Benvie Care Home
Care Home Service

38 Benvie Road
Dundee
DD2 2PE

Telephone: 01382 646 910

Type of inspection:
Unannounced

Completed on:
11 September 2026

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 Limited as part of Renaissance Care and is registered to provide a care service to a maximum of 60 people.

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.

About the inspection

This was an unannounced inspection which took place between 6 - 10 September 2026. The inspection was carried out by three 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 25 people using the service and seven of their families/representatives

spoke with staff and management

observed practice and daily life

reviewed documents

spoke with two visiting professionals

reviewed and considered online questionnaires from five family members, four people experiencing care, 20 staff and one external professional.

Key messages

We followed up on a requirement from an upheld complaint relating to complaints. We found that progress had been made and this requirement has been met.

We followed up on a requirement from an upheld complaint relating to the quality and variety of meals. We found that progress had been made and this requirement has been met.

Staff knew most people well and had developed positive relationships with them.

We had serious concerns about the staffing arrangements within the home.

We had serious concerns about effective monitoring arrangements to oversee food temperature checks at the point of service

People did not always receive responsive care that met their needs.

Oversight and auditing arrangements were ineffective in identifying and responding to significant risks and needed to improve.

We could not be confident that people's nutritional and hydration needs were being met consistently.

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

Quality Indicator 1.3: People's health and wellbeing benefits from their care and support.

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, the provider is required to take action to bring about improvement.

We observed some kind and warm interactions between staff and people experiencing care. Staff had developed trusting relationships with people and knew them well. One person told us, "staff are friendly", while another said, "we have a great laugh". This supported people's wellbeing.

We had significant concerns about staffing levels and staff were not always visible within the home. Intimate personal care was not always provided at the right time or in a way that upheld people's dignity. People waited for care and support, and some appeared dishevelled and unkempt. This negatively impacted people's dignity, comfort and psychological wellbeing. A staff member told us that when staffing levels were low, people simply had to wait (see requirement 1 in 'How good is our staffing?' section).

Medication systems were in place, and staff had received appropriate training. However, we were not confident people always received time-sensitive medication at the right time. This had the potential to negatively impact people's health and wellbeing. Leaders needed to strengthen oversight of medication practice (see requirement 1 in 'How good is our leadership?' section).

People benefited from access to a varied and balanced diet and consistently told us the quality of food had improved. Food was homemade, fresh and appetising. Since the last inspection, a complaint relating to food quality and variety had been upheld. We found sufficient progress had been made and this requirement had been met (see 'What the service has done to meet any requirements made at or since the last inspection').

We could not be confident that people's nutritional and hydration needs were consistently being met. Staffing shortages significantly affected mealtime support. The mealtime experience was unsettled and distressing for some people. People who required prompting, encouragement or assistance were not consistently supported to eat and drink. This meant people did not always receive the support they needed to maintain their health and wellbeing (see requirement 1 in 'How good is our staffing?' section).

People were not always offered alternative choices when they did not eat the food provided. Staff did not consistently recognise and respond to poor food and fluid intake, resulting in missed opportunities to support people's nutritional needs. Since the last inspection, a complaint relating to staff understanding of poor nutritional intake had been upheld and an area for improvement made (see 'What the service has done to meet any area for improvements since the last inspection?' Section). We found insufficient progress had been made and a new requirement was made to address these issues (see requirement 1 in 'How good is our staffing?' section).

We were also concerned that people's hydration needs were not always recognised or responded to promptly. Some people appeared very thirsty and did not always have access to drinks or the support needed to access them independently. This impacted people's comfort, hydration, dignity and wellbeing (see requirement 1 in 'How good is our staffing?' section).

When concerns were raised, leaders took prompt action and outcomes improved on days two and three of the inspection. However, we remained concerned that these issues had not been identified through the service's own monitoring arrangements. People's wellbeing, safety and comfort had been significantly impacted. Leaders needed to strengthen oversight to identify and respond to risks affecting people's health, wellbeing and safety (see requirement 1 in 'How good is our leadership?' section).

How good is our leadership? 2 - Weak

Quality Indicator 2.2: Quality assurance and improvement is led well.

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made a requirement to support improvement.

People and their families viewed leaders positively and told us they were approachable and responsive. They felt confident raising concerns and believed these would be addressed promptly. Leaders were available and responsive to concerns raised during the inspection.

We had serious concerns about the provider's oversight of staffing arrangements and their ability to ensure there were sufficient staff to meet people's assessed needs safely. Leaders were unaware of gaps in staffing and the impact this was having on people's care and support. When we raised our concerns, leaders responded immediately and addressed the staffing shortfalls. This improved outcomes for people during days two and three of the inspection. However, we were not confident that robust systems and oversight arrangements were in place to identify, monitor and respond to staffing risks proactively (see requirement 1 in 'How good is our staffing?' section).

Oversight and auditing arrangements were ineffective in identifying and responding to significant risks. Leaders were not proactive in ensuring quality care was in place. For example, leaders had not established effective monitoring arrangements to oversee food temperature checks at the point of service, and the safe handling of food (see requirement 1 in 'How good is our staffing?' section). Leaders were unaware these processes were not being followed consistently. This increased the risk of unsafe food practices and compromised leaders' ability to ensure people's health and wellbeing were protected. The provider responded immediately when concerns were raised. However, we were not confident leaders had effective oversight of risks affecting people's health, safety and wellbeing (see requirement 1).

We were also concerned about leaders' oversight of health and safety risks associated with the passenger lift being out of order. During the inspection, the lift was in the process of being fixed. Although standard operating procedures were in place, staff were not fully aware of these and, as a result, they were not always followed. We observed some unsafe working practices which placed people and staff at risk of harm. For example, staff were carrying unsealed containers containing hot liquids through corridors. This increased the risk of injury to people and staff. Leaders had not fully recognised the impact the lift outage was having on daily practice, and risks were not being effectively assessed or monitored (see requirement 1).

There was a significant lack of leadership and oversight across several areas of service delivery. We identified infection prevention and control (IPC), environmental and health and safety concerns that had not been recognised or addressed by leaders. These included compromised equipment, damaged furniture and a large accumulation of waste within an area accessible to people. This increased the risk of infection, injury and poor outcomes for people experiencing care. Leaders had not identified these concerns through their own oversight and quality assurance processes. Although the provider responded promptly when concerns

were raised, we remained very concerned that significant risks had not been identified through the service's own monitoring and oversight arrangements (see requirement 1).

Requirements

1. By 23 October 2026, the provider must ensure effective leadership and oversight to improve outcomes for people and keep them safe.

To do this the provider must demonstrate, at a minimum:

a) effective quality assurance systems are in place supported by meaningful analysis and evaluation

b) monitoring and oversight arrangements are in place to identify and address risks relating to the environment, maintenance, infection prevention and control and medication management

c) leaders are proactive in identifying and responding to risks affecting people's and staffs' health, wellbeing and safety

d) the lift is replaced and is fully functioning.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team? 2 - Weak

Quality Indicator 3.2: Staff have the right knowledge, competence and development to care for and support people.

Quality Indicator 3.3: Staffing arrangements are right and staff work well together.

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As the service is performing at a weak level, we were concerned about the welfare, health and safety of people. We made a requirement to support improvement.

We had serious concerns about staffing levels within the home and found there were insufficient staff to meet people's assessed needs safely. Although the provider responded promptly by increasing staffing levels and developing an action plan, it was concerning that inspectors had to identify these issues before action was taken. Staffing shortages meant people did not always receive care and support when they needed it. One person told us, "Sometimes this place is empty if we need help, don't know where to ask". This negatively impacted people's health, wellbeing and experience of care (see requirement 1).

Since the last inspection a complaint was upheld and an area for improvement was made relating to staffing arrangements overnight being adequate to support safe and responsive person-centred care (see 'What the service has done to meet any areas for improvement since the last inspection?' Section). Due to insufficient

progress made and the risk this presented for people we made a new requirement to address these issues (see requirement 1).

Although staff worked hard to meet people's needs, they were under significant pressure, and some aspects of care and support were delayed or missed. We observed people waiting for support with personal care and mealtimes. Some people became distressed whilst waiting for assistance. This meant people did not consistently receive responsive care and support that met their needs and preferences (see requirement 1).

Staff had little capacity to respond flexibly to changes in people's needs. One staff member told us, "We are regularly short staffed". This resulted in a task-focused approach to care and reduced opportunities for staff to respond to people's individual needs and wellbeing. We observed people waiting extended periods for care and support. In one example, we brought concerns about a person's need for care and support to staff's attention and were advised this would be addressed after the mealtime. This meant people did not consistently receive timely and responsive care that met their needs and this compromised their dignity, comfort and wellbeing.

Dependency assessments and safe staffing meetings were in place to inform staffing levels and skill mix. However, records showed minimum staffing levels were not regularly achieved. We were very concerned that leaders had not recognised these staffing deficits or the impact they were having on people's care and support. We were not confident that staffing arrangements consistently promoted people's safety, wellbeing and quality of life. The provider must ensure there are sufficient numbers of suitably skilled staff to meet people's care and support needs safely (see requirement 1).

We remained concerned about staff knowledge and practice in relation to nutrition, hydration and food safety. Alternative meal choices were not always offered, and food temperatures were not consistently recorded at the point of service. This demonstrated gaps in staff competence and increased the risk of poor outcomes for people (see requirement 1).

Requirements

1. By 23 October 2026, the provider must ensure there are sufficient numbers of skilled and competent staff at all times to meet people's needs and keep them safe.

To do this the provider must at a minimum:

a) ensure that at all times there are sufficient staff in numbers and skill to meet the assessed needs of people

b) ensure people receive appropriate support with eating and drinking, and that staff promptly identify and respond to poor nutritional intake and unplanned weight loss

c) ensure food is prepared and served safely by suitably skilled staff and that robust oversight arrangements monitor compliance with food safety procedures

d) demonstrate that staffing arrangements are responsive to changing needs and risks, taking account of the building layout and the view of people, their representatives and staff.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:
'My needs are met by the right number of people' (HSCS 3.15); and
'My needs, as agreed in my personal plan, are fully met and my wishes and choices respected' (HSCS 1.23).

How good is our setting? 2 - Weak

Quality Indicator 4.1: People experience high-quality facilities.

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. As the service is performing at a weak level, we were concerned about the welfare, health and safety of people.

Overall, staff were working hard to keep the home clean. Staff had received training on infection prevention and control (IPC) and systems such as cleaning schedules and IPC audits were in place. However, the effectiveness of these measures was inconsistent. Several areas of concern were observed on the first day of inspection which compromised people's safety and wellbeing. We have discussed these further in 'How good is our leadership?' section (see requirement 1 in 'How good is our leadership?' section).

People were at risk of harm due to being able to access areas of the home that were unsafe. The maintenance of the outdoor environment was inconsistent. Whilst people benefited from access to pleasant outdoor spaces, we identified significant concerns about the storage of rubbish, waste and debris within parts of the garden. This increased the risk of injury and negatively impacted the environment people lived in. Leaders had not identified these concerns through their own quality assurance processes (see requirement 1 in 'How good is our leadership?' section).

The lift within the home had been out of service for over two months. Whilst the provider had acted promptly to arrange repairs, there were ongoing works to the lift that had been delayed. A stair lift had been installed to support access between floors; however, this limited people's ability to move independently around the home. The lift outage also placed additional demands on staff and impacted day-to-day practice. Leaders needed to ensure the ongoing impact on people and staff was effectively assessed and monitored until a permanent solution was in place (see requirement 1 in 'How good is our leadership?' section).

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

Requirements

Requirement 1

This requirement was made following a complaint investigation.

By 31 August 2026, the provider must ensure that complaints are managed in a manner that is person-centred, transparent, and effective, and that all complaints are fully investigated and responded to in line with best practice.

To achieve this, the provider must, at a minimum:

a) Ensure that all complaints responses clearly acknowledge the nature, seriousness and full scope of the issues raised, and provide clear evidence of investigation findings and actions taken

b) Ensure that apologies are appropriately framed, acknowledging identified care failings and their impact on people experiencing care and their representatives

c) Ensure there is effective oversight and quality assurance of complaint investigations and responses, to support learning, accountability and continuous improvement

d) Demonstrate how learning from complaints is used to inform changes in practice and improve outcomes for people experiencing care.

Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

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 requirement was made on 2 April 2026.

Action taken on previous requirement

We reviewed complaints raised since our last visit and noted a marked improvement in how these were managed. This helped ensure people's rights were respected and concerns were responded to promptly.

Complaint correspondence clearly defined the concerns raised, investigations undertaken and outcomes. Improvement actions were identified and implemented in practice with the aim of improving care outcomes. This helped ensure people's concerns informed service improvement.

Met - within timescales

Requirement 2

This requirement was made following a complaint investigation.

By 31 August 2026, the provider must ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for the health, wellbeing and safety of service users.

In order to achieve this, the provider must:

a) Demonstrate the regular and meaningful involvement of people using the service, their representatives and staff in safe staffing arrangements

b) Demonstrate the consideration of the layout of the building in assessing safe staffing arrangements.

Regulation 7(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (Health and Care (Staffing) (Scotland) Act 2019).

This is in order to comply with:

Health and Social Care Standard 4.8: I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

This requirement was made on 2 April 2026.

Action taken on previous requirement

We remained concerned about how safe staffing arrangements were being assessed and managed. Planned night shift staffing arrangements caused concern and were raised with senior management during the inspection. Although additional staff were sourced promptly, it was concerning that inspectors had to identify this issue. The staffing shortfall was evident from planned rotas and was not the result of unexpected absence. This indicated that staffing levels had not been effectively assessed to ensure people's needs could be met safely.

We were not satisfied that people experiencing care, their representatives and staff were meaningfully involved in safe staffing arrangements. Whilst safe staffing meetings were taking place, staffing shortfalls and associated risks were not always identified or addressed. We also found limited evidence that the layout of the building and the impact of the lift being out of service had been fully considered when assessing safe staffing arrangements. As a result, we were not confident that staffing arrangements consistently supported positive outcomes for people or promoted their health, wellbeing and safety.

This requirement has not been met and has been incorporated into a requirement in 'How good is our staffing? ' section.

Not met

Requirement 3

This requirement was made following a complaint investigation.

By 31 August 2026, the provider must ensure that service users are offered a diet which is well prepared and well presented, and which meets their needs, likes and preferences. To achieve this, the provider must, at a minimum:

a) Review the skills and knowledge of the cook/chef to ensure they are adequate to meet the needs of the service

b) Carry out an assessment of the quality and choice of the meals and snacks served to people; this should include gathering feedback from service users, their representatives and staff

c) Develop an improvement plan based upon the findings of this assessment

d) Ensure fresh fruit and vegetables are available and served daily, in line with the provider's menu and expectations.

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 is in order to comply with:

Health and Social Care Standard 4.8: I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

This requirement was made on 2 April 2026.

Action taken on previous requirement

The service had made significant improvements to the quality and variety of food provided. A new cook had been appointed, and both catering staff were undertaking an appropriate qualification. This helped ensure people received more appetising, varied and nutritious meals that better supported their health and wellbeing.

From our observations and tasting of meals, it was evident that the quality, presentation and variety of food had improved. People received meals that were appetising and well prepared, which supported a more positive mealtime experience. Staff told us there was greater emphasis on tasting meals before service and gathering regular feedback from people to inform menu planning.

We saw fresh fruit and vegetables were readily available and offered to people. Leaders should continue to develop opportunities for people to access snacks and healthy options independently throughout the day, supporting choice and wellbeing.

An improvement plan was in place and was being used to monitor the menu and mealtime experience. This demonstrated a commitment to continued improvement and helped support better outcomes for people.

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

This area for improvement was made following a complaint investigation.

In order to support good nutritional outcomes for people, the manager should ensure all staff understand their role and responsibility in identifying and acting upon poor nutritional intake and unplanned weight loss.

This is in order to comply with:

Health and Social Care Standard 3.14: 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

This area for improvement was made on 2 April 2026.

Action taken since then

During the inspection, we observed staffing issues that significantly impacted the mealtime experience and people's outcomes. People who required prompting, encouragement and assistance to eat and drink were not consistently supported to do so.

People identified as being at nutritional risk were not always offered an alternative option when they had not eaten the food provided to them. This meant opportunities to monitor nutritional intake and identify those at risk of poor nutrition or hydration could be missed.

Staff appeared task-focused rather than person-centred at times. We observed one person who appeared thirsty and uncomfortable, however staff advised they would receive a drink at the next scheduled break. This raised concerns that people's immediate needs were not always being recognised and responded to promptly. This could impact on people's comfort, hydration, wellbeing and dignity.

We also observed that people who spent significant periods of time in their rooms did not always have access to drinks. Where drinks were available, some individuals were unable to drink independently and relied on support from staff, which was not consistently available.

These findings indicate that staff did not always demonstrate an effective understanding of their responsibility to identify and respond to risks associated with poor nutrition and hydration.

This area for improvement is no longer in place and has been incorporated into a new requirement under 'How good is our staffing?' section.

Previous area for improvement 2

This area for improvement was made following a complaint investigation.

In order to support good care outcomes, the manager should ensure all staff understand the requirement to work collaboratively with people experiencing care and their representatives.

This is in order to comply with:

Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

This area for improvement was made on 2 April 2026.

Action taken since then

People and their families told us communication within the service was good. Regular meetings were held with people experiencing care and their families, providing opportunities to share their views and influence decisions about the service.

We observed that reviews were taking place regularly and that people and their representatives were involved in discussions about their care and support. This helped ensure people's views were sought and their choices upheld.

This are for improvement has been met.

Previous area for improvement 3

This area for improvement was made following a complaint investigation.

In order to support effective falls prevention measures, the manager should ensure that known risks are effectively planned for and minimised as far as is reasonably practicable.

This is in order to comply with: Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

This area for improvement was made on 2 April 2026.

Action taken since then

We were very concerned about staffing levels on day one of the inspection and the impact this had on people's ability to receive responsive care. Staff were not always visible and people sometimes waited extended periods for support.

We were not confident that known falls risks were being effectively managed or that people would always receive prompt assistance when required. This increased the risk of harm and negatively impacted people's safety and wellbeing.

This area for improvement is no longer in place and has been incorporated into a new requirement under 'How good is our leadership?' section.

Previous area for improvement 4

This area for improvement was made following a complaint investigation.

Overnight staffing arrangements must be adequate to support safe and responsive person-centred care. The provider should ensure overnight staffing contingency arrangements are adequate until permanent arrangements are in place. The expected date for this should be shared with the Care Inspectorate.

This is in order to comply with:

Health and Social Care Standard 3.14: 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.

This area for improvement was made on 9 April 2026.

Action taken since then

We had serious concerns about staffing arrangements during the night shift on day one of the inspection. As a result of these concerns, we raised concerns with leaders and alerted the local social work team. We found staffing arrangements did not always provide the necessary skills, experience and competence required to meet people's needs safely. Leaders had not identified or responded to these concerns through their own oversight arrangements. Leaders responded when we raised concerns. This increased the risk of people not receiving safe, responsive and person-centred care.

This area for improvement has not been met and has been incorporated into a new requirement in 'How good is our staffing? ' section.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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
3.3 Staffing arrangements are right and staff work well together	2 - Weak

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

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