

# Fortress Supported Living Services Ltd

# Fortress Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service:

Fortress Care Service is a domiciliary care agency which provides personal care and support to people in their own houses and flats in the community. It can provide a service to older and younger adults, who may be living with dementia or have a disability. At the time of our inspection the service was providing personal care to two people and occasional respite personal care to one other person.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

### People's experience of using this service:

Previous inspections of this service have highlighted serious failings on the part of the provider. We rated the services as Inadequate at two previous inspections in 2017 and 2018 and it was placed into special measures. At our last inspection we found that some improvements had been made and the rating improved to Requires Improvement and the service was taken out of special measures. At each of the last three inspections we found issues relating to leadership and the management of risk. At this inspection we had continued concerns. Systems to ensure people received safe care which met their needs were still not robust.

We had concerns about how some risks were managed. Systems to ensure that people took their medicines safely, and as prescribed, were not robust. The provider did not monitor how medicines were managed by staff. Information about people's medicines was not comprehensive. This placed people at potential risk of harm.

The provider had not thoroughly assessed and documented people's risks. The provider had tried, in some cases, to respond to people's individual needs but had not considered all the possible implications in terms of people's safety.

The initial assessment of private clients, who did not come with their own county council assessment already in place, was not sufficiently robust. We were not confident that the provider would carry out a comprehensive assessment of any new client's care.

The provider did not have proper oversight of the care provided. Audits failed to identify concerns found on inspection. Some key members of staff were skilled and demonstrated a commitment to providing good care. However, the provider's procedures did not ensure that this care would be consistent should these key

staff not be on duty. Staff were found to keep records and operate local systems of work which the provider did not have oversight of.

Care records documented that people had consented to their care plan. Staff at all levels needed a better understanding of capacity and consent. We have made a recommendation relating to this.

Care records captured people's individual daily routines very well and documented their preferences. However, some key information was missing from care plans and they did not always reflect people's most current needs.

Staff were safely recruited and were provided with training to help them carry out their roles. The provider carried out spot checks to make sure staff were following best practice. Staff understood their responsibility to keep people safe from abuse and knew what action to take if they suspected abuse was taking place.

People were very positive about the kindness and reliability of the staff. Established staff knew people's needs very well. Relationships were close and caring. A lack of information in care records meant that there was a risk that newer or bank staff would not be able to support and care for people well.

Staff demonstrated a good understanding of people's healthcare needs and of the support they needed with eating and drinking.

There had been no complaints and a clear policy and procedure was in place. The provider consulted people who used the service about their care and tried to respond to their suggestions and requests.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 September 2018) and there were two breaches of regulation. The provider completed an action plan and was required to complete a monthly update to show what improvements they had made and planned to make in the month ahead. Sometimes the provider failed to provide this monthly update. At this inspection we found that the required improvements had not been made and the service remained in breach of the same regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches of regulation in relation to the management of risk, the management of medicines and leadership at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will continue to do to improve the standards of quality and safety. We will meet with the provider to discuss how they can bring about the required improvements. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Fortress Care Services

## 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. This inspection was planned 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 team consisted of two inspectors.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection two people were using the service and one other person had used the service for respite care on four occasions during 2019. During our inspection process one person moved to another provider.

The service had a manager registered with the Care Quality Commission. This means that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection visit because it is small and the registered manager and nominated individual are sometimes out of the office supporting staff or providing care. We needed to be sure that someone would be in.

Inspection site visit activity started on 30 September 2019 and ended on 2 October 2019. It included visits to both people who used the service. We visited the office location on 30 September 2019 to see the manager and to review records, policies and procedures.

#### What we did:

We used the information the provider sent us in the Provider Information Return (PIR). This is information providers send to us to give some key information about the service, what the service does well and

improvements they plan to make. We looked at other information we held about the service including the monthly update the provider sends us which is an additional condition on their registration.

During the inspection we spoke with the two people who used the service, two members of the care staff, the registered manager and nominated individual. We reviewed three care plans, three medication administration records and looked at one staff file which documented recruitment procedures and ongoing support for staff. We also reviewed rotas, staff training records and other documents relating to the safety and quality of the service.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Risks relating to medicines management were not well managed. Where the service took responsibility for people's medicines, systems did not fully protect people.
- Stocktaking systems were not robust. Boxed medicines were not regularly counted or checked. This meant we could not assess if people were receiving these medicines safely, and as prescribed.
- One person had been assessed as requiring staff support to take all their medicines safely. However, we found that medicines were routinely left with them to take later in the day when staff were not present. This practice could have placed the person at risk.
- There was very limited information about how people should take their medicines safely. Another person was prescribed different types of painkilling and anti-inflammatory medicines. There was no information to guide staff about how much of each medicine the person should take, or how these may interact with each other. Staff lacked understanding of how medicines might interact with each other which meant there was a risk that the person's pain might not be effectively managed. One medicine, which staff told us is only used occasionally, was not on the medicines administration record (MAR) chart. The only guidance for staff about this medicine was in one carer's handwritten notes in their notebook.
- Staff undertook online medicines training. However, their competence to administer medicines was not checked by any practical assessment before they began giving people their medicines for the first time.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management;

- The provider had assessed potential risks to people's safety and welfare. However, some risks required further assessment and action needed to be taken to fully mitigate them. For example, where people took blood thinning medication, which might cause them to bleed more after a fall, there were no clear guidelines for staff to follow.
- One person had a health condition which made them unsafe to access the community without staff support. The care plan was contradictory on this issue and staff were not clear about how to keep the person, and others, safe.
- Risks relating to people's home environment and how this might affect themselves and staff were assessed well.
- A recent risk assessment for a new person had not considered all possible risks and how to mitigate them. The provider had requested permission to take this new care package. This was a requirement due to an additional condition placed on the provider's registration by CQC. A CQC inspector had highlighted the

shortfalls in the assessment and the provider needed to review their assessment several times.

- The provider had some skilled and knowledgeable staff who did the vast majority of the shifts. However, the risk of these staff being unable to work at short notice had not been fully assessed. Bank staff had carried out some shifts and guidance for these staff needed to be clearer.

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

- The provider had systems in place to safeguard people from different kinds of abuse. Staff were trained and knowledgeable about how to spot the signs and symptoms which might indicate that someone was being abused. They knew how to report abuse if they suspected it.

Staffing and recruitment

- Staff were recruited safely, and the provider carried out appropriate checks to ensure staff had the skills and experience needed and had no criminal convictions which would make them unsuitable to work in this setting.
- There were enough staff and nobody had any missed calls. The nominated individual and registered manager carried out care shifts if needed, to cover for staff who couldn't attend for a shift unexpectedly.

Preventing and controlling infection

- Staff used personal protective equipment such as aprons and gloves to reduce the risk and spread of infection. We observed good practice. Staff had received training in infection control.

Learning lessons when things go wrong

- There was no evidence of any reflection by the provider and staff, if and when lessons could be learned. For example, in January 2019 large amounts of medicines had been returned to the pharmacy. The reason for this had not been recorded. The nominated individual told us these medicines were surplus but there was no examination of why so many medicines had been allowed to stockpile in this way. The provider had not fully ensured that the additional medicines were not because of some administration errors.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff undertook MCA training and had a basic knowledge of it. Care plans documented that people, or their legally appointed representative, had consented to care and they had signed to confirm this.
- There was a lack of understanding, which risked people being denied their rights. For example, one person had demonstrated that they might take an unwise decision which could impact negatively on their own safety and that of others. Staff had decided to take action, for the best of reasons, which actually infringed their rights. The registered manager and nominated individual, who were not fully aware of the situation, had not ensured staff had the required knowledge and understanding.
- Records indicated that the sometimes the provider had not gained a person's consent before sensitive and personal information was shared with their family. This demonstrated a lack of awareness on the part of the registered manager and the nominated individual.

We recommend that the provider ensures best practice is followed regarding establishing people's consent and upholding their rights.

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

- The provider assessed people's needs in line with their preferences. Care plans showed assessments of people's everyday needs and information on how staff should meet them, although further detail was required regarding people's medication needs.
- The service had taken on an occasional live-in care package for a person who needed respite care for two or three days at a time. They had complex needs. The assessment had not been carried out at a meeting with the person and was not comprehensive. Although some parts were detailed about the person's preferences, some key information was not clear.
- We spoke to the nominated individual about this and they described the process of assessing the person. They told us the care was commissioned at short notice. They said, 'Most of the time we just don't know what we're going to. It's an emergency. Just one day. We just don't have the opportunity to prepare in advance. We didn't have the chance.' We were not fully assured that all the person's needs had been considered in line with best practice.

Staff support: induction, training, skills and experience

- Established staff were experienced, skilled and knew people's needs very well. The two members of staff we spoke with had both worked for the provider for a long time. Records indicated that newer staff were not always as clear about the expectations of the role. This was further complicated as care plans and guidance for staff was not always sufficiently detailed.
- There was no structured handover procedure for live-in care staff to ensure relevant information was passed to staff less familiar with people's needs. The staff member we spoke with told us they do a long verbal handover accompanied by some handwritten notes. However, the provider had no oversight of this. There was no structure in place to ensure staff had all the information they needed to provide consistent safe care.
- Staff completed all their training online. The registered manager and care coordinator carried out spot checks to assess staff knowledge and practice. There was no structured induction of new staff, but they had a chance to shadow more experienced staff before working unsupervised.

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

- Staff worked in partnership with other healthcare providers such as GPs, district nurses and hospital consultants. Records showed that people were supported to access these services as needed.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people's healthcare needs well and helped co-ordinate additional support by arranging and attending healthcare appointments, for example.
- The provider did not always document people's complex health needs clearly in their care plans, although one plan contained some clear information.
- People were supported with their eating and drinking. Staff demonstrated a good understanding of how to ensure a person at risk of losing weight, maintained or increased their low weight. One person had recently put on some weight and the live-in carer was able to tell us how this had been achieved. They knew, without consulting the care plan, what the person's current weight was and were very knowledgeable about the person's dietary needs and preferences.

# 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 deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Established staff were very kind and showed compassion towards people. They knew people well and had built up good relationships with them. However, there was a risk that new or bank staff would not have all the relevant information needed to support people's emotional and physical needs.
- The provider asked people how they wished to receive their care and support. Their preferences were recorded in their care plan and respected. However, staff told us that care plans did not document all of people's care needs and this presented a risk of people not receiving the support and care they needed.
- We observed staff taking time to chat to people and the provider had enabled one person to adjust their care package, so they had some social time with staff. They welcomed this and were very positive about how kind the staff were.
- Care plans contained very detailed outlines of each person's daily routine. People, or their relatives, had had clearly been asked about their day to day preferences. Although some specific preferences were well documented, some basic care needs were not captured in plans. This meant there was a risk that people would not receive all the support and care they required.
- The provider carried out surveys to assess if people were happy with their care. People had the opportunity to raise issues about their care in these, or as part of the service's care plan reviews.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff providing care sensitively and they understood how to ensure that personal care was carried out discretely, in a way which maintained people's dignity.
- We observed staff promoting people's independence and respecting their wish to remain as independent as possible. Staff were sensitive to people's moods and respected their preferences. However, it was not clear how newer staff would pick up on people's moods as information in care plans was not comprehensive.

# 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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained some detailed information about how to meet people's individual needs and preferences. However, although there was some very person-centred consideration of people's needs, there were also some gaps. For example, one person was described as never exhibiting distressed behaviours but staff, who knew the person very well, said the person could become very distressed with new staff. This was not recorded, nor any strategy to help staff reduce the person's anxiety and successfully provide care and support. This same issue had been identified at previous inspections.
- The provider attempted to go the 'extra mile' but did not always consider and risk assess all aspects of doing this.

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 communication needs this was well documented in their care plan. However, one person, who had a significant sensory impairment, had not been provided with any documentation in a format which they could easily access.
- The service advocated well for people when accessing services and provided help to navigate complex information.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. The registered manager and nominated individual told us they responded to formal and informal complaints in line with their complaints procedure. There had been no complaints since our last inspection.

End of life care and support

- Care plans did not contain information about people's end of life wishes. The provider told us people had not wished to discuss this with staff, but this was not recorded.
- Where people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place, staff knew this and were clear about the implications of this decision.
- Nobody was receiving end of life care at the time of our inspection. However, staff had provided this kind of care in the past and were confident in their skills and knowledge.
- Some staff had received end of life care training and others told us they felt this would be provided or

refreshed, if needed.

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 their links with their local community and friends. The service worked hard to enable and support people follow their hobbies and interests. Staff were able to tell us about people's interests and who their friends were. We saw that staff helped to facilitate a relationship one person had with their neighbour.

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The service was rated requires improvement overall at the last inspection and inadequate overall at the two inspections before that. Regulations 12 and 17 of HSCA, which relate to safety and to leadership, were in breach at all three previous inspections and at this inspection. This demonstrates to us that the nominated individual and registered manager continue to have an incomplete understanding of their roles and responsibilities. This places people at potential risk of harm.
- Conditions put on the provider's registration during a previous inspection, remained in place. These required the service to give CQC a monthly update about a range of issues relating to the delivery and management of the service. These have not always been received on time and have sometimes not been provided at all. When they have been provided they have not always reported on relevant information which needed to be shared with us.
- Some aspects of the service have continued to improve since it was rated inadequate overall. However, the overall improvement has not been at an acceptable pace or to a sufficient standard, to give us confidence in the provider. We identified shortfalls in care delivery and some unsafe practice during this inspection. Risks were not always comprehensively assessed and information in care plans did not give staff enough guidance or capture people's current needs> We also identified that the MCA was not sufficiently understood and procedures for the administration of medicines were not robust.
- The issues we identified were of a particular concern as the service was only being provided to three people. We were not confident that the provider would be able to provide safe and effective care which met people's individual needs if, and when, client numbers increased. Some issues which we identified at this inspection had also been noted at previous inspections.
- There was no formal and ongoing service improvement plan. However, the provider was keen to continue to recruit more staff so that they would be able to take new business.
- Some local systems of work had been devised by regular staff, because the provider had not considered all aspect of care. The provider was not always aware of these local procedures and had no oversight of them.
- There was a quality assurance system in place. This consisted of spot checks of some staff carried out by the registered manager or care co-ordinator. We also saw that there was a medicines audit. However, this did not highlight the issues we found relating to medicines. Other audits, such as infection control, nutrition or falls did not take place, and care plans were only updated annually.
- Staff were monitored via an app to ensure calls were not missed. The provider had no structured business continuity plan. However, they told us that in adverse weather conditions or during periods of staff sickness

they would carry out care calls themselves. It was not clear how this would work for one respite care package which was over a hundred miles away. There was no record that this had been discussed and agreed with the person concerned.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Working in partnership with others

- Staff worked in partnership with other health and social care professionals. Individual staff were clear about the importance of sharing information with appropriate health and social care professionals and working in line with their guidance. However, records did not always make clear exactly what the guidance was and when it was put in place. This meant newer staff, who may be less familiar with people's needs, might not be aware of it.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, and staff were positive about the support of the registered manager and nominated individual. Both they and the care co-ordinator were seen as supportive, and people felt they listened to concerns and took action. One staff member commented, '[You can] always contact [the care coordinator] – she attends to whatever your problems are.'
- The provider carried out surveys to check that people were happy with their care and support. Annual reviews gave people, and their families, the chance to make suggestions and discuss their care package. We saw that reviews were person centred and suggestions were followed up.
- The provider told us they understood their duty of candour but had not had to share any information since our last inspection.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that risks to people's health and safety were assessed and action was taken to mitigate these risks. The provider also failed to ensure the proper and safe management of medicines. Regulation 12 (2) (a, b and g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that they operated effective systems to assess, monitor and mitigate the risks relating to people's health, safety and welfare. Regulation 17 (2) (b).</p>