

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 four staff and management, observed practice and daily life and reviewed documents.

Key messages

The service had reviewed care and support plans and there was evidence of regular reviews.

Advice from other health professionals was documented and cross referenced in care and support plans.

There was clear management oversight of wound care in the service.

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

Requirements

Requirement 1

By 12 May 2025, the provider must support people to ensure they achieve good skin care outcomes to maintain their health and wellbeing. To do this, the provider must, as a minimum:

- a. ensure all staff receive training on skin assessment and care and pressure ulcer prevention;
- b. ensure that documentation and records are accurate, sufficiently detailed and reflect the care and support planned and provided;
- c. ensure that information from visiting health professionals is clearly cross referenced within the service's own documentation and care and support plan;
- d. be able to show evidence of regular management monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities to meet people's needs in relation to tissue viability which is being demonstrated through their practice.

To be completed by: 12 May 2025.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice. 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 31 March 2025.

Action taken on previous requirement

Care and support plans we reviewed included detailed guidance on how to meet each individual's skin care needs. These plans, along with associated risk assessments, had been regularly reviewed and updated.

We found evidence that the service made appropriate referrals to other healthcare professionals, with their advice and instructions clearly cross-referenced within the service's documentation and care plans.

We also noted that the management team maintained oversight of skin care and wound management. Weekly wound overview charts were in use and reviewed by both the manager and the Quality Team. Additionally, wound care was a standing agenda item at the weekly Clinical Risk Meeting, where it was discussed and formally recorded.

Met - within timescales

Requirement 2

Requirement 2:

By 12 May 2025, the provider must be able to demonstrate that fluid and nutritional needs of people who use the service are regularly assessed and adequately met. In order to achieve this, the provider must:

- a. demonstrate that all staff have a clear understanding of the appropriate management of food and fluid intake, including ensuring that people are positioned correctly when eating and drinking;
- b. ensure that care plans are fully reflective of people's nutritional needs and how these needs should be met;
- c. ensure that information about dietary requirements is recorded, known by staff and used to provide people with meals, snacks and drinks that meet their needs and preferences.

To be completed by: 12 May 2025.

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 31 March 2025.

Action taken on previous requirement

Nutrition and hydration care plans had been updated to reflect individuals' current needs and preferences, with clear guidance on how these should be met. Documentation included specific dietary requirements and highlighted the importance of appropriate positioning to support safe eating and drinking.

We found evidence that the service had sought input from Speech and Language Therapy and GPs, with their recommendations clearly incorporated into the care and support plans, which were regularly reviewed.

There was evidence of effective management oversight of nutrition and hydration. Concerns were raised and discussed during daily flash meetings and formally recorded in the weekly Clinical Risk Meeting.

During our observation of the lunch service, we noted that individuals were being supported appropriately to meet their nutritional and hydration needs. Staff demonstrated a good understanding of each person's dietary requirements, and food and fluid intake records were completed accurately.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to ensure people using the service experience access to equipment appropriate to meet their needs and to summon assistance when needed, the service should: undertake a full review of appropriateness of equipment and furnishings, such as beds/chairs. The service should also undertake regular observations of individual's access to call alarms in order to summon assistance.

This is to ensure care and support is consistent with Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

This area for improvement was made on 9 June 2025.

Action taken since then

We did not look at this Area for Improvement at this visit.

Previous area for improvement 2

In order to ensure individuals benefit from a service with a culture of continuous improvement with a robust and transparent quality assurance process, the service should address all complaints in accordance with the provider's complaints procedure, share outcomes within a timely manner, and use outcomes to improve the quality of care for service users.

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 area for improvement was made on 3 June 2025.

Action taken since then

We did not look at this Area for Improvement at this visit.

Previous area for improvement 3

To ensure positive outcomes for people, the service should ensure that records and documentation within people's care records is meaningful, relevant and accurate. This information should be up-to-date and reflective, to provide clear oversight of people's care needs and requirements.

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 area for improvement was made on 5 March 2025.

Action taken since then

We did not look at this Area for Improvement at this visit.

Previous area for improvement 4

The provider should engage in proactive communication with people's representatives when concerns are raised about their care, health and/or wellbeing. This would support an open and honest learning culture where people feel included, respected and listened to.

This is to ensure care and support is consistent with Health and Social Care Standard 4.3: I experience care and support where all people are respected and valued

This area for improvement was made on 5 March 2025.

Action taken since then

We did not look at this Area for Improvement at this visit.

Previous area for improvement 5

To promote good outcomes for people, the provider should ensure staff have appropriate training and understanding, to recognise and respond to the signs of pain and uncontrolled end of life symptoms for people experiencing care.

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 area for improvement was made on 5 March 2025.

Action taken since then

We did not look at this Area for Improvement at this visit.

Complaints

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.