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Duncare Limited t/a Benvie Care Home
38 Benvie Road
Dundee
DD2 2PE

21 August 2024
2024383340
CS2003010728

Dear Duncare Limited t/a Benvie Care Home

COMPLIANCE WITH IMPROVEMENT NOTICE

On 2 July 2024 you were served with an Improvement Notice in relation to Benvie Care Home, 38 Benvie Road, Dundee, DD2 2PE in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made.

As there has been a significant improvement in the service, the Care Inspectorate has decided not to proceed to make a proposal to cancel the registration of the service. Our conclusions about the improvements made are noted below.

Improvements

1. **By 11 August 2024, extended from 14 July 2024**, you must ensure that service users experience compassionate palliative and end-of-life care that meets their health, safety, and wellbeing needs. In order to achieve this, you must demonstrate that:

a) Service users who need palliative and end-of-life care have accurate care plans in place which set out how their care needs and preferences, including physical, spiritual, and psychological needs, are to be met.

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b) Nursing and care staff are familiar with and implement a service user's palliative and end-of-life care plan.

c) Nursing and care staff can identify, and respond to, any change in a service user's physical and/or mental health needs, including, but not limited to, any sign that a service user is experiencing pain, discomfort and/or distress, or transitioning to end of life care.

This is in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Palliative and end of life care plans that set out service users' needs and preferences, including physical, spiritual and psychological needs had been put in place. Nursing and care staff were familiar with service's users palliative care plans and had received a range of training to support them to understand and identify changes in service users physical and mental health training. This training included palliative care training and pain management. An assessment tool had been implemented to help the staff team recognise and respond to service users' changing needs.

A range of methods were now in place to ensure that there was effective clinical oversight of service users. Handover meetings had been improved to share essential information. Daily 'flash' meetings as well as a weekly clinical meeting had been established. This meant that effective communication was in place to ensure that nursing and care staff were all aware of service users' changing needs and could respond appropriately.

This improvement in skills and knowledge of the staff team combined with the leadership team's effective oversight of people's needs meant that we were assured that people would have palliative and end of life care that met their health, safety and wellbeing needs.

This improvement has been complied with.

2. By 11 August 2024, extended from 14 July 2024, you must ensure that service users are provided with regular fluids, and support to drink in accordance with their hydration needs and preferences. In order to achieve this you must demonstrate that:

a) Service users' care plans record their hydration needs and preferences.

b) Nursing and care staff are familiar with, and implement, service users' hydration needs care plan.

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c) Nursing and care staff record fluid intake accurately as set out in the care plan which is reviewed daily, with action taken if targets have not been met.

d) Nursing and care staff can identify, and respond to, any change to a service user's hydration needs.

This is in order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Clear, personalised service user care plans to record hydration needs and preferences had been put in place. Plans identified who was at most risk of dehydration. Nursing and care staff had undertaken training on hydration and the provider had implemented an effective system for recording service users' fluid intake. Fluid intake was reviewed daily, and action was taken to ensure that service users' hydration needs were being met.

The provider had improved the hydration stations in the lounges and ensured that service users had access to a plentiful supply of juice in their rooms. The improved access to fluids served as a visual prompt to both service users and staff and resulted in improved fluid intake. There was effective oversight of service users' hydration needs and fluid intake. This meant nursing and care staff could identify and respond to changes in service users' needs.

This improvement has been complied with.

3. **By 11 August 2024**, you must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift, to meet service users' health, safety, and wellbeing needs. In order to achieve this you must:

a) Gather accurate information about service users' needs and use it to assess how many nursing and care staff with the right skill mix are required on each shift and on each unit during the day and night.

b) Roster and deploy staff in accordance with your assessment informed by each service user's care plan.

c) Demonstrate that you are able to anticipate and respond to changes in service users' needs and will amend staff numbers accordingly when required.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019

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██████████ improved their method of assessing service users' needs to inform staffing levels. This method included professional judgement to take into account wellbeing and skill mix of staff. Unplanned absence was covered with agency staff where possible.

██████████ recruited to enhance the skill mix and reduce reliance on agency staff. The staff roster had been amended to improve continuity and consistency. ██████████ monitoring staffing levels on an ongoing basis to respond to times, particularly overnight, where needs are identified.

Improved communication, the establishment of allocation of tasks, staff training and revised roster, meant that teamwork had improved. Staff were working together to ensure that service users health, safety and wellbeing needs were being met in a timely manner. Staff had time to interact with service users, who appeared relaxed and well presented.

This improvement has been complied with.

4. **By 11 August 2024**, you must ensure that the care service is led and managed in a manner that results in service users' health, safety and wellbeing needs being met. In order to achieve this you must:

- a) Establish and clarify the roles and responsibilities of all staff providing leadership and/or care across the service and ensure this is shared and understood by all staff.
- b) Establish clear communication processes and systems to share information about service users current or changing needs on a daily basis. This should include but is not limited to wound care, falls, nutrition and hydration, palliative and end of life care, and assessment of pain.
- c) Establish clear clinical oversight methods of care planning, and delivery of treatment and care. This may include but is not limited to observation of service users' care experiences, observation of staff practice and communication, and regular review/audit of care plans, daily notes and records.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210)

Management and leadership in the home had improved significantly. ██████████ visible in the home and provided positive role modelling and constructive feedback to staff to develop staff skills and knowledge. Skills and development needs of staff were identified, and a service development plan was in place. Roles and responsibilities had been reviewed and expectations of staff in leadership roles had

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been clarified. Communication with staff had greatly improved with regular meetings and updates via email.

Effective processes and systems had been implemented [REDACTED] to share information about service users current or changing needs. Shift handovers, daily flash meeting and weekly clinical meetings ensured that information about wound care, falls nutrition and hydration, palliative and end of life care and assessment of pain were shared and responded to.

[REDACTED] had implemented a comprehensive system of clinical oversight and quality assurance. These systems included observation of service users' experiences, observation of staff practice and communication and regular review and audit of care plans, daily notes and records.

This improvement has been complied with.

A copy of this notice has been sent to the local authority within whose area the service is provided.

The Improvement Notice dated 2 July 2024 is no longer in force.

Yours sincerely

[REDACTED]

Amanda Welch

Team Manager

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Local Authority – [REDACTED] Dundee City Council
[REDACTED]

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