Iconia House Limited

Iconia Grays

Inspection report

Office 209, 1 Meadlake Place
Thorpe Lea Road
Egham
TW20 8HE

Tel: 07780356592

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Iconia Grays is a homecare agency providing care to people in their own homes. The service is registered to provide care to people with a learning disability and/or autistic people, people living with mental health needs, dementia and physical disabilities. 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. There was 1 person receiving personal care at the time of the inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location did not care or support for anyone with a learning disability and/or autistic people. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support:
Staff understood how to support people to live as independently as possible and be in control of their daily lives. Families were involved in day-to-day and longer-term decision-making. Risks in relation to care were managed and staff understood how to maintain people's independence whilst ensuring they were safe. There were sufficient staff to cover people's support needs. Staff encouraged and supported people to take part in activities they enjoyed. Staff strove to deliver person-centred care and were continuously looking to improve people's quality of life. We were assured that the service were following good infection prevention and control procedures to keep people safe.

Right Care:
A relative told us they felt their loved one was supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken training to effectively support people. People told us that the care delivered was generally consistent and that staff knew people well. People's right to privacy was respected and staff encouraged feedback about the care provided. Care plans were personalised and included information on people's healthcare needs, preferences and interests. Care plans included information on the support staff provided in relation to oral care.

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.

Right Culture:
The culture of the service was open, inclusive and supported people to live independent lives. A relative was complimentary about the service and felt their ideas and concerns would be listened to by the registered manager. The registered manager had undertaken audits to look at ways of identifying issues and improving the care provided. Staff were complimentary about the registered manager and told us they were able to raise concerns with them. Staff knew their responsibilities and where to go if they needed further support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 16 July 2020 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Iconia Grays

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector.

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

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

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 December 2022 and ended on 19 December 2022. We visited the location's office on 5 December 2022.

What we did before the inspection
We reviewed the information we held since the service's registration. We received feedback from the local

authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with 1 relative to hear about their experience of the care provided. We spoke with 4 members of staff including the registered manager and carers. We sought feedback from 2 healthcare professionals. We reviewed a range of records. This included 1 person's care plans and risk assessments, and 1 person's medication records. We looked at 4 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff provided care in a safe way. We were told by a relative that a person who was being supported felt safe when being supported by staff. One relative told us, "I know [person] is safe and [person] has got someone to look after [person]."
- Staff told us they understood what constituted abuse and what they would do if they needed to raise a concern. One member of staff told us, "An example of neglect is not giving anything to eat. Not trying to encourage them. I would report to my line manager. If it was my line manager, I would report to the local authority."
- Staff had received training for safeguarding and there was a whistleblowing policy informing staff how to raise a concern internally within the organisation and with outside agencies such as the local authority and the Care Quality Commission. All staff we spoke with told us they had undertaken safeguarding training and were aware of the whistleblowing procedure. One member of staff told us, "I did safeguarding training as well. It was in-person."

Assessing risk, safety monitoring and management

- Steps were taken to identify risks to people and to reduce the risk of potential harm. For example, when new equipment was required to ensure a person was able to sit safely. One relative told us in relation to managing risks, "When [person] wasn't getting on with [their] current chair, [registered manager] said 'can we get another chair?' [The registered manager has been] changing things and trying different things."
- The provider had undertaken risk assessments which provided guidance to staff about potential risks and the actions taken to reduce risks to people. For example, where a person was at risk of falling, there were steps to ensure the person was using an aid when walking. Staff told us they knew how to reduce risks when visiting people in their homes. One member of staff told us, "[Person] has a risk of falling. We walk behind [them] just to be sure and support because [person] likes walking."
- Where a person was at risk of developing pressure areas, there were steps in place such as to check skin integrity and staff knew what to do. One member of staff told us, "I check if it is red. I will always tell the manager."
- The provider had a continuity plan in place to ensure people would continue to receive a service based on their needs. The plan was in place for use in the event of an emergency.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers, right-to-work documentation and checks with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● There were sufficient staff to ensure there had been no missed or late visits. We were told by a relative that they had not experienced missed or late visits and that the registered manager communicated with them should there be changes in relation to staffing.
● There were systems in place to ensure staff would inform the office when they were running late for a visit. One member of staff told us, "I would call the live-in carer and [registered manager] if I'm late but it hasn't happened yet."
● There were systems in place to cover for short-notice absences of staff such as sickness. This included a pool of staff and the registered manager covered visits to ensure that people were receiving the care they needed.

Using medicines safely
● People received their medicines as prescribed. Where people were supported with their medicines, there were medication administration records (MARs) which included an individual's allergies, GP contact details, the dose and form of medicines and the times they were due to be administered. The provider had undertaken regular checks of MARs to check if there were concerns.
● Staff had completed training and competency checks to ensure they had the skills required to administer medicines. These checks included whether staff knew how to report errors, had read the appropriate policies and knew how to contact a healthcare professional in the event of an emergency or adverse reactions. One member of staff told us in relation to medicine competency tests, "They did a test. [Registered manager] checked it."
● A relative commented that they had no concerns in relation to medicines, "[Person] takes [their] medication at the right times."

Preventing and controlling infection
● We were assured the service were following safe infection prevention and control procedures to keep people safe.
● We saw the provider had sufficient supplies of personal protective equipment (PPE) and staff told us they always had enough PPE throughout the pandemic. One member of staff told us, "We have done infection control training and donning and doffing of PPE."
● The registered manager had undertaken regular spot checks to ensure staff were following infection prevention and control guidelines. One carer told us, "[Registered manager] checks if we are still doing correctly. He says if we need more training."

Learning lessons when things go wrong
● Staff understood their responsibilities in raising concerns and recording incidents appropriately. We saw accident and incident reports had been completed and the registered manager checked these to ensure any outstanding actions were addressed.
● The provider had undertaken a regular analysis of accidents and incidents to look at how risks could be reduced further. Relevant healthcare professionals had been informed of incidents and accidents.
● Staff told us they discussed accidents and incidents as a group to look at other ways risks could be reduced. One member of staff told us, "Yes, we do talk about them after we have done the incident report."

Good

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 of 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.

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

- The provider had systems in place for undertaking an assessment prior to agreeing a care package to ensure they were able to meet the person's needs. The registered manager told us they would only accept new people to the service once they had the resources available to ensure they could meet the person's needs.
- Assessments included information about the prospective service user's allergies, medical history, communication methods, mobility needs, dietary requirements and preferences. We saw that regular assessment reviews had taken place once the care package was commenced.
- At the time of the inspection, the service was not supporting people with a learning disability and/or autistic people. The registered manager told us they were aware of Right Support, Right Care, Right Culture and would be including this during their assessments of service users to provide them with the appropriate care. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and/or autistic people.
- Where people had specific cultural or religious needs and preferences, this was clearly recorded in the assessment to ensure the person could be supported to continue these. For example, where people liked to attend church.

Staff support: induction, training, skills and experience

- We were told by a relative that they felt staff were competent and skilled in providing the appropriate care for their loved one, "They've all been very good in managing my dad's needs."
- Staff had received induction training and there were systems in place to ensure staff had shadowed a more senior colleague in order to feel confident working independently. One member of staff told us, "Before I started we had an induction even though I had the training before [when working for a different provider], [registered manager] was insisting I do it."
- Staff were provided with a mixture of face to face and online training. Training which staff were required to complete included nutrition, health and safety, first aid, medication and moving and handling. Medication and moving and handling training were delivered in-person and staff undertook checks to ensure they understood the training.
- The registered manager had undertaken regular supervisions and spot checks with staff to assess performance and provide relevant updates and support. We saw that training opportunities had been discussed and spot checks included observations on staff conduct, punctuality and feedback from the service user. One member of staff told us, "We do have regular supervisions." Another member of staff commented on spot checks, "[Registered manager] asks questions about medication and moving and handling."

● As the service has the specialism to support people with a learning disability and/or autistic people, the registered manager had ensured staff had undertaken relevant training so that they had the skills required should the provider accept a person requiring this specialist support. One member of staff told us, "I have done training for learning disabilities and autism and Parkinson's. We did this extra training. I did it before [when working for a previous provider] but he said I have to do it again. After this training, you have to do a test. You have to retake it if it's 85% or below."

Supporting people to eat and drink enough to maintain a balanced diet
● Staff had supported people to eat and drink a balanced diet. We were told by a relative they felt a person using the service was supported appropriately by staff to eat and drink, "They buy [person] additional meals or cook up something They do encourage [person] to drink a lot. It's very important [person] stays hydrated."
● Staff told us they ensured people were supported to have sufficient food and drinks of their choice. A member of staff told us, "[Person] decides. I always give [person] options to pick from."
● Staff told us they had received training in relation to food safety and unannounced spot checks undertaken by the registered manager included checking that staff knew how to prepare meals safely. One member of staff commented, "I did the food safety training."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Care records showed healthcare professionals had been contacted appropriately on people's behalf. This included the person's GP, community nurses and pharmacist to ensure medicines were available at the right time.
● There were systems in place to ensure relatives, healthcare professionals and relevant authorities were informed of changes to people's health. For example, where a person was at risk of developing urinary tract infections, this was highlighted in the person's care plan with details on which healthcare professionals and relative to contact if this was suspected.
● Staff told us they worked together as a team and offered support to each other. A member of staff told us, "We are a small team, so we all learn from experiences. We got to know [person] well now."
● Care plans included information on oral care needs. For example, if a person was seeing the dentist regularly and how staff could support the person in order to ensure they were maintaining good oral health. A member of staff told us, "Teeth are part of the personal hygiene. I help [person] with it. I put toothpaste on the brush and make sure [person] has warm water."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● Whilst there was nobody who lacked capacity to make day-to-day decisions in relation to their care, we were told by a relative they felt staff had a good understanding of a person's needs and how best to support them in relation to decision-making, "I think [registered manager] knows [person] very well. [Registered manager] is very good. [Registered manager] is my first point of contact. [Registered manager] understands what my [relative's] needs are. I haven't regretted it."
● Staff had received training and understood the principles of the MCA. One member of staff told us, "We cannot assume that someone does not have capacity unless it has been proven otherwise. MCA is part of the induction training."
● There were systems in place to undertake capacity assessments around specific decisions if staff suspected that somebody was lacking capacity.

Good

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 of 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; Respecting and promoting people's privacy, dignity and independence

- A relative told us they felt staff were kind, caring and promoted a person's independence, "[Carer] is very kind and very attentive. They're doing as much as you could do to make [person] feel good about things. They definitely encourage [person] to keep [their] independence, to make cups of tea and be actively involved in choosing meals and things. [Person] is independent in [their] mind but [they] can't do everything. They've been extremely good at managing that."
- We reviewed records which confirmed staff had completed training for equality, diversity and inclusion and understood how to be inclusive and treat people with dignity and respect. One member of staff commented, "I have already done the equality training online."
- Staff understood how to provide care in a dignified manner and told us they took measures to protect people's dignity. One member of staff told us, "When [person's relative is present], we would always make sure the door is closed when you are helping [person] with washing."

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

- We were told by a relative staff had included them in the planning of care and were able to make choices about the care delivery. They told us, "[Person] has a say in what [they are] doing. That's a very positive step."
- We reviewed care plans and saw people using the service and relatives had been involved in their care. For example, it was highlighted to inform a relative of any changes to their loved one's care.
- We saw relatives were regularly contacted by the registered manager to ensure they were happy with the steps taken by staff.

Good

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 of 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; 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

● Care plans were personalised with a social history and included instructions on how to support the individual appropriately. One relative told us they were regularly sent care notes so that they were aware of the care being provided by staff and any changes to their loved one's needs, "I have seen the care plans. Right from day one, [registered manager] did the care plans and went through the levels of care and what [person] wants help with."

● Where a person was living with medical conditions, there were details on how best to support the individual. For example, there were details on what to look out for and when to contact relevant healthcare professionals.

● Staff told us they had time and were encouraged by the registered manager to read care plans in order to understand people's needs before starting to care for an individual. Staff understood their responsibilities in relation to reporting changes to an individual's needs to the registered manager to ensure care plans were updated regularly. One member of staff told us, "I have read [person's] care plan. We have to read it before we start providing care."

● We reviewed care records which showed there were systems in place to ensure people were able to access the community and maintain relationships to avoid social isolation. Staff were thoughtful to ensure that a person was able to enjoy an activity that was particularly meaningful to them and to continuously try to improve their quality of life. A relative told us, "They asked if they could buy some Christmas decorations. They bought [person] a present. It was very sweet thing to do. They tried very hard." A member of staff told us, "[Person] likes to go to airport. [Person] likes to see the planes move. I know [person] likes it, so I wanted to encourage [person] to go out."

Meeting people's communication needs

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

● People's communication needs were recorded in care plans and there was detailed information on how staff could effectively communicate with people. Records included details on people's communication aids and what staff should do to ensure these were working effectively, such as checking the hearing aid batteries were working.

Improving care quality in response to complaints or concerns

● Concerns and complaints were taken seriously and the provider used these as an opportunity to improve the service. A relative told us in relation to complaints that they felt these would be addressed appropriately, "I am confident from my dealings with [registered manager]."

● There were systems in place such as a complaints policy and staff were made aware of their responsibilities in sharing complaints with the registered manager so that these could be investigated in line with the policy.

End of life care and support

● There were systems in place to record people's end of life needs and preferences should they wish to discuss this. For example, we saw people had been asked during the initial assessment if they wished to discuss this. Where people had said that they preferred not to discuss end of life care arrangements at that time, this was respected by staff.

● The registered manager told us that there was nobody being supported with end of life care but that they would work together with the hospice and community nursing teams to support people appropriately.

Good

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 of 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

- A relative we spoke with was complimentary about the management of the service and told us they would recommend the service. Comments included, "I would definitely [recommend them]. I did do a couple of recommendations. I think they're very good. I wouldn't change them."
- Staff told us they felt the registered manager was approachable and spoke positively about the management of the service. One member of staff told us, "I am very happy. He is very helpful and very supportive." Another member of staff told us, "The atmosphere is good."
- The registered manager told us they operated an open-door policy and that they were available at all hours if staff needed support. Feedback from staff and a relative confirmed this. A relative told us, "[Registered manager] is very active with things."

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

- Services providing 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 had systems in place to inform CQC of significant incidents and safeguarding concerns.
- A relative told us they had been contacted when there had been changes to in a person's care needs or when there had been an incident, "I've got direct contact with [carer]. If there's any issue in the house like heating. [Carer] sends me a message if [person who used the service] wants to talk. [Carer] sends me daily activities reports."
- Staff told us they understood what duty of candour meant and that they had received training in relation to this. One member of staff told us, "[Registered manager] explained to me about our duty of candour."

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

- There was a structure of governance in place and staff told us they knew what their role was. One member of staff told us, "I am always talking to the management, I know what to do next."
- Where we highlighted minor areas for improvement such as asking people about their preferred pronouns during the initial assessment, action was taken immediately by the registered manager.
- The registered manager had undertaken regular audits of the quality of care provided. This included audits for medicines management, infection control, care plans and daily notes. Where shortfalls were identified, we saw the registered manager had taken appropriate action to address these.

● Staff told us they received regular communication from the registered manager, understood their role and knew who to approach if they were struggling. One member of staff told us, "Communication is very good if you have questions about [person's] care."

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

● We reviewed surveys where people and their relatives had the opportunity to provide feedback on the care they were receiving. Whilst the feedback was very positive, there were systems in place to address shortfalls. One relative commented within the survey, "I am very happy with the communication within the team and with me. This 3-way communication has made life easy for me. The staff seem happy and very dedicated to work. There has been consistence in the service provided and limited care workers which has stabilized [person who used the service]."

● The provider held regular staff meetings to discuss recent events and areas of improvement. Staff we spoke with confirmed this. A member of staff told us, "We have meetings with [registered manager]. We talk about progress and how we can improve the care. We talk about complaints and what you can do better."

● Staff told us they felt valued, supported and able to contribute to the running of the service. One member of staff told us, "[Registered manager] does listen to ideas. We just ask him and he tries to do it."

Working in partnership with others; Continuous learning and improving care

● A relative told us they felt the service would take appropriate action if they identified an area of improvement. We were told in relation to improving care, "I don't need to worry about [person].
It gives me a peace of mind."

● Staff had worked together with other organisations to improve the care delivered. We saw in care records staff had worked with a chiropodist, optician, community nurses, the pharmacist and the person's GP.

● A relative told us staff were proactive in contacting relevant healthcare professionals such as the GP, chiropodist and optician, "[Registered manager] deals with that. It's more convenient.
It's to collect [person's] repeat prescriptions. They've been managing getting [person's] prescriptions. [Registered manager] explained it to the GP.