

Fortune Smiles Services Limited

# Fortune Smiles Service Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Fortune Smiles Service Ltd is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to people in their own homes. 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.

The service was supporting 2 people with personal care at the time of the inspection.

### People's experience of using this service

Risks assessments were not robust to ensure people received safe care. Care plans did not include people's preferences with personal care to ensure they received person centred care. Communication plan did not include how to communicate with people effectively. We have made a recommendation in this area.

People were not supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Robust audit arrangements were not in place to ensure shortfalls could be identified and prompt action taken.

Staff were aware of how to safeguard people from abuse. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with people. Medicines were being managed safely. Systems were in place to ensure staff attended calls on time.

Staff had been trained to perform their roles effectively. Staff supervisions were regular to ensure staff were being supported at all times.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

Systems were in place to ensure feedback was received from people on their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This was the first inspection of the service since it registered with CQC on 7 October 2021.

## Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service is Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Fortune Smiles Service Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to need for consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

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.

## 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 caring.

Details are in our caring findings below.

**Good** ●

### 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 always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Fortune Smiles Service Ltd

## 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 was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 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.

#### What we did before the inspection

We reviewed the Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we already held about the service. This included their registration report

and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

We spoke with the registered manager and the nominated individual. We reviewed documents and records related to people's care and the management of the service, which included 2 people's care plans and medicine records.

We reviewed 4 staff files, which included pre-employment checks. We looked at other documents such as quality assurance and training records.

We spoke to one person who used the service, a relative of a person who used the service on the telephone to receive their feedback about the service. We also spoke to one staff member on the telephone to check if they knew about the people they supported.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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.

### Assessing risk, safety monitoring and management

- Robust risk assessments were not in place to ensure people received safe care.
- Robust risk assessments had not been completed in full relation to a person's health conditions to ensure risks associated with their medical conditions were minimised. Although signs and symptoms were listed, the measures in place were not robust to ensure the person always received safe care.
- A person was at risk of choking, although the risk was identified, risk assessment had not been completed in this area to ensure staff knew what to do if the person was to choke.
- Risk assessments had been completed for people at risk of falls, mobility and if people were distressed.

### Staffing and recruitment

- Systems were in place to minimise risks of late or missed calls. The service used a time sheet to monitor staff attendance and punctuality, which also involved contacting staff prior to call visits to check they are able to attend on time. These time sheets were also reviewed by the management team. A person told us, "They are always on time."
- Pre-employment checks had been carried out to ensure staff were suitable to work with people who used the service. Checks had been made such as criminal record checks, references and obtaining proof of staff identity and right to work in the UK.

### Using medicines safely

- The service did not support people with medicines.
- Medicine care plans were in place that included the medicine people took. The nominated individual told us they only prompted people to take medicines.
- Staff had been trained on medicines and their competency had been assessed to ensure people could be supported with medicines when required.

### Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy were in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

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

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy were in place. A person told us, "I feel very safe with them." A relative told us, "[Person] feels very safe with them."

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infections. Staff had their competency checked on using Personal Protective Equipment (PPE) safely.
- Staff confirmed they had access to PPE such as gloves and aprons and used this when supporting people with personal care. A staff member told us, "I have aprons, masks and gloves. I have everything I need."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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.

- Robust systems were not in place to obtain consent from people to provide care and support.
- Consent had been requested from people that had capacity to make decisions to ensure they agreed with the care and support being provided by the service.
- Where people may not have capacity to make decisions about their care and treatment, an MCA assessment had not been carried out to determine if they had capacity and if a best interest decision was required.

The service was not working within the principles of the MCA, which meant people's legal rights were not being protected. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us that they always request people's consent before doing any tasks. A staff member told us, "Of course, you have to ask permission for everything and find out if they want you to do it or not." A person told us, "They [staff] always ask for consent."

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

- Robust systems were not in place to assess people's needs and choices.

- Although pre-assessments and reviews had been carried out this did not include peoples preferences with the support they required. This meant people may not receive safe person-centred care. The management team told us they would ensure pre-assessments was made more robust to include this.

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

- Care plans included the level of support people would require with nutrition.
- People's preferences were recorded and they were given choices with meals. A person told us, "I am given choices with meals by them [staff]."

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had been trained on essential areas such as safeguarding, basic life support and moving and handling. One staff member commented, "I got good training, which was helpful. I did five days induction with them." A person told us, "They [staff] are trained to do their jobs, they know me well."
- Regular supervisions had been carried out for staff to ensure they were supported in their roles.
- Staff told us they felt supported. A staff member said, "Manager is a good manager. They do support me."

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

- People had access to health services to ensure they were in the best of health.
- Staff knew when people were not well and what action to take. GP details were recorded on peoples care plan. Staff were aware on contacting GP as they knew the contact information or emergency service if people were not well.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. A person told us, "They [staff] are all kind and friendly to me." Feedback from people through the providers surveys showed that they were happy with staff approach.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. Staff told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member commented, "They [people] are at the centre of the whole thing, they are always involved in decisions. It's part of providing person centred care." A person told us, "They [staff] involve me in decisions on the care I need."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "We make sure doors and windows are shut when supporting someone. I ask for consent and would always knock on doors."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people with personal care or mobilising.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. At this inspection the rating has changed to Requires Improvement. 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; Meeting people's communication needs

- Robust care plans were not in place to ensure people received personalised care.
- A person's care plan did not include their preferences on how they would like to be supported with personal care and did not detail the type of support they required in this area.
- People and relative told us that staff knew people well and were aware of their preferences when supporting them. A relative told us, "They [staff] know how to support [person] and [persons] needs. They do provide person centred care." A person commented, "They [staff] know me very well."

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.

- Communication plans were in place and included how people may communicate along with materials that may be used to aid with communication. However, the communication plan did not detail how and when the materials should be used to ensure communication was always effective. A relative told us, "From what I noticed, they communicate well with [person]."

We recommend the service follows best practice guidance on ensuring care plans and communication plans are person centred.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The service had not received any complaints since they registered.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints. We saw complaints processes were included on peoples care plan.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place. The registered manager told us that the policy was in place should the service support people with end of life care. The registered manager also informed staff would also be trained on end of life care when required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. 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; 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

- Robust audit systems were not in place to ensure people received safe personalised care.
- Audits had not been completed yet as the service completed audits periodically. As audits had not been completed, this meant shortfalls could not be identified and action taken to ensure people received safe person-centred care.
- Staff did not always have the information they needed to provide safe and personalised care. We saw staff did not have access to detailed person-centred accurate care plans to facilitate them providing care to people the way they preferred. Risk assessments were not robust to ensure people received safe care at all times.
- We found MCA principles were not being applied to ensure people's legal rights were protected.

Management systems were not robust to ensure people received safe person-centred care. The failure to maintain accurate, complete and contemporaneous records for each service user meant that service users were at risk of receiving unsafe and inappropriate care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "Everything is going well, I have no concerns."
- Spot checks had been completed to check staff were competent to carry out their roles.
- The management team was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems were in place to obtain feedback from people about the service.
- People's beliefs and background were recorded and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people through spot checks. Surveys had

also been completed focusing on care delivery and staff approach. The results of the surveys were positive.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was failing to ensure consent had been sought from people that had capacity to make decisions to ensure they agreed with the care and treatment being provided by the service. MCA principles were not being applied.</p> <p>Regulation 11.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users to ensure people received safe person-centred care at all times.</p> <p>The registered provider was not maintaining accurate, complete and contemporaneous records for each service user meant that service users were at risk of receiving unsafe and inappropriate care.</p> <p>Regulation 17.</p>