

## Nightingale Holistic Services Limited

# Nightingale Holistic Services

### Inspection report

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### Ratings

|                                 |               |
|---------------------------------|---------------|
| Overall rating for this service | Good ●        |
| Is the service safe?            | Good ●        |
| Is the service effective?       | Good ●        |
| Is the service caring?          | Good ●        |
| Is the service responsive?      | Outstanding ☆ |
| Is the service well-led?        | Good ●        |

# Summary of findings

## Overall summary

This inspection took place on 6 and 11 July 2016 and was unannounced. Nightingale Holistic Services provides supported living accommodation for younger adults on the Autistic Spectrum. At the time of our inspection nine people were using the service. At our last inspection in January 2014 the service was meeting the regulations inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe. Staff had good knowledge about how to identify abuse and report any concerns. People had risk assessments which helped staff make sure people were safe at the service and in the community by managing people's risk and taking steps to reduce those risks while still encouraging their independence.

People were supported by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

The service strived to be known as outstanding and innovative in providing person centred care based on best practice. Information was shared with staff so people received the support they needed when they needed it.

Staff had an excellent understanding of people's needs and were able to encourage people to overcome their fears and engage in activities to improve their health and wellbeing. The service actively encouraged people to become involved in the local community and worked hard to empower people to make choices and have control over their lives.

People were involved in the service in a meaningful way and were encouraged to contribute their thoughts and ideas at any time. Care records focused on people as individuals and gave clear information for people and staff using a variety of communication methods including easy to read and pictorial information. Staff supported people in a way which was kind, caring, and respectful.

Staff helped to keep people healthy and well, they supported people, when necessary, to attend appointments with GP's and other healthcare professionals. Medicines were stored safely, and people received their medicines as prescribed. People were encouraged to make healthy food choices and to be as independent as they could be with buying food and meal preparation.

Staff said the managers were supportive and listened to them. People who used the service were comfortable talking with staff and the managers.

The service had a quality assurance system in place to help them understand the quality of the care and support people received. Accidents and incidents were reported and examined. The managers and staff used information about quality of the service and incidents to improve the service.

## 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. There were arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

### Is the service effective?

Good ●

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received ongoing training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People were supported to make health choices and encouraged to have a balanced diet.

The provider was aware of the requirements of the Mental Capacity Act (2005) to help protect people's freedoms and rights.

### Is the service caring?

Good ●

The service was caring. People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

### Is the service responsive?

The service was exceptionally responsive. People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

Staff empowered people to be as independent as they could be and supported them to make meaningful decisions about how they lived their lives. A wide variety of activities were available within the service and in the community and staff supported people to pursue their interests and hobbies.

People and their relatives told us they were confident in expressing their views and raising any concerns.

**Outstanding** 

### Is the service well-led?

The service was well-led. People and relatives we spoke with knew who the managers were and were positive about how the service was run. Staff told us that their managers were approachable, supportive and listened to them.

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels.

The provider encouraged feedback of the service through regular surveys, tenant meetings and daily discussion with people.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

**Good** 

# Nightingale Holistic Services

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

One inspector undertook the inspection. The inspection took place on 6 and 11 July 2016 and was unannounced.

During our inspection we spoke with the nominated individual for the service, the registered manager, the registered mental health nurse employed by the service and a healthcare professional. We also spoke with five staff members, one relative and six people who use the service and we conducted observations throughout the inspection. We reviewed how medicines were managed and the records relating to this. We and looked at five people's care records to see how their care and support was assessed and planned. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits. After the inspection we spoke with one other relative of a person using the service.

# Is the service safe?

## Our findings

People told us they felt safe at Nightingale Holistic Services, comments included, "This is the best house I have lived, I feel safe here" and "The best thing is being safe and secure".

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. A safeguarding workstation had been set up in the main office area so staff could easily access up to date information when they needed it. Records confirmed most staff and managers had received safeguarding training in the last year. People's finances were protected and there were procedures in place to reconcile and audit people's money.

The service had a prevention of bullying policy in place giving staff guidance on how to recognise and reduce the likelihood of bullying and what to do if a person had been harassed or bullied. The document focused around the needs and daily lives of people living with autism and gave examples of situations where people may be especially vulnerable. An easy read factsheet was also available for people using the service explain what bullying was and what they needed to do if they felt they had been bullied.

Staff followed effective risk management strategies to keep people safe. People's care records contained a set of risk assessments, which identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. For example, risk assessments related to people's nutrition, communication needs, accessing their local community and handling finances. All the staff we spoke with had a good knowledge of people and the importance of managing peoples risk while still encouraging their independence. One member of explained how certain situations could make one person anxious and how staff could support them when this happened by using certain strategies.

Staff shift leads kept a mobile phone with them at all times to provide a 24 on call line. The telephone number was given to people using the service and their relatives if needed. Staff told us people kept this number on their mobile phones and would contact them if they were in the community and needed assistance or didn't feel safe. One example was given of a staff member speaking to a person when they were worried about their way home in the snow in a taxi. The staff member was able to give constant reassurance over the telephone until the person arrived safely back at the service.

There were sufficient numbers of staff on duty to meet people's needs. We looked at staff rotas and noted how staff allocations catered for periods of one to one care and for core 24 hour support. There were enough staff to support people at the service and to accompany people to and from activities or appointments throughout the day. Staffing levels were flexible and the manager gave us examples where additional staff worked in the evenings to accompany people to discos or the cinema. Staff told us they felt there were enough staff on duty to give people the support they needed.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly

identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK (where applicable).

People received their prescribed medicines as and when they should. People's capacity to manage their own medicines had been individually assessed and risk assessments were in place to support this. People's prescribed medicine was stored appropriately in a central location or in individual locked cabinets. We found no recording errors on any of the medicine administration record sheets we looked at. Staff explained that once they had received training in medicines management they had then received a medicine competency check and only then could they administer people's medicine. There were protocols for 'as required' medicine giving guidance to staff on the type of medicines to give and when people needed to receive them. However, we noted that one person's protocol was missing we brought this to staff attention and noted this was in place on the second day of our inspection.

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative told us, "I know staff invest a lot of time in training."

Records were kept of the training undertaken by staff in separate staff training files. The manager explained how training needs were identified during staff supervision and showed us a matrix identifying the online mandatory training needs for staff at the service. These included infection control, safeguarding adults, safe food handling and moving and handling. Specialist training to meet people's needs was also provided such as an introduction to autism, asperger and high functioning autism, challenging behaviour and positive behaviour support. The manager explained staff were encouraged to undertake health and social care diplomas and we spoke to staff who were currently working through various stages of their learning. One staff member told us, "Since working here I am much more aware of how to work with adults with autism ... more confident...I am in a better position to understand and support them."

Although we were assured that staff had received adequate training at the time of our inspection we were concerned that there was no centralised information available for the registered manager to monitor the progress of staff training and highlight when refresher training was due to ensure that all staff were up to date with the essential skills they needed to keep people safe. We discussed our concerns with the registered manager who agreed to look at the current system with a view to recording and monitoring the training information centrally.

Staff received an induction when they first started working at the service and the registered manager explained how they had recently introduced the framework of the Care Certificate. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. These include equality and diversity, person centred values, fluids and nutrition, safeguarding adults, basic life support, health and safety, medication and infection and prevention control. Staff completed workbooks to support their learning both during the induction and over the following weeks. One staff member told us, "I ask for as much training as I can get...I was the first to do the care certificate, I found it interesting and learnt some things about care and autism I didn't know." Staff told they received regular supervision and yearly appraisals and records confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be made 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. Any application to do so must be made to the Court of Protection. We checked that the service was working within the principles of the MCA. Staff understood their responsibilities under the MCA and knew how it applied to people in their care. They demonstrated a good understanding of

the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity.

People received the support they needed in relation to nutrition and hydration. Staff encouraged people to be as independent as possible with their choice and preparation of food with staff offering support with shopping and cooking when required. Staff worked with people to try new foods and to make healthy choices if they wanted to. When people's health was at risk from poor nutrition or hydration this was noted in people's care records and staff monitored them appropriately.

Relatives told us the service would let them know if their relative's healthcare needs changed. Staff supported people to maintain good health and have access to healthcare services. When needed people were supported to attend their healthcare appointments and outcomes from these visits were documented. Changes or additional support needed as a result of these visits were communicated between staff. Staff were in regular contact with people's GP's and specialists and relatives where appropriate. Staff promptly involved the relevant healthcare professional where there was a change or deterioration in a person's health.

People had health action plans. Health action plans are personalised plans which give people information about how to achieve and maintain good health and the help available to do so. People also had hospital passports. These gave healthcare professionals information on the person, what was important to them, their personal preferences and routines, and how best to communicate with them. This helped to ensure that people received person-centred care when attending hospital appointments.

## Is the service caring?

### Our findings

People told us they were happy living at Nightingale Holistic Services. Comments included, "I am happy, I'm OK", "It's the best house I have ever lived at", "Its good here" and "I have no problem with the staff." One relative told us, "The service is fantastic". Another told us, "They [the staff] have done amazing things for [my relative]".

Staff had a good knowledge of the people living at Nightingale Holistic Service, they had a positive attitude to their work and enjoyed working for the service. Comments from staff included, "I like to see the tenants happy and safe...help them live independently and live a normal life" , "I enjoy my job, I have a great relationships with all the tenants" and "I learn from [the tenants] and they learn from me...it's an amazing job...I adore it here".

We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. People were able to speak with staff in private if they wished and we saw some good examples of staff offering the time and space for people to tell them about their day, what was on their mind or if anything was troubling them. People were also able to express their views during tenant meetings, care reviews and surveys. Where necessary, people had access to documents in an easy read format. The service had access to and used advocates when required. An advocate is a person who is independent of the service and helps people to express their views or speaks on their behalf.

Staff knew people well and they were able to explain people's likes and dislikes, their goals and achievements. Staff had a good knowledge of issues and varying support needs of people living with autism. Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. People had daily files also known as "The Nightingale Nutshell", these contained information about what was important to people and how staff could best support them. Easy read profiles had been developed so people could easily contribute to their plan of care and how they wanted to be supported. These had been signed by individuals to show their involvement however one of the samples we saw was not dated. We brought this to the nominated individual's attention as we were concerned they may not reflect peoples current support needs, the nominated individual assured us that paperwork was reviewed regularly and these documents were current however in future they would make sure all documents were dated. We will look at this again during our next inspection.

People told us that they were able to go out and could maintain relationships with family and friends. We spoke with relatives who told us there were no restrictions on visiting, one relative said, "They just ask us to let them know when we are coming and that's just because [my relative] has such a busy social life."

Staff respected people's privacy and dignity and were encouraged to show empathy for the people they worked with. Posters giving information on autism were displayed around the service and one member of staff told us how they were an autism champion and helped share best practice and learning. Staff gave us

example of how they respected people's privacy and dignity and we observed this happening throughout our inspection.

## Is the service responsive?

### Our findings

People told us they were happy with the support and care they received. One person told us, "I have made a lot of progress...it helps having my independence." Another person discussed his care package with knowledge and spoke about their finances and options for future activities. Relatives told us they felt involved in the care their family member received. One relative told us, "If there is a problem they ring us up...we work together...it's been marvellous for [my relative]". Another relative said, "If [my relative] has the capacity to make a decision then they [the staff] go ahead but they contact us for more complex decisions". Relatives spoke of increased independence and confidence. One relative when asked said, "The best thing for [my relative] has been increased interaction, improved communication skills and gaining independence".

We saw and were told about many examples where staff used innovative and individual ways of involving and empowering people both when they were in the service and in the community. Staff were able to encourage people to overcome their fears and engage in activities to improve their health and wellbeing. Staff told how they used social stories to explain situations and routines to people to stop them becoming anxious or upset. For example, one social story explained in detail the travel and eating arrangements for one person so they knew when and how they were going on a trip which helped put their mind at ease. A social story helped another person prepare for a hospital appointment. We spoke to this person's relative who explained how supportive staff had been both before and after their relatives visit and the work they had put in. When their relative became upset staff, they knew and were comfortable with, stayed longer on shift and other staff came in during their days off to offer additional support to help them settle and reduce their anxiety.

The service actively encouraged people to become involved in the local community and worked hard to empower people to make choices and have control over their lives. A member of staff invited local MP's to the service to speak to people before a local election. This gave people information and guidance around what the various political parties could do for them and encouraged people to use their vote. People were able to keep pets and were responsible for their day to day care, with staff support when necessary. People told us about their pets and how looking after them helped people with their emotions. One person spoke about their help at a local charity and another person explained they were looking forward to finding a job. Shortly after our inspection, we heard, that with the support of the service the person had found work with a local firm.

Many of the people living at Nightingale Holistic Service were able to access the community independently and the registered manager had formed links with the local police to come and offer support to people and to give advice on personal safety while in the community.

People were involved in the service in a meaningful way and were encouraged to contribute their thoughts and ideas at any time. There were also informal meetings held in tenant's flats to give further opportunity to discuss issues and improvements. We saw minutes from these meetings covered issues such as how people felt, any problems or differences with others sharing the flat, what they thought about staff support and any

concerns or worries people had.

The service was flexible and responsive to people's needs. Detailed information about people's care and support needs were recorded in their care records and staff told us how these helped them provide person centred care. Care reviews were undertaken yearly or before if there was a change in a person's support needs. People's diversity, values and human rights were respected and care records included information about their needs. The provider took these needs into account when planning and providing care and support to individuals.

Staff were able to support people whose behaviour could challenge the service and during our inspection we observed two occasions when people became upset and staff were able to use person centred guidance and distraction techniques we had seen described in their care records to help de-escalate a potential incident.

The service strived to be known as outstanding and innovative in providing person centred care based on best practice. We spoke with the qualified mental health nurse who worked at the service. They explained how they were specialising in autism and this enabled them to access to new research and best practice which in turn could be passed on to staff and used to help improve people's quality of life. We spoke to a healthcare professional who confirmed that joint working with the service really helped give the best support. They confirmed that the service took on board their ideas and suggestions and provided times and space for their visits to the service. New guidance and advice for staff from healthcare professionals was updated and available to staff, on shift, in each individual flat so they were able to offer the care and support people needed when they needed it. For example, when one person was feeling upset and anxious staff were able to help them by keeping a low stimulus environment to enable the person to relax and remain calm.

Staff were clear about the importance of daily handovers. We attended a handover and noted staff knew people well, they were able to identify any issues that had arisen or changes in people's mood that other staff needed to be aware of in order to offer the best support.

People were supported to follow their interests and take part in social activities. Each person had an activity plan and a guide for staff on people's routine and how they could best support the person. Guidance included ways to increase people's independence and learn new skills both at the service and in the community. People spoke to us about their charity work, their interests and hobbies. One person spoke at length with staff about a new activity they wanted to do and staff suggested ways they could do this. Later we observed staff making enquiries with outside organisations to enable this activity to happen. In house activities were available and staff told us people could play pool or watch films in the communal area when they wanted to. Other activities people told us about were trips to the cinema, the pub, music venues and shopping. Many people were able to go out independently but told us they knew they were able to telephone staff for assistance if they needed them.

The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. No complaints had been received in the last 12 months and the registered manager explained that people were comfortable speaking to her or any other member of staff if something was wrong so they could act quickly to put things right. Our observations during our inspection confirmed this was the case and people regularly popped in to speak to the registered manager and director to discuss whatever was on their mind at the time. Relatives confirmed they knew who to speak to if they were unhappy.

## Is the service well-led?

### Our findings

Relatives we spoke with knew who the senior management team were and spoke positively about how the service was run. Relatives told us, "The manager and director are lovely" and "We are confident with the service". We observed the manager and senior team were actively involved with people who used the service and knew them well.

People were asked about their views and experiences. Relatives, healthcare professionals and people who used the service were sent yearly surveys. Feedback was used to highlight areas of weakness and to make improvements. We looked at the results from the most recent survey sent during April 2016 and noted the feedback was positive. We were given examples of improvements made to the service following the previous year's survey.

The service promoted an open culture, and had clear vision and values and these were respected and followed by management and staff. Staff told us they felt empowered to improve the quality of care people received.

Staff said they felt well supported by the registered manager and their supervisors and were comfortable discussing any issues with them. They felt confident to challenge practice if they felt more appropriate methods could be used to drive quality. Staff were aware of whistleblowing procedures. Comments from staff included, "If anything was wrong I would definitely go to my supervisor", "Support here has been absolutely great [the manager] has been fantastic", "The support I have is outstanding I am always learning from [senior staff]". Regular staff meetings helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included actions from previous meetings, updates including new legislation staff should be aware of, health and safety issues, people's general well-being and guidance to staff for the day to day running of the service.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. Our records confirmed appropriate notifications were made to the Care Quality Commission in a timely way.

The provider had developed various systems for monitoring the service and ensuring it met the needs of the people who lived there. This included quarterly quality assurance audits undertaken by the nominated individual. We looked at the most recent audit conducted in June 2016 and noted questions were asked in line with the CQC standards. Examples and comments were given on the findings together with actions required. We saw that records were maintained and held securely.