

# Benvie Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 March 2024

**Service provided by:**  
Duncare Limited t/a Benvie Care  
Home

**Service provider number:**  
SP2007009141

**Service no:**  
CS2003010728

## About the service

Benvie Care Home is a purpose-built, two-storey care home situated in the Lochee area of Dundee. The home is owned and managed by Duncare Ltd and is registered to provide a care service to a maximum of 60 people under the following categories of care: older people; adults with mental health needs; and respite and short breaks related to the above categories. At the time of inspection there were 51 residents.

The home provides accommodation for residents in single en suite toilet rooms. There is an accessible garden and each floor has a lounge area, as well as two dining rooms. One dining room converts into a cinema room with a big screen in place. Residents benefit from the use of a regularly used minibus for trips and outings in the community.

This service has been registered since 1 April 2002

## About the inspection

This was an unannounced follow up inspection to check on the provider's progress on requirements made at our inspection on 4 July 2023. The inspection took place on 5 March 2024. The inspection was carried out by two inspectors from the Care Inspectorate. 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 two people using the service
- spoke with six staff and management
- observed practice and daily life
- reviewed documents

**Key messages**

- Care reviews had been put in place, but more work needs to be done to involve people in planning their care.
- Further work needs to be done to ensure that care plans are current and reflect people's needs and wishes.
- Further work needs to be completed to ensure that people receive their medication as prescribed.
- Further work needs to be undertaken to ensure that leaders in the service have effective oversight of staff practice and are driving forward improvements.
- The service must ensure that they are following current practice guidance in relation to infection prevention and control.

**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
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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?

## 3 - Adequate

At our last inspection on 4 July 2023, our findings showed that care planning, medication management and quality assurance needed further development in order to support people's health and well-being. We made three requirements for the provider to make the necessary improvements.

Our focus on this inspection was to follow up on requirements made at our previous inspection and verify that people's health and wellbeing benefitted from their care and support.

Our main findings can be seen in the 'What the service has done to meet any requirements/areas for improvements made at or since the last inspection' sections of this report. Some progress had been made, however all three requirements had the timescales extended to enable the service to continue progress with improving quality assurance, care planning and the safe management of medication.

During the course of our inspection we noted malodour in a vacant bedroom. We found a soiled and contaminated armchair seat pad. We asked the service to check all chairs, as there were no checks in place. A significant number of seat pads were found to be soiled and contaminated. This put people at risk of infection. It also did not uphold people's dignity and respect. The provider organised replacement seat pads during the inspection.

In addition, we identified some concerns in relation to the cleaning schedules and safe management of clinical waste. We provided current guidance in relation to infection prevention control and the safe management of the environment. We have made a requirement (Requirement 1).

### Requirements

1. By 30 April 2024, you must ensure that people experiencing care are in an environment that is clean and safe, and that minimises the risk of infection. In particular, you must demonstrate that:
  - a) The care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.
  - b) Members of staff are familiar with, and implement, current best practice guidance on how to prevent and control infection in a care home setting.
  - c) Regular quality assurance checks of the environment are undertaken in order to ensure that the cleanliness of the environment is maintained and that a record of such checks must be maintained.

This is to comply with Regulation 3, Regulation 4(1)(a), Regulation 4(1)(d), Regulation 10(2)(b) and Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

### Requirements

#### Requirement 1

By 1 December 2023, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that, as a minimum:

- a) People have a plan, developed in partnership with them, which details the personal outcomes that are being promoted and the agreed support arrangements.
- b) The plan accurately reflects the assessed current health and care needs of the person and the support required to meet those needs.
- c) Accurately reflect any identified risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks.
- d) Are always implemented; and
- e) Are reviewed every six months.
- f) A robust content and quality audit is implemented so that written records are maintained consistently.

This is in order to comply with Regulations 3, 4(1)(a)(b), 5(1), 5(2)(a) and 5(2)(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 the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as my 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); and  
'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

**This requirement was made on 4 July 2023.**

#### Action taken on previous requirement

We made this requirement at our last inspection as we found that care plans did not always contain consistent or current information to guide staff to deliver the right care.

Although some work had been undertaken in relation to care plans, we found that there were still examples of inconsistent information and care plans not being updated to reflect changing health care needs. Not having the right information could put people's health and wellbeing at risk of harm.

Reviews were being undertaken, however they rarely included the views of the person receiving care. There were limited examples of the review resulting in actions or updates to the person's care plan. We asked the provider to consider how they could include people in planning and reviewing their care and support.

We have extended the timescale for this requirement to 30 May 2024, to enable the provider to continue making improvements to care plans.

**Not met**

## Requirement 2

By 30 September 2023, you, the provider, must ensure that service users are safe from harm by administering medication safely.

In particular, the provider must:

- a) Ensure that medication administration records are completed accurately.
- b) Ensure that monitoring arrangements are responsive to any errors in the administration or recording of a service user's medication.
- c) Ensure appropriate recording of 'as required' medication.
- d) Implement a system to audit and review the safe administration of medication.

This is in order to comply with Regulation 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

**This requirement was made on 4 July 2023.**

### Action taken on previous requirement

We made this requirement as we found a number of discrepancies in relation to documentation of medication at our last inspection.

We found that medication counts were all accurate in the records we sampled, however there were examples of missed signatures not being marked to confirm a check had been made that the person had received their medication. We found one person who had not had pain relief as prescribed as it had been out of stock for several days. Improvements must be made to the recording of 'as required' medication to ensure effectiveness and people's comfort. Oversight and monitoring of medication must be improved to pick up any errors or discrepancies. The treatment rooms were cluttered and should be kept clean and tidy.

We have extended the timescale of this requirement to 30 May 2024 to enable the provider to make necessary improvements.

**Not met**

## Requirement 3

By 1 December 2023, 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 particular, you must ensure that:

- a) The quality of service users' care must be continuously assessed by knowledgeable, skilled and compassionate staff in leadership roles using a range of methods. This may include, but is not limited to observation of service users' care experiences, observation of staff practice and communication, seeking service user and staff views.

b) Where quality assurance identifies areas for improvement, leaders must take action and make any achievable improvements to service users' care at the time. This may include, but is not limited to role modelling, providing feedback, direction and guidance to individuals or groups of staff and reviewing service users' care plans.

c) The quality assurance must be used to identify any further staff training or support that is necessary to ensure service users' health, safety and wellbeing needs are met.

d) Action planning must be used to assist the service to plan, make and measure improvement. This must include putting in place reasonable timescales for completing and measure improvement. This must include putting in place reasonable timescales for completing and measuring the impact of improvement activities on service users' experiences and outcomes.

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).

This is to ensure that 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); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 4 July 2023.**

#### **Action taken on previous requirement**

We made this requirement as we had concerns that the service did not have effective quality assurance measures in place and that put people living in the service at potential risk of harm.

We saw some examples of observations or 'spot-checks'. However, these were sometimes used to report areas for attention or repair and were not consistently used to observe the quality of care practice. Observations of practice should be done in an unobtrusive, discreet way to ensure that staff are delivering care in line with good practice. A schedule of observation, including all staff, would ensure that everyone receives the same level of managerial support.

Although there was some evidence gathered of how service users felt about their care and support at relative's meetings, residents views were not asked for directly. We suggested that, where possible, 'Resident of the Day' could be enhanced to include a discussion on a one-to-one, social basis to gain people's views to enable them to participate in planning their care.

Staff were asked their opinion on the service and comments were encouraged through a newly introduced 'Build a better Benvie' initiative. However, these tended to be short term, reactive improvements rather than through a consultation on priorities for improvement. Although we saw some examples of 'action plans' we were not shown a service development or improvement plan. The service stated that they were at the early stages of this work.

The service had a range of audits in place, however they were inconsistent in relation to their quality and content and they were not always being undertaken. There appeared to be a lack of oversight of this. The purpose of quality assurance audit is to ensure standards of good practice are adhered to and to drive change and improvement where necessary. We found that audits evidenced 'tasks completed' but did not evaluate quality of practice. We suggested that audits should cover both and perhaps using the Resident of

the Day initiative could support this. We signposted to resources to support this work.

We agreed, during feedback, that it was early stages for some of these processes, but there was scope to build upon foundations that were in place. Continual evaluation should remain, to ensure effectiveness.

This requirement has not been met, we have extended the timescale to 30 May 2024 to enable the provider to continue with this work to establish a culture of continuous improvement.

**Not met**

## 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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

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