

Belgrave Lodge Nursing Home Care Home Service

45 Belgrave Road
Edinburgh
EH12 6NG

Telephone: 01313 349 400

Type of inspection:
Unannounced

Completed on:
11 August 2025

Service provided by:
Dixon Sangster Partnership

Service provider number:
SP2003002440

Service no:
CS2003010613

About the service

Belgrave Lodge is a care home for older people situated in a quiet residential area of Corstorphine, Edinburgh, close to local transport links, shops and community services.

The service provides nursing and residential care and is registered for 33 people. At the time of inspection there were 24 people living at Belgrave Lodge. Accommodation is provided over three floors. The upper two floors are reached by stairs or a lift. Bedrooms are over upper two floors with one bedroom on the ground floor, all have en-suite toilet facilities.

There are two dining rooms and a sitting room on the ground floor.

The home is set in grounds with a small car park at the side and an enclosed garden with seating at the rear of the home. The service is provided by Dixon Sangster Partnership.

About the inspection

This was an unannounced inspection of the service which took place on 4 and 5 July 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection information was reviewed 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 people using the service as well as feedback from relatives. We also spoke with management and staff, observed practice and daily life as well as reviewed a wide range of documents.

Key messages

- Mealtime experience gave access to a variety of meals and drinks and choice promoted.
- Staff were supported by the manager and working relationships were good.
- People living in the care home and their families were happy with the care and support.
- Staffing levels were appropriate and responsive, ensuring people received the care and support they needed.
- Improvements were evidenced regarding medication management.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our staff team? | 5 - Very Good |
| How good is our setting? | 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.

People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the home. People were supported by staff who clearly knew them well.

Staff demonstrated a good knowledge of people's needs. This meant that people could be confident that staff supporting them were well informed and worked consistently to help them achieve the outcomes that they had identified.

People were encouraged to move regularly and remain as active as possible. Good practice was witnessed regarding moving and handling. People could have confidence in staff supporting them because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes.

People benefitted from access to tasty, varied and well balanced meals and choice was promoted. Kitchen staff were familiar with the current dietary needs of each person. Throughout the day, they were supported to meals, snacks and drinks. Hydration was promoted well. Our mealtime observations showed a calm and sociable dining experience. People were supported appropriately where needed, and the atmosphere was relaxed and unhurried, showing us that people enjoyed their mealtimes.

Since the previous inspection, people now benefit from a medication management system that aligns with best practice standards. Regular audits and daily checks are conducted, supported by increased oversight from the management team. This identified area for improvement from the last inspection has been successfully addressed.

The home could now evidence that the assessment and monitoring of skin problems and wounds is appropriate and up to date. A skin bundle is in place for all those residing in the home and daily checks are taking place. Any changes are reported to the nursing and management teams.

A variety of activities were available to people, both within the home and trips had taken place out into the community.

Support plans were person-centred, clearly outlining individuals' needs, desired outcomes, and any associated risks.

Feedback from those residing in Belgrave Lodge and their relatives was good, one relative stated told us "The staff are first class, nothing is a problem and they are very attentive".

There were no restrictions on family visiting, family and friends were invited into the home which allowed further opportunities for people to connect with those who are important to them.

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

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The staff team was well established and demonstrated strong collaboration, underpinned by respectful communication and positive working relationships. This contributed to a warm and supportive atmosphere within the service. Individuals receiving care benefitted from consistent staff, with team members who knew them well and have developed meaningful, caring relationships. Staff were confident in their roles, worked cohesively, and appeared highly motivated. Feedback from families and people using the service was positive.

All staff had access to a comprehensive training programme, delivered through both online platforms and face-to-face sessions.

Staffing arrangements were guided by assessments of individual needs, regularly updated using the provider's dependency tool. During the inspection, staffing levels were observed to be sufficient, enabling staff to deliver compassionate care and engage in meaningful interactions with those they supported.

Regular supervision sessions, observations of practice, and staff meetings are in place to support continuous development and quality assurance.

Safe recruitment practices were clearly demonstrated. While the addition of dates on the recruitment checklist was recommended, all required documentation was present in the samples reviewed.

Staff induction processes were well evidenced, and all staff were appropriately registered with relevant professional bodies.

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.

Belgrave Lodge offers a warm and homely environment that is thoughtfully tailored to the age and needs of its residents. The premises were observed to be clean, well-maintained, and free from unnecessary clutter, promoting both comfort and safety.

Bedrooms reflected a personalised approach, with residents' photographs and decorative items contributing to a sense of familiarity and individuality. Many rooms featured coordinated soft furnishings, such as matching curtains and bedspreads, enhancing the overall domestic ambience.

Communal bathrooms and shower facilities were consistently clean, well-organised, and maintained to a good standard.

Environmental audits are carried out with action plans in place to address any areas requiring attention. Regular maintenance is actively undertaken.

Plans for refurbishment have been identified for the coming year, demonstrating a commitment to continuous improvement and the enhancement of living conditions.

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 medication is managed in a manner that protects the health and wellbeing of service users. The manager should:

- Ensure that medicines are administered as instructed by the prescriber;
- Demonstrate that staff follow policy and best practice about medication administration records and documentation;
- Ensure that staff receive training and refresher training appropriate to the work they perform;
- Ensure that managers are involved in the audit of medication records.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS4.11).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 1 October 2024.

Action taken since then

Since the previous inspection, people now benefit from a medication management system that aligns with best practice standards. Regular audits and daily checks are conducted, supported by increased oversight from the management team.

This identified area for improvement has been successfully addressed.

Previous area for improvement 2

To further minimise the risk of any development of pressure ulcers the provider should ensure the system in place must be able to demonstrate that the skin care needs of the service users are regularly assessed and adequately met. In particular there should be:

- Ensure that the assessment and monitoring of skin problems and wounds is appropriate and up to date.
- Be able to demonstrate that adequate care planning and interventions are in place to care and support those service users at risk of developing pressure ulcers.
- The regular update of records to reflect change.
- Consistency in the use of risk assessment tools.

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

I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event(HSCS 4,14)

This area for improvement was made on 1 October 2024.

Action taken since then

The home could now evidence that the assessment and monitoring of skin problems and wounds is appropriate and up to date. A skin bundle is in place for all those residing in the home and daily checks are taking place. Any changes are reported to the nursing and management teams.

Care plans are kept up to date regarding skin integrity and external healthcare professionals are involved where needed.

This area for improvement has been met.

Previous area for improvement 3

To support people's health and wellbeing, the provider should ensure there is access to a variety of meaningful activities.

This should include, but is not limited to, ensuring that people are supported with activities that are meaningful to them, there are opportunities for people to engage with their local community and care and support plans detail people's interests and preferences.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 28 July 2023 under KQ 1.3

This area for improvement was made on 1 October 2024.

Action taken since then

This area for improvement was initially identified by the Complaints Team in July 2023 and subsequently carried forward during the inspection conducted in 2024.

At the time of the latest inspection, progress had been observed. People were now experiencing more meaningful interactions, including regular outings within the local community. The Activity Coordinator had developed comprehensive individual profiles that reflect each person's personal interests and priorities. These profiles have been instrumental in tailoring activities to meet individual needs.

Staff were actively engaged in promoting social inclusion and enhancing the overall quality of life. A diverse range of activities was observed during the inspection, facilitated by both internal staff and external providers. These included group events, one-to-one sessions, and community-based experiences.

Based on the findings of this inspection, 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.

Detailed evaluations

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| How well do we support people's wellbeing? | 4 - Good |
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |
| 1.2 People get the most out of life | 4 - Good |
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very Good |
| 1.4 People experience meaningful contact that meets their outcomes, needs and wishes | 4 - Good |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 4 - Good |
| How good is our staff team? | 5 - Very Good |
| 3.1 Staff have been recruited well | 5 - Very Good |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 5 - Very Good |
| 3.3 Staffing arrangements are right and staff work well together | 5 - Very Good |
| How good is our setting? | 4 - Good |
| 4.1 People experience high quality facilities | 4 - Good |

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