Fortis Care Limited

# Fortis Care North London

## Inspection report

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## Ratings

| Overall rating for this service | Requires Improvement |
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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

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. 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. Currently the service provides support to three people.

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.

This was the first inspection of the service that was registered with CQC in March 2017.

The service had 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.

There was good overall feedback about the service, from people using it and their relatives. We found people were treated with kindness and compassion, and that they were given emotional support when needed. The service ensured people's privacy and dignity was respected and promoted.

People's needs were identified and responded to well. The service was effective at working in co-operation with other organisations to deliver good care and support. This included where people's needs had changed, and where people needed ongoing healthcare support.

The support staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the service. Staff knew people well, they were able to recognise and avoid triggers which could have provoked behaviours which were challenging to manage. People`s physical and mental health needs were monitored and reviewed regularly by staff, psychiatrists and health and social care professionals.

Staff were trained and skilled to ensure they had the abilities and knowledge to understand and meet people`s needs at all times. Newly employed staff had comprehensive induction training, they were given time to learn about people`s mental health and physical needs. The registered manager allocated key workers for people after they analysed and assessed people`s and staff`s personalities, cultural needs and

skills to ensure a good relationship between them.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were updated when required.

People and their relatives told us they were happy with the service their lives were improved after they moved into their homes. They were confident to raise concerns and discuss with management and staff if they had any issues.

The registered manager had a good understanding of people's specific needs and they accepted new people into the service after a thorough assessment. They ensured people were familiar with at least one staff member before they moved in their flats.

There were sufficient numbers of experienced and skilled staff to meet people`s needs safely at all times. However, we found that Recruitment practices were not always safe and relevant checks had not always been completed before staff worked at the service

People's medicines were managed appropriately so they received them safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were well supported with training and supervision which helped them to ensure they provided effective care for people.

People and those important to them, such as their relatives or professionals were asked for feedback about the quality of the service.

The registered manager and staff knew what they should do if anyone made a complaint.

The registered manager was clearly passionate about their role, demonstrated leadership and a good understanding of the importance of effective quality assurance systems.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support.

The service learnt lessons and made improvements when things went wrong.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to the safe recruitment of staff. You can see what action we asked the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not entirely safe. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

There were sufficient numbers of experienced and skilled staff to meet people`s needs.

Recruitment practices were not always safe, relevant checks had not always been completed before staff worked at the service.

We found that medicines were administered safely

### Is the service effective?

**Good**

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes because of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

### Is the service caring?

**Good**

The service was caring. Managers and staff were committed to a strong person-centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect

### Is the service responsive?

**Good**

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences to provide a person-centred service.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

## Is the service well-led?

**Requires Improvement**

The service was not entirely well-led. The service promoted a person-centred culture. Staff were supported to understand the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

The registered manager had not identified that some staff had not completed all the relevant checks before they stated working for the service.

# Fortis Care North London

**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 21 August 2018, and was undertaken by one adult social care inspector and an assistant inspector.

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that they would be available for the inspection visit.

Before the inspection we reviewed information, we held about the service in our records. This included information sent to us by the provider through the Provider Information Return. 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. The PIR also provides data about the organisation and service.

We checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During the inspection, we spoke with one person using the service, two relatives, three support staff, and the registered manager.

We reviewed the care records for two people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at personnel records for four members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including the training matrix and quality assurance processes, to see how the service was run.

Requires Improvement

# Is the service safe?

## Our findings

People told us how they felt safe within the service. One person said, "I feel safe, I like the staff." A relative told us told us "Yes, quite safe because the manager is well organised and he has put things in place, if she ran away he would organise the staff to get her. This is the place where she has lasted the longest."

Staff understood safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They could describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "If I ever witnessed that I would report to my manager If I felt that nothing was being done then the police or would go higher to management whistle blow or contact CQC."

People had individual risk assessments to enable them to be as independent as possible and to promote and protect people's safety in a positive way. The staff and people using the service were aware of risks associated with every activity they were involved in. These were mitigated in a way to ensure there were no restrictions to people whilst also enabling people to be independent. People had comprehensive risk assessments in place which identified the level of risk associated with an activity, outlined the benefits and positive impact on people if they were doing the activity and the possible negative impact in case they were stopped doing the activity. There were also detailed management plans for people and staff to follow to ensure the risks were appropriately managed and any control measures were known. For example, we saw a person was supported to independently manage their own medicines. The risks associated with this activity were identified such as a possible overdose, forgetting to take their medicines, or running out of medicines. The registered manager told us how important it was for the person to feel in control and be independent. They told us "we believe in positive risk taking to enable people to be independent and in control of their life."

There were also general risk assessments for each person in their home, for example personal evacuation plans in case of a fire, other risks were individually addressed by management, staff and people depending on their ability.

Most people using the serviced required two to one support on a 24-hour basis and there were enough staff to meet their needs safely always. The service operated an ongoing recruitment process to ensure there were always enough staff available.

We found that recruitment practices were not always safe. We found that the provider had not checked the suitability of some staff prior to employment. For one person we found that satisfactory Disclosure and Barring Service clearance (DBS) had not been completed until 2 months after their start date and for two people references were received one month and two months after the employee's contractual start date. We also found that the reference request template was very concise and did not request that the referee authenticate the reference by use of headed paper or a company stamp.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014

For people who required support with their medicines an administration record was kept. Staff told us that they always signed the medicines administration records (MAR) after giving medicines. We looked at MAR charts and noted they were fully completed with no gaps or omissions. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. There were regular medicines audits, where actions had been taken to improve practice. Staff had competency assessments before being able to administer medicines. We saw that one person had been supported to take their own medicines

We could see from records that there was learning and improvements made when things went wrong. For example, we saw that following a recent safeguarding incident that the provider had introduced confidentiality training for staff and had updated their data protection procedures.

Accident and incident events were documented in detail and regularly reviewed by the registered manager to identify any trends.

Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

Good

# Is the service effective?

## Our findings

Staff received training to develop their skills and understanding. Each member of staff did an induction which included familiarising themselves with the provider's policies and reading through service user records to understand their needs. They also shadowed a more experienced member of staff before being assessed by the registered manager as sufficiently competent to be a lone worker.

Training records showed that staff were up to date with their mandatory training. This included infection control; safeguarding adults, first aid, MCA and DoLS, food hygiene, medicines, person centred care, record keeping and equality and diversity. There was also training which enhanced staff understanding of the issues which may be presented by the service user group they supported. This included dealing with challenging behaviour, mental health matters and epilepsy awareness. The manager had oversight of all staff training. Many staff had also been supported to gain nationally recognised qualifications in care. A relative told us "staff are more than trained. It's the first-time I have been able to come away on holiday and feel relaxed that she's looked after. She's been in places where it's been a nightmare. I'm more than happy."

Staff had regular supervisions and discussed areas in which they could improve their skills and abilities. A support worker told us," I see the manager three times a week, my team leader is very supportive."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There was some restrictive practise in place for example locking a person in their flat to prevent them from absconding. A 'best interest' meeting had taken place in relation to this and we saw that a DoLS application had been authorised.

Staff had a good understanding of the MCA and confirmed that they had been provided with training. They recognised when a person's capacity to take specific decisions may need to be assessed whilst at the same time enabling the person to take measured risks. We saw that in care plans there were visual prompts in place to enable people to understand what they were consenting to. One member of staff said they understood the need to seek people's consent before carrying out support and they demonstrated a good understanding of peoples' rights regarding choice. They told us "People having the right to consent to things and we need to know that people have the capacity to consent to things and have all the information that they need. Some people have fluctuating capacity, they can consent to one thing one day and not the other but they are allowed to do that."

The service used pictures to ensure people had understood when consenting to aspects of their care and support plans.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. The registered manager told us about a person who had to have a blood test at the hospital; however, this person had a fear of hospitals. They had been working with the person to prepare them for their blood test, using pictures to ensure they knew what to expect. This meant that people`s health needs were prioritised; staff and managers were working with people to ensure they made informed decisions about their health.

We saw evidence on care records of multi-disciplinary work with other professionals and consultation with psychiatrists and social workers. We also saw that people were supported to go to their GP.

People were supported to cater for their own food and drinks. They were helped to plan a weekly menu and do their own food shopping. Staff also supported people to cook their own food encouraging them to eat healthily.

Good

# Is the service caring?

## Our findings

People who used the service and their relatives were positive about the attitude and approach of the staff who supported them. A relative told us "I'm more than pleased with how they are treating her. They have gone above and beyond."

Staff were clear that treating people well was a fundamental expectation of the service. Staff said that treating people with respect and maintaining their independence was very important as well as looking after their cultural needs. One staff member told us" It's all about getting to know the person, what their wishes are, we have to ensure that people from ethnic minorities get the right products for their skin and hair. Make sure they get the food they like for their culture. If someone wants to go to church we facilitate that. Making sure they have what they need and helping them to be as independent as possible to have a better quality of life."

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

There was good evidence in the person-centred support plans that staff encouraged those who used the service to be as independent as possible. People's individual care plans included information about their cultural and religious beliefs and daily activities. For example, on care records key info included 'What I like to use' this detailed the type of toiletries people liked to use It also stated people's clothes and shoe size. There was also a document on 'about me'which outlined people's preferences for music, food and activities. Key relationships in people's lives were captured in care records which was important when people used non-verbal language to communicate.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff could identify possible triggers that caused people to become anxious.

Staff we spoke with could explain how they provided compassionate and dignified care and support for people. They spoke passionately about the people they supported and showed a genuine warmth and empathy. During our inspection visit, we observed staff demonstrating kindness, patience and respect. From our discussions with staff, it was apparent they knew people well which reduced the occurrence of challenging behaviours. There was a small team of staff built around the person which provided continuity and consistency of approach for the service user

Staff could describe the importance of preserving people's dignity when providing care to people. and closed their blinds and bedroom doors to maintain their privacy

Staff told us that they were praised and rewarded by management for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were motivated and spoke with

enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about understanding when people may feel particularly sad or in need of extra attention.

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and most said they were happy with the choices their family members were given. A relative said; "they involve me in everything, with whatever she wants to do, with medication I'll be informed, if she's going to the doctor."

Good

# Is the service responsive?

## Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. Care plans were very detailed; person centred and provided good information for staff to follow. They contained a detailed plan outlining the support the person needed with various aspects of their daily life such as health, personal hygiene, medication and behaviour as well as a communication profile. Care support plans included comprehensive details about people's support needs and what was important to them, physical and emotional needs were well documented. The care plans focused on ways to promote people's independence and achieve agreed outcomes. Care plans provided prompts for staff to enable people to do tasks that they could do by themselves. They provided detailed and appropriate information for care staff supporting them.
We found that care plans provided good detailed information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. For example, for one person it was stated "I like having my hair in ponytails "and I like to take my time to have a bath and cream my body" and "I like to have space on my own to eat and relax."

Relapse prevention plans were also in place for all the people using the service so that deterioration in mental health could be monitored and quickly acted upon.

Staff informed us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. Everyone had their own activities timetable which was based on their interests. People were supported to pursue their hobbies and interests. Staff worked well together to support people to overcome barriers in their life and achieve what they wanted and as a result people`s quality of life improved and was optimised to the full.

There were activities schedule in people's care plans and found they were as per each person's needs and preferences. People were supported with independent living skills such as cooking, cleaning, tidying the flat and shopping. People were also supported with social activities including going to gym, swimming pool, local parks, cinema and shopping centres Other goals people had expressed a desire to achieve were fulfilled through them being supported to follow their interests and enjoy an active social life for example one person was being supported to do on-line dating.

A support worker told us." X used to only go out 2-3 times a week, now we get him out 6 times a week. He goes swimming, cinema and maintains eye contact, his confidence has increased... If I rate it (his improvement) out of 10 it's an 8. He's doing well and accessing the community."

People were well supported when transitioning between services. This included support provided before a person moved into the service and throughout their placement. On occasions this meant staff travelled and stayed in paid accommodation for several weeks during the transition period.

The provider made information available about how to make a complaint. There was a written and pictorial

procedure. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service told us they knew how to make a complaint if needed. There were no formal complaints for us to review at the time of our inspection.

Requires Improvement

# Is the service well-led?

## Our findings

It was clear from our discussions that the registered manager was highly motivated and passionate about their role. They told us "I want our service users to be integrated into society and to be as independent as possible."

There was strong and visible leadership at the service. The management of the service knew people well and understood each person's individual needs and personal preferences. Staff told us they felt supported in their roles and that they could approach the management with any issues they may have. Comments from staff included ", my team leader is very supportive." And "thank you to them for being supportive towards the staff and supporting the staff when we are at work. They are effective when it comes to communication. I do not feel like I have been left out. They're always on the case, there is a good relationship. It gives us joyful work."

We saw that staff performance was regularly assessed to ensure that staff were happy in their roles and that they felt supported at the service. Regular staff meetings were held and it was clear from staff meeting minutes that staff would be able to raise issues as needed. Staff training was monitored and updated as and when necessary and was designed to meet the needs of people using the service.

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People who used the service were involved in how the service was run. People made choices wherever possible about how they spent their time and how they wanted their care and support provided.

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The registered manager monitored the service regularly to assess the quality of the care and support provided, for example they carried out 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 they made suggestions for improvements which they had acted on. However, the audits failed to pick up the shortfall with recruitment and some staff had started working for the service without all the necessary checks being in place.

Care plans and risk assessments were regularly reviewed to check people were getting the care and support they needed to keep them safe. The registered manager also carried out regular spot checks. A staff member told us "I've had unannounced spot checks from the manager, they can turn up at any time. Looking at how we record to make sure they are done properly. They check the cleanliness of the home". The registered manager also told us how it was important for him to cover some shifts "to get the true flavour of presenting needs and risks."

People and their relatives and representatives were asked for their views on how the service was run. There were regular keyworker meetings where staff could raise any issues and the management of the service was in regular dialogue with staff, people who used the service and their families. Annual surveys were also recently sent out to family's people using the service and the provider was in the process of collecting the responses. A relative told us "Well I speak to the manager quite a lot, I let him know how I feel about my daughter, how she's doing, if there's been any incidents. I speak to him maybe three or four times a week."

We found that incidents were logged when these took place and that the appropriate authorities were notified as and when needed. Records showed that incidents were fully reviewed and that action was taken to minimise the possibility of them happening again.

The service worked in partnership with other agencies to support care provision and development. The registered manager had built up a good relationship with the housing provider and we saw that maintenance issues were dealt with in a timely way.

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 | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider failed to provide safe recruitment practices Regulation 19 (1) (2) |