

Nanny Care Services Ltd

# Nanny Care Services Ltd

## Inspection report

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09 September 2022  
16 September 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Nanny Care Services Ltd is domiciliary care agency providing personal care in the community. At the time of our inspection there was one person using the service.

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

People did not sustain abuse or neglect; however, the manager's knowledge of safeguarding processes was not sufficient. People's risk assessments contained basic information but had not been reviewed regularly to document any changes. There were enough staff deployed to ensure the care for the person using the service, but no documented contingency plan for absence. People were satisfactorily protected against infections.

People's preferences, likes and dislikes were not always recorded in detail. Staff training was completed. Staff supervisions were on file, but these were for prior staff and no recent ones for the remaining care worker. People's consent was obtained correctly, however the manager did not have a satisfactory understanding of the Mental Capacity Act 2005 principles.

There was prior positive feedback about the care and support provided by the service. People and relatives had contributed to the formation of support plans; recent updates with them was not documented.

People's care plans contained a mixture of task-based and person-centred information. However, the plan was not updated in a timely way. There was an appropriate complaint system in place.

An effective governance system is not in place. The provider has not effectively assessed, documented and mitigated risks. They did not have an effective system in place to measure compliance with regulations and legal obligations. There was no registered manager in place, but an application was received after our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 21 January 2021 and this is the first inspection.

### Why we inspected

The inspection was completed to provide the first rating for the location.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

Inspected but not rated

Details are in our caring findings below.

**Inspected but not rated**

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Nanny Care Services Ltd

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or would be in the office to support the inspection.

Inspection activity started on 26 August 2022 and ended on 21 September 2022. We visited the location's office on 8 September, 9 September and 16 September 2022.

#### What we did before the inspection

We reviewed information we held and had received about the service since the time of registration. We used

information gathered as part of monitoring activity dated 5 August 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority, safeguarding team and other professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). 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. We used all this information to plan our inspection.

During the inspection

We were unable to speak with the person who uses the service or their relative. We spoke with the manager. We were unable to speak with the nominated individual about their oversight of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted the local authority safeguarding and commissioning team. We reviewed a range of records. This included four people's care records (some who no longer use the service), medicines administration records and three staff personnel files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems in place did not provide satisfactory protection for adults at risk.
- Staff were required to undertake training in safeguarding adults. This comprised e-learning but did not include a knowledge test to check if they understood the principles of safeguarding.
- The manager had a basic awareness of abuse and neglect and was able to state some types that could be alleged. They responded that they would contact the local authority but were unable to explain under what circumstances they would be required to do so.
- The manager did not have knowledge of how to refer a person at risk to out of hours services. They were unaware of the local and county-wide procedures, and where to find copies of them if needed.
- There was a reference in a person's record to a safeguarding allegation. There was no documented fact finding, investigation report or referral to the local authority. The manager denied this was a safeguarding matter.
- Records showed that the person did not sustain harm, and the matter was instead managed via the complaints process.
- We signposted the manager to safeguarding training offered by the local authority. They stated they would enrol in the training to enable them to develop better knowledge of safeguarding for managers.

Assessing risk, safety monitoring and management

- We were not assured that people's assessed risks were adequately mitigated.
- Basic risk assessments were in place which contained satisfactory information about people's needs. However, access to the risk assessments was limited prior to the inspection, because the manager could not access the computer system where they were saved. The manager later gained access after we returned for another day of the inspection.
- Risk assessments covered moving and handling, people's home environments and safety, toileting, eating and drinking and personal care.
- There was a lack of reviews of risk assessments. Records showed that these were not reviewed after the prior manager left their post in December 2022.
- The manager satisfactorily explained how they would conduct an assessment for a person wanting to receive care from the service. People's previous records showed these were completed to a good standard.

Staffing and recruitment

- Sufficient staff were deployed to care for the person using the service. Calls were on time and there was no evidence of missed or cancelled calls.

- Contingency plans for covering the care worker's planned and unplanned absence were not robust. The manager explained they would cover the staff member's absences, such as sick leave or holiday leave. However, the manager was undertaking other activities which meant they were not always available at short notice. They stated the nominated individual would also cover the care worker's absence. There were no records either covered the single staff member's absences.
- Three personnel files contained the minimum information required by the regulation and schedule 3. For example, this included proof of identity, health declaration forms, and photographs of the employee.
- The recruitment process was not satisfactory. Job histories were not fully completed, reasons for leaving were not always recorded and some checks of conduct in prior roles were not robust.
- Interview questions were basic and did not examine whether the applicants were suitable for working with vulnerable adults in the adult social care sector. Answers recorded by the interviewer were limited, sometimes with a few words or a single sentence.
- Criminal history checks for staff were on file. Disclosure and Barring Service (DBS) checks 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

- The person using the service at the time of the inspection was not supported with their medicines.
- The manager stated if a person required assistance with their medicines, staff would be provided with the training needed to prompt, supervise or administer the medicines.

#### Preventing and controlling infection

- Staff had received training in infection prevention and control.
- There were enough supplies of personal protective equipment available. This included gloves, aprons, hand sanitiser and face masks.
- Evidence showed the service followed government guidance for COVID-19 precautions in community-based care.
- The manager had not reported mandatory data online about infection prevention and control. We had prompted the manager on more than one occasion to use the national tracking system. This meant we could not effectively monitor the service's record during the pandemic. The manager registered on the system and entered information for the first time after being prompted again at the inspection.

#### Learning lessons when things go wrong

- Previous incidents and accidents were recorded, and satisfactory notes were made by the former manager.
- There was no evidence that lessons were learned from the incidents, that information was shared with the staff team, and that measures were in place to prevent the recurrence of similar events.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Only basic information about the person using the service was in the support plan. The support plan was not reviewed in a timely way.
- Likes, dislikes and preferences were not adequately detailed in the support plan.
- The person's needs and choices had not been updated in the support plan to reflect the support they received at the time of the inspection.

Staff support: induction, training, skills and experience

- Staff received training that was relevant to their role. This was repeated annually.
- Supervisions were previously completed for former staff, but the current care worker did not have regular supervisions documented.
- There were no performance appraisals completed for the care worker or the manager. There was no evidence the nominated individual had completed any supervisions with the staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Sufficient information was provided in the support plan about the person's nutrition and hydration.
- There was satisfactory assessment of the person's risk of malnutrition and choking.
- Daily notes by the care worker were brief and listed food and drink that was prepared and provided to the person. The notes did not record how much of the fluid or meals the person consumed.

Staff working with other agencies to provide consistent, effective, timely care

- The service was not working with other agencies at the time of the inspection.

Supporting people to live healthier lives, access healthcare services and support

- There was no evidence in the support plan of how the service would ensure the person using the service maintained a healthy lifestyle.
- The support plan was not updated after December 2021, and did not contain sufficient information about the person's needs.
- Basic information about their medical condition was in the support plan; there was no evidence this was reviewed and updated with any changes over time.

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 MCA 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.

- Consent was gained in accordance with the principles of the MCA.
- Staff had received training in the MCA, gaining consent and best interest decision making.
- Care documentation satisfactorily recorded the person's consent. There was reference to their relative, but they were not regarded
- The manager was uncertain about how to check a person's lasting power of attorney, enduring power of attorney or Court of Protection orders. We signposted them to the Office of the Public Guardian and how this information can be obtained.

# 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.

This is the first inspection for this newly registered service. This key question has been inspected but not rated. There was insufficient evidence to provide a rating for the key question. If there is enough evidence for this key question at our next inspection, we will provide a rating.

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

- There was a small amount of feedback from people about the service, including historical compliments.
- The manager stated they were using an online feedback system to gather information about the quality of the service. At the time of the inspection, there were three reviews between 2021 and 2022.
- Comments from 2021 included, "Service from Nanny Care is good. My mother is happy with the carers and want to be with Nanny Care Services" and, "We are happy with the services that are providing for my mother-in-law. The manager and staff are very polite and approachable. They treat us with respect and my mother-in-law is very happy."
- Feedback from 2022 stated, "I am very happy with the services provided for my uncle's care and how caring the staff are towards my uncle. They have shown as much respect and are very committed to assisting my uncle with any needs and changing activities that suit him. My uncle is also pleased and even during the pandemic he has still progressed very much and we love it."
- This showed people were generally satisfied with the care and support they received.
- Due to only one person using the service at the time of the inspection, there was no recent feedback from health and social care professionals, or commissioners.
- If a relative or friend contacted the office, or spoke with the care worker during calls, their feedback was recorded in the daily care notes.

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

- There was little information in the person's support plan to demonstrate they were actively involved in the formation of the initial document.
- There was no evidence that the person or their relative were asked about changes to any personal care arrangement, and the support plan was not up to date.
- There was historical evidence from people who had previously used the service that they were asked about any changes in needs, and that their support plans were updated accordingly.

Respecting and promoting people's privacy, dignity and independence

- Staff received training in ensuring people's dignity and privacy during personal care.
- The support plan did not include reference to how to foster people's independence.
- There was a policy in place which detailed how personal care should be carried out.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The support plan for the person using the service was not up to date.
- The manager explained they had not been able to access the online system from a computer because access was recently restricted by the company who provides the program. They stated they could access the support plan from a mobile phone.
- However, when we examined the person's support plan, it had not been updated since 25 December 2021.
- There was a mixture of task-based and individualised care tasks listed in the support plan.
- For example, listed tasks included, "Carers to ensure they observe a good hands hygiene and wash their hands before meals preparation. Carers to assist client with breakfast preparation. Carers to prepare and serve breakfast of choice for client." This was generic information and not specific to the person.
- There was limited information in the support plan which was individualised. An example included how to ensure the person's faith and cultural beliefs were observed, and how to manage the care of their upper body during bathing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication impairments and disabilities was satisfactorily recorded in their support plans.
- For example, this included visual or hearing impairments and how staff should communicate with the person.
- The manager was not aware of the five principles required to comply with the AIS. We have signposted them to online resources about the AIS and their duties to ensure the principles are followed.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to manage complaints and concerns.
- There were no recent complaints about the service.
- Historical evidence showed the former registered manager handled complaints appropriately. They were

logged, acknowledged, investigated and responded to appropriately.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Governance systems at the service were not satisfactory at the time of the inspection.
- There was a registered manager in post until December 2021. Records of their governance of the service were good, showing they had effective oversight of both the safety and quality of care provided to people. Satisfactory audits were completed and actions taken as a result.
- At the time of the former registered manager leaving, they had full and exclusive access to the IT systems for the provider including all the login details and passwords. The provider was unable to access the systems, such as the care planning tool, for a significant period. They did not update care and other records during this period because they could not log into the systems.
- The provider did not implement a contingency plan, for example changing to paper records until they restored access to all of the systems. Therefore, care information which should have been recorded was not added to the computer system. No retrospective entries were made once access was restored.
- Other paper-based documents were filed in folders. However, the manager was unable to locate some records which we requested as part of the inspection. For example, we requested a copy of the manager's training and they said they did not know where the certificate was. Additional time was given to provide evidence and some but not all was received.
- There was no plan in place for audits and checks of the quality of the service. After the registered manager left, audits were not conducted regularly.
- The audits conducted by the current manager leading up to the inspection were of care plans. However, the audits were not robust. They were 'tick box' style forms with no information about the quality of information contained in the support plans. There was no detail about the quality of documentation or what improvements were needed. The audit did not establish that the person using the service had a support plan not reviewed since 2021.
- Other checks, for example of personnel files, did not establish that the contents were not in line with regulations and best practice.
- There was no action plan, service improvement plan or continuous improvement plan which logged risks to the quality and safety of care provided.
- Following our routine monitoring call with the manager on 5 August 2022 we requested documents to be submitted to us to evidence of compliance with relevant regulations. These were not received.

The provider had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. They had not assessed, monitored and mitigated the risks

relating to the health, safety and welfare of people who use the service. This was a breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

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

- There were no notifiable safety incidents which triggered the duty of candour requirement. A notifiable safety incident is a serious injury or harm which requires the service to undertake particular steps to ensure candour.
- The manager had a basic understanding of candour, and explained it as being "open" and "honest" when things go wrong.
- However, the manager did not understand the duty of candour requirement. They did not know what a notifiable safety incident was and what actions they would need to take if one occurred.
- We have signposted the manager to resources about the provider's obligations set out in the relevant regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post at the time of the inspection. The provider had not complied with their conditions of registration.
- We had prompted the manager to register on more than one occasion. They explained they had completed a DBS in January 2022. When we asked why they did not apply after this, they explained they had been studying at the same time as taking on the management of the service.
- At the inspection, we again prompted the manager regarding registering with us to comply with registration requirements. After the inspection, the manager submitted an application to register. Therefore, we will take no further action at this time as the application is being processed.
- The manager had sufficient experience as a care worker and had completed a diploma in health and social care. They had not worked in a managerial or supervisory role previously, and received no handover from the former registered manager. They had not completed additional training or education they required to ensure effective management of the service. For example, they did not have training to investigate and manage safeguarding allegations or training in governance of adult social care services.
- The manager did not have a satisfactory understanding of compliance or regulatory requirements. They were unable to provide sufficient evidence of their effective oversight of the service. The manager had difficulty answering questions about matters which were within their remit.
- There was no evidence of the nominated individual's involvement in the service. There was no documentation of audits, reviews or other checks on the service by them. The nominated individual is responsible for the overall oversight of a service.
- The statement of purpose contained out of date information, was not updated after the former manager resigned and a new copy was not submitted to us.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys were completed with people, relatives and staff by the former registered manager. These were not repeated by the current manager.
- There was no analysis of the findings of the surveys and the service had not identified positive areas or areas for improvement.

Continuous learning and improving care

- There was no evidence of continuous learning to improve people's care experiences.

#### Working in partnership with others

- There was historical evidence of the service working with the local authority and commissioning teams.
- There was evidence of the service working in conjunction with a local community organisation for the benefit of the person using the service.
- The service had not established or attempted to establish new connection with community partners since the former registered manager left the organisation in December 2021.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users. The registered person had not sought and acted on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. The registered person had not evaluated and improved their practice.</p> <p>Regulation 17 (1) (2) (a) (b) (e) (f)</p>