

## Belmont Care Centre Care Home Service

Fairhurst Road  
Stranraer  
DG9 7QL

Telephone: 01776 889 696

**Type of inspection:**  
Unannounced

**Completed on:**  
5 September 2024

**Service provided by:**  
St Philips Care Limited

**Service provider number:**  
SP2003003516

**Service no:**  
CS2003045190

## About the service

Belmont Care Centre is a care home service registered to provide care to a maximum of 29 older people. This includes two places for respite/short breaks. The provider is St Philips Care Limited.

Belmont Care Centre is located in a residential area on the outskirts of Stranraer town centre. The accommodation is across two levels with five bedrooms on the lower floor which is accessed by a lift or stairs. There are 28 bedrooms, of which 16 have en-suite toilet facilities and 12 rooms have not.

There are gardens surrounding the home which offer places to sit. There are car parking spaces to the side of the building. There were 28 people using the service at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on 2 and 3 September 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 information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 10 people using the service who were able to give their opinion and four relatives.
- received 6 completed questionnaires. (this includes all types)
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with three visiting professionals.

## Key messages

- People spoke positively about the home and the staff team who provide their care and support.
- People's wellbeing benefitted from regular activity and social opportunities.
- Infection prevention and control practices within the home require improvement.
- Staffing arrangements should be reviewed to ensure people's needs are met.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

## 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 good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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 reviewed how well the service were supporting people's wellbeing. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences, and we found the standard of supporting people's wellbeing to be good.

People told us that staff interacted warmly and respectfully with them. Staff had meaningful conversations with people who experienced care which had a positive impact on how people felt listened to. This supported good conversations and growing good relationships and gave people a strong sense of their own identity and wellbeing. We were told that care and support was carried out in a dignified way and personal preferences and choices respected.

People should be able to have an active life and be supported to engage in meaningful connections. The activities staff had established links with the local community and people were able to attend some community outings as well as have visits from local entertainers and school children. People told us they enjoyed these opportunities; this helps people to remain connected with the community. We saw good conversations and good relationships which meant staff knew people well to support meaningful connections.

People were able to have visitors, and we saw relatives being kept up to date by staff through the home's social media page. Resident and relative meetings took place which people told us were helpful to find out what was happening within the home. This helps to keep people informed and remain connected.

People's health and wellbeing benefited from their care and support. Visiting professionals spoke positively about the service and the care the staff team provided. Staff monitored people's health and general well-being and promptly passed on any concerns so these could be discussed and acted upon. These interventions supported people to keep as physically and mentally well as possible.

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

People should expect to enjoy their meals and have opportunities for appropriate drinks and snacks throughout the day. People came to the main dining area for meals and others chose to eat in their room. We found the dining area to be very busy. People were left waiting as staff tried to assist people and serve or clear meals. This meant people did not benefit from the social aspects of a mealtime. Additional staff time was needed to transport and assist people. The dining area options needed review to ensure sufficient staff and facilities, such as hot trolley or kitchenette were available to support people's meal and snack times better. (See Area for improvement 1)

People had personal plans in place which set out how their health and care needs would be met. Staff demonstrated an understanding of the needs of people. Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences.

Electronic personal plans were in place to direct staff on how best to support people in a safe and consistent way. We read some very detailed and person-centred plans. However, we were also made aware that some personal plans required to be developed further to show more information about people's life history and clearer recording to accurately reflect daily observations. (See area for improvement 2)

### Areas for improvement

1. So people experience better choice at mealtimes the provider should take account of best practice and evaluate the arrangements for group dining and serving of meals, to be able to respond to individual preference/needs better.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning.' (HSCS 1.33)

2. The provider should improve personal planning approaches to ensure it is person-centred and outcome focused for each person experiencing care. This should include but not limited to:

- Outcomes for people are captured in daily recordings.
- Daily recording must improve reflecting the care given and the effect this has on people.
- Personal plans should include information about people's life history.
- Training for key staff to provide leadership and role model high standards of personal planning, to support wider use of the functions of the electronic care planning system. The provider should refer to good practice guidance, such as the "Guide for Providers on Personal Planning Adults" (Care Inspectorate).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21)

### How good is our leadership?

#### 4 - Good

We reviewed the leadership within the service and found there were a number of important strengths which clearly outweighed areas for improvement. We found the standard of leadership to be good.

The provider had good quality assurance systems in place in order to monitor the quality of the service and have a strategic oversight of the services performance. The regional manager had also completed audits. Service improvement plans were in place and had been implemented in order to drive improvement.

We found there were effective quality assurance processes in place. There was a schedule for audits to be carried out in respect of all aspects of clinical, environmental and staff practice. There was evidence that the audits had been carried out as planned. Where areas for improvement were highlighted, actions to remedy issues were identified. Personal plans were reviewed and updated regularly ensuring care was responsive to people's individual needs.

We received positive feedback on the management and leadership within the service. The staff told us they

were well supported and listened to. All groups of staff had regular meetings, and the minutes showed that there was a focus on improving the quality of care provided. Consideration should be given to how best to engage all staff in self-evaluation to ensure a shared responsibility for service improvement.

We saw regular meetings were held with residents and relatives, and surveys had been undertaken. This allowed people to be involved in evaluating the quality of the service. Although the people we spoke to were positive about the opportunities they had to provide feedback it was not always possible to establish how their views had been used to inform changes in the service and contribute to the service improvement plan. (See area for Improvement 1)

Some staff were not appropriately registered with the Scottish Social Services Council (SSSC) within the required timescale. As a social services employer, the provider should ensure staff are registered with SSSC and suitable to be social services worker. This is so people can be assured their support workers are of an acceptable standard (See area for improvement 2).

## Areas for improvement

1. In order to achieve comprehensive quality assurance and service improvement, the provider should ensure that people supported, and staff have the opportunity to be involved in and contribute to the self-evaluation and development plan for the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

2. The provider should improve their oversight of the Scottish Social Services Council (SSSC) requirements and ensure staff are appropriately registered within the required timescales.

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 staff team?

### 3 - Adequate

We reviewed the staffing within the service. We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare, and safety of people using the service.

The staff team were valued by people experiencing care, this was representative of feedback from residents, relatives, and stakeholders. We observed kind and caring interactions between staff and people. Some comments we received included: "The staff are very friendly," and "the staff know my relatives needs well." This assured us that the staff team were caring and considerate in their practice.

Staffing requirements were identified through regular assessment of people's care needs. Recruitment was

ongoing to fill vacant positions. The service used bank staff and at times agency staff to maintain safe staffing levels. We saw staff did not always have time to engage meaningfully with residents and were task focussed. There were times throughout the day for example at mealtimes where additional staff were needed. This will support better outcomes for people. (See area for improvement 1)

Staff received supervision but not always in line with organisational policy. Supervision sessions should allow staff the opportunity to reflect on their practice and learning in order to consolidate knowledge. A trained and competent staff team will improve outcomes for people. (See area for improvement 2)

Team meetings and daily staff handovers took place. Staff handovers were detailed and supported staff to be knowledgeable about people's needs. This supported effective communication and better outcomes for people.

There was a system in place to monitor the SSSC (Scottish Social Services Council) registration of staff members, but this was not clear. This meant that there was no clear oversight of when registrations required to be renewed. An accurate record of registrations should be maintained. (See area for improvement 3)

### Areas for improvement

1. The service provider should review the staffing arrangements in the home to ensure that there are sufficient staff numbers available to meet the health and care needs of the people living in the home.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

2. The provider should ensure staff are supported through regular supervision, to identify areas where support is required to improve practice. This should include reflection and competency checking to ensure learning is effective and influences better outcomes for people supported.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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).

3. To ensure people are supported by staff who are appropriately registered with the relevant professional body, the provider should maintain an accurate record of the registration status of all staff, including the date registration should be renewed.

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

### 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The care home is situated a short distance from the town centre of Stranraer. The town is easily accessible for people where they can be supported to attend community events and visit local amenities. The care home extends over two floors; the lower floor is accessible by a lift or stairs. There are 28 rooms, 16 of which have en-suite facilities; remaining rooms have no en-suite facilities. A home environment plan is in place which includes development of en-suite facilities and refurbishment of other areas in the home, including the kitchen.

There are two communal areas and a dining area which offers people the opportunity to meet others and provides space for people to spend time out of their bedrooms. Since the last inspection, improvement had been made to ensure the home was dementia friendly. However, further improvement is needed to promote small group living, giving more option for dining space and kitchenette facilities. This will promote people's independence and offer greater choice. (See area for improvement 1)

There was a garden area to the side of the building where people could spend time. People had potted plants for this area and were growing vegetables. A small, enclosed patio area was accessible from the main lounge where people could spend time outside in the fresh air. A new summer house had been built to create a 'pub' environment after a request from a resident. This gave an extra place for people to meet and spend time together.

The environment was clean and tidy. However, some minor points were noted in terms of cleaning practice which was not in keeping with national cleaning specifications. For example, chairs in bedrooms were found to be stained. Although this should not have taken for us to raise this, the manager was responsive and took action to have these cleaned. Another example included high surfaces were not thoroughly cleaned, increasing the risk of infection. The service should refer to the National Infection Prevention Control Manual and encourage more robust actions in terms of monitoring practices. (See area for improvement 2)

## Areas for improvement

1. The service provider should create smaller group living in order to allow people to live in a more homely setting. This can foster greater choice and independence if the facilities allow and supports staff to deliver compassionate care with dignity and respect.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'The premises have been adapted, equipped, and furnished to meet my needs and wishes.' (HSCS 5.16)

2. So people can be assured systems are in place to support safe infection prevention and control practice, the following actions should be taken:

a) Ensure up to date guidance is known to those staff accountable for infection control and regular



reference to National Infection Prevention and Control Manual is made so practice is in keeping.

b) Ensure hard to clean surfaces such as high surfaces are reviewed.

c) Ensure the standards of cleanliness is monitored, including soft furnishings.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "Any treatment or intervention that I experience is safe and effective." HSCS (1.24)

## How well is our care and support planned?

## 3 - Adequate

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

Personal plans were clear for staff to follow and provided details of people's healthcare needs, abilities, and choices. The plans contained details on specific health conditions and information about the support required to help keep people well. This helped give staff a good understanding of the support needed when providing care to individuals.

We could see personal plans being regularly reviewed and updated in response to people's changing needs. This gave us confidence that they accurately reflect individual needs.

People's care reviews had not all been completed within the expected timescale. The manager had oversight of this a plan was place for these to be undertaken. These should include residents and, where appropriate, family members or their representative. Review meetings should allow the opportunity to evaluate if people's needs and what is important to them are being met.

Risk assessments were kept up to date and showed actions to keep people safe. There was evidence of links and regular contact with GP's and external health professionals for advice and support. This ensures people receive timely and responsive care.

We found people had anticipatory care plans recorded. Discussions had taken place around what matters to people and their families. This ensures people's rights and wishes are considered when their health deteriorates.

## 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 provider should ensure people have meaningful activity in daily life. In order to do this, the following should be developed:

- Assessment by skilled staff, care plans agreed with regular review.
- Staff team organised so people are supported in everyday activities as part of care routines.
- Facilities improved such as access to sinks/dishwasher/greenhouse/outdoor space.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

**This area for improvement was made on 10 June 2022.**

#### Action taken since then

An activities coordinator was in post who took lead in organising events, outings, and entertainment within the home. People gave positive feedback about meaningful activity and daily life. We saw people enjoying music entertainers and took part in singing and dancing.

Information was recorded in personal plans about what people enjoy doing and their preferences. Daily records indicated engagement in activities. We heard of individual support and discussed how this could be developed.

The home should further improve access to kitchen facilities, we have made an area for improvement under Key Question 4 – How good is out setting?

This area for improvement had been met

#### Previous area for improvement 2

The service provider should review and enhance how mealtimes are organised to ensure they are pleasurable and support is appropriate to people with dementia.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

**This area for improvement was made on 10 June 2022.**

#### Action taken since then

People told me they enjoyed their mealtimes; however, we found the dining area to be busy and further improvement is needed. A screen had been put in place to separate the lounge and dining area although some people chose to remain in the lounge for their meal. Better use of other areas within the home to create more options for dining will support better outcomes for people.

A mealtime experience audit had been carried out and highlighted areas which need to improve. We have reported on this further under Key Question 1 – How well do we support people's health and wellbeing?

This area for improvement has not been met and has been rewritten to reflect the findings from this inspection.

#### Previous area for improvement 3

The service provider should include more direct observation of staff practice to assess competence within the quality assurance systems.

This is to ensure that care and support is consistent with 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).

**This area for improvement was made on 10 June 2022.**

#### Action taken since then

The service had implemented observation, and competency checks of staff practice. This highlighted areas for development and detailed what actions had been taken. People gave positive feedback about staff and said they felt listened to. Staff were seen to interact well with people and were kind and pleasant.

This area for improvement had been met

#### Previous area for improvement 4

The service provider should review cleaning products and practices to meet with guidelines as set out in the National Infection Prevention and Control Manual. In particular, to address:

- disinfection of equipment such as commode pots/raised toilet seats and bath seats;
- cleanliness/odour and appearance of carpets; and
- routine cleaning of hard surfaces.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24); and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

**This area for improvement was made on 10 June 2022.**

## Action taken since then

During the inspection we looked at cleaning schedules and made observations around the home. The home appeared clean and smelt fresh, there were no malodours. We pointed out some minor areas which needed attention, the manager was proactive and ensured these were cleaned at the time.

We discussed ensuring domestic staff have enough allocated time to carry out their role and responsibilities. We reported on this further under Key Question 4 – How good is our setting?

This area for improvement had not been met and has been re-written to reflect the findings from this inspection.

## Previous area for improvement 5

The manager and service provider need to demonstrate that they actively involve people who receive care and support, and their relatives, in the evaluation and assessment of the overall quality and standard of the service provided. This should also identify areas for improvement and be documented in a way that informs any changes and developments within the service.

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

'I am actively encouraged to be involved in improving the service that I use, in a spirit of genuine partnership' (HSCS 4.7);

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8); 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 10 June 2022.**

## Action taken since then

We saw a regular newsletter which was sent out to people and their families. The home also uses social media to share events and what is happening within the home. Minutes from resident and relative meetings were available which showed suggestions from people. A 'You said, we did' board recorded suggestions and actions which had taken place.

Surveys had been carried out but had yet to be analysed. People told me they felt listened to and could see improvement within the home. We discussed with the manager how to further develop this area and add suggestions to the home improvement plan.

This area for improvement had been met

## Previous area for improvement 6

Detailed action plans should be developed to progress areas identified as areas for improvement. These should specify the actions to be taken and state the responsible person(s) with timescales being prioritised and regularly reviewed until planned actions have been achieved.

This is to ensure that 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 area for improvement was made on 10 June 2022.**

#### Action taken since then

A detailed home improvement plan was in place which detailed areas for improvement, actions, timescales, and the person responsible. The plan was monitored and updated regularly to show progress made.

This area for improvement had been met

#### Previous area for improvement 7

The service provider should ensure staffing is flexible and responsive to changing dependency with staff organised to support smaller group living as far as possible.

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

'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8).

**This area for improvement was made on 10 June 2022.**

#### Action taken since then

A dependency tool was used and completed regularly to inform staffing levels. Staff support for smaller group living continues to be an area to improve on and we have reported on this further under Key Question 3 – How good is our staff team?

This area for improvement has not been met and has been re-written to reflect the findings from this inspection.

#### Previous area for improvement 8

The service provider should develop staff skills and knowledge in line with Dementia Care using Promoting Excellence Training.

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).

**This area for improvement was made on 10 June 2022.**

#### Action taken since then

We looked at the service training records and found staff had recently completed dementia care training. Staff gave positive feedback about training and how this informed practice.

The service also had input from local specialist teams and emotional support plans were in place for those

that experience stress and distress. This directed staff on how to support people to support their outcomes.

This area for improvement had been met

## Previous area for improvement 9

We looked at the service training records and found staff had recently completed dementia care training. Staff gave positive feedback about training and how this informed practice.

The service also had input from local specialist teams and emotional support plans were in place for those that experience stress and distress. This directed staff on how to support people to support their outcomes.

This area for improvement had been met

**This area for improvement was made on 10 June 2022.**

## Action taken since then

The Kings Fund Tool had been used and an environment improvement plan was in place. The home appeared dementia friendly, and we saw changes made to support best practice. This could be improved further with layout changes to support small group living. We have reported on this further under Key Question 4 – How good is our setting?

There are elements of this area for improvement which are on-going and have been re-worded to reflect the findings of this inspection.

## 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	3 - Adequate

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