

Nadia Healthcare Services Support Service

Nadia Healthcare Services
Falkirk Business Hub
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Telephone: 07496457238

Type of inspection:
Announced (short notice)

Completed on:
26 August 2025

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 16 people. The service is provided by a team of four 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 25 and 26 August 2025. The inspection was carried out by two inspectors 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 with a number of people using the service and their relatives
- spoke with the manager and all members of staff.
- 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

- The service were punctual and people trusted they would receive their support as arranged
- People received good consistency and continuity of care from people who knew them
- People's care plans showed that good relationships had been built between people using the service and the staff supporting them.
- Staff supported people with warmth, kindness and professionalism.

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

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's needs were assessed and people were assisted where they needed to be while being encouraged to continue to manage independently where they could. One person told us "I would just like to say that the ladies do a brilliant job with my mum's care, I have no problems with them looking after my mum. They are lovely ladies, chat to my mum and us as a family, My mum loves the ladies and appreciates all they do for her. It was lovely to be able to meet the manager in person when they visited the house for checks and to meet my mum. No issues at all, great care company and lovely staff."

Staff knew the people they supported well and what their health and support needs were. They had good background information about people including things that were significant to them and their wellbeing, including particular interests and hobbies. They knew people's likes and dislikes, how they liked things to be done and could anticipate their needs well. The service is small and people experienced good consistency and continuity of care from the same small group of staff who they had got to know and feel comfortable with. The manager regularly worked in the field so was very familiar with people's needs and the circle of support around them, including as their needs changed. Staff were very professional, providing care to people with warmth and good humour. This meant people could build a trusting relationship with the people supporting and caring for them in a way that both could feel comfortable with.

Because staff knew people well they noticed if there were any changes which may require further attention. They communicated with external professionals for issues which were outwith the remit of the service as required. Communication amongst the staff team was good and staff communicated well amongst themselves both formally and informally which meant people received responsive care.

People were supported to take their medication safely and this was recorded. They know who they should contact should there be any issues. People told us they received the care they expected. Staff were very punctual and people could depend on them arriving when they said they would. This meant people felt secure that they would receive the assistance they needed. One person told us "I am very happy with the care I receive from Nadia healthcare, the staff are all very helpful, and brighten my day when I see them. They complete their duties very professionally and are always very neat and tidy. Very satisfied with support, staff are courteous, pleasant and helpful."

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

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

The service had an improvement plan in place which focused on the experience of people using the service. The service intend to use their electronic monitoring system and audits to further explore the experience of people using the service, for example care notes audits which will help to ensure consistency and professionalism of language across the staff team. People were happy with the service they received and felt 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. Electronic monitoring showed that the service was punctual and reliable. It gave the service good information regarding the support people required and the time it took to deliver that care. This was useful if people's needs changed and people's support needed to be altered.

Individual care plans were reviewed and updated regularly which meant they contained relevant information about how best to support people. Carers were involved in this process. Formal six month reviews were also taking place in line with legislation.

Accident and incident reports were collated underneath the person's individual care plan on their app. This also included recording and reviewing skin integrity, safe guarding concerns or any medication errors/ issues. These were very low in number .

Staff were inducted into their role via a programme of shadowing, giving them an opportunity to apply their skills into practice whilst receiving good oversight. They had access to policies and procedures to guide their practice. They were encouraged to reflect on their learning and to seek further advice or guidance from their manager and colleagues via internal communication systems if they felt they needed it. We saw that staff made good use of this process.

While checking staff's registration with the SSSC we found all staff, but one member of bank staff, were appropriately registered. The service were advised to oversee this registration without delay and to put appropriate measures in place in the interim.

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 understanding of people's needs and how best to support them. This included ensuring that staff received training in the needs of people using the service. A training matrix was in place which included both mandatory training and other aspects of care relevant to people. The service could also include condition specific training for staff depending on the needs of people using this service. This would give staff more understanding of the impact of particular health issues on people's daily functioning if required.

The service had a consistent staff team who got to know people using the service and those around them well. Staff were busy but not unduly so and ensured that people received the support they were to provide.

Staff had built good relationships with people, and people using the service experienced warmth, kindness and compassion in how they were supported and cared for. People talked with confidence about their care workers. Whilst shadowing staff during inspection we observed respectful interactions with people being offered choices and being encouraged to be in control of their care and support. One staff member said a strength of the service was being "Attentive to detail and ensures every care service given is tailored to individual needs and wants." We spoke to staff about the people they were supporting and found them to be knowledgeable about people, their families, history, preferences and support needs.

Staff were registered with the SSSC and were supported to maintain their registration via the training offered by the service. They were supported at work via team meetings, on-call, spot checks and supervisions which ensured they were meeting operational prerogatives and their own professional development.

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 and those close to them (if they wished) were involved in their care planning which was of a good standard. They had a copy within their home. Those close to them could access their care plan and notes from the app which was reassuring for relatives and helped keep them updated regarding their relative's care. They were outcome focused and personalised to the individual with respect paid to their wishes, choices and routines. Risk assessments were in place which supported care being delivered in a way that kept people and staff safe. Reviews seen were in date.

The service knew people well and how they liked their care to be delivered and this was reflected in people's care routines which were clearly laid out for staff to follow.

Communication with the service was good. Staff were aware of issues which may impact people's communication or wellbeing and could adapt accordingly. People told us their carers were very good and that they could raise any issues with them. One person told us "I have the best carers you could ask for" and "On behalf of my husband I would say we are very happy with the care provided and carers to whom my husband responds to well."

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 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.

This requirement was made on 28 May 2024.

This requirement was made on 28 May 2024.

Action taken on previous requirement

This requirement was made following an inspection visit which concluded on the 28 May 2024.

The service had evaluated themselves against the Core Assurances. There had been very few accidents or incidents within the service, as the service is small this is proportionate. Two complaints had been received by the service and these had been effectively resolved. The service responded appropriately to issues which had arisen and kept a log of these.

We were confident that people had a support plan in place which made clear the support which people received. The service had added more information and detail that was individual to the person which meant that care plans were more focused on and reflective of the person rather than solely on tasks requiring to be completed. This included clearly setting out how people's needs would be met, as well as their wishes and choices.

People told us that they had good relationships with the people supporting them and were generally supported by the same small core group of staff which meant there was good consistency and continuity of care. People found the service to be responsive to them and their needs, including if and when they changed. However people's support was not being formally reviewed at least once in every six month period in line with legislation as it should be. The service should ensure this is done without delay. They should implement a system of care plan auditing in order to track the quality of care planning across the service and reviews.

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.

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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