Belleville Lodge Nursing Home
Care Home Service

5 Blacket Avenue
Edinburgh
EH9 1RT

Telephone: 0131 341 4110

Type of inspection:
Unannounced

Completed on:
17 June 2026

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Service no:
CS2008169339

About the service

The service is a care home located in Edinburgh. There were 21 people experiencing care with the service during the 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 on 8 and 9 June 2026. 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, 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
- spoke with four relatives and considered five survey responses
- spoke with nine staff and management and considered eight survey responses
- spoke with one visiting professionals and considered two survey responses
- observed staff practice and daily life
- reviewed a range of documents.

Key messages

- People experienced warm, compassionate, dignified care and support.
- People and their relatives expressed a high level of satisfaction with the service.
- People experienced a consistent staff team who knew them well.
- People were supported to keep active and enjoyed meaningful connection.
- The service was well led with strong quality assurances processes in place.
- Staff worked well together and were supported by a competent and supportive manager.
- Personal plans were detailed and reviewed regularly.

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 leadership?	5 - Very 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 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.

We observed warm and encouraging relationships, with staff taking time to interact with people at their own pace. The small staff team clearly knew people well. This meant that people benefitted from compassionate and consistent care.

The home had a welcoming and friendly atmosphere. People were free to move around the service and make use of communal areas, which were clean and well maintained. When assisting people to move around, staff provided supportive and encouraging interactions. People told us:
"Staff are very caring".
"Staff are lovely, everyone is very kind and nice".

The provision of activities in the home was good which positively supported people's wellbeing. The service employed dedicated activity coordinators and arranged regular visits from entertainers.

Activity schedules demonstrated a varied programme, including games, gentle exercise, crafts, and music sessions. Activities were offered daily, and staff actively encouraged participation. As a result, people's wellbeing was enhanced through regular and meaningful engagement.

Families and visitors felt welcome and spoke positively about their relatives' experience. Comments from relatives included:
"I can visit anytime and I'm always welcomed".
"Staff are always kind and caring and take time to listen".
"The staff are lovely. They're welcoming, friendly hard working and caring".
"The staff group is superb - endlessly patient, kind and cheerful".
People's wellbeing benefited from having a regular contact with their families and friends.

People were supported well with nutrition and hydration. Menus were varied and feedback from people indicated that the food was good. The chef was knowledgeable about individuals' dietary requirements, and records of food and fluid intake were maintained where required. This meant that people experienced good support to maintain a healthy diet.

Support with eating and drinking was provided in a dignified and respectful manner. A range of snacks was available and easily accessible.

We discussed opportunities for improvement in the mealtime experience with the manager, including staggering mealtimes to reduce pressure on staff, reviewing seating arrangements, and ensuring staff were consistently positioned to support those who required assistance. The manager acted on these points during the inspection, and we will follow up at the next inspection.

Staff were well trained and demonstrated a clear understanding of their role in supporting access to healthcare services. People's health benefitted from proactive engagement with community health professionals, and people received support from a wider range of services. Feedback from external professionals was positive. This meant that people received the right treatment at the right time.

Medication systems were well managed, with staff having appropriate training and effective management oversight. Medication storage areas were clean and organised. These robust systems reduced the risk of errors and supported people's health and safety.

There was a monthly review of each person's care. This was facilitated through a 'resident of the day' approach ensuring meaningful involvement of relatives in care planning and decision making.

One relative told us: "I am always kept informed of any changes".

People's care plans and risk assessments were comprehensive and personalised and regularly reviewed. They were clear and easy to follow. Relatives confirmed their involvement in six monthly reviews.

A range of monitoring charts were in place to ensure people's health and wellbeing was continuously monitored.

Communication systems, including regular handovers, daily flash meetings and clinical meetings focussed on people's individuals' needs. This ensured the service responded promptly and effectively to any changes in people's health and care requirements.

How good is our leadership? 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.

We received highly positive feedback from relatives regarding the management and leadership of the service. Comments included:
"Manager is always around and easy to approach".
"The leadership is everything I could ask for. Very organised and assuring".
"Manager is kind and approachable".

The service demonstrated positive and strong commitment to quality assurance. Responsibilities were appropriately delegated across the staff team, with staff supported to develop their skills and confidence. Leaders carried out a wide range of comprehensive audits, which led to meaningful improvements that positively impacted people's experiences of care and support.

Accidents and incidents were appropriately recorded and regularly audited as a means of making improvements to the service provided. This ensured people continued to experience safe and high quality care.

Relatives consistently reported confidence in staff and highlighted effective communication within the service. They told us that staff were visible and approachable, and that they felt comfortable raising any concerns with management. One relative told us:
"If I have a query the staff always make time to speak with me".

The service was highly effective in retaining staff and maintaining its own internal bank team. This stability resulted in continuity of care and meant that people benefitted from compassionate and consistent care.

Staff received regular supervision and ongoing support. Practice observations were undertaken by team

leaders, allowing them to identify areas for development and provide constructive feedback. This supported continuous learning and contributed to improving the quality of care delivered.

Staff spoke positively about the leadership within the service, describing the manager as supportive, approachable, and knowledgeable. This fostered a positive, open, and proactive culture. One staff member commented:
"I find the staff and manager are very supportive. We all work as a team and support each other well. The manager is very approachable".

Health professionals we spoke with during the inspection also provided positive feedback about the leadership of the service. One professional with regular contact with the service told us:
"The home manager is fantastic. She is approachable, knowledgeable and gets things done".

Regular staff meetings ensured that staff were kept up to date with the care and support needs of individuals. This meant people experienced quality care because staff had the necessary information training and resources to care for them.

Effective systems were in place for the cleaning and maintenance, ensuring that the environment remained safe, clean, and well maintained. Equipment was checked regularly. These measures supported people's wellbeing by providing a safe and comfortable living environment.

A service improvement plan was in place and operated as a live document, regularly updated to reflect ongoing actions and progress. This demonstrated a culture of continuous improvement and responsiveness.

Overall, there was strong evidence of effective leadership, clear governance processes, and a well embedded quality assurance framework that consistently supported positive outcomes for people.

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

1. The service should ensure that moving and handling support plans are developed with clear and detailed information from the point of admission, particularly following discharge from hospital. This includes accurately reflecting relevant discharge information and recovery plans within the care documentation, providing specific guidance for staff on how to safely support individuals recovering from injuries or surgery such as hip fractures and ensuring timely referrals or follow-up with physiotherapy or rehabilitation services to inform and guide appropriate support.

This is in order to comply with:

Health and Social Care Standard 1.15: 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.

This area for improvement was made on 10 March 2025.

Action taken since then

Care plans we sampled contained up to date information on individuals' mobility and moving and handling needs, including detailed risk assessments providing clear guidance for staff.

Documentation was completed promptly at admission, including following hospital discharge.

Care plans were reviewed regularly or sooner if needs changed, ensuring they remained accurate and responsive. The service also maintained effective links with health professionals, with timely referrals made when required.

This area for improvement has been met.

Previous area for improvement 2

2. The service should work to strengthen record-keeping and develop more detailed care plans so that people receiving care and support can rely on consistent and appropriate help with their nutrition and hydration needs. Specifically, the service should: Enhance communication and record-keeping to clearly demonstrate that timely and appropriate actions are taken to maintain adequate nutritional and hydration intake.

This is in order to comply with:

Health and Social Care Standard 1.15: 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.

This area for improvement was made on 10 March 2025.

Action taken since then

The service had strengthened record keeping and care planning to support consistent nutrition and hydration. Monitoring tools such as MUST assessments, weight checks, and fluid charts were used effectively and embedded in care plans. Records showed accurate completion and clear evidence of timely action when concerns arose.

Care plans and charts were regularly reviewed and audited by senior staff, supporting good oversight and accountability.

Nutritional needs were also discussed in team meetings, improving communication and ensuring staff remained informed of any changes.

This area for improvement has been met.

Previous area for improvement 3

3. People experiencing care should be confident that agreed support measures, particularly those put in place in response to concerns, are reliably delivered across the whole staff team. The service should ensure that actions agreed in response to concerns are embedded in practice and consistently followed by all staff to maintain trust and deliver high-quality care.

This is in order to comply with:

Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern about my care and support.

This area for improvement was made on 10 March 2025.

Action taken since then

Regular flash and team meetings ensured staff received timely updates on care needs, outcomes of concerns, and changes to support plans, promoting a consistent approach across the team.

A clear complaints policy was in place and shared with individuals and families before admission, outlining how to raise concerns and expected response times.

This area for improvement has been met.

Complaints

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

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 leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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