

Amaris Care Ltd Support Service

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Type of inspection:
Announced (short notice)

Completed on:
8 March 2024

Service provided by:
Amaris Care Ltd

Service provider number:
SP2018013091

Service no:
CS2018365454

About the service

Amaris Care Ltd was registered with the Care Inspectorate in April 2019.

The service is registered to provide a service to adults and older people living in their own homes and in the community within Edinburgh and Lothian.

At the time of the inspection the service was being provided to 15 individuals.

People receive a service in their own homes daily. This can be up to several visits per day and 365 days a year

About the inspection

This was a short notice announced inspection which took place between 27 February 2024 and 08 March 2024. 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, information from an upheld complaint, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we: carried out home visits, speaking with nine people using the service and two of their family representatives.

We also spoke with support staff and management, observed practice and reviewed a wide range of documentation.

Key messages

The Provider must ensure it follows national guidance around the safe recruitment of staff.

Personal plans must demonstrate that they are current and contain all information relevant to the delivery of effective care.

Staff must have access to essential learning, including Scottish Vocational Qualifications and practical moving and handling training.

The Provider must submit notifications to the Care Inspectorate in accordance with regulatory guidance.

Staff must follow the Provider's no entry policy and escalate concerns following any missed visits.

The provider must ensure effective management oversight of the service is in place with strong leadership and effective quality assurance measures.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

People who experienced care (PWEC) told us that staff were polite and respectful towards them. These views were echoed by the family representatives we spoke with during our inspection.

Two family members advised that they felt reassured that their loved ones were being well supported, with one person advising that they were able to focus on their familial relationship rather than having to engage in the delivery of personal care.

Support was described as being delivered at a pace which suited people's needs and abilities. This helped PWEC develop positive caring relationships with the staff that worked for them.

People told us that there was inconsistency in the times of scheduled visits and that they weren't always certain as to which staff were scheduled to visit. We noted some variation in visit times when we looked at care notes. In order to promote respectful caring interactions, the service should seek to ensure consistent visit times and continuity of staff delivering care.

Personal plans could be developed further, with more emphasis on strategies which promoted effective communication. This would enhance the service's potential to support people to get the most from life.

We heard some positive feed back around how the service had requested additional aids and equipment in order to facilitate safe care delivery and positive health and well-being outcomes.

When we considered medication administration records (MAR) we noted that there were gaps in the recordings associated with medication that was introduced into people's routines on a short term basis,. This meant we were uncertain if it had been administered as prescribed.

In addition, we found that there were gaps in Mar Sheets for routine medication administration. Staff did not use the reverse of the MAR to indicate whether this was medication which was refused, not did we see evidence for staff escalating concerns to the office if they found gaps in the medication recordings.

Some personal plans contained details of medications that were no longer prescribed and there was an absence of information around recording the use of topical medication .

In order to ensure fundamental health and well-being outcomes for people, we have made a requirement around medication administration (see requirement 1).

Prior to our inspection, we were made aware of a series of missed visits for a PWEC. We understood that the service did not raise concerns or escalate a response to ensure that the individual was safe. This inaction potentially contributed to serious negative outcomes for the person concerned. We made a requirement about missed visits and appropriate safeguarding responses when concerns arise (see requirement 2).

Requirements

1. By 17 April, 2024 the Provider must ensure that;

- (a) All medicines are administered as instructed by the prescriber;
- (b) Staff follow policy and best practice about medication administration records and documentation.
- (c) Suitable records are maintained which evidence the administration of medication, including topical medication.
- (d) Managers are involved in the audit of medication records.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4 – requirement for records all service must keep-keeping.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice"(HSCS 4.11)

2. By 17 April, 2024 the Provider must ensure that:

- (a) All scheduled visits must take place as planned.
- (b) Missed visits are notified to the Care inspectorate as per notifications guidance
- (c) Care is delivered at the agreed times, and in such a way that safely meets the identified needs of the person experiencing care.
- (d) The service follows established protocols around escalating concerns around any scheduled visit whereby staff fail to gain access to the property.

This is in order to comply with The Social Care and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210, Regulation 3 and Regulation 4(1)(a).

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

"My care and support is provided in a planned and safe way, including if there is an emergency or unexpected events (HSCS 4.14)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were outweighed by significant weaknesses.

There were few formal systems in place to monitor service delivery. While feedback from people who experience care was sought, this was not used to inform meaningful change within the service. This meant the needs, outcomes and wishes of people who experience care were not used as the primary catalyst for change.

Managers did not consistently use quality assurance measures such as auditing to improve outcomes for people. This meant that the manager was unable to demonstrate a clear understanding about what was working well and what needed to improve (please see requirement one).

While managers responded to individual concerns, or crises as these arose, there was limited evidence of learning from adverse events to reduce the chance of the same issues recurring.

We found incidents and concerns that required notification to the Care Inspectorate in line with regulatory guidance. These issues were not always adequately documented or logged in the service's records, which reduced management oversight (please see requirement two).

We reminded the manager about the importance of ensuring that their organisational details were accurate and up to date to fulfil their regulatory responsibilities appropriately. The manager stated a commitment to making all necessary improvements identified during the inspection.

Requirements

1. By 17 April 2024, the provider must ensure effective management oversight of the service is in place with strong leadership and effective quality assurance measures.

To do this, the provider must, at a minimum:

(a) Ensure effective quality assurance systems are in place for all aspects of service delivery which support improved outcomes for people who experience care and support;

and

(b) Demonstrate that managers are involved monitoring and auditing written records, visit scheduling, people's experiences and care plans.

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 state:

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

2. By 17 April 2024 the Provider must ensure that all accidents and incidents and concerns about people's wellbeing are reported to the relevant agency. This must include, but not be limited to,

(a) Ensuring that there is effective recording about decisions made, actions taken and outcomes for people

(b) Ensuring that relevant accidents and incidents are notified to the Care Inspectorate in line with regulatory notification guidance.

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 state:

'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?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were outweighed by significant weaknesses.

We considered the Provider's safer recruitment practice, taking into account the national best practice guidance "Safer Recruitment for Better Recruitment (2023). Staffing records were not well maintained or readily accessible. We found significant gaps in key areas around safe recruitment. This meant we could not be confident that staff were recruited safely.

The Provider must ensure that all staff are recruited safely and in line with guidance. They must have relevant references, suitable identification, right to work documentation and a Protection of Vulnerable Groups disclosure check before commencing work with people experiencing care (see requirement one).

Staff had undertaken some training relevant to the work they undertook, including Infection Prevention and Control, Moving and Handling (theory) and Medication Administration training. Oversight of training was difficult to determine, in the absence of an overarching training matrix.

There was an absence of practical Moving and Handling learning and Dementia training. This meant we could not be certain staff had the necessary skills to safely provide care to people using the service.

The Provider must develop a suitable programme of staff training, ensuring that care workers have the requisite learning to provide safe and effective support (see requirement two).

Requirements

1. By 17 April 2024 the Provider must implement safer staff recruitment and selection procedures in order to safeguard people who use the service.

In order to do this they must follow guidance outlined in Safer Recruitment for Better Recruitment (2023)

([https://www.careinspectorate.com/images/documents/7304/Safer recruitment guidance 2023.pdf](https://www.careinspectorate.com/images/documents/7304/Safer%20recruitment%20guidance%202023.pdf)).

This should include, but not be limited to;

- (a) Ensuring that information obtained in references is compared with the application form for accuracy.
- (b) Ensuring that suitable identification and right to work in the UK is provided.
- (c) Ensuring that all staff undertake relevant PVG check prior to working with people who experience care.

(d) Systems are audited regularly to improve practice.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: 6(1) & regulation 7(1) & regulation 9(1) and regulation 9(2)(a) - requirement about fitness of provider, manager and employees.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)

2. By April 17 2024, the Provider must ensure that all staff have undertaken essential training relevant to the work undertaken. This must include , but not be limited to;

(a) Ensuring that competent persons carry out practical moving and assisting training in order to safely deliver support to people who experience care.

(b) Delivering appropriate training and updates in line with good practice guidance in order to carry out safe and effective practice, including Dementia and Food Hygiene training.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users Regulation 15(a) and (b), (i) and (ii) - Staffing

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

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

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Personal plans were of varied quality. Some plans contained personalised information on how best to support a person. However, we could not be certain this information was accurate or up to date.

Most personal plans did not contain key information about the person; their preferences; health concerns or mobility needs. Personal plans needed improvement to ensure that they were accurate and relevant to the needs, outcomes and wishes of the person.

Risk assessments, which should enable people to carry out activities and daily living tasks safely, were not in place for all relevant areas of support. The quality of information in risk assessments was inconsistent. Personal plans lacked necessary information to guide staff on how to manage and enable risk. This had the potential to lead to poor outcomes for people.

While we saw some service reviews had taken place, there was little evidence that these led to updated personal plans. Records of discussions were inconsistent and there was little evaluation of how well care

and support met peoples outcomes and needs. This must be improved to ensure reviews are meaningful for people who experience care.

The required improvements for this key question are detailed in requirement one.

Requirements

1. By 17 April 2024 the provider must ensure people have confidence their personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks.

To achieve this the provider must, at a minimum, ensure:

- (a) Plans and records are accurate, up to date, sufficiently detailed and reflect the care planned or provided.
- (b) Plans are developed, implemented, and documented for each person, in consultation with them and their friends/relatives/carers. These must be formally reviewed at least every six months.
- (c) Risk assessments and action plans are in place to enable people to carry out activities of daily living safely.

This is in order to comply with Regulation 4(1)(a) 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 state that:

"My personal 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).

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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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