

Bluebird Care Aberdeen and Aberdeenshire Support Service

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Type of inspection:
Unannounced

Completed on:
18 March 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.

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

About the inspection

This was a follow-up inspection to assess the progress the service had made to meet the requirements made at the last inspections on 18 August and 17 November 2025 and 16 February 2026. An unannounced inspection took place on 18 March 2026. 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 management
- reviewed documents.

Key messages

- The two outstanding requirements were met.
- Medication oversight had improved which meant people were more likely to receive their medication safely and in line with best practice.
- Quality assurance processes were stronger, giving managers clearer oversight and supporting better outcomes for people.
- Personal plans and documents had improved which meant staff had clearer guidance around people's care.

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

Requirements

Requirement 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:

- Ensure medication assessments are completed, kept up to date, and included in people's plans.
- Ensure all required legal documentation for consent to administer medication is completed, current, and filed within people's plans.
- Ensure all Adults with Incapacity (Scotland) Act 2000 documentation is completed correctly, in place, and accessible within people's plans where required.
- 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."

This requirement was made on 5 March 2026.

Action taken on previous requirement

People now received their medication in line with best practice and legal requirements. The service showed progress in its medication systems, but staff had not yet fully embedded these improvements into practice. The management team needed to ensure they clearly documented the level assessed assistance required for the safe administration of medication. Without formal documentation, staff risked providing support that did not align with people's assessed needs.

Covert medication pathways, in place, were now appropriately authorised. Staff had received appropriate guidance from both the pharmacy and the GP on administering this medication. This supported safe practice and protected people's rights. Medication support plans were detailed and benefited from real time updates within the electronic care planning system.

Medication audits showed improved oversight, particularly through the introduction of a tracker system for declined medication. This helped staff identify patterns and intervene early. However, the system was new and still needed to be fully embedded into practice.

This requirement was met. However clearer documentation, sustained monitoring, and consistent practice are needed to continue to strengthen outcomes for people.

Met - within timescales

Requirement 2

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

Support plans and risk assessments had improved, but several still lacked the level of detail needed to deliver consistent, person-centred outcomes. Although staff recorded basic information, many plans did not set out clear actions to prevent or respond to people becoming confused, upset or distressed. This limited staff's ability to intervene early and reduce the escalation of anxiety or distress for people.

Choking risks were clearly documented, and staff implemented appropriate interim measures. Clear guidance enabled staff to support people safely, which reduced the risk of choking and led to more positive health outcomes. However, staff had not updated all support plans and risk assessments following incidents. As a result, they did not always have the information required to prevent recurrence or to support people safely and consistently.

Staff reviewed daily notes regularly and acted promptly on issues or inaccuracies which demonstrated effective managerial oversight and supported people's day-to-day safety. The service had met this requirement. However, improving the level of detail, ensuring consistency and updating plans in a timely manner were still necessary to strengthen outcomes for people.

Met - outwith timescales

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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