

Nacor Healthcare Housing Support Service

350 Main Street
Camelon
Falkirk
FK1 4EG

Telephone: 07984 827 790

Type of inspection:
Announced (short notice)

Completed on:
16 August 2024

Service provided by:
Nacor Healthcare Services Ltd

Service provider number:
SP2018013194

Service no:
CS2018370028

About the service

Nacor Healthcare is a combined housing support and care at home service. It is registered to provide a service to support to older people and adults with mental health issues in the Edinburgh and the Lothians, Greater Glasgow, Stirlingshire and Lanarkshire living in their own homes and in the community.

People currently receive support ranging from short visits at agreed to times to longer periods of support, including overnight support. The main office is in the centre of Falkirk. The service is led by the registered manager who has a team of around 30 staff.

About the inspection

This was a short notice announced inspection which started on 14 August 2024. We visited the service on 14 August, and reviewed evidence provided by the manager on 15 August 2024. We provided feedback to the manager on 16 August 2024. The inspection was carried out by an inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included registration information, previous inspection findings, complaints, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- Spoke with the registered manager of the service.
- Reviewed support plans; health and medication files; staff training records; quality assurance activities; team meeting and supervision records, and improvement plans.

This inspection was carried out specifically to follow up on the four requirements and three areas for improvement made in the inspection report dated 24 April 2024. These related to:

- Medication procedures and guidance.
- Quality assurance and auditing.
- Staff training and knowledge around adult protection.
- Food options and food preparation.
- Staff roles and responsibilities.
- Staff supervision.

Key messages

- The provider had responded well to the requirements and areas for improvement made in April 2024.
- This had reduced risk and led to improved outcomes for people using the service.

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?	4 - Good
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

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

When we inspected Nacor Healthcare in April 2024 we made a requirement about medication procedures and guidance. Guidance around the level of support people needed to take medication was unclear and did not follow best practice guidance. This meant people could not be confident they would receive the right support with medication at the right time. This put people at risk of harm.

We also made an area for improvement about food preparation and food choices, as it did not always meet people's preferences.

During this inspection we found leaders and staff had made improvements in these areas.

As the improvements had reduced the risk of harm to people, we decided to re-evaluate from "Adequate" to "Good" in Key Question 1 - How well do we support people's wellbeing?

Please see the sections "What the service has done to meet any requirements made at or since the last inspection" and "What has the service done to meet any areas for improvement we made at or since the last inspection" for more information.

How good is our leadership?

4 - Good

Quality Indicator 2.2 Quality assurance and improvement is led well

When we inspected Nacor Healthcare in April 2024 we made a requirement about quality assurance and auditing activities. Documents we sampled evidenced that some quality assurance activities were taking place. However, it was not happening on a planned and regular basis. Records were not easily accessible and there was no clear action plan in place to be followed in the event issues were found. This meant quality assurance activities in the service were largely ineffective.

During this inspection we found leaders had made improvements in this area.

As the improvements had reduced the risk of harm to people, we decided to re-evaluate from "Adequate" to "Good" in Key Question 2 - How good is our leadership?

Please see the section "What the service has done to meet any requirements made at or since the last inspection" for more information.

How good is our staff team?

4 - Good

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

When we inspected Nacor Healthcare in April 2024 we made a requirement about adult protection.

Staff knowledge of adult protection procedures needed to improve, along with their understanding of their responsibilities as Scottish Social Services Council (SSSC) registered workers. This placed people at risk of harm.

We also made areas for improvement about staff roles and responsibilities and staff supervision. There was some confusion around some staff member's roles and responsibilities. This meant people could not always be confident about who to approach if they had a concern. We saw evidence that staff supervision was taking place. However, it was not used to its full potential.

During this inspection we found leaders and staff had made improvements in these areas.

As the improvements had reduced the risk of harm to people, we decided to re-evaluate from "Adequate" to "Good" in Key Question 3 - How good is our staff team?

Please see the sections "What the service has done to meet any requirements made at or since the last inspection" and "What has the service done to meet any areas for improvement we made at or since the last inspection" for more information.

How well is our care and support planned?

4 - Good

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

When we inspected Nacor Healthcare in April 2024 we made a requirement about care and support planning. Some care plans did not give staff adequate guidance, particularly where people had specific health needs or conditions. This placed people at risk of harm.

During this inspection we found leaders and staff had made improvements in this area.

As the improvements reduced the risk of harm to people, we decided to re-evaluate from "Adequate" to "Good" in Key Question 5- How well is our care and support planned?

Please see the section "What the service has done to meet any requirements made at or since the last inspection" for more information.

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

Requirements

Requirement 1

The provider must ensure that medication management adheres to current best practice guidance.

By 21 June 2024 the provider must ensure that people are supported to take their medication safely, with procedures that follow best practice guidance.

In order to achieve this, the provider must, as a minimum:

- a) Update internal guidance to ensure definitions of prompt, assist, and administer medication follow current published guidance.
- b) Carry out an assessment of people's support needs to identify which level of medication support they currently require and update people's personal plans to reflect this.

This is in order to comply with regulation 4 (1) (a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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)

And

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

This requirement was made on 24 April 2024.

Action taken on previous requirement

Leaders in the service had responded well to this requirement.

A scoping exercise had been carried out to identify the level of support people needed taking their medication, in line with current definitions of "prompt", "assist" and "administer". Personal plans we checked had been updated to reflect this.

We gave guidance to the manager that medication should be discussed at people's six monthly reviews to ensure any changes to people's needs were identified. We discussed ensuring there is information in people's support plans about any short-course or as required medications they may require and the symptoms people may display when they need these medications. We gave advice on ensuring staff are aware of expiry dates once medications are opened. We will check progress in this area at our next full inspection.

This requirement had been met.

Met - within timescales

Requirement 2

The provider must ensure quality assurance and auditing is used effectively to drive improvement.

By 21 June 2024 the provider must ensure people experience support in a service where quality assurance is used to monitor performance and drive improvement. To do this, the provider must, at a minimum:

- a) Develop a cycle of quality assurance activities that cover key areas of practice. These must include but are not limited to; medication management, observations of staff practice, and support plan reviews.
- b) Establish procedures for recording and addressing any actions generated from quality assurance activities, with timescales for following through to completion.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

And

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 24 April 2024.

Action taken on previous requirement

Leaders in the service had responded well to this requirement.

Quality assurance and auditing activities were better organised and being completed on a regular basis. A template had been devised that captured the key quality assurance activities needed to drive improvement. Due to the short amount of time since the previous inspection, there was limited evidence of this template being completed. However, we were satisfied by the progress that had been made. At the time of this inspection the provider was in the process of recruiting another manager. It is hoped this role will assist in ensuring robust quality assurance is embedded into the service. We will continue to check progress our next inspection.

This requirement had been met.

Met - within timescales

Requirement 3

The provider must ensure that all staff have received training and guidance appropriate to their role and responsibilities.

By 21 June 2024 the provider must ensure that people experience support from staff who are appropriately trained and knowledgeable about adult protection and their responsibilities as SSSC registered workers. In order to achieve this, the provider must, as a minimum:

- a) Ensure the service implements an appropriate adult protection procedure that adheres to current adult protection legislation. This must detail appropriate timescales to follow and named people to contact, both within the organisation and relevant external agencies.
- b) Ensure that all staff receive training and guidance in these procedures.

c) Ensure that all staff understand their responsibilities under the SSSC Code of Practice for Social Service Workers.

This is in order to comply with regulation 4 (1) (a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

And

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 24 April 2024.

Action taken on previous requirement

Leaders in the service had responded well to this requirement.

The service had developed a robust adult protection policy. There were clear instructions for staff on the action to take in the event of an adult protection concern. This included the necessary timescales along with contact details for the appropriate people.

Staff had received additional training and guidance in this area, along with additional guidance on their own responsibilities as Scottish Social Services Council (SSSC) registered workers.

These actions had reduced risk in the service.

This requirement had been met.

Met - within timescales

Requirement 4

The provider must ensure that care planning reflects people's needs and wishes.

By 21 June 2024, the provider must ensure that care plans are accurate, up to date, and provide sufficient and appropriate guidance on people's support needs and wishes.

This is in order to comply with regulation 5 (1) and (2) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, 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)

And

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 24 April 2024.

Action taken on previous requirement

Leaders and staff had responded well to this requirement.

Support plans we checked had recently been updated. They contained enough detail to inform staff on how to support people safely, in a way that met their needs and wishes. They were written in a more person centred manner, and contained a good level of detail on the things people could do for themselves, along with those areas where people needed support.

This requirement had been met.

Met - within timescales

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

To support people's dignity, as well as their health and wellbeing, the provider should ensure that newly recruited staff receive appropriate training and guidance around food choices and food preparation. This should include food hygiene training, along with guidance around food preparation and typical food choices for breakfast, lunch and dinner.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This area for improvement was made on 24 April 2024.

Action taken since then

Leaders and staff had responded well to this area for improvement.

Leaders had met with people who raised concerns to ensure that food options and preferences met their needs and wishes. Staff had been given additional guidance in food preparation and typical food choices at different times of the day. The manager was working to ensure the service had a learning culture where all staff felt able to seek advice when they needed it.

This area for improvement had been met.

Previous area for improvement 2

To support good communication, and to ensure staff and people are aware of the management structure of the organisation, the provider should ensure that all staff have clearly defined roles and responsibilities. The provider should then ensure that staff and people are made aware of these roles.

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

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11)

And

'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS 4.17).

This area for improvement was made on 24 April 2024.

Action taken since then

Leaders in the service had responded well to this area for improvement. Roles and responsibilities had been clearly defined to all staff to ensure there was no confusion among staff and people.

This area for improvement had been met.

Previous area for improvement 3

To support on-going improvement, the provider should ensure that staff supervision/one-to-one sessions with line managers are used to discuss practice, training and development needs.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

And

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 24 April 2024.

Action taken since then

Leaders had responded well to this area for improvement.

We sampled a number of supervision records completed since our last inspection. They identified that supervision was completed on a regular basis, and had been adapted to cover key areas of practice.

This included staff's learning and development needs and any issues arising while providing support. This meant supervision was more effective at supporting staff and driving improvement.

This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.