex Care for Adults at Home
Greater London and the Home Counties

CQC REGISTERED PROVIDER
**PROVIDER ID: 1-27589550454 | LOCATION ID: 1-28641133279**
PERSONAL CARE · TREATMENT OF DISEASE, DISORDER OR INJURY

CORPORATE AND CLINICAL GOVERNANCE PROFILE 2026

# Contents

WELCOME

# Welcome from the Founder and Clinical Director

SafeHands Nursing Care was established in response to the need for closer clinical involvement, clearer communication and consistent oversight within complex home-care packages.

I began my nursing career in surgical settings before moving into complex community care, tracheostomy and airway management, rehabilitation nursing and nurse case management. That frontline clinical experience shapes how SafeHands is led today.

Families coordinating complex care at home need a provider who plans carefully, communicates clearly and remains clinically involved throughout the life of a package. I built the provider I wished had existed for the families I cared for.

We combine clinical standards, sound governance and sustainable business management. That is what makes SafeHands different.

**Olasunbo Olamide Rabiu-Salau**
Founder and Clinical Director

OUR STORY

# A Different Way of Thinking About Care

Complex care requires clinical knowledge, structured oversight, competent staff and continuous improvement. When any of these is missing, the person receiving care is the one who suffers.

SafeHands Nursing Care is a nurse-led provider of complex care for adults at home. We support adults with significant clinical needs across Greater London and the Home Counties, working in partnership with families, case managers, commissioners, solicitors, deputies and NHS professionals.

Our difference is not one feature. It is the way leadership, governance, workforce and care delivery work together.

| | |
|---|---|
| **Nurse-Led Leadership**<br>Founded, led and clinically directed by a Registered Nurse. Every accepted package has named Registered Nurse oversight. | **The CarePod**<br>Every client has a dedicated CarePod bringing together the people responsible for every part of their care. Not just a rota. |
| **Relationship-Led Care**<br>Carers matched to clients based on clinical skills, personality and compatibility. | **Transparent Communication**<br>Named contacts with direct lines. No call centres. |
| **Competency Framework**<br>Theory, practical assessment, shadow shifts and supervised practice before sign-off. | **Sound Business Management**<br>Financially stable, well insured and properly structured. |

> *Care should enable life, not replace it.*

ORGANISATION OVERVIEW

# Organisation Overview

SafeHands Nursing Care is a nurse-led provider of complex care for adults at home, registered with the Care Quality Commission.

## Who SafeHands supports

We support adults with complex clinical needs who wish to remain in their own homes. Our core areas of practice include complex nursing care, airway and ventilation support, spinal injury care, neurological care, enteral feeding, medication support, palliative care, personal care and planned hospital-discharge support.

SafeHands currently provides adult services only. We do not provide paediatric care.

## Registration and leadership

| | |
|---|---|
| **Registration**<br>CQC Registered Provider. Regulated activities: Personal Care; Treatment of Disease, Disorder or Injury. Provider ID: 1-27589550454. Location ID: 1-28641133279. | **Nurse-Led Leadership**<br>Founded, led and clinically directed by a Registered Nurse. A Registered Nurse acts as Nominated Individual and Registered Manager. |
| **Service Area**<br>Greater London and the surrounding Home Counties. Wider placements across England are considered individually, depending on clinical requirements and staffing arrangements. | **Packages Considered**<br>24-hour care, waking-night support, live-in care, double-handed packages, respite care, rehabilitation support and planned hospital discharge. |

## The purpose of the service

The purpose of the service is to enable adults with complex clinical needs to live safely and well in their own homes, with care that is clinically overseen, carefully planned and delivered by staff who are trained, assessed and authorised for the specific needs of each client.

MISSION, VALUES AND CLINICAL PRINCIPLES

# Mission, Values and Clinical Principles

## Our mission

To deliver safe, compassionate, nurse-led complex care that enables every client to live with dignity, independence and the best possible quality of life in their own home.

## Our vision

To be recognised as one of the UK's most trusted nurse-led complex care providers through clinical leadership, governance maturity and genuine partnership. Not through size alone.

## Our principles

These principles guide how we deliver care, lead our teams and make decisions every day. They are commitments to a way of working, not measurable claims of achievement.

| | |
|---|---|
| **Safety First**<br>Every clinical decision is evidence-based. | **Clinical Excellence**<br>We learn from every incident. |
| **Compassion**<br>Every person is treated with dignity. | **Partnership**<br>We work with families as partners. |
| **Transparency**<br>Open, honest communication. | **Continuous Learning**<br>Our practice evolves constantly. |
| **Respect**<br>We respect independence and choice. | **Accountability**<br>Every CarePod member is accountable. |

MISSION, VALUES AND CLINICAL PRINCIPLES

# How We Think and Make Decisions

Our clinical decisions are guided by clear principles. These apply to every package we accept.

| | |
|---|---|
| **Clinical Judgement First**<br>Every decision begins with the clinical question: what is safest? When clinical judgement and commercial interest conflict, clinical judgement wins. | **Evidence-Based Care**<br>We follow NICE guidance, professional body standards and best practice. Our care plans are living documents. |
| **Person-Centred Care**<br>The person receiving care knows their own life best. We listen, we adapt, and we respect routines, preferences and cultural needs. | **Positive Risk Management**<br>Safety means understanding risk, managing it carefully and enabling people to live as fully as possible. |
| **Transparency**<br>We tell families the truth. If a care plan needs to change, we explain why. If an incident occurs, we report it openly. | **Family Partnership**<br>Families are partners, not visitors. They are involved in care planning, reviews and decision making. |

## How we make decisions

- If safety and cost conflict, safety comes first.
- If a staff member is not competent, the task is not delegated.
- If a client's needs change, the care plan is reviewed.
- If a family raises a concern, it is listened to and acted upon.
- If an incident occurs, we ask what can be learned.
- If we cannot safely meet a need, we say so.

> *Our goal is not to take over. It is to support. Care should enable life, not replace it.*

THE SAFEHANDS CAREPOD

*One client.*
*One dedicated team.*
*One shared goal.*

THE SAFEHANDS CAREPOD

# The SafeHands CarePod

Every client is supported by their own dedicated CarePod. Rather than different departments working separately, each CarePod brings together the people responsible for every part of the client's care.

The client remains at the centre of their CarePod. Around them sits a small, defined team whose responsibilities are shared and understood, so that communication is clear and continuity is protected.

## Who is in a CarePod

| | |
|---|---|
| **Core Care Team**<br>Familiar carers matched to the client on clinical skills, personality and compatibility, delivering daily care. | **Care Coordinator**<br>Coordinates the package, rotas and day-to-day communication with the client, family and professionals. |
| **Clinical Lead**<br>A Registered Nurse providing clinical oversight of the package, including care-plan reviews and delegation decisions. | **Practice Lead**<br>Maintains clinical standards, supports governance activity and drives improvement. |
| **Recruitment Support**<br>Ensures the right skills, values and experience are recruited and matched to each package. | **Family Partner**<br>Families are involved in care planning, reviews and decisions as partners in the client's care. |

## Consistency and cover

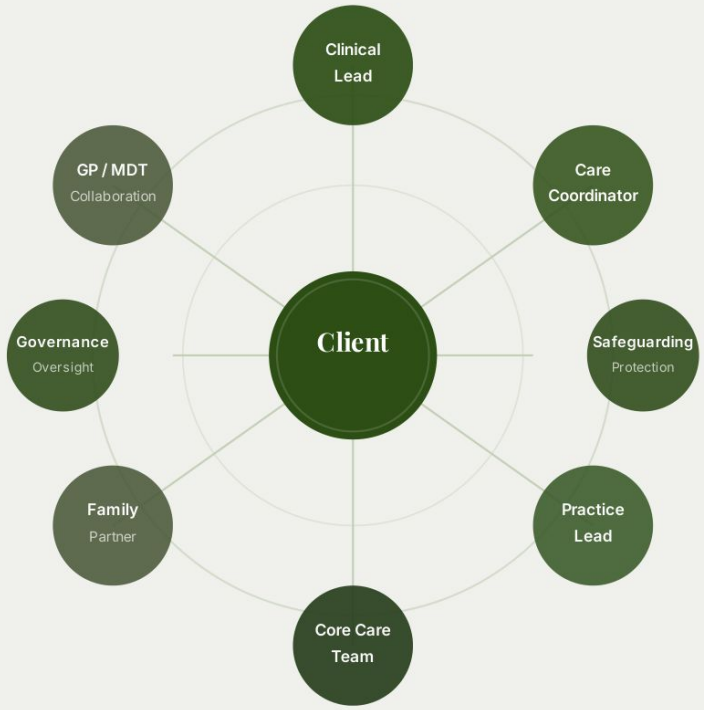
> Each client is supported by a consistent core care team, with planned cover arrangements for sickness, annual leave, training and other unavoidable absences.

The CarePod structure supports communication and continuity: the people overseeing the package know the client, the care plan and the staff delivering it, and wider governance, safeguarding and multidisciplinary support are connected to every CarePod.

THE SAFEHANDS CAREPOD

# CarePod Ecosystem

Every CarePod connects the client to clinical leadership, governance, safeguarding and multi-disciplinary support.




Every CarePod connects the client to clinical leadership, governance, safeguarding and multi-disciplinary support.

| | |
|---|---|
| **CC — Care Coordinator**<br>Coordinates the package, rotas and communication. | **CL — Clinical Lead**<br>Clinical oversight and care-plan reviews. |
| **PL — Practice Lead**<br>Clinical standards, governance and improvement. | **RO — Recruitment Support**<br>Right skills, values and experience. |

**CT — Core Care Team.** Familiar carers delivering daily care.

CLINICAL ASSESSMENT AND CARE PLANNING

# Clinical Assessment and Care Planning

Every package begins with a comprehensive clinical assessment by an NMC-registered nurse. Nothing is assumed.

Every care package follows a structured pathway from referral to ongoing oversight:

**1. Referral.** Initial contact to discuss needs, clinical requirements and timescales.

**2. Initial clinical review.** A nurse-led review of the referral information and the person's needs.

**3. Comprehensive assessment.** A full clinical assessment by an NMC-registered nurse, covering medical history, current needs, risks, equipment, medication and the home environment.

**4. Risk assessment.** Clinical, environmental and safeguarding risks are assessed, including positive risk.

**5. Care planning.** A personalised plan is written with the client and family, based on assessment findings and following NICE guidance and professional body standards.

**6. Package proposal.** A proposal setting out the staffing, training, equipment and oversight arrangements required to deliver the package safely.

**7. Staff selection.** Carers are selected based on clinical skills, personality and the client's needs.

**8. Package-specific training.** Staff receive training specific to the individual's needs, condition and equipment.

**9. Competency assessment.** All clinical tasks are delegated only after demonstrated competency and client-specific authorisation.

**10. Mobilisation.** The coordinated start of the package, once all preparations are complete.

**11. Continuing review.** Ongoing clinical and operational oversight, including reviews, audits, spot checks and continuous improvement.

> SafeHands confirms whether it can safely accept a package only after reviewing the person's needs, staffing requirements and relevant information.

REFERRAL RESPONSE AND MOBILISATION

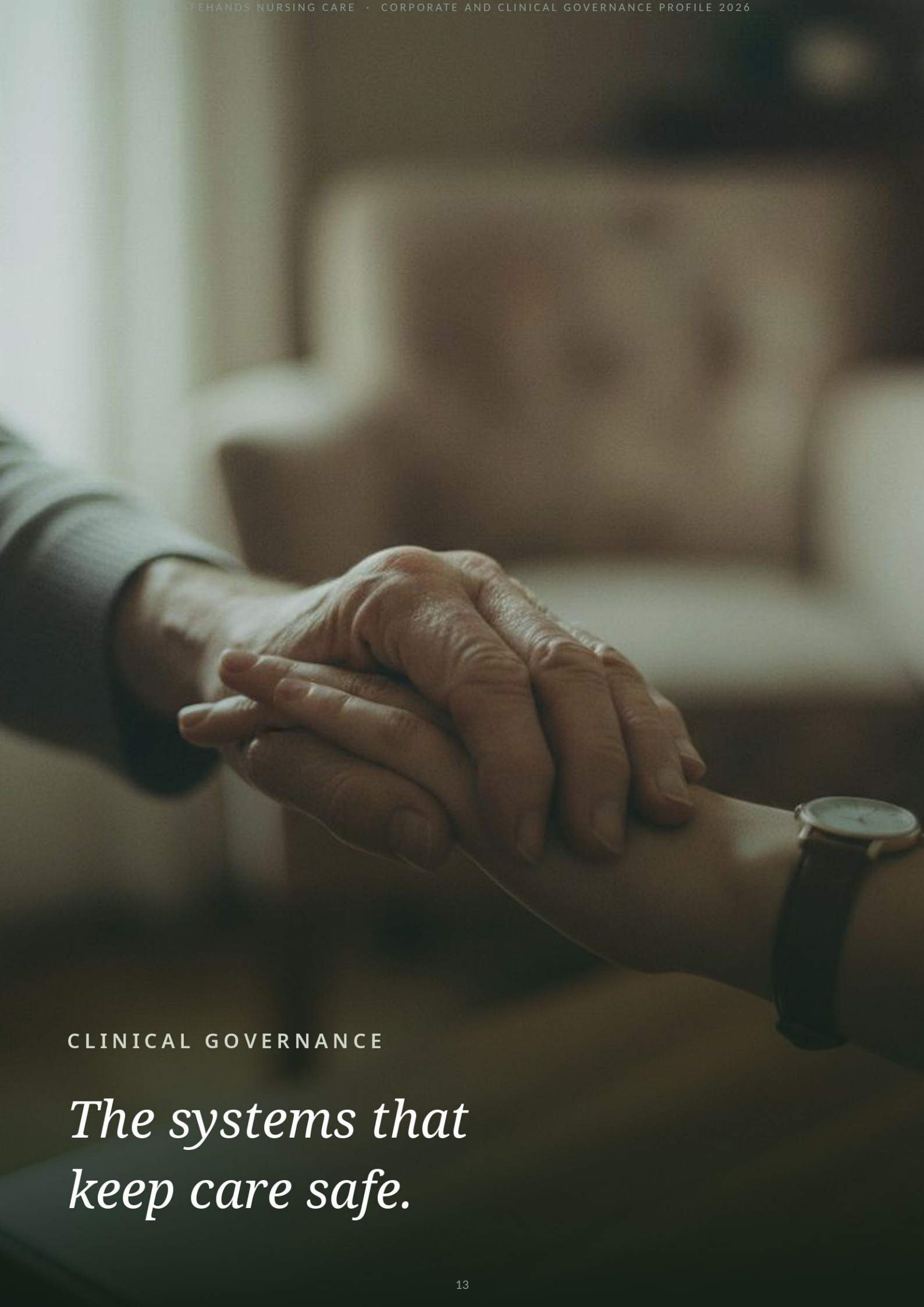
# Referral Response and Mobilisation

## Response times

> New referrals receive an initial response within 24 to 48 hours. Once a package has been accepted and all essential information and approvals have been received, mobilisation is normally completed within two to three weeks. Timescales depend on clinical complexity, recruitment, package-specific training, competency assessment, equipment arrangements and the agreed start date. Urgent referrals are considered individually. Active care packages have access to the agreed out-of-hours clinical escalation arrangements.
>
> The mobilisation period begins once the package has been accepted and the essential information, approvals and arrangements required to proceed are available.

## Referral pathway

| | |
|---|---|
| 1 | Referral received |
| 2 | Initial response within 24 to 48 hours |
| 3 | Nurse-led clinical review |
| 4 | Comprehensive assessment |
| 5 | Package proposal and acceptance |
| 6 | Recruitment, matching and package-specific training |
| 7 | Competency assessment and authorisation |
| 8 | Mobilisation, normally within two to three weeks |
| 9 | Ongoing clinical and operational oversight |



CLINICAL GOVERNANCE

# *The systems that keep care safe.*

CLINICAL GOVERNANCE

# Clinical Governance

Our governance framework brings together the systems that keep care safe. Each area supports the others.

### Clinical Leadership

A three-tier structure: the Clinical Director provides leadership, Clinical Leads oversee individual packages and Practice Leads maintain standards. Every accepted package has named Registered Nurse oversight, and every member of staff receives regular supervision.

### Care Planning and Risk Assessment

Care plans and risk assessments are living documents, covering clinical risk, environmental risk, safeguarding risk and positive risk.

### Medication Management

Medication administration is recorded and reviewed, with audit frequency determined by the needs and risks of each package.

### Incident Reporting and Learning

All incidents and near misses are reported, investigated and shared. Duty of candour applies: when things go wrong, we are open and honest — we apologise, explain and improve.

### Safeguarding

All staff are trained to recognise and report concerns. Safeguarding concerns are escalated in line with local authority procedures, CQC notification requirements and internal governance processes.

### Supervision and Spot Checks

Supervision, spot checks and competency reviews take place at a frequency determined by the needs and risks of each package.

### Complaints

Complaints are taken seriously, investigated promptly and complainants are kept informed. Learning is recorded and acted upon.

### Clinical Escalation

Clear pathways exist for clinical concerns, safeguarding, equipment failures and emergencies. Active care packages have access to the agreed out-of-hours clinical escalation arrangements.

### Professional Accountability

Clinical leadership is provided by NMC-registered nurses. Every delegated task is recorded: who delegated it, who received it, when it was assessed and when it is due for renewal.

CLINICAL GOVERNANCE

# Review and Audit Frequency

We do not apply fixed universal frequencies that may not suit every package. Instead:

> The frequency of clinical visits, audits, medication reviews, care-plan reviews, supervision and spot checks is determined according to the needs and risks associated with each package, contractual requirements and any changes in the person's condition.
>
> Care plans and risk assessments are reviewed following a significant change in needs, an incident or near miss, the introduction of new equipment or treatment, a concern about staff practice, or a request from the client, representative, case manager, commissioner or involved professional.

## What happens when a concern is identified

When a concern is identified — through an audit, a spot check, an incident, a complaint or a family raising an issue — it is recorded, investigated and assigned an action. Actions are tracked through to closure, and learning is shared through reflective practice and governance meetings, which review findings, trends, competency status and complaint resolution.

## Monitoring once packages are active

> SafeHands' governance framework is designed to monitor agreed quality, safety, workforce and clinical indicators once packages become active.

No performance figures are shown in this profile because it is distributed before packages are active. Full governance reports are available on request once services are underway.

WORKFORCE AND TRAINING

# *Right people. Right skills. Right values.*

WORKFORCE AND TRAINING

# Workforce Training and Clinical Authorisation

Delegated healthcare tasks are only safe when staff are properly trained, assessed and supervised. SafeHands applies three separate levels of workforce assurance.

| | |
|---|---|
| **1. Mandatory Training Compliance**<br>Evidence that the worker has completed mandatory learning relevant to their role, including safeguarding, infection control, health and safety, fire safety and moving and handling. | **2. General Clinical Competency**<br>Evidence that the worker has received training and demonstrated competence in the relevant clinical intervention, through theory training, practical assessment, shadow shifts and supervised practice observed and signed off by a Registered Nurse. |
| **3. Client-Specific Authorisation**<br>Confirmation that the worker has completed the package-specific preparation and has been authorised to undertake the intervention independently for that named client. | |

> Completion of general training or competency assessment does not automatically authorise a staff member to undertake an intervention for every client.
>
> No staff member may undertake a delegated clinical intervention independently until the required training, supervised practice, competency assessment and client-specific authorisation have been completed.

## How competency is maintained

- Competency is formally reassessed at least once a year, after any incident and when guidance changes, and before re-delegation if the task has not been performed recently.
- Clinical Leads and Practice Leads observe care delivery; observations are documented and feedback is given.
- Every delegated task is recorded: who delegated it, who received it, when it was assessed and when it is due for renewal.
- Competency can be revoked if standards are not maintained; retraining and reassessment are then required.

> *Competency is observed, not assumed.*

WORKFORCE AND TRAINING

# Recruitment, Safeguarding and Inclusion

## Recruitment

| | |
|---|---|
| **Safer Recruitment**<br>Safer recruitment principles are applied throughout. Every step is documented and every decision is justifiable. | **Enhanced DBS**<br>All staff undergo enhanced DBS checks before starting, renewed in line with requirements. |
| **Values-Based Recruitment**<br>Technical competence is essential, but compassion, integrity and reliability matter just as much. | **Clinical Interviews**<br>Clinical staff are interviewed by registered nurses and their practical knowledge is assessed. |
| **Shadow Shifts**<br>New staff shadow experienced carers before working independently. | **Ongoing Supervision**<br>Regular clinical supervision and annual appraisal. Learning needs are identified and addressed. |

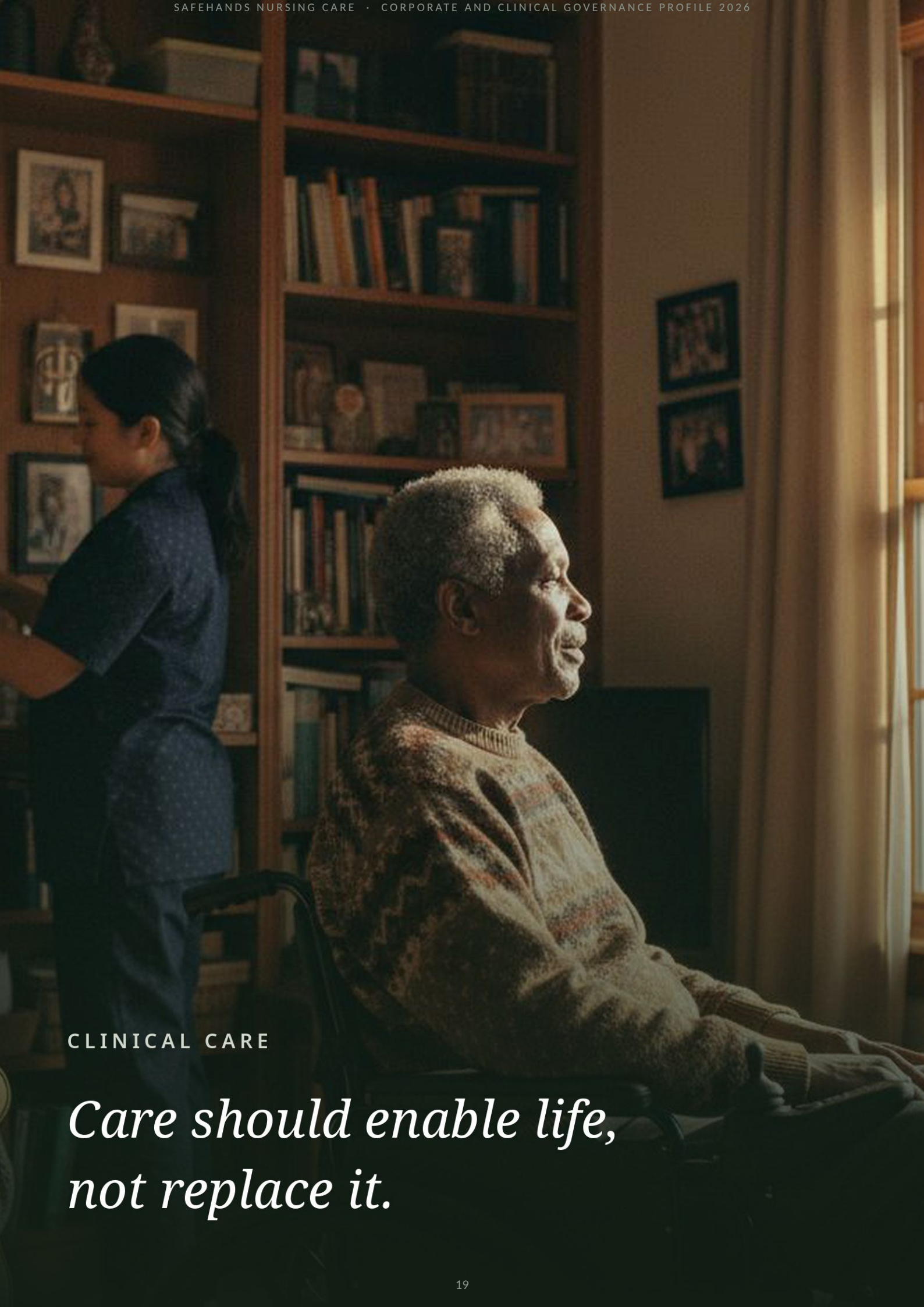
## Safeguarding

Safeguarding is not a policy that sits in a folder. All staff are trained to recognise the signs of abuse, neglect and exploitation and know how to report concerns. Our whistleblowing policy protects staff who raise concerns, and we support a culture in which staff can speak up without fear. We work with local safeguarding teams, social services, police and health professionals, and all concerns, near misses and incidents are reported openly.

Safeguarding concerns are escalated in line with local authority procedures, CQC notification requirements and internal governance processes.

## Equality, diversity and inclusion

SafeHands is committed to inclusive, equitable and respectful care. Our policies are shaped by the Equality Act 2010; information is provided in the format each person needs; translated materials and interpreter access are available; care plans reflect cultural preferences, religious observance and individual routines; and reasonable adjustments are made for clients and staff with disabilities or additional needs. We recruit from diverse backgrounds and support staff health and wellbeing.



CLINICAL CARE

# *Care should enable life, not replace it.*

WHAT WE PROVIDE

# Services and Clinical Areas Supported

SafeHands Nursing Care is a nurse-led provider of complex care for adults at home. We provide a comprehensive range of nurse-led complex care services for adults in their own homes.

## Clinical interventions

- Tracheostomy and airway care
- Oxygen therapy
- PEG, JEJ and enteral feeding
- Diabetes monitoring and insulin administration
- Catheter and stoma care
- Pressure-area and skin-integrity care
- Ventilation and respiratory support
- Suction and cough assist
- Medication administration
- Seizure management and rescue medication
- Individual bowel-management programmes
- Complex moving and handling

## Condition-led support

- Spinal cord injury care
- Neurological and acquired brain injury support
- Autonomic dysreflexia management
- Palliative and end-of-life care

## Care packages

- Personal care
- Hospital discharge
- 24-hour care
- Live-in care
- Respite care
- Rehabilitation support
- Waking-night support
- Double-handed packages

WHAT WE PROVIDE

# Hospital Discharge and Clinical Areas Supported

## Hospital discharge

We provide planned hospital discharge supported by full care planning, staff preparation and equipment coordination.

Hospital-discharge support may include:

- Review of discharge documentation
- Liaison with hospital and community professionals
- Confirmation of equipment and supplies
- Package-specific training
- Confirmation of escalation and communication arrangements
- Clinical assessment
- Care planning and risk assessment
- Recruitment or allocation of the care team
- Competency assessment

We do not begin discharge arrangements until we have assessed the referral and confirmed that we can mobilise the package safely. Timescales follow the referral response and mobilisation arrangements set out on page 12.

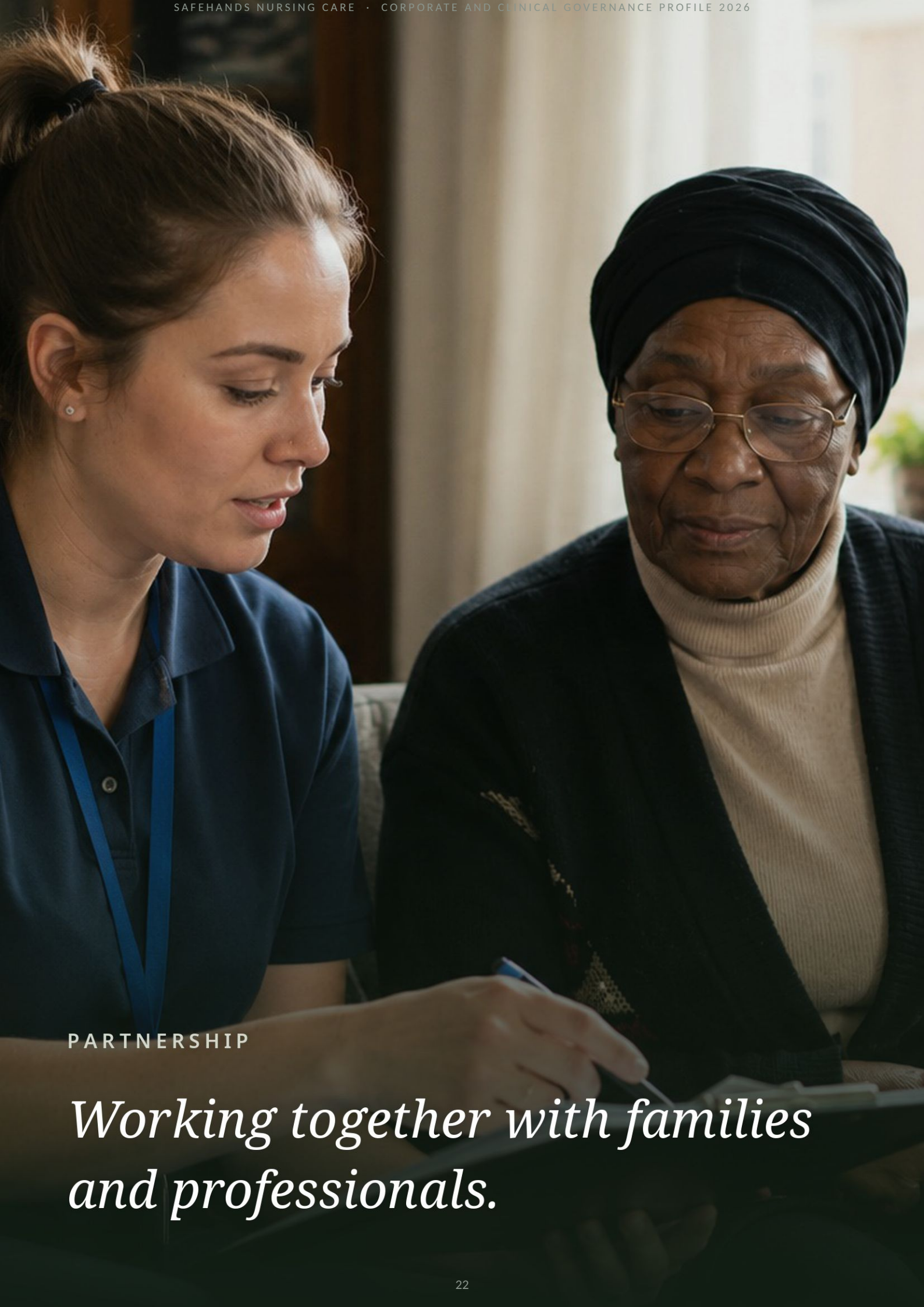
## Clinical capability

We support adults with a wide range of complex clinical conditions. Every care team member receives condition-specific training and full competency assessment.

- Spinal cord injury
- Motor neurone disease
- Multiple sclerosis
- Parkinson’s disease
- Stroke
- Enteral feeding requirements
- Acquired brain injury
- Ventilator dependency
- Tracheostomy dependence
- Respiratory conditions
- Progressive neurological conditions
- Palliative and end-of-life care

If you do not see a condition listed, please contact us. We assess each referral individually and will be honest about whether we can safely meet the clinical requirements.

> *We do not replace families. We support them.*



PARTNERSHIP

# *Working together with families and professionals.*

PARTNERSHIP

# Working with Clients, Families and Professionals

## Working with clients and families

Families are not observers in the care we provide. They are partners. They know the individual better than anyone, and their insight, preferences and concerns shape every care plan we write. Families are involved in care planning, review meetings and clinical decisions, and care plans are reviewed with the family present — risks discussed, changes explained and feedback recorded.

We work alongside families, not instead of them. When they need a break, we provide planned, consistent respite support. Communication is direct: clients and families have named contacts within the CarePod, including the Care Coordinator and the Clinical Lead.

## Working with professionals

Complex care does not happen in isolation. We work collaboratively with professionals across health, social care and legal services, including:

- Clients
- Representatives
- Commissioners
- Hospital discharge teams
- General practitioners
- Physiotherapists
- Speech and language therapists
- Palliative-care teams
- Other involved professionals
- Families
- Case managers
- Continuing Healthcare teams
- Community nurses
- Dietitians
- Occupational therapists
- Respiratory teams
- Solicitors and deputies

> The frequency and format of professional updates and multidisciplinary meetings are agreed according to the needs of the person and the professionals involved.

## For professionals

We understand the pressures that case managers, commissioners and healthcare professionals face. We respond to enquiries promptly, provide factual and clinically clear reports, and are honest about our capacity. Every accepted package has named Registered Nurse oversight.

QUALITY

# Quality Assurance and Reporting

Quality is not an aspiration. It is a system.

SafeHands' governance framework is designed to monitor agreed quality, safety, workforce and clinical indicators once packages become active. Once a package is active, SafeHands may monitor:

- Care delivery
- Staff continuity
- Care documentation
- Complaints and compliments
- Staff training and competence
- Care-plan reviews
- Actions and learning
- Missed or late visits
- Medication records
- Incidents and near misses
- Safeguarding concerns
- Supervision and spot checks
- Client and family feedback

> Package-specific reporting arrangements are agreed with the client, representative, case manager or commissioner during mobilisation.

Care is supported by a secure digital care management system, providing authorised staff with real-time access to care records, medication administration, incidents, observations and governance information.

No performance results or percentages are published in this profile. SafeHands does not publish figures that cannot be evidenced, and governance reports are made available to relevant professionals once services are underway.

> *We do not promise perfection. We promise professionalism, transparency and continuous improvement.*

CASE EXAMPLE AND DEVELOPMENT

# Case Example, Clinical Academy and Looking Ahead

## The experience behind the CarePod

> The following reflects the clinical experience of our Clinical Director before the establishment of SafeHands Nursing Care. It is an illustrative example showing how the SafeHands model may operate. This is not a current or previous SafeHands client.

The example involved an adult with a C5 spinal cord injury who was ventilator-dependent and required 24-hour support. Assessment covered respiratory status, airway management, nutrition, skin integrity, mobility and psychosocial needs, with input from respiratory consultants, district nurses, physiotherapists, dietitians and the GP. Family concerns were documented from the outset.

Clinical risks included ventilator failure, airway obstruction and aspiration. Each risk was assessed, documented and mitigated through protocols and clear escalation routes. When the client's condition changed, the care team recognised deterioration early, escalated to the respiratory team and adjusted the care being provided.

Today, this type of package would be delivered through the SafeHands CarePod model, bringing together the client, family, Registered Nurse, Care Coordinator and wider multidisciplinary team within a single coordinated framework.

## SafeHands Clinical Academy

> SafeHands Nursing Care is developing the SafeHands Clinical Academy as a structured workforce-development programme supporting clinical training, supervised practice and competency assessment.

## Looking ahead

Our ambitions for the coming years include structured clinical pathways for spinal injury, tracheostomy, ventilation and neurological care; expansion of the Clinical Lead and Practice Lead structure so that every package continues to have dedicated nurse oversight; digital systems that support care delivery and communication; continued development of our governance framework; and deeper working relationships with case managers, commissioners, NHS professionals and local authorities.

We are not trying to be the biggest. We are working to become one of the most trusted nurse-led complex care providers in the UK.

LEADERSHIP

# Leadership and Professional Responsibilities

### Olasunbo Olamide Rabiu-Salau

Founder and Clinical Director · Registered Manager · Nominated Individual

A Registered Nurse with extensive clinical experience across surgical nursing, complex community care, tracheostomy and airway management, rehabilitation nursing and nurse case management.

She founded SafeHands Nursing Care in response to the need for closer clinical involvement, clearer communication and consistent oversight within complex home-care packages.

Main areas of responsibility: clinical direction, clinical governance and quality, safeguarding leadership, and oversight of every accepted package.

## Career path

Registered Nurse — foundation in acute clinical practice → Complex Care Nurse — community-based care for high-dependency clients → Nurse Case Manager — coordinating packages across multidisciplinary teams → Clinical Lead — leading teams, setting standards and shaping practice → Clinical Manager / Registered Manager — managing complex services, governance and compliance → Founder and Clinical Director.

## Leadership structure

The leadership structure supports clinical oversight of every package: the Clinical Director (also Registered Manager and Nominated Individual) provides overall clinical leadership; Clinical Leads oversee individual packages; Practice Leads maintain clinical standards; Care Coordinators manage day-to-day delivery; a Safeguarding Lead oversees safeguarding practice; and Core Care Teams deliver daily care within each CarePod.

PROFESSIONAL REGISTRATIONS

# Professional Registrations and Corporate Details

SafeHands Nursing Care is connected to recognised professional bodies, regulatory organisations and compliance frameworks. Every relationship below is genuine and verifiable.

| | |
|---|---|
| **CQC Registered Provider**<br>Provider ID: 1-27589550454. Location ID: 1-28641133279. Regulated activities: Personal Care; Treatment of Disease, Disorder or Injury. | **ICO Registered**<br>Registered with the Information Commissioner's Office for data-protection purposes. Registration number available on request. |
| **Homecare Association**<br>Membership application submitted. | **Citation**<br>HR and employment-law support. |
| **NMC-Registered Clinical Leadership**<br>Clinical leadership provided by Nursing and Midwifery Council registered nurses. | **Fully Insured**<br>Professional indemnity and public liability insurance in place. Details available on request. |

## Corporate details

**Registered provider:** SafeHands Nursing Care Ltd

**CQC Provider ID:** 1-27589550454

**CQC Location ID:** 1-28641133279

**Registered Manager:** Olasunbo Olamide Rabiu-Salau (RN)

**Nominated Individual:** Olasunbo Olamide Rabiu-Salau

**Regulated activities:** Personal Care; Treatment of Disease, Disorder or Injury

**Insurance:** Full professional indemnity and public liability. Details available on request.

We provide accurate information about our registrations, memberships and professional support arrangements. Supporting evidence is available to commissioners and professional referrers on request.

EVIDENCE

# Evidence Available for Professional Review

We believe confidence comes from evidence, not description.

The following evidence genuinely exists and can be supplied for professional review, subject to confidentiality and data protection:

- CQC registration details
- Insurance documents
- Safeguarding arrangements
- Safer-employment checks
- Competency and delegation process
- Medication-management procedures
- Business-continuity arrangements
- Data-protection information
- Anonymised evidence where appropriate
- Statement of Purpose
- Clinical-governance framework
- Recruitment procedures
- Training framework
- Client-specific authorisation process
- Incident-management procedures
- Complaints procedure
- Blank or sample care-planning documentation

> CQC registration: Provider ID 1-27589550454, Location ID 1-28641133279. Full registration details are available on the CQC website or on request.

If you would like to see any of the above, please contact us using the details on page 29.

REFERRALS AND CONTACT

# Referrals, Service Area and Contact

Every service begins with a referral. Every referral begins with a conversation.

Referrals are accepted from case managers, commissioners, Continuing Healthcare teams, hospital discharge teams, NHS professionals, solicitors, deputies and families.

> Referrals are reviewed to determine whether SafeHands Nursing Care can safely meet the person's clinical, staffing and service requirements.

New referrals receive an initial response within 24 to 48 hours. Full response and mobilisation timescales are set out on page 12.

## Submitting a referral

> 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.

## Service area

Greater London (Central, North, South, East and West London) and the Home Counties (Kent, Surrey, Essex, Hertfordshire and Buckinghamshire). Wider placements across England are considered individually, depending on clinical requirements and staffing arrangements.

## Contact

**Telephone:** 020 8050 0098

**Email:** contact@shnc.org.uk

**Website:** www.shnc.org.uk

**Office:** 1st Floor, Romer House, 132 Lewisham High Street, London, SE13 6EE

**Provider ID:** 1-27589550454

**Location ID:** 1-28641133279

CQC Registered Provider. Regulated activities: Personal Care; Treatment of Disease, Disorder or Injury.

Scan to verify our CQC registration

# SafeHands Nursing Care

Nurse-Led Complex Care at Home

GREATER LONDON AND THE HOME COUNTIES

CQC REGISTERED PROVIDER

WWW.SHNC.ORG.UK | 020 8050 0098 | CONTACT@SHNC.ORG.UK
1ST FLOOR ROMER HOUSE, 132 LEWISHAM HIGH STREET, LONDON, SE13 6EE