

Kincairney House Care Home Service

Glover Street
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Perth
PH2 0JB

Telephone: 0141 333 1495

Type of inspection:
Unannounced

Completed on:
15 November 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 inspection which took place on 14 November 2024. The inspection was carried out by a team manager and 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.

This report should be read in conjunction with the previous reports dated 25 April, 1 August and 5 September 2024.

In making our evaluations of the service we:

- spoke with ten people using the service
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- People were treated with kindness and respect, feedback from all spoken with was very positive about the quality of the staff.
- Improvements in the quality assurance processes had taken place.
- There was a variety of activities available for people in the service.
- Some improvements to risk assessments and care planning had been actioned.
- Staff training had been delivered, and systems were now in place to monitor the implementation and effectiveness of this.
- Ongoing reviewing of staffing levels must continue 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
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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 5 September 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.

A requirement was made as a result of an upheld complaint investigation regarding falls risk assessment, associated care planning and ensuring care staff are fully aware of their responsibility to access other healthcare professionals in response to potential injury of an individual using the service. The service had taken steps to address this, and we evidenced that, for most people, falls assessments and associated risk assessments were in place and being reviewed regularly. However, the service needs to continue implementing these documents for all people living in the service to inform staff practice and reduce risks. **See requirement 1.**

Requirements

1. By 9 December 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 appropriately evidenced based fall risk assessment tools are used to ensure an accurate assessment of the risk of an individual falling

b) ensure a fall prevention care plan is in place for those individuals at risk of falling

c) ensure the fall prevention care plan clearly details the measures required to keep the individual safe.

To be completed by: 9 December 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 Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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 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

The provider has a range of quality assurance systems and audits to help identify any shortfalls and drive forward improvements in the quality of practice and care provision.

The quality assurance processes had been implemented to take account of people's experiences. With the support of the Quality Compliance team, these are now being used effectively to improve outcomes for people.

The provider has an expectation that each of their services will use a Service Improvement Plan to recognise and address any improvements identified when completing their audits and quality processes. This was seen to be being implemented routinely and updated to reflect changes and improvements.

Met - outwith timescales

Requirement 2

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

The service had developed a clear and comprehensive training matrix to ensure that there was an up to date overview of all training required or completed by staff on all levels within the service. We saw that a wide range of eLearning including, Fire Safety, Adult Support and Protection, Dementia, IPC and Medication Management had been completed by the majority of staff over recent months. Where training had not been completed yet, this was identified and allocated to the staff member. This meant that people who used the service could be more confident that the staff supporting them had up to date learning and skills to meet their needs.

The service had also introduced a range of face to face training sessions including Adult Support and Protection, Accountability and Positive Behaviour Support (PBS). Again, we saw that a range of staff had attended this training, with further dates planned to offer to more staff. Feedback from staff had been positive, particularly for the PBS training and staff had been observed to put their learning into practice. We spoke with the Quality Support Manager who delivered the training, and they had returned to the service to evaluate learning and observe practice. Written responses to questions for staff showed a high level of understanding and positive, more confident practice had been observed in the units.

During our inspection we observed positive practice from staff and were aware of the general sense of calm throughout the home. This supported people living at the service to feel safe and more relaxed in their home.

Overall, this requirement has been met. The service continues to develop a plan based on identified training needs, using both eLearning and face to face sessions to support staff to gain more understanding and confidence in how they practice. The service intends to introduce a new system for training oversight and planning. This should help to enhance the improvements found at this inspection. We will follow this up at the next inspection.

Met - outwith timescales

Requirement 3

By 27 June 2024, extended to 13 September 2024, the provider must ensure that any complaint made under its complaints 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 a concerns and complaints folder to ensure information was stored securely. Information contained within the folder 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 and that they would be listened to and any complaints they raised would be dealt with and they would get feedback.

Met - outwith timescales

Requirement 4

By 30 September 2024, extended to 31 October 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 22 August 2024.

Action taken on previous requirement

Multi Factorial Risk Assessments had been introduced for most people and reviewed on a monthly basis, or sooner should the individual experience a fall or has a change in their condition. The completion of these risk assessments could be improved, and the action plan effectively used to identify risks and direct the care plan. Some identified risks and actions were vague and lacked specificity.

We noted that for some of the sample there remained no Multi Factorial Risk Assessment in place. This meant that the risk of the individual falling had not been fully assessed. For one of the samples neither a Multi Factorial Risk Assessment nor Fall prevention care plan was in place.

Most of the sample of Personal Support Plans inspected included a fall prevention care plan. These could be improved further by including recommendations from the Multi Factorial Risk Assessment. We did note that for some of the sample there remained no fall prevention care plan, despite there being a history and high risk of falls.

Some fall prevention care plans were detailed and included actions required by staff to keep the individual safe. However, some of the sample lacked detail as to how falls could be prevented. There should be more focus on preventative measures.

We saw that the use of fall prevention measures, such as equipment eg motion sensors, had been considered for individuals who had a risk or high risk of falling.

The management team had completed a number of post fall assessment and auditing tools which highlighted problem areas, trends and additional measures required to keep people safe. These demonstrated a good oversight of falls within the service and how these are managed. Any identified actions should continue to be fully considered as part of the improvement plan. For example; audits and analysis identified specific times of the day where more falls occurred, then deployment of staff should be further explored to keep people safe.

Staff supervision had been undertaken to ensure care staff were fully aware of their responsibilities in relation to reacting to and preventing falls within the service.

“Safety and Wellbeing” checks had been introduced to promote the overall safety monitoring of residents and to ensure no additional risks were present.

The staff team need some additional time and support to understand and appreciate the importance of using the fall prevention tools. We expect to see that fall risk assessments are effectively used to inform the care plan. This needs to be embedded in practice with the support of the management team.

Some parts of the requirement have been met and a new requirement made to address the outstanding issues. See Key Question 1.3 for details.

Met - outwith timescales

Requirement 5

By 31 October 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 there is an adequate provision of equipment to enable access to bathing/showering facilities for people using the service, in accordance with their needs
- b) ensure the personal support plan fully details the needs, wishes, choices of the service user in relation to personal care and grooming as well as any required equipment to access facilities
- c) ensure that at all times service users can summon assistance when required.

To be completed by: 31 October 2024 This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

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 12 September 2024.

Action taken on previous requirement

From the sample of Personal Support Plans inspected, we saw that individual's preferences and choices in relation to bathing/showering and personal care were included in the care plan. We saw that preferences, such as the preferred frequency of bathing and choice of products were included in the care plan.

The service had recently purchased an additional item of moving and handling equipment to ensure there was sufficient access to bathing/showering facilities.

We were confident that all residents had access to equipment to summon assistance. Responses to call alarms were prompt and timely.

Met - within 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

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