

Fortis Care Limited

Fortis Care Hertfordshire

Inspection report

Fortis Care, Caxton Point
Caxton Way
Stevenage
SG1 2XU

Tel: 01438487270

Date of inspection visit:
21 May 2019
30 May 2019
31 May 2019

Date of publication:
20 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Fortis Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, people living with dementia, people with a learning disability, people with mental health needs, a physical disability and sensory impairments. The service is provided from an office based in Stevenage.

Not everyone using Fortis Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection staff were providing care to two people.

People's experience of using this service:

People felt safe and staff understood the process to follow if they identified that a person may be at risk of harm. Risk assessments were in place to identify possible risks to people's health and well-being and measures were implemented to mitigate the risks. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed.

Staff knew the people they supported well. They received regular training updates. People's care and health needs were identified so staff could meet these. People were supported to maintain good health. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.

People's privacy and dignity was protected and promoted. People had developed good relationships with staff who had a good understanding of their needs and preferences.

People told us staff were kind and caring and helped them. People's personal information was kept confidential. People were involved in discussions about their care and felt that communication with staff and the management was good. People were aware of who to speak to if they had any concerns they wish to raise.

People received person centred care that met their needs. Care plans gave details of how people would like their needs met.

People and staff told us the service was well managed. Staff said the service had a family atmosphere and they felt well-supported. The registered managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

The outcomes for some people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence and inclusion. People's support focused on them having as fulfilling and enjoyable a life as they chose to lead.

Rating at last inspection:

This was the first inspection of the service since it became registered on 22 May 2018.

Why we inspected:

This was a planned first inspection of the service.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Fortis Care Hertfordshire

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:

This inspection was undertaken by one inspector.

Service and service type:

Fortis Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, people living with dementia, people with a learning disability, people with mental health needs, a physical disability and sensory impairments.

The service had two managers 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 48 hours' notice of the inspection visit because it is small, and the managers may be out of the office supporting staff or providing care. We needed to be sure that they would be in.

We started this inspection on 21 May 2019. On this date we made telephone calls to staff. We visited the office location on 30 May to see the registered managers and office staff; and to review care records and policies and procedures. On 31 May 2019 we made a call to a person who used the service.

What we did:

Before this inspection we checked the information, we held about the service, such as notifications. A notification is information about important events which the provider is required to send us. The provider had sent us a completed 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.

We spoke with one person using the service, the registered managers, two team leaders, and two care staff

During the inspection we looked at the care records for the two people receiving personal care. , We also looked at records relating to the running of the service. These included recruitment files for two staff, medicine administration records, audits and meeting minutes.

Is the service safe?

Our findings

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

Good: People continued to be safe and protected from avoidable harm. Legal requirements were met.

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

- Safeguarding systems were in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this area.
- People felt safe using the service. One person said, "I feel very safe with [staff name]."
- A staff member told us what signs they would look out for that could demonstrate abuse. They said, "When I see a client's physical bruise or a change in their mood or behaviour, I would call the office and speak to [registered manager]."

Assessing risk, safety monitoring and management.

- Care plans contained detailed information for staff to follow to keep people safe. Staff were able to describe the action to take to reduce the risk of harm for people they supported. For example; when supporting people out in the community. Records were well maintained.

Staffing and recruitment.

- The provider's recruitment process ensured only suitable staff were employed. Checks undertaken included previous employment, a criminal record check and identity. A criminal records check was also undertaken
- There were enough staff deployed to keep people safe. One person said, "They are so reliable, and I couldn't manage without them."
- All staff told us they thought there were enough staff to meet people's needs. The registered managers told us they reviewed staffing levels based on people's needs and before offering a service to any new people.

Using medicines safely.

- Staff had received training and a competency assessment had been undertaken for medicines' administration. Accurate records of medicines administered were maintained.

Preventing and controlling infection.

- The provider's procedures, training and monitoring of staff's performance ensured people were supported to minimise the risk of infection.
- Staff were provided with protective clothing and equipment to wear whilst providing personal care or

preparing meals.

Learning lessons when things go wrong.

- The registered managers were able to explain the action they would take following an accident or incident to reduce the risk of these reoccurring. There had been no accidents since the service was registered. The registered managers told us they would always share any learning with the staff to prevent a further occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to being offered a service.
- Staff provided care and support that was based on national guidance such as for eating and drinking.
- Care plans contained information about people's needs and was regularly reviewed. Staff knew people extremely well and were able to explain people's care needs in detail.

Staff support: induction, training, skills and experience.

- Staff received regular supervision and training that gave them the skills they needed. All staff commented favourably about the frequency of training, the subjects covered and how it empowered them to meet people's needs.
- A new member of staff was able to explain their induction. They told us they worked alongside other experienced colleagues until they felt confident to work alone. One member of staff said, "I feel very well supported and can ask any questions. There is always someone to ask and willing to help me."

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

- People who required help were supported to eat and drink. Information was recorded in people's care plans appropriately.

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

- The registered managers told us that when people's care and support needs changed they liaised with social services.

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

- Staff supported people where needed to make or attend external health care appointments. One person told us, "Staff would help me to arrange a doctor's appointment if I needed them to. The manager will also arrange to go with me as it can be very difficult for me getting out and about. [Registered manager] is fantastic and is very helpful."

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 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. No applications had been made for people who received care from this service.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff had a caring approach when supporting people. People were very positive about the care they received. One person told us, "I am treated extremely well. I couldn't ask for better care."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked.
- Staff we spoke with, enjoyed working at the service. One member of staff told us, "We are here to meet people needs and treat them like we would like to be treated." Another member of staff said, "I love my job, we are like a big family."

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

- Staff supported people to make decisions about their care. Decisions were recorded in the care plans such as the time staff arrived and the duration of their care visit.
- Staff signposted people and their relatives to sources of advice and support or advocacy; management staff provided advice and guidance to other advocacy organisations and if required, religious groups.

Respecting and promoting people's privacy, dignity and independence.

- Staff showed attention to detail in providing people's care. One person said that staff "Always promoted their independence. They are just fantastic, wonderful and so caring." Staff were very kind, considerate and patient with people.
- Staff encouraged people to do what they could for themselves.
- People's confidentiality was maintained; records were kept securely in the office.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People received person centred care. One member of staff said, "It's all about what the person wants not what we want."

- Staff knew precisely what each person's needs were and acted on these. For example, one staff member described how they supported a person in the community and what precautions needed to be taken to ensure their safety.

Improving care quality in response to complaints or concerns.

- People had personalised care plans in place. These were detailed to give staff the information to provide staff with guidance on how to respond to people's needs effectively and safely.

Improving care quality in response to complaints or concerns.

- There was a complaints procedure in place. There had been no complaints since the service registered with CQC on 22 May 2019.

- People told us they knew what to do if they had a complaint, and the people they could speak with about this.

Meeting people's communication needs.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person in the way each person understood.

End of life care and support.

- The registered managers told us that no one using the service currently was on end-of life care. Where people had been prepared to discuss their future wishes in the event of deteriorating health, these wishes had been clearly identified in their care records. This helped to make sure staff knew about people's wishes in advance.

- Records showed that staff had undertaken end-of-life training. The registered managers told us that they would work with external health care professionals' guidance and advice when it became clear that people's

health conditions had deteriorated. This would enable staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Both registered managers and staff demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- The registered managers both encouraged feedback and acted on it to continuously improve the service, for example by undertaking regular reviews with people about their care and support needs.

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

- The service was well-run. The registered managers told us they were well supported by the providers representative who visited the service regularly.
- Staff were clear about their roles and responsibilities and were well supported by the registered managers.
- Staff told us they liked their job. One staff member said, "We all work well together. It feels like we are one big family." Staff confirmed support is provided on an ongoing basis.

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

- The service involved people and their relatives where appropriate in day to day discussions about their care. One relative told us, "We are always being asked if we have everything we need. They look after me as well as [family member]."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- Staff told us that they attended meetings where possible and minutes were available if they were unable to attend.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement. The registered managers were committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.

- The registered managers and staff told us they kept up to date with current research and good practice, for example they referred to various guidance that had been produced by NICE (National Institute for Clinical Excellence).

Working in partnership with others.

The service worked in partnership with health and social care professionals who were involved in people`s care.