

## Bluebird Care Aberdeen and Aberdeenshire Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
8 April 2025

**Service provided by:**  
S.A Chopra Limited

**Service provider number:**  
SP2023000365

**Service no:**  
CS2023000435

## About the service

Bluebird Care Aberdeen and Aberdeenshire provides care at home to people living in their own homes across Aberdeen and Aberdeenshire.

25 people were using the service at the time of the inspection.

## About the inspection

This was a follow up inspection to assess the progress the service had made to meet the requirements made at the last inspection on 16 December 2025. An unannounced inspection took place on 8 April 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with management
- reviewed documents.

## Key messages

A new management team had recently taken up post.

The one of the two requirements and the two area for improvement made since the last inspection were met.

Improvements had taken place to ensure that adverse events were reported and fully investigated.

People's personal plans need to be more detailed and person centred.

## 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
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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

A new management team had recently taken up post.

The requirement in relation to medication was not met and will be restated with an agreed extended timescale of 7 July 2024. The documentation in place to support, monitor and assess best practice was inconsistent. Support plans did not always clearly reflect people's needs or abilities with regard to medication. (See 'What the service has done to meet any requirements made at or since the last inspection' and **See Area for improvement 1**)

The service has made improvements in addressing the requirement in relation to adverse events. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. (See 'What the service has done to meet any requirements made at or since the last inspection' and **See Area for improvement 2**)

### Areas for improvement

1. To ensure people receive support in line with their agreed and assessed needs, wishes and preferences, including medication. This should include but is not limited to, ensuring people and those important to them are fully involved in planning and reviewing their support plans on a formal basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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 1.15); and

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

2. To safeguard and support positive outcomes for people, the provider should ensure all staff fully understand their roles and responsibilities in relation to adult support and protection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

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

### Requirements

#### Requirement 1

By 28 February 2025, the provider must ensure people receive their medication in the way it has been prescribed.

In order to achieve this, the provider must as a minimum:

- a) Where the service is responsible for the collection of medication that this is undertaken timeously to ensure there are adequate stocks of medication for people. Any difficulties with stock or supply of medication should be discussed with the prescriber timeously.
- b) Ensure there are records kept of when people are prompted with their medications which are detailed Inspection report with the outcome of this.
- c) Ensure Medication Administration Records (MAR) are accurate and up to date.

This is to comply with Regulation 4(1)(a) & (d) (welfare of service 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 that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 16 December 2024.**

#### Action taken on previous requirement

A new management team had recently taken up post. Work had commenced to ensure that people were taking their medication as prescribed. However, the documentation in place to support, monitor and assess best practice was inconsistent. Support plans did not always clearly reflect people's needs or abilities with regard to medication. As a result, there was a risk of inconsistent practice and that medication may be missed or omitted. (See Area for improvement under section 'How well do we support people's wellbeing?')

The new manager was aware of these concerns and discussed the planned actions required to improve outcomes for people. An improvement plan was under development. The manager agreed to share this with us.

This requirement was not met and will be restated with an agreed extended timescale of 7 July 2024. See 'How well do we support people's wellbeing?'

**Not met**

## Requirement 2

By 18 April 2025, the provider must ensure people benefit from a culture of improvement and are kept safe.

To do this the provider must, at a minimum:

- a) Investigate all accident, incidents and adverse event to identify actions to be taken to mitigate reoccurrence. Appropriate notifications should be submitted to relevant statutory bodies.
- b) Any Adult Support and Protection incidents are recognised and reported timeously to the Care Inspectorate and the Health and Social Care Partnership, with appropriate actions taken to mitigate identified risks.

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 care and support is consistent with the Health and Social Care Standards (HSCS), which state that: '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 16 December 2024.**

### Action taken on previous requirement

Adverse incidents and events including poor practice, were being fully investigated and appropriate action taken to improve the outcomes for people. The Care Inspectorate and appropriate bodies were notified as per guidance.

The new manager had a good understanding of safeguarding. Staff had undertaken on line training on adult support and protection. The management team identified that more specific development was required for staff to fully understand their role and responsibilities. An improvement plan was under development which would identify how the management team planned to achieve this. The manager agreed to share this with us.

This requirement was met. However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. An area for improvement has been made. See 'How well do we support people's wellbeing?'

**Met - within timescales**

## 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

To ensure staff have the right knowledge, skills and competency to care and support people, the service should ensure staff have completed the necessary training for their role. This should include but not limited to, essential subjects such as, food safety and infection control and prevention.

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).

**This area for improvement was made on 16 December 2024.**

#### Action taken since then

Staff had completed the online and face to face mandatory training. The management team had oversight of training. Some staff had undertaken additional training and development specific to people's needs. The mandatory training and online training resource was under review to ensure that these training courses continued to meet the needs of the staff and people receiving support. An improvement plan was under development which would identify how the management team planned to achieve this. The manager agreed to share this with us.

**This area for improvement was met.** However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

#### Previous area for improvement 2

To ensure that people are supported well, the service should ensure people's daily notes are accurate, sufficiently detailed and reflective of the care/support planned or provided.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 1.15).

**This area for improvement was made on 16 December 2024.**

#### Action taken since then

The quality of the daily notes and recording had improved. The manager identified that work was ongoing to enable staff to be more specific regarding the support provided and the choices given to people regarding their daily care or support.

**This area for improvement was met.** However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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