

Tace Healthcare Support Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Tace Healthcare Ltd

Service provider number:
SP2023000106

Service no:
CS2023000162

About the service

Tace Healthcare is a care at home service, supporting adults in Fife. The service supports people in their own homes with tasks including personal care and meal preparation. This was the service's first inspection since registration in 2023.

At the time of inspection the service was supporting three individuals in Fife. The provider had not employed any staff and provided all support directly.

The service was operating from a shared office space, with access to private meeting rooms. We met the provider in person but did not access the shared office space.

About the inspection

This was an short notice announced inspection which took place on 26 and 31 March 2024. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since registration. In making our evaluations of the service we:

- spoke with one person using the service and one of their relatives
- spoke with the provider
- reviewed documents

Key messages

People were very happy with the support they received

The manager was engaging and receptive to feedback

Support plans were person centred

The service was small and in the initial stages of development

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?	5 - Very 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?

5 - Very Good

We evaluated this key question as 'very good' where there were significant strengths identified which clearly supported positive outcomes for people.

People should expect to receive support which benefits their health and wellbeing. People we spoke with told us the support they received was reliable, consistent and professional. Comments from people included 'she has never let me down' and 'we are very happy'. People told us they were always supported with respect and the manager conducted herself professionally at every visit.

The provider had a policy in place regarding Infection Prevention Control (IPC) which appropriately demonstrated steps which should be taken to minimise the risk of infection. People were reassured the risk of infection was minimised via effective handwashing and use of personal protective equipment (PPE).

People we spoke with were reassured the provider would recognise any changes to health and wellbeing and notify appropriate persons or support people to do this where necessary. We found examples where the provider recognised the need to communicate with others and did so promptly. People told us they felt the provider cared, with one person commenting 'this is who she is, she cares'.

The provider supported people to utilise assistive technology to promote their safety out with their support times. As a result, people could feel confident their safety was prioritised.

How good is our leadership?

4 - Good

We evaluated this key question as 'good' where there were clear strengths with some areas for development. People should expect a service which is well led and utilises effective quality assurance systems to support improvement.

The provider was compliant with the service conditions of registration at the time of inspection. The provider had notified the Care Inspectorate promptly of changes to its business address. The provider also submitted information requested on an annual basis by the Care Inspectorate in a timely manner. As a result, people could be reassured the provider had, thus far demonstrated an ability to comply with expectations as a registered care service.

The service had policies and procedures in place covering key aspects of service delivery. These appeared sufficient to guide and support safe staff practice. The manager advised us these would continue to be reviewed and updated in line with best practice guidance and the needs of the service as it grows.

At the time of inspection the provider had not employed any staff but had plans to do so in future. The provider had developed a staff induction programme which demonstrated their understanding of the need to induct and train staff in a comprehensive range of topics. All new staff would complete an induction programme which would include a mix of face-to-face training, eLearning and shadowing. The provider is a registered nurse and intended to assess competency of staff in the administration of medication, following face to face training which would be purchased externally. The provider told us they intended to supervise staff annually or more regularly where there were reasons to do so. We were assured the provider had understanding of the need to train, supervise and support staff. Given no staff had been employed, we were unable to assess the effectiveness of this in practice at this inspection.

Since the service had not yet employed any staff, the provider was giving direct support. As a result, quality assurance systems have not been formalised. At the time of inspection there was no negative impact to people using the service. The service had the potential to grow and as it does quality assurance systems should be developed accordingly to assure safe and effective practice.

The service had been operating since 2023 and was still developing. The provider had yet to develop a service improvement plan. We suggested the service use the Care Inspectorate 'Self Evaluation Toolkit' to help them on their improvement journey. As a result, we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. To support a culture of responsive and continuous improvement, the provider should ensure they develop a service improvement plan. This plan should be informed by feedback from people and as a result of quality assurance processes.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?**4 - Good**

We evaluated this key question as 'good' where there were clear strengths with some areas for development.

People should expect to be supported by the right number of staff who work well together as a team. People we spoke with told us the provider was reliable and consistent. Feedback included that the provider worked well with the people she supported to provide support in line with their needs and wishes. One person commented 'we put our heads together' when referring to discussions with the provider. As a result, people felt confident they could work with the provider to achieve their goals and outcomes.

Given the service was provided by one individual we considered staffing contingency arrangements. The provider told us they would use an agency in the event of staff absence; however, arrangements had not been formalised. We asked the provider to consider the risk for people should they be unable to work and develop formal contingency plans. These should be agreed with the supported person and/or their representatives. This practice promotes safety and ensures everyone involved is aware of arrangements in the event of unexpected circumstances. As a result, we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. To promote safety and wellbeing the provider should develop contingency plans in the event of short notice staff absence. These plans should be developed in collaboration with supported people and/or their representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14)

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where there were clear strengths with some areas for improvement.

People should expect their support plans to reflect their outcomes and wishes. We reviewed personal plans which were clear and accessible. Plans included key contact information and essential medical information. Plans included people's likes and dislikes, what was important to them and who. Support plans provided detail about how people prefer to receive their care and support. This detail supports person centred care in line with people's wishes.

Where people required support with the application of creams this was recorded in their plan. However, it was not always clear which creams were to be applied and where. Plans would benefit from more consistent guidance about the application of creams. The provider should consider the use of body maps to support safe and effective practice. As a result, we made an area for improvement (**see area for improvement 1**).

People told us they had been involved in theirs or their relatives support plan. People told us plans were reviewed and up to date. However, plans had not been signed and dated. We asked the provider to ensure that when plans are agreed that they are signed by people involved and a date for review recorded. Ensuring documentation is signed and dated supports regular review and evidences where people have been involved. As a result, we made an area for improvement (**see are for improvement 2**).

Areas for improvement

1. To support people's wellbeing, the provider should ensure clear and accurate information on the application of topical preparations is available. This should include the exact place on the body this is to be applied to.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. The provider should ensure personal plans are regularly reviewed in consultation with supported people and/or their representatives.

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

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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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