

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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Nightingale Holistic Services is a domiciliary care agency which is registered to provide personal care and support to people in their own homes including supported living settings. At the time of our inspection the service was supporting ten people in their own accommodation in one large supported living setting. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Ten people were being supported with personal care at the time of our inspection.

### People's experience of using this service and what we found

#### Right Support:

- The model of care and setting maximised people's choice, control and independence.

People were encouraged to have control in their daily lives and staff ensured people were able to live as independently as possible. People were encouraged to be as independent as possible which had a positive effect on their self-esteem. Staff were committed to enabling people to live their lives in a way which was as close to their choosing as possible. For example, people had been supported to learn new skills such as preparing meals, budgeting and planning their day to day schedules. Risks were managed well to keep people safe while promoting their independence and staff supported people to access healthcare services when they needed them.

#### Right Care:

- Care was person-centred and promoted people's dignity, privacy and human rights.

People experienced continuity of care and we saw they engaged confidently with members of their support team. Staff knew people well and ensured that people received the support they needed to keep them safe and to meet their individual care needs. People's rights were promoted, and they were protected from discrimination. People were treated with dignity and their privacy was respected. Staff were kind and caring, treated people with respect and encouraged them to make decisions about their care and support. The support staff provided was flexible to take into account people's needs and preferences.

#### Right Culture:

- The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

Staff and the management team ensured that people and their families were at the centre of the delivery of care. People told us they felt they were treated as individuals whose life and experiences were considered and factored into planning their care. Their family members told us they still felt included in their relative's day to day life. People were involved in planning their own care and were encouraged to give their views about the support they received. People's families were also able to give their feedback about the support their family members received and their views were listened to.

We expect health and social care providers to guarantee people with a learning disability and autistic people

respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Rating at last inspection

The last rating for this service was good (published 04 June 2019.)

#### Why we inspected

The inspection was prompted in part due to concerns received about financial and sexual abuse, poor infection prevention protection and control practice and limited social activities for people. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring, responsive and well-led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Nightingale Holistic Services

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

Two inspectors carried out this inspection. We also had an Expert by Experience who made telephone calls to family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Nightingale Holistic Services is a domiciliary care agency which is registered to provide personal care and support to people in their own homes including supported living settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 28 June 2022 and ended on 5 July 2022. We visited the location's office on 28 June 2022.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We reviewed a range of records in the provider's office. This included four people's care records and their medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with six people about their experience of the care provided. We spoke with six members of staff including the registered manager and provider.

### After the inspection

We spoke with two family members and continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The registered manager and staff worked well with other agencies to do so.
- One person told us, "The service does a good job of making people safe and secure here. I like the way the staff protect people who need it," and another said, "The building is very secure and it's nice to know there are always staff around if we need them."
- A family member told us, "Yes [relative] is very safe with the service, they managed COVID-19 very well." Another said, "Yes I have always felt that [relative] is safe. That makes me feel very reassured."
- Staff received safeguarding training during their induction and had regular refresher training sessions. One told us, "We must report this [safeguarding concern]. I would report it to seniors and the registered manager and if they do not act, then I would continue to report, even to CQC."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Risk assessments and care plans were comprehensive, personalised and provided clear guidance for staff. For example, risk assessments and care plans guided staff in how to support a person to eat safely and staff detailed to us how they managed this according to the person's risk assessment. There were also risk assessments in place for those who smoked cigarettes.
- A family member told us, "They all understand [relative's] risks and staff are brilliant with [relative]. There are risk assessments in place so I have no worries about the service."
- Staff encouraged positive risk taking. A member of staff said, "I read people's risk assessments. If there is a change then I let [registered manager] know this. There are lots of risk assessments in place, for example, going out unaccompanied, because traffic can be a big risk to some people."
- Whilst people lived in supported living, the registered manager ensured that their accommodation had adequate health and safety checks. This included fire safety and equipment checks to support people to follow up with the landlord if any improvements were required.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned in emails and team meetings. One told us, "We definitely learn from incidents. We discuss them at the monthly staff meeting and talk through how to avoid a recurrence. You are never made to feel bad about it, transparency is so important."

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- People told us there were enough staff. One told us, "Staff are always there if I need them, they're great, I just need to ask and they help me straight away."
- A relative told us, "Yes there are plenty [of staff] and they are very proficient in their work – I know as I am a professional myself."
- A member of staff told us, "I have been very impressed with staffing levels. I have noticed that there is always an additional member of staff around."
- The registered manager had oversight of rotas. This ensured that staffing levels were in line with the requirement to ensure all people's needs were met. They said, "We can respond to needs as they arise and accommodate individual needs. This is a well-planned and we work really hard to achieve this."
- People were supported by staff who had been recruited and inducted safely. The registered manager completed full recruitment checks prior to commencing employment of new staff. These checks included a Disclosure and Barring Service (DBS) check, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely; Preventing and controlling infection

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff had received training and were assessed to be competent before administering medicines to people.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. There were risks assessments in place for when a person may refuse to take their medicine.
- People told us they were supported to manage their medicines according to their ability and desire to do so. One said, "I ask staff to do this [support with medicines] for me as I don't always trust myself to do it properly." Another said, "They always remind me about my medicines and support me to open the locker and take the right ones."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people were supported to have their medicines reviewed by prescribers in line with these principles. Staff were knowledgeable about people's needs and the medicines they were prescribed.
- The service used effective infection, prevention and control measures to keep people safe. People were responsible for keeping their accommodation clean and hygienic and staff supported them with this.
- A member of staff described measures put in during a COVID-19 outbreak, "People were coached sensitively on how to manage self-isolation. Risk assessments were adjusted to reflect peoples behaviours during this period and I was very impressed with how quickly this was put into action." Another said, "The recent COVID-19 outbreak was well managed. We wear personal protective equipment (PPE), it is always available, not just because CQC is here today."
- Staff followed appropriate infection prevention and control practices to ensure people were safeguarded from the risk of infection. There were easy read posters which demonstrated safe hand hygiene and the service had sufficient supplies of personal protective equipment PPE. A family member told us, "The house is kept very clean and the building is very well maintained. Infection control is high."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- Family members told us people were supported to achieve good outcomes. One told us, "Without the support of staff, [relative] would go into crisis, so I know they are supporting [relative] in the best way possible."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and non-restrictive practice.
- One person told us, "Staff go through a lot of training courses and they apply it well to my care."
- A family member told us, "Staff have good training. They are very proactive and they access the National framework. They all have the up to date Health and Social Care qualifications."
- Staff told us they were well supported and received the training they needed. One told us, "My induction was very thorough which I was very pleased about. My work colleagues have taught me so much. I shadowed a lot and they always checked with me whether I was comfortable about things."
- Staff training needs were identified as part of the supervision and appraisal process. A member of staff said, "Supervision happens every month. I find it is very very helpful for me to have a chance to chat and feedback how I am feeling. It makes me feel very supported and we discuss any training needs." Another told us, "The training is very good. I know I could ask if there was anything in particular I wanted to do."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. They supported each person to plan their weekly menu and to make a shopping list.
- One person told us, "The staff help me prepare all hot food and help me plan what I need for shopping to make nice meals." Another said, "Staff helped me to draw up a really exciting menu with lots of new recipes."
- A family member said, "They support [relative] to pick shopping items, go shopping and cooking. Yes, [relative] has their own cupboards in the kitchen and these always have lots of snacks."

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. We saw they monitored people's weights where there was a risk of them becoming malnourished. A member of staff said, "We are always talking about food and we help everyone do their individual shopping to put in their own cupboards and then they always have their favourite foods to encourage them to eat all the time."
- People were supported to attend annual health checks, screening and primary care services. One person told us, "Whenever I need to I see the doctor."
- Family members told us they were confident that staff understood people's health needs and had the skills to care for them effectively. One said, "[Relative] saw the GP a few weeks ago. I know if they needed a doctor it would be arranged immediately. It always has been this way."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support. One person told us, "Staff ask for my consent a heck of a lot, I sometimes just say, get on with it."
- A family member told us, "Staff are always very considerate and always asking [relative] if he is okay and asking for their permission." Another told us, "They liaise with me and [relative's] dad. They also discuss things with [relative] too. We engage in best interests meetings too." A best interests meeting may be needed where an adult lacks mental capacity to make significant decisions for themselves and needs others to make those decisions on their behalf.
- Staff demonstrated a clear understanding of their responsibilities for seeking consent from people. One told us, "It is about really important to wait for people to give us permission to do something, give them time to respond." We observed how staff were consistently offering people choices and checking with them before providing care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person told us, "They respect people, they are kind, to me these are qualities people should have." Another said, "Staff are friendly and kind. The other thing is that they know my needs which helps."
- People were well matched with their designated support workers and as a result, people were at ease, happy, engaged and stimulated. A family member told us, "Staff are very consistent and know [relative] very well. They are really brilliant at talking to [relative] because of this."

Supporting people to express their views and be involved in making decisions about their care

- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. One person told us, "I was fully engaged with my recent support plan, we made some decisions together." Another told us, "I am pretty busy, staff will discuss with me how to plan ahead, this isn't my strongest point."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A family member told us, "[Relative] has a plan of things they want to do and will decide if they want staff support. If [relative] doesn't want them to then they only need say this."
- A staff member told us, "We want people to feel able to come and talk to us, to feel able to make choices and I think they do this."

Respecting and promoting people's privacy, dignity and independence

- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. One person said, "Staff are very sensitive and discreet when they prompt me to do things."
- People had the opportunity to try new experiences, develop new skills and gain independence. One person told us, "Staff have helped me to become more independent with travel and cooking." Another said, "My independent living skills have come on a bit, staff help me with my cooking. I am good now with the basic stuff."
- A family member told us, "Yes, staff really respect [relative's] privacy. The nicest thing [relative] often says I really love my home, you know."
- Staff told us that promoting people's independence was central to how they worked. One told us, "It's astounding really the amount of goals people manage to achieve, and that is through the support and care here." Another said, "I love how independent people are here. Of course, they still need support, but I really

feel like they are given lots of choice all the time. From the minute they wake up staff are giving them choices, that's just how we work."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. One person told us, "I like spontaneity and staff respond to that." Another said, "Staff keep to my support plan, which is good for me, otherwise I wouldn't know what was going on."
- People told us how staff helped them to achieve their goals. One person said, "I have goals to keep my room tidy and get a job. [Member of staff] helps me with my room and best of all they helped me get a job, which I love."
- Care plans were regularly reviewed and updated. One family member told us, "They are always updating [relative's] positive behaviour support plan. He has a key worker who is always reviewing and updating the whole care file."
- Staff spoke knowledgably about tailoring the level of support to individual's needs and told us they had time to read and understand people's care plans. One staff member told us, "When you read people's care plan you see that they are completely different. They are written for the individual and specific to them." Another told us, "It is lovely to be able to go back to care plan and amend as people's ambitions change. [Registered manager] is very keen that keyworkers are hands on with things. Knowing the individual clearly and deeply makes how I work with them more relevant."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- A family member told us, "The carers communicate with [relative] and me very well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided person-centred support with self-care and everyday living skills to people and supported them to participate in their chosen social and leisure interests on a regular basis. The registered manager told us that activities were impacted by the COVID-19 pandemic and were slowly returning to pre-pandemic levels. They said, "I feel that people had a lot of dreams and goals [pre-pandemic] and they now feel worried about getting back out there. My aim is to promote their community access even more."
- One person told us, "Staff help me go to lots of activities, they helped me get a job, which I love." Another told us, "I change my activities regularly, I like to do different things."
- A family member said, "[Relative] does a lot of activities that they really seem to enjoy. Staff are just so amazing."
- A member of staff told us, "{Person] and I have plans to do cross stitch, it's nice to get the fingers busy. We did some knitting recently and made a song at the same time. It is finding that balance and giving people a sense of achievement."
- On the day of inspection, people were in and out of their homes, often accompanied by a staff member, going to, for example, the library, the local shops and the bank.

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The provider's complaints procedure was in a format accessible to everyone.
- One person told us, "I know how to make a complaint and I would go straight to staff and they write my complaint down and then sort it for me." Another said, "I know how to make a complaint, though staff usually sort things out. If not, I e-mail [registered manager] and they ask if I want to make a formal complaint or whether we can sort it out between us, which we always manage."
- A family member told us, "Any concerns, I take it straight to [registered manager] and if they are not available, I would go to one of the seniors. I know they would address it straight away with no delay. They're brilliant like that."
- The provider received no formal complaints. However, they maintained a record of general issues raised by people or family members which documented the nature of the issue, lessons learned and how this was shared with staff.

#### End of life care and support

- The provider was not supporting any person with end of life care at our time of inspection. The registered manager was confident that they would take all measures to ensure a person had a dignified experience if they entered this period of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- One person told us, "[Registered manager] is a very kind and caring manager." Another said, "[Registered manager] is brilliant."
- A family member told us, "[Registered manager] really does manage it really well here. It's a really lovely service, and I just feel very blessed we have this option available to us." Another said, "[Registered manager] is a great manager, they have been there a long time and are proactive rather than reactive, they meet need well through managing well."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement driven culture. One said, "I very feel valued. I have had some lovely feedback, as well as constructive criticism, it was a good learning moment." Another told us, "I feel I am valued by the manager, I always get feedback and they hear me when I want to raise something. I feel confident to go to them and do not feel scared to raise something."
- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. There was one reportable duty of candour incident since the last inspection. We saw that the provider gave a detailed account of the matter, offered an apology and compensated the person.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a robust system of audits in place, done at frequent intervals throughout the year.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs, as well as oversight of the services they managed.
- One person told us, "I think [registered manager] does an amazing job." Family members described a

consistent approach and were happy with the care and support provided to people.

- Staff delivered good quality support consistently. Staff understood their roles and responsibilities and spoke with pride about the care and support provided to people. One told us, "I like to think Nightingale is a home for people where they feel safe but also independent. The environment is supportive, caring and kind - just perfect for the people living here."
- The provider kept up-to-date with national policy to inform improvements to the service. These were shared with staff in staff meetings.
- Staff described how learning was encouraged and supported. One staff member told us, "Tasks get mentioned in every shift, bigger things will be addressed in staff meetings or supervisions. The manager is very effective at telling us things, but in a supportive way."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, and those important to them, worked with managers and staff to develop and improve the service.
- One person told us "I meet once a month with my keyworker and we go through how I am feeling or if there is anything staff are doing that I am not happy with. These are quite useful meetings."
- The provider engaged with people, their family members and staff through a series of tenants meetings, house meetings and staff meetings. One person told us, "There are tenants meetings, but I don't really get involved to be honest but I could do if I wanted."
- The registered manager was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. The registered manager said, "All feedback is good feedback, it has caused us to look more closely into various areas and aspects of the service provision."