

Benvie Care Home Care Home Service

38 Benvie Road
Dundee
DD2 2PE

Telephone: 01382 646 910

Type of inspection:
Unannounced

Completed on:
20 November 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 as part of Renaissance Care 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 minibus for trips and outings in the community.

The service states their aim is, 'At Benvie care home we are constantly striving to offer the best possible care to our residents. As each of us gets older we will need varying levels of support to help us live our lives. Our aim is to ensure that when you come to live in our home you continue to enjoy a good quality of life within a safe and relaxed environment.'

This service has been registered since 1 April 2002.

About the inspection

This was an unannounced inspection which took place on 19 November 9.15am-4.15pm and 20 November 9.10am- 12.15pm. The inspection was carried out by one inspector 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
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- people living in the service appeared relaxed and well cared for
- people benefitted from a warm atmosphere where the staff team worked well together
- cleanliness of the environment had improved and infection prevention and control guidance was being implemented
- care plans were clear and contained up to date information to guide people's care
- people's palliative and end of life care was managed in line with the person and their family's needs and wishes.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

This inspection took place to follow up on progress made on requirements. Please see details in the section, 'What the service has done to meet any requirements made at or since the last inspection.'

As a result of the sustained improvements evidenced in the follow up inspection we have evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

How good is our staff team?

4 - Good

This inspection took place to follow up on progress made on requirements. Please see details in the section, 'What the service has done to meet any requirements made at or since the last inspection.'

As a result of the sustained improvements evidenced in the follow up inspection we have evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

How good is our setting?

4 - Good

This inspection took place to follow up on progress made on requirements. Please see details in the section, 'What the service has done to meet any requirements made at or since the last inspection.'

As a result of the sustained improvements evidenced in the follow up inspection we have evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

How well is our care and support planned?

4 - Good

This inspection took place to follow up on progress made on requirements. Please see details in the section, 'What the service has done to meet any requirements made at or since the last inspection.'

As a result of the sustained improvements evidenced in the follow up inspection we have evaluated this key question as good as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

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

This requirement was made as we had concerns that care plans did not contain up to date accurate information to guide staff to deliver care in accordance with people's needs and wishes and this put people's health, safety and wellbeing at risk.

A significant amount of work had been undertaken to review people's care plans to ensure that they contained accurate information. Care plans provided comprehensive information about people's needs and wishes. Appropriate risk assessments were in place and updated as people's needs changed. We found that care plans were updated when people's needs changed, as a result people could feel confident that staff understood their care needs appropriately. It was positive to hear that the provider had plans in place to further develop people's meaningful involvement in care planning and this will further enhance people's care experience.

The service was still migrating from paper to electronic care plans this was being managed effectively and a plan was in place to have this concluded by the end of December 2024.

Met - within timescales

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

We made this requirement as we had concerns that medication management and recording was not accurate and this put people's health, safety and wellbeing at risk.

Medication records were being completed accurately and 'as required' medication was planned for and recorded. Staff demonstrated good knowledge of people's individual medication needs and were able to identify where errors in recording had taken place.

An effective system was in place to audit and review the safe administration of medication. People's medication and health care needs were discussed and reviewed at the weekly clinical risk meeting and this helped to provide effective oversight of people's changing needs.

Met - within timescales

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

This requirement was made at a previous inspection as we were concerned about the leadership and management of the service and there was a lack of effective oversight of people's changing clinical needs and this put people's health, safety and well being at risk.

Leadership within the service had improved. A new manager was in place, staff leadership skills had been nurtured and developed and the leadership structure had been enhanced within the service with the creation of new day and night charge nurse positions.

Communication had improved. Staff were clear about their role and expectations and appeared to be working well together. Staff told us that they felt supported at work. The leadership team modelled positive practice and provided feedback to staff about their performance. Direct observations had been undertaken and themed supervisions had taken place with staff in relation to areas identified for improvement, this included infection prevention and control, skin damage and bruising and recognising infections in older people.

The provider had implemented their quality assurance tools and systems. These were effective at identifying areas that required improvement and included feedback from people using the service, their families as well as the staff team.

The service improvement plan was supporting and guiding the staff team to make the necessary improvements in the service. The plan clearly evidenced how improvements had been prioritised on the basis of risk and demonstrated progress being made by the team. The plan was regularly reviewed and updated and this helped to ensure that improvements were progressed.

Met - within timescales

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

We made this requirement as we had concerns that current best practice guidance on how to prevent and control infection and about the general cleanliness of the furnishings and environment.

The equipment, furnishings and the environment smelled fresh and appeared visibly clean. Appropriate cleaning schedules had been implemented and staff were clear about their role in maintaining a clean and safe environment. A full team of motivated domestic staff was in place and this helped to ensure all tasks were undertaken.

Furniture had been replaced where needed and redecoration of the environment was planned. Regular checks were in place as part of quality assurance processes to ensure the cleanliness of the environment.

Met - within timescales

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

This requirement was made as part of a complaint investigation as there were concerns in relation to people's end of life care experiences. There had also been a required improvement in relation to palliative and end of life care as part of the improvement notice issued on 2 July 2024 which was met on 21 August 2024

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 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. The clinical risk meeting was comprehensive and considered admissions, tissue viability, safety, nutrition/hydration, stress/distress, medical conditions, palliative care, medication management and dependency. 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.

Families had been supported to be with their loved one as they progressed to end of life. The service now had a guest bed that relatives had used to stay overnight with their loved one at the end of life if they wished.

The improvement in skills and knowledge of the staff team and the leadership team's effective oversight of people's needs had been sustained since the improvement notice had been met. We found that people had experienced palliative and end of life care that met their health, safety and wellbeing needs.

Met - within 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 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

We did not evaluate this area for improvement at this follow up inspection as a complaint investigation had taken place on 23 October 2024 about care provided in May and June 2024. The complaint was upheld and resulted in a requirement being made in relation to complaint handling with a timescale of 6 January 2025.

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

Communication, team work and clinical oversight in the service had improved. The service had daily flash meetings as well as clinical risk meetings where people health care needs were discussed. This meant that when people had a need to attend a healthcare appointment and transport was required this was discussed and arranged.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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