

Almond Blossom Care Housing Support Service

112 Grantron Road
Edinburgh
EH5 3RE

Telephone: 01315 641 671

Type of inspection:
Announced (short notice)

Completed on:
27 August 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.

225 people were receiving care through the service at the time of our inspection.

About the inspection

This short-notice announced inspection took place between 20 and 22 August 2025. On 20 August, we visited the registered office to review documentation and meet with the management team. The subsequent two days, 21 and 22 August, were dedicated to reviewing evidence remotely through the service's online platforms.

The purpose of the inspection was to assess the service's progress in addressing the requirements identified, during the June and July 2025 inspections. Feedback was provided to the manager on 27 August 2025.

The inspection was conducted by two Care Inspectorate 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:

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

Key messages

- The service's management structure has been further enhanced. However, further clarification was required regarding the specific roles and responsibilities within the management team, particularly between the Operations Manager and General Manager.
- 76% of individuals' care plans have been reviewed and updated using a new template. This has led to meaningful improvements, reflecting personal preferences in how care and support are delivered.
- Staff benefited from clearer guidance when supporting individuals with medication management and maintaining healthy skin integrity.
- The management team must now demonstrate that the progress made following our scrutiny and assurance activities over the past nine months is sustainable, supported by robust quality assurance processes.

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
How good is our leadership?	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?

3 - Adequate

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

During our inspection on 4 June 2025, two requirements for improvement were identified:

1. The support, management, and documentation of individuals' medication.
2. The care and monitoring of individuals' skin integrity.

At this inspection, we reviewed a range of evidence, including care plans, medication records, and daily notes recorded by carers. Evidence sampled informed us that progress has been made in meeting both requirements.

There was now greater clarity regarding the support individuals required when taking medication. Additionally, the use of body maps, accompanied by staff guidance, had strengthened practices around maintaining healthy skin integrity.

These improvements have been reinforced through purposeful observations of staff practice by the management team, supported by reflective accounts and refresher training where appropriate.

Moving forward, the provider should ensure that these improvements are sustained. This expectation has been reflected in our re-evaluation of 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.

Following our inspection on 4 June 2025, a requirement was made to ensure the service was well-led and effectively managed. Although some progress was noted during our July visit, the requirement was extended to 18 August 2025 to allow for continued improvement.

Since then, the service has strengthened its management and quality assurance processes. A new General Manager role was introduced to support the existing leadership team, which includes the Operations Manager, Care Plan Review Manager, and Registered Manager. Communication pathways had improved, helping individuals know who to contact, especially outside office hours. Staff feedback was gathered through a survey, and spot checks were implemented to monitor practice.

Despite these developments, further clarity was needed around the roles of the Operations Manager and General Manager. Quality control of personal care plans should be developed, and the provider was encouraged to adopt a self-evaluation exercise, aligned with the inspection framework. Sustaining these improvements will be key to meeting ongoing regulatory expectations. Please see area for improvement one.

Areas for improvement

1. The manager should further strengthen quality assurance measures by ensuring consistent and sustained oversight of the standard of individuals' care plans. This includes implementing robust quality control processes to maintain accuracy, person-centred detail, and alignment with people's agreed care needs.

A structured approach to self-evaluation should also be embedded, closely reflecting the principles of the inspection methodology framework. This will support continuous improvement and accountability across the service.

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 robust and transparent quality assurance processes" (HSCS 4.19).

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.

An additional requirement made during our November 2024 inspection, later extended during the inspections held in March, June and July 2025, focused on enhancing the detail within individuals' agreed care plans, including clearer guidance for staff to effectively meet people's care needs.

The introduction of new care plan templates had led to notable improvements in the clarity and consistency of documenting individuals' care needs. These updated documents enhanced the quality of information available to staff, offering clearer guidance on how to deliver personalised support. As a result, staff were better equipped to understand and respond to the specific preferences and requirements of the people they care for, contributing to more effective and person-centred service delivery.

The structure of the new templates included built-in prompts and expanded sections that were absent from previous versions. These additions encouraged a more comprehensive approach to care planning, ensuring that key aspects of an individual's wellbeing were consistently addressed. This had helped standardise documentation practices across the service through improved planning and communication.

While improvements had been made in key areas, the care provider should demonstrate that these changes can be sustained over time. Continued progress would depend on embedding these practices into everyday operations and maintaining robust oversight. This expectation had been reflected in our evaluation of this key question, which considers not only the actions taken to date, but also the provider's capacity to uphold and build upon them in the long term. Please see area for improvement one.

Areas for improvement

1. The manager should prioritise the enhancement of the remaining care plans, to ensure they comprehensively reflect each individual's agreed care needs. This includes embedding clear, practical guidance for staff to follow, promoting consistency and person-centred care across the service. Care plans should be regularly reviewed and updated in collaboration with individuals and their families, ensuring they remain accurate and responsive to changing needs.

This is to ensure the care and support is consistent with the Health and Social Care Standards 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).

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

Requirements

Requirement 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.

This requirement was made on 4 June 2025.

Action taken on previous requirement

Following the introduction of new care plan templates and the review of individuals' care plans, there was a stronger emphasis on the support people may need when taking medication, along with clearer guidance for staff in meeting those needs. Time was needed for these improvements to be fully embedded and sustained moving forward.

Met - within timescales

Requirement 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.

This requirement was made on 12 June 2025.

Action taken on previous requirement

With the introduction of new care plan templates and the review of individuals' care plans, there was of a stronger focus on the support required to maintain good skin integrity. Staff were provided with clearer guidance, including the use of body maps and protocols that emphasised the importance of escalating concerns to external health professionals when necessary. This approach was further reinforced through staff spot checks and observations of practice. Time was needed for these improvements to be fully embedded and sustained as part of ongoing care delivery.

Met - within timescales

Requirement 3

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 extended until 18 August 2025.

This requirement was made on 12 June 2025.

Action taken on previous requirement

The service had made notable progress in strengthening its management and quality assurance systems, including the introduction of a General Manager role and improved communication pathways. While these changes enhanced oversight and staff engagement, further clarity around leadership roles and stronger quality control of care plans were needed. Embedding a self-evaluation process will be essential to sustaining improvements and meeting regulatory standards.

Met – within timescales

Requirement 4

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 in November 2024, and then extended during inspections in March, June, July and then 18 August 2025.

This requirement was made on 20 November 2024.

Action taken on previous requirement

The introduction of new care plan templates had improved the clarity, consistency, and personalisation of care documentation, helping staff deliver more tailored support. With added prompts and expanded sections, the templates promoted a thorough and standardised approach across services. However, sustaining these improvements requires ongoing commitment and integration into daily practice. An area for improvement has been made to take this forward.

Met - within timescales

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 well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	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

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.