

Blackwood Care Edinburgh West Housing Support Service

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Edinburgh
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Type of inspection:
Announced (short notice)

Completed on:
11 August 2025

Service provided by:
Blackwood Homes and Care

Service provider number:
SP2003000176

Service no:
CS2016344470

About the service

Blackwood Care Edinburgh West is part of a national not for profit charity organisation, that provides support to people with physical disabilities, learning difficulties and older people. Accommodation is provided on an individual tenancy basis, with additional care and support hours for each individual person, dependant on their assessed and agreed packages of care. Support is provided to people living in their own homes and ranges from personal care and support with medications, to socialisation and community engagement.

Approximately 100 people were using the service at the time of our inspection. 80 of whom were utilising the 24/7 digital call support system.

About the inspection

This was a short-notice announced inspection conducted on 7 and 8 August 2025. The aim of the visit was to evaluate the service's progress in meeting the requirements set, during the April 2025 inspection. Feedback was provided to the service manager on the same day.

The inspection was carried out by one inspector. 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 and quality assurance team.
- Met with two team leaders and three support workers.
- Consulted with external professionals.

For a detailed evaluation of this follow up inspection, please refer to the section of the report titled 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Key messages

- A change of leadership within the service was promoting a development of a more positive staff culture, with a focus on continuous improvement and development.
- Evidence sampled indicated that management had increased their presence in the field, actively engaging with individuals receiving care and their families.
- Quality assurance and development action plans had been implemented. This was providing the backbone for improvement in meeting the requirements we made at our last inspection.
- Whilst the requirements we made at the last inspection have been met, time was now needed for these positive changes to be fully embedded and then measured to assess the impact on people in receipt of care.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

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.

The provider had made progress to meet our previous requirement since our last inspection. The developments would continue to support positive outcomes for people. We have therefore considered these improvements when re-evaluating this key question.

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.

The provider had made progress to meet our previous requirement since our last inspection. The developments would continue to support positive outcomes for people. We have therefore considered these improvements when re-evaluating this key question.

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

Requirements

Requirement 1

By 4 August 2025, the provider must ensure incidents and accidents are recorded and reported to external bodies, including the Care Inspectorate when required to.

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

- Record, monitor, and follow-up incidents in line with legislation and guidance;
- Ensure all staff are aware of their responsibilities and how to report accidents and incidents, including adult protection;
- Implement quality assurance systems and oversight of incident and accident reporting;
- Ensure information is communicated to relevant agencies including the Care Inspectorate, following 'guidance on records you must keep and notifications you must make' (Care Inspectorate, 2025); and
- Ensure information from incidents is used to inform a service improvement and development plan.

This is to comply with Regulation 4(1)(a) and (d) (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 that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 24 April 2025.

Action taken on previous requirement

Since the last inspection, the care provider has taken steps to ensure appropriate systems are in place for recording accidents and incidents. A dedicated spreadsheet is now used to monitor these events, with oversight provided by both the manager and the quality assurance team. While managers and senior staff currently have access to the system for logging incidents, frontline staff do not. The provider should consider extending access to support staff, to enable more accurate and timely recording of information.

Notifications have been appropriately submitted to the Care Inspectorate for all reportable matters. Although we have assessed this requirement as being met, it remains too early to fully determine the impact of these improvements on outcomes for people using the service. This has been reflected in our evaluation of the relevant Key Question.

Met - within timescales

Requirement 2

By 4 August 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 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.

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

This requirement was made on 24 April 2025.

Action taken on previous requirement

A recent change in leadership within the service has fostered the development of a more positive and proactive staff culture, with a clear emphasis on continuous improvement and professional development. Sampled evidence shows that management has significantly increased their visibility and engagement in the field, actively connecting with individuals receiving care and their families.

This hands-on approach is helping to build trust, strengthen relationships, and ensure that care delivery remains person-centred and responsive.

In addition, robust quality assurance measures and development action plans have been introduced, forming the foundation for progress in addressing the requirements identified during the previous inspection. While these requirements have now been met, it is important to allow time for the recent improvements to become fully embedded in practice. Only then can their long-term impact on the experiences and outcomes of people receiving care be meaningfully evaluated. This has been reflected in our evaluation of the relevant Key Question.

Met - within timescales

Requirement 3

By 4 August 2025 to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities, to enable them to be competent in their roles.

To do this the provider must at a minimum:

- a) Undertake a training needs analysis to identify what training and development is required for each role.
- b) Deliver the training to staff (including shadowing opportunities) to ensure staff are fully skilled and competent to deliver the agreed care to people.
- c) Maintain an accurate record of all staff training, including refresher training.
- d) Implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is in order to comply with Regulation 9(1)(b) – 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 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 requirement was made on 24 April 2025.

Action taken on previous requirement

Since our last inspection, staff have participated in a range of shadowing and training opportunities, including refresher sessions on delivering personal care, infection prevention and control, and safe moving and handling practices. Staff members we spoke with reported feeling more confident in their ability to provide care that meets individuals' needs, citing improved knowledge and skills.

However, as some of this training has only recently been delivered, it is too early for both the care provider and ourselves to fully evaluate its impact on the experiences of people receiving care. This has been reflected in our evaluation for the relevant Key Question. The provider should continue to monitor progress and assess how these improvements influence outcomes for those using the service over time.

Met - within timescales

Requirement 4

By 4 August 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

This requirement was made on 24 April 2025.

Action taken on previous requirement

Since our last inspection, managers have prioritised auditing individuals' care plans to ensure they accurately reflect assessed care and support needs, as well as agreed outcomes. This process is being reinforced by a second layer of auditing carried out by the quality assurance team, adding depth to the review and oversight. The documentation we sampled met an adequate standard. We sampled eight care plans and found these were well-written, descriptive, and provided clear guidance for staff, with evidence of regular review.

However, further time is needed to ensure this approach is consistently applied across all individuals receiving care. The provider should also evaluate the impact of these improvements on the experiences and outcomes of those using the service. This has been taken into account in our evaluation of the relevant Key Question.

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 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).

This area for improvement was made on 24 April 2025.

Action taken since then

Management have engaged staff in discussions about relevant policies, procedures, and the Scottish Social Services Council (SSSC) professional codes of conduct, both during team meetings and through one-to-one support and supervision sessions. Over time, the provider should assess how these efforts influence the experiences and outcomes of people using the service, ensuring that the improvements are effectively embedded in practice.

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 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

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