

# Kincarrathie House Care Home Service

Pitcullen Crescent  
Perth  
PH2 7HX

Telephone: 01738 621 828

**Type of inspection:**  
Unannounced

**Completed on:**  
12 February 2025

**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 11 February 2025. The inspection was carried out by one inspector from the Care Inspectorate. The inspection followed up on requirements made at the previous inspection on 2 July 2024.

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 three people using the service
- Spoke with four staff and management
- Observed practice and daily life
- Reviewed documents.

## Key messages

- Staff continued to provide kind and respectful care.
- Management and recording of medication administration systems had improved.
- Further work was still required on care plans and the management of people's nutritional needs.

## 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?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

At the inspection carried out in July 2024, we evaluated this key question as adequate. At this follow up inspection we re-evaluated the key question as good.

The manager had made significant improvements in processes used to manage people's medication and the related documentation. This has been reflected in our evaluation for this key question.

For further information, please see the following sections of this report: 'What the service has done to meet any requirements we made at or since the last inspection.'

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

### Requirements

#### Requirement 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 care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

**This requirement was made on 2 July 2024.**

#### Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we found concerns around the recording and management of medication administration systems.

The provider had taken significant steps to make improvements in how people's medication was managed.

Up to date protocols were in place for 'as required' medication. These were regularly reviewed, and changes were documented and discussed with the relevant health professionals. Details of 'as required' medication were included in people's care plans, so staff had clear information and knowledge about the person's needs and expected outcomes.

We looked at audit records and saw examples of action taken to ensure people were safely supported. The recording of handwritten entries were supported by the signature of the member of staff who had transcribed the doctor's instructions. We were confident that processes in place had led to improved practice and safe support for people around their medication needs.

**This requirement has been met.**

**Met - within timescales**

## Requirement 2

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).

**This requirement was made on 2 July 2024.**

### Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because we found a lack of assessment, monitoring and evaluation of people's needs. In particular, this related to people's food and fluid intake.

We reviewed people's plans and found that further improvements were required. The service continued to work with both paper and electronic systems. This meant that there was the potential for information to be lost or not recorded in a way that all staff could access easily. In our sample of people's nutrition plans we found that although people's weights were being monitored regularly, their food and fluid intake was not. This meant we could not be confident that people's dietary intake was being sufficiently monitored to ensure people had enough to eat and drink. We concluded that further improvement was required in how the service recorded and managed people's nutritional intake.

**This requirement has not been met and has been extended to 9 May 2025.**

**Not met**

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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Dundee  
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