

Executive Care Personnel Limited

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## Inspection report

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Date of inspection visit:  
14 December 2021

Date of publication:  
31 January 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Executive Care Personnel Limited is a domiciliary care agency providing live in care and support to people living in their own homes. At the time of inspection, the service was supporting 27 people.

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

People and their relatives were very positive about their experience of using the service. There were enough staff to care for people safely. Recruitment practices were completed and the required checks in place. People were supported with their medicines safely and as prescribed. Infection prevention and control measures were effective, including the safe management of COVID-19. Systems and processes worked to safeguard people from the risk of abuse. Learning was shared following any incidents.

People received an assessment before joining the service and risk assessments were undertaken to ensure their safety and wellbeing. Staff received training and supervision to support them in their role. Support was given with people's meals, including choice and preferences. People told us they were supported to access health and other services as required, such as district nurses. Consent was considered as part of the care provided.

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.

People told us they were treated with dignity and respect. Staff were caring, kind and considerate. People were involved in their care arrangements and were able to make decisions about how care was provided.

Care planning was personalised and regularly reviewed. Staff built up good relationships with people and their relatives to help them maintain their independence and reduce the risk of social isolation. People told us they did not have cause to complain but knew how to do so if required. End of life care was provided if needed.

Systems and processes were in place to ensure oversight and governance of the service, including a range of regular audits. People told us they found the management team responsive and approachable. There was a positive and open culture. People's feedback on care was sought through reviews and surveys. The provider worked effectively with other professionals to support people to access healthcare services.

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 31 July 2019 and this is the first inspection.

#### Why we inspected

The inspection was undertaken as the service had not been inspected since it was registered.

#### 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Executive Care Personnel Limited

## **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 completed by one inspector and an Expert by Experience who made telephone calls to people and their 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 live in support and personal care to people living in their own houses and flats.

#### Notice of inspection

We gave notice of the inspection as we needed information about people who used the service and to ensure the registered management would be there to meet with us. Inspection activity started on 6 December 2021 and ended on 5 January 2022. We visited the office location on 14 December 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and nine relatives about their experience of the care provided. We spoke with the registered manager, deputy manager, and two members of staff. We had email information from two members of staff and from a social care professional.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 as Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff to keep people safe. Staff recruitment checks were completed including identification, referencing and disclosure and barring service (DBS) checks. Minor improvements were required to clearly record the reason behind any gaps in employment history. The provider had made the necessary improvements quickly following the site visit and had embedded this process to ensure all information was accurately recorded.

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

- There were systems in place to safeguard people. The registered manager raised safeguarding alerts to the local authority when they had concerns about a person's safety.
- Staff had received training in safeguarding people and knew what to do if they were concerned a person was at risk of harm.

### Assessing risk, safety monitoring and management

- Assessments were carried out to reduce risk to people using the service, such as the home environment, falls, nutrition and hydration, pressure ulcers, and COVID-19.
- Risk assessments provided staff with the information and understanding of how to support people to be independent and safe. A staff member told us, "The risk assessment gives me all the information I need. I also get alerts to changes in risk assessments and I log in to read it to update myself."
- People's relatives told us people were safe receiving care from the service. One family member said, "Yes, I am confident that [relative] is safe. It's the small things that are given attention like making sure the front door is secure. Staff are careful and aware of potential issues and pitfalls and ensure [relative's] safety. Another said, "The oven has a gas hob. The staff member is really very careful in making sure [relative] is in the other room when they're cooking."

### Using medicines safely

- People were given their medicines safely and as prescribed, and any support provided recorded on people's medication administration records (MARs). These records were regularly audited to check they were correct and there were no errors or gaps. A staff member said, "In the few instances where the person had refused their medicines, I had been able to encourage them to take them after a while, with some patience."
- Staff received regular medicines assessments to check their practice and competency at medicines administration. A staff member said, "We are checked to make sure we know the right way for the person to have their tablets, always in the right way for them."
- Relatives told us staff were able to give medicines safely and had no concerns. One family member said,

"The staff give the medicines and yes, safely. We went through them when the staff member first arrived."

#### Preventing and controlling infection

- We were assured the provider was using personal protective equipment (PPE) effectively and safely. Staff told us they had enough stock of PPE. A staff member said, "[Name of registered manager] does spot checks and drops PPE off to us."
- Staff were trained in prevention and infection control and explained to us the processes they would take to keep people safe in their own homes. A staff member told us, "I have PPE available which I use when giving personal care to help prevent the spread of any infection."
- Staff are supplied with thermometers to check the temperature of people three times a day and report all concerns. The provider ensured testing kits were available for staff to have their tests and register them online.
- People told us staff followed safe practices. A family member said, "PPE is used, and testing takes place. [Name of staff member] is particular about handwashing. Knows relative's needs well and their responsibilities." Another told us, "There is good PPE and infection control compliance. [Relative] had an accident and the staff member used all the PPE they should and helped them to shower. They also wore their uniform."
- The provider's infection prevention and control policy was up to date and included COVID-19 guidance and risk assessments.

#### Learning lessons when things go wrong

- The provider had a management system in place which gave an overview of any accidents, incidents, near misses, staff rotas and arrangements for people being discharged from hospital.
- The registered manager gave an example of where they had assessed the risks of people returning to their home environment and it not being safe to provide care. They had worked with the local authority and secured the service of the Red Cross, who did not have any family, to clean and equip their homes ready for them to come home. The discharge process was smoother, care could be provided quickly, and people were discharged without delay.



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

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

- People's needs had been assessed before they started to receive support. This information formed the development of the personalised care plans. A family member told us, "It is a well-run and organised service. Brilliant. Everything was put in place quickly."
- The assessment included people's physical, emotional, communication and health needs as well as their preferences of staff member. People's protected characteristics were taken into account, such as their religion, ethnicity, age and gender. People and their relatives were involved in the assessment process.
- The registered manager kept up to date on the law and current good practice guidance so the service remained effective and relevant.

Staff support: induction, training, skills and experience

- Staff received effective training that equipped them with the right skills to carry out their roles. The training provided to staff met the Care Certificate standards. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- New staff had an induction when they started working and shadowed more experienced staff until they felt confident. A staff member said, "Since I was new to care, I received a two days induction training in the office about company policies and procedures and my role. I did online training for all the mandatory including the care certificate. I also had practical training when I shadowed a permanent staff for two weeks before starting work on my own. I also receive an email alert whenever there is an update on policies and training."
- People and their relatives told us that they thought staff were skilled and knowledgeable. Comments included, ""They are completely well trained. Helping us to know what to do. Showed me how to lift them. Brilliant." And, "Knows how to manage [relative]. There is a relationship of one understanding the other. We've been able to relax. And, "I'm confident the staff member would cope if [relative] had any medical problems. The main thing is the falls and the staff member makes sure they use their walker."
- The registered manager provided support, supervision and checks on staff competency. A staff member said, "I am happy with all the support I have received from management. I feel I am listened to when I raise concerns and am involved in the decision making of the care needs of [person's name]."

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

- People's dietary needs were assessed and outlined in their care records.
- Staff assisted people with food shopping, meal preparations and helping them to eat if needed.
- People's care plans gave detailed guidance regarding people's dietary likes and if they were at risk of malnutrition or dehydration. A relative told us, "[Name of staff member] helps with preparing food as

[relative] can't cope with anything chewy. They make a range of meals and [relative] has put on weight." Another said, "Meals are lovely. Very accommodating with [relative's] changing food preferences."

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

- Staff worked well with other professionals for example, district nurses, GPs and occupational therapists to support people's health and well-being. A professional told us, "Executive Care support alongside social workers to carry out an assessment within the person's home to identify what their potential long-term requirements may be. [Name of registered manager] is fully invested in this service, and when we meet, can relay all the information about each person. "
- People's care plans highlighted people's past and present diagnosis, conditions and any treatments they were receiving. Their health and wellbeing were monitored. Information was recorded and any concerns escalated quickly to health professionals.
- People and their relatives were positive about the support they got with professionals. Comments included, "The staff would sort out the GP and let me know if [relative] was not well." And, "We have dietician input for [relative's] weight loss so this goes in the care plan." And, "The staff member comes with me to GP and hospital appointments as I'm worried that [relative] will trip up. The staff member is very helpful."

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.

- People's rights to make their own decisions were respected, staff were aware of and worked within the MCA. One staff member said, "I knock before I enter their bedroom; whether they are alone or not. I also seek consent before I assist with any care needs including personal care."
- People who lacked capacity to make decision had a mental capacity assessment in place regarding support for example, in taking their medicines. Staff monitored people's day to day capacity and raised any concerns with the registered manager if a person's ability to make decisions changed.
- People and their family members told us, "Consent? Yes, absolutely and staff member always explains." And, "When [relative] was having cream on their leg, the staff member asked them if it was okay to do it."

# 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 and their relatives were very positive about how kind and caring the staff were. Comments included, "It was [relative's] birthday. [Staff member] was celebrating it with them, got a cake and sent me the pictures. They have such a good relationship." And, [Name of registered manager] who runs the service is fantastic. Very professional calm and caring. Amazing. You feel like you're in safe hands. Any issue and they come back to you straight away. Really lovely. Handles things directly".
- People's cultural and religious needs were respected by staff and details documented in people's care plans.
- The service had demonstrated they had worked hard with families and social services to enable people to remain in their own home. A family member said, "Executive Care has got us through a difficult time. An unknown world. [Name of registered manager] has held our hands through it. Caring for us. The personal touch has been invaluable. Speedily putting everything into place. Nothing but praise."
- Staff shared positive feedback with us how the provider had a caring approach which was also directed at the staff team. A staff member said, "[The manager's and team in the office are very supportive. They call to check up on us. They answer the phone anytime I call. They listen to me and take action immediately when I raise a concern. [Name of registered manager] is more like a mother to all the staff and clients. They take care of everyone. They go beyond being a manager. They have everybody's interest at heart and ensure all staff are comfortable to provide a quality service."

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

- People and their relatives told us and records confirmed, people were actively involved in making decisions about the support they received and praised this. We saw people's views had been gathered during the regular reviews and spot checks. A person told us, "Yes, I'm involved in planning and discussions around my care. We had gone through everything I needed." A family member said, "We were listened to when talking about our needs and expectations too."

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy was maintained at all times. Comments included, "Staff member is respectful of my privacy and dignity, is kind and caring and keeps the house tidy." And, "The most important thing is seeing how the staff deal with [relative]." And, "Privacy and dignity are respected as is [relative's] home."
- People were encouraged to maintain their independence. A staff member said, "I always encourage independence when providing care. I encourage my client to cook and wash dishes with me. I allow them to do as much as they can for all their daily living activities and assist them with the ones they struggle to do. A

social care professional said, "As a result of this service, there have been a number of positive outcomes, majority of which has been being able to keep people within their own home and maintain their independence."

- The provider ensured people's confidentiality was always respected. Records were kept securely. Each staff member had their own login details to any information stored electronically. Staff understood how to maintain confidentiality.

# 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's physical, sensory, mental health, personal care and social care needs were thoroughly assessed, and their care plans were regularly reviewed. People told us staff were very responsive to their needs. One family member said, "[Staff member] is responsive to the needs of my [relatives]. Sleep disruption and getting up in the night are above and beyond expectation."
- Care and support given enabled people to remain living in their own homes. One family member told us, "I'm involved in planning and discussions around care arrangements. We have gone through all the care needs. Me and [relative] were involved." Another said, "We sat and had a needs assessment at the start. I've got a copy of that. They adapted the plan again when [relative] came home."

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 registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.

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

- People were supported to maintain family and social relationships, hobbies and interests. As the staff member lived in, they could maintain people's routines as well as be flexible with going out and other activities. One family member said, "Apart from the household duties, [name of staff member] provides company in the evenings. [Relative], likes TV, the news and game shows in the afternoons."
- Staff told us of their involvement in helping people. One staff member said, "I know the person I care for very well. They like to go out for a walk, shopping, cooking and art. They go on their computer, paint their nails, and like to colour their hair. I assist them with all the above." Another told us, "We go out for a walk every other day, we do a bit of gardening when we can, prepare meals together. [Person's name] is a football and horse racing fan so I ensure they don't miss any match or event on TV."

Improving care quality in response to complaints or concerns

- The provider had a policy on how to record and manage complaints.
- People told us they knew how to raise a complaint, but no-one we talked with had made one. Comments included, "No complaints, no concerns. They [staff] definitely listen and take things forward." And, "No

concerns or complaints. I have a pack here explaining the complaints process if I need it."

- The provider's complaints log demonstrated that when complaints had been received, they were investigated and responded to in line with the policy.

#### End of life care and support

- The service enabled people to receive end of life support at home without having to go into hospital, if that was their wishes. Information sent to us showed staff had cared for people and their relatives towards the end of their life and to have a dignified death with family and friends around them. One person wrote, "[Name of staff member] had a close bond with [relative]. Indeed, all of you were so lovely, looking beyond the basics to see the whole person and to treat [relative] with such dignity during their last weeks."
- At the time of the inspection, the service was not caring for anyone at the end of their life.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives praised the service and told us it was responsive and well managed. They spoke very highly about the registered manager, deputy manager and staff. One family member said, "I've spoken to the registered manager on a number of occasions and they are lovely". It is a well-run and organised service. Brilliant. Everything was put in place quickly." Another told us, "I cannot fault any of it. Absolutely reassuring for all of us." A social care professional told us, "Executive Care have been fantastic throughout the contract. They have received positive feedback from both individuals, their families and our teams for the care and support that they have carried out."
- Staff told us they all worked as a team and that morale was very good. They were impressed with the company and all said they would recommend it as a place to work.
- It was clear staff shared the same goal of wanting to provide good quality, person centred care. Comments included; "My organisation has built a very strong staff team who support each other, and this makes me feel confident in my job role." And, "We are a strong staff team and we all work together to ensure the needs of the people are met. [Name of registered manager] will answer their phone even in the middle of the night. They are so caring and respectful. I am proud to be a staff member of Executive Care."

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 management team were aware of their legal responsibilities and were open and honest when things had gone wrong. Records showed how they had dealt with incidents and accidents and how to prevent them from happening again. One person described the service as, "Open and accessible."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- The service was well-led, the day to day running of the service was managed by a deputy manager and registered manager. There was a clear staffing structure and staff were clear about their roles and responsibilities.
- The provider had effective quality assurance systems in place. These included audits of daily records, medicine management records, care plans and risk assessments. The provider used various trackers; to

monitor staff's training, accidents, safeguarding concerns and other occurrences. These were discussed during management and team meetings.

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

- People and their relatives were able to feedback their views during regular reviews, spot checks and by telephoning the office. There was regular contact with people so that any concerns could be dealt with quickly.
- Satisfaction surveys for staff and people and their relatives were undertaken and the service had received a good response with good outcomes. Any improvements or feedback required was implemented.
- Staff told us they were valued, listened to and there was good communication. We saw from team meeting notes that regular communication and continuous learning and improvement was a team task with management and staff working together to achieve their aims.
- Staff worked closely with other professionals. Records showed referrals made, actions taken and outcomes for people. A social care professional told us "We meet every 2 weeks to carry out contract calls and review any challenges and triumphs that there have been. {Name of registered manager} is always very positive and very open and honest, which has meant that we have developed a strong working relationship."