

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 well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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. At the time of our inspection four people were receiving a personal care service.

Not everyone who uses this type of service would receive 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

Right Support

- The service was caring. People were respected and valued as individuals.
- People's wellbeing was improved by person-centred activity planning.
- People's needs were assessed, and detailed care plans and risk assessments were in place to help staff support people in line with their preferences.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

- The service has taken steps to meet people's information and communication needs and demonstrated respect for people's diverse needs and human rights.
- Risks to people's care were assessed and actions put in place to manage them. Positive risk taking was encouraged and supported by staff; relevant risk assessments and plans were in place.
- Medication was managed in a safe way. There were checks in place to ensure this was done safely.
- The management team were aware of their safeguarding responsibilities; appropriate referrals had been made when required. Staff's knowledge and competence in this area was assessed regularly.

Right Culture

- There was a strong person-centred culture.
- People told us staff were kind and caring.

- Care was delivered in a person-centred way around people's needs, preferences and their desired outcomes.
- Staff worked with people to empower them to make their own decisions about their care.
- People's quality of life was promoted by staff who knew them well and respected their characteristics and preferences.
- The management team were knowledgeable and passionate about delivering quality care centred around people's needs and preferences.

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

Rating at last inspection

The last rating for this service was good (published on 2 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led

Follow up

We will continue to monitor information we receive about the service until we 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?

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 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 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 team consisted of one inspector.

Service and service type

This service provides care and support to people living in 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave a short period 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

We visited the office location on 8 August 2022.

What we did before the inspection

Before our inspection, we reviewed the information we held about the service which included statutory

notifications and safeguarding and the Provider Information Return (PIR). 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 the inspection

We went to the service's office and spoke with the nominated individual (as the registered manager was not available) and two support workers. We looked at two care records and three staff records; we also looked at various documents relating to the management of the service. We spoke to one person who used the service, and one relative. We also received feedback from three external professionals who had regular contact with 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care. A person using the service told us "I feel very safe, staff are lovely."
- The management team were aware of their safeguarding responsibilities; appropriate referrals had been made when required.
- A member of staff told us, "We all understand about safeguarding. We report anything to our manager straight away."
- Staff's knowledge and competence in safeguarding was assessed regularly.
- A health care professional told us "They responded swiftly and professionally to a recent safeguarding concern, to ensure the person was safe,"

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's care were assessed and actions put in place to manage them.
- Positive risk taking was encouraged and supported by staff; relevant risk assessments and plans were in place and reviewed when required. This encouraged people's independence while having the adequate control measures in place to manage identified risks.
- Incidents were analysed and actions taken, when required, to prevent incidents happening again or review people's care.
- The provider made sure all servicing of the premises and equipment took place at the appropriate time. The provider worked closely with the landlord to ensure repairs and maintenance of the premises was carried out.

Using medicines safely

- There were safe systems and processes for managing medicines, which included safe administration, secure storage, safe disposal and good record keeping.
- Staff were trained to support people with medication and their competency to complete this task was regularly monitored, in line with good practice guidance.
- Medicines safety was audited on a regular basis.

Staffing and recruitment

- Staff had been recruited in a safe way. Applicants had been asked relevant questions at interview stage and appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks provide information including

details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People received staff's support tailored to their needs. This could be two-to-one or one-to-one staff support according to people's needs.
- There was mostly a consistent staff team who knew people well, however the nominated individual told us there had been issues with staff shortages during the pandemic and the management team had to cover some shifts. Action to address this had been taken in recent months and new staff had been recruited.
- The management team explained that they could not use bank staff or agency staff as the needs of the people were very complex.

Preventing and controlling infection

- Infection and prevention measures were in place to ensure people, staff and visitors were safe.
- Checks were done on staff's practice and knowledge in this area.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff told us they asked for consent before supporting with care tasks. A staff member told us "we encourage them to make choices if they say no, we must respect that."
- Some people could not give informed consent for some areas of their care. Relevant mental capacity assessments and best interests' decisions had been completed.
- The management team had identified some people who needed restrictions in place as part of their care yet there was no Court of Protection order in place. The management team was working with commissioners such as local authorities to review people's care and ensure the appropriate authorisations had been sought.
- A staff member told us "we encourage people as much as we can but never push them."

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

- There was a holistic approach to assessing people's needs and preferences and this was described from the point of view of the person receiving care and support.
- Support plans set out current needs and promoted strategies to promote independence. There was also consideration to what was working well, what could be improved and what were people's longer-term aspirations.
- We saw examples of how the service worked with people who were starting to be supported by the service. Relatives and relevant healthcare professionals were involved to ensure staff knew and understood people's needs and that the transition worked at the right pace to ensure a successful outcome for people.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010 were

considered in the planning of their care. People's medical conditions were described in their care plans and included details of how these manifested in their individual circumstances.

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

- People were supported by a range of internal and external multi-disciplinary professionals to ensure they received high quality care.
- People had health action plans and hospital passports, which enabled health and social care services to support them in the way they needed. People were supported to have regular health checks.
- A health care professional told us "There is an excellent support plan from Fortis Care x has been out of hospital since June 2017 which is an excellent outcome for her."

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

- People were appropriately supported to eat and drink to maintain a balanced diet according with their needs and preferences.
- Some people required a higher level of support from staff to support with their meals; this was described in their care plans and recorded in care notes. Other people had varying levels of independence in meal preparation and cooking and this was encouraged and supported.
- A staff member told us "We take people shopping and encourage them to make healthy choices."

Staff support: induction, training, skills and experience

- Staff were offered relevant training to meet the needs of people using the service.
- The management team offered ongoing support to staff through regular supervision meetings and team meetings.
- Staff told us they felt well supported.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care which was personalised to their individual needs and focused on their outcomes.
- The registered manager and staff members were committed to providing high quality care which was flexible and reflected people's preferences.
- The provider gathered people's views about how the service was run, the most recent survey for staff, professionals, relatives and people using the service gave positive feedback.
- Staff told us they felt confident in raising any concerns or making suggestions to management. A staff member told us "They do listen to us."

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

- The management team were knowledgeable and passionate about delivering quality care centred around people's needs and preferences.
- During this inspection we received positive feedback in relation to the registered manager and the management team being very approachable and supportive.
- The managers of the service understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.
- Staff told us the management were supportive and any issues raised would be acted on appropriately, in a timely manner.
- We received comments such as "The manager is amazing, very responsive and knowledgeable" and "The managers are all very good, on the ball, they take on our suggestions and respond very quickly to any concerns we have."

Continuous learning and improving care

- The service had effective quality assurance systems in place. Managers were conducting regular audits, for example, on people's medication, care records and observing staff's practice. The provider also carried out audits and provided ongoing support to the service. This ensured that there was good oversight of the service.
- Staff meetings were regular and relevant issues were discussed.

Working in partnership with others

- Health and social care professionals were regularly involved with people's care planning. Professional advice was documented and followed.