

# Kincarrathie House Care Home Service

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**Type of inspection:**  
Unannounced

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**Service provided by:**  
Kincarrathie Trust

**Service provider number:**  
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**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 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.

## What people told us

People we spoke to living in Kincarrathie House were highly complimentary about the care and support they received.

We were able to speak to some people and their visitors in person and also spoke to relatives by telephone to gather their views. People we spoke to generally had confidence in the service and were happy with the care and support being provided. The service had communicated well with people and their relatives during the pandemic.

Comments included:

"I'm very happy here. The staff are fantastic and I'm delighted with my room."

"I'd give them full marks."

"The food is superb here. In fact, sometimes I feel we get too much, I can't eat it all."

"Mum moved here from another care home and we're just delighted with the care she gets."

"In summer, the gardens are wonderful. I do enjoy spending time out there and we're encouraged to make full use of all the facilities here."

## 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?	5 - Very Good
How good is our care and support during the COVID-19 pandemic?	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?

5 - Very Good

Overall, we evaluated that staff were very good at supporting people's wellbeing. There were important strengths with some areas for improvement.

People experiencing care should enjoy support that promotes their independence, dignity, privacy and choices. There were warm, friendly conversations that made people laugh and smile. People were treated with kindness, dignity and respect. For example, we saw staff knocking on people's doors and waiting before entering their room. People living in the service were highly complimentary about the staff and told us they were "very well cared for", "nothing is ever too much trouble" and "they can't do enough for me, I never lift a finger". The positive approach by staff promoted people's wellbeing.

People were living life to the full at Kincarrathie House. Residents could choose where and how to spend their time and participate in a very wide range of activities. Staff spent time listening to people to ensure activities were meaningful and what they wanted to do. Every resident had an individualised activity plan. People told us they enjoyed going on organised bus trips, participating in exercise classes, attending church services, taking afternoon tea and listening to various guest speakers. The enabling attitude of staff was excellent and promoted people's independence. This ensured people's social experiences were meaningful, stimulating and enjoyable. The service aimed to ensure that the physical and social support they provided had a positive outcome for people. People told us they enjoyed living in Kincarrathie very much. "There's always so much to do," "I enjoyed my tai chi class this afternoon and am looking forward to movie night on Saturday."

There were also many opportunities for people to connect with the local community, including one resident who continued to use her own car which promoted her feeling of being independent.

We found mealtimes were relaxed and unhurried. People had an opportunity to socialise over meals if they wished. The dining tables were attractively presented with tablecloths, napkins, fresh flowers and condiments. People told us they enjoyed the mealtime experience, and that the food was excellent. Food was plentiful and nutritious. We saw that drinks and snacks were regularly offered throughout the day.

Visiting was taking place with minimal restrictions and fully in line with the current Scottish Government 'Open with Care' guidance. Some residents had also enjoyed spending time out in the local community visiting friends and relatives. This meant that people had excellent opportunities to remain connected with people who were important to them as well as the wider community.

People should be confident that their health needs are well met. We were confident that people's health benefitted from the responsive action taken by staff when changes in people's health needs were identified. The service had well established links and good working relationships with a variety of health professionals. This contributed to promoting very good health outcomes for people experiencing care.

People's personal plans, sometimes referred to as a care plan, should be right for them because it clearly sets out how their needs will be met as well as their wishes and choices. The sample of personal plans we looked at were well written and informed staff of the different aspects of care and support the person needed. The service had introduced an electronic care planning system which was still in the process of being fully implemented. This meant that there were two systems, paper and electronic, currently in operation. We urged the manager to conclude the transition to the new system as quickly as possible to ensure that any information was not potentially missed. We will look at this again at the next inspection.

There were safe and well organised systems in place to manage medication. This meant that people could be confident their medication was being administered safely and their wellbeing promoted.

## How good is our care and support during the COVID-19 pandemic?

3 - Adequate

### 7.2 Infection control practices support a safe environment for people experiencing care and staff

In order to minimise the risks, it is important to make sure there is strict application of infection control procedures. During an outbreak of Covid-19, additional measures must be in place to help minimise the spread of infections. We evaluated how well infection control practices support a safe environment for people experiencing care and support. We found the service was performing at an adequate level. Where there are some strengths, it is important the provider builds on these strengths to increase the likelihood of people experiencing positive outcomes.

Kincarrathie House is a large building with many rooms and communal areas. The general environment, including people's bedrooms and communal areas, was clean and tidy. There was a lovely homely atmosphere which made it a very comfortable place for people to live.

The service had good supplies of personal protective equipment (PPE) and staff knew how to access it. PPE was situated at the entrance of the home for visitors. We saw staff and visitors wearing masks appropriately to reduce the risk of airborne infections. However, we discussed with the service the siting of PPE stations throughout the home and the number of clinical waste bins available. Whilst PPE stations were well stocked, the number should be increased to ensure that PPE is available at the point of use. The manager agreed to consider alternative PPE station storage solutions which we will look at again during our next inspection.

#### (Requirement 1)

We saw staff performing hand hygiene at the key points of providing care and when entering or exiting different areas of the home. Staff were seen to perform hand hygiene before and after providing care to people, before carrying out tasks such as serving meals and after touching frequently touched surfaces. Good hand hygiene is required to break the transmission path between people.

There was a good supply of cleaning equipment and products, including chlorine releasing agents, which were suitable for a range of cleaning purposes and used correctly in line with guidance. However, we discussed with the manager the need for areas of the laundry, for example behind machinery, to be cleaned more regularly and included in cleaning schedules to ensure there is no risk of cross-contamination during the laundering process. We were assured that ongoing environmental improvements would be made and will follow this up at our next inspection.

Covid-19 audits were in place to monitor and ensure good standards of cleaning, hygiene and practice. Items of equipment, including mattresses, raised toilet seats and shower seats, were found to be clean, intact and in a good state of repair.

### 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

We evaluated the service to be performing at a good level with regards to this quality indicator. This meant that the service demonstrated several important strengths which, taken together, outweigh areas for improvement.

Staff worked as a team and offered valuable support to each other throughout the Covid-19 pandemic. Staff told us that management were visible and approachable and they reported positively on the support they received during this pandemic period.

Staffing arrangements were reviewed regularly and we saw that there were sufficient staff on duty. The level and mix of staff ensured people received the support they required in a timely manner. The service had a contingency plan in place; this had ensured adequate staffing levels were maintained during the recent outbreak.

There was a caring culture, and we observed many warm and friendly interactions. People were supported by a staff team who knew them well and were sensitive to their needs and wishes. People should have confidence in staff because they are trained, competent and skilled and are able to reflect on their practice. Staff had good access to personal protective equipment (PPE) and we saw staff wearing PPE appropriately.

Staff told us they had access to online training in relation to infection prevention and control (IPC), Covid-19, the correct use of PPE and received regular updates regarding any changes to guidance.

However, on reviewing training records we found that for many staff, their training was out of date and some staff had not completed or refreshed their Covid-19 training. Although staff were able to demonstrate their understanding of the key areas of IPC, we found that there were some gaps in staff knowledge. This meant that there was an increased risk of some staff not having fully understood the information they received, or not properly putting it into practice. In addition, staff supervision had not been taking place as frequently as we would expect. We were also concerned about gaps in staff's knowledge with regards to other mandatory training.

A lack of monitoring and managerial oversight in ensuring staff attended and completed mandatory training meant we could not be assured that staff had the knowledge to meet the expected standards of practice. **(See area for improvement 1).**

#### Requirements

1. By 31 March 2022, the provider must ensure that the service has sufficient PPE stations available throughout the home with appropriate storage facilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. In order to ensure staff have the right knowledge and training to provide high quality and person centred support, the provider should:

- a) develop a training plan that clearly identifies the training staff are required to have to meet the responsibilities of their role. This should include mandatory, service specific, refresher training and frequency of same
- b) ensure there are effective systems in place to monitor staff knowledge, staff training and impact on practice
- c) ensure staff receive regular supervision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	6 - Excellent
1.3 People's health benefits from their care and support	5 - Very Good

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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