

# Blackwood Care - Belses Gardens Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
3 July 2024

**Service provided by:**  
Blackwood Homes and Care

**Service provider number:**  
SP2003000176

**Service no:**  
CS2003000865

## About the service

Blackwood Care - Belses Gardens Care Home is a modern care home developed to provide integrated, accessible accommodation and care services for 15 people. At the time of the inspection there were 14 people living in the service.

The home is situated in a residential area of Cardonald in Glasgow. The development is close to local amenities including shops, health centres and Queen Elizabeth University Hospital. Each bedroom has an en suite facility which includes toilet and shower area.

There is a choice of communal lounge areas and a separate dining room. The home is surrounded by accessible gardens. The service's stated aims include providing person-centred, individually designed flexible support packages.

The care home can provide care and support services for adults, older people and people with physical disabilities, mental health issues, sensory impairment and learning disabilities.

There had been a change of registered manager since the previous inspection.

## About the inspection

This was an unannounced inspection which took place on 2 and 3 July 2024. 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 and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

We spoke with eight people using the service, three relatives and a visiting professional over the course of the inspection.

**Key messages**

- People living within the service and their loved ones were satisfied with the care and support provided by a well-motivated staff team.
- Staff training opportunities and direct observations of practice needed further development.
- Further work was needed to ensure all people within the service were offered opportunities to engage in meaningful activities.
- The management team needed to robustly implement quality assurance systems - detailing how people were kept safe and well. An overview of people's changing needs also needed further work.
- The environment was cleaned to a good standard by domestic staff, however, further work was needed to keep the environment in a good state of repair and decoration.

**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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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.

Through observations during the inspection, we found staff engaged well with individuals and interactions were positive.

Staff were kind and patient when working with people. We heard some positive comments in relation to the staff and care provided:

"I like the staff and get on very well with them."

"I am happy with the care provided to my relative."

Whilst people using the service shared that they were overall happy with the care and support, we heard how one person felt that some staff could be more patient and polite with their communications. We would like the service to monitor this area.

People had received support to attend health appointments. Support with health screening to help keep people well was in place.

An external professional we spoke with confirmed staff worked well to support an individual. Staff provided useful background information to inform the assessment and referred appropriately. The person's health and wellbeing had improved as result of support provided. Another example included a person who had successfully gained weight and had benefited from going on holiday for the first time in years.

We found that not all people had been offered consistent opportunities to engage in meaningful activities. Associated records demonstrated that opportunities were infrequent for some people. We would like the service to work on offering greater opportunities for everyone living within the service (see area for improvement 1).

Having the right medication at the right time is important for keeping well. The electronic medication administration records had been completed appropriately by staff and associated protocols were in place to guide staff and help them adopt consistent practice.

### Areas for improvement

1. Each person living within the service should be offered frequent opportunities to engage in activities that are meaningful to them and meet their social, recreational and psychological needs. Records should be completed detailing what was offered, when and what the person gained from participation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

## How good is our leadership?

## 3 - Adequate

We made an evaluation of adequate for this key question, we found that there were some strengths that just outweighed weaknesses with some key areas of performance needing to improve.

The management team was committed to ensuring people within the service received good standards of care. The organisation needed to develop communications around planned management arrangements, and involve and share with all relevant parties.

People who use care services should benefit from a culture of continuous improvement achieved through robust and transparent quality assurance processes. The service used internal and external audits to identify areas of strengths and areas which required further development.

The associated service improvement plans had not consistently been informed by these audits, did not reflect clear timescales or detail who was responsible for taking forward. Areas which needed further work included staff training, development plans, adult support and protection reporting and opportunities for people to meaningfully engage in activities.

Areas within the service improvement plan showed little progress since the previous inspection, an example included the redecoration/repair of the environment.

It was positive that a self-evaluation had been used to look at and measure performance against key outcomes for people living within the service. However, the management team missed opportunities to capture feedback from people who used the service, and their relatives, to inform the findings.

Accidents and incidents had been recorded including any concerns around adult support and protection/potential harm to people living within the service. However, these had not always been fully completed or consistently used to inform a lessons learned approach. The service had not always submitted information to other agencies and the Care Inspectorate, as expected, to ensure that the service meets its regulatory requirements.

We concluded quality assurance systems needed further development to ensure people are consistently kept safe, well and are routinely involved with the ongoing improvement of the service, and for the management team to fulfil regulatory requirement (see requirement 1).

People were overall positive in relation to their day-to-day dealings with the management team and very few complaints had been received by the service.

### Requirements

1. By 25 September 2024, the provider must ensure quality assurance systems and audits ensure people are kept safe, protected and involved with the ongoing development of the service and fulfil their regulatory requirements. To do this the provider must:

a) Use audits to inform and prioritise service improvement plans detailing how people would be kept safe and well.

b) Involve people who use the service, and their relatives, with the ongoing development and improvement of the service.

c) Use a lessons learned approach following adverse events and use this information to inform associated risk assessments. Consistently report both internally and with external agencies, including social work, when appropriate and fulfil regulatory requirements by informing and updating the Care Inspectorate of actions taken to keep people safe and well.

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am meaningfully involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

## How good is our staff team?

4 - Good

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

A recognised dependency tool had been used to inform staffing levels to meet the need of people living in the service. The majority of people living in the service had complex needs with many needing the support of two staff members to assist due to their restricted mobility.

Several approaches had been used by the service to promote continuity of care. This included having a recruitment drive and striving to use the same agency staff.

Staff demonstrated good knowledge of the wishes and preferences of the people they supported. Staff appeared motivated to provide good levels of support.

We heard how staff felt well-supported by the management team.

Having a well-trained, skilled and competent staff group is important for keeping people safe and well. The service mainly used online training for staff.

To maximise learning opportunities, staff should have greater access to face-to-face training. The training programme should consider the needs of people supported and include condition specific training such as supporting people who are living with Parkinson's disease and epilepsy (see area for improvement 1).

## Areas for improvement

1. To maximise learning opportunities, the service should ensure face-to-face training which takes account of the needs of people using the service is regularly offered to staff. The training programme should offer condition specific training and should include but not be limited to supporting people living with Parkinson's disease and epilepsy.

This is to ensure that 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).

## How good is our setting?

## 4 - Good

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

We carried out an environmental inspection of bedrooms and communal areas and found the overall standards of cleanliness to be good. Cleaning schedules were in place. These needed minor amendment to reflect more clearly when individual bedrooms had been cleaned.

There were plentiful supplies of readily accessible personal protective equipment (PPE) which staff mostly used in accordance with good infection prevention and control (IPC) guidance. However, we identified occasions where staff should have disposed of PPE when moving from people's bedrooms to communal areas. The management team should carry out IPC focused observations of practice and direct staff to associated guidance (see area for improvement 1).

Contracts were in place and equipment had been serviced and maintained aligned to manufacturers' recommendations.

Environmental audits were in place and checks recorded by the handyperson. Further work was needed to develop the recording system for daily checks completed.

The design of the home offered people a range of areas where they could spend their time. All bedrooms were spacious, accessible and offered en suite toilet and accessible shower. Many of the bedrooms had been decorated and furnished to reflect the tastes and preferences of each person.

The garden area was readily accessible, well used and offered a range of facilities including raised beds, a large patio and barbecue facilities. We heard how, with the support of staff, strawberries had been grown and enjoyed by people living in the service.

Further work was required with the refurbishment plan which had been developed at the previous inspection. We noted that very limited progress had been made with areas identified as needing improvement including repairs and redecoration, as a result of damage from wheelchairs and hoists.

### Areas for improvement

1. To ensure that staff consistently adhere to good practice when using personal protective equipment (PPE) and are following infection prevention and control (IPC) guidance, direct observations of practice should be regularly carried out, recorded and promote self reflection/learning.

This is to ensure that 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).

## 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.

An electronic support plan system had been used. Staff took a strengths-based approach and reflected people's abilities and how they should be supported to maintain their independence. There was good person-centred information which reflected what was important for each person and directed staff to take a consistent approach when providing support.

Recognised tools were in place to identify the changing needs of each person. However, these should have been completed more frequently and used more effectively to identify trends and provide the management team with a clear overview of each person's journey.

The legal status of each person was in place for current and future decisions including medical interventions around each person's needs.

Risk assessments had been completed which overall struck a reasonable balance between protecting the rights of people and offering protection. We identified an example where the risk assessment was not accurate as associated monitoring had not been completed as frequently as it should have been. We were given assurance that this would be addressed.

Care reviews were planned and completed. We shared an example where a relative had received contradictory information which meant they did not attend a review when they believed they should have. Future reviews should routinely include identified relatives or representatives.



## 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 that people receive food and drinks in accordance with their assessed needs, the provider should:

- Provide training to catering and care staff on meeting people's nutritional/hydration needs. This should include but is not limited to food fortification and modified textured diets.

This is to ensure that 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 area for improvement was made on 26 May 2022.**

#### Action taken since then

There were no people who were assessed at risk in relation to unintended weight loss and risk of dehydration. Some progress had been made with kitchen staff, and some care staff, completing dysphagia training. They demonstrated a good level of knowledge of how foods should be fortified. There remained a significant number of staff (partly due to the recruitment drive) who had still to complete this training.

**This area for improvement has not been met.**

#### Previous area for improvement 2

The management team should develop the systems they use to have a clear overview of the changing needs of people who use the service. This system should be used to identify trends, patterns and check if interventions had been successful in keeping people safe and well.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

**This area for improvement was made on 5 September 2022.**

#### Action taken since then

The management team continued to use a range of audits and systems which produced specific reports, for example accidents and incidents. We recognised that management had a good knowledge of people's current needs. However, systems had not been used effectively to identify trends and check the effectiveness of planned interventions.

**This area for improvement has not 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)

## 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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