

Spring Consult UK Ltd

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## 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

Spring Consult UK Ltd is a home care agency. It provides personal care to children and younger adults living at home. At the time of our inspection this agency was providing a home care service to three children and three younger adults who all lived in and were funded by the London Borough of Havering. This agency specialises in supporting children and younger adults with a range of condition's including, complex health care and mobility needs and a learning disability or autistic spectrum disorder.

Four out of the six children and adults who were currently using Spring Consult UK Ltd received an activity regulated by the Care Quality Commission (CQC). The CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do so, we also take into account any wider social care provided.

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

This provider was newly registered with the CQC in March 2017. This comprehensive inspection is the first time this new home care agency will have been inspected and rated by us. At this home care agency's inaugural inspection we have rated them 'Good' overall and for all five of our key questions we always ask, 'Is the service safe, effective, caring, responsive and well-led?' This is because we found the service was meeting the regulations and fundamental standards.

Younger adults and the parents of children using the service told us they were happy with the standard of home care and support they received from this agency. They also said staff who provided them or their child personal care always treated them and their family with the utmost kindness. Feedback we received from community social care professional's supported this.

Younger adults and the parents of children using the service felt the staff who provided their or their child's personal care and support were safe. There were robust procedures in place to protect children and safeguard adults from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to children and adults safety in a way that considered their individual needs. Staff recruitment procedures were designed to prevent children or adults from being cared for by staff or were not fit to look after children or vulnerable adults. Where staff were responsible for handling medicines on behalf of children or adults they ensured they were managed safely.

People and the parents of children using the service did not have any concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were continuously monitored by the registered manager to ensure children and adults experienced consistency and continuity in their care and that their needs could be met at all times.

Staff received appropriate training and support to ensure they had the right knowledge and skills to effectively meet the needs of the children and adults they supported. The registered manager and staff adhered to the Mental Capacity Act 2005 code of practice. Children and adults were supported to eat sufficient amounts of well balanced and nutritional food and drink, where staff were responsible for this. Children and adults received the support they needed to stay healthy and to access the relevant community health care professional's as and when they required it.

People and the parents of children using the service told us the staff who regularly supported them or their child always treated them and the rest of their family with dignity and respect. They ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Children and adults received personalised support that was responsive to their individual needs. People and the parents of children using the service were fully involved in planning the care and support they or their child received. Each child or adult had an up to date care plan. People and the parents of children using the service felt comfortable raising any issues they might have about the standard of care they or their child received with this agency. The service had arrangements in place to deal with people's concerns and complaints.

The provider had an open and transparent culture. They routinely gathered feedback from people and the parents of children using the service, as well as staff who worked for the agency. This feedback alongside the registered manager's audits and quality checks was used to continually assess, monitor and improve the safety and quality of the home care service children and adults using the service received. Staff felt valued and supported by the registered manager who was approachable and listened to what they had to say.

## 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 robust procedures in place to protect children and safeguard adults from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider assessed and managed risks to children and adults safety in a way that considered their individual needs.

Staff recruitment procedures were designed to prevent children and adults from being cared for by unsuitable staff. There were enough competent staff available who could be matched with children and adults using the service to ensure their needs were met.

Where the service was responsible for supporting people to manage their medicines, staff ensured they received their prescribed medicines at the times they needed them.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

Staff were aware of their responsibilities in relation to the MCA.

Where staff were responsible for this they supported children to eat and drink sufficient amounts.

People were supported to stay healthy and well. If staff had any concerns about a child or adults health appropriate support was sought.

### Is the service caring?

Good ●

The service was caring.

People and parents of children using the service said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to children and adults. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves and children were encouraged to learn new independent living skills.

### Is the service responsive?

Good ●

The service was responsive.

Care plans reflected how people and the parents of children using the service wanted their personal care needs met. These were reviewed regularly by the registered manager.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager was approachable and provided good leadership.

The provider routinely gathered feedback from people and the parents of children using the service, as well as staff. This feedback alongside the registered manager's routine audits and quality checks was used to continually assess, monitor and improve the quality and safety of the home care service children and adults received.

# Spring Consult UK Ltd

## **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.

The inspection was undertaken by one inspector on 12 and 16 April 2018 and was announced. We gave the provider 48 hours' notice of the inspection because managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager/owner would be available to speak with us on the day of our inspection.

Before the inspection, we reviewed all the information we held about this service. This included notifications the provider is required by law to send us about events that happen within the service and the Provider Information Return (PIR). We require providers to send us a PIR at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of our inspection we made telephone contact with the parents of two children and a younger adult who were using the agency and four members of staff. We also received email feedback from two social care professionals representing the London Borough of Havering whose clients used this home care agency.

On the second day of our inspection we visited the agency's offices located in Waterloo and spoke in-person with the registered manager/owner. We also looked at various records including all four care plans for children and younger adults who received personal care and support from this agency, six staff files and a range of other documents that related to the overall management of the service.

# Is the service safe?

## Our findings

The provider had robust systems in place to identify report and act on signs or allegations of abuse or neglect. Staff had received up to date protecting children and safeguarding adults at risk training as part of their induction. Consequently, staff were familiar with the different signs of abuse and neglect, and action they should take to immediately report its occurrence. We saw information about how to report abuse and neglect and the staff whistle blowing policy were included in the staff handbook, which was given to all new staff when they first started working for the agency. The registered manager showed us their protecting children and safeguarding adults at risk policies and procedures. The registered manager knew how to contact the London Borough of Havering's protecting children and safeguarding adults at risk teams if required. No safeguarding concerns had been raised about this provider in its first year of its operation.

Measures were in place to reduce identified risks to children and adults health, safety and welfare. Feedback we received from people and the parents of children using the service indicated identified risks children and adults might face at home or in the local community were being appropriately managed by staff. A parent told us, "I'm really impressed with the knowledge and skills demonstrated by staff... They know how to keep my [child] safe."

The registered manager assessed risks in relation to children and adult specific personal and health care needs and condition's. We saw detailed risk management plans were available in their personalised care plans for staff to reference and follow. For example, where children or adults had been identified as being at risk of falling, choking, having epileptic seizures and exhibiting behaviours that might be considered challenging, detailed guidance was available for staff to follow and help them mitigate these risks. We also saw risk assessments had been carried out in relation to people's home environment, which included health and safety, and fire safety checks. Records indicated staff had received health and safety and basic life support training, which enabled them to identify and manage these risks safely. Staff we spoke with demonstrated a good understanding of the risks children and younger adults they supported might face both at home and in the local community.

Maintenance records showed where staff used specialist medical equipment to support people in their own homes, such as mobile hoist; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

The registered manager told us they routinely analysed accidents and incidents to identify trends and learn lessons, from which they developed action plans for staff to follow and minimise the risk of similar events reoccurring. The registered manager gave us a good example of how staff had learnt to understand what caused an individual to become distressed. This meant staff had been able to take appropriate action and reduce the number of challenging behaviour incident's happening in the first instance. Records indicated staff who supported children or adults whose behaviours might challenge the service had received positive behaviour support training. This meant they understood how to use de-escalation techniques in instances where children or adults may display behaviours that others could interpret as challenging.

Staff were appropriately checked to ensure they were suitable to work with children and adults at risk. Records showed when an individual applied to become a member of staff, the agency carried out checks around their suitability to work with children and adults, which included looking at their right to work in the UK, employment history, previous work experience, employment/character references, criminal records and registration PIN numbers for nurses. Records of staff interviews indicated all prospective new candidates were always interviewed by the registered manager and the questions asked to ascertain their competency to do the job were relevant. The registered manager told us they used an electronic computer system that automatically flagged up when they needed to reassess existing staffs criminal records checks, which they planned to do at least every three years in accordance with their staff recruitment policy. These arrangements would help ensure only individuals that demonstrated the appropriate competencies, experience and knowledge would be deemed suitable to support children and adults using this agency.

The registered manager ensured staffs scheduled visits were well-managed. People and the parents of children using the service told us staff were usually on time and never missed a visit. One person said, "Staff always arrive on time and sometimes they stay longer to do a bit extra for me", while a parent remarked, "Staff always come on time." We received similar feedback from social care professionals who were equally complimentary about staff's time keeping. One social care professional wrote, "Yes, no issues have been reported by my clients regarding the punctuality of staff working for this home care agency."

Parents told us the agency always informed them in advance who was scheduled to visit them and what time they should expect staff to arrive. During our inspection we heard a staff member inform the registered manager they were running 15 minutes late for their scheduled visit and would they let the service user know they were on their way, which the registered manager immediately did. The registered manager said it was customary for them to send people and/or their families a staff rota a week in advance so they knew in good time the name/s of staff who would be visiting them and when. Staff we spoke with told us they felt their scheduled visits were coordinated well by the registered manager. The registered manager told us they were always available to offer advice or cover a scheduled visit in an emergency if staff were unable to attend.

Medicines were managed safely, where the service was responsible for this. Care plans contained detailed information regarding children and adults prescribed medicines and how they must be managed by staff. There were no gaps or omissions on medicines administration record (MAR) charts we saw kept in the office, which staff who administered medicines on behalf of children and adults had appropriately maintained. Staff had completed training in the safe management of medicines and their competency to handle medicines safely was assessed at least yearly by the registered manager.

People were protected by the prevention and control of infection. We saw the provider had an up to date infection control policy and procedure which was included in the staff handbook under the headings 'Safe disposal of clinical/domestic waste' and 'Effective hand washing'. Records showed staff had completed up to date infection prevention and control training. Staff told us they were always given ample supplies of personal protective equipment (PPE), such as disposable gloves and aprons, when they were required to provide children or adults with any personal care.



# Is the service effective?

## Our findings

The provider ensured staff had the right skills and knowledge to deliver effective home care to children and adults. People and the parents of children using the service told us staff were "lovely" and knew how to meet their or child's needs. One parent said, "Our carers know what they're doing and do what's expected of them." Social care professionals were equally positive about the competency of staff. One community professional told us, "Staff seem well-trained."

Staff were required to complete a three-day induction and five days of practical training shadowing the registered manager and other experienced staff during their scheduled home care visits. The induction, which was mandatory, covered the competencies required by the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. This included training in understanding their role and duty of care, learning disability, mental health and dementia awareness and manual handling. Staff we spoke with demonstrated a good understanding of their working roles and responsibilities. In addition, new staff received a handbook that included the home care agency's rules in relation to their code of conduct working in a service user's home, dealing with allegations of abuse, record keeping, out of hour's contacts and infection control, confidentiality and equal opportunities policies.

Staff spoke positively about the training they had received and felt they had received all the training they needed to effectively carry out their duties of care. Typical feedback included, "My induction was excellent and the manager is always contactable if you have any queries or concerns", "I've learnt so much since I started working for Spring Consult... The manager is a very good teacher" and "I regularly support a child who has a learning disability and epilepsy, so I wasn't allowed to start looking after them until I had completed my learning disability and epilepsy awareness training."

Staff had sufficient opportunities to review and develop their working practices and knowledge. There was a rolling programme of quarterly one-to-one supervision sessions and group team meetings with the registered manager that enabled staff to reflect on their working practices and development needs. It was clear from discussions we had with staff they felt the registered manager supported them. One staff member said, "The manager is an excellent mentor and very supportive... I've always felt able to hold my hands up and say I'm not sure how this works, can you show us again how it works."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Care plans included capacity assessments and guidance for staff regarding consent and an individual's capacity to make decisions. We also saw people using the service, or their representatives, signed care plans to indicate they agreed to the

support provided. Staff told us they asked children and adults they supported for their consent before delivering their personal care and always respected their right to say no. One staff member said, "I always ask [service user's name] if it's okay to help them with their personal care and respect their decision if they refuse." In addition, the registered manager also told us they regularly reminded staff to explain what personal care they were about to provide. They also said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

However, staff had not received any mental capacity or Deprivation of Liberty Safeguards (DoLS) training. We discussed this issue with the registered manager who agreed staff would benefit from receiving mental capacity training and begun making arrangements for this training to be completed by staff at the time of our inspection. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

Where the service was responsible for this, children and adults were supported to eat sufficient amounts of food and drink to stay healthy and well. Care plans included detailed nutritional assessments and where children or adults were at risk of being malnourished or dehydrated staff appropriately maintained food and fluid intake records, as well as weight charts. All staff received fluids and nutrition training as part of their induction and additional specialist training was given to staff who supported children required feeding through a medical procedure involving a tube because their oral intake of food and drink was inadequate. The registered manager gave us a good example of a referral they had made to a dietician to ensure staff who supported children with complex health care needs and swallowing difficulties had access to all the specialist advice and guidance they required to effectively meet their nutritional needs and keep them safe.

Children and adults were supported to stay healthy and well. Care plans included personalised details about people's past and current health needs. Staff who supported children with epilepsy had received epilepsy awareness training. Staff maintained up to date records about the health and well-being of children and adults they supported following each of their home care visits. This information was recorded as a daily log in the child or adults care plan. This meant others involved in providing an individual's personal care and support had access to all the information they needed to know about their current state of health. When staff had concerns about an individual's health and wellbeing they notified the registered manager so that appropriate support and assistance could be sought from the relevant health care professionals.

# Is the service caring?

## Our findings

People and the parents of children using the service all spoke very positively about Spring Consult UK Ltd. Typical comments we received included, "This is the best care agency I've ever had; and I've had a few in my time", "Very happy with the standard of the service Spring Consult give [child's name]" and "No concerns about them whatsoever...Can't fault the service we've received." In addition, written feedback we received from community social care professionals was equally complimentary about the agency. One wrote, "I only receive positive feedback from my clients regarding Spring Consult." This sentiment was echoed by another social care professional we contacted.

Staff were familiar with the needs and preferences of the children or adults they supported. People and parents of children using the service told us they or their child consistently received good quality care and support from staff who were familiar with their needs, daily routines and preferences. One person said, "I have the same staff every morning and every evening...They're both lovely and know exactly what I want and need. They always use their initiative and you never have to ask them to do anything twice." A parent told us, "The staff always do what's expected of them and follow the guidelines that are written down in [child's name] care plan."

The provider operated an effective service user and staff matching process. People and the parents of children using the service told us during the initial assessment of their or child's needs the registered manager asked them to express a preference in relation to the gender of the staff they wanted to provide their personal care. The registered manager gave us a good example of how they ensured one child was assigned female only staff, which the parents had specifically requested. The registered manager also told us they had matched a younger adult who needed staff support to go to work and shopping with someone who was a similar age and who also shared a lot of the same social interests and hobbies.

Staff communicated with people in appropriate ways. Care plans included detailed guidance for staff about the specific way individual children and adults preferred to communicate. For example, one care plan developed for a child who did not use the spoken word, but understood what was being said to them, made it clear to staff they should always use plain and simple English and maintain constant eye contact when speaking with them. Another care plan referred to the importance of staff understanding non-verbal cues, such as facial expressions and hand gestures, which indicated how this child might be feeling. Staff were also instructed to use pictorial prompt cards to help illustrate what they were saying. Staff received communication training as part of their induction.

People and families were given essential information about what the agency could provide them or their family member. A parent said, "The agency gave us a guide to their service when we first started using them." The registered manager confirmed people and their parents were given a 'service user's guide' that included information about the services they provided and the standard of care they could expect to receive. The registered manager also told us if any person or child planning to use the service was not able to understand this information they could provide it in different formats to meet their needs for example audio, large prints, different languages or through interpreters. We saw an example of an easy to understand

pictorial care plan and guide the provider was in the process of developing for people with a learning disability. However, easy to read and understand versions of care plans and the service user guide for children was not currently available. We discussed this matter with the registered manager who agreed to develop more child-friendly versions of care plans and their service user guide.

The provider had a confidentiality policy and procedure in place. Training for staff in how to handle information confidentially formed part of in their induction and the provider's confidentiality statement was included in the staff handbook. One staff member told us, "The manager taught us as part of my induction never to talk about people we supported or their families", while another staff member said, "It was made clear to me by the manager when I first started working for her that under no circumstances should we be discussing the private affairs of people we supported or their families."

Staff treated people with respect and dignity. People and parents of children using the service told us staff always respected their or their child's privacy and dignity. One person said, "Staff never rush me", while a parent told us, "All the staff are so respectful and pleasant to my family." Staff had completed privacy and dignity training during their induction. Staff spoke about people they supported in a respectful way and several staff told us they always ensured the bedroom door was always kept closed when they were supporting children or adults with their personal care. One staff member said, "I always use a towel to cover [name of service user] and keep the bedroom door closed whenever I support them to have a wash or to get dressed."

The service respected people's equality and diversity. The provider had up to date equality and diversity policies and procedures which made it clear how they expected staff to uphold children's and adult's rights and ensure their diverse needs were always respected. Staff received equality and diversity training as part of their induction and they demonstrated a good understanding of how to protect people from discrimination and harassment. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

The service supported people to be as independent as possible. One person told us staff helped them maintain their independent living skills by encouraging them to continue washing themselves and managing their own medicines. Care plans reflected this approach and included detailed information about what each child or adult could do for themselves and what help they needed with tasks they couldn't undertake independently. The registered manager gave us a good example of how a member of staff actively supports a younger adult to earn a living by accompanying them to work and to the local shops to buy provisions.

## Is the service responsive?

### Our findings

Children and adults received personalised care which was responsive to their needs. Parents told us the registered manager had visited them at home to complete an assessment of their child's needs and had felt fully involved in the process of making important decisions about the home care service their child would be provided. They also told us they had been given a copy of their child's care plan. We saw care plans for children and adults were personalised and focused on their individual needs, abilities and preferences. They also included detailed information about staffs call times, the duration of those calls, and how they preferred staff to deliver their personal care. Staff had received training in how to work in a person centred way as part of their induction. Staff confirmed they had been told about the needs, choices and preferences of the children or adults they provided personal care and support to.

Care plans were kept up to date. Care plans were initially reviewed quarterly by the registered manager in the first six months and annually after the first 12 months. The registered manager told us care plans would be reviewed much sooner if there had been changes to a child's or adults needs or circumstances. Where changes were identified, care plans were updated promptly and information about this was shared with all staff. This meant staff had access to the latest information about how people should be supported.

Care plans detailed children's and adult's preferences and wishes with regards to the personal care and support they received. Staff we spoke with were knowledgeable about the needs, choices and preferences of the children or adults they supported. One staff member told us, "[name of service user] doesn't like me to walk too close to them when we go out so I always ensure I respect their wishes by hanging back a bit when we're out and about." Care plans included guidance for staff to remind them to continually offer children and adults opportunities to make informed choices about how they lived their lives. For example, one care plan made it clear staff should always hold up and show people a selection of garments to enable them this person to choose what they wore each day. One staff member told us, "I always help [service user's name] choose what they wear in the morning."

People continued to participate in activities of their choosing both in their home and the local community. Care plans were clear what activities children and adults enjoyed doing. For example, one care plan mentioned a child liked being read to and watching children's television. The registered manager told us a younger adult who was at risk of becoming socially isolated at home was supported by staff to pursue meaningful social and vocational activities in the local community. Their daily log indicated staff regularly accompanied this individual to enable them to access the wider community and attend work and go shopping.

The provider had suitable arrangements in place to respond to people's concerns and complaints. People and parents of children using the service said they knew how to make a complaint about the service if needed. The provider's complaints procedure was included in the service user's guide, which set out how people's concerns and complaints would be dealt with. We saw a process was in place for the registered manager to log and investigate any complaints received, which included recording any actions taken to resolve any issues that had been raised. Records indicated the one formal complaint they had received in

the first year of operation had been dealt with to the satisfaction of the person who raised it.

The registered manager told us that no one currently using the service required support with end of life care. There was a section in people's care records that people could complete if they wanted to record their wishes during illness or death.

## Is the service well-led?

### Our findings

The service had a registered manager in post who also owned the business. People and the parents of children using the service told us the registered manager was very accessible and approachable. One person said, "[registered manager's name] comes to see us at home once or twice a week to see how I'm getting on...She's a lovely lady. So helpful and kind", while a parent remarked, "We have a very good relationship with the manager...She's more like a family friend to us than the manager of a care agency." The registered manager told us they were in the process of recruiting a care coordinator to help her manage the growing agency, whose roles would include arranging staff visits and monitoring their work performance. Progress made by the registered manager to achieve this stated aim will be assessed at their next inspection.

The registered manager demonstrated a good understanding of their managerial role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving children and adults using the service. Notifications were submitted to the CQC as required.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of adults and the parents of children using the service. A parent told us, "The manager always listens to what we have to say about the care [child's name] needs and how we can all work together to make their life better." Another parent gave us a good example of action the registered manager had taken to change staff visiting times in response to their suggestion about changing their child's mealtimes, which they hoped would improve how much they ate. The registered manager told us that due to the small size of their current operation she was able to maintain regular telephone contact with children and their parent's, as well as adults who received a service from them. The registered manager also told us they always carried out a monitoring visit during the first few visits staff undertook with a new service user to assess whether or not the match was working. The registered manager planned to introduce annual satisfaction surveys for adults and the parents of children using the service. Progress made to achieve this stated aim will be assessed at their next inspection.

The provider valued and listened to the views of staff. Staff had routine opportunities to contribute their ideas and suggestions to the registered manager through regular individual and group meetings. For example, we saw team meetings were held quarterly, which ensured staff remained up to date about the care and support needs of children and adults they visited at home and developments at the service. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured the registered manager was always available to offer her advice and support whenever staff requested it. One member of staff said, "This is a lovely agency to work for", while another staff member told us, "The manager is very approachable. Always calm and willing to share her experience and knowledge with us."

The provider had governance systems in place to routinely monitor and review the quality and safety of the home care service they provided. We saw the registered manager used an electronic system that automatically flagged when she needed to review people's care plans and staff recruitment checks, training

and supervision. In addition, the registered manager told us they routinely carried out unannounced spot checks on staff during a scheduled visit to assess their punctuality, interaction with the children, families and adults they supported, and their record keeping. The registered manager also carried out monthly checks of daily log sheets staff were required to maintain and send copies to the office, as well as medication administration records where staff were responsible for supporting people with their prescribed medicines.

The agency worked closely with various health and social care professionals. The registered manager informed us they had a good working relationship with the London Borough of Havering and the local NHS Clinical Commissioning Group's (CCG). The registered manager told us they were in regular contact with children and adults social worker's, GP's, dietitians and occupational therapists, and frequently discussed individual's changing health and social care needs and/or circumstances with these community health and social care professionals. The registered manager gave us a good example of how the agency had sought advice from an occupational therapist to improve an adult's mobility and ensure they remained safe in their home.