

Blackwood Care - Belses Gardens Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
22 August 2025

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 15 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.

About the inspection

This was an unannounced inspection which took place on 20 - 22 August 2025. 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 six people using the service (customers) and four of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- communicated with three external professionals.

Key messages

- Customers and relatives were overall satisfied with the care and support provided.
- Further work was needed to ensure that people had greater opportunities to participate in activities, and to capture the views of relatives to help shape the service.
- A clear plan for staff obtaining necessary qualifications needed to be developed.
- Support plans, care reviews and daily recording required further work.
- Environmental improvements had been completed.
- Quality assurance processes had been developed and been useful for the management to have a clear overview of key areas of the service and to help identify areas that needed further work.

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?	4 - Good
How good is our setting?	5 - Very 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.

We observed genuine, warm and nurturing interactions between customers and staff. Staff were familiar with people's needs, wishes and preferences. We heard that the care and support had made a positive difference to people's lives.

"This has been the best move I made. I was concerned before moving in. I have made pals and I am very well supported."

"I'm very happy here."

The staff handover between night and day shift staff was used to share appropriate information on any changes to people's health and wellbeing. This was also used to plan further inputs or interventions to keep people safe and well. Feedback from a visiting community nurse supported that staff were proactive in seeking advice and input when they detected changes to people's health and wellbeing.

Historically, there had been concerns around meeting people's nutritional needs including individuals who required a modified textured diet. Work had been completed to improve communications between support staff and also kitchen staff meaning each person's dietary needs were recorded and used to guide staff practice.

The meal time experience was observed. Staff worked in a coordinated way with kitchen staff helping support the delivery of meals. The staff created a comfortable, calm and pleasant environment during the meal. A good balance was struck between offering assistance and promoting each person's level of independence. Adapted cutlery, crockery and furniture were made available and contributed to the promotion of independence.

An activity programme was displayed. However, in practice, this was not always been followed or alternatives offered. There were occasions when staff had offered spontaneous group activities such as a barbecue, taking advantage of good weather. However, further work was needed to ensure more opportunities were made available for group and individual meaningful activities. These would help meet the social, recreational and psychological needs of people and help give them a sense of wellbeing (see area for improvement 1).

People's health needs were assessed using recognised tools including those for monitoring people who may be at risk of unintentional weight loss. Through tracking, we found that most people had maintained or increased weight as a result of interventions made by staff.

Staff had advocated on behalf of individuals, when they detected changes, ensuring that their health needs were being reviewed by external medical professionals.

Having the right medication at the right time is important for keeping well. Changes to the medication administration system had been introduced at the point of inspection and audits had been completed to help ensure staff followed good practice.

Areas for improvement

1. In order that people get the most out of life and are helped to achieve a sense of wellbeing, there should be greater opportunities to participate in meaningful activities on an individual and group basis within and outwith 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 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?

4 - Good

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

There have been changes in relation to team leaders since the last inspection. This meant that additional workload was placed upon the existing team leader and changes with cover from the registered manager. The management team demonstrated a good level of understanding of customers' current needs with handover notes being used to help management keep up-to-date.

The quality assurance team had worked collaboratively with the team. This meant that good practice examples were being shared and learning taken when adverse events had occurred. Tracking systems had been developed to help the management team have an overview of key aspects of care and check the effectiveness of interventions to help keep people well and safe.

Quality assurance processes had been aligned to legislation and good practice materials including the Health and Social Care Standards, quality framework and self-evaluation guidance.

Accidents and incidents were being reported, recorded and used to re-evaluate risk assessments. These were reported in house, however, there were examples of delays in reporting to external agencies including the Care Inspectorate as well as the outcomes when brought to conclusion. The quality assurance team had begun to develop systems to address this area. We shall monitor the effectiveness of this post inspection.

There had been no complaints received by the service since the last inspection.

Feedback had been obtained from customers and staff with limited feedback from external professionals around key aspects of the service. Each customer was familiar with the management arrangements and shared they were comfortable in raising any issues or concerns directly with the management team.

The service had missed opportunities to capture feedback from relatives. This was identified as an area that required further work when we discussed this with the quality assurance manager. This area should be developed and used to inform associated improvement plans (see area for improvement 1).

Areas for improvement

1. The service should continue to gather views from families and friends. These views should help inform the ongoing development and improvement of 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).

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.

The service used a recognised dependency tool to help inform staffing levels.

There continued to be agency staff used due to permanent staff absence. The service strived to use the same agency staff to promote continuity of care as well as permanent staff providing additional cover. The management team should continue to monitor and check that the staffing mix does not impact on people's day-to-day experience.

Customers and relatives shared that they had developed good relationships and staff provided good support.

"Staff are very, very good. Impressed with them. Very professional and caring and they like [relative]. They gets on well with them."

"They have got a great team - genuine, warm-hearted people. It's nice to see."

"In general, they [staff] are very, very good. I am not displeased with the service [relative] is getting."

There are plans to develop the staff call system meaning that reports can be produced and reflect how responsive staff have been in attending to customers.

Staff morale was mixed with some staff of the opinion that there were occasions when staffing levels were tight. This was discussed with the management team and agreement reached that ongoing monitoring would be completed. Staff were motivated to provide good standards of care and there were no clear examples of significant care needs not being met.

There were planned training sessions arranged through the health and social care partnership to provide updates on dysphagia, adult support and protection and planned inputs around supporting people who may experience episodes of emotional distress. Quality assurance processes and direct observations should be developed to be sure each staff member fully understands their responsibilities and how the training shapes their role.

There were specific pieces of work through staff meetings and individual supervision sessions focused on staff conduct and reporting responsibilities. The management team identified and took measures to ensure staff supervisions would be up-to-date in the coming weeks. Further work should be carried out to ensure each staff member is fully supported following whistleblowing and reporting concerns.

Staff should have the requisite qualifications for their role and registration with the Scottish Social Services Council (SSSC). There was a policy in place, however, this does not set out a clear strategy/prioritisation for staff to undertake the necessary qualifications. This should be developed and information shared as to which staff have been identified and prioritised for undertaking qualifications with associated timescales for achievement (see area for improvement 1).

There were regular planned staff meetings for staff working on day shift and night shift.

Areas for improvement

1. To ensure that staff undertake necessary qualifications to meet their registration requirements with the Scottish Social Services Council (SSSC), the associated policy should be updated. Details of which staff have been prioritised for undertaking SVQ qualifications should be shared with the Care Inspectorate as well as timescales for achievement.

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?

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.

There have been improvements. Some areas have been redecorated and minor repairs completed since the last inspection.

The design of the building makes it accessible for customers who have restricted mobility or are wheelchair users. The home is comfortable, homely and offers people a range of areas as to where they would like to spend their time.

The standard of cleanliness in both communal areas and bedrooms was of a high standard with domestic staff using cleaning schedules to good effect. There were plentiful supplies of personal protective equipment throughout the home and staff followed best practice when using and disposing of this.

CleverCogs technology is in place to help people request support from staff and maintain their independence.

Each bedroom was decorated and furnished aligned to the wishes and preferences of each customer. All have ensuite shower and toilet facilities with the option of using communal bathing facilities. This bathroom needs developed to promote a comfortable and relaxing experience should people choose to use it.

Comments were mainly positive from customers and relatives in relation to the environment. However, we did hear of a delay in resolving a repair to a bedroom door when we spoke with relatives. This has now been completed.

Environmental audits were completed by the handyperson and support staff recorded water temperatures each time they provided support with showering or washing to check that these were in safe limits and reduce the risk of scalding.

External contracts were in place for the servicing and maintenance of equipment including overhead and manual hoists.

There were level gardens readily accessible to customers. These were being used regularly and people shared how much they enjoyed spending time in the garden. One person told us: "When the sun's out, I'm out."

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.

Staff used recognised tools to assess the ongoing health and wellbeing needs of people using the service.

Personal plans were individualised and person-centred reflecting the wishes and preferences of each person. These also took a strengths-based approach, reflecting how staff should promote each person's level of independence and what should be done to fully involve them with day-to-day supports.

Further work was needed to develop support plans and associated records. These included developing support plans for people who may experience episodes of emotional distress to help staff adopt a consistent approach. Daily entries completed by staff needed further monitoring by the management team to ensure these were completed accurately and consistently. Records should reflect activities offered and any participation by people.

Review meeting minutes needed further development to consistently capture the views of relatives who are involved with the ongoing care of their loved ones (see area for improvement 1).

Areas for improvement

1. To ensure people receive the correct level and consistent support, support plans for people who may experience emotional distress should detail how support should be provided and promote a consistent approach by staff. Daily entries should be monitored to ensure that they are accurate and are being completed consistently by staff. Care reviews should capture the views of relatives involved with an individual's care and be used to shape future care and support.

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).

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

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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