

# Bennochy Lodge Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Rossa Home Care Ltd

**Service provider number:**  
SP2022000076

**Service no:**  
CS2024000104

## About the service

Bennochty Lodge Care Home is registered to provide 24-hour care and support to a maximum of 17 older people. At the time of our inspection visit the home was at full capacity.

The home is on one level and comprises of bedrooms, a communal lounge/diner, and a well-maintained garden area.

The home is in Kirkcaldy, Fife and is easily accessible by public transport. The home is close to local amenities.

## About the inspection

This was an unannounced inspection which took place on 8 and 9 May 2024. The inspection was carried out by two inspectors.

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 five people using the service and four of their relatives
- spoke with eight staff and management
- reviewed survey responses
- observed practice and daily life
- reviewed documents.

## Key messages

- We observed some kind and meaningful interactions.
- Staff did not always support people experiencing stress and distress effectively.
- Quality assurance systems require improvement.
- Staff feel supported and happy in their roles.
- Staff worked well together and handover processes were effective.
- Maintenance tasks were carried out timeously.
- Care plans lacked clear guidance for staff on how best to support people.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made one requirement to support improvement.

People should expect to experience warmth, kindness and compassion in how they are supported and cared for. We observed warm and compassionate care and interactions between people and staff which were friendly, good natured and humorous. Staff knew people well and were able to have meaningful conversations with them.

However, we also saw people being supported inconsistently by staff. This was particularly evident for people who experienced stress and distress or disinhibited behaviours. We observed some staff challenging inappropriate comments by people, while others ignored them or laughed at the comments. We could therefore not be confident that people's dignity was being respected at all times. We also found that instances of stress and distress were not recorded consistently which could impact the manager's ability to recognise triggers for stress and distress or make timely referrals to health professionals. **(See Requirement 1)**

We were not assured that staff had received the right training to support people or keep them safe and well, particularly in the areas of stress and distress and Adult Support and Protection. Training records confirmed that training levels in these areas were weak. This placed people at risk of harm. **(See Requirement 2)**

We spoke to people using the service who told us that staff were friendly and kind. However, they also told us that they sometimes felt "bored" and that there was "not much to do." There was evidence of activities taking place daily but these were mostly within the care home, with no recent evidence of people being able to access the community. The service told us they were working on ensuring that meaningful activity is the responsibility of all care staff rather than just the activities coordinator. We suggested that developing the process for planning and evaluating activities would support development in this area. **(See Area for Improvement 1)**

Feedback from relatives was mixed. Care staff were generally thought to be friendly and kind, but some relatives felt communication was poor. This was particularly the case with people and their relatives' involvement in care plans. Some relatives were not aware that they could access their loved one's care plan and daily notes as they had never been told. Their opportunities to contribute to the development of the service were also limited as residents and relatives meetings happened infrequently. We could therefore not be confident that people and their relatives experienced responsive care and support. **(See Requirement 1 in the 'How well is our care and support planned?' section of this report)**

People's health should benefit from their care and support, with health needs being promptly attended to. Staff were generally knowledgeable about people's health and care needs. Where needs had changed, some staff were alert to this and responded by adjusting the care provided. However, this approach was not consistent. Some people's support was altered without documentation to adequately support these changes, sometimes leading to a lack of clarity over additional support which was required. We found that some food and fluid charts had been commenced without targets being identified. Strategies to support increased food and fluid intake were verbally given at handover meetings but were not documented in care plans. We could therefore not be confident that people's support was consistent. **(See Requirement 1 in the 'How well is our care and support planned?' section of this report)**

## Requirements

1.

By 2 August 2024, the provider must ensure that people are supported with stress and distress in order to maximise their wellbeing.

To do this, the provider must, at a minimum:

- a) ensure that people have a personal plan in place which provides specific guidance to staff on how to care and support them during any episodes of stress and distress;
- b) ensure the plan considers any possible contributing factors to stress and distress in order to prevent stress and distress from occurring if possible;
- c) ensure the plan includes any known triggers, as well as established methods to alleviate stress and distress; and
- d) ensure the use of 'as required' medication for stress and distress is a last resort with all preceding actions clearly documented.

This is to comply with Regulation 4(1)(a) and (b) (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:

'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).

2.

By 2 August 2024, the provider must ensure that all staff have had training relevant to their role to ensure people receive the right support. Particular attention should be given to the areas of stress and distress and Adult Support and Protection.

To do this, the provider must, at a minimum:

- a) ensure that staff receive appropriate training;

b) ensure that staff practice is observed and evaluated; and

c) ensure an ongoing training plan is in place.

This is in order to comply with regulations 4(1)(a)(Welfare of Service 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 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)

and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## Areas for improvement

1.

To promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, recorded and evaluated on a regular basis.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25)

and

'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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made one requirement to support improvement.

We were not satisfied that the service had effective quality assurance systems or management oversight in place. Audits were carried out regularly, however, during the inspection we identified concerns in key areas which we would expect an effective audit system to identify. These included issues with care plans, recording and training. We looked at recent mealtime audits which had not raised any issues, however, a recent complaint in this area has been upheld by the Care Inspectorate. This was a missed opportunity to identify key areas for improvement, meaning people's health and wellbeing was not being maximised. **(See Requirement 1)**

Staff supervision had been undertaken in line with the targets of the service and highlighted areas for staff development and learning. This process included feedback from people using the service which was a good example of people being involved in quality assurance.

People should expect to have their needs met by skilled and knowledgeable staff. Training levels were high in some areas and included some training specific to people's needs. However, this was not backed up with a formal process of observation of practice or competency checks. Although this was taking place in some key areas, it was not embedded across different practice areas and was not always recorded. This meant that the manager could not demonstrate that training had been used in practice. In addition, some staff had not received any training in stress and distress, and none had received training in Adult Support and Protection. **(See Requirements 1 and 2 in the 'How well do we support people's wellbeing?' section of this report)**

The needs, outcomes and wishes of people living in the service should be the primary drivers for change. Although there had been some attempts to gather feedback at residents, relatives and staff meetings, these were not happening frequently enough. People and their relatives reported they had not been involved in care plans or reviews, and had not been told about planned environmental changes to the service. One relative told us, "nobody introduced themselves or told us how things work." We found that six monthly reviews had not been taking place. This was a further missed opportunity for people and their relatives to shape their care and support. The service acknowledged this oversight and told us planning had begun to undertake reviews as soon as possible. This meant there were missed opportunities for people to contribute to the development of the home and influence decisions about their care and support.

## Requirements

1. By 2 August 2024, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for people through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this, the provider must, at a minimum:

- a) implement a range of audits to monitor the quality of the service and address any areas requiring improvement without delay;
- b) regularly gather feedback from people, their relatives and staff; and
- c) ensure six monthly reviews are planned and completed.

This is in order to comply with Regulation 4(1)(a) and Regulation 4(1)(b) 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 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).

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths outweighed weaknesses.

People should expect to have their needs met by the right number of people. During our inspection, we were confident that there were enough staff available to support people with their basic care needs, including at night time. Staff appeared calm and in control and were not rushed. Call buzzers were responded to quickly, as were most instances of people asking for help or assistance. In addition to care staff, we saw friendly interactions between people and domestic and kitchen staff. One staff member told us, "staff work well together" and another told us, "there is always someone experienced on shift." There was no recent use of agency staff, meaning people were supported by a consistent staff group who knew them well.

Staffing at mealtimes was well managed and people who required one-to-one support were assisted with kindness and dignity. Staff chatted to people who ate in the communal lounge and this resulted in a calm and relaxed experience for people.

Information sharing took place at every shift change. There was a handover which was initially completed by the nurses. The nurse leading the new shift would then give direction and guidance to care staff. Care staff told us they found the handover process effective and that they always had access to key information to support them to care for people. However, some key instructions, for example, how to support people on food and fluid charts to eat and drink more, was given verbally and not recorded in care plans. This meant there was a risk that some staff were missing key information to support people. We fed this back to the service and they told us they would ensure all staff had access to handover meeting recordings.

The service regularly assessed dependency levels to ensure appropriate staffing levels. We saw that staffing levels were mostly consistent with the assessed needs of the service. We felt there was a lack of consideration given to people's social needs. In turn this meant that the activities coordinator was only available for a few hours per day and other staff did not have time to engage in as many meaningful activities as they would like to. The service took this feedback on board and told us that meaningful activity was an area for development which they are working on. **(See Area for Improvement 1 in the 'How well do we support people's wellbeing?' section of this report)**

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths outweighed weaknesses.

We undertook spot checks and random sampling of maintenance records and the home environment. We found that maintenance records in key areas, such as, gas safety, electrical maintenance and fire extinguishers were up-to-date and easy to find. Call bells were in working order and were responded to quickly. We were told by staff, "things get fixed quickly." We suggested that the process for requesting maintenance tasks to be completed could be clearer to ensure maintenance staff were clear on what was being requested. We could be confident that the environment was secure and safe.

During our inspection, the home was free from odour or mess and domestic staff were visible throughout the day. We saw that all staff were wearing Personal Protective Equipment (PPE) correctly. Disposal of PPE was generally in line with good practice, but we did point out that PPE storage caddies had some used PPE near to clean, and one of the bins outside was unlocked. We suggested that a manager walkaround audit could be added to the audit schedule and would pick up such issues.



Infection prevention and control measures were balanced with personalisation throughout communal areas and private bedrooms where there was no restriction on wall displays, pictures or personal effects. This ensured that the home retained a warm and homely feel. We suggested that a clinical needs board should be removed from a communal area in order to protect people's dignity. We also suggested that the service could make use of the 'King's Fund Environmental Assessment Tool' in order to ensure the environment is as dementia friendly as possible. **(See Area for Improvement 1)**

We found that some areas of the home were looking tired and in need of redecoration. We acknowledged that the service had an environmental improvement plan and aims to make a number of improvements to the environment in the coming months.

### Areas for improvement

1. In order to promote activity and independence for people with dementia and other cognitive impairments, the provider should make use of the 'King's Fund Environmental Assessment Tool.'

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

## How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made one requirement to support improvement.

We found that whilst care plans contained some person-centred information, they would benefit from further detail. Important aspects of care and support such as mealtime experiences, activities and preferred time to go to bed and rise would be enhanced if staff had more information about preferences and wishes available to them.

Where risks had been identified within care plans, there was not always a corresponding risk assessment in place to give clear instructions to staff on mitigating or reducing risk. The use of assessment tools was also inconsistent. This meant that staff did not have the most appropriate information and guidance, and their ability to care for people effectively was compromised.

Stress and distress care plans were not sufficiently detailed to give staff clear guidance and instruction. There was no use of recommended assessment tools for stress and distress or pain. Therefore, staff were not supported to recognise possible contributing factors to stress and distress or stop stress and distress from occurring if possible. There were also no details of known triggers or established methods to alleviate stress and distress. This was evident in practice as we saw different staff members supporting people experiencing stress and distress in different ways. There was therefore a lack of consistency of care and a risk that people's needs were not being met. **(See Requirement 1 in the 'How well do we support people's wellbeing?' section of this report)**

It is important that people experience dignity and respect at the end of their lives. Although future care plans were in place, we suggested the service develops these to ensure people's clinical needs and personal preferences for the end of their lives are clearly documented. We found a number of issues within individual care plans which we would expect to be picked up through audit and review. We therefore asked the service to review their processes and procedures in this respect. For example, there had been a significant length of time between recorded bowel movements for one person. We were informed that this was a recording error and that the person was not actually at risk of harm. Similarly, one person who was on a food and fluid chart did not have a noted target for fluid intake. There were also inconsistencies in recording. For example, how and when episodes of stress and distress were recorded and a lack of consistency in the language used to describe such episodes. We could not be confident that care plans were effective in ensuring people's needs were met. **(See Requirement 1)**

## Requirements

1.  
By 2 August 2024, the provider must protect the health, welfare and safety of those who use the service.

To do this, the provider must, at a minimum:

- a) ensure that care plans include person-centred information which outlines people's abilities and what support they require;
- b) ensure that where risks have been identified, there are corresponding assessment tools and risk assessments in place which give clear direction to staff on how best to care for people to reduce, mitigate and manage risk;
- c) ensure accurate recording of key information including food and fluid intake and episodes of stress and distress; and
- d) ensure people living in the service and their representatives have access to their care plans and notes.

This is in order to comply with Regulations 3, 4,(1)(a) (welfare of users), 5(1), 5(2)(a), 5, (2)(b)(personal plans) and 9, (2)(b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

### Requirements

#### Requirement 1

By 22 July 2024, the provider must be able to demonstrate that the nutritional needs of people who use the service are regularly assessed and adequately met.

In order to achieve this, the provider must:

- a) ensure people's care plans are fully reflective of their nutritional needs and how these needs should be met;
- b) ensure that the persons responsible for planning the menu undertake training or access best practice documents and have a demonstrable understanding of menu planning to meet the needs of people living in the service;
- c) ensure that people living in the service can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables; and
- d) ensure people living in the service and their representatives are given the option to participate in menu planning.

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 (SSI 2011/210).

This is to ensure 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' (HSCS 1.33).

**This requirement was made on 6 May 2024.**

#### Action taken on previous requirement

We did not assess this requirement during this inspection as the date given has not yet been reached. The service informed us that they had already begun work on meeting this requirement.

#### Not assessed at this inspection

## 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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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