

Kincairney House Care Home Service

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Telephone: 0141 333 1495

Type of inspection:
Unannounced

Completed on:
1 August 2024

Service provided by:
Perth Care Home Limited

Service provider number:
SP2021000064

Service no:
CS2021000102

About the service

Kincairney House Care Home is a care home for older people situated in a residential area of Perth. It is close to local transport links, shops and community services. The service provides nursing and residential care for up to 80 people. At the time of inspection, there were 63 people living in the care home.

Accommodation is arranged over three floors, in single bedrooms with en-suite shower facilities. There are eight lounge/dining areas, several other sitting/dining areas across the service, a cinema room, a games room and a self-service cafe area for people to use. The service also has a small accessible garden and balconies on the upper floors to provide outdoor space for people.

About the inspection

This was an unannounced inspection which took place on 30 and 31 July 2024. 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 five of their families
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Some progress has been made in relation to requirements 3 and 4.
- We could not be confident that people were receiving their medication as prescribed.
- Quality assurance systems were not being used effectively to provide oversight of the service.
- Staffing levels and skill mix were not being reviewed in response to changes in peoples' needs, or new admissions to the service.

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 staff team?	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

Due to concerns identified during the inspection, this quality indicator has been re-evaluated to weak. Please see the section 'what the service has done to meet any requirements we made at or since the last inspection' for more information.

How good is our staff team?

2 - Weak

We have evaluated this key question as weak. We identified a number of concerns in relation to staffing levels which had the potential to negatively impact on peoples' experiences. Please see the section 'what the service has done to meet any requirements we made at or since the last inspection' for more information.

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

Requirements

Requirement 1

By 27 August 2023, extended to 27 June 2024, the provider must ensure that service users are safe from harm by administering medication safely and effectively.

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

- a) ensure that people receive their time critical medications, at the prescribed time
- b) ensure that medication administration records are completed accurately
- c) ensure that monitoring arrangements are effective in responding to any errors or delays in the administration or recording of a service user's medication.

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

This requirement was made on 18 April 2023.

Action taken on previous requirement

During the inspection we sampled medication records for people who live in Kincairney House. Although some people had times indicated for their medications to be administered, these were not consistently administered at those times. Some medications are required to be administered at specific times, for example for symptom management. In addition to medications not consistently being administered as prescribed, we identified gaps on medication administration records which demonstrated people had not received their prescribed medications. These issues had not been identified by staff administering medications, or by the leadership teams audit processes. We therefore could not be assured that people who lived in Kincairney House would receive their medication as prescribed, and were therefore at risk of poorly managed conditions which put their health, safety and well-being at risk.

This requirement has not been met and has been extended until 29 August 2024.

Not met

Requirement 2

By 27 August 2023, extended to 2 June 2024, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include but is not limited to ensuring that:

- a) there is a quality assurance system in place to support a culture of continuous improvement
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
- c) ensure the quality assurance systems and processes in relation to medication management, care planning and accident/incident monitoring are further enhanced. To do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained.

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that 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)

This requirement was made on 18 April 2023.

Action taken on previous requirement

At the time of inspection, there were several quality assurance systems in place to support a culture of continuous improvement. We heard from members of the team at Kincairney House about flash meetings, registration matrices, medication audits and the very recent implementation of daily huddle meetings. We heard that all of these were in place to try and promote communication, information sharing and oversight of the service. A relatives meeting had been held in May 2024, however minutes were not available for this at the time of inspection. Staff meeting minutes were not available for meetings since March 2024.

We reviewed medication administration records within the service and identified a number of concerns. Some medication audits had taken place, however did not consistently identify the areas for improvement. Where these audits did identify areas for improvement, there were no action plans available to demonstrate how these improvements would be made and reviewed. We were not assured that concerns with medications were being identified and actioned by staff. Please see requirement 1 for more information.

Overall, we were not assured that quality assurance systems were identifying areas for improvement consistently, or that these were being actioned to promote positive experiences for people.

This requirement has not been met and has been extended until 13 September 2024.

Not met

Requirement 3

By 27 August 2023, extended to 27 June 2024, the provider must ensure that people are supported by a staff group fully trained to meet their assessed needs. To achieve this the provider must:

- a) produce a training needs analysis and staff development plan that reflects the training the staff group require
- b) ensure staff have access to training to meet the needs of people being supported. This must include but is not limited to, adult support and protection, dementia care, management of stress and distress, fire safety, IPC, medication management
- c) ensure that there is an effective system in place to evaluate the effectiveness of training and its impact upon staff practice.

This is to comply with Regulation 15 (b)(i) (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state: '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 requirement was made on 18 April 2023.

Action taken on previous requirement

It was positive to see that access to training for staff had improved since the last inspection. An overall training matrix was now in place which provided the leadership team with oversight of staff training, and clearly indicated when staff training was completed and then due. A chart of role specific training had been created and was now in place for reference when reviewing staff training records. An overall training needs analysis and staff development plan have not yet been developed.

Training evaluation sheets were now in place for some training sessions. These were in a tick box format and therefore did not necessarily gather relevant feedback on the impact of staff training upon practice, or if staff felt confident and competent in the subject area.

Although progress can be identified for this requirement, it is not yet fully met and has been extended until 13 September 2024.

Not met

Requirement 4

By 27 June 2024, the provider must ensure that any complaint made under its complaint's procedure is recorded, fully investigated and an outcome is provided to the complainant.

This is in order to comply with regulation 18(3) 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 Health and Social Care Standard (HSCS which state: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'. (HSCS 4.21)

This requirement was made on 25 April 2024.

Action taken on previous requirement

The service had implemented new concerns and complaints folders to ensure information was stored securely. Information contained within these folders was relevant and from those we sampled, information on the investigations were clear and the overall outcomes were stated. Staff we spoke to knew how to access these folders and the complaints procedure, should they need to.

People we spoke to told us that they knew how to raise concerns in the service, and felt they could approach members of the staff and leadership team. However, some people we spoke to felt that concerns they raised were not always addressed timeously or that they did not get a response.

It is important that all concerns or complaints raised are addressed and an outcome is provided to the complainant.

There has been progress with some elements of this requirement, but it is not yet fully met and has been extended until 13 September 2024.

Not met

Requirement 5

By 28 June 2024, the provider must ensure that, at all times, the number of staff working in the care service is appropriate to support the health, wellbeing, and safety of service users and the provision of safe and high-quality care.

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

- a) ensure their overall assessment of staffing takes account of aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all service users, the views of staff and the views of service users
- b) ensure that a meaningful, open, and transparent process of gathering and sharing views and information about staffing levels is developed and regularly reviewed for effectiveness.

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

This requirement was made on 9 May 2024.

Action taken on previous requirement

At the time of inspection, there were 63 people living in the service. The care home consists of eight units, across three different levels. All eight units were open and in use at the time of inspection.

Dependency tools were in place in the service, these should be used to assess peoples' needs to help inform staffing numbers and skill mix required to meet these needs. Members of the leadership team we spoke to, shared that these tools were to be completed on a monthly basis. We would expect that dependency assessments would be updated when there is an identified change in someone's needs, or new admissions and discharges. However, the most recent dependency assessment was completed on 9 June 2024 and had not been updated in response to new admissions or discharges from the service. This meant staffing levels had not been reviewed or adjusted to take into account the changes to peoples' needs. We therefore were

not assured that staffing levels were being reviewed to ensure they were reflective of the needs of the people living in Kincairney House.

We observed staff to be busy throughout their shift, and they appeared to be trying their best to meet the needs of people who lived in the service. However, people living in the service and families told us that there were not enough staff. They gave examples such as their food being cold when provided to them due to how busy the staff were. A person using the service said 'that it takes forever to get an answer when you press the buzzer'. This meant people experienced a delay in accessing the support they needed for personal care.

Overall, we were not assured that staffing numbers are reflective of the needs of the people who live in Kincairney House. This has the potential to have a significant negative impact on people's experiences.

This requirement has not been met and has been extended until 29 August 2024.

Not met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) 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 staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

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