

Almond Blossom Care Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
14 July 2025

Service provided by:
Almond Blossom Care Limited

Service provider number:
SP2017012850

Service no:
CS2019372786

About the service

Almond Blossom is a registered home care service, supporting adults and older individuals within their own residences across Edinburgh. The service is managed from an office based in the Granton area of the city. At the time of our inspection, 225 people were receiving care through the service.

About the inspection

This was a short-notice announced inspection conducted on 14 July 2025, between 09:30 and 17:00. The aim of the visit was to evaluate the service's progress in meeting the requirements set during the June 2025 inspection. Feedback was provided to the service manager on the same day.

The inspection was carried out by two inspectors. In preparation, we reviewed a range of information about the service, including previous inspection findings, registration details, submissions from the service, and intelligence gathered since the last inspection.

As part of our evaluation, we:

- Reviewed documentation relevant to the focus areas of this follow-up inspection.
- Met with the service's management team.
- Consulted with external professionals.

Whilst we noted a degree of improvement in our requirement on staffing, improvement was still required for management oversight and care planning. We have therefore further extended the timescales for the requirements to be met.

Key messages

- The service's management structure has been further developed, including the introduction of a newly recruited role: General Manager.
- Sampled evidence indicated that management had increased their presence in the field, actively engaging with individuals receiving care and their families.
- Improvements were noted in the application of safer recruitment practices.
- A new care plan template has been introduced, offering effective oversight of individuals' care needs, along with clear guidance for staff.
- At this inspection, two of the three requirements set during our June 2025 visit remain unmet. Continued improvement is necessary, and the timescales for completion have been extended accordingly.

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 good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While identified strengths had a positive impact, several key areas still required improvement.

During our previous inspection, we set a requirement to improve safer recruitment practices. This was to ensure people can have confidence that those providing care and support, have been appropriately and safely recruited.

Since that inspection, no new staff have joined the service other than the appointment of the General Manager. We noted that relevant procedures have been amended to support improved future recruitment. Taking a proportionate approach in line with our scrutiny and assurance practices, we determined that the care provider had met this requirement, this is reflected in our evaluation for this key question.

Safer recruitment remains a fundamental aspect of all Care Inspectorate inspections, and will continue to be a focus in future assessments.

The care provider must now demonstrate sustained capacity for improvement, and this has been taken into account, in our overall evaluation for this key question.

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

Requirements

Requirement 1

Management and leadership

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).

This requirement was made on 4 June 2025.

Action taken on previous requirement

During our inspection on 4 June 2025, we set a requirement for improvement to ensure people could have confidence that the service they receive is well-led and effectively managed. This included the expectation that management would maintain a visible presence within the service and actively engage with individuals, their families, and staff to help develop the oversight necessary for high quality care.

Since the previous inspection, the care provider has strengthened the management team, by appointing additional personnel, including a new General Manager with a background in health and social care management. Members of the management team have invested time in meeting with individuals and learning more about their care and support needs, to improve and refine care plans. Additionally, improvements were required in the recording and reporting of accidents, incidents, and complaints to the appropriate external bodies, including the Care Inspectorate.

While we observed positive developments in the management structure, increased engagement with individuals, and enhanced documentation, it is too early to determine whether these changes are leading to meaningful improvements for people using the service. The provider must now demonstrate that these improvements are firmly embedded, sustainable, and result in positive outcomes.

As such, the deadline for meeting this requirement has been extended to 18 August 2025.

We remain concerned about the limited progress made by the care provider in meeting key requirements for improvement, specifically in areas of management and leadership, as well as care planning.

We have emphasised that, should improvements not be achieved within the extended timescales, action may be taken, to ensure the outcomes for individuals using the service are appropriately addressed. This could include enforcement measures, if necessary.

The evaluation for this key question remains at weak, although some strengths were identified, they were outweighed by significant weaknesses.

Not met

Requirement 2

Safer recruitment

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 people's 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).

This requirement was made on 4 June 2025.

Action taken on previous requirement

Whilst the service has not recruited anyone since our last inspection, recruitment procedures have been amended for future recruitment activity. We have therefore assessed that this requirement has been met, however safer recruitment practices will continue to be a focus area for future inspections.

Met – within timescales

Requirement 3

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).

This requirement was made on 4 June 2025.

Action taken on previous requirement

A further requirement set during our last inspection was reassessed in this visit, to evaluate progress toward meeting it. The management team has engaged with a number of individuals and their relatives, to review care plans, ensuring these accurately reflect each person's care needs, personal preferences, and choices, along with clear guidance for staff.

In recent months, the manager introduced a new care plan template which we found to be a strong foundation for capturing all relevant aspects of care. Over the past year, care review meetings have been held, accompanied by more in-depth reassessments of support needs. We reviewed notes from these meetings and found that only 22 care plans have been agreed using the new format, falling short of the 146 (65%) target set in the requirement for improvement.

While we acknowledged progress in the quality of the 22 completed care plans, further timely improvement is necessary, to meet the requirement originally issued in December 2024 and reiterated in June, and now extended to August 2025. It remains essential that personal planning reflects individuals' intended outcomes and wishes.

The evaluation for this key question remains at weak, although some strengths were evident, they were undermined by significant weaknesses.

Not met

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 good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate

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