

## Belleaire House Care Home Service

Belleaire House  
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GREENOCK  
PA16 7UN

Telephone: 01475 784607

**Type of inspection:**  
Unannounced

**Completed on:**  
20 March 2024

**Service provided by:**  
Belleaire Care Limited

**Service provider number:**  
SP2021000160

**Service no:**  
CS2021000263

## About the service

Belleaire House has been registered as a care service since April 2011. It is part of the Meallmore Group. The service is registered to provide care for 52 older people. There were 50 people living at the home at the time of inspection.

The accommodation is in a detached Victorian villa that has been converted and extended over two floors. All rooms are single occupancy with some rooms having ensuite facilities. There are lounges, dining rooms and adapted bathrooms and showers on each floor. There is a garden at the front of the home and an enclosed courtyard area. The service is located in a residential area of Greenock near local amenities including shops, bus routes and train links.

A new manager was appointed to the service in January 2024.

## About the inspection

This was a follow up inspection which took place on 19 and 20 March 2024, from 09:30 to 17:30 each day. 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 and complaint information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service and nine of their family/friends
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- There was a new and supportive manager in place who was leading improvement well.
- Quality assurance systems had improved, meaning the service was developing a culture of continuous improvement.
- Staff knowledge and understanding had been addressed through improved training.
- A small group of staff require further support and training to improve their practice in ensuring equipment and linen are managed to prevent cross infection.
- People and their families provided good feedback about the care and support they received.

## How well do we support people's wellbeing?

### Quality indicator 1.5: People's health and wellbeing benefits from safe infection prevention and control practices and procedures

Please see requirement three in the section titled 'What the service has done to meet any requirements made at or since the last inspection.' This requirement aligned to this section 'People's health and wellbeing benefits from safe infection prevention and control practices and procedures has been evaluated as being met. A new area for improvement (AFI) has been made to ensure continued work in this area.

### Areas for improvement

1.  
To ensure people are protected from the risk of cross infection the provider should:
  - a) ensure all staff have the skills, knowledge and understanding of the guidance contained in the National Infection Prevention and Control Manual (NIPCM) Care Homes Scotland for the safe management of soiled linen, and that this is consistently put into practice;
  - b) ensure staff have the skills, knowledge and understanding of the guidance contained in the NIPCM Care Homes Scotland about the safe management of equipment to prevent cross infection, and consistently record cleaning of all shared single use equipment after each use; and
  - c) ensure all people supported by manual handling equipment such as hoists have their own individual slings, and staff consistently make use of these during moving and handling procedures.

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

'My environment is secure and safe' (HSCS 5.19).

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

### Requirements

#### Requirement 1

By 5 March 2024, the provider must ensure effective governance and use of quality assurance systems to ensure that the health, safety and wellbeing of people is supported.

This must include, but not be limited to:

- a) ensuring appropriate and effective governance and leadership of the service at all times;
- b) implementing accurate and up-to date audits for monitoring and checking the quality of service, and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay; and
- c) ensuring a Service Improvement Plan that is SMART (Specific, Measurable, Achievable, Realistic and Time Bound) and inclusive is in place.

This is to comply with Regulation 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 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 5 December 2023.**

#### Action taken on previous requirement

Since the last inspection a permanent manager had been appointed. The manager and senior management had worked well together and worked well with the staff team. Management are visible and approachable, and staff told us they now feel better supported. Staff morale had improved because of this supportive approach meaning people were being cared for by a more confident staff team.

Some people we spoke to told us they had experienced improvements in the care their relative received recently. One person told us, *"I feel the home is now in a better place."* Staff told us they know there is still improvements to be made but they recognise improvement work has started. This is due to the continued support and encouragement received from the management team.

Quality monitoring is in place and is being used effectively. This means there is a focus on continual improvement of the service people received. We saw audits were completed regularly and consistently, and actions were being addressed in a timely manner. Action plans were developed when areas for improvement had been identified. These actions were delegated to designated staff members and being incorporated into a dynamic service improvement plan. This was to ensure the outcomes of these actions become embedded into the care and support of people and staff practice. This robust and transparent quality assurance process means people benefit from a service that strives to continually improve.

### Met - outwith timescales

#### Requirement 2

By 5 March 2024, the provider must ensure people's health and wellbeing by ensuring that people are supported by well trained and competent staff. The provider must ensure that all staff receive training for their role with a particular focus placed on: stress and distress, falls management, adult protection and other relevant training to meet people's assessed care and support needs.

Training must be followed up with regular monitoring through care plan documentation, analysis of incidents recorded, supervision and observed practice to evaluate how the training is being applied in practice by staff.

This is to comply with Regulation 15(b)(i) 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 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 5 December 2023.**

#### Action taken on previous requirement

Staff training compliance had improved. This ensured staff remain informed and are able to support people well. The service had also sought and received training input from the older persons mental health team on better management of stress and distressed behaviours. Care plans we looked at contained good information specific to individuals about their care and support. Daily meetings were in place which helped staff to discuss people's care on an ongoing basis. This gave staff the opportunity to evaluate people's care using a holistic approach and put plans in place to continue to support people in a way that best meets their individual needs.

Observations of staff practice have been completed and are ongoing around safe moving and handling of people, mealtime management, and management of incidents of stress and distressed behaviours. This helps management evaluate how staff are putting training into practice to better meet the needs of people they support.

Monthly analysis of incidents, since the last inspection, indicate these are reducing, meaning people can be more assured of receiving support that is right for them. Staff receive regular one-to-one supervision to discuss their practice and identify areas for personal development and training. This means people can be confident they are being supported by staff with the knowledge and skills to meet their needs and support them well.

## Met - outwith timescales

### Requirement 3

By 5 March 2024, the provider must ensure people are protected from the risk of infection. The provider must have appropriate procedures and practices in place in line with the National Infection Prevention Control Manual (NIPCM).

To achieve this, the provider must:

- a) ensure the cleaning of all shared equipment is recorded after each use;
- b) ensure alginate bags are available at all times for the safe management of soiled linen; and
- c) review and implement changes in laundry practice to cease laundry being separated on the floor.

This is to comply with Regulation 4(1)(d) 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 environment is secure and safe' (HSCS 5.19).

**This requirement was made on 5 December 2023.**

### Action taken on previous requirement

We found the home to be clean, tidy and free from malodours. The housekeeping staff worked hard to maintain this. The laundry staff were able to demonstrate a different system in place for separating laundry prior to washing, which was now in keeping with the guidance contained in the National Infection Prevention and Control Manual for Care Homes Scotland (NIPCM care homes Scotland).

Equipment we viewed appeared clean. There were some records of regular cleaning of shared single use equipment after each use, but there were also gaps in recording of this. Alginate bags for safe management of soiled linen were available in abundance. However, we did see on a few occasions these were not being used in line with the guidance contained in the NIPCM for care homes Scotland. On discussing with staff, we were able to establish there was some confusion around best practice and guidance amongst a small section of staff in relation to equipment cleaning and management of soiled linen. We discussed this with management and advised further training and regular observations of staff practice in both these areas. We were re-assured management would address the issue of gaps in a small number of staff's understanding and knowledge. This is to ensure people experience an environment and have access to equipment that is clean and does not expose them to the risk of cross infection.

**This requirement has been met.**

**A new area for improvement (AFI) has been made to ensure continued progress in these areas. See AFI above in key question 1.**

**Met - outwith timescales**

#### Requirement 4

By 5 March 2024, the service must ensure proper provision for the health, welfare and safety of people using the service.

To do this, the provider must ensure:

- a) a system is in place to request legal paperwork, including Adults with Incapacity Act Section 47 Consent to Treatments Certificates, Powers of Attorney, Guardianship Orders and Do Not Attempt Cardiopulmonary Resuscitation forms (DNACPR from people, their representatives, or other health care professionals;
- b) a system is in place to review legal decision making information contained in people's personal plans and to ensure legal information is up-to-date and accurate; and
- c) relevant staff have knowledge and understand the application of the Adults With Incapacity Act with regard to consent and legal powers. Information about capacity and decision making, and what this means in practice, is detailed in individual care plans.

This is to comply with Regulation 5 (a) (ii) 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 human rights are protected and promoted and I experience no discrimination' (HSCS 1.2)

and

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

**This requirement was made on 5 December 2023.**

## Action taken on previous requirement

The service was now regularly writing to next of kin/powers of attorney prior to an individual's admission to the care home requesting copies of all relevant legal paperwork. They had also corresponded with all next of kin/powers of attorney of people already living at Belleaire House to request copies of all legal documentation. Many care plans we viewed had all of the important legal information available and there was also detail contained in care plans if legal paperwork did not apply to individuals. Requests had also been made to GPs to review and update legal paperwork which had expired, such as adults with incapacity certificates. Management oversight of legal documentation had improved to ensure this was available, reviewed and continued to be relevant for people living at Belleaire House. This means people can be assured of high quality care and support because staff have the necessary information to support them.

Staff we spoke to were able to explain their knowledge and understanding of applying people's legal rights to their care and support. They also understood the importance of escalating concerns to senior staff and management. This knowledge and understanding staff were able to demonstrate had improved since the last inspection. Ensuring staff's knowledge and understanding of people's rights and decision making and having the right legal paperwork in place means people can be confident any reduced independence and choice is legal, justified and carried out in a sensitive way.

## Met - outwith 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

The service should ensure there is evidence of involvement of people and their representatives in the planning of care and reviews.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11)

and

'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).



**This area for improvement was made on 5 December 2023.**

#### Action taken since then

The service has put in place a review planner to ensure people's care and support is reviewed regularly in line with the legal requirement. Care plan reviews we read evidenced that people and their families are having the opportunity to contribute to the care and support they or their relative receives. Family members we spoke to told us they have been invited to participate in reviews of their relatives care and support. This means the views of people and their families are being sought and informing the care people receive.

**This area for improvement has been met.**

#### Previous area for improvement 2

To ensure that care plans are person-centred, the service should ensure that information recorded in the care plans is outcome focused and reflects people's needs, choices and wishes. This includes recording when people have been offered support and have declined.

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

'Assessment and personal planning reflects people's outcomes and wishes' (HSCS 5.1).

**This area for improvement was made on 2 June 2022.**

#### Action taken since then

Care plans we viewed were person centred, outcome focused and reflected people's needs choices and wishes. We saw some very nice descriptions of exactly what people wanted and what staff should do to meet people's needs. People we spoke to told us they felt theirs or their family members needs were consistently met. There was also information and detail contained in care plans about support and interventions people had chosen to decline. An example of this was one person choosing not to be weighed due to the discomfort this caused. This means people are receiving the care that is right for them and demonstrates peoples' wishes and choices are being respected.

**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](http://www.careinspectorate.com)

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