

# Bennochty Lodge Care Home Care Home Service

31a Bennochty Road  
Kirkcaldy  
KY2 5QY

Telephone: 01592642000

**Type of inspection:**  
Unannounced

**Completed on:**  
6 August 2024

**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 there were 15 people living there.

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 follow up inspection which took place on 6 August 2024. The inspection was carried out by two inspectors.

On 3 July 2024, a complaint was upheld by the Care Inspectorate and a Letter of Serious Concern including a requirement was issued. This was as a result of significant concerns about the cleanliness of the environment. The Care Inspectorate visited the service again on 5 July 2024 at which time the requirement had not been met. Two further visits were made to monitor progress in meeting the requirement and this was then fully evaluated at this inspection. The monitoring visits noted some improvements as well as regular engagement with external teams from the Fife Health and Social Care Partnership.

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

## Key messages

- All five requirements have been met, but two new requirements have been issued.
- Improvements have been made in the way people who experience stress and distress are supported.
- Personal plans were more person-centred and provided clearer guidance to staff.
- Training has been completed in key areas including stress and distress and Adult Support and Protection.
- Further work is required to improve the environment.
- Further work is required to improve quality assurance systems.

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

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

Two requirements under this key question have been met. We have therefore re-evaluated this key question to 'adequate'. See the 'outstanding requirements' section of this report for further details.

### 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?

3 - Adequate

A requirement under this key question has been met. We have therefore re-evaluated this key question to 'adequate'. See the 'outstanding requirements' section of this report for further details.

However, as there are still a number of areas for development related to quality assurance and leadership, we have made a new requirement to include all outstanding areas which require improvement. See requirement 1.

### Requirements

1. By 1 November 2024, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes for people, 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. Particular attention should be paid to personal plans, recording, training, infection prevention and control and the environment;
- b) regularly gather feedback from people, their relatives and staff;
- c) ensure that staff practice is observed and evaluated, and;
- d) ensure six monthly reviews are planned and completed with the person and their representative.

This is in order to comply with Regulation 4(1)(a), (b) and (c) 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 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**

This key question was not assessed at this inspection. The previous evaluation remains in place.

### How good is our setting? **3 - Adequate**

A requirement under this key question has been met. However, we identified further work which is required to improve the environment of the home. We have therefore issued another requirement. See the 'outstanding requirements' section of this report for further details. See requirement 1 for further details.

#### Requirements

1. By 1 November 2024, the provider must ensure that people live in an environment which is safe and that people who live in the service are involved in any planned changes.

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

- a) Undertake a detailed audit of the environment to identify all areas of improvement, development and renovation;
- b) Ensure that the views of people living in the service, and their representatives, are gathered and used in any work being undertaken;
- c) Create a detailed environmental improvement plan with key tasks and dates which factor in points a) and b) above.

This is in order to comply with Regulations 4(1)(a) and 10(2)(a), (b) and (c) 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 views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

### How well is our care and support planned? **3 - Adequate**

A requirement under this key question has been met. We have therefore re-evaluated this key question to 'adequate'. See the 'outstanding requirements' section of this report for further details.



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

### Requirements

#### Requirement 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).

**This requirement was made on 12 June 2024.**

#### Action taken on previous requirement

We found that all personal plans had been reviewed and rewritten since our last inspection, including sections on stress and distress. Plans contained specific guidance to staff on how to support people who experienced stress and distress. A number of residents had also had their medication reviewed and in some cases, changed. The atmosphere was generally calm and quiet. We saw very few instances of stress and distress during our inspection and where this did occur, staff responded quickly and appropriately.

Personal plans contained information on possible contributing factors to stress and distress and highlighted the need for staff to take action if these were present, for example supporting people to move away from noisy environments. Plans also contained information on established methods of alleviating stress and distress, such as engaging in conversations about specific topics and going for a walk. We suggested that possible triggers for stress and distress were highlighted more clearly and consistently within personal

plans. However, we noted clear improvements since our last inspection and we were confident that people who experienced stress and distress were being supported appropriately.

We were confident that nursing staff understood that 'as required' medication for stress and distress should be a last resort. Staff were able to tell us about actions taken to support people before medication was given. We saw some evidence of actions taken prior to medication administration were recorded on the Medication Administration Record and on the electronic system. However, this was not consistent. We asked the service to review their processes for record keeping in this respect. These areas for development will be highlighted in a new requirement encompassing a number of areas which still require development. See requirement 1 in the 'How good is our leadership?' section of this report.

This requirement has been met.

## Met - within timescales

### Requirement 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).

**This requirement was made on 12 June 2024.**

### Action taken on previous requirement

Adult Support and Protection training had been completed by most staff. In addition, new staff told us this training had been part of their induction period. Staff were clear on their roles and responsibilities in the safety and protection of residents. We could therefore be confident that staff had the appropriate training to keep people safe.



Around half of care staff had completed training on stress and distress. We acknowledged that the training was a full day event and that more staff had been booked onto it in the coming weeks. This will increase the percentage of staff who have completed this training significantly. Staff feedback on this training was positive and we observed interactions between different staff and residents which were consistent and compassionate. We were confident that staff had the appropriate skills to support people with stress and distress.

A training plan was in place and provided clear oversight of training completed by each staff member. We suggested the service should consider training all staff in key areas rather than just care staff.

A clear process for observing practice was not yet in place. We emphasised the importance of this to the service. This will be highlighted in a new requirement encompassing a number of areas which still require development. See requirement 1 in the 'How good is our leadership?' section of this report.

This requirement has been met.

### Met - within timescales

#### Requirement 3

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).

**This requirement was made on 12 June 2024.**

#### Action taken on previous requirement

We found that the service had reviewed their range of audits and taken action to make these more robust. Instead of a checklist with little detail, issues were now being identified, action plans being created and remedial action being taken. We saw a positive example of this where cleaning had been recorded as being completed but an audit quickly identified this had not actually been completed to a sufficient standard. The issue was resolved immediately.

The service was gathering feedback and views from people, their relatives and staff to some extent. A residents and relatives meeting had taken place recently and some helpful suggestions had been gathered and subsequently actioned. However we felt that these meetings should be undertaken more frequently than six monthly. The service agreed to organise these more regularly. Staff meetings took place on an ad hoc basis when the manager and owner had updates to share. We suggested that the service should arrange staff meetings more consistently and use them to gather feedback and suggestions from staff, as well as sharing important information.

All residents had received a six month review since our last inspection, which gave them and their relatives the chance to share their views and contribute to their care plans. However, these reviews were basic and lacked detail. This was a missed opportunity to discuss the finer details of their care and support, even if no major changes were required. We asked the service to develop their six month review process.

As there are a number of areas for development related to quality assurance and leadership, we have chosen to create a new requirement to encompass all outstanding areas which require improvement. See requirement 1 in the 'How good is our leadership?' section of this report.

This requirement has been met.

## Met - within timescales

### Requirement 4

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).

**This requirement was made on 10 May 2024.**

### Action taken on previous requirement

We found that all personal plans had been reviewed and rewritten since our last inspection. The level of detail around people's life history, interests and preferences was much improved. This allowed staff to have meaningful conversations with people and contributed to more positive experiences at mealtimes, during activities and when experiencing stress and distress.

Personal plans were much easier to read and key information about people's care and support needs were clear and easy to find. The electronic system had been utilised more effectively, meaning risk assessments were attached to corresponding plans. For example, eating and drinking plans were linked to risk assessments concerning weight, nutritional intake and hydration. This meant that guidance for staff was clear, such as the need to complete food and fluid charts for some residents. This promoted people's health and wellbeing. As above, stress and distress plans were also much improved.

The service had communicated with people and their families that personal plans and notes were available to them should they want to view them. Some families had taken this offer up and so documentation had been printed and given to them. This promoted openness and transparency.

Whilst recording of some information, such as food and fluid intake, was clear and consistent, other recordings were less consistent. Although we were confident appropriate action was being taken, for example to support people experiencing stress and distress, this was not always well documented. We asked the service to factor recording into their quality assurance audits to ensure improvement in this area is monitored regularly.

This will be highlighted in a new requirement encompassing a number of areas which still require development. See requirement 1 in the 'How good is our leadership?' section of this report.

This requirement is met.

### Met - within timescales

## Requirement 5

By 4 July 2024, you must ensure that people experience care in an environment that is safe and minimises the risk of infection. In particular you must:

- a) Ensure that the internal premises, furnishings, mattresses, and equipment are clean and safe.
- b) Ensure that processes such as enhanced cleaning schedules and robust quality assurance checks of the care home environment are in place and appropriate remedial actions taken.
- c) Ensure that ceiling pull cords are working and that lights are working effectively.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10 (2)(b) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

**This requirement was made on 3 July 2024.**

### Action taken on previous requirement

During our inspection we found the environment to be safe and that the risk of infection had been minimised. There was ample supply of Personal Protective Equipment (PPE) and this was stored and disposed of safely. Bedrooms, bathrooms, toilets and mattresses were clean. Some tarnished equipment had been replaced and we found equipment used to care and support people was generally clean and in an

adequate state of repair. At the time of our inspection, all pull cords and lights were working. We also saw evidence of new equipment having been ordered and contractors organised to further improve the quality of the environment.

The service had welcomed the input of Infection prevention and Control nurses from Fife Health and Social Care partnership and had followed advice and guidance from them. We suggested that the service should continue to utilise this support and they were receptive to this. Enhanced cleaning schedules were in place as were quality assurance checks of the environment. We saw a positive example of this where cleaning had been recorded as being completed but an audit quickly identified this had not actually been completed to a sufficient standard. The issue was resolved immediately.

This requirement has been met.

People should be involved, where possible, in decisions about the space in which they live. Although many people were unable to give direct views, we found that there had been limited engagement with those who could contribute, or their representatives. This was a missed opportunity for people to be involved and included in matters which affected them. We saw that the service had undertaken some renovation work with more planned in the coming months. This should be an opportunity to consult with residents and their representatives to ensure they contribute to the decoration, renovation and design of the service in a meaningful way. A full and detailed audit of the environment should result in an action plan to ensure the environment is updated appropriately and in line with people's wishes and preferences. See requirement 1 in the 'How good is our setting?' section of this report.

**Met - outwith 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

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).

**This area for improvement was made on 10 May 2024.**

#### Action taken since then

The service had completed the King's Fund Environmental Assessment Tool to assess how dementia friendly their service was. This highlighted areas of good practice and a number of areas for improvement. A corresponding action plan had been created. We asked the service to continue using this tool and add it to

their audit schedule. We also asked for the action plan to be added to the wider environmental action plan which we have asked the service to produce. See requirement 1 in the 'How good is our setting?' section of this report.

This area for improvement has been met.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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