

# Fortress Supported Living Services Ltd







## Fortress Care Services

### 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	

### Overall summary

This inspection took place on 23 April 2015 and was announced. Fortress Care Services is a domiciliary care agency providing care and support for people. The agency was providing care and support to two people at the time of our inspection.

The service had a registered manager. 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.

People told us they felt safe and that staff supported them in a way that they liked. Staff were aware of safeguarding people from abuse. Individual risks to people were assessed and these assessments provided guidance to reduce the risk to staff members.

# Summary of findings

There were enough staff available to meet people's needs.

The required recruitment checks had been obtained for staff.

Staff had received medicines training and medicines were administered safely.

The staff member received induction training, refresher training and additional training to ensure they had the knowledge and skills to meet people's care needs. Staff were provided with effective supervision and support.

Staff understood the Mental Capacity Act. People's consent was obtained before care was given.

There was enough information available for staff members to contact health care professionals on behalf of people.

Staff were caring, kind, respectful and courteous. Staff members listened to people's preferences and involved them and their relatives in their care.

People's needs were responded to well and care tasks were carried out as required by staff. Care plans contained enough information to provide staff with guidance about how to meet people's needs.

A complaints procedure was available to people, no complaints had been made.

The staff member worked in an improving environment, with support from management staff.

The service monitored care and other records, but did not always follow up or address issues identified in surveys.

# Summary of findings

## 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.

People were supported by enough staff to meet their needs and to keep them safe.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely administered to people.

Good



### Is the service effective?

The service was effective.

Staff members received enough training to carry out their role.

Consent was gained before people received care and staff were aware of their responsibilities under the Mental Capacity Act 2005.

Information about health care professionals involved in people care was available for staff.

Good



### Is the service caring?

The service was caring.

Staff developed good relationships with people, which ensured people received the care they wanted in the way they wanted.

Good



### Is the service responsive?

The service was responsive.

People had their individual care needs properly planned for and staff responded when people's needs changed.

People were given the opportunity to complain, although no complaints had been made.

Good



### Is the service well-led?

The service was not always well led.

Staff members and management staff worked with each other to ensure a service was always available.

The quality of the service was monitored, although actions were not always taken to resolve issues identified.

Requires Improvement



# Fortress Care Services

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 April 2015 and was an announced inspection.

The inspection was carried out by two inspectors.

Before we visited the agency we checked the information that we held about the service and the service provider. For example, notifications that the provider is legally required to send us and information of concern that we had received.

During our inspection we spoke with two people who used the agency and two relatives. We also spoke with two staff members, including a care staff member and the provider's representative. We reviewed records. These included two people's care records, one staff recruitment records, staff training records, two medicine records and audit and quality monitoring processes.

# Is the service safe?

## Our findings

At our previous inspection in September 2014 we identified that medicines were not managed properly, for which we served the provider with a warning notice. Staff recruitment checks had not been completed properly and risk assessments were inadequate in identifying risks to people or actions that needed to be taken to reduce the risk. The provider wrote to us and told us that they would complete medicine risk assessments and ensure staff members followed their medicines policy. They also told us that outstanding recruitment checks had been applied for existing staff members and risk assessments for people would be fully completed.

At this inspection in April 2015, we found that there had been an improvement in all of these areas. Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered the person's immediate environment, and their moving and handling needs. Each assessment had guidance for staff to follow to ensure that people remained safe. Our conversation with the staff member showed that they were aware of these assessments and the guidance. They told us that the assessments gave enough information to staff members to reduce the risks identified.

Medicine risk assessments had also been completed, although key information regarding who was responsible for helping the person with specific medicines was not available. We found that none of the people using the service had help from staff to take their medicines, although staff members did help them to apply creams. The staff member had received medicines training since our previous inspection and we confirmed this from the training records.

We found that the arrangements for the management of people's creams were safe. Arrangements were in place to record when these were applied to people. The staff member we spoke with said that they recorded each time they applied a cream. The records kept regarding the administration of medicines were in an acceptable order. They provided an account of medicines used, although there was not always an explanation if a cream had not been applied. The provider was able to give a satisfactory explanation for this and we were satisfied that this was a recording issue.

The recruitment records of the staff member working at the service showed that the correct checks had been obtained by the provider to make sure that the staff they employed were of good character.

People and their relatives told us that they felt safe with staff from the agency and they could report concerns to other staff members.

The staff members we spoke with understood what abuse was and how they should report any concerns that they had. They stated that they had had no occasion to do so. There was a reporting structure, which the staff member was aware of. We saw from training records that new staff members received safeguarding training during their induction training and had also received refresher training since our previous inspection. There were written instructions to guide the staff member and they had access to contact details for external agencies that deal with safeguarding.

The agency had only one staff member at the time of our inspection. They told us that they were able to complete all of their work within the allocated time. People's relatives told us that the staff member was always on time and was very reliable.

# Is the service effective?

## Our findings

At our previous inspection in September 2014 we identified that staff members did not receive adequate training to carry out their roles. The provider wrote to us and told us that they would arrange additional training and make sure that staff members received this before visiting people.

At this inspection in April 2015, we found that there had been an improvement in this area. Training records showed that the staff member had received refresher training since our last inspection and plans had been made for them to receive training in dementia care and further qualifications. Since our inspection the staff member told us that as well as refresher training they had enrolled on a course that would give them a professional qualification, such as a diploma or National Vocational Qualification (NVQ). They had also received training in dementia care and the Mental Capacity Act.

The staff member told us that they received supervision from the provider every two to three months. They found that this provided them with enough support to carry out

their role and that their confidence in caring for people had increased as a result. Staff files showed that records were kept of supervision sessions and the staff member had regular contact and support.

The relative of one person we spoke with told us that staff members always asked their spouse's consent before carrying out any tasks. They said that the staff member always told their spouse what they were going to do and provided them with the opportunity to decline the care if they wished. Care records showed that both people using the service were able to make their own decisions. Their spouse was always aware of what was going to happen. The staff member we spoke with knew about the Mental Capacity Act 2005 and their responsibilities in regard to caring for people who did not have capacity to make decisions regarding their health and care, should this be required.

There was information within people's care records about their individual health needs and contact details for health care professionals they visited. Staff members confirmed to us that they would be able to contact a health care professional if a person wanted this.

## Is the service caring?

### Our findings

The person's relative that we spoke with was happy with the staff member who visited their spouse and said that the staff member was always happy to help them. The relative told us that the staff member was kind, caring and compassionate. They said that the staff member did as much as possible in caring for their relative and that they were always polite and respected their relatives' privacy and dignity. They commented that they could not fault the staff member.

The person's relative said their spouse was supported by a regular and consistent member of staff and that their family member had developed a good relationship with the staff member who visited. They trusted them, which had resulted in increased confidence when carrying out personal care tasks.

They told us that the staff member listened to their spouse's preferences and respected their decisions. The person's relative said that staff involved them in their

relative's care, they reported any concerns and explained when they were unable to complete care for any reason. They explained how this had worked when the person had wanted their hair washed. The staff member had talked to the person and their relative about how best to do this and they had tried different positions to make sure the person was comfortable and their clothing remained dry.

There was information in care records in relation to people's individual lives, their likes, dislikes and preferences. Records provided basic information, such as whether the person had a preference for a bath or shower, and more detailed preferences, such as where people liked to sleep or have their drinks made.

The person's relative told us that the staff member cared for them in a way that maintained their dignity and privacy. The staff member ensured that the person was covered at all times so that they were not at risk of being accidentally exposed. We read a sample of people's daily log sheets and care records and noted that the staff member wrote about the person in an appropriate way.

# Is the service responsive?

## Our findings

At our previous inspection in September 2014 we identified that people's care plans were not always written in a way that planned care to ensure their safety and welfare. The provider wrote to us and told us that they would review and update all care plans.

At this inspection we found that people's care plans had been reviewed since September 2014. There was detailed information regarding what care and support was required and how that support was to be given in a step by step approach that included what could be managed by the person the care plan belonged to. We found that plans also contained personalised information, such as people's preferences regarding clothing and their personal care routines. One person's relative told us that their care plan

reflected their needs and was a good indication of what they were and were not able to do for themselves. The staff member also said that they felt there was enough information to guide them.

Daily records that we looked at showed that care that had been given was recorded in detail and provided a running commentary of the care that people received. For example, one person had managed some of their own personal care but needed specific help with other areas to either do this themselves or for care staff to do it for them.

One person's relative told us that they would be able to make a complaint to the provider if they were not happy with the service they received, although they had never needed to or wanted to do this. The provider's representative told us that a copy of the complaints procedure was given to each person using the service with their care plan when care first started. No complaints had been made and no issues had been identified during reviews of each person's care.

# Is the service well-led?

## Our findings

At our previous inspection in September 2014 we identified that although assessing and monitoring systems were in place, these were not being completed and did not adequately monitor how well the service was being run. The provider wrote to us and told us that they would complete these checks to ensure they were able to monitor the quality of the service provided.

At this inspection we found that there had been some improvement in the monitoring of the quality of the service or assessment of the risks to people since September 2014. The provider had acted on the findings of our inspection in September 2014 and improved the information available in people's care plans. We also noted that daily notes were detailed, however we were not able to check whether this improvement was sustained over time as they had only recently been made.

Satisfaction surveys were completed with people every three months and we saw these in people's care records. These showed that people were generally very happy with the service they received. However, where issues had been identified, there was no information to show whether this had been followed up or whether any action had been taken to address the issue. We asked the provider's representative about this and they told us that any issues identified had been discussed with people. However, none of this had been recorded to provide an explanation. One

person's survey in the following three months showed the same issue identified. The provider's representative told us they had not followed this up again and they were not able to provide a reason for this. This told us that although monitoring the quality of the service had improved, further action was needed to ensure issues were addressed.

Analysis for trends and themes of such areas as accidents and incidents, or complaints, had not taken place because none of these had been recorded.

Our discussion with one person's relative showed that they knew who was running the service and they knew the staff member who was supporting their relative well. They told us that they had been visited every three months by the provider's representative to look at the care that was provided to their spouse. They confirmed that the provider's representative was available to care for their spouse when the staff member was not available, although they were difficult to contact and were rarely immediately available by telephone.

The staff member spoke of the support they received from the provider's representative and the manager who were available when needed. They told us that they worked well together and this ensured that care to the two people who received a service ran smoothly when they were not available. The staff member felt that there had been a significant improvement since our previous inspection in September 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

### Regulation

Personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because actions to address identified issues were not always identified or taken. Regulation 17(2)(a).