

Fortis Care Limited

# Fortis Care North London

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Fortis Care North London provide supported living services including personal care and support to people with a learning disability, autistic spectrum disorder or a mental health condition. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection two people were receiving a personal care service.

### People's experience of using this service

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy.

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 were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People told us staff were able to meet their needs and were respectful of their individual preferences.

Relatives told us staff who supported their children were kind and caring.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

#### Rating at last inspection

At the last inspection we rated this service as Requires Improvement. The report was published on 21 August 2018. There was one breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Recruitment practices were not always safe, relevant checks had not always been completed before staff worked at this service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, improvement had been made and the provider was no longer in breach of this regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor this service.

## 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 our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

# Fortis Care North London

## 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in three supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of our inspection the service had a new manager who was in the process of being registered with the Care Quality Commission.

#### Notice of inspection

We carried out the inspection visit on 28 August 2019. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

#### What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the manager, the team leader and one support worker. We also spoke to two people who used the service. We looked at two care records and three staff records; we looked at various documents relating to the management of the service. After the inspection visit we spoke to one relative.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now been rated as good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People and relatives we spoke with, told us they felt safe using the service. Comments included, "She is well looked after, safe and secure and loves her flat" and "I feel safe, there are always staff around."
- The service had systems in place to protect people from abuse and avoidable harm. Staff understood the safeguarding policy and knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us, "We all understand about safe protocols. I am able to contact (name) our manager at any time to discuss anything that raises a concern for me."
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.

Staffing and recruitment

At our last inspections we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Recruitment practices were not always safe, relevant checks had not always been completed before staff worked at this. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention.
- Most staff had been working in the service for some time, and staff turnover was very low, thus providing a good continuity of care for people using the service.
- People and their relatives told us they knew the staff well and had built good working relationships with them.

Using medicines safely

- Medicines were safely acquired, stored, administered and disposed of where people refused to take their medicines or no longer required them.

- All staff had completed medicines training and their competencies had been checked to ensure they had the knowledge and skills to support people safely. Staff told us they felt confident to support people with their medicines.
- Where people were supported with their medicines, a medicines administration record (MAR) was completed accordingly. We checked a sample of these and found them to be accurate.
- Health professionals reviewed people's medicines regularly to ensure they were effective for their recovery.
- Medicines safety was audited on a regular basis and any errors were quickly corrected.

#### Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading

#### Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 preferences and care needs had been recorded in detail and those who used the service and their families were given the opportunity to be involved in the care planning process.
- The manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- A relative told us, "The staff know how to prepare African food for her, as it's her favourite."
- The manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- Staff received specific training about challenging behaviour, mental health matters and epilepsy awareness.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported. They had regular supervisions and annual appraisals.

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to get involved in preparing their own meals.
- Staff told us that they went shopping with people and encouraged them to make healthy choices.
- A staff member told us, "We always encourage people to eat lots of vegetables and try to minimise treats."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as colleges, social workers, GPs, psychiatrists and occupational therapists to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The registered manager and staff were aware of the processes they should follow if a person required

support from any health care professionals..

- When concerns were noted regarding people's health and wellbeing, information was shared with other relevant healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible 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. All of the appropriate DoLS referrals had been made to the relevant authorities.

- Staff continued to have a good understanding of this legislation and when they should be applied. People were encouraged where possible to make all decisions for themselves.
- Care plans were developed with people and we saw that relatives had agreed with the content and had signed to receive care and treatment and gave their consent.
- A staff member told us, "I always give people a choice, but we get to know their needs well, and involve them in decisions as much as possible."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. One person commented, "All the staff are amazing, I get on well with everyone."
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people. One staff member told us, "It's about being understanding, and treating them with kindness and respect, it's important to engage with people all the time."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- Relatives told us that people's individual needs and wishes in respect of their values, culture and religion were respected.

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

- People and their representatives were regularly asked for their views on their care and their care plans. Staff told us that they had enough time to engage with people to make sure that each person had everything they needed.
- People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them.
- Most staff had worked for the service for many years, this meant there was consistency and continuity in care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values.
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them.
- A relative told us, "They help her to do as much as she can for herself, and they handle her well when she is misbehaving."
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains.
- A staff member told us, "We help people as much as we can, but we also know when to give people space."
- The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. There was a confidentiality policy in place, which complied with General Data Protection Regulation (GDPR) law, which came into effect on 25 May 2018.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they were happy with the care and support provided.
- Staff confirmed that they checked people were happy and had everything they needed before they left them.
- People's care plans contained detailed, clear information about people's specific needs, their personal preferences, routines and how staff should best support them. The care plans covered personal, physical, social and emotional support needs.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.
- We saw one person had improved significantly since starting at the service and no longer required waking night staff.

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.

- Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded within the person's care plan.
- People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication.

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

- Most people engaged and participated in their own interests and hobbies with the support of their relatives or support workers. People were supported to carry out activities in the community with either one or two support workers according to their needs.
- A relative told us, "She enjoys going to the park."
- Support staff explained the importance of developing and maintaining relationships with people they supported to avoid social isolation.

Improving care quality in response to complaints or concerns

- We looked at the complaint's records held at the office and noted that they were responded to in a timely manner, and in accordance with the provider's complaints policy.
- People told us that they rarely had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.
- There was a service user guide on how to make a complaint on display in the office.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and relatives told us that the managers at the service were visible and known to them and approachable. A relative told us, "It was a well-run nice place, and I have confidence in the new manager."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "Support is really good, and I feel free to speak up. The manager is meeting both the staff and clients' needs."
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- Staff were happy and proud to be working at the service and motivation was high.
- There was a quality monitoring system in place which included audits of medicines, infection control, care records, health and safety and staff performance. The service had recently employed a consultant to help them prepare for the CQC inspection who had made suggestions for improvements which the service had acted on.
- There were systems in place to monitor the safety and quality of the service and the maintenance of the buildings and equipment.
- Spot checks were taking place on a regular basis. The spot checks looked at areas such as money management, medicines and cleanliness.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent satisfaction surveys to people and stakeholders for completion in April 2019. The results received were positive.

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular

'provider forums' in the local authority.

- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included health and safety, training and development, and activities. We saw that staff used this opportunity to share best practice and positive outcomes of recovery.

Working in partnership with others

- The service worked with housing associations, social workers, colleges, GPs and day centres to ensure relevant information is passed on and there is continuity of care.