

Kincarrathie House Care Home Service

Pitcullen Crescent
Perth
PH2 7HX

Telephone: 01738 621 828

Type of inspection:
Unannounced

Completed on:
13 March 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 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 12 and 13 March 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 six people using the service and two of their family members
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People living in Kincarrathie House and their relatives were very happy with the service.
- We observed kind, caring interactions between people living in the home and staff.
- Management of clinical waste needed to improve.
- Management and storage of cleaning products needed to improve.
- Care plans and recordings needed to improve.
- Quality assurance processes could be improved.
- Independence was promoted and people were encouraged to move freely around their home.
- Staff were warm, courteous and friendly.

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

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| 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.

People experienced very good health and wellbeing outcomes as a result of their care and support. Staff interactions with people experiencing care were warm, gentle and encouraging. The home had a welcoming and friendly atmosphere. Staff worked hard to ensure people were comfortable and provided reassurance when required. This approach from staff helped create a nurturing environment where people could thrive.

Staff treated people with dignity and respect and were focused on achieving the best possible outcomes for the people they were caring for. Care was delivered at a pace suitable for each person. Staff spent time speaking to people and knew people's history and interests. This meant that trusting relationships were formed between people and the staff who cared for them.

Relatives we spoke with felt that, along with their loved ones, they too were treated with compassion, dignity and respect. One family member told us, "they're all just fantastic at looking after Dad and us. The staff always come across as being very professional, respectful and caring."

The provision of activities in the home was very good. We observed enthusiastic activity staff carrying out events that people enjoyed. Relationships between people experiencing care were developed as a result of well provided activities. Activity schedules evidenced a wide range of activities provided in the home, including daily physical activity. People living in Kincarrathie House were given their own copy of activity schedules which were also emailed to relatives. This meant that people could plan in advance how they would spend their days.

There was a relaxed atmosphere at mealtimes with people having a choice of dining areas. Where people needed help to eat and drink, staff provided this in a warm, kind and patient manner. This meant that people were supported to eat their meals at a pace which suited them. People were highly complimentary about the quality and choice of food that was available.

We sampled the medication system and found that staff were competent and knowledgeable around safe administration of medication. Although we were satisfied that people were receiving the care they required, we saw in some recordings, inconsistency in how these were being completed by staff. The outcome or effect of some 'as required' medications were not being routinely recorded. This meant that there was no evidence if the medication had been effective or not. To ensure that care has been given appropriately, the service should improve the consistency of these recordings.

We spoke to two visiting professionals whose feedback was very positive. One told us, "The residents are really well looked after here. Communication with staff is good and we work well together."

Overall, we found the home was clean and tidy. Housekeeping and domestic staff had good awareness of the requirement for enhanced cleaning and laundry management. They were aware of the correct detergents to use. We viewed four people's rooms and found them to be fresh and clean. However, staff were not always disposing of their personal protective equipment (PPE) in the appropriate containers. This was not satisfactory and could cause risks to staff, people living in the home and visitors. We also found that although staff attempted to clean pullcords, they did not have a cleanable surface and as a result appeared dirty, and we could not be confident that they were free of contamination. We found a few potentially harmful cleaning products in two unlocked cupboards. This presents a risk to the people living in the service. A requirement is made.

These findings were discussed with management who agreed action needed to be taken to ensure the overall standards were improved.

Requirements

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) 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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should expect that quality assurance and improvement is led well and supports the delivery of care that benefits their health and wellbeing. We made an evaluation of adequate for this key question. While some strengths could be identified, these just outweighed weaknesses. Strengths have a positive impact; however, improvements should be made to ensure positive experiences and outcomes for people.

It is important that services have effective systems in place to assess and monitor the quality of service they provide. These systems will help to drive improvement and create good outcomes for people experiencing care.

There were systems in place to ensure staff were appropriately registered with their professional bodies, training requirements of staff, and the ongoing maintenance of the building. We saw an emphasis on staff induction and ongoing training to keep staff practice up-to-date. This helped to ensure that standards were maintained with any issues quickly identified and addressed.

The management team plan to introduce and implement into practice a wide range of audit tools to monitor and assess standards of service provision. These audits will be linked to and reflected in the service's development plan. Examples of audits being implemented included, care planning, health and safety, the environment, and infection prevention and control. These will help the service to identify any issues or areas for improvement quickly and take remedial action. However, as identified in KQ1, we found the audits had not identified the deficits in the monitoring of risk assessing and care planning. The service needs to embed the auditing system into place to ensure that all issues are identified and addressed quickly. (See area for improvement 1)

Both relatives and people living in the home were highly complementary about the management team and staff in general. Comments included:

"Staff do a great job, they are really good at keeping me informed."

"The manager is always around and making sure things are OK."

Regular meetings were held with staff in which they had the opportunity to learn and share information as a team. Observations of staff practice and spot checks had been completed to assess learning and competence. This information was then linked to staff's supervision and team meetings.

The service overall was generally led well. People told us they valued being listened to and felt heard by the management of the care home.

Areas 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).

How good is our staff team?**4 - Good**

People should expect high quality care that is right for them. We made an overall evaluation of good, as there were a number of important strengths, which taken together outweigh the areas for improvement.

Staff were courteous, friendly, and interactions between staff and people living in the home were warm and caring. People benefitted from positive relationships, and this made the care home a pleasant place to be supported. People spoke very highly of staff, comments included:

"They are excellent, can't do enough for us."

The service maintained staff rotas on a forward planned basis to ensure the care home provided a safe level of support for those people experiencing care.

Staff demonstrated a good level of knowledge and competency in their roles and were supported to develop their skills, which enabled positive outcomes for people who used the service.

New staff worked on their induction handbook which allowed staff to feedback on their learning throughout their induction. It also focused on people's skills and values, giving people living in the service the confidence that the right people were in post.

We found that staff supervisions had taken place, giving staff the opportunity for positive and constructive feedback on their practice. This included identifying and addressing individual staff training needs. Regular team meetings were taking place ensuring staff were kept up-to-date with changes in the service, as well as changes in policies and guidance by the manager and senior staff.

We were confident that safer recruitment practice was being followed. Staff were either registered or in the process of doing so (new staff) with the SSSC (Scottish Social Services Council) and there was regular management overview of this.

How good is our setting?**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

People benefitted from a warm, comfortable, welcoming environment with plenty of natural light and space. The home was clean and tidy with no evidence of intrusive noise or smells. The home had been designed to provide a mix of private and communal areas, including accessible gardens and outdoor space which people freely accessed.

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. Examination of records, observation and discussion with staff and people who use the service verified that routine maintenance and repairs were carried out promptly.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People's personal plans should set out how their needs will be met, as well as their wishes and choices. Since our last inspection, the service had fully implemented an electronic care planning system. Some plans lacked person-centred information. For example, how to support people who may be distressed or anxious, or people's preferences around their personal care. Staff had the option to select statements from drop down boxes in the recording database. These gave generic statements about the care that had been provided and lacked any personalised information. Daily recordings were generic and provided very little person-centred detail. Entries were mostly task orientated and provided insufficient information about what the person thought or felt that day. The manager should ensure that daily recordings are included in care plan audits. This would enable the management team to provide feedback promptly to staff with a view to improvement practice. The manager should ensure an overall audit of care and support plans considers how people's preferences and choices are reflected.

People should expect to benefit from personal plans that are regularly reviewed, evaluated and updated involving relevant professionals, and take account of good practice and their own individual preferences and wishes. We found that some plans had not been monitored or reviewed regularly to ensure that they continued to meet people's assessed needs. A requirement is made.

Legal documentation was in place as expected. This meant that the service could evidence who holds legal authority for decision making for individuals, which is essential to ensure the right people are consulted for financial and welfare decisions.

Requirements

1. 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).

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

Requirements

Requirement 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).

This requirement was made on 23 February 2022.

Action taken on previous requirement

Since the previous inspection, the service has sited PPE stations in the corridors of each area of the home. Staff can access and dispose of their PPE easily, reducing the risk of any cross contamination. We saw that staff were using the appropriate PPE.

This requirement has been met.

Met - within timescales

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

Areas for improvement

Previous area for improvement 1

In order to ensure 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; and

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).

This area for improvement was made on 23 February 2022.

Action taken since then

Since the previous inspection, the service has developed a training plan that reflects the needs of staff and the responsibilities of their role. Staff spoken with confirmed they receive regular training and the impact this has had on their practice. Management routinely monitors staff practice and discusses any shortfalls and future training needs through supervision.

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

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| How well do we support people's wellbeing? | 3 - Adequate |
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |
| 1.2 People get the most out of life | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 3 - Adequate |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 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 |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 4 - Good |
| How good is our setting? | 4 - Good |
| 4.2 The setting promotes people's independence | 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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