

Iconic Care Limited

# Iconic Care Limited

## 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

Iconic Care Limited is a domiciliary care service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting one person with personal care.

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

People using the service was safe. People were supported by staff who knew how to report any concerns of abuse to keep people safe. There were policies in place to guide staff on how to keep people safe.

People were supported by staff who understood their needs and ensured these were met. Staff received training relevant to their role. Staff were supported by the registered manager.

People told us staff encouraged them to maintain their independence and were professional. Staff respected people's right to privacy and dignity. The registered manager knew the importance of person-centred care

People were supported by staff who knew them well and receive support in a timely manner People confirmed staff seek consent.

People were asked their view of the service and staff felt that the registered manager was approachable. There were effective systems in place to monitor and investigate complaints. People were asked to complete surveys asking for their views on the service.

This service was registered with us on 21 February 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service had not previously been rated.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Iconic Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our effective findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# Iconic Care 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 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.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on the 15 March 2022 and ended on the 22 March 2022. We visited the location's office on the 15 March 2022.

### What we did before the inspection

We reviewed information we had received about the service since registration. We sought 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with the one staff member at the service and arranged a suitable time to talk to two support workers, the registered manager and a person using the service. We reviewed a range of records. This included a person's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### 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 of this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A person told us they felt safe with the staff supporting, they said, "Yes (I feel safe), so much. I appreciate the assistance."
- Staff had received training in safeguarding people and could explain different types of abuse and the action they would take if they had concerns if a person was at risk of abuse. .
- We were assured the registered manager would act upon any safeguarding concerns and contact the local authority. Although, the registered manager had not needed to make safeguarding referrals, they explained the procedure they would follow to keep people safe.

Assessing risk, safety monitoring and management

- Risks to the person were identified and it was documented what is needed to reduce the risk and what priority order these should be taken, to reduce any avoidable harm. Staff supporting the person knew of this risk and how to support the person safely.
- The provider reviewed people's care plans and would make any appropriate changes in a timely manner. The person thought staff knew the risk to their safety, they said, "Very experienced girl, I can see that."

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The provider was not involved in supporting people with medicines at the time of our inspection. Staff had received training in medicines if this was to change in the future.

Preventing and controlling infection

- Some personal protective equipment (PPE) was available in the office and it was explained the registered manager and the office administrator would drop it off to staff when needed.

- Staff confirmed they had received infection prevention and control training and had access to the PPE they needed to keep them and the people they supported safe.
- The provider's infection prevention and control policy were up to date, and in line with current Department of Health (DOH) guidance.

#### Learning lessons when things go wrong

- There had been no incidents or accidents recorded, the registered manager explained the process if this was to change to ensure the risk was reduced.
- The provider had a range of policies in place where people or staff could raise complaints, whistleblowing and safeguarding's.

# 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.

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

- Records were not always clear regarding people's needs and choices, There was no impact of this on the person who only received support from one staff member who knew their needs well.
- We raised this with the registered manager, who said this would be rectify.

Staff support: induction, training, skills and experience

- The registered manager has oversight of staff training. Staff had received training to help support people, this training was specific to the person's needs.
- New starters are required to complete the care certificate during the induction. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The provider is currently supporting one person with food and drink. The registered manager and staff knew the importance of a balance diet and received training in food hygiene
- The person liked the food provided, they said, "I like rice, she cooks good rice."

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

- People would be supported to access healthcare services and staff worked well with other professionals, where needed. However, at this time there was no one that needed this support.

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.

- A person told us staff ask for permission before providing support. They said, "She's very professional, she seeks my permission."
- Staff confirmed they had received MCA training and were able to explain what they had learnt.

# 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

- A person told us, "She's professional, I am used to her and get on well with her."
- A staff member explained how they would always respect people's wishes and respect their opinions.
- The registered manager displayed a caring and kind attitude towards the person they supported, they said, "Staff do understand it is important to be person centred. Any care needs to be person centred. The person has to matter, and the decisions has to do with them."

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

- A person told us they are involved in making decisions regarding the care.
- Staff understood how to maintain confidentiality, one staff member said, "I can't disclose what is on the care plan outside the workplace."

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us they encourage people to maintain their independence and we saw a person was encouraged to take their medication independently.
- Staff told us how they promoted people's privacy, dignity and independence. One staff member told us, "Talk to them with respect. When supporting with personal care, let the service user know, ask them. We give them privacy and cover them."
- Staff could explain how they encourage independence, a staff member said, "I encourage them to do things by themselves."

# 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

- Staff knew people well, including their likes and preferences. For example, one person wished to eat a healthier diet, staff were aware of this and supporting them with their wishes.
- Regular reviews were carried out to ensure that the care provided still met the persons needs and expectations.

Although staff knew people well, however records did not always reflect this. The registered manager provided assurance this would be put into place.

- The person received consistent, timely care and support from staff who understood their needs.

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.

- The provider did not currently support people who had specific communication needs, the registered manager understood what was needed if a person required information in a different format and would facilitate this.

Improving care quality in response to complaints or concerns

- The provider had received no complaints in the last 12 months. There were systems in place to ensure complaints would be investigated as they arose.
- The person told us that they knew how to make a complaint if they weren't happy.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of our inspection. There was an end of life policy in place if this was to change and staff were able to explain how they would provide care to a person on end of 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager visited the person numerous times a week, during these visits the registered manager would check care being delivered was as required and the person was happy with the support. The person confirmed this was the case.
- However, there was no formal quality assurance systems in place that these checks were on going and as the number of people using the service increased these lack of systems had the potential to mean that areas for improvement would not be identified. We found the lack of recording in this area had not impacted on the quality of care the person received. We raised this with the registered manager who said they would be rectify this immediately.
- The person using the service had been ask to complete surveys to ask about their views of the service regularly.
- Staff meetings were held every few months.

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

- A person told us they were happy with the support they received, and they said they wouldn't change nothing about their care.
  - Staff felt supported by the registered manager, one staff member said, "Definitely, she is free to talk to. Not scared to talk to her Any concerns I can talk to her."
  - The registered manager has a clear vision for the service that focuses on people and their needs. They explained the service wants to expand but only if they could meet people's needs.
- 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
- No incidents had occurred that required acting on the duty of candour. The registered manager understood the duty of candour and the requirement to be open and honest.
  - There were systems in place where people could raise complaints, and these would be investigated to support the registered manager with meeting the duty of candour requirement.

### Working in partnership with others

- The provider was supporting one person who was independent in many areas of their care. This meant the provider did not always have the opportunity to work with others. However, the registered manager told us they would liaise with health professionals when needed and knew how to access these.
- The registered manager was keen to work with other agencies to expand the service.