

Benvie Care Home Care Home Service

38 Benvie Road
Dundee
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Telephone: 01382 646 910

Type of inspection:
Unannounced

Completed on:
14 August 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 46 residents.

The home provides accommodation for residents in single ensuite toilet rooms. There is an accessible garden and each floor has a lounge area, as well as two dining rooms. Residents benefit from the use of a regularly used minibuss for trips and outings in the community.

This service has been registered since 1 April 2002.

About the inspection

This was an unannounced inspection which took place on 12 August from 9.40am until 4.30pm. The inspection was to check progress made on four required improvements that were made in an improvement notice issued on 2 July 2024.

We had issued an improvement notice as we had significant concerns about the care and support people were experiencing at Benvie Care home. An improvement notice is a formal letter we send to the provider. It sets out one or more required improvements that must be made within a specified timescale. If the provider does not comply with the improvement notice and people are still at risk, we can move to cancel the care service's registration.

The inspection was carried out by three 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 five people using the service and four of their family/friends/representatives.
- Spoke with eight staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- Management and leadership had improved in the service, there was effective clinical oversight of people's needs, which meant that people's changing healthcare and wellbeing needs were being monitored and responded to.
- People appeared relaxed, comfortable and well presented.
- The staff team worked together to support people's health and wellbeing needs.
- People's palliative and end of life care was planned and staff were clear about their role and responsibilities in relation to supporting people to be comfortable.
- People healthcare and wellbeing needs were recorded accurately. People were supported to maintain their hydration and improvements had been made to menus and the dining experience.

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 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

As the service has just complied with areas of required improvements that were put in place in an improvement notice, first issued on 2 July 2024, we evaluated this key question as adequate. This recognised that the service has been through a significant period of transition and required further time to demonstrate sustained improvement.

The required improvements in the improvement notice were:

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.

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 which set out service users' needs and preferences, including physical, spiritual and psychological needs were 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' meeting 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.

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.
- 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.

How good is our leadership?

3 - Adequate

As the service has just complied with areas of required improvements that were put in place in an improvement notice, first issued on 2 July 2024, we evaluated this key question as adequate. This recognised that the service has been through a significant period of transition and required further time to demonstrate sustained improvement.

The required improvement was as follows:

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. The leadership team were 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 been clarified. Communication with staff had greatly improved with regular meetings and updates via email.

Effective processes and systems had been implemented by the leadership team 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.

The leadership team 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 meant that there was effective oversight of people's health and wellbeing.

How good is our staff team?

3 - Adequate

As the service has just complied with areas of required improvements that were put in place in an improvement notice, first issued on 2 July 2024, we evaluated this key question as adequate. This recognised that the service has been through a significant period of transition and required further time to demonstrate sustained improvement.

The required improvement was as follows:

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.

The method of assessing people's needs to inform staffing levels had been improved. This method included professional judgement to take into account wellbeing and skill mix of staff. Unplanned absence was covered with agency staff where possible.

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

Improved communication, 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.

How well is our care and support planned?

3 - Adequate

As the service has just complied with areas of required improvements that were put in place in an improvement notice, first issued on 2 July 2024, we evaluated this key question as adequate. This recognised that the service has been through a significant period of transition and required further time to demonstrate sustained improvement.

People's care plans continued to be divided between electronic and paper based system. This was identified as a risk by the leadership team and a plan was in place to move to electronic care plans.

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

Requirements

Requirement 1

By 30 September 2024, 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

When following up on progress in relation to the improvement notice we identified that progress had been made in relation to this requirement, however we did not assess this at this inspection as we had not reached the timescale.

Not assessed at this inspection

Requirement 2

By 30 September 2024, 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

When following up on progress in relation to the improvement notice we identified that progress had been made in relation to this requirement, however we did not assess this at this inspection as we had not reached the timescale.

Not assessed at this inspection

Requirement 3

By 30 September 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 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

When following up on progress in relation to the improvement notice, we identified that progress had been made in relation to this requirement, however we did not assess this at this inspection as we had not reached the timescale.

Not assessed at this inspection

Requirement 4

By 30 September 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).

This requirement was made on 5 March 2024.

Action taken on previous requirement

When following up on progress in relation to the improvement notice, we identified that progress had been made in relation to this requirement, however we did not assess this at this inspection as we had not reached the timescale.

Not assessed at this inspection

Requirement 5

By 26 August 2024, the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) Ensure a proactive approach to the assessment and care planning process for individuals' end of life needs.
- b) Ensure care planning includes details of the individual's personal needs, wishes and choices for end of life.
- c) Ensure the close consultation with individual's loved ones in the care planning and on-going care process.
- d) Ensure the timely and appropriate assessment of individual's symptoms, including those for pain.
- e) Ensure symptom control is carefully planned and regularly reviewed to ensure the effectiveness of interventions.
- f) Provide clear information to individual's loved ones regarding support and facilities available during end of life care.

To be completed by: 26 August 2024

This is in order to comply with:

Health and Social Care Standard 1.12: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 14 May 2024.

Action taken on previous requirement

When following up on progress in relation to the improvement notice, we identified that progress had been made in relation to this requirement, however we did not assess this at this inspection as we had not reached the timescale.

Not assessed at this inspection

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 ensure residents' representatives experience effective complaint handling in accordance with the organisation's complaints procedure, the service should review their complaints procedure and raise awareness of the process across the staff team to ensure complaints and concerns are handled in accordance with the organisation's complaints procedure.

This is in order to comply with:

Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 14 May 2024.

Action taken since then

This area for improvement was made in response to a complaint investigation. This inspection was focussed on checking progress in relation to the improvement notice, therefore we did not follow up this area for improvement.

Previous area for improvement 2

In order to ensure residents have timely access to healthcare appointments, the service should ensure appropriate arrangements for specialist transport are made within a reasonable and acceptable timescale.

This is in order to comply with:

Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 2 July 2024.

Action taken since then

This area for improvement was made in response to a complaint investigation. This inspection was focussed on checking progress in relation to the improvement notice, therefore we did not follow up this area for improvement.

Complaints

Please see Care Inspectorate website (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 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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