

Blucare Limited Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
BluCare Limited

Service provider number:
SP2023000265

Service no:
CS2024000249

About the service

Blucare Limited is a care at home service for adults living in their own homes. The service offers a range of support, enabling people to live safely in their community. At the time of inspection there were five people using the service across Midlothian.

About the inspection

This was a full inspection which took place on 11 and 17 December 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 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 four people using the service and their representatives
- spoke with three staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People experienced compassionate, person-centred care.
- Positive staff interactions helped people feel safe and supported.
- The service communicated effectively with relatives.
- Supervision, probation and competency documentation needed to be strengthened to evidence staff support and safe practice.
- Care plans were person-centred and goals focussed.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were observed interacting well with people they supported and demonstrated kindness, patience and respect in their communication. Staff had developed positive and trusting relationships with people experiencing care. These positive interactions contributed to individuals feeling safe, supported and confident in the care being provided. One relative shared "They are respectful and do things properly. They are very nice."

A strong Adult Support and Protection policy was in place and staff had appropriate training. This provided staff with the knowledge necessary to enable them to recognise and respond appropriately to concerns, thereby reducing the risk of harm.

Staff wore appropriate personal protective equipment and followed infection prevention and control precautions, which reduced the risk of infection and helped to protect the health and wellbeing of people experiencing care.

Following feedback received during inspection, the service was reviewing individuals' assessed needs in relation to medication management. This included identifying the most appropriate medication management system for each person based on their level of need and support required. Strengthening medication systems would reduce the risk of errors and ensure care is tailored to individual needs and abilities.

The service communicated effectively with relatives regarding individuals' health, wellbeing and day-to-day support requirements. Information was shared in a timely and clear manner, which helped relatives to feel informed and reassured about the support being provided. As a result of this effective communication, concerns and requests were actioned promptly, ensuring responsive care and improved outcomes.

One relative said "They are really good and I wouldn't hesitate to use them for more hours if I needed it."

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Feedback from staff was positive, with staff describing management as supportive, approachable, open-minded and flexible. Staff reported that any issues raised were followed up quickly and that they felt able to communicate openly.

Relatives shared that any concerns had been addressed appropriately and promptly. Relatives reported feeling confident in approaching management and felt reassured that issues would be followed up. Evidence of regular communication demonstrated that the service maintained ongoing contact with relatives, keeping them informed and involved. To further strengthen this approach, the implementation of a feedback survey was discussed. This would help to ensure people experiencing care and their relatives had the opportunity to contribute to service improvement.

The importance of effective auditing systems was discussed, and it was noted that the service had begun developing quality assurance processes. While a monthly report provided oversight, continued development of individual audit tools would maintain safety and strengthen the quality assurance process. Robust audit systems would help the service identify issues early, improve practice and ensure people experience safe, high quality care.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Recruitment procedures were found to be safe, with appropriate pre-employment checks completed prior to staff commencing employment. This helped to ensure that only suitable individuals were employed, supporting the safety of people experiencing care.

The probationary process would benefit from being strengthened through the use of clear probation documentation and having regular review meetings. Having written confirmation of probation arrangements, along with scheduled reviews would allow progress, performance and development needs to be monitored effectively. This would ensure staff are competent and well supported in their role, promoting safe and high quality care.

Staff had completed the required mandatory training online, and reported they had undertaken a period of shadowing prior to working alone. Medication competencies were documented as being complete on the staff training matrix; however, developing detailed competency documentation would further strengthen this process. This would provide clearer evidence that staff were appropriately trained and competent, thereby enhancing safe practice and protecting the safety and wellbeing of people experiencing care.

Staff reported feeling well supported by the manager and stated that communication was frequent and open. However, the introduction of regular, formal supervision would provide staff with dedicated opportunities to reflect on their practice and discuss development needs (See Area for Improvement 1).

Discussions with staff and people experiencing care and review of rotas demonstrated that staffing was consistent. This supported the development of trusting relationships and continuity of care, helping people feel safe and well supported.

Areas for improvement

1. To ensure staff are appropriately trained to provide safe, high quality care, the service should ensure that staff are appropriately supported and competent and that relevant documentation is completed.

This should include, but is not limited to accurate and up-to-date probationary documentation, supervision records and competency documentation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans sampled during inspection were person-centred and detailed. Relatives we spoke to shared that they felt included in the care planning process, which supported collaborative working and ensured that people's views, preferences and needs were reflected.

Staff said they felt confident approaching management with updates or changes required to care plans, which supported responsive care and ensured people's needs were addressed in a timely manner. The care plans sampled were goals focussed and included information about how the service could help people to remain as independent as possible.

The risk assessments sampled were thorough, person-centred and detailed. They demonstrated that the service had a good understanding of individual risks and how these were managed. The service also acknowledged that these could be further improved by ensuring only risk assessments relevant to each individual were completed, which would support clearer, more accessible information for staff. The service was working on a new system for risk assessment, including linking these to personal goals and supporting independence and choice. This highlights that the service was aware of the importance of balancing safety with an enabling approach, promoting independence and wellbeing whilst ensuring risks are minimised.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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