

# Belleville Lodge Nursing Home Care Home Service

5 Blasket Avenue  
Edinburgh  
EH9 1RT

Telephone: 0131 341 4110

**Type of inspection:**  
Unannounced

**Completed on:**  
6 November 2024

**Service provided by:**  
Mansfield Care Limited

**Service provider number:**  
SP2005007720

**Service no:**  
CS2008169339

## About the service

The service is a care home located in central Edinburgh. It provides care and support for up to 22 older people in single rooms or a maximum of 29 people if shared rooms are used. There were 19 people living in the home at the point of inspection. The provider is Mansfield Care Limited.

The home consists of three floors, with a large lounge and dining room on the ground floor. There is a second garden lounge area to the rear of the home with kitchen facilities to make hot drinks. The home benefits from a large, well-tended enclosed garden at the rear and a seated garden area to the front with some limited parking.

## About the inspection

This was an unannounced inspection which took place 4,5 and 6 November. The inspection was carried out by one inspector. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people living in the home and visiting family members. We also gave family members an opportunity to give feedback through an online questionnaire. Ten relatives submitted questionnaires
- talked with members of staff and the management team
- observed staff practice and daily life
- reviewed a range of documents

## Key messages

- Improvements identified at the previous inspection had been put in place and sustained.
- Outcomes for people living in the home were very good. Staff knew people very well and this meant they were cared for in the way they would have wanted.
- Staff were knowledgeable about health care needs, and this meant any changes to health were promptly identified and addressed.
- Staff showed genuine care and empathy towards people living in the home.
- People living in the home benefitted from a calm relaxing environment.
- The staff were led well, with open and supportive communication by the management team.
- Improvements had been made in care plan documentation, with more consistent information, assessment and recording. However, further improvement was needed to ensure the accurate recording of daily care.

## 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?	5 - Very Good
How good is our staff team?	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?

## 5 - Very Good

We evaluated this key question as very good where we found significant strengths in aspects of the care provided which supported positive outcomes for people.

Staff supported people at their own pace and no one was rushed or hurried. Care was given in a dignified, gentle and supportive manner. People were relaxed in staff company, and we saw warmth, kindness and compassion between the staff and people supported. It was evident staff knew peoples preferences of support very well and this led to people receiving care which was right for them. Comments from families included:

' Staff are kind and friendly and treat my relative with dignity and respect. My relative benefits from being involved in activities and the social elements of being in a home. 'I can't rate the staff highly enough from the manager to the lady who does the laundry - they have all treated mum so well, know her name and always seem to manage to have time for a chat.'

'The Staff are amazing. Extremely friendly, enthusiastic and caring.'

'The Team is lead by a fantastic, approachable Manager.'

'I believe the service is run with the highest person centred values - the manager is always available to chat if I have a concern or a query re Mum , she is caring with residents, seems caring with the staff team and has supported me as carer very well.'

People's wellbeing benefited from having contact with their families and friends. Family and friends were welcomed to the home at any time.

People were supported well with nutrition and hydration. People told us they enjoyed the food. The chef knew people's preferences and dietary requirements very well. Where any person was on a special diet or required food to be higher calorie, this was effectively managed. This benefitted people living in the home, who were able to choose what they wanted to eat and be reassured that their dietary requirements had been met. People's weight was monitored to identify if further support was needed from a health professional, for example a doctor or a dietician.

Because staff knew people so well, they were able to recognise if there were any changes to the person's health and wellbeing needs. Where concerns where identified referrals were made to appropriate professionals in a timely manner. The staff team were supported by the nurse practitioner from the local GP practice, who visited the home weekly. This meant people benefitted from a multidisciplinary approach to their health care.

There was a monthly overview of each persons care, where relatives were contacted to discuss any changes or suggestions for the persons support. This was completed through a 'resident of the day' format and ensured relatives were involved in giving feedback and making decisions about care.

There was an organised system in place for administration of medications. This was audited on a regular basis. Protocols were in place for administration of 'as required' (PRN) medications, and where this was prescribed, was given appropriately. This meant people could be confident their medication was available and being administered safely. Further expansion on the information within protocols would be of benefit.

The home had a regular programme of activities in place which supported peoples wellbeing. The activities coordinators had established links with the local community where people enjoyed local events, social

outings and trips out, which relatives could also take part in. At the point of inspection recruitment was underway for a 15 hour post, this would enhance the current structure in the home and provide activities over a seven day period.

Personal plans contained information about health, people's preferences and assessed care needs. There had been a continued improvement in the content of the plans from the previous inspection. These were reviewed monthly and updated as needed. Personal plans were well written, person centred and gave a very good insight into the person. Further work was needed to ensure daily notes completed by staff were reflective of individual assessed care, as for some people there was inconsistency of the completion of these. This is further discussed under key question three.

Personal plans contained a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. Comprehensive assessments and information was available to direct staff in the care to be provided for people who had specific health needs.

### 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.

Staff were recruited in a safe way. Induction processes were in place, including a probationary period, to ensure new staff were supported to achieve the expected standards of the provider which leads to better outcomes for people in the home.

Staff attended daily meetings at the start of each shift, to share information and plan each day. These gave staff feedback on care and any actions or support needed for each person, leading to a consistent approach to care. This enabled effective communication between management and staff and supported positive outcomes for people supported.

Systems were in place to show that staff were appropriately registered with regulatory bodies such as the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC). These were up to date and assisted the service to keep people safe and promote a professional staff team.

We saw good team working and respectful communication within the team which created a warm, relaxed atmosphere. Staff showed patience and compassion when supporting people. Staff were very attentive to people's needs and requests. It was clear staff knew people very well and this enabled people supported and relatives to have confidence in the care provided.

Staff arrangements were informed by assessments of people's needs. These were updated monthly using the provider's tool. The assessments completed evidenced staffing arrangements met the needs of the people living in the home.

Staff completed a range of online and face to face training courses relevant to people's needs. We discussed staff should have the opportunity to complete the 'skilled' dementia training, which is seen as good practice. This should be rolled out to all staff to enhance their knowledge of supporting people on their dementia journey. The operations manager added this to the mandatory training which each staff member would now need to complete.

Activity workers supported a range of activities both in and out of the home, however on occasion there

were missed opportunities for care staff to engage in an impromptu activity. The manager was re-introducing an activity planner which would support staff to engage and initiate planned activities. One to one activities were also to become a focus in the home for people who did not join in group activities. This would further benefit people living in the home and support wellbeing.

We discussed with the manager there needs to be further overview of daily records of care. Daily notes were task orientated and did not give any insight into the persons day. Records of care for some people were inconsistent and often not reflective of the care given. The manager was aware of the issues surrounding records of care and this had been discussed with staff at team meetings .Because of this we have not made an area for improvement.

## 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

Where people had been prescribed 'as required' medication, there should be detailed protocols as to when to give this, at what point at the escalation of pain, anxiety or stress and distress to administer and if the medication was successful in alleviating the symptoms.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and 4.27 I experience high quality care and support because people have the necessary information and resources.

**This area for improvement was made on 18 October 2023.**

#### Action taken since then

There were protocols in place, whilst these need further detail, the information in these can be cross referenced to the personal plans. Should as required medication need to be given, daily records and medication records show if this worked. This area for improvement had been met.

#### Previous area for improvement 2

To ensure that people's needs are fully met as agreed in their personal plan, the manager should ensure:

- (a) all documentation relating to care is accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning
- (b) information within the personal plan is accurate and reflects changing individual care needs
- (c) staff practice fully reflects the care as written in the personal plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 1.19), 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) 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 18 October 2023.**

#### Action taken since then

All the care plans sampled contained updated relevant information which reflected individual care needs. Staff practice fully reflected the assessed information in personal plans. Documentation relating to care was not consistently recorded. However, as the manager was supporting the staff team to improve their practice in record keeping on the digital platform, we have met this area for improvement in full.

## Previous area for improvement 3

The service should have an agreed communication strategy in place to ensure social work are notified of the frequency of incidents taking place between the two named residents. This will allow an overview of incidents and additional strategies to be considered with the aim of keeping people safe.

This is to ensure care and support is consistent with Health and Social Care Standard 4.27: I experience high quality care and support because people have the necessary information and resources.

**This area for improvement was made on 18 October 2023.**

### Action taken since then

There was a communication strategy in place, this area for improvement had been met.

## Previous area for improvement 4

If staff numbers are reduced, the service should use quality assurance systems to evidence and ensure that outcomes for people remain good, and people's needs are being met and people are living in a safe environment.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

**This area for improvement was made on 18 October 2023.**

### Action taken since then

There was a full and comprehensive overview of care and assessed need. The systems in use were fully reflective of peoples changing needs, including clinical overview by the manager. This area for improvement was met.

## Previous area for improvement 5

The maintenance checks and log should be readily available at any time for audit purposes. This would include:

- (a) A full inventory of equipment to be checked, including portable radiators.
- (b) External safety checks for the lift, gas heating systems and legionella checks.
- (c) All electrical equipment checks with full inventory.

This is to ensure care and support is consistent with the Health and Social Care Standard 5.17 which states: "My environment is secure and safe".

Also see the Health and Safety Executive's guidance "Health and Safety in Care Homes".

**This area for improvement was made on 18 October 2023.**

### Action taken since then

All relevant checks were being completed as expected. There were full checks recorded and external safety checks in place. This area for improvement was 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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