

Bennochty Lodge Care Home Care Home Service

31a Bennochty Road
Kirkcaldy
KY2 5QY

Telephone: 01592642000

Type of inspection:
Unannounced

Completed on:
13 June 2025

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 17 people living there. The home is owned by Rossa Home Care Ltd.

The home is on one level and comprises of bedrooms, a communal lounge/diner and a garden area.

The home is in Kirkcaldy, Fife, easily accessible by public transport and close to local amenities.

About the inspection

This was an unannounced inspection which took place on 05, 06 and 09 June 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice on 18 June 2025. For further details of this enforcement, see the service's page on our website at www.careinspectorate.com.

In making our evaluations of the service we:

- spoke with six people using the service and five of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff told us they felt they worked well together.
- Staff rotas highlighted that staffing was consistent.
- The cleanliness of the home required immediate improvement.
- The management of people's laundry required immediate improvement.
- The flooring in certain areas of the home was unstable and required immediate improvement.
- Staff training required improvement to ensure they had the skills and knowledge to meet people's needs.
- Quality assurance systems required improvement.
- Medication management and pain management required improvement.
- Personal plans required improvement.

A serious concern letter detailing requirements surrounding standards of cleanliness, laundry management and unsafe flooring was issued to the provider on 06 June 2025. Further details of this can be found within this report.

An Improvement Notice with six required improvements was issued to the provider on 18 June 2025. Please see the service's page on our website for more information.

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?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affect people's experiences and outcomes. Without improvement as a matter of priority, people's welfare and/or safety may be compromised, and their critical needs may not be met.

We issued a 'serious concern' letter to the service on 6 June 2025 after observing poor standards of infection prevention and control (IPC), an unclean environment, unstable flooring in some areas and poor and unsafe management of people's laundry. This put people at risk of the spread of infection, impacting their health and wellbeing. Further information can be found in the 'How good is our setting?' section of this report.

People should expect to receive the right care, at the right times, based on good practice standards. Care charts and records lacked consistent information. This was of particular concern for people who had recently had a period of illness and whose health had required monitoring. Relatives told us communication was poor and that they were not involved in pre or post admission assessments. Pre-admission assessments can help reduce anxiety and stress associated with moving to a new environment by providing opportunities to meet staff, tour the home, and address any concerns before the move. One relative told us this didn't happen and said "we didn't get a good first impression at all". This does not follow best practice guidance or promote good care and support.

We were assured to see some clinical oversight of people's weight, and nobody in the service had pressure wounds requiring treatment. Clinical meetings were recorded as happening regularly; however, these were basic and did not reflect best practice guidance or effective monitoring of clinical care needs.

We found a lack of recording in relation to the use of 'as required' medications. There was lack of clarity around why medications had been administered or if they had the desired effect, specifically those used for stress and distress and pain management. This meant their use could not be effectively evaluated to inform future care planning. We saw little evidence of professional input to ensure that people's prescribed medications were meeting their needs. This puts people's physical and emotional wellbeing at risk. This is now subject to an Improvement Notice which was issued on 18 June 2025.

People should benefit from positive mealtime experiences. We observed people having lunch and felt there were missed opportunities to make it more enjoyable. There was little conversation or interaction between staff and the people they were supporting. There was no description of what meals were being served; this could have been beneficial to people with cognitive impairment. People who were being assisted with adapted diets such as pureed food were being given meals that were unattractive, for example pureed macaroni cheese and peas mixed together. We saw no condiments being offered. Just before lunchtime, in the lounge/dining room, someone had had an episode of incontinence. The staff member cleaning the floor announced this in the presence of all. This mealtime experience did not promote independence, choice or dignity.

Opportunities for people to be active, engaged and doing things that they enjoy, was limited. The service was in the process of recruiting a full-time activity coordinator. An area for improvement remains in place. Further information can be found in the 'What the service has done to meet any areas for improvement we made at or since our last inspection' section of this report.

How good is our leadership?**1 - Unsatisfactory**

An evaluation of unsatisfactory has been given for this key question. This means there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. Those who are accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

We had concerns about the effectiveness of the service's quality assurance processes. This is now subject to an Improvement Notice which was issued on 18 June 2025. Although quality assurance systems were in place, they failed to accurately measure people's experiences and standards of care.

Care services should have improvement plans in place to ensure high-quality, person-centred care, enhance safety and promote continuous improvement. These plans help address identified weaknesses, meet standards and build trust with people. Effective improvement plans enable services to maintain records of improvement driven by feedback from people using the service, their families, staff and visitors. The service did not have an effective, continuous improvement plan. There was little opportunity for people to give feedback about the service they receive or suggest areas for improvement. Planned meetings with people were irregular, and there was little evidence of improvements being made as a result of feedback received. For example, despite issues being raised by staff about inadequate levels of cleanliness, they were not addressed.

There was a lack of managerial oversight in areas such as the environment, staff training and competency, medication, pain management, care assessment and care planning. This meant areas for improvement were not being identified or addressed.

There were inaccuracies in the maintenance records of people's mattresses. Staff said they were unaware of the correct procedure of mattress checking; this had gone unnoticed by management. This meant some people were sleeping on dirty, contaminated mattresses, putting them at risk of harm and disrespecting their dignity.

The service was reactive to some of the concerns raised and action was being taken to address some of the critical concerns. For example, extra staff were brought in to address issues with laundry and general IPC standards. We cannot, however, be confident in the sustainment of these arrangements.

How good is our staff team?**2 - Weak**

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affect people's experiences and outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

Training attainment was below the expected level and, in some cases, mandatory training had not been completed. This had a detrimental impact on people's health, safety and wellbeing as staff were not trained or skilled to meet people's needs effectively. Where underperformance had been noted, the management team did not adequately address this. This left people at continued risk of harm. This is now subject to an Improvement Notice which was issued on 18 June 2025.

Staff competence and practice should support improving outcomes for people. Our observations of practice, examination of records and discussions with staff highlighted significant gaps in knowledge and understanding of key areas, for example stress and distress, dementia care, skin integrity, infection prevention and control, medication management and pain management. Staff had undertaken some training to meet people's basic needs. However, there was limited examples of observation of staff practice and/or competency assessments being carried out to ensure staff understood the training undertaken and were putting what they had learned into practice.

Staff told us that they felt they worked well together, and we observed good staffing numbers throughout our inspection. Our review of rotas found staffing was consistent. People we spoke with expressed no concerns with the staff who were supporting them. It was evident that staff were doing the best they could within their skills and knowledge. We observed missed opportunities to support people effectively during meals times, episodes of stress and distress, and in promoting good skin integrity. This put people's wellbeing at risk.

Throughout our visits we found there was a lack of communication and positive interaction between staff and the people they were supporting. For example, one staff member was supporting someone in a wheelchair to go from the lounge to their bedroom and no dialogue took place informing the person this was happening. This could be frightening and cause anxiety for the person being transferred and shows a general disregard for people's dignity and wellbeing. Relatives also commented on the lack of communication and interaction and one person told us "there's not a good vibe in here" and "it is hard to communicate with staff at all due to a lack of understanding".

How good is our setting?

2 - Weak

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affect people's experiences and outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

At the time of inspection we had serious concerns in relation to the safety and cleanliness of the home. The cleaning of furnishings, care equipment used by people and management of people's laundry was not sufficient to protect them from the transmission of infection. This highlighted poor practice and a lack of effective management checks. This meant that people's dignity was compromised and their wellbeing put at risk. The flooring in certain parts of the home was unstable, putting people at risk of harm. As a result of the potential risks to people's safety and wellbeing, we issued a serious concern letter to the provider on 06 June 2025. The letter outlined the immediate improvements we required the provider to make.

Relatives we spoke with throughout our visits shared their thoughts on the environment and comments included "it's shoddy, disgusting" and "the place is filthy".

A further visit to the service was carried out on 09 June 2025 to evaluate whether improvements had been made. We saw the service had made some improvements, particularly around the safe management of people's laundry and attempts had been made to clean people's living spaces. However, further improvements were required to ensure people's health, welfare and safety. We had further concerns about the conditions of people's mattresses and the general cleanliness and state of décor/maintenance across the service.

We evaluated that this requirement had not been met. This subsequently formed part of an improvement notice. For further details of this enforcement, see the service's page on our website at www.careinspectorate.com.

How well is our care and support planned?

2 - Weak

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affect people's experiences and outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

Assessments and personal plans should reflect people's outcomes and wishes. They should also guide leaders and staff on how to meet these outcomes and wishes. Plans that we sampled were inconsistent and unclear in places. Although some plans were detailed and up to date, we found gaps in other care plans around skin integrity, stress and distress, end of life care, nutritional care and continence care. This is now subject to an Improvement Notice which was issued on 18 June 2025.

We saw poor guidance in relation to people's repositioning needs, increasing the risk of pressure related sores. Care charts and records lacked consistent detail, for example, repositioning charts were not completed in line with people's skin care plans.

Some stress and distress management care plans contained insufficient information to inform staff of how to best meet people's needs. Despite other care plans having this information, it was clear throughout our visits that these care plans were not being followed. For example, we saw one person becoming distressed whilst having lunch; the supporting member of staff stated "I don't know how to deal with this" and walked away. A second member of staff had to leave the person they were assisting with lunch to intervene. On another occasion we saw someone becoming distressed and trying to leave the home. Staff intervention consisted of attempting to take them away from the front door; no explanation, conversation or distraction techniques were employed. In many cases there was no record of any non-pharmaceutical interventions being used during periods of stress and distress prior to medication being administered. This meant that in some cases medication may have been administered inappropriately and could have been avoided which could compromise people's safety, welfare and wellbeing. This is now subject to an Improvement Notice which was issued on 18 June 2025 as discussed in the 'How well do we support people's wellbeing?' section of this report.

People should be confident that end of life care will be delivered in accordance with their wishes and in a personal, dignified way. End of life care plans we looked at contained insufficient information to guide staff on the best way to achieve this.

Food and fluid charts for people we would expect to be in place for were missing, or not completed regularly. This made it difficult for the service to monitor and effectively evaluate people's health care needs. We were not confident people's nutritional needs were being met.

There was a lack of information about people's bowel care needs. For example, although we saw some evidence of clinical oversight in the care notes around people's bowel care needs, the associated care plans and care charts lacked detail and up to date recordings. We saw examples of where this had resulted in the signs of constipation being missed, and had delayed treatment. This does not reflect good practice and caused unnecessary harm to people.

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

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 the 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).

This area for improvement was made on 18 November 2024.

Action taken since then

We saw little opportunities for meaningful engagement. The service had no dedicated engagement team or time allocated to care staff.

An activity planner was in place, with some visiting entertainment arranged. However, there was no evidence of this being planned in line with people's needs, likes or wishes.

We observed care staff trying to carry out planned activities throughout the day, in-between meeting people's other needs. This meant engagement was sporadic and not meaningful.

Care staff told us opportunities for getting outside were few.

We saw little evidence of people who spent time in their rooms being supported to experience meaningful days.

The service advised that they had employed a full-time activity coordinator and were waiting on work checks.

This area for improvement is not met and remains in place.

Previous area for improvement 2

To ensure that the health, safety and wellbeing needs of people are met, the provider should establish a dynamic service development plan.

The plan should:

- a) take account of information from quality assurance processes and engagement with people, relatives and staff
- b) be updated regularly and
- c) keep track of progress and completion of tasks.

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).

This area for improvement was made on 18 November 2024.

Action taken since then

This area for improvement was not met and is now subject to an Improvement Notice which was issued on 18 June 2025.

Previous area for improvement 3

To ensure that the health, safety and wellbeing needs of people are met, the provider should expand their environmental improvement plan.

The plan should:

- a) consult with each person and/or their representative to ensure their views are taken into account and
- b) consider areas for improvement for every part of the service, including each bedroom, communal areas and outdoor spaces.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 18 November 2024.

Action taken since then

This area for improvement was not met and is now subject to an Improvement Notice which was issued on 18 June 2025.

Previous area for improvement 4

To ensure that people using the service are kept safe, the provider should follow best practice guidance relating to staff recruitment.

This should include, but is not limited to, the 'Safer Recruitment Through Better Recruitment (2023)' guidance document and the 'SSSC Registration - applying for and gaining registration, and exceptional circumstances (2024)' guidance document. Particular attention should be paid to attaining good quality references and ensuring all key identification checks are held within employment files.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24)

This area for improvement was made on 30 January 2025.

Action taken since then

The service had not conducted any recruitment since our last inspection; therefore this area for improvement remains in place and will be evaluated at our next inspection.

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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