

Benvie Care Home Care Home Service

38 Benvie Road
Dundee
DD2 2PE

Telephone: 01382 646 910

Type of inspection:
Unannounced

Completed on:
8 August 2025

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 59 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. Residents benefit from the use of a regularly used minibus for trips and outings in the community.

The service states their aim is "to create a friendly and inclusive atmosphere where residents feel connected and are a cherished part of our Benvie family".

About the inspection

This was an unannounced inspection which took place on 6, 7, and 8 August 2025. 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 five people using the service and two of their family/friends/representatives
- spoke with 12 staff and management
- reviewed surveys from four people using the service and three relatives
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

Key messages

- People living in the care home were treated with care and compassion and their views were actively sought.
- People and their families were happy with the care provided at Benvie Care Home.
- There was effective oversight of people's changing needs which meant people had the right health care from the right person at the right time.
- The leadership team promoted a culture of continuous improvement and were proactive in implementing new ways of supporting people with their health and wellbeing.

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 leadership?	5 - Very Good
How good is our setting?	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

We evaluated this key question as good, where several important strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people living in the care home.

People experienced care and support delivered with compassion, fostered by warm and encouraging relationships between staff and those living in the care home. Individuals were treated with respect and listened to, and their views and preferences were actively considered in the planning and delivery of care. Monthly resident and family meetings provided valuable opportunities for feedback, which contributed to improvements in people's experiences and outcomes. For example, following a resident's request for a space to have their nails done, staff created a relaxation room equipped for this purpose.

The service actively encouraged involvement from families and guardians, creating opportunities for them to share their views and participate in the care experience. Families were welcomed during mealtimes, allowing them to continue supporting their loved ones in a meaningful way. The service was proactive in recognising and supporting individuals' skills and talents, ensuring they were valued and respected. Care plans reflected people's communication needs and preferences in a manner that upheld dignity, respect, and compassion.

Feedback from families regarding the care and support provided was consistently positive. One family member stated, "I feel my mother's wellbeing is all we could ask for, all the staff are very caring and nothing is too much in giving her excellent care".

People should expect to be supported to get the most out of life. Access to a minibus enabled outings. During the inspection, individuals were offered the choice to participate in a trip or engage in one-to-one activities within the home. While a variety of group activities were organised throughout the week, not all were accessible to everyone. The service should consider developing more creative and sensory-based activities to promote meaningful engagement. Additionally, individuals should be supported and encouraged to remain physically active to help maintain strength, mobility, and overall wellbeing.

Recent changes to the wellbeing team were noted and efforts were underway to re-establish community connections, including with a local nursery. Staff interactions with residents were positive and some staff demonstrated enthusiasm and a genuine sense of joy in their roles.

Where restrictions to freedom were necessary, appropriate documentation was in place to ensure safety. Risk assessments and care plans supported the delivery of the least restrictive care possible, maintaining dignity and respect for individuals.

The service actively involved people in decisions about their medical treatment, care, and support wherever possible. Individuals benefited from high quality nursing care, led and delivered by registered nurses. The clinical team made effective use of the provider's tools to monitor and respond to changes in health needs and maintained strong links with relevant health professionals. This ensured that individuals received timely and appropriate healthcare.

Medication management was robust and aligned with best practice guidance. Regular reviews ensured that medication continued to meet individuals' health needs.

Palliative and end-of-life care was delivered in accordance with the wishes of individuals and their families. Care plans were in place to ensure that these needs were understood and met by the staff team.

The provider demonstrated a proactive approach to supporting health and wellbeing. This included the use of the Pain Check tool to assess pain levels and the introduction of a pilot programme offering caffeine-free drinks to help reduce the risk of falls.

A system was in place to ensure regular access to drinks, meals, and snacks, particularly for individuals requiring support with eating and drinking. Feedback about the food was positive, with one person commenting, "Food is good quality with very good variety and choice. It is something to look forward to as there are always new things to try".

How good is our leadership?

5 - Very Good

We have found significant strengths in quality assurance and leadership and how these have supported positive outcomes for people. Therefore, we evaluated this key question as very good.

The service has implemented the provider's comprehensive, person-centred quality assurance processes, which have contributed positively to the overall quality and responsiveness of care. There is clear clinical oversight in place, supported by an improvement plan aligned with quality indicators. The plan includes defined actions and demonstrated a commitment to continuous improvement.

A strong emphasis was placed on involvement, with individuals actively participating in decisions about their care, reflecting their personal wishes and preferences. The service has made effective use of the Care Inspectorate's self evaluation tools, including assessments of meaningful connection and tissue viability, which contributed to developments in the service.

In addition, the service utilised a self evaluation tool for person-centred services, further supporting its commitment to personalised care. The Kings Fund audit tool had been used to assess the environment and has been completed twice, with demonstrable changes made between audits, indicating a reflective and responsive approach to improving the environment to meet the needs of people living with dementia.

The service made good use of Plan-Do-Study-Act (PDSA) cycles to test and implement changes, supporting a culture of learning and improvement. Feedback from staff and families was positive, particularly regarding the open-door policy, which promoted transparency and accessibility.

Staff were actively engaged in providing feedback on processes and are involved in safe staffing meetings, contributing to decisions that affect service delivery. Monthly family and resident meetings provide regular opportunities for dialogue and shared decision making.

The service demonstrated a clear and thoughtful journey of improvement over the past year. Throughout the inspection, the team was responsive to feedback and took immediate action to address any issues identified. This level of responsiveness reflects a strong commitment to maintaining high standards and ensuring positive outcomes for people using the service.

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant impact on people's experiences.

The layout and overall environment of the care setting were comfortable and homely. Significant efforts had been made to improve the physical surroundings, resulting in a space that was less institutional. Individual rooms were personalised, with items that were meaningful to each person, such as preferred bedding and personal belongings. These touches contributed to a more welcoming and familiar atmosphere.

Infection prevention and control (IPC) measures were generally well managed. Minor issues identified during the inspection were promptly addressed and the home was observed to be clean, fresh smelling, and well maintained. People living in the service had been involved in sharing their views about the environment, which reflected a commitment to inclusive and person-centred care.

Daily walkarounds were being carried out and there was good oversight of maintenance across the setting. These practices supported the ongoing upkeep and safety of the environment.

The lounge areas provided a social environment for people with options of activities. At times, the lounge was quite busy with conflicting sources of noise which could be confusing for people. It was noted that occupancy has increased over time and more people were making use of the lounge. Reviewing how space is used will be important to maintain comfort and accessibility as the service evolves. We encouraged the leadership team to consider the use and layout of communal areas to ensure that people can enjoy their preferred activity and have choices to access to quieter space.

The service benefits from a garden at the front and rear of the building. The outdoor space could be further enhanced to ensure it is accessible, safe, and welcoming for all individuals.

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

Requirements

Requirement 1

By 6 January 2025, the provider must improve the management of incidents and accidents, including significant unexplained injury, to ensure that people experience safe and responsive care and support.

In order to do this, the provider must:

- a) Ensure that when a reportable incident or accident occurs that the necessary agencies and regulatory bodies are notified in a timely manner.
- b) Ensure that the information provided is a detailed account of the situation, including any actions taken.
- c) Ensure that the investigation of the incident or accident is robust and that detailed statements are used to inform decision making.
- d) Ensure that, if necessary, staff training and knowledge is addressed. This is in order to improve their practice.
- e) Ensure that complaints relating to accidents and incidents are fully investigated. Responses should include the actions taken, with appropriate logs of complaints kept.

To be completed by: 06 January 2025.

This is to ensure care and support is consistent 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 is in order to comply with: 6 of 7 Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 6 September 2024.

Action taken on previous requirement

This requirement was made as a result of a complaint investigation.

The service had fully implemented the provider's quality assurance processes and there was organisational oversight of this. Reporting of incidents and accidents was undertaken in line with organisational guidance and relevant reports were made to the Care Inspectorate and other relevant organisations. Relevant records were kept of investigations and any actions taken.

It was positive to see records of discussion about incidents within the service as well as from across the wider organisation which helped support a culture of continuous improvement and learning.

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 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 to ensure care and support is consistent 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 as a result of a complaint investigation.

We found that the service had fully implemented the provider's complaints procedures and complaints were being handled in accordance with this.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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