

Bluebird Care Aberdeen and Aberdeenshire Support Service

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Unannounced

Completed on:
16 February 2026

Service provided by:
S.A Chopra Limited

Service provider number:
SP2023000365

Service no:
CS2023000435

About the service

Bluebird Care Aberdeen and Aberdeenshire provides care at home to people living in their own homes across Aberdeen and Aberdeenshire.

14 people were using the service at the time of the inspection.

About the inspection

This was a follow up inspection which took place on 16 February 2026.

The inspection was carried out 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:

- had contact with one person using the service and two of their family
- spoke with four staff and management
- reviewed documents.

Key messages

- Medication oversight had improved, which meant people were more likely to receive their medication safely.
- Staff were supported through supervision and practice checks, which helped them provide more consistent care for people.
- Quality assurance processes were stronger, giving managers clearer oversight and supporting better outcomes for people.
- Concerns and complaints were handled more effectively, meaning people and families felt more listened to and better informed.
- Personal plans and documents were not always accurate, which meant staff did not always have clear guidance around people's care.
- Some medicines were given without the correct checks and paperwork, which put people at risk of unsafe medication practice.

How well do we support people's wellbeing?

One area for improvement under this key question remained outstanding from our previous inspection. Since then, the provider had implemented action plans to support the necessary improvements.

We followed up on the area for improvement relating to strengthening oversight of medication and found progress. Managers regularly checked the electronic medication records, and staff had completed medication training and competency assessments. These actions reduced the likelihood of recording and administration errors, which meant people were more likely to receive their medication safely and as intended.

Although we noted progress, important issues remained. People did not always receive their medication in line with best practice or legal requirements. For example, when medication was given in disguised form, the service had not carried out the required checks. Furthermore, essential paperwork was not always in place to show this was the right and lawful decision. As a result, staff were administering medication without clear authority or guidance, which increased the risk of people receiving treatment that did not meet their needs. These gaps meant people may not receive the correct amount of medication, which put their health at risk. Due to these concerns, we made a new requirement about safe medication practice and administration (see Requirement 1).

Requirements

1.

By 16 March 2026, to ensure people receive their medication safely and in line with their assessed needs, the provider must ensure all medication is administered in a safe, lawful and well-documented manner.

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

- a) Ensure medication assessments are completed, kept up to date, and included in people's plans.
- b) Ensure all required legal documentation for consent to administer medication is completed, current, and filed within people's plans.
- c) Ensure all Adults with Incapacity (Scotland) Act 2000 documentation is completed correctly, in place, and accessible within people's plans where required.
- d) Ensure all recordings and instructions relating to medication administration are accurate, consistent and clearly guide staff practice.

This is 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 to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

"If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12) and "My care and support meets my needs and is right for me."

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

Requirements

Requirement 1

By 10 November 2025, the provider must improve and support better outcomes for people. To do this the provider must ensure the quality assurance system links directly to and improves the outcomes and experiences for people.

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

- a) Develop and implement a service improvement plan.

- b) Implement oversight of staff practice, including shadow visits of staff, and ensure that action is taken where required to make improvements.
- c) Obtain feedback from people and families regarding people's experience of the care and support provided.
- d) Undertake medication and care planning audits that inform improvements in outcomes for people.
- e) Ensure prompt action is taken to address indications of poor care provision.
- f) Develop a whole team approach to making improvements.
- g) Share learning outcomes with all staff and ensure improvements are sustained.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) 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 (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 18 August 2025.

Action taken on previous requirement

Quality assurance systems and processes were more supportive of improved outcomes for people. The service had a live service improvement plan with clear actions, ownership and timescales. Managers carried out routine oversight through supervisions, observational checks, and audits of medication records. Staff meetings reinforced expectations, and feedback from people and families was being used to inform improvements. These actions meant there was a more consistent and transparent approach to reviewing practice and making changes. As a result, people were more likely to experience more reliable support that reflected their needs.

Met - outwith timescales

Requirement 2

By 10 November 2025, the provider must ensure the service has a culture of continuous improvement with a robust and transparent quality assurance process. In order to achieve this the provider must:

- a) develop trusting and transparent relationships with people and families.
- b) demonstrate that staff understand how to recognise and respond to complaints and concerns.
- c) ensure expressions of dissatisfaction raised by residents and/or their representatives are handled effectively and in accordance with their organisation's policy and procedure.

This is to comply with Regulations 18 (3) (Complaints) 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:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 18 August 2025.

Action taken on previous requirement

Systems for recognising and responding to concerns and complaints had improved. The service logged concerns appropriately, escalated them when needed, and kept people and families informed about actions taken. Staff discussions, supervision and team meetings reinforced expectations around how to identify and respond to dissatisfaction, which supported a more consistent and transparent approach. These actions helped build trust and ensured issues were addressed more promptly and in line with policy. As a result, people were more likely to feel listened to and have confidence that their concerns would be resolved appropriately.

Met - outwith timescales

Requirement 3

By 10 November 2025 the provider must ensure positive outcomes for service users by effectively demonstrating that individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users.

To do this the provider must:

- a) Ensure people and those important to them are fully involved in planning and reviewing their support plans.
- b) Ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of the care/support planned or provided.
- c) Ensure that all risk assessments are accurate and updated regularly.
- d) Ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this.
- e) Be able to show evidence of regular monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities, and can demonstrate this through their practice.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) 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: '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) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)

This requirement was made on 18 August 2025.

Action taken on previous requirement

Personal plans and related documentation were not consistently accurate, detailed or legally compliant. There were gaps in some medication-related records, and plans did not always include clear guidance for supporting people when they became confused, upset or distressed. Updates to personal plans and risk assessments were sometimes delayed after changes in support. These gaps meant staff did not always have the clear guidance they needed to support people safely. As a result, people were at greater risk of receiving care that did not fully meet their needs.

Not met

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 ensure people consistently receive medication safely and as prescribed, the provider should strengthen monitoring systems for medication records. This should include but not be limited to, proactive audits and robust contingency arrangements when the electronic recording system is unavailable.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'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 17 November 2025.

Action taken since then

Oversight of medication had improved. More regular checks of medication records were taking place, along with completion of staff training and competency assessments. These actions reduced the likelihood of errors and helped ensure people were more likely to receive their medication safely and as intended.

This area for improvement has been met. However, despite this progress, we identified separate concerns in situations where people were being given medication in a disguised form and the essential legal checks and documentation were not in place. Because of this, a new requirement around safe medication practice and administration has been made (see 'How well do we support people's wellbeing' and Requirement 1).

This area for improvement has been met.

Previous area for improvement 2

To make sure people experience reliable, skilled care, the provider should strengthen systems for assuring staff competency and embedding reflective learning. This should include but not be limited to, ensuring competency checks are detailed and consistent, and using supervision, team discussions and meetings to promote reflective learning across the workforce.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), 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 17 November 2025.

Action taken since then

Staff were being supported to reflect and improve on their practice. The service had improved oversight through regular supervisions, observational practice checks, and a more robust induction process. Professional standards were reinforced, and staff were supported to reflect on their practice and discuss concerns through team meetings and supervision. These actions helped ensure people were more likely to receive reliable and skilled care.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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