

Bennochy Lodge Care Home Care Home Service

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Kirkcaldy
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Telephone: 01592642000

Type of inspection:
Unannounced

Completed on:
24 December 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 11 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 a follow up inspection to monitor progress made on the outstanding requirement and four areas for improvements made at previous inspections. 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
- spoke with five members of staff and management
- observed practice and daily life
- reviewed documents.

Key messages

We were pleased to see improvements continued to be made. However, further improvement was required to fully meet the outstanding requirement and areas for improvement.

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

Requirements

Requirement 1

By 03 December 2025, the provider must safeguard and promote people's physical, emotional and psychological health by ensuring people spend their time in ways that are meaningful for them. In order to achieve this, the provider must:

- a) ensure people's wishes, interests and previous life history are discussed and documented
- b) use this information to identify and provide opportunities for people to spend their time in ways that are meaningful and purposeful to them
- c) keep accurate and evaluative records of the impact and outcomes of the support provided
- d) provide appropriate training, guidance and support for all staff ensuring they understand the importance of meaningful and purposeful engagement and
- e) ensure staffing levels are sufficient to provide appropriate, person-centred support for people.

This is in order to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirement 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 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).

This requirement was made on 27 October 2025.

Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because we found no evidence to suggest people were consulted on how they would like to spend their time. We could not evidence that the activity planner took account of people's likes, dislikes or preferences. There were no opportunities for people to leave the home or establish links with the local or wider community.

During this inspection we saw the service had taken productive steps to ensure that there were daily opportunities for people to be engaged and active. We saw that individual reviews of people's interests and outcomes had been carried out to support planning of meaningful activities. We saw that this had resulted in some people being supported to take part in things that were important to them, for example writing letters on a typewriter. For most people, however, outcomes identified from reviews remained unactioned. Activity planners that we saw were generic and repetitive and we saw little evidence to suggest people were involved in devising the planners. The service should ensure that when supporting people with activity planning and goal setting, that these are person centred and SMART (specific, measurable, achievable, realistic and timely).

Staff told us they had sufficient time each day to support people with planned activities, including 1:1 time. We saw that staffing levels supported this. Care staff demonstrated an awareness of the importance of supporting people to do things that they enjoyed. We saw detailed recordings within care records of people's daily participation in the planned events. For example, "They engaged stroking the dog, while seated in their chair". Further attention should be given to recording regular feedback from people and using this to inform future planning that is person centred and meaningful.

We saw that the service had a regular system in place to monitor and evaluate meaningful days. Although actions had been identified, sufficient time had not yet lapsed for these to be implemented and evaluated. Care staff had not yet accessed any training or development resources to inform engagement planning or facilitation. This would enhance people's experiences and support them in living a 'good home life'.

We acknowledge the effort and work undertaken by the service to make improvements in this area. Further work is still required to ensure that people's physical, emotional and psychological wellbeing is enhanced by the engagement opportunities within Bennochty Lodge Care Home.

This requirement had not been met and we have agreed an extension until 23 February 2026.

Not met

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 support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that regular assessment of the service's performance is undertaken through effective audits. Where the audits identify areas for improvement, the improvements to be made must be detailed in an action plan which specifies the actions to be taken, the timescale within which the action is to be taken, the person or persons responsible for making the improvements, and the expected outcome of the improvement.

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 area for improvement was made on 21 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because although we saw that some audits had identified areas for improvement, the person responsible for the improvement, and within what time scale, were not always recorded. This made it very difficult to take appropriate action when identified improvements were not made.

During this inspection we saw many quality assurance processes were being carried out regularly and identifying areas for improvement. However, on the day of the inspection the person in charge was unaware of the quality assurance processes to be carried out, for example the daily walk-round checklist. The provider should ensure all staff are clear about their roles and responsibilities in relation to driving improvement.

This area for improvement had not been met.

Previous area for improvement 2

To support good outcomes for people, the provider should ensure all care and nursing staff receive regular supervision and appraisals to make certain their learning and development needs are assessed, reviewed and addressed. Alongside this, the service should use formal observations of practice of all care and nursing staff to monitor standards of practice and competencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

This area for improvement was made on 21 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because although staff supervision had commenced, they were sporadic and needed to be carried out with all staff on a regular basis. Staff competency checks, including observation of practice were being carried out, but this needed to be more structured and formalised.

During this inspection, although we saw supervisions were being carried out, further improvement was required. For example, future supervision due dates were marked as 'as required'; these should be more formally scheduled and on a regular basis. Supervision notes were written in generic form and not specific to individual staff members. We saw no evidence of goals being set for staff and this does not promote staff learning or development. We felt staff, especially the supervisors, would benefit from supervision training to make it meaningful and improve outcomes for people.

This area for improvement had not been met.

Previous area for improvement 3

To ensure people's safety, wellbeing and dignity, the provider should make certain the environmental improvement plan is adhered to and any areas for improvement identified are addressed timeously.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

This area for improvement was made on 21 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because as part of a previously made required improvement relating to the environment, the provider had to carry out an environmental audit and develop an action plan detailing how, and when, identified necessary improvements would be made. Improvements were being made on a priority basis. It was vital the action plan was adhered to in order to ensure continuous, improved outcomes for people using the service.

During this inspection we saw the environmental work that had been identified to take place in the main shower room had not yet been carried out. Other cosmetic repair works throughout the home were also still outstanding. We acknowledge that some of delays were as a result of factors that were outwith the service's control.

Our review of maintenance records identified a broken plug socket which was still in use and had not been actioned for immediate repair. We addressed this with the manager at the time of our visit. The service must ensure that any potentially hazards are addressed without delay. This supports an environment that is well-maintained and safe.

This area for improvement had not been met.

Previous area for improvement 4

To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have accessible, person-centred care plans in place that offer clear and up to date guidance to support staff.

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 area for improvement was made on 21 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because care staff told us they were not afforded dedicated time to familiarise themselves with the whole content of care plans. This was a missed opportunity to provide staff with useful information such as people's life stories, which would give staff more insight, understanding and commonality.

During this inspection, care staff told us that when updates were made to people's care plans, they were informed of this and had the opportunity to read the updates. Despite this, some care staff, including agency nursing staff, advised us that they had not read people's plans in their entirety. New staff expressed a difficulty accessing plans. The provider should ensure that all care and support staff are familiar with people's support plans. This ensures that people's needs and wishes can be met and respected.

This area for improvement had not 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.

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