

Kincairney House Care Home Service

Glover Street
135 Glover Street
Perth
PH2 0JB

Telephone: 0141 333 1495

Type of inspection:
Unannounced

Completed on:
8 July 2025

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 8 July 2025. 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 two people using the service
- We spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

The service had begun to work towards meeting the requirements.

A newly appointed interim manager was in place who had begun to address outstanding requirements and areas for improvement as part of a Service Improvement Plan.

Work was required to meet all aspects of the outstanding requirements and timescales have been extended to 11 August 2025.

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

Requirements

Requirement 1

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

- a) ensure at all times adequate numbers of staff are appropriately allocated and available to service users
- b) undertake a full staffing review to ensure adequate numbers of staff are on duty at all times
- c) ensure all accidents and incidents are subject to robust investigation and analysis to improve the experience for people using the service
- d) ensure advice from other healthcare professionals is sought in response to injuries sustained as a result of an accident/incident.

To be completed by: 30 June 2025

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 is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

This requirement was made on 7 May 2025.

Action taken on previous requirement

The newly appointed interim manager advised us that a staffing review was underway to appropriately assess the needs of residents to ensure adequate staffing levels are available to safely meet residents' needs. This was yet to be fully completed at the time of our inspection. Time was required to afford the interim manager the opportunity to fully assess safe staffing levels.

We noted there to be staff available in all units at the time of our inspection however, without a safe staffing review we could not be confident that adequate numbers of staff were in each unit to safely meet residents' needs.

Time was required for the interim manager to fully oversee accident and incident reporting. Evidence showed that some previous accidents and incidents had yet to be fully investigated. The service must demonstrate that the outcomes of investigations are used to improve the care experience for individuals using the service.

Evidence showed that recent accidents resulting in injury were appropriately escalated to other healthcare professionals, such as out of hours, general practitioners and emergency services.

Time was required for the interim manager to establish systems and oversee the quality of the care service.

This requirement has been extended to 11 August 2025

Not met

Requirement 2

By 30 June, the provider must ensure care and support is provided in accordance with the individual's care plan. In particular:

- a) ensure the appropriate and safe use of equipment to keep individuals' safe
- b) ensure "as required" medication is administered in accordance with the care plan and the prescriber's instructions
- c) ensure robust investigation where practice is not in accordance with individuals care plan.

To be completed by: 30 June 2025

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 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 requirement was made on 7 May 2025.

Action taken on previous requirement

We noted that equipment required to keep individuals' safe such as, sensor mats and call alarms were appropriately available. It is essential that guidance for the use of equipment is fully recorded in the resident's care plan.

We noted that for one resident "as required" medication had not been offered in accordance with the prescriber's instructions. It is essential that systems of medication administration be systematically monitored by the management team as part of the quality assurance process.

Time was required for the interim management team to undertake quality assurance processes to ensure safe systems of medication administration and effective care planning.

This requirement has been extended to 11 August 2025

Not met

Requirement 3

By 30 June 2025, the provider must make proper provision for the safe and effective administration of medication. In particular, the provider must:

- a) undertake a full review of medication administration systems and practice
- b) ensure time critical medications are administered in accordance with the prescriber's instructions
- c) undertake a robust investigation into medication errors in order to improve practice.

To be completed by: 30 June 2025

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 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 requirement was made on 7 May 2025.

Action taken on previous requirement

The newly appointed interim manager was aware of the requirement to undertake a full review of systems of safe medication handling and administration. Time was required to afford the service the opportunity to audit and review safe systems of medication handling.

It is essential that the review includes an overview of time critical medications to ensure medications are administered in accordance with the prescriber's instructions. One resident's time critical medications had been reviewed by the general practitioner and a wider window of administration had been agreed. This ensured the medication was administered in accordance with the prescriber's instructions.

Time was required to afford the interim management team the opportunity to fully review systems of medication and to investigate and explore where any errors have occurred.

This requirement has been extended to 11 August 2025

Not met

Requirement 4

By 30 June 2025, the provider must make proper provision for the health, welfare and safety of people using the service. In particular the provider must:

a) must make such arrangements as are necessary for the provision to service users of adequate services from any health care professional.

c) demonstrate that staff have the appropriate knowledge and understanding of potential risks associated with individual service user's condition.

d) demonstrate that staff fully understand criteria for making appropriate referrals.

e) demonstrate that timely referrals are made in accordance with risk assessment and in anticipation of known frailty.

To be completed by: 30 June 2025

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 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 requirement was made on 7 May 2025.

Action taken on previous requirement

Time was required for the interim management team to review and progress the assessment and care planning processes. This will help to identify those residents who may require referrals to other healthcare professionals.

Some senior staff spoken with did not fully demonstrate an understanding of specific conditions which may require an anticipatory referral to other healthcare professionals such as, SALT (Speech and Language Therapist) Dietician and Podiatry. This should be considered on an individual basis prior to admission and dependent on their condition/prognosis and any known vulnerability or frailty.

There continued to be a lack of understanding of the criteria required to make some referrals. Staff must demonstrate a full understanding of risks associated with specific conditions and make referrals accordingly.

This requirement has been extended to 11 August 2025

Not met

Requirement 5

By 30 June 2025, the provider must demonstrate a care planning process in consultation with the service user and where appropriate formal and informal representatives. In order to achieve this the provider must:

- a) make provision for the consultation at an early stage, when needs change, when requested to and every six months.
- b) ensure that the personal plan is available to the service user and their representative, agreed and regularly reviewed.
- c) ensure that an "End of Life" care plan fully addresses the needs of the service user and how their physical, psychological, social, recreational and spiritual needs are to be met.
- d) ensure that all needs are adequately addressed and planned for, including those for pain management, meaningful activity and continence care.
- e) ensure that care records are regularly reviewed to ensure the provision of care is in accordance with the personal support plan.

To be completed by: 30 June 2025

This is in order to comply with:

Regulations 5(2)(a) and 5(2)(b)(i) 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 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

This requirement was made on 7 May 2025.

Action taken on previous requirement

Time was required for the interim manager to fully review the assessment and care planning process to ensure the full consultation and involvement of loved ones and representatives.

We did not find that all residents experienced adequate end of life care planning. We were advised of one resident who was currently receiving palliative care, however the care plan was not reflective of his end of life needs, wishes and choices. Nor did we see that this care plan had included the involvement or consultation with the individual's loved ones. Pain management had not always been planned for to ensure pain was fully assessed and pain relief appropriately offered at critical times of the day.

Work was required to improve the consultation and involvement of residents' loved ones and representatives in the care planning and review process.

This requirement has been extended to 11 August 2025

Not met

Requirement 6

By 30 June 2025, the provider must make proper provision for individuals' pain assessment and pain management. In order to achieve this the provider must:

- a) demonstrate a pain assessment which is appropriate to the needs of all service users, including those who can no longer verbalise their symptoms of pain.
- b) demonstrate that staff have a good understanding of individuals' diagnosis and the likelihood of chronic and acute pain symptoms.
- c) ensure an individualised and well planned pain management plan which takes into account the likelihood

of increased pain during interventions.

d) ensure individual's pain is frequently assessed in accordance with the pain management plan.

e) ensure medications to alleviate symptoms of pain are administered in accordance with the individual's symptoms and the prescriber's instructions.

To be completed by: 30 June 2025

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(SS1 2011 / 210)

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

This requirement was made on 7 May 2025.

Action taken on previous requirement

As previously discussed work was required to improve the assessment and care planning process in relation to end of life care and pain management.

Senior Staff spoken with did not fully demonstrate knowledge of pain assessment tools designed to assess pain where the individual can no longer verbalise their symptoms of pain. This identified a training need for senior staff.

Pain management was not always planned for, for those residents experiencing chronic or acute symptoms of pain. Work was required to improve pain assessment, planning and successful symptom relief, particularly where pain relief may be required prior to interventions such as, dressing changes and pressure relief.

Work was required to raise awareness of pain assessment and pain management processes with the care team to ensure individuals experience a pain free and comfortable end of life.

This requirement has been extended to 11 August 2025

Not met

Requirement 7

By 30 June 2025, the provider must ensure that any complaint made under the complaints procedure is fully investigated. In order to achieve this the provider must:

a) within 20 working days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the complainant of the action (if any) that is to be taken.

b) ensure open and transparent communication with service users and their representatives, particularly where expressions of dissatisfaction are made.

c) Undertake a review of the provision of care and support where expressions of dissatisfaction are made.

To be completed by: 30 June 2025

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(SS1 2011 / 210)

This is to ensure care and support is consistent 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 7 May 2025.

Action taken on previous requirement

Given a newly appointed interim manager was in place and no new complaints have been raised directly with the service we were unable to assess the progress of this requirement. We encourage the service to explore previously made and existing complaints to ensure that complaints handling is in accordance with the provider's procedure.

This requirement has been extended to 11 August 2025

Not met

Complaints

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

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