

## Belleaire House Care Home Service

Belleaire House  
29 Newark Street  
GREENOCK  
PA16 7UN

Telephone: 01475 784607

**Type of inspection:**  
Unannounced

**Completed on:**  
20 October 2025

**Service provided by:**  
Belleaire Care Limited

**Service provider number:**  
SP2021000160

**Service no:**  
CS2021000263

## About the service

Belleaire House is a care service registered to provide care for 52 older people.

The accommodation is a detached victorian villa which has been converted and extended over two floors. All rooms are single occupancy with some rooms having ensuite facilities. There are lounges, dining rooms and adapted bathrooms and showers on each floor. There is a garden at the front of the home and an enclosed courtyard area. The service is located in a residential area of Greenock near local amenities including shops, bus routes and train links.

At the time of inspection 51 people were living in the home. The manager was supported by a depute manager, clinical nurse lead, a team of nurses, advanced senior carer, senior carers and carers.

## About the inspection

This was an unannounced inspection which took place on 13, 14, 15, 17 October 2025, between the hours of 09:30 and 21:45. The inspection was carried out by two inspectors from the Care Inspectorate and an inspection volunteer.

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 19 people using the service and 8 of their relatives
- spoke with 17 staff and management
- explored the responses of 16 electronic questionnaires
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- People experienced warm, caring relationships with staff who knew them well and were attentive to their needs.
- Families valued the stability of the staff team, which gave reassurance, particularly where needs were complex.
- People benefitted from timely referrals to health professionals and regular assessments, such as continence reviews.
- Improvements were required in key areas such as medication administration and recording and mealtime experiences, to ensure peoples health and wellbeing needs were being met.
- Quality assurance systems were wide ranging but did not always identify the issues that required improving, suggesting a need for more evidence based auditing.
- Recent improvements to the environment have added to the homely feel, with further developments planned.
- We followed up on four areas for improvement from the previous inspection, one of which has been met.

## 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?	3 - Adequate
How good is our leadership?	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?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While we found strengths that had led to some positive experiences for people, improvements were needed to prevent people having poor outcomes in relation to their health and wellbeing.

People can expect care and support that is consistent and stable because people work together well. Overall, staff knew people well. We observed warm and respectful interactions, which contributed to positive relationships and a sense of familiarity for people. Support was provided by a stable and committed staff team, which gave assurance and confidence to many relatives, particularly where their loved ones had more complex needs. People appeared well kempt, with staff attentive and responsive to people's needs.

Peoples health and wellbeing needs were supported by the nursing and staff team, with external support when required. Staff were alert to changes in people's health, even very small and subtle changes and made timely referrals to external professionals, including Dietician, Speech and Language Therapist and Community Psychiatric Nurses. This demonstrated attentiveness to peoples' wellbeing and good practice in health and wellbeing support.

A range of assessments were in place to support people's health and wellbeing. The management team had been proactive in ensuring where people required continence care products, they were not impacted by current issues at the supplier.

People should get the most out of life because the people and organisation who provide support and care have an enabling attitude and believe in peoples potential. There was a range of organised activities, planned by the enthusiastic and creative activities team, which included regular entertainers, fitness and football sessions. Feedback from people and their families about planned activities was mixed. A number of people and their families were very positive, whilst others felt there was not enough to keep people engaged and stimulated. We saw some nice examples of meaningful occupational activities which people valued.

However, not everyone had the same opportunities to participate, particularly people who required additional assistance. There was a risk of people spending long periods of time in their room without stimulation. A person shared "If no planned activities I tend to stay in my room. I asked if there was anything on before going back upstairs after lunch, but there was nothing happening as the activities staff were on holiday. Can be a long week if nothing is planned as it breaks up the day". To promote positive wellbeing, meaningful engagement and connection should be consistently supported across the whole staff team, not just the activities coordinators.

**(Please see area for improvement one).**

Mealtime experiences were mixed. While we observed one very positive example where people were supported respectfully and their nutritional needs were well met, this was not consistent. A person shared "The food is ok but there is a lot on the menu that I don't like. In these instances I ask for something else and I am given this". At other times, staff did not fully consider preferences or specialist requirements, and the overall experience was less organised. Practical issues such as missing napkins, cutlery, and limited choice for people on textured diets were noted. Key staff were not able to share their knowledge of

people's allergies. The service has since developed an action plan to improve consistency in mealtime experiences.

**(Please see requirement one).**

Medication administration and recording was variable. Staff had completed training recently and we observed some positive interactions when supporting people with their medication. There was a clear system to for recording and auditing medication, however we observed errors in recording, a lack of escalation when anomalies were identified and lack of effective oversight. This meant we could not be assured that medication was always administered safely and in line with prescribers' instructions. The organisation has been responsive and engaged the support of the extended support team and developed an improvement plan.

**(Please see requirement two).**

Monitoring of health and wellbeing information was not consistent. Fluid and food intake records were not always in place where required, and where targets were set, there was little evidence of escalation when these were not met. Similarly, bowel monitoring was not clearly evident, when this had been assessed as being required. While clinical outcomes such as illnesses, infections and wounds were low, the service's clinical overview tool showed that a number of people had lost weight over the past three months. Although some of this was intentional and positive, closer analysis over time would help ensure this is understood and addressed where necessary.

**(Please see requirement three).**

The organisation provides a range of learning opportunities. Training uptake across the staff team was high. To strengthen assurance, it would be helpful for the service to consider how individual training needs are identified and how learning is embedded into practice.

## Requirements

1.

By 20 December 2025, the provider must improve the management of individuals' nutrition to keep people safe and support their wellbeing.

This should include ensuring the consistency of people's meal time experiences. The management team must ensure staff throughout the service have appropriate knowledge and awareness of their role to support people's nutritional needs.

This is to comply with Regulation 4(1) (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services), Regulations 2011 (SSI 2011/210).

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

"I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSC 1.33)

2.

By 20 December 2025, to keep people safe the provider should ensure that medication is managed safely and effectively in line with best practice guidance and organisational policy.

In order to do this, the provider should at a minimum:-

- Improve the consistency of medication administration and recording
- ensure concerns and issues are identified quickly and effectively, to minimise risk
- ensure staff understanding of their responsibility in relation to medication administration and recording.
- ensure staff recognise the importance of their role in quality assurance in relation to medication administration and recording.
- ensure effective audit processes are implemented to give assurance that medication is being administered safely, in line with prescribers instructions and organisational policy.

This is to comply with Regulation 4 (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"Any treatment or intervention that I experience is safe and effective. " (HSCS 1.24)

3.

By 20 December 2025, the provider must ensure communication and recording in relation to health and wellbeing needs is consistent across the service to keep people safe and promote their health and wellbeing.

This should include, but not be restricted to, monitoring charts being completed accurately, be reviewed, and appropriate actions taken where required.

This is to comply with Regulation 4 (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

## Areas for improvement

1.

To support better outcomes for people, the provider should ensure access to meaningful engagement and connection is linked to people's choice and preferences.

This should include ongoing interactions, which provide stimulation and validation either alongside peers or one to one, throughout the day. Consideration should be given to people's emotional, social, physical, spiritual and development needs. Organised activities should be effectively evaluated to inform future plans.

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

"I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

## 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 were clear systems in place to support improvement, and we saw evidence of positive leadership and oversight.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. An improvement plan was in place and reviewed regularly, with actions generally signed off when completed. The "resident of the day" process was being used meaningfully, giving the management team a clear overview of people's current support needs.

Staff shared that morale had improved, with many attributing this to the management team's vision and commitment to driving the service forward. A staff member told us "we have all put in a lot of hard work, over the past year. The manager has vision and is improving the service for everyone". A number of staff felt that management usually explained the reasons for changes and were open to feedback, although a small number felt their views were not always fully considered.

Families generally spoke highly of the management team, describing them as approachable and supportive, though a few did not share this experience. While relative meetings had taken place, some families felt these focused more on updates than on providing space to raise concerns. Further consultation with relatives could help strengthen engagement and ensure meetings meet their needs.

A range of audits and quality assurance activities were carried out. These were effective in identifying a number of improvement actions required, however they did not always capture the day to day issues we found over the course of the inspection. It would be helpful for some of the audits to be more evidence based, to ensure outcomes are robust and not just compliance based. Management maintained good oversight of key information such as nutrition, falls, continence, and infections, though it was not always clear how this data was being used by staff to inform day to day practice.

(Please see area for improvement one).

The manager maintained regular oversight of staff registration with their regulatory body, taking prompt action where required.

## Areas for improvement

1.

To continue the improvement journey, the provider should ensure that quality assurance is well led to ensure people experience consistently good outcomes.

This should include at a minimum:-

- a. the registered manager having complete oversight of the service and ongoing key day to day activities
- b. the organisation ensuring audits are fit for purpose and effective in improving outcomes for people.
- c. quality audits and action plans should be accurate, up-to-date and lead to the necessary action to achieve improvements without delay
- c. utilising evidence based information to review and update quality assurance tools, to ensure they are effective and driving forward improvement.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

## 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.

People should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. An environmental improvement plan was incorporated into the wider service plan, with management oversight and actions signed off when completed. We saw a number of positive changes, including refreshed lounge and dining areas, new wardrobe fronts, and additional artwork, which contributed to a welcoming and homely atmosphere. Some people and their relatives were involved in selecting colour schemes and furniture. Planned developments, such as refurbishing a designated visitor toilet, demonstrated a commitment to further enhancing the environment.

Laundry staff were knowledgeable about infection prevention and control, and cleaning schedules were in place with clear records of tasks completed. Senior staff followed up on any gaps, and management were



taking steps to provide clearer guidance to housekeeping staff about expectations.

While there were some challenges noted during the inspection, such as odours in one area of the home and occasional gaps in deep cleaning, the service was taking action to address these, and improvements were evident by the end of the inspection. Rubbish and clutter had been stored inappropriately, staff were reminded of the importance of prompt disposal to maintain safety and dignity.

Maintenance systems were developing, and although records were not always easy to navigate, there was evidence of oversight and plans to strengthen this further. We noted plans to upgrade fire door security to support keeping people safe. One of the bedrooms was inexplicably warm, we suggested regular temperature checks, which may then direct any additional work that was required to reduce this to a more comfortable level.

Signage was in place in some areas, with further considerations required to improve wayfinding for people, particularly given the layout of the building. Involving people and their families as much as possible in this process would support an inclusive approach.

## 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 keep people safe, the provider should ensure that medication is administered safely and effectively in line with best practice guidance. This should include ensuring staff understanding their responsibilities in relation to medication administration and actions required in the event of an error being discovered. Detailed protocols should be in place to guide staff in the use of medication prescribed "as required".

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

"Any treatment or intervention that I experience is safe and effective. " (HSCS 1.24)

**This area for improvement was made on 21 November 2024.**

#### Action taken since then

Medication recording was not consistent. Counts had been recorded each day, however these were not always accurate, following on from medication that had been administered. For some people it was not clear that actions had been taken when medication was not administered in line with prescribers instructions.

Medication records were being checked at the end of each shift and peer reviewed, however this did not appear to pick up the issues.

Staff shared that they were aware of the process when an error with medication recording had been identified, however we were not able to see this followed through in practice.

Where medication was prescribed "as required", there was clear guidance on what to look out for, alternative techniques to consider and criteria for escalation.

Robust observations of medication practice had been carried out recently for all staff supporting with medication, this included for some areas being observed on three separate occasions. Training had also been undertaken by all staff.

This will be incorporated into requirement under 1.3.

#### Previous area for improvement 2

To further the improvement journey, the provider should continue to develop and embed their quality assurance system. This should include but not be limited to:-

- a. quality audits and action plans including care planning and medication being fit for purpose, completed regularly and ensuring they lead to the necessary action to achieve improvements without delay
- b. quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service and
- c. service management having a clear overview of staff registration ensuring all staff are registered appropriately.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

**This area for improvement was made on 21 November 2024.**

#### Action taken since then

There was an improvement plan in place, which was reviewed regularly, with actions generally signed off when completed.

Resident of the day was being completed in a more meaningful way, which is giving the management team a clear overview of residents current support needs and requirements.

Most staff shared that the management team discuss with them reason for changes and are open to feedback if the changes are not having the anticipated outcome. Whilst management had clear plans, some staff shared their views were not taken into account.

The management have been carrying out some visits during night shift, which was generally viewed as being supportive. It would be helpful to have a clear plan for this to ensure it is happening consistently when there is a range of staff working.

Staff shared that they feel morale has improved, with some attributing this to the management team and their vision to improve the home and drive it forward.

We heard some really positive feedback from a large number of families in relation to the management team and how approachable they are and the difference this makes to peoples loved ones lives. However, there was a number of people who did not have the same experience, and whilst we appreciate that there has been challenges with a select number of families it is important that this is addressed and managed appropriately.

We saw there has been a number of relative meetings, over the past year, however, some people shared that they appreciated the opportunity to attend, but felt they should be able to talk about concerns as well as positive updates on the service. It maybe helpful to do some consultation with relatives about what would be beneficial for the agenda and expectations to encourage involvement and engagement.

Although there was a large range of audits and quality assurance activities being carried out, these did not appear to be picking up on the issues identified over the course of the inspection. It is not clear whether this is in relation to the questions being asked not identifying the issues, the understanding of the auditor or something else.

There were good overviews completed by the management team in relation to key information regarding residents, including nutritional needs, falls, continence and infections. For some of this information, particularly in relation to nutritional needs, it was not clear how this was then being used by the staff team.

The Manager has regular overview of staff who are registered with SSSC, prompting action where required.

This area for improvement is not met and will be incorporated into new area for improvement in 2.2

## Previous area for improvement 3

The provider should ensure that effective methods are in place to meet people's assessed care and support needs. This should include effective and regular analysis of care and support needs, taking into account a variety of meaningful measurements including people's assessed needs and support preferences.

Staffing levels and skills mix should be based on people's outcomes and needs and be responsive and adaptable to meet people's changing needs. The outcome of this should be shared with the staff team and relatives.

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

"My needs are met by the right number of people" (HSCS 3.15)

**This area for improvement was made on 21 November 2024.**

### Action taken since then

The manager had taken over allocation of where people are working, which was improving the skills mix across each of the units. We heard there was recognition of who worked well together, experience of staff, and the needs of residents.

Care staff shared that although days and nights were busy, there generally was enough time to do what was needed. Going forward it will be important to keep monitoring staff allocation, particularly in Finnart suite. This appears to be very finely balanced, during the day and night, particularly as the senior will have specific duties to be carried out that will take them off the floor.

Some staff recognised that covering some shifts either days or nights had been helpful to broaden their appreciation of what is required on each shift, which was beneficial.

There was some areas across the home where staff felt that they did not consistently have enough staff to carry out their role. The organisation has agreed to put measures in place to improve communication regarding staffing requirements across the service.

This area for improvement is met

#### Previous area for improvement 4

To ensure that people receive the right support at the right time, the provider should ensure all care plans are up to date and detail accurate information. Care plans should be person centred, guiding staff on how to meet current people's care and support needs .

To ensure care and support continues to be appropriate to meet peoples needs, regular reviews should be carried out for all people supported with involvement from all relevant parties.

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

**This area for improvement was made on 21 November 2024.**

#### Action taken since then

Resident of the day process is guiding a more meaningful oversight and review of the care plans, with regular updates of care plans being recorded.

Staff shared that they are more confident that care plans are more up to date and accurate, therefore more willing to signpost other staff to read them. We appreciate that this is a work in progress, with some care plans detailing clear and up to date information on peoples support requirements and how they like this to be provided. However there were several care plans, where the information was not always clear and up to date. Particularly as there was new staff, it is important that plans are up to date and reflective of peoples needs.

It was not always clear from care plans what people's legal status was, with some people being described as having full capacity when this was not the case.

Where residents were having challenges and requiring specific support in relation to this, this was not always clear in the plan.

Reviews of peoples care and support were happening regularly, including loved ones where appropriate. This gave people the opportunity to be part of reviewing and planning peoples care and support, ensuring it continues to meet their needs. Notes of review meetings were not always detailed giving a clear understanding of the discussion and were not always passed onto loved ones, which some people stated they would like.

This area for improvement is not met and will be reinstated.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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