

Kincarrathie House Care Home Service

Pitcullen Crescent
Perth
PH2 7HX

Telephone: 01738 621 828

Type of inspection:
Unannounced

Completed on:
2 July 2024

Service provided by:
Kincarrathie Trust

Service provider number:
SP2003002118

Service no:
CS2003009760

About the service

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

Accommodation is provided within an extended detached Victorian house and comprises of 44 single rooms, 43 of which are ensuite with bathing. 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 extensive grounds and beyond the river Tay to Perth City.

The grounds are easily accessible for the use of mobility aids. A walled garden is well maintained within the grounds providing fruit, vegetables and flowers for the care home.

About the inspection

This was an unannounced inspection which took place on 1 and 2 July 2024. 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 13 people using the service and three of their relatives/representatives;
- spoke with six staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

- People living in the home and their relatives were very happy with the service.
- We observed kind, caring interactions between people living in the home and staff.
- Management and recording of medication needed to improve.
- Management of people's nutritional needs needed to improve.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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?	4 - Good
How good is our setting?	4 - 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, where strengths only just outweighed weaknesses. While strengths had a positive impact, key areas need to improve.

We saw many warm, kind, caring interactions between staff and people experiencing care. Relatives and representatives told us that they were always made to feel welcome and that staff knew their loved ones very well. One resident commented 'the staff are very good and so kind.' Another told us 'they look after us very well, the staff are all just wonderful'.

People were supported to have an active life, both inside the home and in the local community. People had access to a range of meaningful activities. We saw that regular group and individual activities were taking place. People told us that they enjoyed the varied range of activities including exercise classes, musical entertainment and outings for lunch. These helped to make people feel happy, engaged and included within the home.

People should expect their health to benefit from the care and support provided. Regular health assessments and risk assessments were being completed by staff when people's health needs changed. The home had good links with local healthcare professionals including GPs, district nurses, podiatrists and dentists. This meant that people could be confident they were receiving the right healthcare at the right time.

We observed a mealtime experience over lunch. There was a relaxed, sociable atmosphere where meals were well presented. People told us their lunch tasted appetising. Staff chatted with people throughout the meal and encouraged people to go at their own pace. Tables were nicely set with linen tablecloths and napkins. People had a choice whether to have meals in the main dining room, smaller sitting areas or their own room. There were small jugs of juice and water on the table, with people being able to help themselves or being supported to do so which helped them to maintain their independence. We also saw people being offered a range of drinks and nutritious snacks, including fruit, throughout the day. This helped people to enjoy a varied diet of healthy meals and snacks.

Examination of medication administration records identified medications were always available however, we found a number of missing entries on the charts and no reasons given for these omissions. It is important that when there are any errors/omissions in medication administration that these issues are fully discussed with medical staff (GP/NHS 24) at the time of concern. This is to ensure any health impact on a person is monitored. We also found handwritten entries on the MARs that were not signed by the person writing them. A requirement is made (see requirement 1).

We had made a requirement at the previous inspection in March 2024 around infection prevention and control (IPC) practices within the home. We noted that improvements had been made. Pullcords now had cleanable surfaces, cleaning materials were stored safely in locked cupboards and clinical waste was being disposed of and stored safely. See 'outstanding requirements' for further details.

Requirements

1. By 16 July 2024, the provider must ensure that service users are safe from harm by administering medication safely. In particular, the provider must:

- a) ensure that medication administration records are completed accurately;
- b) ensure that monitoring arrangements are responsive to any errors in the administration or recording of a service user's medication; and
- c) ensure handwritten entries are supported by the signature of the person transcribing the doctor's instructions.

This is in order to comply with Regulation 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

How good is our leadership?

3 - Adequate

People should expect to benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes in place. We evaluated this key question as adequate. While the strengths had a positive impact, key areas of quality assurance needed to improve to ensure people continued to experience high quality care.

The manager had a suite of quality assurance tools. Since the previous inspection the manager now routinely audits a range of areas including analysis of accidents and incidents, staff training needs, medication and reviewing care plans. However, we have identified inconsistencies in the quality of record keeping and medication management, see KQ 1 & 5 for further details.

Regular staff meetings routinely take place in the home with all departments represented. This meant that communication was effective within the service.

Staff feedback about leadership was very positive. Staff felt supported in their roles and received regular supervisions and appraisals. Observations of practice and competency checks were being completed regularly. This gave confidence that staff were working to the standards which the management team expected, and any issues would be picked up and addressed promptly. Families felt confident that the home was being well run and that any concerns would be promptly addressed.

The manager had oversight of staff training which was up to date. There was a clear complaints procedure available to all stakeholders. A service improvement plan was being developed by the manager for the service. This was informed by input from stakeholders, ensuring people's experiences were being evaluated and feedback acted on.

Safe systems were in place to safeguard people's finances.

The manager 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 people receive a high standard of care.

How good is our staff team?

4 - Good

People should expect that the skill mix, numbers and deployment of staff meets the needs of people. We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

It is important that staffing arrangements are right, and staff work well together. The service was using a dependency tool and staffing levels reflected the assessed needs of those living in the service. Staff were confident that the staffing levels were sufficient to provide more than basic care. Care was generally unhurried, and staff had time to engage in meaningful conversations and small activities with people during the day. Staff worked well together to ensure that people's needs were met.

Staff told us they enjoyed their jobs and demonstrated that they understood their roles and responsibilities. One member of staff told us "I love working here" and another commented "we have a lovely team; everyone tries to work together to help each other." Staff felt supported by their peers and managers. Staff worked well together as a team and effectively communicated with each other. We heard from staff that they could summon additional assistance whenever required and that this would be responded to and that on occasions, the management team would also assist with caring duties. All staff we spoke to were focussed on improving outcomes for the people they supported. People received good quality and responsive care because there was effective communication, good working relationships and a flexible staff team.

We read through several staff files which illustrated that safe staffing measures were in place. The recruitment packs had a structured and methodical checklist which included ensuring that a PVG (Protection of Vulnerable Groups check) was in place and two references had been received, including one from the person's most recent employer. The manager was aware of ensuring that all Home Office requirements were met, when necessary.

How good is our setting?

4 - Good

People should expect to benefit from an environment that is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. We evaluated this key question as good. There were a number of important strengths which, when taken together, clearly outweighed any areas for improvement.

The home was welcoming and furnished to a high standard. People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs. There were wide corridors, the home was free from clutter and items of equipment was stored out of sight. People could have a range of options of where to spend their day including a main lounge and several smaller seating areas located throughout the building.

All bedrooms were nicely decorated and people had been encouraged to bring personal items, including furniture, from home. This supported good outcomes for people by giving them a comfortable place to live.

People should expect to have access to outdoor space and fresh air. The home had an extensive, well-maintained garden area with various points of interest. The inclusion of a walking route in the garden area helped to promote people's physical activity and movement. People told us that they enjoyed the gardens and benefited from having space to spend time outside.

Cleaning of the home was unobtrusive and followed good practice guidance. People could be confident that good infection prevention control was in place because the staff undertook housekeeping in line with the National Infection Prevention and Control Manual (NIPCM) for care homes.

The service benefited from full time maintenance support and the environment was well maintained. There were clear arrangements for maintenance of both the premises and equipment. Regular checks and monitoring was being completed to ensure that standards were maintained and people were kept safe. This meant that people could be confident their environment was safe and secure.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. While strengths had a positive impact, key areas need to improve.

Whilst we noted improvement in the quality of information held in people's personal plans, we found that some records were inconsistent.

Everyone had an electronic personal plan which held guidance around the care and support people required. The plans were informed by a range of recognised health assessment tools such as Waterlow and MUST (Malnutrition Universal Screening Tool). Staff were able to record and document care provided at the time it was given. However, we found that some daily recordings continued to be task focused and did not always reflect people's views, choices or preferences.

People should expect to benefit from personal plans that are regularly reviewed, evaluated and updated, involving the person, their representatives and relevant professionals. Plans were monitored and reviewed regularly to ensure that they continued to meet people's assessed needs. The service used 'resident of the day' to review and audit people's care documentation and their personal environment such as room and mattress checks. People's family members or representatives were included in formal review discussions which were held every six months. As a result, this should help people to be clear about the care and support they receive.

We sampled a range of people's records including care plans, records relating to wound management, food and fluid monitoring and pressure care. We found that care plans were easy to read and included useful information about people's life stories, choices and preferences.

Where people had needed support to maintain good nutrition and hydration, staff had made appropriate referrals to health professionals and put in place the necessary equipment. However, we saw that some fluid charts had not been completed in full each day and some had conflicting information with the care plans regarding people's fluid intake target and what action to take if this was not achieved. Food charts were not always in place for residents and recording of people's nutritional intake was inconsistent. This could have impacted on people's health and wellbeing if not completed accurately. A requirement was made (see requirement 1).

Requirements

1. By 30 September 2024 the provider must make proper provision for the prevention of under nutrition and/or dehydration for people using the service. In order to achieve this, the provider must:

- a) ensure that the risk of under nutrition and dehydration are fully and accurately assessed;
- b) ensure that care and support is effectively planned and consistently reviewed, particularly when the risk is increased due to changes in health; and
- c) ensure that action is taken in response to weight loss or reduced fluid intake, such as increased monitoring, prompting, encouragement, and assistance.

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 No. 210 Social Care).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33).

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

Requirements

Requirement 1

By 25 March 2024, you must ensure that service users experience care in an environment that is safe and minimises the risk of infection.

In particular, you must:

- a) ensure that clinical waste is disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland;
- b) ensure all pullcords are replaced and cleanable; and
- c) ensure all harmful chemicals are stored securely.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This requirement was made on 13 March 2024.

Action taken on previous requirement

At the previous inspection we found a number of potentially harmful chemicals were not being stored secure, clinical waste was not always being disposed of safely and pullcords did not have a cleanable surface and as a result appeared dirty.

Staff said the manager had spoken with them about the importance of ensuring they lock harmful chemicals away after use and that the storage room containing these is always locked. The manager checks this on a daily basis. At this inspection we found all harmful chemicals were being stored safely and the storage rooms containing chemicals were locked.

Clinical waste was seen to be stored and disposed of safely and in line with the latest guidance from Health Protection Scotland.

All pullcords had cleanable surfaces.

This requirement has been met.

Met - within timescales

Requirement 2

By 30 June 2024, the provider must improve the quality of recording within care plans to ensure that people receive the right support at the right time.

To do this, the provider must, at a minimum, ensure that:

Each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach. Personal plans must contain accurate and up-to-date information which directs staff on how to meet people's care and support needs. Personal plans must be regularly monitored and updated with involvement from relatives and advocates.

This is to comply with Regulation 5(2)(b) Personal plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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" (HSCS 1.15).

This requirement was made on 13 March 2024.

Action taken on previous requirement

We found that this requirement had mostly been met. However, we found some issues with the level of details in people's fluid and nutrition care plans. Please see Key Question 5 for further details.

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

The provider must ensure that effective quality assurance and audit processes are completed regularly. Where areas of concern or deficits are identified, there must be a clear action plan with evidence available to demonstrate progress made and the outcomes achieved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I use a service and organisation that are well led and managed' (HCSC 4.23).

This area for improvement was made on 13 March 2024.

Action taken since then

The manager has a comprehensive suite of quality assurance audits in place. This system covers all aspects of service delivery including infection prevention and control, medication, clinical governance and care practice. Since the previous inspection, action plans were seen to have been developed with timescales in place for any identified deficits to be addressed.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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