

PACO Rehabilitation Services Ltd

PACO Rehabilitation Services

Inspection report

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Date of inspection visit:
21 January 2020

Date of publication:
13 February 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

Paco Rehabilitation Services is a care home that provides care and support for up to three people with mental health needs. The service focused on supporting people to recover from long term mental health problems and regain daily living skills. At the time of the inspection there were three people using the service.

People's experience of using this service

People told us they felt safe using the service. The provider supported people to take their medicines safely. Infection control was managed well and the service was clean and tidy. There were sufficient staffing levels at all times to maintain people's safety and ensure their needs were met.

People's health and social care needs were assessed, and plans put in place to meet these. The provider met people's nutritional and hydration needs and supported them to have a balanced diet. People were supported with their physical and mental health needs and care records contained good information on these.

People told us the registered manager and staff were kind and caring and knew people well. People were treated with dignity and respect.

We received positive comments about the overall management of the service. There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

People were supported to have maximum choice and control of their lives 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.

Rating at last inspection:

This service was registered with us on 17 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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.

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.

PACO Rehabilitation 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

The inspection was carried out by one inspector.

Service and service type

Paco Rehabilitation Services is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the registration. We used all of this information to plan our 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.

During the inspection

We spoke with two people receiving care and support. We spoke with the registered manager and a support worker. We reviewed care and medicine records of three people and we looked at six staff files in relation to recruitment, induction, supervision, and training. We also looked at a sample of policies and procedures and records related to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with another person receiving care and support on the telephone. We got feedback from two health and social care professionals who worked with the service to plan and coordinate people's care and support.

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

- Systems and processes were in place to ensure people receiving care were protected from harm or abuse.
- Staff received regular training and showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary. This was confirmed by a health and social care professional who told us, "I have no concerns about safety as the service reports any concerns to us immediately."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified, assessed and reviewed regularly by experienced staff and people told us they felt safe.
- We saw a range of risk assessments that were devised to mitigate a range of risks to people. These included risks to people's mental health and behaviours that challenged. Staff showed a good knowledge of the potential risks to people and knew what they needed to do to ensure their safety was always maintained.
- The risk of harm from a fire was assessed which considered personal factors such as smoking and the use of flammable emollient creams. Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of a fire. There were regular checks of the environment and fire equipment.

Staffing and recruitment

- There were enough staff to ensure people's needs were safely met. At least one member of staff was on duty at all times. This was increased at times when people had 1-2-1 support for specific activities.
- The service followed safe recruitment processes. There was a system in place to ensure all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People's medicines were well managed. Staff who supported people to take their medicines, had completed appropriate training and had been assessed as being competent in this area. Medicine competency assessments were refreshed yearly to ensure staff knowledge was kept up to date.

- People's medicines were checked regularly by the registered manager and the service ensured that medicines were stored securely and at the right temperature.
- Samples of medicine administration records (MARs) we reviewed had been completed correctly. The service managed controlled drugs in line with current guidance and legislation.

Preventing and controlling infection

- The service ensured infection control was managed well and the environment was kept very clean and tidy and free from unpleasant odours. This was confirmed by people who received care. One person told us, "It is always very clean here."
- Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons.

Learning lessons when things go wrong

- There were appropriate systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- The manager used staff meetings to discuss previous health & safety concerns to ensure the whole team learnt from these, so they could be avoided in the future.

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

- People's needs were assessed before admission to ensure the service could provide effective care and support. Assessments included risks associated with people's mental health, behaviours that challenged the service or issues with substance misuse.
- We saw evidence that care guidelines were devised in consultation with people and other professionals and these were reviewed on a regular basis to monitor progress towards agreed goals.
- Care was delivered in line with the law and guidance. Professionals gave positive feedback on how the service worked to provide effective support that met people's needs and choices.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with mental health needs.
- The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge. This was confirmed by a health and social care professional who told us, "Staff have the appropriate skills to do their job, in terms of experience and qualification."
- Staff told us they received regular supervision and training to enable them to carry out their role effectively and records we saw confirmed this. One member of staff told us, "I have had a lot of training courses, but I have learnt so much from doing the job. They have really taught me so much."

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

- People told us they enjoyed the food that was prepared, and they participated in the meal preparation. We received comments such as, "They cook really nice food" and "There is always plenty of fruit and vegetables available."
- People's food intake was recorded so the service could be sure people were eating a balanced diet.

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

- The service worked with a range of health and social care professionals to ensure people's needs continued to be met. This included community psychiatric nurses, psychologists, and social workers. We received positive feedback about how the service worked with other health and social care professionals and kept them up to date with relevant information. One professional told us, "My service takes partnership working very seriously and Paco appreciates that, for example, monthly updates are on time."
- People were supported to attend routine medical appointments with their GP and other health

professionals. One person told us, "They make sure I get to see my GP as soon as I need to. Straight away, no problems."

- One person was receiving daily input from a physiotherapist as part of their physical rehabilitation.
- People were supported to understand their physical and mental health better, so they would be empowered to make positive lifestyle choices. For example, one person had been given access to online training for their medical condition, so they would understand it how a healthy diet, regular monitoring and medicine was needed in order to stay well.

Adapting service, design, decoration to meet people's needs

- The home was accessible to people who used the service. Each person had their own bedroom with an en suite shower and W.C. People's rooms were decorated to suit their needs and preferences. One person told us, "They asked what changes I needed for the bathroom before I moved in to make sure it was suitable for me to use."
- There was a communal kitchen, dining area and access to a rear garden with a communal out-house. A ramp had been installed so that a person who used a wheelchair could access the garden.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 the time of our inspection there were no Dols authorisations required for people receiving care and support.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff promoted people's independence and respected their right to make their own choices and asked their consent before providing care and support Staff told us they understood that people with capacity were allowed to make choices that others might see as unwise.

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 were treated well. We received comments from people such as, "The staff are amazing" and "I haven't met a member of staff I don't like" and "They are kind and caring. (Staff member) helps me do my hair and my makeup."
- We observed positive interactions between people using the service and staff and this was confirmed by a health and social care professional who worked with the service. One professional said, "The staff are very kind and caring they go over and above to try to help people understand the risks of their behaviours."
- The provider respected people's equality and diversity. Care plans contained information about people's religious and cultural needs.

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

- Staff knew how best to communicate with people. People's care plans contained information on what approaches worked best with them and what could potentially upset them. There were clear guidelines in place to help staff de-escalate situations if they arose.
- People were involved in the planning and review of their care and support. We saw evidence that people had reviewed and signed their care and support plans and had made their own comments on aspects of the plans they disagreed with.
- People told us the staff were supportive of their emotional well-being. One person told us, "The staff are very good. They listen to you when you need to talk to them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity and respect. We received comments from people such as, "They always knock on my door before coming in to my room" and "The staff are very fair. They make sure they discuss things privately with you."
- The service focused on enabling people to be more independent and learn daily living skills. One person told us how they liked to cook for themselves, "I can do my own cooking here which I like. The staff help me when I need it, but I can cook my own meals without help."
- Another person told us how the service was helping them to further develop their skills, "The staff are supporting me to practice making things for myself. Eventually the plan is to be independent."

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 people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There were personal profiles in place which detailed key information such as what is important to people, their likes and dislikes, personal preferences about how people like to be supported.
- Support plans contained detailed information on people's mental health needs and guidance for staff if they were concerned that people's mental health was deteriorating.
- People were allocated keyworkers who took more responsibility in key areas of people's care and support including communicating with family members and other health and social care professionals. Keyworkers produced a monthly report of progress based on weekly one to one sessions with people.
- People's ongoing needs and preferences were discussed in regular care programme approach (CPA) meetings. These are meetings for people with mental health needs which are attended by mental health professionals such as psychiatrists and community psychiatry nurses to plan and review people's care and support. One person told us, "The meetings are really good actually as you can let people know how you are doing and get stuff across to the staff team."

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 provider was meeting people's communication needs. There was a policy in place which set out how the service would meet the Accessible Information Standard and guidance for staff on how to adapt their communication to meet different people's needs.
- Guidance information for staff on communication strategies included how to use effective body language, reducing the use of jargon and technical language, and checking that people have understood key information given to them.
- People's communication needs were gathered during the assessment, so communication strategies could be incorporated into care and support plans. At the time of the inspection no one using the service had any specific sensory or communication difficulties.

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

- Care plans contained information on people's cultural and spiritual needs and the service ensured people had food that was culturally relevant to them.

- People were engaged in activities such as volunteering and adult education classes as part of their program towards greater independence.
- People were supported to maintain relationships that were important to them to ensure they had a support network. Relatives and friends were encouraged to visit people at the service at any time.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was prominently displayed in the service so people would know how to complain if they were unhappy about any part of their care and support.
- There had been no complaints since the service began and people told us they were happy with the care and support they received. People told us, "I have no complaints at the moment, everything is going well" and "If I had any complaints I would talk to the staff or the (registered) manager."

End of life care and support

- There was an end of life policy in place. At the time of our inspection the service was not providing end of life care and support.
- The service had devised an end of life care plan to document people's wishes around the end of their life.

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 good. This meant 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 service worked to achieve positive outcomes for people. People told us the staff supported them to achieve their goals. We received comments such as, "I am getting much better here" and "I am definitely starting to improve here."
- People were confident in the way the registered manager led the team to ensure people received a good service. People told us, "The staff work together well and communicate with each other" and "The manager is good. She understands what people need in this place."
- Staff were positive about how the service provides a homely environment for people receiving care. One member of staff told us, "It's a nice and warm home. We are like a family here, you can feel the love."

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 understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They also understood their responsibility to send the appropriate notifications to CQC after significant events occurred.

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

- Staff were clear about their roles. The registered manager demonstrated a clear understanding of their responsibility to monitor and mitigate risks to people using the service. Support workers understood their responsibilities to provide safe and effective care.
- There were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities.

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

- There were regular residents' meetings to discuss the running of the home, health and safety, menu planning and activities. People receiving care and support were empowered to take it in turns to chair the meetings. One person receiving care and support told us, "We have a house meeting every month and we take it in turns to chair the meetings. It gives us a chance to practice speaking up. It has given me much more confidence."
- The service sought feedback from people by asking them to complete satisfaction surveys. The recent

surveys showed that people were happy with the care and support they received.

- The registered manager convened regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information. One member of staff told us, "I have attended one of the staff meetings. We talked about staff tasks that needed to be completed and objectives for people we support."
- There were regular quality assurance audits of the service which looked at key areas such as people's medicines, health and safety of the building, equipment and infection control.

Working in partnership with others

- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.
- We received positive comments from professionals about how the service worked in partnership with them to plan and deliver care and support. One health and social care professional told us, "We have a very good working relationship with the management who are contactable directly and respond to us at short notice."