

## PAK Health Care Solutions Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
29 February 2024

**Service provided by:**  
PAK Health Care Solutions Ltd

**Service provider number:**  
SP2022000239

**Service no:**  
CS2022000357

## About the service

PAK Healthcare Solutions was registered with the Care Inspectorate on 30 November 2022. It provides a Care at Home service to people living in the Falkirk area.

The service is currently supporting one person. The service is provided by a team of two casual staff and the manager.

The service aims "to provide professional, trustworthy, caring, care assistants and support workers to facilitate the highest service users to levels of person-centred care, supporting remain in their own homes, rather than going into care homes and supports service users to remain as independent as possible and participate as active citizens within their local community."

## About the inspection

This was an announced (short notice) inspection which took place on 28 and 29 February 2024. The inspection was carried out by an inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information and data submitted by the service.

In making our evaluations of the service we:

- spoke with one relative
- spoke with the manager, administrator and received feedback from two members of staff
- checked infection prevention and control (IPC) procedures
- sampled care planning and a variety of other documents and recordings.

## Key messages

- People liked the staff supporting them.
- People found communication with the service to be good.
- People found the service to be reliable.
- The service needed to develop robust quality assurance mechanisms.
- The service needed to improve its recruitment procedure.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

3 - Adequate

In this part of the inspection report we considered three quality indicators:

**Quality Indicator: 1.1 People experience compassion, dignity and respect.**

**Quality Indicator: 1.2 People get the most out of life.**

**Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support.**

We assessed the service as adequate for all quality indicators inspected which means overall we evaluated this key question as adequate. This means that there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

The service have a website which gives people good information regarding the services that are offered. The service visit people prior to starting the service to determine what assistance they need and this formed the basis of their care plan. This meant people could meet the manager and discuss the support they would like, find out if that was achievable and if the service could meet their needs.

People told us communication was good, the service was easy to contact and they could communicate with the service in a way that was convenient for them. We were told "Communication is via email, messaging by phone and we also have a notebook in my mum's flat where the carers can add anything they want me to know and vice versa. I have phone numbers for the 3 regular carers that see my mum and they have mine. I think we have good communication." The service checked with people that the service continued to meet their needs and their needs were reviewed in line with legislation.

People felt that they and their homes were treated with respect. They felt that they saw a regular group of staff who they could become comfortable with and form a good relationship with. We were told "The staff who are mum's regular carers are all lovely. They are very polite and make conversation with mum."

The service is newly established and has not long been operating. The management and staff team is very small and people told us they were approachable and responsive. People knew who was providing their support and when. The service was reliable. This meant people could trust that they would receive their support as planned.

## How good is our leadership?

3 - Adequate

In this part of the inspection report we considered one quality indicator:

**Quality Indicator: 2.2 Quality assurance and improvement is led well**

We assessed the service as adequate for this quality indicator which means overall we evaluated this key question as adequate. This means that there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People told us they were happy with the service. They said that communication was good and that they were confident that if they were to raise an issue it would be addressed. The service was reliable and visits took place when they were supposed to. People knew who would be providing their support and their needs were appropriately reviewed.

A formal complaints system was in place which referenced the Care Inspectorate in line with legislation. The service had received no complaints. Similarly the service had a system in place to record accidents and incidents and none had taken place.

Staff told us they felt supported by the service. A framework of spot checks and supervision was in place but the service had not been operating long enough to fully utilise this and gauge its impact.

Whilst checking recruitment procedures we saw that staff had offered references but there was no record of their references having been sought or received. This led us to conclude that the service had quality assurance processes in place, however they were not being utilised to best effect. The service should further develop their quality assurance processes, analyse the data they receive and action plan accordingly with a view to developing and improving the service. (See Requirement 1).

## Requirements

1. The provider must develop effective and robust quality assurance systems by 1 April 2024. To ensure this the provider must put in place a system to:

- (a) Ensure the service is managed appropriately and that core assurances are in place to ensure that people are kept safe and are protected from avoidable harm.
- (b) Improve the level and frequency of monitoring service provision and ensure that accurate records are kept.

This is to ensure that care is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) and in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210 - Regulation (4) (1) (a) Welfare of users.

## How good is our staff team?

## 3 - Adequate

In this part of the inspection report we considered one quality indicator:

### Quality Indicator: 3.1 Staff have been recruited well

We assessed the service as adequate for this quality indicator which means overall we evaluated this key question as adequate. This means that there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

The service has not been operating long and are yet to recruit permanent staff. Two staff members have been recruited on a casual basis. As noted elsewhere in the report, references had not been obtained for these staff members and we directed the service towards current 'Safer Recruitment, Through Better Recruitment' best practice guidance. There was a focus on values based recruitment which ensured that people planning on working for the service were aware of their role and responsibilities to care for people, meet their needs and keep them safe from harm and staff had PVG's in place.

During induction staff undertook a variety of training which was clearly linked to the needs of people who would be using the service. Staff carried out shadow shifts and spot checks were carried out to ensure that new members of staff were operating confidently whilst working alone.

## How well is our care and support planned?

**3 - Adequate**

In this part of the inspection report we considered one quality indicator:

### **Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes.**

We assessed the service as adequate for this quality indicator which means overall we evaluated this key question as adequate, meaning there are some strengths but these just outweigh weaknesses.

People told us that they were involved in the assessment and planning of their care, and their loved ones could be involved to the extent that they wished. One person told us "There is a folder in mum's flat that is completed after each visit. In this they note not only what they have done but how mum was feeling. I feel I can talk to them about any aspect of my mum's care and don't feel that they are pushing to increase the hours they attend. I have asked for additional help for my mum when I have been away on holiday, particularly to ensure she takes her tablets correctly. This request has always been met. I am really happy with the care provided and believe that she is too. While she cannot remember their names, as they visit regularly, she does recognise them and meets them with a smile. She is not shy to let anyone she meets know that the "girls" that come and help her are lovely."

People had a personal plan in place which reflected the support they required in addition to their rights, choices, and wishes. They contained information about people's preferences. Reviews had been held in good time and in line with legislation.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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