

# Mondonovo Care Limited

# Enfield

## Inspection report

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Date of inspection visit:  
03 March 2020

Date of publication:  
07 April 2020

## 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

Mondonovo Care Limited (Enfield) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing personal care to seven people.

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

People using the service trusted the staff and felt safe with them. People were involved in decisions about their care and assessing potential risks to their safety. Ways to reduce these risks had been explored and were being followed appropriately.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity.

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 understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

Everyone had an individual plan of care which was designed with the person, their family or representative. Individual care packages were detailed, and tailor made for each person.

All staff had clear roles and responsibilities and understood the values of the service.

The registered manager was highly visible and motivated staff.

Staff had been trained in the management of medicines and suitable policies and systems were in place. People told us they were satisfied with the support they received to manage their medicines where this was part of their care package.

Staff told us they enjoyed working for the agency and were positive about the support, encouragement and guidance they received from the registered manager.

People who used the service and the staff supporting them had regular opportunities to comment on service provision and made suggestions regarding quality improvements. People told us that the

management listened to them and acted on their suggestions and wishes.

People knew how to complain if they needed to and the registered manager asked if people were satisfied and happy with the service on a regular basis. Everyone working at the agency understood the need to be open and honest if mistakes were made.

The service worked in partnership with other organisations to support care provision, service development and joined-up 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)

This service was registered with us on 1 February 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our agreed inspection frequencies for newly registered services. As a result of this inspection the service has been rated 'good'.

#### Follow up

We will 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Enfield

## 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

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

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 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 information we had received about the service since it was registered by us on 1 February 2019. 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.

#### During the inspection

We spoke with the registered manager and the director of the company. We reviewed a range of records.

These included four people's care records, seven staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality audits, monitoring reports, risk assessments as well as policies and procedures relating to the running of the service.

#### After the inspection

The registered manager sent us documents and additional information we had requested at the inspection. We spoke with three people who used the service and five relatives. We also contacted five staff to get their views about working for the agency.

# 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 good. This meant people were safe and protected from avoidable harm.

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

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People told us they trusted the staff and felt safe with them coming into their home. One person told us, "I do trust them, and I trust the agency to only send someone that is trustworthy." Another person said, "I feel perfectly safe with my carers."
- Staff had completed safeguarding awareness training and understood the procedures they needed to follow if they suspected abuse. One staff member told us, "I'll report immediately to my manager."
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Assessing risk, safety monitoring and management.

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- People told us, and records showed they had been involved in discussions about any risks they faced as part of the assessment of their care needs. A person told us, "They came to my house first because [my relative] was staying here and then we had to do it all again when she moved back to hers. They did things like fire alarms and made a big thing about us using a makeshift plank for the bath. They helped us get a proper thing so that she can have a bath safely."
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. These risks included mobility issues, medical conditions and pressure care management. Information about risks was recorded in people's care plans and was being reviewed regularly. A staff member commented, "Each person's level of risk depends on their personal circumstances. I work with a client who is at risk of falls due to poor mobility and she was recommended with a Zimmer frame and a pendant alarm."
- We saw that the service had systems for identifying, assessing and acting on environmental risks for each person and the staff supporting them. The service had a lone working policy.

Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a robust recruitment process and checks were in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were recorded on application forms.

- Staff confirmed that they could not start working for the service until they had received a satisfactory DBS record check.
- People told us there were rarely any issues with timings or lateness. One person told us, "They come on time which is difficult with the transport around here." Another person said, "They will call me if they are running late and I appreciate that."
- Staff told us the time they were allocated was enough and they could undertake the tasks required safely. People told us they did not feel rushed by the staff.

#### Using medicines safely

- The provider had appropriate systems in place to ensure the safe management of medicines.
- People told us they received medicines on time and in a safe manner. One person said, "They give the medicines from the blister pack and then it's all written in their book." Another person commented, "They always write in the book and then the Manager comes around and checks it." Another person said, "They prompt and remind me, but I like to do that myself."
- We saw satisfactory records to confirm people received their medicines as prescribed. However, we noted that staff were signing for the total medicines given at each shift rather than signing for each individual medicine administered. The registered manager immediately changed the medicine administration records (MAR) accordingly.
- Staff had received medicine training and had undertaken an observed competency check, by the registered manager, to make sure they understood the practical issues of medicine administration.

#### Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection.
- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care and, were provided with sufficient amounts of personal protective equipment.

#### Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents and staff understood these.
- The service had accident and incident forms in place and the registered manager told us they would follow their procedures where required. The registered manager told us, "Staff are trained to be confident to ring the GP if the person is unwell, or 999 in the event of an emergency or to ring the office if there were any concerns."
- The registered manager gave us examples of where they had learned lessons from past experiences and feedback from both people using the service and the staff supporting them.

# 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 good. This meant 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

- Assessments of people's needs were detailed, needs were identified, and care and support regularly reviewed.
- People and those close to them had been involved in their own assessments.
- People's need assessments included the person's life history, support needs around mobility, medicines, skin care, physical health, personal hygiene and social and emotional needs.
- Care plans included information around the person's important relationships, culture and spiritual needs and care preferences.

Staff support: induction, training, skills and experience

- People told us staff were good at their job and knew what they were doing when providing support. One person told us, "I think they are competent, and it gives me confidence that they know what they are doing."
- Staff told us that the induction process was useful and involved completing the training required by the agency as well as shadowing more experienced staff before they felt confident to work alone. A staff member told us, "My induction was a five-day period which included an introduction to the office staff, good housekeeping and discussing my role as a care worker. Day two and three was when I completed the mandatory training, while I completed shadowing on day four and five and my competencies were checked."
- Staff told us, and records showed that staff were provided with the training they needed to support people effectively. We saw records of staff training were being maintained and monitored so refresher training could be booked when required. A staff member told us, "The training opportunity is splendid and a very vital support system for me in my job as a care worker."
- Staff confirmed they received regular supervision and felt supported by this process. One staff member told us, "It helps to build on the strength and success and address any weakness with my manager. It is a moment to explore and discuss new ideas that will deliver a better outcome. It helps to identify training needs."
- As the service was recently registered and staff had not yet been there a year, annual appraisals had not taken place so staff to reflect on their work practice.

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

- People told us they were satisfied with the way they were supported with eating and drinking. One person told us, "She's a great cook and that's important." A relative commented, "The carers give [my relative] breakfast, lunch and tea. They always ask what she would like from the shopping that I have done and encourage her to eat."

- At the time of the inspection no one required a special diet due to medical conditions. However, the registered manager understood the process to contact outside professionals such as speech and language therapists (SALT) if people had problems with this.
- Care plan's recorded people's dietary needs and food likes and dislikes. This included any dietary needs in relation to people's culture and religion.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked collaboratively across services to understand and meet people's needs.
- The service had clear systems and processes for referring people to external services. The registered manager understood the importance of referring people to external services when required. They told us, "On several occasions, I have had to share information with occupational therapists, district nurses and physiotherapists to ensure the appropriate service is provided."
- Where people required input from other professionals this was supported, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as doctors, health services and social services.
- Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff had a good understanding about the current medical and health conditions of the people they supported and any risks in relation to this. Staff attended hospital or GP appointments with the person if this was required. One person told us, "They know that the help I need can vary, like if I have an appointment sometimes, I can go on my own but other times I need them, so that's in the plan."

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 found that it was.
- People told us that staff asked permission before supporting them, offered choices and valued their decisions.
- Staff had attended MCA training and were aware of the need to always obtain consent when they supported people. A staff member told us, "[The MCA] protects people who are unable to make decision for themselves. As carers we should not make up our own assumptions." Another staff member commented, "All decisions made for people who lack capacity must be made in their best interests."
- The registered manager told us that, even though some people were living with dementia, this did not restrict them in making day to day decisions about their care. People's ability to consent to care and treatment was recorded in their care plans.

# 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; respecting equality and diversity

- People received a caring service from staff who were respectful and thoughtful.
- People told us they were well treated by the staff who supported them. One person commented, "Just brilliant. She knows me so well. Always makes me comfortable and we share a love of the same music, so we listen together." Another person said, "I share a birthday with one of my carers, so we make a fuss of each other."
- People told us, and records showed that the service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. A relative told us, "They sent carers who have the same heritage. They are all from London, but they understand our culture and that was great. It helps [my relative] to chat." The registered manager told us, "Our service supports service users to attend to their religious needs as part of accessing the local community."

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

- People and their relatives were involved in the assessment, planning and review of their care provision. A relative told us, "[My relative] had the same carer for many years and this agency took her on so that they stayed together. We thought that was amazing. That was the biggest decision they helped us with."
- People told us, and records confirmed that people were involved in making decisions about their care on a daily basis. Staff respected people's views in relation to their care and followed their lead with sensitivity.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity.
- Staff encouraged people's independence and people's needs were assessed so the staff would only provide support with tasks the person was unable to do themselves. One person told us, "The best thing is that they treat me as a normal person and just help when I need it."
- Care plans contained information to encourage people to complete personal care tasks they were able to and staff encouraged people. This supported people to maintain as much independence as possible. One person we spoke with said, "It's always my choice and they let me be as independent as I can and that changes on different days."
- People told us staff treated them with dignity and respect. One person told us, "It's all part of the care that they show, it comes naturally to them."
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.
- Personal information held by the service and relating to people using the service was being treated

confidentially and in line with legal requirements.

# 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 Good. This meant that 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 told us, and records confirmed that they were involved in planning their care. They told us they felt empowered, valued and listened to.
- We saw people who used the service and their relatives had been involved in updating care plans as required. One person told us, "I keep in touch about the plan that was done at the beginning."
- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- Staff at the service understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences.
- Staff supported people to carry out activities and encouraged them to maintain links with the community and their family and friends where this was part of their care provision.

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 care documentation showed that the service identified and recorded people who had different communication needs. Staff understood the way that people expressed and communicated their needs and wishes. A staff member told us, "I am aware that my communication with service users is very essential, listening to their views and wishes. I support them to participate in their own care plan."
- People told us that staff interacted well with them and understood the different ways they communicated.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they felt their concerns would be heard. A relative told us, "I am totally confident that they would listen to anything that I was worried about and sort it out."
- We saw that there had been one complaint recorded since the service started. This had been dealt with appropriately by the registered manager who had investigated the concern and apologised for what had happened.
- People confirmed that the registered manager regularly contacted them and asked if they were happy with their care provision. Any concerns were dealt with quickly and to their satisfaction. One person said, "They have asked me, and I told them that I have never been dissatisfied with any of them."

#### End of life care and support

- Relevant policies and procedures around end of life planning were in place so that staff understood this important aspect of care should it be needed.
- The registered manager told us that currently no one using the service required end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means 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 Good. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People who used the service were very positive about how Mondonovo Care Limited (Enfield) was run. One person told us, "The level of personal care from this outfit is far superior to anything that we have had in the past. They really know what they are doing."
- Staff told us they felt very well supported in their role. One staff member told us, "[The registered manager] is really nice I feel very supported by her. I can phone her anytime to talk to her if needed." Another staff commented, "[The registered manager] is knowledgeable about her job responsibilities. She is such an inspiration for good leadership. I feel strongly supported by her."
- Staff understood the values of the organisation and how they put these values into practice on a day to day basis. These values were discussed with staff on a regular basis. A staff member commented, "The vision and values of Mondonovo Care are to treat every service user as an individual. To meet their needs, we respect their independence, dignity, choice and we show compassion."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- Policies and procedures were in place relevant to the service, and to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spots checks on staff were completed and helped to monitor their performance.
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

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

- In relation to staff meetings, the manager told us, "Due to inability to get a complete quorum for our staff meetings, we have decided to have our meetings in a centralised local café and in split session. We are also looking out trying Skype.
- Staff confirmed there was equal treatment of employees. The registered manager told us, "Our service created an open culture, that is inclusive and empowering. As the registered manager, I made myself approachable. I treat all staff with respect and are all treated the same regardless of ethnicity, race, skin colour, disability, sexuality, age or culture.
- Staff told us they were consulted about the running of the service and their comments and suggestions were sought and taken on board by the management.
- The registered manager gave us examples of how suggestions made by people, their relatives and staff had improved the service. For example, by improving the communication between the office and staff out in the field by use of mobile apps.
- People told us they were regularly contacted by the registered manager and office staff to ask them for feedback on the quality of the service and they also received spot checks by the registered manager to check the quality of the service. One person told us, "We had something formal last year, but they are checking all the time." A relative commented, "We have contact with [the registered manager] who is always available even in the evenings or at weekends but luckily I haven't had to call. Good to know we can."
- We saw completed quality assurance checks, carried out by the registered manager. These were very positive about the quality of care provided by staff and management. One person had commented, "My dad was extremely grateful, and the family was very happy to see him in high spirits and in great shape having received excellent care."

#### Working in partnership with others

- The service worked in partnership with the local authority, health and social care professionals and commissioners.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals and by attending relevant training. The registered manager wrote to us after the inspection. They told us, "I have been liaising with other providers and registered managers both within and outside the boroughs. I have attended Haringey Care Providers forum in December, ideas were shared between commissioners and providers on effective ways of delivering the service."