

Almond Blossom Care Housing Support Service

112 Grantron Road
Edinburgh
EH5 3RE

Telephone: 01315 641 671

Type of inspection:
Announced (short notice)

Completed on:
4 June 2025

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

About the inspection

This was a short notice announced inspection, which took place between the 21 and 26 May 2025. We visited the registered office on 21 May to sample documents and meet with the management. Over the course of the 22 and 23 May, we shadowed staff delivering care and contacted people and their relatives on the phone, to seek their feedback on the care they received. We provided feedback to the manager on 4 June 2025.

The inspection was undertaken 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 submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with 12 people and eight of their relatives.
- Received comments from 20 people and 33 of their relatives via our online questionnaire.
- Met with eight carers and received comments from a further 70, via an online survey.
- Met with the management of the service.
- Observed staff practice and daily life.

Key messages

- People were grateful for the high consistency of carers who supported them. It enabled them to build trusting relationships.
- There was a high reliance on the staff knowing people's care needs, through contact with them rather than referring to guidance contained within their agreed care plans.
- Support plans lacked sufficient person-centred detail to enable staff to deliver safe, effective, and consistent care.
- We had concerns about how robust the recording and monitoring of skin integrity and this had the potential to impact people negatively.
- Improvement was needed regarding how people are supported to take their medication, the level of support needed and the recording of this.
- Oversight of the service needed significant development, to drive the improvement required to people's outcomes and the development of the service.
- 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?	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.

We received some positive feedback from people and their relatives about the quality and consistency of the carers. This enabled supported people to build trusting relationships with their carers. This ensured carers were familiar with people's routines and care needs and able to identify any changes in health and wellbeing needs.

Through our inspection activity, we learnt that there was a high level of dependency placed upon the carers, for the knowledge of people's care needs rather than referring to people's personal care plans. The care plans often lacked relevant information, were misleading or contradictory, specifically in relation to moving and handling people safely and any identified risks. This had the high potential to impact negatively on the wellbeing of people using the service. Please see our requirement for improvement as detailed under Key Question five - care planning, within this report.

Medication records were not always accurately completed, and several errors had occurred, which could have impacted on people's health. There needed to be better understanding required from staff about the importance of when medication should be administered, or prompted by staff and how this should be recorded. This should be underpinned by quality assurance checks by the manager. The provider must make improvements to ensure people have confidence that they will receive their medication as prescribed, by appropriately competent and skilled staff. Please see requirement one.

In addition, improvement was needed to ensure the manager had clear oversight of people's skin integrity, ensuring input from health professionals is identified and actioned upon consistently in a timely manner. Records should be maintained to support the monitoring of skin integrity concerns including the use of body maps, to support planned care and interventions. Please see requirement two.

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

Requirements

1. By 18 August 2025, the provider must ensure people have confidence that they will receive their medication as prescribed by appropriately competent and skilled staff. The provider must improve procedures to ensure that medication is managed and administered safely. In order to achieve this, the provider must ensure:

- a) All staff who administer medications are trained in line with Care Inspectorate guidance, 'Review of medicine management procedures: Guidance for care at home services (2017)', and are able to distinguish the different levels of support service users require.
- b) All service users being supported with medication must have a detailed risk assessment, to identify the appropriate level of support required; i.e. prompt, assist, administer. If already in place, this must be reviewed.

c) 'As required' medication protocols detail the circumstances when this will be administered, and are cross referenced to information held within personal plans on stress and distress, health, pain and elimination.

d) Ensure that processes are in place, to regularly assess staff practice and competency in medication management and records maintained.

e) Accurate records must be kept for all medications being administered, where there are handwritten entries or changes made to medication records, these should be signed, dated and indicate the source of the change.

f) Ensure that Medication Administration Records clearly indicate the medication, dose, and times of administration in line with the prescriber's instructions

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 also to ensure that care and support is consistent with the Health and Social Care Standards which state: 2.23 If I need help with medication, I am able to have as much control as possible.

2. By 18 August 2025, the provider must improve the approach to skin care and tissue viability. In order to do this, the provider must ensure:

a) Staff are trained in how to support people with management of their skin integrity;

b) Staff are deemed competent to manage people's skin care in line with best practice and know what actions to take if a person's skin care deteriorates;

c) Improve care plan documentation to ensure that a clear, complete, and accurate record of skin care is kept;

d) Regular audits of people's skin integrity is undertaken and appropriate actions taken.

e) Demonstrate that staff will contact a General Practitioner (GP) or other relevant healthcare team member, when people who use the service require treatment or their condition is not improving.

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 also to ensure that care and support is consistent with the Health and Social Care Standards which state: 2.23. If I need help with medication, I am able to have as much control as possible.

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 compromised by significant weaknesses.

Systems were in place to monitor aspects of service delivery. However, managers did not consistently utilise these to inform action plans to drive effective and sustainable change. Improvements were needed to ensure that where audits had taken place these were meaningful and led to improved outcomes for people.

This included, but was not limited to personal plans reflecting people's agreed care needs, medication and skin integrity.

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.

We sampled complaint, accident and incident records. Whilst some documentation had been completed to an adequate level, others lacked detail, specifically in relation to the outcome of any investigations undertaken by the management, actions taken and responses provided to people. One relative told us: "I have tried emailing Almond Blossom on several occasions, but never receive a response". We therefore did not have confidence that robust systems and processes were being utilised consistently to support improvement within the service.

Many supported people, their relatives and staff told us they felt communication from the office needed to be improved. We heard of examples where people have not been able to contact the management of the service to update a care plan - which guides staff on how to meet people's care needs. One relative said to us: "I have had to ring on call a couple of times and quite often they don't answer the phone and if I leave a message they don't call back. Thank goodness I have the carers numbers!"

Carers told us that improvements were needed to show they felt valued and supported. Their experiences of seeking support from office staff was mixed and communication was one area they told us needed to be improved. One carer told us: "The service needs to employ someone that will be stand by for on calls, sometimes we will call the office in case of emergency, no one will pick up and the whole work will be on Carers. Sometimes we need directions from the office on what to do".

We have highlighted a number of key improvements which must be made at this inspection, specifically around the quality of care delivered to people, safe recruitment of staff procedures and management oversight. These have been highlighted as requirements for improvement at previous inspections. There is insufficient capacity and skill to support improvement activities effectively, and to embed changes into practice. The lack of progression made, adds concerns about leadership and management which has been considered when evaluating this key question.

Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider, with a mechanism to demonstrate clearly that sustainable improvements have been made.

Requirements

1. By 14 July 2025, the provider must ensure people have confidence that the service they use is led well and managed effectively. To do this, the provider must ensure at a minimum:
 - a) The management have effective oversight of the day-to-day delivery of care to service users, to ensure their care needs are fully met.
 - b) The management have a visible presence within the service and engage with service users, relatives and staff to support the development of management oversight required.
 - c) The management engage in a meaningful way with service users and staff about the quality of the service and take action, to address improvements identified, to ensure improved outcomes for service users.

- d) Fully utilise quality assurance systems to drive forward improvements.
- e) Ensure systems and processes are fully accessible to the staff team.
- f) Accidents, incidents and complaints received are fully recorded, responded to and fully investigated and records are maintained to evidence this in line with procedures.

This is in order to comply with Regulation 7 – Fitness of managers and Regulation 9 fitness of employees 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 which state that – I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

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 compromised by significant weaknesses.

Supported people should be confident those who support them have been appropriately and safely recruited. We sampled 12 staff files, and identified elements of safer recruitment practices had not been followed consistently. This included but was not limited to satisfactory references of previous employers, accounting for gaps in employment and recording the answers asked at interview. There was insufficient attention paid to understanding why safer recruitment was important, which may put people at risk. Please see requirement one.

Through our observations of staff practice, we concluded that they were well-meaning in their actions and clearly wanted to take care of people.

Leaders observed staff practice on a regular basis and included how staff interacted with people, how their care needs were met and the identification of any reflective practice discussions and training needs. We felt this should be further developed to incorporate how people are supported with their medication and skin integrity, as highlighted in Key Question 1 of this report.

Staff completed a range of online and face to face training courses. However, there were limited systems in place to evaluate staff's understanding or ability to transfer learning into practice, especially around medication and moving and handling care. The provider must ensure staff training and support provides the skills, knowledge and understanding required to meet people's needs.

Requirements

1. By 14 July 2025, the provider must improve staff recruitment practices within the service to the standard detailed in the SSSC and Care Inspectorate guidance, 'Safer Recruitment through Better Recruitment (2017)'. In order to achieve this you must ensure:

- a) Recruitment records are in place for all staff and all staff have outstanding pre-employment checks, submitted to Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007.
- b) Obtain two references in place for each staff member recruited, one of which, where possible, from their previous employer.

- c) Where there are clear gaps in peoples work history a reason for this should be obtained.
- d) There are robust recordings, shortlisting, interviewing and assessing of staff to make certain they have the correct knowledge and skills to support people.
- e) Those responsible for undertaking safer recruitment are skilled and competent in their role.

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, a Regulation relating to the fitness of employees and Regulation 4(1)(a) a Regulation regarding the welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that – I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

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.

The content and detail of personal plans we sampled was not consistent. Whilst some were written to an adequate standard, others were not and did not always clearly reflect people's health and wellbeing needs and preferences. The care plans often lacked relevant information, were misleading or contradictory, specifically in relation to moving and handling people safely and any identified risks. There was a lack of relevant information that would lead and guide staff in a consistent manner.

People would benefit from having their personal plans being regularly audited by the manager, to ensure the quality remained of a good standard and fully relevant to people's assessed needs and identified goals.

Risk assessments needed development. We found documentation outlined risk, but failed to add the level of detail that would ensure staff fully understood how to work effectively with presenting issues.

The provider should develop care plans to include anticipatory care elements, to ensure people's wishes other than those receiving palliative care were recorded and respected.

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.

Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider, with a mechanism to demonstrate clearly that sustainable improvements have been made.

Requirements

1. By 14 July 2025, the provider must ensure that 65% of people's 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, descriptive and detail their choices, wishes, decision making and promote levels of independence where appropriate.
- d) Implement future care planning to reflect service user's plans regarding end of life care and their wishes.
- e) Care plans are reviewed on a regular basis, to ensure they are accurate and consistent to the identified care needs assessed.
- f) 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.
- g) Risk assessments completed with people provide an indication of the level of risk (low, medium or high) and the likelihood of the risk accruing by the named assessor.

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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 18 March 2025, the provider must improve the recording and reporting of incidents and protection concerns, to ensure people are safeguarded from harm.

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

- a. Ensure staff recognise and report incidences of harm or potential harm; ensure staff complete accurate records of harm or potential harm, including details of any injuries identified;
- b. Ensure other agencies and regulatory bodies are notified of harm or potential harm, in accordance with local and national reporting requirements and timescales;

c. Ensure people and/or their representative are provided with accurate information about harm or potential harm where appropriate, and the actions taken to safeguard people;

d. Ensure incidences of harm or potential harm are fully investigated, to identify possible root causes, contributing factors and the actions needed to safeguard people.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

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 requirement was made on 20 March 2025.

Action taken on previous requirement

As reported in the body of this report, evidence sampled informed us that improvement was needed. As a result, this requirement had not been met and further extended.

Not met

Requirement 2

By 18 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 (HSCS) 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)

This requirement was made on 20 March 2025.

Action taken on previous requirement

As reported in the body of this report, evidence sampled informed us that improvement was needed. As a result, this requirement had not been met and further extended.

Not met

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
1.3 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	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.