

# Belleville Lodge Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 October 2023

**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 25 people if shared rooms are used. There were 13 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 a 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 on 17 October between 8am and 2:30pm and 18 October between 8am and 1pm. We also looked at online systems remotely as part of this inspection. 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 who were not visiting over the two-day inspection, through email contact.
- talked with members of staff and the management team
- observed staff practice and daily life
- reviewed a range of documents

## Key messages

- Staff were knowledgeable about care needs and showed genuine caring attitudes and empathy towards people living in the home. This meant they and their relatives could feel confident in the care
- There were good relationships with external healthcare professionals. This, and the onsite nursing team, enabled prompt assessment and treatment to benefit people supported
- Care was flexible to meet people's individual preferences, especially in the mornings where people were able to choose at what time they wanted breakfast and where
- Further improvements were needed in care planning and records of care. The quality and accuracy of these were variable
- More structured activities would be of benefit to people living in the home
- Staffing levels need to be under continuous review as people move into the home to ensure staffing meets people health, wellbeing and social needs

## 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?	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..

Staff treated people with dignity and respect. There were meaningful, caring and warm interactions between staff and residents. Staff had a calm, professional but relaxed approach to care. This meant people felt confident in requesting support. Staff clearly knew people very well and as such were able to joke, have fun and recognise changes to mood, health, and general demeanour, all of which benefitted people's health and wellbeing.

Personal belongings were respected and there was good practice when caring for items essential to people, like hearing aids and glasses. Everyone looked well-presented and care was taken to ensure people's appearance was how they would have done so themselves. One relative told us 'We are very impressed by the staff who are very supportive towards my mother and always keen to communicate any changes with us'

There was a good overview of people's changing health needs by both registered nurses and care staff. Information was shared during staff handovers every morning. These included discussions about what was best for individuals where health or welfare had shown signs of changing. This made sure that people had access to the right support or treatment at the right time.

We looked at a sample of people's medication administration records and established staff had given the correct medication to people at the stated times. We concluded people could be confident the staff who supported them to take their medication safely had the correct knowledge and training.

There was a lack of detail in medication protocols and in personal plans to direct staff in what circumstances to administer 'as required' medications. This included medication for pain, anxiety and stress and distress. More detail of what point to administer these medications, would lead to greater consistency in support and better evaluations of when and if the medication was needed. (See area for improvement 1)

When activity staff were working, activities were more structured and planned. On both days we visited home the planned activity did not take place, partly because staff did not have time to facilitate what was planned. While people told us they enjoyed the activities that happened, further thought was needed to ensure that everyone has consistent opportunities to take part in activities that are meaningful to them. The manager was in the process of recruiting further activities staff, which would support this going forward, we have therefore not made an area for improvement.

People should benefit from personal plans which are reviewed and monitored regularly. Each person's plan had information about health, people's preferences and assessed care needs. Some plans were person centred and well written. However, in many, there was a lack of detail about specific care needs and preferences. Records of care were inconsistently completed, and this meant agreed care could not be accurately evaluated. (See area for improvement 2)

## Areas 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.

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).

## 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.

It is important services have effective systems to assess and monitor the quality of the service and environment/equipment. This helps drive service development and improvement which results in positive outcomes for people living in the home.

The manager was new to post and had only taken on the role in the last month. There were a range of audit tools available which were used to inform the manager and senior management about how well the service was performing.

Whilst audits systems and processes were in place, it will take time to show continuous improvement as a direct result of these. The manager had started completing weekly audits and action plans which evidenced a strong foundation for future improvements.

A relative and resident meeting was held in July 2023, to which all relatives were invited. There were regular residents' meetings, where people could raise any issues or ask questions. To further improve the meetings, actions identified could be in a format easy to understand and easily accessible for people living in the home, for example 'you said we did'. This would allow people to quickly see what actions had been completed and how.

Relatives were invited to take part in reviews of care which gave an opportunity for them to give feedback and be involved in a meaningful way, in support of their family member.

The on-line care planning system meant the operations managers had access to an overview of care provided remotely. This enabled a further layer of quality assurance. However further work was needed to ensure audits of personal plans were accurate and led to improvements.

All accidents, incidents and concerns had been appropriately recorded in the home. The incident and accident forms included a section on reporting to the relevant authorities, including social work and the care inspectorate. However, a complaint investigation highlighted the lack of communication strategy between the provider and social work on the reporting of incidents and what was notifiable to them. Which would support good practice in keeping people safe and ensuring access to relevant advice. At the point of inspection this had not been completed. We have carried forward the area for improvement made. (See area for improvement 1)

## Areas for improvement

1. 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.

## 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 knowledgeable about people's needs and knew their preferences well. Staff had spent time getting to know the person which enhanced each persons' experience of the home.

Staff attended daily meetings, including handovers 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.

Care was relaxed, at the person's own pace and person centered. Staffing was assessed using a recognised dependency tool. The outcome and monitoring of this indicated that there was sufficient staff to meet the assessed needs of the residents. However we were concerned that a member of care staff ended their shift at 2pm, leaving two carers and a nurse to oversee care from 2pm to 8pm. During this time people were at risk of not receiving the support and supervision required as more than one person required two to one staffing to support their care needs. This was also highlighted at a recent complaint where an area for improvement was made. Whilst the manager had had taken immediate action to rectify this, we have carried forward the area for improvement to ensure that staffing was appropriately assessed when numbers are reduced in the home. (See area for improvement 1)

## Areas for improvement

1. 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.

## 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..

The home was in based in central Edinburgh and as such had full access to local shops. There were fully enclosed gardens to the rear of the home, which people could access independently through the garden lounge. People we spoke with said they enjoyed meeting their relatives and visitors in this area as it was peaceful and had facilities to make hot or cold drinks.

The home itself was welcoming and calm. The main sitting room was used by most people during the day, and this was where activities also took place. There was an easily accessible dining room opposite the main lounge. There were both single and shared bedrooms available over the three floors in the home. Bedrooms were decorated with personal affects and looked homely and comfortable. Equipment was well maintained. Residents were able to walk freely on the ground floor and assistance was given to use the lift to the other floors.

The home was exceptionally clean, and the manager carried out regular walk rounds to ensure standards were as expected. All cleaning was carried out in line with infection prevention and control guidance.

Safety checks in accordance with Lifting Operations and Lifting Equipment Regulations 1998. (LOLER) had been carried out. There was a range of checks weekly, monthly and annually and records were signed and dated when completed. However, the maintenance logs were disorganised, there was no inventory of equipment and therefore it was not possible to fully evaluate if all equipment had been checked. (See area for improvement 1)

The bathroom on the ground floor was not suitable when someone needed support of the stand aid. The bathroom was small and there was limited space to support someone in a dignified manner. The hot water in this bathroom did not reach the optimum temperature to enable safe handwashing, which may pose a risk. The manager had taken immediate remedial action to ensure this bathroom would not be used for people needing support using a mobility aid. As the manager asked the hot water to be assessed and rectified at inspection, we have not made an area for improvement about this.

## Areas for improvement

1. 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".

## 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

These four areas for improvement were made as the direct outcome of a complaint investigation concluded 18 September 2023.

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 September 2023.**

#### Action taken since then

At inspection staff numbers had been reduced again due to a change in resident numbers. However, there was a lack of evidence to show that outcomes for the people living in the home had been considered. However, during the inspection, it was agreed that staffing would be increased with immediate effect. To ensure future oversight of this we have carried forward this area for improvement. Under key question three.

#### Previous area for improvement 2

The service should be accurately checking and recording the water temperatures throughout the service and any faults or concerns appropriately reported and action taken to remedy the problem.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

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

#### Action taken since then

All the rooms were checked as part of the inspection. One bathroom was found not to reach the optimum temperature. However, this was the main bathroom used on the ground floor. This was an infection control risk as staff could not wash their hands at a minimum designated temperature after supporting someone



with personal care. As the manager had taken immediate remedial action and all other water temperature were within the specified ranges, we have met this area for improvement.

### Previous area for improvement 3

People should have hot water available to them in their bedrooms and which is set at a temperature that is safe but warm enough to facilitate personal care and hand washing.

This is to ensure care and support is consistent with Health and Social Care Standard 5.16: The premises have been adapted, equipped and furnished to meet my needs and wishes.

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

#### Action taken since then

All the bedrooms were checked as part of the inspection. All water temperatures were within the specified ranges, we have therefore met this area for improvement.

### Previous area for improvement 4

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 September 2023.**

#### Action taken since then

Whilst the online incidents form has a section to indicate if social work has been informed of incidents. We could see no guidance on at which stage or the frequency these should be reported. Some of the incidents we sampled would have been reportable to social work /health social care partnership. Whilst the manager has a weekly audit of incidents with actions, there was not enough evidence to meet this area for improvement at this inspection. This is carried forward under key question two.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

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	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?	4 - Good
4.1 People experience high quality facilities	4 - Good

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