

# Kincairney House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
3 October 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 a follow up inspection which took place on 3 October 2024. The inspection was carried out by 2 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 4 people using the service and 2 of their [family/friends/representatives
- We spoke with 4 staff and management
- observed practice and daily life
- reviewed documents

## Key messages

The service had begun to address the requirements made as an outcome to a Complaint Investigation, however practice needed to be embedded and consistent. Timescales for the requirements were extended to afford the service additional time to meet the requirements.

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

### Requirements

#### Requirement 1

By 30 September 2024, the provider must make proper provision for the health, welfare, and safety of people using the service. In particular, the provider must:

- a) Ensure care staff are fully aware of their responsibility to access other healthcare professionals in response to potential injury of an individual using the service.
- b) Ensure appropriate healthcare assessment takes place following a potential head injury.
- c) Ensure appropriately evidenced based fall risk assessment tools are used to ensure an accurate assessment of the risk of an individual falling.
- d) Ensure a fall prevention care plan is in place for those individuals at risk of falling.
- e) Ensure the fall prevention care plan clearly details the measures required to keep the individual safe.
- f) Ensure all potential fall prevention measures/equipment are considered for an individual at risk of falling.
- g) Ensure post fall assessment and review takes place at least monthly, following a fall, the prescription of a new medication, and/or a change in the individual's condition.

To be completed by: 30 September 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 6 August 2024.**

#### Action taken on previous requirement

The service had begun to make improvements in meeting this requirement.

We saw that many staff had completed fall prevention and fall management awareness training.

Outstanding training was planned for those staff members who were yet to attend. It is important that training continues to be evaluated to ensure all staff have fully understood their responsibilities in relation to fall prevention and seeking other healthcare professional input post fall.

The service had identified the need for a "post fall checklist" to enable staff to continually monitor and provide care. This was to include the introduction of Neuro Observations. We saw that this had begun but was inconsistent. This demonstrated a gap in staff's awareness and understanding of the process. Awareness training and evaluation should continue to ensure all staff are fully aware of their

responsibilities.

The service planned to ensure that all fall risk assessments and fall prevention care plans are reviewed following each fall experienced by an individual. These were to be overseen by the management team. We saw that this had begun but was again inconsistent. This continued to demonstrate a gap in staff's awareness and understanding of the process. There continued to be a lack of consideration of alternative measures to prevent and reduce the risk of falls in the service. Improvement work remained outstanding in this area.

The service planned to ensure that all fall prevention care plans included clear detail in relation to risk and how to reduce the likelihood of the individual experiencing a fall and injury. We saw that there had been some improvements in care planning relating to fall prevention and this improvement should continue to develop and become an embedded practice. Care Plans had begun to consider internal and external factors which could increase the risk of fall and measures required to reduce this risk, such as the consideration of health-related risks, environmental risks and the introduction of medications. Care Plans had also begun to consider how various items of equipment can be introduced to reduce the risk of individual's falling.

The service planned to use the "Resident of the Day" process as an opportunity to review fall prevention care plans. This practice was in it's infancy and should be developed to become an embedded practice.

The requirement has been extended until 31 October 2024.

**Not met**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

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