

# Almond Blossom Care Housing Support Service

112 Grantron Road  
Edinburgh  
EH5 3RE

Telephone: 01315 641 671

**Type of inspection:**  
Unannounced

**Completed on:**  
20 November 2024

**Service provided by:**  
Almond Blossom Care Limited

**Service provider number:**  
SP2017012850

**Service no:**  
CS2019372786

## About the service

Almond Blossom is registered as a care at home service. It provides care to adults and older people living in their own homes in Edinburgh. The service operates from an office in Granton, Edinburgh locality.

205 people were using the service at the time of our inspection.

## About the inspection

This was an unannounced inspection which took place between the 7 and 20 November 2024. We initially visited the registered office on 7 November, however was closed due to operational reasons and therefore we returned on the 11 November. We visited people in their own homes on 14 and 15 November and contacted people via phone on 16 and 18 November. We provided feedback to the manager on 20 November 2024.

The inspection was led by one inspector from the Care Inspectorate, with the assistance of a fellow inspector who visited people in their own homes, and an inspection volunteer who contacted people on the phone.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with 19 people and 16 of their relatives.
- Met with eight carers and received comments from a further 33 via an online survey.
- Met with the management of the service.
- Observed staff practice and daily life.

**Key messages**

- People we spoke with praised the quality of the staff who supported them.
- We observed positive, respectful, and natural interactions between staff and those being supported.
- Staff consistency was a key strength of the service, supporting working relationships.
- People's care plans were largely task focused and needed to be further developed to capture their likes, dislikes, personal preferences, choice, wishes and what they can do for themselves to maintain independence. This level of detail is needed to provide guidance to staff to meet their care needs.
- Quality assurance processes were not sufficiently detailed to demonstrate if actions identified led to improvements.
- Effective communication needed to be developed to support management oversight of the service.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

**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?	4 - Good
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?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

People were supported by a small group of staff they knew well. People and families found this reassuring and meant they developed trusting relationships with the staff. One person told us, "There is very good consistency of staff and the staff work in a positive way with me. They are reliable, kind and know how to support me effectively." Having consistent staff enables them to quickly identify any changes in people's health and act accordingly.

Visiting times were also consistent which enabled people to plan their day well. People described good communication from staff, who typically contacted them to advise of changes to who was visiting or if they were running late.

The service had recently completed their own satisfaction survey, and the findings were generally very positive. Comments from people included: "I am very impressed that no visit has ever been missed. Am very impressed that carers contact mum if they are going to be late." Another wrote: "All my carers are very nice, I get on with them all. I feel that they care for me very well. They make me feel comfortable, especially with it all being so new to me. I appreciate all of their help."

When we visited people in their own homes, again, most of the feedback from people was positive, describing how they valued the staff supporting them and found the service very reliable.

Whilst we acknowledged the positive feedback from people, and the outcomes they were achieving with the support from the carers, there were elements of the care and support not delivered consistently and needed to be improved.

We sampled the accident and incidents reports recorded by the service. We could see examples of when staff have been observant of identifying concerns around increased vulnerability and reported to the management team for referrals to be made to social work and other health professionals. However, there were instances of missed opportunities in reporting missed visits, not following protocols and reporting skin integrity concerns. Management had discussed with staff at team meetings, and this was an ongoing area for improvement.

People's support plans should give clear direction about how to deliver each person's care and support. The sample of care documentation viewed, lacked detail in relation to information about individual's abilities, routines and preferences. There was a heavy reliance on staff knowledge to provide effective support. This is detailed more in Key Question 5.

The findings from other Key Questions have been considered when evaluating this key question.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Leaders utilised a variety of quality assurance systems which provided oversight of the care delivered to people. This included the auditing of visiting times, staff consistency and observations of practice.

Although systems were in place to monitor aspects of service delivery, we did not have confidence that leaders consistently utilise these to inform action plans to drive effective and sustainable change. The service's improvement and development plan needed to be developed and focus on areas identified through any complaints received, incident reports, satisfaction surveys and feedback from staff, rather than just the findings from our inspections. (See area for improvement one).

We discussed with the manager other quality assurance approaches which could be explored to further benefit the care needs of people. These included a self-evaluation tool based on the quality framework used by the Care Inspectorate.

Management should refamiliarize themselves with the relevant guidance for notifying the Care Inspectorate of key events, a requirement of registered services. Notifications over the past year have been inconsistent, with a period of three months where none were received. Improvement was needed. (Please see area for improvement two).

Communication with the office was an area people and their relatives told us they would like improved. We heard of examples where communication had not been responsive and there was a heavily reliance with communicating with the carers directly through messaging apps and not the office / management team. This is not good practice and not reflective of the Health and Social Care Standards. Leaders should maintain communication with people directly as this would support effective management oversight and support carers to maintain professional boundaries. (Please see area for improvement three).

Whilst staff told us they felt supported by the management and found them approachable, we identified situations of where this was not consistent and a supportive culture was needing to be developed to ensure staff have confidence in management should they have to raise any concerns without anxiety and be reflective of their roles and responsibilities with being registered with the Scottish Social Services Council (SSSC).

## Areas for improvement

1. To ensure people's outcomes and aspirations are fully achieved, the provider should utilise the sources of evidence from discussions with people, staff and supportive documents to develop a service improvement and development plan.

This is in order to comply with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

2. The manager should familiarise themselves with the guidance on notifying the Care Inspectorate of any accidents and incidents which impact people receiving support from the provider, and ensure that to be completed within parameters as detailed in the said guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." HSCS 4:11

3. To support effective communication, maintain professional boundaries and protect the rights and privacy of people, the manager should continue to highlight the codes of the Scottish Social Services Council (SSSC) with the staff team.

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

## How good is our staff team?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were good, documented clearly with relevant checks being undertaken.

Through our observations of staff practice, we concluded that they were well-meaning in their actions and clearly wanted to take care of people. Staff we spoke with were committed, flexible and dedicated to providing the best possible service to the people they support.

Regular supervision was used constructively and supported staff's personal and professional development. There were clear records of learning being undertaken and planned, which inform learning for each member of staff. The manager monitored the frequency of supervision meetings to ensure they were consistent for all staff.

There was a range of approaches to suit different learning styles, and it was evident that all staff had access to relevant training to meet the ongoing care and support needs of people. A training record was monitored by the manager to ensure staff training was up to date and reflected best practice.

Observations of staff practice were also undertaken on a regular basis. This included how staff interacted with people, how people's care needs were met and the identification of any reflective practice discussions and training needs. Records were maintained well.

Staff had regular opportunities to meet with their colleagues and managers through online team meetings. These were well attended and enabled managers to discuss practice related matters and communicate effectively with staff.

The findings from other Key Questions have been considered when evaluating this key question.

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

We sampled 20 personal plans belonging to people. Personal plans focused mainly on tasks to be carried out rather than building an enabling approach based on agreed outcomes. There were aspects of personal plans that lacked detail to guide staff. For example, some people experienced high levels of anxiety in their lives, but had no information as to how the person manages this health condition and what support was required from staff.

There was a heavy reliance on the knowledge from staff as to people's care needs rather than the guidance detailed in people's personal plans.

In addition, we identified three people who were supported with their moving and handling with equipment including hoists, but the personal plans lacked any specific information on how to use the equipment safely to meet the persons care needs. This potentially places people at risk of harm. (Please see requirement one).

To support people to achieve good outcomes, the provider must ensure their care plans reflect their assessment of needs, how these will be met and are reviewed and developed on a regular basis as carers get to know people to ensure the level of accuracy required.

Although there was evidence of people's personal plans being reviewed, our sample of evidence on the frequency of these was inconclusive. A matrix was maintained by the manager regarding the frequency of these review meetings, however in many cases the data did not match that of the personal plans we sampled. In addition, many of the people we spoke with told us they had not received a review of their plan, or if they had, was some considerable time ago.

The review meetings were not fully recorded to capture discussions held and actions agreed. Adopting this approach, whether in person or held over the phone would enable people and their relatives to feel they have fully participated and benefited in the review process.

## Requirements

1. By 10 March 2025, the provider must ensure that personal planning reflects people's outcomes and wishes, which contain current, clear and meaningful information.

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

- (a) Personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met.
- (b) Ensure that planned support is fully implemented when people have specific health needs including communication, pain, falls, moving and handling;
- (c) Care plans provide information to lead and guide staff on meeting people's care needs, which are personalised and detail their choices, wishes, decision making and promote levels of independence where appropriate.
- (d) Care plans are reviewed on a regular basis to ensure they are accurate and consistent to the identified care needs assessed.
- (e) The auditing of care plans by the provider includes a follow through of actions to ensure any areas identified for improvement are actioned upon and any learning is recorded.

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(1)(a) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans.

This is also to ensure that care and support is consistent with the Health and Social Care Standard which state "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.1)

## 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

The provider should ensure there is a structured support and supervision system in place for staff (which incorporates observations of practice, reflections of practice and any learning and development needs). This is to support the ongoing development of staff, ensuring they are competent, skilled and able to reflect on their practice to continue to meet people's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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." 3.14.

**This area for improvement was made on 26 March 2024.**

#### Action taken since then

Improvements have been made by the manager as reported on within this report.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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
3.2 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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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