

# Care service inspection report

Full inspection

## Kincarrathie House Care Home Service

Pitcullen Crescent  
Perth



HAPPY TO TRANSLATE

Service provided by: Kincarrathie Trust

Service provider number: SP2003002118

Care service number: CS2003009760

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and 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.

## Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 [@careinspect](https://twitter.com/careinspect)

## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	6	Excellent
Quality of environment	6	Excellent
Quality of staffing	6	Excellent
Quality of management and leadership	6	Excellent

### What the service does well

Residents, relatives, staff and the management team have good relationships and work well together to make sure that the home provides a relaxed and homely place for the residents to live in.

Residents we spoke to told us they were happy with living here and that they felt that their care needs were always met.

### What the service could do better

The service should continue to build on their very good practice.

We asked the management team to consider the use of "Step into Leadership" to allow all staff within the home to be leaders within their role.

### **What the service has done since the last inspection**

Since the last inspection the residents and staff have further developed the range of activities available to residents and have built on their commitment to promoting the "Make Every Move Count" initiative to support older people to become more active.

Work has now been completed on the Memorial Garden within the walled garden in the grounds of the home and a "garden group" involving garden staff and residents, meets regularly to discuss developments within the walled garden.

### **Conclusion**

Overall this service is very well thought of by residents and highly respected by relatives and visiting professionals.

At the time of this inspection we were confident of excellent outcomes for residents through our observations of resident and staff interactions, observation of staff practice and through comments made to us by residents and relatives.

# 1 About the service we inspected

Kincarrathie House is a residential care home for older people which has been registered since 2002. The service is run on a voluntary basis by trustees of the Kincarrathie Trust.

Accommodation is provided within an extended detached Victorian house and comprises forty-four single rooms, forty three of which are en-suite. There are also a number of sitting rooms, dining areas, sun rooms and a sun terrace. Many of the rooms have panoramic views over the grounds and beyond to Perth city.

The care home has extensive garden grounds which are accessible for wheelchairs. A walled garden is maintained within the grounds and provides fruit and vegetables for the care home.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 6 - Excellent**

**Quality of environment - Grade 6 - Excellent**

**Quality of staffing - Grade 6 - Excellent**

**Quality of management and leadership - Grade 6 - Excellent**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this inspection following an unannounced inspection. This was carried out by one inspector. This inspection took place on 24 June 2015 between 9.15am and 4.30pm, on 25 June 2015 between 9.15am and 4pm and 2 July 2015 between 9.30am and 11.30am. Feedback was provided to the deputy manager and a team leader at the end of the inspection on 2 July. In addition, the Dementia Consultant visited the service on 25 June between 11.45am and 2.15pm.

As part of this inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent ten Care Standards Questionnaires (CSQs) to the manager to distribute to residents. Seven residents sent us completed questionnaires. We also sent ten CSQs to the manager to distribute to relatives and carers. Relatives and carers returned eight completed questionnaires.

During the inspection process, we gathered evidence from various sources including the following.

We used the Short Observational Framework for Inspection, 2nd edition (SOFI 2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we observed three people who were eating lunch in the dining room.

We spoke with:

- eight residents
- the manager
- the depute manager
- one team leader
- four care workers
- two kitchen staff
- the maintenance officer
- one visiting professional (art therapist).

We looked at:

- the participation strategy (this is the service's plan for how they will involve service users)
- minutes of residents' meetings
- minutes of relatives' meetings
- minutes of staff meetings
- residents, relatives and professional health staff questionnaires
- newsletters
- welcome pack
- staff files
- staff handbook
- care plans
- care plan audits
- medication records
- the environment and equipment.

## **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.



Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the provider. The self assessment included previous work carried out to develop the service along with current relevant information for each heading we grade services under.

The service identified what it thought the service did well, areas for development and planned changes. The provider told us how the people who used the care service had contributed to the self assessment. Please also refer to Quality Theme 1, Quality Statement 1 regarding the self assessment.

## Taking the views of people using the care service into account

We spoke with eight residents during the inspection. They all commented favourably on the quality of care and support they received.

Seven residents returned CSQs to us. Four strongly agreed and three agreed that they were overall happy with the care and support they received.

Comments made by residents are contained throughout this report.

**Taking carers' views into account**

No relatives were available on the days we inspected, however eight relatives returned CSQs. Six strongly agreed and two agreed that they were overall happy with the care and support received by their relative.

Relatives' comments are included throughout this report.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 6 - Excellent

#### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

#### Service strengths

The service was able to evidence excellent opportunities for people who use the service to participate in assessing and improving the quality of care and support provided by the service.

These included:

A participation strategy which provides details of how people could choose to be involved in commenting on and developing the service. The strategy outlines a range of ways that residents could be involved. For example, attending resident meetings, attending functions and activities, speaking their mind and so on. An easy read version of the strategy was displayed on notice boards throughout the home.

Regular meetings took place for residents to meet with care staff, and separate meetings for residents to meet with managers and trustees. Regular meetings also take place with relatives, managers and trustees. From the minutes of these meetings, we saw that there were regular opportunities for relatives and residents to influence how the service was developed to provide good outcomes for the residents.

One example of service development is that since the last inspection, a social work assistant from a local social work team has been attending coffee mornings with residents and relatives to talk about health and social care matters.

We saw evidence that the service deals appropriately with complaints and that feedback about the outcome of the complaint including action to be taken by the provider, is provided to the complainant within a reasonable timescale.

The service has developed an information pack which was given to prospective residents and we saw that this was updated in January 2015. This pack includes information about the aims and objectives of the service, a statement of residents' rights, information on how to raise a concern or complaint, a copy of the last inspection report and resident and relative questionnaire results.

Satisfaction surveys have been sent out to residents, relatives and professional health and social care staff earlier this year. These surveys have been carried out regularly over the past years.

The residents' satisfaction survey carried out by the service in February 2015 was returned by thirty of the forty two residents. Overall, the majority of residents found the care and support, environment, meals and staff to be "good" to "excellent". The results of the survey were fed back to residents in May 2015 and where additional comments were made, action taken to make improvements was included.

An example of this was where there was a comment about the food choices for specific diets. The service responded by confirming that menus were in the process of being revised and encouraging residents to raise matters about food choice with the kitchen staff directly. During the inspection, we observed kitchen staff meeting with a number of residents on an individual basis to discuss their food choices.

Other comments included more variety of activities to include outside speakers and more musical occasions in the evening. We spoke with the activity coordinator who is in the process of meeting with residents to look at introducing new activities.

In relation to staff, one resident commented we have "very friendly staff and helpful, always willing to give you a hand if you require it".

Thirty relatives responded to the relatives' survey and overall found the service to be "good" to "excellent" with more than half of the responses being "excellent".

Comments from relatives included:

"We continue to be extremely grateful to Kincarrathie for the care and attention given to dad."

"Delighted with mother's care - your care of her is exemplary."

"We are very pleased with the continuing care over the past year and the way in which changing needs have been responded to via the enhanced care plan."

Thirteen professional health workers had returned surveys and most found the service to be "very good" to "excellent" with more than half of the responses being "excellent".

Comments from professionals included:

"Very pleasant, friendly atmosphere with great service provided to the residents of the care home."

" I think Kincarrathie House is a very nice place to work and feel the residents are very well looked after."

"Kincarrathie House is the standard that all care homes should aspire to."

The manager wrote to all the people who had completed satisfaction surveys and encouraged anyone who was dissatisfied with any aspect of the service to speak to her to ensure that the service was on the right track towards making improvements to the service delivered.

Quarterly newsletters were produced for residents and included information about up-coming events, the garden, staff and residents' news. We saw that residents are involved in the production of the newsletter and the most recent edition included the memoirs of one resident.

Between meetings and newsletters, the manager would also keep residents updated about events by putting a memo on the noticeboards throughout the home.

We saw from care plans that residents and (where appropriate) their relatives were fully involved in how their care and support needs would be met. Care plans were regularly reviewed and this allowed a further opportunity for residents to participate in how the service would develop to meet their needs.

The deputy manager told us how residents participated in the recruitment of staff and we saw that residents were involved in showing prospective staff around the home prior to interview, that they prepared interview questions and were involved in the interview process. We were told that residents were also involved in the induction programme for new staff and provided feedback to the managers regarding their progress.

In summary, we found that meaningful participation was built into the day to day work practice of all staff and managers working within the service.

### Areas for improvement

The manager and deputy manager told us that residents are asked to comment on the self assessment prior to submission. This should continue to be promoted in the future and any specific comments by residents should be included in the self assessment.

The service should continue to promote participation in order to maintain the excellent standard identified at this inspection

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

“We ensure that service users' health and wellbeing needs are met.”

#### Service strengths

There was evidence to demonstrate that the service ensured the service users' health and wellbeing needs were met to an excellent standard.

Staff demonstrated a commitment to meet the needs of the residents through good teamwork and knowledge of the needs of each resident. Staff we spoke to during the inspection were clear about their role and what was expected of them in order to provide good outcomes for the residents. We also saw that kitchen staff took time to speak to residents to ensure that they were happy with meal choices.

We examined four care plans and found that they provided clear details of the needs of the individuals and how these should be met to ensure good outcomes. Care plans included appropriate risk assessments which ensured the safe management of risk while allowing the residents to be as independent as possible. An example of risk management planning was found in relation to the use of pressure mats in the residents' bedrooms.

The service has introduced an Anticipatory Care Plan for each resident and these are reviewed as part of the care plan review process. When it was assessed by the appropriate health professional that a person required palliative care, the service replaced the main care plan with a Resident Enhanced Care / Close attention Plan. This plan would be updated on a daily basis as necessary and included mouth care, fluid and food intake, skin integrity as well as spiritual and emotional support for the resident and their family. We saw evidence that this was working well during the inspection.

We saw that care plan audits were carried out regularly. Where action was required, it was clear what would be done to address matters and who would take any necessary action.



The home has links to a range of services including physiotherapy, psychiatry, social work, district nurses and so on. During a handover meeting, we saw that multi-disciplinary input was discussed by the team leader and the care staff.

We observed medication management and administration. This was carried out to a good standard. A number of residents manage their own medication and staff told us how they supported self administration safely so that residents were as independent as possible in this area of their daily living. We spoke to a resident who said "I can manage my own medication but am happy for staff to check what I am taking every so often".

Each resident has a residency agreement which sets out arrangements for provision of care and accommodation at the home. This agreement is signed by the resident and the service when they move into the home. The agreement is a good way of ensuring that residents' rights are upheld while they live within the home.

All staff had access to training which helps residents with their health and well being including medication administration, infection control, food hygiene, adult protection, dementia awareness and so on. Since the last inspection all staff, including kitchen and domestic staff, have undertaken Adult Protection awareness training. We spoke to staff during the inspection and we were satisfied that they would take necessary action if they were concerned that a resident was at risk of harm.

Activities are arranged through three activity coordinators and care staff. Details about weekly activities are placed prominently on a notice board by the main door. We saw evidence that residents are encouraged to attend activities within the local community, for example by attending the local church. We also saw that a regular church service is held in the home.

During the inspection we saw evidence of a range of activities taking place within the home and outwith the home. These included an art class, a general knowledge quiz, exercise class, bus trip and walks around the gardens. Residents we spoke to were clear that they could be as independent as possible and we saw that staff only helped when the resident requested help.

The walled garden and the memorial garden are much commented on by residents and relatives, and during the inspection we saw that quite a few of the residents spent time outside using appropriate mobility aids. Two mobility scooters are available for people to be more independent around the grounds and before using these, residents undertook a driving test to ensure they understood how they operated.

We had lunch with three residents. Each table seats up to four residents and there is one table for two, a husband and wife. There was an easy to read menu on each table although food choices had been made that morning. The cook told us that the kitchen staff check with each resident on a daily basis to find out what they would like from the menu. If nothing is suitable for the resident, the cook will arrange for an alternative meal.

Most residents chose to eat lunch in the dining room and we saw that there was an option to dine in a smaller setting with relatives or friends if this was requested. Meals were seen to be nutritious, good sized portions and were enjoyed by the residents we observed over lunch time. We saw staff offering discreet support in the dining room, choice of drinks and taking time to ensure that residents were finished each course. There was a quiet atmosphere in the dining room with a number of residents being engaged in conversation with others sitting at their table.

We spoke with the cook who told us that the three cooks hold regular "food meetings" with residents and staff and that changes to the 5 week menu are currently being planned. They told us that the managers are supportive of the menu continuing to be varied and based on the best produce available locally, including vegetables from the garden.

The residents we spoke to told us that they could do most things for themselves. Comments from residents included:

"Staff are friendly and very polite and ready to help me when this is needed."  
"I manage all my personal care needs and if I need any help to go out and about, say to a hospital appointment, then I can arrange for someone to go with me."

"The home has a computer available, but I have my own in my room and have a good internet connection to allow me to keep contact with family and friends."

In summary we found from our observations during the inspection, that there were excellent outcomes for residents within the home and that peoples' health and well being was enhanced by the excellent level of care provided by the staff at Kincarrathie House.

### **Areas for improvement**

The service should continue to promote the health and well being of residents to maintain the excellent standard identified at this inspection.

### **Grade**

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 2: Quality of environment

Grade awarded for this theme: 6 - Excellent

### Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

#### Service strengths

Please see Quality Theme 1, Quality Statement 3 for details of areas of strength which are also relevant to this Quality Statement

The service was able to provide excellent evidence to support that the environment allows service users to have as positive a quality of life as possible.

On arrival at the home, it was arranged that a resident would show us around. We began by being shown the main hall. On the wall were portraits of Mr and Mrs Bell who left the house to the Gannochy Trust. The resident provided a grand tour of the house including the bungalow which is attached to the main building. Some residents were sitting in their bedrooms, with others sitting in the various lounge areas around the home. The main lounge was empty for most of the morning with most residents engaged in their own morning routine. The availability of small lounges and the sun terrace, made the home feel very homely and personal to each resident.

The environment within the home was seen to be clean and free of odours and in a good state of repair. We spoke to domestic staff who told us that they speak with residents to find out what they need help with within their bedrooms. We saw that there was adequate cleaning supplies available to the cleaners and these were safely stored when not in use.

The main entrance door has a keypad for security and an "in" and "out" boards for residents. We saw that residents use the keypad and board with ease. Residents and relatives were made aware of the security code for ease of

access to the home. The deputy manager told us that a risk assessment would be completed for any resident who could be at risk due to the ease of access.

We saw that regular checks were carried out on mobility and safety equipment within the home. We spoke with the maintenance officer who is employed to carry out minor repairs and they also link with outside contractors who come to the home. During the inspection, an external contractor was in the home to maintain all wheelchairs, hoist and slings. Safety equipment such as fire extinguishers had also been checked as required on a yearly basis.

There were ample supplies of protective equipment for staff when supporting people with personal care available within bathrooms and toilets. During the inspection, we saw staff using this equipment and demonstrating appropriate infection control measures.

We saw that residents were able to use the environment to suit their own lifestyle choices. For example, the main lounge was available for activities such as quiz and musical events, and the smaller lounges within the home allowed a more private space for individuals to sit or meet with relatives and friends. We also saw that bedrooms were personalised, homely and of a good size with some providing panoramic views across the grounds.

A small room is also available for relatives or friends to stay overnight if this is necessary.

Individual risk assessments are held within care plans and identify risks, how these will be managed and when they will be reviewed. A number of residents have a pressure mat placed within their bedroom and we saw evidence that this was risk assessed and reviewed appropriately

The extensive grounds of the home, the memorial and the walled garden are used regularly by the residents and we saw that people went out for walks using mobility aids and scooters as required. One resident told us that he would go and sit in the memorial garden as often as possible in the good weather.

## Areas for improvement

The service could arrange for walks to be mapped out in the grounds to enhance the use of the garden and grounds.

The service should continue to ensure that the environment allows service users to have as positive a life as possible in order to maintain the excellent standard demonstrated at this inspection.

## Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“The accommodation we provide ensures that the privacy of service users is respected.”

### Service strengths

The service was able to provide excellent evidence that the privacy of service users is respected.

Prior to admission, residents are involved in the decoration and colour scheme for their bedroom and can decide to bring in their own furnishing to replace that provided by the home. All bedrooms have en suite showers and there is a rolling programme in place to upgrade all showers to level access as rooms become vacant.

We saw that the residents all have their own door key and staff always knock before entering a bedroom. When we examined the care plans of four residents, we saw that there was guidance for staff about what to do if a resident did not respond to staff. Each bedroom also has a lockable cupboard to secure valuables and personal items.

The sitting areas around the home also allow residents to have space for a quiet chat with staff or visitors.

A staff call system was in place throughout the home and was discreetly used by staff to attend to residents as required.

We saw the Kincarrathie House welcome pack for potential and new residents. The pack contains a wide range of helpful information about the home to inform the decision about moving in. The pack outlines that "respect, privacy and the dignity of the individual is uppermost in our minds". The statement of purpose for the home states that staff are trained to preserve and maintain the dignity, individuality and privacy of all residents. During this inspection we saw evidence that staff put this training into practice at all times. When we spoke with staff, they confirmed that from their induction training onwards, they were clear about the need to respect the privacy of each resident at all times.

The deputy manager told us that the home has a Confidentiality Policy which ensures that information about residents is not shared with others unless this is agreed with the resident, or where relevant, permission is given by a power of attorney.

We saw that each resident is provided with a Residency Agreement when they first move into the home. This agreement sets out the terms and conditions of the residency between the resident and the service. We looked at one agreement and this clearly outlines the right for each resident to have privacy within the home

### **Areas for improvement**

The service should continue to build on the current high standards which are in place to ensure that the privacy of service users is respected.

### **Grade**

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**



## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 6 - Excellent

### Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

### Service strengths

The service was able to provide excellent evidence to support that they have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

We read four staff files which included training, supervision and appraisal records. We saw that staff received regular supervision and development opportunities as part of their role. The service had supported most of the care team, with the exception of newly appointed staff, to achieve relevant Scottish Vocational Qualification (SVQ) for their post and at an early stage in their career. We saw that supervisors had undertaken the necessary supervisory units to meet the registration requirement of the Scottish Social Services Council (SSSC).

We looked at four staff files to examine the recruitment process and found this to be satisfactory. In addition, the manager keeps a record of the registration status of all staff and reviews this on a regular basis.

We saw that all staff had undertaken the informed level of Promoting Excellence in Dementia care. That four senior staff have completed the skilled level and other care staff are now being identified to complete the skilled level.

During the inspection we met a new member of staff who was working through the Induction Programme. They told us that support from the staff team and

the managers was very good and that the induction programme was helping to get to know about the residents and the job.

The home has a system of link staff which means that named staff have a lead for different aspects of the care and support provided, for example there is a link worker for anticipatory care plans. We met with this worker who showed us the work being done to keep these plans up to date. The worker was very enthusiastic for this aspect of their role and clearly enjoyed the leadership this allowed.

The manager and deputy manager told us that the service has an ethos of self development for all staff and that the staff team structure allows the possibility for staff to move to promoted posts within the home. We spoke to one member of staff who was enjoying her current role but would like to consider a change of role in the future. Another member of staff told us that they had worked in the home for a number of years and was always supported by the managers to undertake training and develop skills in carrying out the care role

One of the senior staff told us that "From day one, I have been fully supported in my role and I am given support and encouragement to develop my role and further develop my career".

Staff work a three shift pattern of early, late and night shift. The service has three care teams led by a team leader who takes responsibility for the handover meeting. We read records of staff team meetings and we saw that staff contributed to the discussion at these meetings and where suggestions for improvements were made, these were taken on board. We also observed during a handover meeting and saw that detailed information about the residents' day to day needs was provided by the team leader to the incoming staff.

We observed staff throughout the inspection and found their communication with residents, other professionals and visitors to the home to be of a consistently high standard. Staff members were friendly and supportive with residents and responded to request for assistance and call bells promptly.

## Areas for improvement

The manager should consider further opportunities for staff at all levels to complete the skilled level of Promoting Excellence in Dementia Care.

The service should continue to build on their excellent practice

## Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

### Service strengths

Please see Quality Theme 1, Quality Statement 3 for areas of strength which are also relevant to this quality statement.

We read a copy of the Employee Handbook which was updated and issued to all staff in January 2015. The handbook outlines the standards expected of staff as an employee of the Kincarrathie Trust including the need to treat all other employees of the Trust with respect and consideration at all times. During the inspection, we observed that all staff were respectful to each other at all times.

Residents also told us that they found staff to be attentive to their needs and one resident commented that staff always respected their need to be independent, but available to give assistance when needed.

In the self assessment, the manager told us that standards are set with staff from the induction programme onwards and relevant support and training is available to enable staff to provide a high standard of care. All staff are provided with access to the National Care Standards.

Comments from relatives in the CSQ's included:

"The staff and management are always polite, interested and caring in their attention to my relative's needs. An excellent home in every way."

"We consider ourselves fortunate that our relative lives and is cared for at Kincarrathie. It is an exceptionally good care home."

## Areas for improvement

National Care Standards should be discussed on an ongoing basis at team meetings.

The service should continue to build on their excellent practice in this quality statement.

## Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 6 - Excellent

### Statement 2

“We involve our workforce in determining the direction and future objectives of the service.”

### Service strengths

The service was able to provide excellent evidence in support of this Quality Statement.

In the self assessment, the manager told us that key aims and objectives are discussed and made available to staff for implementing throughout the year. We saw this on the notice board and we also read about the aims and objectives for the home in the welcome pack.

Regular meetings are held with the care teams and led by the team leaders. Team leaders also meet with other senior staff regularly and in turn, the manager and deputy manager meet with the Trustees. From records of these meetings, we saw evidence that ideas and suggestions made by staff are listened to and influence how the service is developed.

Each year, the manager sets out a Staff Survey which is circulated to all staff. 70% of the staff team responded to the most recent survey (July 2014) and commented on a range of aspects of the current service.

Staff were also asked to provide comments and suggestions to develop the service. One example was that the service should involve more staff in activities training. This has been taken on board by the managers and all staff have been asked to note their interest in this training. Another member of staff asked that the skill mix on each shift be reconsidered. The manager agreed a number of ways to take this forward including further investment in training.

Overall the survey showed that over 90% of staff felt that the current service was "good" to "excellent". Results from the survey were fed back to all staff through team meetings.

Staff we spoke to during the inspection told us that they were able to speak with the managers and express their views about the service. Staff felt that they were listened to and that good ideas were taken on board to improve outcomes for service users. An example of this is that garden staff have recently set up a "garden group" of residents to make sure that the garden is developed with the plants and vegetables which are important to residents.

We spoke with two of the activities coordinators who described how they use feedback from residents to develop the activity programme. A questionnaire is available to find out what activities the residents enjoy and suggestions for new activities. We saw that the weekly planner included suggestions from residents such as bringing in an outside speaker - on this occasion it was a social work assistant from a local team.

We also spoke to the kitchen staff and they told us that they had good support from the managers to make changes to the menus based on their discussion with residents and changes they requested to the food available.

### **Areas for improvement**

The service to continue to build on current good practice and consider further ways of involving all staff in the development of the service

### **Grade**

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

### Service strengths

Please see Quality Theme 3, Quality Statement 3 for areas of strength which are also relevant to this Quality Statement

We saw that staff have individual training plans which relate to their current role. We also saw from supervision/appraisal records that staff are encouraged to develop their skills to allow for potential promotion within the service. Staff are provided with salary incentives on the achievement of their SVQ to show the value placed on their effort.

The system of link staff provides the majority of staff with a leadership role in areas such as falls audit, vision care, infection control, residents' activities, palliative care and so on.

The manager told us that training is now in place for leadership courses for senior staff and some seniors have already completed this course. It is also planned that senior staff will complete the Professional Development Award and the Registered Managers Award later in 2015.

### Areas for improvement

The service could consider the Step into Leadership resource which builds leadership capacity at all levels within the workforce.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**



## 5 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

## 6 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

There are no outstanding recommendations.

## 7 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 8 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 9 Additional Information

There is no additional information.

## 10 Inspection and grading history

Date	Type	Gradings	
14 Aug 2014	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent 6 - Excellent 6 - Excellent
14 Aug 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
14 Aug 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 6 - Excellent 5 - Very Good 5 - Very Good
9 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
7 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
15 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
2 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good

4 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
11 Dec 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 5 - Very Good

## To find out more

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

You can also read more about our work online.

### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 [@careinspect](https://twitter.com/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 c?nain eile ma nithear iarrtas.

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.