

Amaris Care Ltd Support Service

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Type of inspection:
Announced (short notice)

Completed on:
15 July 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 care was provided to 14 individuals in their own homes.

The service operates 365 days per year.

About the inspection

This was a full inspection which took place on 10 July 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, information submitted by the service and intelligence gathered since the last inspection, dated 18 April 2024.

Our previous inspection raised significant concerns with regard to how people's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice, on 30 April 2024 (for further details of this enforcement see the service's page on our website at www.careinspectorate.com).

We considered the areas for improvement associated with our Improvement Notice from 30 April 2024. In addition, we followed up on the requirements made at our inspection on 18 April 2024.

Key messages

There was clear evidence for improvements across all aspects of the Provider's operations. These improvements ensured that Amaris Care complied with our improvement notice.

People who experienced care were happy with the quality of staff and the standard of care and support provided.

Care visit times were generally as commissioned, albeit that there was improvement needed for scheduled times for some people using the service.

All staff have now undertaken training in areas relevant to the work they carried out.

Personal plans needed further development in order to clarify aspects of how support is delivered.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	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

We made an evaluation of adequate for this Key Question. The service should sustain current performance, build upon existing strengths and continue to improve aspects of care planned and provided.

Personal plans had been updated and contained good detail around people's choices and preferences around care delivery. Some personal plans needed more detail about falls risk, how it presented and approaches which minimised this risk when support was provided.

Medication administration practice had improved. We felt confident that people were receiving their medication as per prescribers instruction.

There were areas for development around medication support assessment and guidance around the support required in order to ensure safe medication intake.

Personal plans should outline what level of medication support is required and clearly identify and address any presenting risk associated with medication administration (see area for improvement1).

There was improvement around visit scheduling. Visit times were identified as being very important when we spoke with people who experienced care. The service should build upon current improvements and continue to eliminate any inconsistencies in the times of scheduled support.

Areas for improvement

1. Personal Plans should clearly outline medication support levels and present a well documented risk assessment which addresses all aspects of medication risk management.

Health and Social Care Standards-My Support, My Life;

2.23 If I need help with medication, I am able to have as much control as possible.

2.24 I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.

2.25 I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this Key Question. The Provider should sustain current performance, build upon existing strengths and continue to improve quality assurance and improvement processes.

Management had undertaken quality assurance visits to the homes of people experiencing care. This helped ensure that people were able to offer their views and allowed management insight into the quality of care and support provided.

People said they felt able to raise any issues with the management of the service and were confident that their views and wishes were taken into consideration.

Broadening the scope of quality assurance audits would greatly assist with sustaining and improving the service.

There should be a focus on developing matrix's for the likes of staff training, accident and incidents and visit times. Quality assurance processes will be enhanced by management having an "at a glance" overview of keys aspects of care provision (see area for improvement 1).

Areas for improvement

1. The Provider should continue to develop quality assurance processes, particularly around systems which support management insight into key elements of service provision.

Health and Social Care Standards- My Support, My Life.

4.23 I use a service and organisation that are well led and managed.

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this Key Question. The Provider should sustain current performance, build upon existing strengths and continue to develop good practice around staffing.

Although the service have not recruited new staff since our inspection, they have a policy and safe recruitment procedure that will help ensure new staff are recruited in line with "Safer Recruitment for Better Recruitment" best practice guidance.

Staff were described positively by people who experienced care " they (staff) are good, they work with kindness and know me well". It was apparent from our conversations that staff had been able to build effective support relationships and that this helped enable positive outcomes for people using the service.

The Provider has now provided all essential learning to staff, including Food Hygiene, Dementia and Practical Moving and Assisting training. This training helped ensure staff have the skills required to deliver safe care.

Management have now undertaken quality based observations of staff practice. These observations covered the likes of moving and assisting, communication, infection prevention and control, as well as food hygiene.

Observations of practice help ensure that staff are competent and work in a way that met people's care needs and support outcomes.

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this Key Question. The Provider should sustain current performance, build upon existing strengths and continue to develop good practice.

People said that they were consulted in the design and delivery of their care and support. This was reflected in personal plans which contained good insights into people's choices, wishes and preferences.

Some people said that they would like a copy of their personal plans and would like to see the notes carers made about their care and support. This should be facilitated by the service, when requested (see area for improvement 1).

When updating personal plans, the Provider should ensure that changes are clearly indicated and evidence that reflect care planned and provided (see area for improvement 1).

Areas for improvement

1. People should be routinely given access to personal plans and care notes which record how their support is provided.

Health and Social Care Standards-My Support, My Life

2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

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

Requirements

Requirement 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).

This requirement was made on 8 March 2024.

Action taken on previous requirement

There was improvement around medication administration practice, with management oversight.

Medication recordings, including the application of topical medications, were suitably documented on care planning systems.

Management had an overview of medication and effectiveness of administration support.

Met - outwith timescales**Requirement 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).

This requirement was made on 8 March 2024.

Action taken on previous requirement

Visit scheduling had improved significantly across the service.

The Care Inspectorate are now receiving notifications of any missed visit.

Care delivery safely met the needs of the people experiencing care and was generally delivered at agreed times, as per commissioning arrangements.

Management understood protocols and when to escalate concerns around any missed visits.

Met - outwith timescales**Requirement 3**

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).

This requirement was made on 8 March 2024.

Action taken on previous requirement

Quality assurance processes have improved and management now had oversight of written records, visit scheduling, people's experiences and care planning.

Met - outwith timescales

Requirement 4

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)

This requirement was made on 8 March 2024.

Action taken on previous requirement

Accidents and incidents were now being reported as per regulatory guidance.

There was clear insight into decision-making and outcomes for people.

Met - outwith timescales

Requirement 5

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).

This requirement was made on 8 March 2024.

Action taken on previous requirement

Although there were no new employees in the service, the Provider has developed a policy and procedure which takes into account best practice guidance.

Met - outwith timescales

Requirement 6

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 their professional and organisational codes" (HSCS 3.14)

This requirement was made on 8 March 2024.

Action taken on previous requirement

All staff had undertaken Practical Moving and Assisting Training.

All staff had completed Food Hygiene and Dementia Training

Met - outwith timescales

Requirement 7

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).

This requirement was made on 8 March 2024.

Action taken on previous requirement

All people had personal plans in situ.

Personal plans were developed in partnership with people experiencing care.

Quality monitoring visits had taken place. Review were planned for all people using support.

Risk assessments were in place.

Met - outwith 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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