

Fortress Supported Living Services Ltd

Fortress Care Services

Inspection report

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Date of inspection visit:
14 June 2021
07 July 2021

Date of publication:
11 May 2022

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 Services is a domiciliary care agency which provides personal care and support to adults in their own homes. At the time of our inspection the service provided personal care to one person. One live-in care worker provided most of the person's care. Their breaks were covered by the care co-ordinator.

People's experience of using this service and what we found

The provider and registered manager did not demonstrate they had learned from previous inspections or had applied learning across the service. They had still not taken enough action to make, or sustain, required improvements identified at previous inspections. They had not always taken the action they said they would take regarding safe administration of medicines, guidance for staff on how to meet all of the person's needs, and governance.

Staff were trained to administer medicines and their competency was assessed. This helped to ensure the person received their medicines as prescribed. Staff knew the person well. However, the guidance did not provide any guidance for staff on how to recognise if the person may be in pain. This meant any new staff may not know when to offer pain relief. Shortfalls in staff guidance for medicines prescribed "when required" had been highlighted at our previous inspection.

Records did not always provide consistent or complete guidance in how to meet the person's needs. A live-in care worker provided the person's care most of the time and knew the person extremely well. Their breaks were covered by a relief member of staff who also knew the person well. However, there was not sufficient guidance to ensure all the person's needs would be met should new staff provide their care.

Risks had been assessed in relation to the person's care. However, risks for staff, which could impact on the care the person received, had not always been formally assessed. These included the main care worker working for long periods of time without a break.

The provider and registered manager did not demonstrate they could implement new government guidance. For example, they had not implemented a system for staff to be tested for COVID-19 in line with current good practice guidance.

The provider had not employed any new staff since the last inspection. This meant we were unable to test their recruitment and induction processes.

Staff members had received training relevant to their roles. Staff felt well supported by the management team and received regular supervision and appraisal.

The person was supported to have maximum choice and control of their life 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.

Staff supported the person to maintain a healthy diet and to access healthcare services when needed. They liaised with health and social care professionals and followed their instructions.

Care staff were very caring and the relative was happy with the care their family member received. Care staff supported the person to maintain contact with people important to them.

The relative knew how to complain and was confident any concerns they raised would be addressed within the service. No complaints had been made since the last inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2019). There were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulation 17.

The service was rated requires improvement overall at the last two inspections and inadequate overall at the two inspections before that.

Why we inspected

We carried out an announced comprehensive inspection of this service from 30 September to 2 October 2019. We found two breaches of legal requirements. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safety and good governance of the service.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation of the governance and management of the service at this inspection.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

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. 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 Care Act 2014.

Inspection team

This inspection was carried out by 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.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2021 and ended on 7 July 2021. We visited the office location on 16 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we requested from the provider to show the improvements they had made where a breach of regulation had been identified at the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this

information to plan our inspection.

During the inspection

We spoke with the relative of the person who used the service about their experience of the care provided to their family member. We also spoke with four staff: a care worker, a care co-ordinator, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. We looked at the person's care records, staff training records, and a variety of records relating to the management of the service. These included staffing schedules, risk assessments, procedures and audits.



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 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; Assessing risk, safety monitoring and management

At our last inspection 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. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found risks relating to medicines were not well managed. At this inspection we found some improvements had been made. However, systems still did not fully protect people from the risk of harm.
- Although there were shortfalls in the guidance, staff knew the person well and knew when to offer medicines prescribed to be given "when required." Shortfalls in staff guidance for medicines prescribed "when required" had been highlighted at our previous inspection.
- Records did not always provide consistent guidance about how to administer the person's medicines. For example, one medicine was prescribed to be given 30 minutes before food and this was recorded in the person's care plan. However, this was not included in the person's risk assessment or medicines administration record (MAR). Staff who provided the person's care were aware of this, but there was a risk that this information could be missed by new staff. Staff who provided the person's care were aware of their needs regarding medicines. However, there was a risk this need would not be met if new staff provided the person's care.
- Following our visit to the service, the nominated individual told us the above issues had been addressed. However, they provided us with the guidance for staff administering a medicine prescribed to be given "when required." This told staff to administer the medicine when the person requested it or when the care worker "perceived" the person to be in pain. There was no explanation of how the person may express pain or what signs the care worker should look for. This meant there was still insufficient guidance in place for new staff to follow to ensure the person received this medicine when they needed it.
- Staff were trained to manage people's medicines safely and their competency was checked before they did this on their own. The nominated individual regularly audited MARs to ensure they were completed appropriately. This helped to ensure that people received their medicines as prescribed.
- At the last inspection we found potential risks to people's safety and welfare. At this inspection we found improvements to the person's individual risk assessments. The risk assessments took into account any hazards and contained guidance for staff in how to reduce them. For example, in relation to falls.

- However, risks for staff, which could impact on the person's care, had not always been formally assessed. For example, conversations had taken place between the registered manager and a staff member about working with one person for long periods without a break. However, no formal risk assessment was in place in relation to this.

Preventing and controlling infection

- The provider had an infection control procedure in place that included COVID-19. However, this did not include staff routinely testing for COVID-19, or separate risk assessment for people or staff who were in high risk groups. For example, for people or staff who were from black and minority ethnic backgrounds. During the inspection visit the registered manager and nominated individual told us it was not necessary for staff to test for COVID-19 because both the person receiving the service and the main care worker had received both vaccinations against COVID-19. The registered manager and the care co-ordinator had both visited the person's home without first testing for COVID-19. This put the person at risk of contracting COVID-19.
- Following our visit to the service, the nominated individual told us these issues had been addressed.
- Staff completed infection control training and received support from the registered manager and nominated individual during the COVID-19 pandemic.
- Care staff confirmed they were provided with sufficient supplies of disposable personal protective equipment (PPE) including gloves, masks and aprons.

Learning lessons when things go wrong

- The registered manager and nominated individual did not demonstrate learning from previous events. For example, during our last inspection we found staff did not have sufficient guidance to safely administer medicines prescribed to be given "when required." The provider told us in their action plan that they had addressed this. However, we again found staff lacked guidance in this area at this inspection. When we raised this with the registered manager, she told us the previous report was in relation to another person. They had not applied this learning to the person receiving care during this inspection, even though they too were prescribed medicines prescribed to be administered "when required."

Systems and processes to safeguard people from the risk of abuse

- The person's relative told us they trusted staff and knew how to escalate concerns if the need arose. They said the main care worker, "Is fantastic and knows [my family member] so well."
- The provider had systems in place to safeguard people from abuse. Staff had received safeguarding training and were confident about how they would report any concerns both to the management team, and externally to other organisations. Staff were confident the management team would take any concerns seriously.

Staffing and recruitment

- At the last inspection we found that staff had been recruited safely and appropriate checks carried out. No new staff had been employed since then.
- There were enough staff to meet the person's needs. At the time of our inspection care was provided to one person. Their care was mostly provided by one, live-in, care worker, with breaks being covered by another staff member which they arranged between themselves. The registered manager told us they would also cover the care if needed.
- The staff rota did not specify the days and times each staff member provided care to the person. During our inspection visit the registered manager and nominated individual did not provide us with any rotas or staffing schedules showing the times each staff member had worked with the person.
- The registered manager told us they planned to recruit more staff prior to providing care to other people.
- Staff received training to ensure they provided care safely.

- Staff told us they have enough time to carry out the planned care.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection we recommended the provider ensured best practice is followed regarding establishing people's consent and upholding their rights. At this inspection the provider had made improvements.
- Staff had received training in MCA and had a basic understanding of it. Care plans showed, and a person's legally appointed representative told us, that they had consented to the care provided and staff involved the person in day to day decisions as much as possible.

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

- The provider and registered manager had not followed current government guidance. For example, they had not implemented a system for staff to be tested for COVID-19 in line with current good practice guidance.
- Care plans showed assessments of the person's needs and provided guidance on how staff should meet them. However, although the staff were aware of one aspect of the care the person needed to maintain good hygiene, this had not been included in their care plan. This could therefore be missed if new staff provided the person's care. Following our visit to the service, the nominated individual told us they had updated the person's care plan to include this.
- The relative was very complimentary of the service their family member received. They told us, "[Care worker] is fantastic, especially during the pandemic. It's down to them [my family member] is still alive."
- The nominated individual told us that if they provide care to other people, they will ensure they have a

minimum of two care workers providing each person's care. This is so staff can get to know the person well.

Staff support: induction, training, skills and experience

- Both staff members were very experienced and knew the person's needs well.
- The relative told us that staff seemed well trained and described one care worker as knowing, "The ins and outs of everything."
- Staff received training and regular refresher training in a variety of topics relevant to their work. This included moving and handling, safeguarding, and food hygiene. Staff also had the opportunity to complete other training as needed, such as dementia care.
- At the last inspection there was no structured induction process in place. We were not able to inspect this during this inspection because no new staff had been appointed since our last inspection.
- Staff received regular spot checks of their competency at different times of the day. They also received regular supervision and appraisal. They told us they felt well supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported the person to eat and drink healthily. They were knowledgeable about the person's dietary needs and preferences, and these were recorded in the person's care plan.
- The relative told us, "We went to see [my family member] yesterday, we got there at dinner time and [they were] eating a lovely home cooked meal."
- Staff understood the person's healthcare needs and worked in partnership with external healthcare professionals such as GPs, to promote the person's health.

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 requires improvement. At this inspection this key question remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The person was not always treated with respect by the provider and registered manager, because systems to keep people safe from harm and protect them from risk were not always in place or followed. For example, staff did not test for COVID-19 regularly, or before working with the person, and there were shortfalls in how the person's medicines were managed.
- The person's care plan did not contain enough information to ensure new staff would meet the person's needs effectively.
- The relative told us their family member's main care worker was very caring and knew the person well. They had seen the care worker offering their family member choices. They confirmed staff consulted them about any decisions regarding their family member.
- Staff told us they had received training in equality and diversity and described how they used this to ensure people's rights were upheld.
- Both staff said they would be happy with a family member receiving care from this service. One staff member said this was because the nominated individual "is so attentive."
- Staff described how they involve the person in decisions about their care in a way they could understand. For example, offering two choices of what to wear.
- The way care plans were worded encouraged staff to be respectful to people. For example, reminding them to be "patient" and "kind" when providing care.

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 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

- The care plans contained detailed guidance for staff in how to meet the person's needs. Although the person's care plan had recently been reviewed, there was no guidance for staff on how to meet one aspect of the person's hygiene needs. Staff knew the person well and were aware of how to meet this need. However, there was a risk this need would not be met if new staff provided care. Following our visit to the service, the nominated individual told us this had been addressed.
- The person's relative and staff told us they were consulted about the person's care plan.

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

- Staff supported the person to keep in contact with their relatives via the telephone and visits. The care workers knew the person very well and understood and shared some of their interests.

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.

- The person's care plan guided staff about any considerations when communicating with the person.
- The nominated individual told us they could provide information in other formats where people needed this. For example, large print or braille.

Improving care quality in response to complaints or concerns

- The person's relative told us they were aware of how to raise concerns or complaints but had not had the need to do so. They were confident the nominated individual would take any concerns they raised seriously.
- The provider had received no complaints since the last inspection.
- The provider had a complaints policy and procedure in place.

End of life care and support

- The service did not provide specialist end of life care but may continue to care for people at the end of their life as the need arose. This would be with support from external health professionals, such as GPs.
- The person's care plan contained no information about their preferences for their end of life care. After the inspection the provider told us the person's representative did not wish to discuss this with staff. However, this was not recorded within the person's care plan.
- Staff told us they had not had training in end of life care. The nominated individual told us that staff had

received training in end of life care following our visit and this would be updated every three years.

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 inadequate. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that they operated effective systems to assess, monitor and mitigate the risks relating to people's health, safety, and welfare. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider is still in breach of regulation.

- The service was rated requires improvement overall at the last two inspections 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 four previous inspections. The continued breach of Regulation 17 demonstrates to us that the nominated individual and registered manager continue not to have an understanding of their roles and responsibilities. This placed people at potential risk of harm.
- We put conditions on the provider's registration during previous inspections to help the provider improve and keep people safe. These remain in place. The conditions required the provider to demonstrate to CQC they had carried out robust assessments before providing care to new people; prevented the provider from employing anyone who was being investigated by safeguarding; required the provider to demonstrate they had carried out robust risk assessment before recruiting staff members with a criminal record; and required the provider to give CQC a monthly update about a range of issues relating to the delivery and management of the service. The provider had not recruited any new staff or provided care to any new people. They had provided us with monthly updates which mainly focused on the improvements that would be implemented if they provided care to new people.
- The provider and registered manager did not always demonstrate they applied learning across the service. At our last inspection we found there was not sufficient guidance for staff when administering medicine prescribed to be given "when required." In the provider's action plan the nominated individual told us they had introduced a new form that provided guidance for staff about this. However, this had not been fully completed and staff did not have the necessary guidance for administering the medicine safely. During this inspection the registered manager told us this was raised previously in relation to another person. This showed they had not applied this learning across the service.
- The provider and registered manager did not demonstrate they could implement new government guidance. For example, they had not implemented a system for staff to be regularly tested for COVID-19 in line with current good practice guidance.

- Records were not consistently completed. For example, the person's care record did not always contain consistent guidance for staff about when a medicine should be administered, and there were no records of the times each staff member had provided care to the person.
- Risks for staff had not always been formally assessed. For example, in relation to a staff member working with one person for long periods without a break.
- There was a lack of a cohesive quality assurance system in place. The quality assurance consisted of staff spot checks and records audits. However, this did not highlight the issues we found during this inspection regarding medicines management, care planning, and considering government guidance.
- Following our visit to the service, the nominated individual told us the issues had been addressed. However, the provider and registered manager had not recognised the need to make these improvements prior to our inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was well-led. This placed people at risk of harm. This was a continued breach of regulation¹⁷ (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had invested in an electronic records system which the nominated individual and registered manager felt would improve their monitoring and overview of the service. However, due to connectivity issues, this was not used for the person receiving care at the time of this inspection.

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

- The relative made very positive comments about the service their family member received. They said the staff member kept them informed of any changes in their family member's well-being. They were confident the nominated individual would also keep them informed of any changes in the service.
- The relative told us the nominated individual sought their views through quarterly surveys. They could not think of any improvements the service could make for the care their family member received and they were, "Very happy" with the service provided.
- Staff told us they felt well supported. One staff member told us they had, "Never had a time when they couldn't contact the [nominated individual or registered manager]" They described the nominated individual and registered manager as, "So caring... genuinely good people." Neither staff member had any suggestions in how the service could be improved.
- The nominated individual and registered manager ensured staff received refresher training in topics relating to their work.

Working in partnership with others

- Staff described effective working relationships with health and social care professionals who were involved in the person's care. This helped to ensure the person received consistent care that met their needs.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that they operated effective systems to assess, monitor and mitigate the risks relating to people's health, safety, and welfare.</p> <p>Regulation 17 (Good governance)</p>