

# Belleaire House Care Home Service

Belleaire House  
29 Newark Street  
GREENOCK  
PA16 7UN

Telephone: 01475 784607

**Type of inspection:**  
Unannounced

**Completed on:**  
12 February 2026

**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 most 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 follow up inspection, which took place on 11 and 12 February 2026, between the hours of 10:00 and 19:15. The inspection was carried out by one inspector from the Care Inspectorate. The inspection focused on requirements made during the previous inspection which took place on 05 September 2025. We evaluated how the service had addressed these to improve outcomes for people.

In making our evaluations of the service we:

- spoke with 14 people using the service, and two of their relatives
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents

## Key messages

- Nutritional support was more consistent, with clear monitoring and positive mealtime experiences for people.
- Medication practice and recording had improved. It was safe and well-managed, with oversight from the management team.
- Improved monitoring enabled more consistent wellbeing outcomes, although bowel recording needed further strengthening.
- Improvement was evident in all required areas made during the previous inspection. As a result, the requirements will be 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?	4 - Good
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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.

In relation to this key question, three requirements were evaluated from the initial inspection. Since then, the service had put an action plan in place to manage the improvements.

The service had improved key aspects of care and support, monitoring and recording alongside strengthening health and wellbeing oversight. These improvements meant people benefited from care that supported and protected their health and wellbeing. To ensure the ongoing development, an area for improvement will be created. The three requirements have been met.

Please see "What the service has done to meet any requirements we made at, or since the last inspection" for further details.

In recognition of the improvements in relation to key aspects of care and support to promote people's health and wellbeing, quality indicator 1.3 will be re-evaluated to 4, good.

### Areas for improvement

1. To keep people safe, the provider should ensure all staff are clear about their role and responsibility in relation to being aware of, recording, monitoring, escalating and overview of health and wellbeing information and concerns.

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).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 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 peoples' mealtime experiences. The management team must ensure staff throughout the service have appropriate knowledge and awareness of their role to support peoples' 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).

**This requirement was made on 20 October 2025.**

#### Action taken on previous requirement

People experienced safer nutritional care, because staff used a clear and regularly reviewed nutritional overview. Details were then noted of specific requirements to safely meet nutrition and hydration needs.

Staff demonstrated their knowledge of peoples' specialised and individual dietary requirements, and provided support in line with these.

Regular mealtime audits had been carried out, exploring peoples' experiences and attention to nutritional requirements being met. Improvements had been identified with actions taken to develop practice.

Mealtime observations demonstrated staff having a good awareness of peoples' needs and support required. Choices were offered both verbally and visually, to people in their bedrooms and communal dining areas.

Generally, mealtimes were relaxed and organised, with people being encouraged to eat where this was required. In areas where there are generally less staff based, it would be helpful to assess at each mealtime, the most effective deployment of staff, to ensure mealtimes are a pleasant experience for all.

#### Met - within timescales

# Inspection report

## Requirement 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 prescriber's 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).

**This requirement was made on 20 October 2025.**

### Action taken on previous requirement

Observations of practice had been carried out with all staff supporting with medication. Following a development session, reflective accounts had been completed, detailing key learning and how this would be implemented into practice.

Senior staff carried out weekly medication audits which included medication counts, ordering and receiving, administration and recording. No issues had been identified recently.

Staff shared that they were clear about their responsibilities in relation to medication, the need to raise any issues with their colleagues or management team. Cross-checking each evening appeared to be more meaningful, picking up and identifying issues which enabled them to be rectified.

Medication records were much clearer, with balances replicating what was stored.

Recording sheets had been introduced to record medication administered that had been prescribed as required. This improved oversight for staff and management. For some people guidance in relation stress and distress medication prescribed as required, could be more individual and explicit, to ensure consistency of support.

### Met - within timescales

### Requirement 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).

**This requirement was made on 20 October 2025.**

#### Action taken on previous requirement

Food and fluid monitoring charts, were in place where this was assessed as being required, with clear information recorded as to why. These were effective in improving people's intake of food and fluid. Staff were able to share their knowledge of the need for this information to be recorded, and we could see instances of where there had been prompts for fluids to be pushed when people hadn't reached their target.

Bowel monitoring charts had been introduced, where people were supported with bowel continence. There was a small number of instances where we were not able to see that action had been taken, when there had been a number of days between bowel movements. This may lead to delays in people receiving an intervention.

This requirement is met. We will create an area for improvement to ensure all staff are clear about their role in being aware of, recording, escalating and oversight of health and wellbeing information.

#### Met - within timescales

## 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 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).

**This area for improvement was made on 20 October 2025.**

#### Action taken since then

Area for improvement not assessed at this inspection.

#### Previous area for improvement 2

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
- d. 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).

**This area for improvement was made on 20 October 2025.**

**Action taken since then**

Area for improvement not assessed at this inspection.

**Previous area for improvement 3**

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 people's 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**

Area for improvement not assessed at this inspection.

**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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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