

Kincairney House Care Home Service

Glover Street
135 Glover Street
Perth
PH2 0JB

Telephone: 0141 333 1495

Type of inspection:
Unannounced

Completed on:
5 September 2024

Service provided by:
Perth Care Home Limited

Service provider number:
SP2021000064

Service no:
CS2021000102

About the service

Kincairney House 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.

Accommodation is arranged over three floors, in single bedrooms with ensuite 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 café 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 which took place on 5 September 2024. The inspection was carried out by a team manager and one inspector from the Care Inspectorate, an inspection volunteer and participation coordinator. 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. This report should be read in conjunction with the previous reports dated 25 April and 1 August 2024.

In making our evaluations of the service we:

- spoke with ten people using the service and four of their family/friends/representatives
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Medication management had improved since the previous inspection.
- Staffing levels had increased and deployment of staff had been reviewed in response to changes in people's 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?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

This inspection focussed on improvements required from the inspection on 1 August 2024. We have detailed the progress in these areas under the following section of this report:

- what the service has done to meet any requirements we made at or since the last inspection.

We have re-graded the service in recognition of the requirement met. Grades have been moved upward, as we evidenced that the previous grade of 'weak' is now 'adequate'.

How good is our staff team?

3 - Adequate

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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, extended to 29 August 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

Since the previous inspection, the service have introduced a time critical monitoring tool that is carried out daily by the clinical lead and manager.

Medication awareness information sheets have been introduced that cover time critical, day specific, set time and night shift administration. These are displayed in each of the nurses' stations to inform staff practice and this is monitored daily.

Daily missed medication reports are carried out so any discrepancies can be addressed timeously.

Medication audits were carried out frequently and were effective in identifying issues that could then be effectively managed and learned from. In this way, the likelihood of repeat errors was minimised.

Examination of medication administration records identified improvements in practice, we could evidence people were receiving their prescribed medications at the correct times.

We will continue to monitor medication management at future inspections to ensure the improvements in practice are maintained.

Met - outwith timescales

Requirement 2

By 27 August 2023, extended to 2 June 2024, extended to 13 September 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

Not assessed at this inspection.

Not assessed at this inspection

Requirement 3

By 27 August 2023, extended to 27 June 2024, extended to 13 September 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

Not assessed at this inspection.

Not assessed at this inspection

Requirement 4

By 27 June 2024, extended to 13 September 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

Not assessed at this inspection.

Not assessed at this inspection

Requirement 5

By 28 June 2024, extended to 29 August 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

The service had used dependency tools to support decisions about the number of staff required on each shift to ensure that people's assessed needs were being met. The number of staff had increased and remained at a higher level following our last inspection. Deployment of staff throughout the building had improved and we saw staff visible in all areas of the service. This meant that people would be able to get support quicker when this was required. The atmosphere across the service appeared to be more relaxed, which supports a more comfortable homely experience for people.

Information about staffing and recruitment had been shared with the staff team, people living at the service and their relatives. Information about staffing levels was available in the main reception area for relatives and people living at the service to access. Minutes of a recent relatives' meeting also confirmed that discussions had been held about staffing, enabling relatives to contribute suggestions and ideas more easily

This requirement has been met, however, the service recognise this change must be sustained and built on to continue to improve the day to day experiences of people who live at Kincairney House. During our observations we saw limited interaction between a noticeable number of staff and people living at the service. Managers had recognised this and were in the process of developing plans to provide training for staff to develop their skills and confidence in this area. We also observed some very good interactions, and it is important for the service to use this as good practice examples to support greater understanding across the whole team.

Met - outwith timescales

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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