

Nadia Healthcare Services Support Service

Nadia Healthcare Services
Falkirk Business Hub
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Telephone: 07496457238

Type of inspection:
Unannounced

Completed on:
28 May 2024

Service provided by:
Nadia Healthcare Services Limited

Service provider number:
SP2022000072

Service no:
CS2022000106

About the service

Nadia Healthcare Services was registered with the Care Inspectorate on 27 April 2022. It provides a Care at Home service to people living in the Falkirk area.

The service is currently supporting 11 people. The service is provided by a team of six permanent staff and the manager.

The aim of the service is "to provide professional, trustworthy, caring care assistants and support workers to facilitate the highest levels of person centred care, supporting service users to remain in their own homes, rather than going into long term care homes and supports service users to remain as independent as possible and participate as active citizens within their local community. Whilst maintaining our values of dignity, respect, privacy and compassion."

About the inspection

This was an announced (short notice) inspection which took place on 27 and 28 May 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 previous inspection findings, registration information, data submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke informally with a number of people using the service
- spoke with one relative
- spoke with the managers and two members of staff. We received written feedback from other staff members.
- observed practice and daily routine
- checked infection prevention and control (IPC) procedures
- sampled care plans and a variety of other documents and recordings.

Key messages

- People liked the people supporting them
- People found the service to be dependable and reliable
- Management were approachable and responsive to people using the service and staff
- The service should implement a robust quality assurance framework which covers all aspects of the service
- The service should continue to develop their care planning and risk assessment processes.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

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

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

We assessed the service as Good for this quality indicator which means overall we evaluated this key question as Good, where strengths impacted positively on outcomes for people and outweighed areas for improvement.

We observed staff providing care in a compassionate way which evidenced they had got to know the people they were caring for very well, knew what they needed and how they liked things to be done. The service is small and people were supported by the same core staff team who got to know them well which meant they received good continuity of consistent care. The management team regularly work with people using the service themselves, and so people became very familiar with them. Support was provided with warmth and humour. The importance of establishing a trusting, caring relationship in order to promote good outcomes for people using the service was well understood.

Staff paid good attention to how people presented and how they were feeling. Daily recording was good and contained a good record of care given. Staff recorded what people ate and drank, that they had taken their medication (if required) and how they were feeling in themselves in order to build up a picture of what was normal for that person. People's independence was promoted and their choices respected. One person told us "They are wonderful, very pleasant and very efficient. I don't know what I would have done without them. I was in the house for months, I've always been very independent and I felt like my wings had been clipped a bit. They are very nice, very kind. I have started to go back out for lunch and I usually just tell my carers if I want to cancel a visit and they pass the message on. I can also just phone the office. I don't use apps. Communication is absolutely fine and I can't think of anything else that they could improve."

People told us that they were involved in the planning of their care package, that the service received reflected what they had requested and that they were regularly asked if things continued to work well for them. They found the service to be reliable. People were confident that if they raised an issue with their carers or with the management team they would be listened to. One person told us "They're gems. They are really special. They do everything I want them to do, I can make one side of the bed but not the other, they help with little things like that, they empty my bins. They are awfully good. I don't think anything could be any better and they check with me regularly to make sure everything is working well for me. (two named staff members) are my favourites but they are all good. Same people that I see so I'm quite happy. I can be depressed when X arrives but I'm never depressed when she leaves, she gives me a wee boost."

The service had a good understanding of people's needs in practice, but this was not always reflected in their documentation with links between people's support and risk assessment needing improved and with discussions and observations not always being effectively recorded. Care plans and reviews appeared to be service led rather than personalised to the individual receiving the support. This continues to be an area of development for the service and this was discussed with them at feedback. They were signposted towards current good practice guidance in relation to care planning and associated risk assessments.

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 which means there are some strengths but these just outweighed weaknesses.

People we spoke to were happy with the service they received and felt that communication with the service was good. The service used an app which people and their relatives could access to view the agreed support and daily recording. The older people spoken to did not use the app but found that if they wished to raise an issue, cancel a visit or rearrange a time due to other commitments they could easily do so by speaking to their carers or by calling the office.

People found the service to be reliable and that their visits took place when they were supposed to. They knew who would be providing their support. One person told us "They've been great. My relative's mobility has declined and he has dementia. I was visiting several times a week at one point and staying for hours and then it was difficult when I was leaving. It was too much. It was very stressful. I can't think of anything that they could improve, really. They are all lovely and a big help to me and to my relative."

We looked at staff recruitment and were satisfied that the service was following current Safer Recruitment through Better Recruitment good practice guidelines.

Staff told us they had access to policies and procedures to guide their practice via an online system. The service had an improvement plan in place.

The service had quality assurance processes in place, however they were not sufficiently detailed to demonstrate their impact. This was highlighted at the last inspection and insufficient progress means it is repeated here. The service should further develop their quality assurance across all areas of the service, 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 29 November 2024. To ensure this the provider must put in place a system to:
 - (a) Ensure the service is managed appropriately and the quality of care and staff performance is monitored effectively.
 - (b) Identify how any issues of concern identified are appropriately recorded and followed-up with outcomes and improvements clearly identified.
 - (c) Review and 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?

4 - Good

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

Quality Indicator 3.3: Staffing arrangements are right and staff work well together

We assessed the service as Good for this quality indicator which means overall we evaluated this key question as Good, where strengths impacted positively on outcomes for people and outweighed areas for improvement.

The service is small with an accordingly small staff team. This meant that staff got to know people using the service and those around them well. Staff seemed busy but not rushed. Friendly, professional communication was seen.

We looked at recruitment and were satisfied that staff were recruited in line with Safer Recruitment guidelines. Interviews focused on people's values as well as their experience, and during induction staff were made familiar with the SSSC Code of Practice and the Health and Social Care Standards. People using the service were not currently involved in the recruitment of new staff and this is something the service could consider.

New members of staff were allocated a work buddy to help them settle in. They told us this worked well. Staff told us they felt supported at work, had access to good training which reflected the needs of people using the service and that the management team were approachable and responsive should they raise an issue.

The service aimed to complete formal supervision with their staff every six months. Those seen focused on the importance of person centred care and the staff members' ongoing learning and development. Staff were encouraged to reflect on their practice and progress. Spot checks were completed but the service should formalise this further.

How well is our care and support planned?

4 - Good

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

Quality Indicator 5.1. Assessment and personal planning reflects people's outcomes and Wishes

We assessed the service as Good for this quality indicator which means overall we evaluated this key question as Good, where strengths impacted positively on outcomes for people and outweighed areas for improvement.

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. They said that the service checked with them regularly that things were working well for them.

People had personal plans in place which were primarily task focused but which did not record their rights or choices. There was little information about people's lives and past experiences that could be used to help inform their care and support, although in discussion it was clear that the service had this information. Risk assessments were not well recorded or as personalised to people using the service as they could be. This is an ongoing area of development for the service in order that people's plans are right for them because they set out how people's needs will be met as well as their wishes and choices. (See Area for Improvement 1).

Areas for improvement

1. The provider should ensure that Care Professionals are supporting people with up-to-date personal plans.

To do this, the provider should:

- a) implement systems to ensure that personal plans are up-to-date and accurate by updating plans following reviews and when changes in people's outcomes and support needs have been identified; and
- b) include a detailed risk assessment for key areas of risk with detailed guidance on how the team can minimise risk to the person.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 August 2023 the provider must ensure that people are confident their personal plan is right for them and sets out how all their care needs will be met. Particular focus should be on, but not limited to, ensuring:

- a) there is enough information for staff to keep people safe
- b) risk assessments cover all areas of risk for the person and inform staff of how to manage and minimise risk
- c) personal plans are updated when care needs change.

This is to comply with SSI 210/2011 5(1)(a) - Personal Plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15).

This requirement was made on 30 May 2023.

Action taken on previous requirement

This is an area of ongoing development and improvement for the service.

Not met

Requirement 2

The provider must develop effective and robust quality assurance systems by 30 August 2023. To ensure this the provider must put in place a system to:

- (a) Ensure the service is managed appropriately and the quality of care and staff performance is monitored effectively.
- (b) Identify how any issues of concern identified are appropriately recorded and followed-up with outcomes and improvements clearly identified.
- (c) Review and 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.

This requirement was made on 30 May 2023.

Action taken on previous requirement

This is an area of ongoing development and improvement for the service.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure that Care Professionals are supporting people with up-to-date personal plans.

To do this, the provider should:

- a) implement systems to ensure that personal plans are up-to-date and accurate by updating plans following reviews and when changes in people's outcomes and support needs have been identified; and
- b) include a detailed risk assessment for key areas of risk with detailed guidance on how the team can minimise risk to the person.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 30 May 2023.

Action taken since then

This is an area of ongoing improvement and development for the service and will be checked at a follow up inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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