

PAK Health Care Solutions Support Service

Falkirk Business Hub
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Type of inspection:
Announced (short notice)

Completed on:
15 December 2025

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 19 people. The service is provided by a team of three 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 9 and 15 December 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 registration information and data submitted by the service.

In making our evaluations of the service we:

- spoke with 10 people using the service
- spoke with the manager and received feedback from three members of staff
- checked infection prevention and control (IPC) procedures
- sampled care planning and a variety of other documents and recordings.

Key messages

- People liked the staff supporting them very much.
- People found that communication with the service was good and that the manager was very responsive to them.
- People found the service to be dependable and reliable.
- The service should ensure that reviews are completed consistently in line with legislation.
- The service should improve quality assurance processes as outlined within this report.

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?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

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 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.

Care planning was completed via a digital system. Care plans identified urgent support needs and clearly distinguished between tasks to be completed by staff and those areas which the person completed independently. Care plans should be more detailed, with tasks being centred around the individual's preferences, wishes and desired outcomes. For example, when receiving a bathing service three times a week it should be clear on what days and how to support the person effectively in a person centred way. This may be of lesser importance where people had capacity and could articulate their needs but care plans did not make this clear. Care plans sampled showed support needs had been reviewed recently with dates for the next review scheduled, however the involvement of people and their loved ones within this process was inconsistently recorded. (See Area for Improvement 1).

This is an important part of the overall quality assurance of people's experience of using the service.

People had a copy of their care plan within their home. This contained a welcome pack with good information about the service, including a service agreement which made it clear what people and the service should expect from each other. This included essential contact information and a copy of the service's complaints procedure. Environmental risk assessments were in place designed to keep people and staff safe while care was being provided within people's own homes. Daily notes were very person centred. At the time of inspection these were completed via paper diaries within people's homes and also electronically.

Whilst shadowing staff who were providing care it was clear that people were offered choice regarding what they would like to eat and drink when having meals prepared and staff were attentive to their choices. This helped support people to eat and drink well. Staff treated people with dignity and respect for their comfort, asking people if there was anything else they required before leaving. Staff ensured people's property was secured before going. Staff evidenced through discussion that they knew people well.

People were very happy with the service they received. They found staff to be dependable and to complete the tasks they required assistance with helpfully and with good humour. People were generally supported by the same staff and experienced a good consistency of care with staff they got to know and to form a positive working relationship with. People told us "I am very happy with my carers and have no issues" and "I am completely satisfied with the support I receive. In the fullness of time I might want to change or extend this service and would hope this is possible."

Medication E-mars were in place for individuals who required support with medication and paper care plans made clear the level of assistance which people needed to take their medication safely. The procedure for the application of topical medication was less clear and this was discussed with the manager during feedback. Additionally, prescribed medication information on an e-MAR should read exactly what is printed on the label, in order to ensure medication was being administered correctly. (See Area for Improvement 2).

Whilst reviewing paperwork we became aware of two incidents which had not been notified to the Care Inspectorate as they should have been and we advised the service to review the available guidance. (See Area for Improvement 3).

Likewise, the service should ensure that matters outwith the remit of the service are escalated to appropriate members of the multi disciplinary team.

Areas for improvement

1. By the 31st March 2026, the provider should ensure a more consistent outcome focused review process be developed that is reflective of the person receiving the support. 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)

2.

By the 31st March 2026, the provider should ensure people are confident they will receive safe, high quality medication support that is provided in line with each person's assessed level of need and that staff adhere to best practice guidance. This should include clear and consistent information about people's assessed support needs in terms of medication, throughout all relevant documentation including care plans, risk assessments and medication administration records (MARs) and by ensuring support with medication (including topical medication) is appropriately and accurately recorded and effectively audited.

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 "Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

3. By the 31st March 2026, to ensure the service remains responsive to accidents and incidents within the service which may result in significant deterioration in people's health and wellbeing they should review and enact the current guidance regarding statutory notifications to the Care Inspectorate.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 3.21 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.'

How good is our staff team?

3 - Adequate

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

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

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 liked the staff supporting them and feedback was very positive. Staff were warm and kind to the people they were supporting. They were polite and helpful. People found them to be reliable and they experienced good continuity of care. People said that communication with staff was good and that the service were easy to contact. People told us "I am very happy with the support given. I have the same carers coming to see me. They are very caring and will go the extra mile for me."

Staffing schedules in place showed the time of visits and allocated time per visit. From the scheduling we could see considerable discrepancy between planned and delivered support times. There appeared to be inconsistencies with times that staff checked in and out to people's homes with support times appearing to overlap which will have an impact on people's wellbeing and outcomes. (See Requirement 1).

Recruitment interviews were values based and reflected the HSCS (Health and Social Care Standards). Staff felt well supported at work. Communication was generally good and they received training relevant to their role. Staff received spot checks and supervisions very regularly, however improved recording would better evidence the discussions that were taking place and the learning that staff and the organisation were acquiring as a result.

There were a number of staff on the rota who were not registered with the SSSC under this company. The service should maintain a log of staff registrations in order that they can ensure that staff are both appropriately registered with the SSSC and that these are renewed within appropriate timescales. (See Requirement 2).

The service had a development plan in place. Specific timescales and tracking progress on actions would improve clarity on progress made and this was discussed with the service during feedback.

Requirements

1.
By the 31st March 2026 the provider must ensure that visit schedules are consistent. In order to achieve this, the provider must:

- a) plan visit schedules to include sufficient travel time between visits.
- b) ensure people know how to access information on who is scheduled to deliver their care and support.
- c) ensure visit durations correspond to those planned.

This is in order to comply with regulation 4(1) (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: 1.19 'My care and support meets my needs and is right for me.'

2. By the 31st March 2026 the provider must demonstrate safer staff recruitment to safeguard people who use the service and meet legal requirements. To do this, the provider must ensure that staff are registered with the SSSC within the required timescales and that these are renewed as appropriate.

This is in order to comply with: Regulation 9(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standard 4.24: 'I am confident that people who support and care for me have been appropriately and safely recruited.'

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

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).

This area for improvement was made on 19 September 2024.

Action taken since then

This Area for Improvement has not been met, the new areas for improvement within this report will cover these at the next inspection.

Previous area for improvement 2

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)

This area for improvement was made on 19 September 2024.

Action taken since then

This Area for Improvement has not been met, the new areas for improvement within this report will cover these at the next 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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