

# Bennochty Lodge Care Home Care Home Service

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Kirkcaldy  
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**Type of inspection:**  
Unannounced

**Completed on:**  
24 February 2026

**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 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 5 people using the service
- spoke with 5 members of staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The service had worked hard to meet the outstanding requirement relating to meaningful engagement, and the two outstanding areas for improvement relating to staff supervision and the environment.
- Further improvement was required to fully meet the outstanding areas for improvement relating to quality assurance and care planning.
- People we spoke with were happy with the care and support they received at Bennochty Lodge.

## 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 21 October 2025.**

#### Action taken on previous requirement

This requirement was made as the result of a previous inspection. It was made because during a previous inspection 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. At the last inspection we saw the service had taken productive steps to ensure there were daily opportunities for people to be engaged and active. We saw individual reviews of people's interests and outcomes had been carried out to support planning of meaningful activities. 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. Care staff had not yet accessed any training or development resources to inform engagement planning or facilitation. This requirement had not been met and we agreed an extension until 23 February 2026.

During this inspection we saw activity support plans had been developed in consultation with people using the service or family members on their behalf. The manager was also meeting with families individually to

discuss and agree the care plans in place. Monthly activity planners were devised from the information gathered about people's interests and preferences. People's participation and levels of ability/enjoyment were being recorded to evaluate future activity planning. Two activity champions had been appointed and attended NAPA (National Activity Providers Association) training on how to support activity for people with limited mobility. Further training was scheduled with Daily Sparkle which focusses on reminiscence and cognitive stimulation therapy. We saw evidence of people being supported to maintain friendships and interests such as attending groups at a local community centre, and church. There were no staff vacancies or use of agency staff therefore staff knew the people they were supporting well. This was evident in the interactions we observed.

**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

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 the result of a 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 the last 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 needed to ensure all staff are clear about their roles and responsibilities in relation to driving improvement.

During this inspection we saw the manager had given clear guidance to all staff relating to their roles and responsibilities. Daily walk-rounds were recorded and there was evidence of areas of improvement being

identified. However, we were not confident these were always being followed up. For example we saw one toilet flush in an en-suite had been broken for a week. A plumber had attended and was scheduled to return with replacement parts but this had not happened and no action was taken to get the matter resolved. Despite a 'do not use' sign being in place this had been ignored by at least one member of staff. This does not promote people's dignity or support IPC (Infection Prevention and Control). The provider needs to ensure remedial works are addressed timeously to support effective quality assurance and improvement.

This area for improvement had not been met and remains in place.

## 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 the result of a 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 the last 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 which did 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.

During this inspection we saw a supervision schedule was in place and being adhered to. The manager had been carrying out all supervisions whilst appropriate staff undertook training. Supervision records were relevant although we suggested to the manager it would be beneficial to elaborate on any agreed actions for clarity and tracking. The manager said she will be overseeing the process when the recently trained staff start supervising staff.

This area for improvement had 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 the result of a 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 the last 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 acknowledged 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 needed to ensure that any potentially hazards are addressed without delay. This supports an environment that is well-maintained and safe.

During this inspection we saw the outstanding improvements had been made. The shower room flooring had been repaired and the left side corridor flooring had been replaced. The leaking roof was fixed and a temporary repair had been made to the lounge ceiling until it is verified to be water tight. We advised the manager to address this as soon as practicably possible to make the area more pleasing to people. The broken plug socket had been replaced and we saw evidence of other required repairs being requested to the maintenance man.

This area for improvement had 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 the result of a 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 the last 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 needed to 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.

During this inspection we saw the manager was being proactive in ensuring all staff were familiar with people's care plans. She was using the staff communication group chat to highlight which sections of the care plans to concentrate on at any given time. The care plan software enabled her to see which staff had read the care plan and address the staff who had not. Daily huddles were taking place as a platform for nurses to inform staff of any care plan reviews and changes. However, we noted the newly devised activity care plans were stored in the activity folder and this information had not been transferred to the main care plans. This meant staff were familiarising themselves with care plans that did not contain up to date information on how to meet people's needs.

This area for improvement had not been met and remains in place.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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