

# Kincairney House Care Home Service

Glover Street  
135 Glover Street  
Perth  
PH2 0JB

Telephone: 0141 333 1495

**Type of inspection:**  
Unannounced

**Completed on:**  
3 September 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 an unannounced inspection which took place on 2 and 3 September 2025. The inspection was carried out by three 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 sixteen people using the service and six of their family/friends/representatives
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- reviewed questionnaires completed by people using the service, their relatives and staff
- spoke with two visiting professionals.

## Key messages

- Improvements in the quality assurance processes had taken place.
- Improvements to risk assessments and care planning had been actioned.
- The care team had effective oversight of people's healthcare needs and were responsive to changing needs.
- Staff training had been delivered, and systems were now in place to monitor the implementation and effectiveness of this.
- Detailed recruitment checks were undertaken to ensure staff were recruited safely and continued to remain suitable for working with people.
- Medication management needed to be improved.
- The management team was responsive to feedback and committed to making ongoing improvements within 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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	5 - Very Good
How well is our care and support planned?	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

We evaluated this key question as adequate. We identified some important strengths, which when taken together, outweighed areas of weakness.

People were treated with compassion, dignity and respect. We saw warm and kind interactions between staff and people who used the service. We observed staff being responsive to people's needs. People told us they were happy in their home and that "the staff here are great".

The service had introduced the Abbey Pain Scale as a way of assessing people's pain. We saw evidence of this being used effectively in the service. Staff we spoke to felt confident using the tool and found it useful in managing people's pain. We noted that staff were reporting on pain in the daily care notes and staff were using PRN (as required) medication to manage people's pain more effectively. Pain management care plans were in place and offered guidance to inform staff practice. Notes from the daily flash meetings also evidenced that pain management was being discussed and that referrals were being made to other health professionals when appropriate.

There were strong links between the service and other health professionals, with evidence of frequent contact for advice. This meant people benefitted from professional healthcare advice and any challenges posed in accessing healthcare were reduced.

Medication systems were, in the main, managed well. However, we identified some concerns with the medication administration processes which had the potential to put people at risk, specifically for people who required time critical medication at the correct time. Time critical medications were regularly administered later than the specified time on their administration records. We could not be confident that people's medication was always being administered as prescribed to ensure its effectiveness. This could have a potentially significant impact on people's health and wellbeing. **A requirement is made.**

People should expect to be given support with eating and drinking in a dignified way and have their personal preferences respected. Mealtimes appeared to be a calm, pleasant part of the day. People could choose to dine in the communal dining room or their own room if they wished. People were encouraged and enabled to eat their meals independently with just the right level of support from staff, where needed. There were varied menu options for people to choose from, with additional alternatives available on request to ensure people could have a meal they enjoyed. Snacks and home bakes were offered to people throughout the day. Staff were knowledgeable about people's nutritional needs and supported people appropriately, whilst still promoting their independence. Nutritional monitoring was being carried out on a regular basis for people who required it. Where changes were identified, these were referred to an appropriate health professional for further advice and action to ensure people got the right support for their needs.

People should be able to choose to participate in a range of recreational and social activities to help promote good wellbeing. The service recently employed new activities staff and plans were in place to improve the provision of activities when the new team is established. Providing a range of activities for people to choose from would promote wellbeing, inclusion and enjoyment for people experiencing care.

## Requirements

1. By 1 December 2025, the provider must make proper provision for the safe and effective administration of medication. In particular, the provider must:

- ensure time critical medications are administered in accordance with the prescriber's instructions.

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.

## How good is our leadership?

### 3 - Adequate

We made an evaluation of adequate for this key question. We identified some important strengths which, when taken together, outweighed areas of weakness. While we found leadership that clearly demonstrated the principles behind the Health and Social Care Standards, improvements were needed in order to build on the strengths and address elements which were not contributing to positive outcomes for people.

The management team and quality team have been supporting all staff to understand and carry out their roles and responsibilities. They have reviewed staff training and have started to observe staff practice and role model in order to ensure that staff have the correct skills and knowledge to support people safely. This has included updating training for some staff where necessary.

Responsibilities of senior care staff and nurses have been re-established to ensure that they are leading and directing the daily running of each unit. This has helped to ensure that people receive the required care and support timeously.

The service put in place an action plan following upheld complaints investigations. This included all the required improvements identified and how they planned to meet these. The action plan has been kept updated as the service has made progress. The action plan is clear, identifying the improvements to be made, timescales and who is responsible for completion of the improvements.

The provider has a range of quality assurance systems and audits to help identify concerns. The quality assurance processes had been implemented to take account of people's experiences. These are now being used effectively to improve outcomes for people.

The management team demonstrated a good understanding about what was working and what improvements were needed. There was a commitment to development and improvement, taking feedback from the inspection forward, and ensuring that the improvements identified continue to be sustained.

## How good is our staff team?

### 3 - Adequate

People should expect that the skill mix, numbers and deployment of staff meet the needs of people. We evaluated this key question as adequate. There were several strengths, but these only just outweighed the areas for improvement.

We saw interactions between staff and people who were using the service that were warm and kind. People told us the staff worked hard and tried their best. Care staff worked well together to ensure people experienced positive outcomes.

The service regularly assessed dependency levels to ensure appropriate staffing levels. We saw that staffing levels were mostly consistent with the assessed needs of the service. The number of vacant posts meant that the service was relying on agency staff, as well as existing staff working overtime to try and meet the assessed staffing levels. The service recognised having a consistent staff team who were familiar with people and their care plans, would support with continuity in the level of care and support. The service was actively recruiting care staff at the time of inspection and anticipated that this would prevent the use of agency staff on a regular basis.

Learning opportunities were developed for staff to ensure they could meet the needs of people who lived in the care home based on diagnosis and behaviours. This was regularly analysed and updated as people's needs changed. We saw evidence that staff had recently completed training such as dementia awareness, palliative and end of life care, person-centred care, and many other relevant training courses. This was reflected within people's care plans and we saw that this was being implemented into support practices. This meant that people could be assured that staff had the right skills and knowledge to meet people's needs as they changed.

Recruitment files sampled illustrated that the service was following safe recruitment practices. Pre-employment and, where relevant, Home Office checks were being completed and all staff who required registration with the Scottish Social Services Council (SSSC), Nursing and Midwifery Council (NMC) and Protecting Vulnerable Groups (PVG) scheme, were registered. People could be confident that the service was following safe recruitment practices which protected their safety and welfare.

## How good is our setting?

### 5 - Very Good

We evaluated this key question as very good, where major strengths impacted positively on outcomes for people living in the service.

People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space and comfort to meet their needs and wishes. The environment was relaxed, clean, tidy, well maintained and designed to enable and promote people's independence.

People had the correct mobility aids to enable them to mobilise as independently as possible and there was enough signage to help people find their way around without help.

Corridors and circulation areas were clear of hazards and a record of accidents and incidents was maintained. These measures helped to ensure people were safe and comfortable living in the care home.

People living in the home benefited from ensuite bathrooms and were encouraged to bring in personal items. Communal areas were tastefully decorated. People living in the home had access to outdoor areas and gardens from various locations within the home. Garden areas were safe, accessible, well kept and welcoming, with seating areas and picnic tables. People benefited from dedicated areas in the home which could be decorated and utilised for celebrations and private social events. We saw one of the dining rooms decorated with balloons and elegant table settings for a person's birthday.

The service benefitted from a dedicated maintenance staff member who had good oversight of the maintenance required in the building. Communication was good and this gave confidence that any matters of concern would be promptly addressed. Maintenance records were well kept and oversight of these documents was in place.

Staff carrying out housekeeping and cleaning duties were visible in the service. Staff were knowledgeable about infection prevention and control and the safe management of linens and waste.

### How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. We identified some important strengths which, when taken together, outweighed areas of weakness.

An electronic care planning system called Care Control was in place and the service was in the process of transitioning information to a cloud base.

Care plans were person centred, easy to navigate and had a clear structure. Care plans were monitored and reviewed regularly. We found that they were completed and reviewed collaboratively with staff, people experiencing care and their relatives. Plans included information about preferences, care needs, social needs and relevant background information. Anticipatory care plans were completed and updated, allowing people to express their wishes should their health deteriorate. This meant staff had access to information to enable them to provide person-centred care.

Where people had experienced wounds or pressure area care, staff had made appropriate referrals to health professionals and put in place the necessary equipment. However, we found that, in some cases, where people were being cared for in bed and required regular checks with positional changes, care documentation did not evidence that these were being carried out at the frequency suggested in care records. We could not be confident that people were receiving the required frequency of positional changes. This could have a serious impact on people's skin integrity. The manager agreed to address this as a matter of urgency.

Legal information, for example, Power of Attorney (POA) and Guardianship information regarding people's representatives was available in care plans. This meant that staff knew who to contact when there were changes in support, or concerns were raised, and what powers people held in respect of their ongoing care and support.

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

### Requirements

#### Requirement 1

By 30 June, extended to 11 August 2025, 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.

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 service had used a dependency tool 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.

Systems for logging accidents and incidents were being used and monitored effectively. Observation of records indicated that there had been improvements made in referrals and consultation with external healthcare professionals following any accidents or incidents. This helped management to identify trends and take prompt action to prevent recurrence.

**Met - outwith timescales**



## Requirement 2

By 30 June, extended to 11 August 2025, 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 individual's care plan.

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. We could see in care plans examined that guidance for the use of equipment was fully recorded to guide staff practice.

We found no issues with the safe administration of 'as required' medications. The management team had implemented a system for monitoring 'as required' medications. Where the manager had identified any deficits in staff competence, further training had been delivered as a result.

### Met - outwith timescales

## Requirement 3

By 30 June 2025, extended to 11 August 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.

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

Medications systems had been fully reviewed and were well managed; however, we looked specifically at people who had been prescribed time-critical medication. We noted that there continued to be occasions where people had not received their medication at the correct time. This had the potential to impact on people's health and wellbeing. This element of the requirement remains unmet and we have amended the requirement to reflect this. See Key Question 1.3 for details.

## Not met

### Requirement 4

By 30 June 2025, extended to 11 August 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
- b) demonstrate that staff have the appropriate knowledge and understanding of potential risks associated with individual service user's condition
- c) demonstrate that staff fully understand criteria for making appropriate referrals
- d) demonstrate that timely referrals are made in accordance with risk assessment and in anticipation of known frailty.

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

Strong links had developed between the service and health professionals, with evidence of frequent contact for advice. This was confirmed by visiting health care professionals that we spoke with. This meant that people benefited from professional healthcare input and advice when required.

## Met - outwith timescales

### Requirement 5

By 30 June 2025, extended to 11 August 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.

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

Within the care plans there was good evidence of conversations which had taken place between the service, people and families. They had recorded what people wanted to happen during end of life care, as well as preferences and wishes. Staff spoken with demonstrated a good understanding of the importance of ensuring end-of-life care planning is reflective of individuals wishes and choices.

#### Met - outwith timescales

### Requirement 6

By 30 June 2025, extended to 11 August 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.

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 1.14: 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

Staff used a recognised pain management tool to monitor signs and symptoms of pain. Plans were in place and staff worked collaboratively with external health professionals to review and adjust people's pain management. Staff had received further training on pain assessment. We found that staff had a good understanding of people's diagnosis and symptoms. This enabled staff to make prompt assessment to ensure people received the correct care, support and medication at the right time.

## Met - outwith timescales

### Requirement 7

By 30 June 2025, extended to 11 August 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.

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 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

No new complaints have been raised directly with the service, therefore we were unable to assess the progress of this requirement. All existing complaints were seen to have been handled in accordance with the provider's procedure.

This requirement has been extended to 1 December 2025

## Not met

## 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

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 18 February 2025.**

#### Action taken since then

All care records examined were seen to contain sufficient, detailed information that was meaningful, relevant and accurate to inform staff practice.

This area for improvement has been met.

#### Previous area for improvement 2

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 18 February 2025.**

#### Action taken since then

We found good evidence of conversations between people and their representatives to address any concerns that were raised. Relatives spoken with confirmed they were kept up to date with aspects of their loved one's wellbeing.

This area for improvement has been met.

## Previous area for improvement 3

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 18 February 2025.**

### Action taken since then

Staff had received training on pain assessment. We found that staff had a good understanding of people's diagnosis and symptoms. This enabled staff to make prompt assessment to ensure people received the correct care, support and medication at the right time.

This area for improvement has been met.

## Previous area for improvement 4

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

This area for improvement was raised as a requirement at a subsequent complaint investigation, see requirement 7 for details.

## Previous area for improvement 5

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 individuals' 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 noted that equipment required to keep individuals safe such as sensor mats and call alarms were appropriately available.

We could see in care plans examined that guidance for the use of equipment was fully recorded.

This area for improvement has been 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.

## 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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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