

# PAK Health Care Solutions Support Service

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

**Completed on:**  
19 September 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 them to 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 18 and 19 September 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 the person using the service and one relative
- spoke with the manager and received feedback from a member of staff
- checked infection prevention and control (IPC) procedures
- sampled care planning and a variety of other documents and recordings.

**Key messages**

- People were happy with the service they were receiving
- People thought communication with and within the service was good
- People found the service to be approachable and dependable
- The service should improve the methods in which it processes information in order to better evidence good recording and appropriate actions.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

**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

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.

People told us that they were involved in the planning of the support they received and felt they received the support they had requested. They found the service to be reliable. One person told us "I am very happy, they are absolute gems. I see the same people and they know me. I can be very fussy! They are very good. I don't think there is anything they could do better. I have no criticisms to make. They check with me regularly that everything is fine"

The staff member we accompanied was pleasant and polite whilst providing care. Good hygiene practice was observed. The service is small and people were supported by the same core staff which gave them good consistency of support and put them at ease. People were supported to maintain their usual routine and ways of doing things with support where it was helpful. Support was provided with warmth and humour.

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. People's independence was promoted and their choices respected.

The service had a good understanding of people's needs as it pertained to the support they were providing, and people received a very individual level of care but this was not always reflected in their documentation, where more attention to detail was necessary. For example, when supporting a person to take medication safely the service paid good attention to medication which needed to be taken at a certain time, however when supporting a person requiring the application of topical medication the person using the service should have a support plan attached to this which gives clear instructions for staff to use, including the purpose of the cream and where the cream is to be applied. (See Area for Improvement 1)

### **Areas for improvement**

1. When applying topical creams the service should ensure that this is recorded within people's care plan with clear instructions for staff to follow.

This is to ensure care and support is consistent with the Health and Social Care Standard which state that "Any treatment or intervention that I experience is safe and effective." (1.24).

**How good is our leadership?****4 - Good**

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

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

People told us they had personally selected the service, had been involved in discussing their requirements regarding the support to be provided and were happy with what they received. The service was easily contactable and we were told that when people using the service wished to increase the support they were receiving this was accommodated, and at the person's own pace. People knew the staff who would be supporting them and could depend upon them to arrive when they said they would. Whilst an effective system of informal review was in place which ensured people's needs were met to their satisfaction the service should formalise this process in line with legislation. (See Area for Improvement 1).

A formal complaints system was in place, no complaints had been received by the service. Similarly the service was aware of their responsibilities to protect people from harm and to record any accidents and incidents and none had taken place.

Staff working within the service enjoyed working there, felt they had access to training necessary to their role and that communication within the service was effective. At present the service is completing spot checks and supervisions and we discussed ways in which these could be expanded upon for staff's ongoing professional development. Additionally staff meetings were being held but not recorded and we discussed the benefit of recording professional discussions within the service for similar reason. Whilst a good range of training was in place the service could expand their training provision further to include condition specific training aimed at increasing staff's understanding of health conditions impacting the lives and functioning of people they were supporting.

**Areas for improvement**

1. The service should develop an outcome focused review process and personal planning that is fully reflective of the person receiving the support. This should include identification of individual outcomes and goal planning as well as the support required to work towards achieving these. The review should reflect the views of all concerned. Details of outcomes and actions agreed through six monthly reviews of personal plans must be evidenced. This would enhance the quality and consistency of support provided.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage regularly and when my needs change." (HSCS 1.12) "I am assessed by a qualified person, who involves other people and professionals as required." (HSCS 1.13) "My personal plan is right for me because it sets out how my needs will be met as well as my choices and wishes." (HSCS 1.15)

## 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 had a good focus on values based recruitment and staff received an induction which covered mandatory areas of training. Staff were introduced to people before they began working with them. Staff could communicate with the service in a variety of ways and felt the level of communication was satisfactory. Presently service users were not involved in the recruitment of new staff and this is something the service could consider as they expand.

There were enough staff with sufficient training to meet the needs of people supported by the service. Staff worked well as a team to ensure that the support people received was dependable and consistent, including swapping shifts if necessary to ensure support was provided.

## 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. They were happy with the service they received.

The service should further develop their care planning as previously mentioned in the report to provide a more accurate reflection of what is provided to people and to regularly update this as needs change. The service intend to move to an electronic care planning system shortly. As part of this process the service should ensure they have up-to-date contact details for people relevant to the person's care and support including external professionals. We directed the service to the relevant guidance in this regard.

We looked at a support plan in which a shopping service was not recorded as being provided, however the service did collect sundry items for the supported person. This should be recorded in their care plan and a protocol should be implemented to record monies received and spent.

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

### Requirements

#### Requirement 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.

**This requirement was made on 5 April 2024.**

#### Action taken on previous requirement

The service is small and processes are still being trialled and developed. The service is moving to an electronic system shortly which will further assist with this.

**Met - within timescales**

### 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?	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



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