

## Executive Carers Limited

# Executive Carers

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Executive Carers is a home care service registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported 70 people.

Not everyone who used the service received personal care. 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.

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

Staff were overall recruited safely, however we have made a recommendation to ensure this was more robust and areas which needed exploring and documenting were fully recorded. Overall medicines were managed safely, however instructions for 'when required' medicine and the recording of topical medicines needed improvement. We have made a recommendation about improving medicines processes. The provider had not recognised the need to carry out decision-specific mental capacity assessments. Systems had not identified omissions in some medicines procedures and recruitment. Action was taken to address these following our feedback.

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 did not fully support this practice. However, action was taken to address this in response to our feedback.

There were enough staff to support people safely and people generally had their calls on time. Action was taken in response to accidents and incidents. People were protected from the risk of abuse by staff who understood their safeguarding responsibilities. People felt safe whilst being supported and risk reduction measures were in place to help protect them. People were protected from the risk of cross infection.

Staff received training and support to be effective in their role. People were supported to have enough food and drink of their choice to keep them healthy. People had their needs assessed and planned for and could access other health and social care professionals when necessary.

People were supported by staff who were kind and caring and treated them with dignity and respect. People had their protected characteristics considered. People were supported to make decisions about their care. People were supported to remain independent and have privacy.

People had personalised care plans in place so staff could get to know them. People generally felt involved in developing their care plans. People were supported to maintain relationships and avoid social isolation. People were supported to access information and communicate in a way that met their needs. Complaints were recorded, investigated and responded to. The provider had measures in place should they support

people nearing the end of their life.

People, relatives and staff felt positively about the provider. Staff felt appreciated in their role. The provider understood their duty of candour. People, relatives and staff were asked for their opinions about the service. The provider worked in partnership with other organisations and professionals. The provider used their experience to continuously learn and improve.

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 (and update)

This service was registered with us on 29 January 2021 and this is the first inspection. The last rating for the service under the previous provider was requires improvement (published 6 August 2020). At this inspection under this provider, they have been rated good overall (requires improvement in well-led).

#### Why we inspected

We received information that the provider had used inappropriate terminology when referring to a person they supported. The provider had also changed their registration with us and had not had an inspection to check their rating since this change, prior to this inspection. We discussed the terminology used by the provider, who was remorseful. We did not find any other instances of inappropriate terminology being used by them or any other staff during this inspection.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Executive Carers

## 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

This inspection was carried out by two inspectors. Inspectors also made phone calls to staff as part of the inspection. An Expert by Experience also made phone calls to people and relatives. 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

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

The service had a manager registered with the Care Quality Commission. 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. At this service, the registered manager and the provider are the same person. We refer to them as the provider throughout this report. Following our visit, a new manager started at the service, although they had not yet registered with us.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 8 October 2021 and ended on 29 October 2021 once we had contacted people, relatives and staff over the phone. We visited the office location on 8 October 2021.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. We asked Healthwatch if they had any information to share about the service, which they did not. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We sought feedback from the local authority, and they shared the feedback they had received about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We had discussions with seven members of care staff, including care assistants and a care coordinator. We also spoke with the provider and the consultant the provider had engaged to support the service. We also spoke with another professional who had worked in partnership with the service.

We reviewed a range of records. This included seven people's care records and some of their medication records plus multiple care notes. We looked at five staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits and policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, some additional care documents 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff were generally recruited safely; however further improvements were needed to ensure areas which needed exploring with staff were checked as this was not always documented.
- Checks were made on staff suitability to work with people who used the service, such as criminal records checks through the Disclosure and Barring Service (DBS). However, when information had been present on these checks, a thorough risk assessment covering all the information contained in the check was not always in place. When we asked the provider about this, they provided further detail of the discussions they had with staff, but these had not always been documented in the staff files. Immediate action was taken by the provider to address this.
- Other checks such as on references from previous employers and staff employment history had been in place. However, there were some unexplained gaps in employment, and these had not been explained in the staff members records. Following the inspection, action was taken to address this.

We recommend the provider continues to strengthen recruitment processes to ensure they are robust.

- There were enough staff to support people. People, relatives and staff confirmed staff were generally on time and generally stayed for the correct amount of time.
- One person said, "The staff arrive on time most of the time, they are sometimes just a little late, but they will ring me to tell me what is happening. They always stay for the full amount of time."
- One relative commented, "Staff stay for the full amount of time and are usually on time. If they are a little late, they always explain what has happened."
- One staff member said, "We have enough staff, although sickness and childcare can be difficult, but we manage, we work well as a team." Another staff member said, "There are enough staff."
- Daily care records showed people received their planned calls.

### Using medicines safely

- Overall medicines were managed safely, however instructions for 'when required' medicine and the recording of topical medicines needed improvement.
- One person was prescribed topical patch medicine. Staff were recording their application of this; however, they were not always accurately recording where the topical patch medicine was being applied on the person's body. Some topical patches should not be re-applied in the same place for a number of days or weeks to avoid side effects such as skin irritation or thinning of the skin. As staff were not always recording where patch medicines were applied, staff would not know where this medicine could be safely re-applied.
- An electronic system was in place for staff to record what medicines they had administered or applied,

and which gave them information about the instructions for each medicine. Some medicines were needed 'when required', known as PRN medicine. PRN protocols were not always in place.

- The provider explained all people were able to verbally communicate their need for a PRN medicine. However, individual protocols should still be in place to help guide staff, such as for constipation medicines so staff can monitor whether these medicines may be needed or not.
- We discussed these omissions with the provider during the inspection and they agreed to take action.

We recommend the provider implement robust recording for topical patch medicine and include PRN protocols for those prescribed PRN medicine, which can include the person's ability to state whether they require a medicine or not.

- Despite this, people told us they received their medicine when needed. One person said, "I haven't had any problem with them [staff] giving me my medication." Another person told us, "They [staff] give me my medication every day."

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. Investigation and reviews were undertaken following incidents. People's care plans were updated when needed and referrals were made to other professionals as necessary.
- There was no overall review of accidents and incidents across the service, they were reviewed on an individual level. The provider explained, "We are a small team we easily communicate. We look per client [people who use the service]; we don't have a company one." The consultant explained they were starting to look at doing an overall report.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from the risk of abuse.
- People and relatives told us they felt safe. One person said, "'I am very happy with the service and feel very safe as they [staff] do everything I ask them to do." Another person told us, "I am very happy and safe in their [staff's] care."
- Staff understood what the different types of abuse were, how to recognise concerns and their responsibility to report concerns.
- Concerns were reported to the local safeguarding authority and action taken to look into concerns further, as necessary.

#### Assessing risk, safety monitoring and management

- People were kept safe and people felt well supported by staff. One person commented, "They [staff] help me when I am in the bathroom as they stand by and help out to make sure I don't fall."
- One relative said, "My [relative] is safe in their care. They [staff] do a good job." Another relative told us, "When my relative is in the shower, they [staff] ensure my relative is safe by standing nearby. My relative has had no accidents since being with the company, so they are doing well."
- Risk assessments were in place for people who needed them, and detailed plans were in place for staff to follow. Staff told us they had enough information available to them to support people safely.

#### Preventing and controlling infection

- People were protected from the risk of cross infection. People confirmed staff wore personal protective equipment (PPE) when needed. One person said, "Staff have kept me safe through COVID by always wearing PPE." One relative said, "During COVID staff were very good, they all wore full PPE to keep my relative safe. They still do." Another relative commented, "PPE is worn by staff on each visit."



- Staff received additional training during the COVID-19 pandemic about infection control.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Whilst no people or relatives raised concerns with us regarding not being supported to make decisions, the provider had not always worked within the principles of the MCA.
- The provider was proactive at verifying people's Lasting Power of Attorney documentation to ensure people's representatives had the legal right to make decisions on behalf of them. However, the provider was not completing decision-specific mental capacity assessments to check people's ability to make their own decisions. Following our feedback, the provider acted on this and implemented mental capacity assessments which they provided us evidence of.
- Staff explained how they checked consent. A staff member said, "I ask people if it's okay that I assist them to wash. Consent is important."

Staff support: induction, training, skills and experience

- Staff received training and support to be effective in their role and people's feedback confirmed this.
- One person said, "The staff work to meet my needs; they are all skilled to do the job they do." One relative said, "I feel the carers are skilled and well trained to do their jobs well. I have witnessed carers being trained on the job, shadowing an experienced carer making visits."
- One staff member said, "It [my induction] was really good they explained my shifts and what I would expect to happen. I had my training and did some shadow shifts."
- Training was a mixture of online and shadow shifts which staff felt was beneficial to learn whilst doing the job. Staff had their competency checked to ensure they had understood their training.
- Competency checks and supervisions were recorded, and staff confirmed they took place. One staff member said, "We have supervisions to check on us, to check how we are and ask us questions about the

job to check we know the job, and someone comes to watch us."

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

- People were supported to have enough to eat and drink to maintain their health, when this was an agreed part of their care.
- Comments from people included, "The food is hot and well prepared" and, "The staff do everything to meet my needs and if I ask them to do more, they do it if they have time. They prepare my food."
- A relative said, "I do my relative's shopping; the staff just heat up the meals for them. They give my relative a choice each day." Another relative said, "The staff provide food for my relative. My relative has become very fussy, so staff do the shopping for them now instead of me so they can pick up treats that they know my relative will eat. The staff sit with my relative and support them when necessary."
- People's needs and preferences regarding food and drink were recorded in their care plans and we saw records staff completed at each call matched people's plans.
- The provider also gave us examples where they have supported people to access takeaway food as a 'treat' when people wanted this, as they may not have been able to access this independently.

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

- People had their needs assessed and plans put in place to support them with their needs.
- One relative said, "The care that my relative gets meets their needs. Over time their care has been adapted as my relative's needs have changed. The company keep me fully informed about this." Another relative said, "The staff care well, and my relative's care meets their needs. They [staff] follow the care plan."
- Many people supported by Executive Carers had their care arranged by the local authority. The local authority would share information about a person's needs and a care plan, which the provider would then use to formulate a more detailed plan and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to other health and social care professionals when necessary.
- One person said, "The staff have called the district nurse out to see me when I have needed support." A relative told us, "They [staff] called for an ambulance for my relative."
- A professional who worked with the service commented, "They are very good at informing [updating] me."
- People's care plans detailed their health needs and who was responsible for different aspects of people's care and support.
- A health professional had complimented the provider on their referral forms as they were able to include real-time information as things were recorded electronically.

# 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 rated 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

- People were well treated and found staff kind and caring.
- Comments from people included, "All the carers are kind and caring", "The carers are kind, respectful and very polite" and, "Everyone is very supportive, friendly and polite to me."
- Relatives confirmed staff were kind and caring. One relative said, "The staff are kind and respectful at all times. They are always polite, and they treat my relative well." Another relative said, "I can't fault the carers, they are kind, helpful, polite and respectful."
- People had their protected characteristics considered. Protected characteristics are things such as religion, sexuality and ethnicity. The provider explained they discussed this with people when developing their care plan and they gave us examples of people who needed their religion considering as part of their care.

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

- People were involved in making decisions about their care and felt at ease with staff. One person said, "I am given choices everyday which is good."
- One relative said, "They respect my relative's wishes." Another relative said, "My relative feels totally at ease with the staff and my relative doesn't feel they [staff] have ever treated them incorrectly." Another relative told us, "Staff chat with my relative as they support them so that my relative knows what they are doing."
- People's care plans were generally detailed and contained personalised information about how people preferred to be supported; information would have come from the person or their relatives.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and supported to retain their privacy and independence.
- One person said, "The staff respect my dignity as when I can wash myself in the bathroom, they will leave me in private."
- One relative said, "Staff encourage my relative to do things independently and they remind my relative to clean their teeth and things like that." Another relative said, "They encourage my relative to do some things for themselves so that they are not reliant on staff for everything when they [staff] support my relative."
- Staff confirmed they tried to support people to be independent. One staff member said, "I still encourage people to walk from room to room, to keep moving, its important. I encourage people to wash themselves if they can, even filling up the sink. If a person can do something they need to be encouraged."

# 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 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

- People were supported by staff who generally knew them well and staff had access to personalised care plans in order to get to know people and their preferences. There was mixed feedback about how involved people felt with developing their care plan, but everyone told us they felt happy with the care and support they received.
- One person said, "I have a care plan, but it hasn't been discussed with me." Whereas another person said, "I have a care plan which they [staff] involved me in. They phone me up to see if I am happy with my care."
- One relative said, "My relative has a care plan. The staff write notes each day as to what they have done. I have had no concerns at all about the staff." Another relative said, "My relative has a care plan and we have been involved in it. They [staff] have called us to see if we are happy with the service my relative gets." Whereas another relative also told us, "I am not aware of a care plan, but my relative is supported well."
- Despite some mixed feedback, we saw care plans contained personalised details about how people liked to be supported. Staff felt there was enough information for them to support people. One staff member told us, "The care plans show everything, they are really good. Any health conditions are listed on them. Even whether they [people] have sugar in their coffee and tea. If a person changes their mind and wants less sugar, we ring the office to let them know and it appears in the care plan straight away."

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

- The provider was not always asked to provide social support to some people, however they still often supported people with their social needs, despite this not always being part of someone's agreed care.
- People and relatives described staff as going above and beyond what was required, and the provider was also able to share additional examples of this.
- One person said, "The staff go above and beyond what they have to do, they can't do enough for me." Another person said, "The service is excellent; they can't do enough for me. They [staff] are brilliant, I don't think I would be here today if I didn't have them."
- A relative also said, "Staff have gone above and beyond and taken shopping in when it has been delivered." Another relative said, "They have been very proactive regarding my relative's care from day one."
- Another relative told us about how staff help them to keep in touch with their relative as the person is not always able to do it for themselves which meant a lot to them.
- The provider shared examples such as supporting people to access games, activities and the community with people. For those who may not have relatives, or relatives nearby, the provider helps them celebrate Christmas and birthdays, should the person choose to.

### 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.

- The provider was complying with the AIS. Information was available in a variety of formats, or they would access this when needed. The provider also recognised people's different methods for communicating.
- The provider said, "We can use a magnifying glass if people need that. We can speak it to them as well. We've not had to get things in other formats, but we can translate, or braille and tape is another method. Or use assistive technology." The provider gave us examples of supporting people who had hearing impairments or partially sighted or those less able to verbally communicate.

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

- People and relatives generally felt able to complain and their feedback was addressed.
- One person said, "I have only made one complaint. It was dealt with." Another person said, "If I had any concerns or worried, I would speak to the staff, but I am very happy at the moment."
- One relative said, "I once raised a concern, because my relative said they didn't like a staff member. I called the office and the situation was sorted out straight away." Another relative said, "I have only ever raised one concern and that was about a staff member who didn't arrive. I called and it was sorted out straight away." One relative said, "I have never had any reason to make a complaint, they [staff] do everything well."
- Complaints were recorded, investigated and responded to in a timely manner and action taken was documented.

### End of life care and support

- No one was receiving palliative care at the time of our inspection.
- The provider made us aware of a person with end of life needs they were going to start supporting, although this had not yet started. The provider had procedures in place regarding end of life care in readiness.

# 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.

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

- The provider had not recognised the need to carry out their own mental capacity assessments and had failed to ensure decisions taken to restrict one person were fully considered and documented. When we discussed this with the provider's staff they explained, "We don't complete mental capacity assessments as that is done by social services."
- However, the provider took immediate action following our feedback to rectify this and provided us with evidence they had implemented changes.
- 'When required' guidance had not always been in place, or in enough detail, to ensure people would always receive their medicine when it was needed. This had not been identified by the provider and the provider's own medication policy had not been followed.
- Also, a topical patch medicine for one person was not always being clearly recorded where it was applied, and this omission had not been identified through quality assurance systems in place. The provider acknowledged, "The audits checked for missed meds, it would never pick it up [about the patch recording]. We are looking at ways of improving the system."
- Medicine audits were not always clear as there was no set structure of what was reviewed. Following our feedback, the provider agreed to make improvements to medicine management processes.
- There were some omissions in some recruitment files for staff which had not been identified by the provider.
- Other quality assurance systems were in place to ensure people's care plans remained up to date, as staff could feedback changes via the provider's electronic system. We saw examples of updates being made to people's plans. Spot checks were in place to check staff competency and people had reviews about their care.

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

- People, relatives and staff generally felt positively about the provider, their approachability and how the service was run.
- One relative said, "The manager [provider] is very approachable. The company is well managed as the staff are excellent, and the company is very responsive. I feel the staff all work well together; they seem to know what to do and everything is very slick." Another relative commented, "I think the company is a very good company, it is well managed as everyone is very supportive."
- Other comments from relatives included, "I have spoken to the manager on the phone, they are very

helpful" and, "[The provider] is very approachable and friendly."

- People and relatives told us they would recommend the service to others.
- Staff generally told us they felt supported and appreciated in their role. One staff member said, "I do feel appreciated, we get texts saying thank you. Or if we are speaking to the office staff, they always thank you for letting them know." Another staff member said, "We recently had gifts cards, we get taken out for lunch, the office staff/management always send positive messages and thank you."

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 was clear about their duty of candour; they explained, "Its being open and honest and transparent and reporting everything. If I'm unsure, I'd rather report it and be transparent; I've got nothing to hide. I'd report it and do a detailed investigation."
- When people or relatives had complained, we saw written apologies were offered when appropriate. One relative told us, "The manager [provider] listens well and acts upon matters."

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

- People, relatives and staff felt they were engaged in the service and asked for their opinion about the care.
- One relative said, "Over time they have gathered my views about the company by speaking to me." Another relative told us, "They [staff] keep me informed at all times and they have asked for my views about the support my relative gets."
- New staff were asked for their opinion about the induction process and the support they received. When feedback was received that improvements were needed, this was acted upon.
- The provider was using an electronic system for their care plans, risk assessments, recording of daily notes and medicines and a system to engage with their staff remotely. Staff often worked alone or in twos delivering care, so it was a way for them to access information or report information back more easily.
- Comments about the system from staff included, "It's good, it helps us stay connected", "It's really good" and, "I love [the system], I can communicate with all the other carers, I can get to know them. It's really helpful if someone is struggling with a person that I know, I can help them, give them advice." Staff could submit forms to provide their opinion, suggestions or changes needed to people's care.
- People and relatives were also able to access appropriate areas of this system and found it beneficial. One person said, "I have an app on my phone, I can log in and look at the calendar to see who is visiting me each time."
- One relative said, "I am kept informed at all times, I think the family portal is an excellent idea." Another relative commented, "I have checked on the portal that they [staff] are doing what I have asked them."

Continuous learning and improving care; Working in partnership with others

- The provider was continuously learning and improving care and worked in partnership.
- One relative said, "[The provider] is the most proactive person in the whole service." One professional said, "They are one of the agencies that do work in partnership. They report more than other agencies."
- The provider was in a network on social media with other provider's in order to ask for advice and to share learning and best practice.
- The provider had been registered under a different provider before Executive Carers and had used learning from previous CQC inspections under the different provider to develop and improve Executive Carers.