

Kincaid House

Care Home Service

Kincaid House
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GREENOCK
PA15 2AH

Telephone: 01475553920

Type of inspection:
Unannounced

Completed on:
2 December 2025

Service provided by:
Kincaid Care Limited

Service provider number:
SP2021000161

Service no:
CS2021000264

About the service

Kincaid House is a care home service registered to provide support to a maximum of 90 older people. The maximum number includes four named people under the age of 65. The service is located in a residential area of Greenock. It is close to local amenities, including shops and transport links. The provider is Kincaid Care Limited operated by the Meallmore Group.

The care home is a purpose built property with accommodation over three floors, divided into three units - Arran, Bute and Waverly. All 90 bedrooms have ensuite facilities that include a wet floor shower room. People also have access to communal bathrooms on all floors. There are lounges and dining facilities, satellite kitchen areas and adapted bathrooms on each level. The garden area is landscaped.

There were 88 residents living in Kincaid House when we visited.

About the inspection

This was an unannounced inspection which took place on 26, 27 and 28 November 2025 between the hours of 08:30 to 19:00. 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, complaints and intelligence gathered since the last inspection. In making our evaluations of the service we spoke with:

- nine people supported
- seven family members
- 17 staff and managers
- three visiting professionals
- In addition, we took account of feedback from Care Inspectorate surveys from 58 staff, 13 people using the service, seven family members and eight visiting professionals
- We also observed practice and daily life and reviewed documents.

Key messages

- People experienced a vibrant, welcoming environment.
- Leadership was strong, which supported a culture of continuous improvement.
- Care and support was person-centred, with timely input from health professionals.
- People were supported to have meaningful connections.
- Staff engaged with people and their families with kindness and warmth.
- The service was well maintained and standards of cleanliness were high.
- Staff encouraged independence and supported people to make the most of the facilities.
- Improvement was needed in relation to medication records and fluid monitoring.

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
How good is our setting?	5 - Very Good

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

We evaluated this key question as good, as important strengths outweighed areas for improvement.

Quality Indicator 1.2: People got the most out of life

Most people living at Kincaid House experienced a vibrant and stimulating environment. A wide range of meaningful activities were available, including sensory sessions, garden club, music quizzes, seasonal events, and menu tastings. Activities were adapted to individual interests and abilities, and people were involved in planning and providing feedback. For example, one person described being "the resident gardener" and took pride in showing visitors the garden, while another enjoyed music and regularly joined in with singalongs. As a result, people felt valued and were able to maintain their interests and sense of identity.

The activities team worked closely with care staff and attended daily meetings to promote engagement in daily activities. Community links were strong, with visits from local school children and entertainers, and cultural and seasonal events were celebrated. This inclusive approach meant that people were able to participate in ways that suited them, reducing isolation and promoting a sense of belonging.

We made suggestions to leaders around how the service could help people to retain their independence and skills. Such as being included in tasks they may have done in their own homes prior to moving to the service, such as housework, and assisting to set dining room tables at mealtimes. This would enable people to use their existing skills, promote cognitive stimulation and provide a sense of achievement and purpose.

Personalised rooms and communal areas created a welcoming and familiar atmosphere. One person told us, "I like to sit in the foyer with my friends, there's always someone to chat to." Family told us they were greeted by familiar staff and felt welcome when they visited their relatives. This meant people felt at home and comfortable in their surroundings, which contributed to their emotional wellbeing and helped families feel connected to their loved ones.

Mealtimes were positive, with menus tailored to individual needs and preferences. Staff were knowledgeable about people who required specialised meals, and kitchen staff prepared meals in line with these requirements. People and their families spoke positively about the quality and variety of food, describing it as nutritional, tasty, and varied. People influenced meal choices through taster sessions and rating new dishes. This approach supported people's health and nutrition, and gave them choice and control over their daily lives.

Quality Indicator 1.3: People's health and wellbeing benefits from their care and support

People's health was supported by care plans that were detailed and focused on each person's needs. These plans were reviewed regularly, and health professionals were involved when needed.

The service was always looking to improve. They had recently taken part in pilot projects and quality improvement work, especially around palliative and end-of-life care. People with complex needs had clear plans for managing stress and distress. Staff used a "traffic light" system to help guide their support. For example, we saw staff follow the plan for one person who was distressed, involving the family and helping the person feel calmer and more settled. This meant people got the right support at the right time, helping them feel safe and understood.

Another person's care plan included planning ahead for their future care needs. Staff worked with the GP and family to make sure the person's wishes were respected at the end of life. One family member told us, "We felt supported every step of the way, and mum was able to stay comfortable at home." This meant that people and their families felt listened to and cared for with dignity.

The home joined a pilot for electronic health monitoring, which helped staff spot changes in people's health more quickly. Staff used this to raise concerns with nurses, which helped prevent unnecessary hospital admissions. This meant that people got help sooner and could stay in their home, avoiding potentially stressful hospital stays.

The service completed a pilot project to improve palliative and end of life care, working with the Care Home Collaborative and Inverclyde Health and Social Care Partnership. Staff received training, and were more confident in getting specialist help, which meant that fewer people needed to go to hospital at the end of their life.

We found that medication records were not always consistent. Some protocols for 'as and when required' (PRN) medication did not clearly describe when the medication should be given or what signs and symptoms staff should look for, such as indicators of stress or distress, or pain. This meant staff did not always have clear guidance to make decisions, and some people may not have received medication for the purpose it was prescribed. Without accurate, person-centred protocols, there was a risk that people's needs were not met promptly, which could affect their comfort and wellbeing. See "What the service has done to meet any areas for improvement we made at or since the last inspection" section of the report.

We saw gaps in the monitoring of people's fluid intake where support was needed to help them stay hydrated. At times, staff did not raise concerns when people were not drinking enough. This could have affected the health and wellbeing of some people who were at risk of dehydration. The management team began addressing these issues during the inspection and put an action plan in place. It is important that these improvements continue to prevent any unnecessary impact on people's health. See "What the service has done to meet any areas for improvement we made at or since the last inspection" section of the report.

Quality Indicator 1.4: People experience meaningful contact that meets their outcomes, needs and wishes

People enjoyed regular, meaningful contact with others, which supported their wellbeing and sense of belonging. The service encouraged friendships, family involvement, and community links, while respecting people's wishes for privacy or quiet time. Care plans reflected people's preferences, and staff understood who liked group activities and who preferred one-to-one time.

People told us, "Having friends here keeps me going," and "I look forward to our chats every day." Families said, "I can visit any time and always feel part of what's happening." Staff organised group events and one-to-one activities, and took time to offer reassurance and companionship.

As a result, people felt connected, valued, and emotionally secure. One person said, "It's the people here, staff and friends that make this place feel like home."

Quality indicator 1.5: People's health and wellbeing benefits from safe infection prevention and control practice and procedure

Infection Prevention and Control (IPC) was a clear strength and aligned with best practice. Staff followed guidelines, with visible PPE stations throughout the home. Regular audits showed high compliance of IPC practice, and any issues were quickly addressed. The environment was clean and well maintained, with ongoing improvements. People and their relatives commented positively on cleanliness, with one saying, "It's always spotless, and that gives us peace of mind."

Housekeeping staff described using a one-way system in the laundry to prevent cross-contamination by ensuring dirty clothes were kept separate from clean clothes. Laundry and cleaning processes were robust, and staff received regular infection prevention and control training, and were confident in what to do in the event of an outbreak of infection. House keeping staff responded quickly to any malodours detected and communal areas were regularly deep cleaned. As a result, we were assured that strong infection control measures protected people's health and wellbeing.

How good is our setting?

5 - Very Good

We found significant strengths in relation to the environment, which helped support positive outcomes for people, therefore we evaluated this key question as very good.

Quality indicator 4.1: People experience high quality facilities

The home was bright, comfortable, and accessible, with a range of communal and quiet spaces that supported people's independence and choice. Peoples' rooms were personalised, and communal areas were decorated well to provide a homely feel. The garden was well used and accessible, and people told us they valued being able to spend time outdoors.

The service had a clear and ongoing improvement plan for the environment. Recent improvements included the installation of a new air conditioning system, new carpets in communal areas, one bathroom had been refurbished to a high standard with plans to continue this in a phased manner, paintwork was refreshed in communal areas and hallways. We heard how people had been involved in decisions about how the service could be enhanced. The outcome of this resulted in plans for a putting lane and bowling area in the garden, the activity room was due to be repurposed as a family room, and dining room furniture was scheduled for replacement. It was positive to hear how ongoing refurbishment and environmental improvements were informed by stakeholder involvement and people's choice.

People told us they appreciated being able to personalise their rooms and enjoyed the communal spaces and garden. Staff encouraged independence through the promotion of movement and positive risk taking, and use of signage throughout the home supported wayfinding, which supported people to make the most of the facilities.

There was a strong focus on safety and cleanliness. Monthly infection prevention and control (IPC) audits were completed, showing a high compliance across all areas. The home was well maintained and essential repairs happened timeously, which meant people experienced a safe environment.

Housekeeping staff were visible throughout our visit and were responsive to ensure areas with malodours were cleaned and freshened, including cleaning carpets in communal areas and some bedrooms.

People using the service, families and visitors described Kincaid house as homely, well set out, and clean. People and their families told us "The home is clean and tidy. I am very happy with my room" and "It's a beautiful home with an accessible and lovely garden. It's dad's area where he grew up, so really feels like his home."

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

1. To ensure people receive their medication in line with their assessed support, the service should review the content of PRN (as and when required) protocols. This includes clearly setting out guidance on when medication should be given, the desired effect and when further action should be taken. Recording of administration of PRN medication must be in line with the agreed protocol.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 27 June 2024.

Action taken since then

Whilst most people had PRN protocols in place, some were too generic and included statements such as "X is able to advise when they are in pain", even where the person had a cognitive impairment. It is particularly important for people living with dementia or other cognitive impairments that staff understand the signs and symptoms of pain or distress and how these may look different for each person. Without personalised guidance, staff may miss subtle signs of pain or distress, which could lead to delays in providing comfort and appropriate care.

An example included where PRN medication was routinely given in a way that did not follow the guidance in the person's protocol. This meant the medication may not have been administered for the intended purpose or in line with best practice. When PRN medication is not given according to the agreed protocol, there is a risk of overuse or inappropriate use, which could affect people's health, safety, and comfort.

This area for improvement has not been met.

Previous area for improvement 2

To ensure responsive decision making is taken around people's health and wellbeing, the service should improve recording and monitoring that relate to hydration and bowel management.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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) and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 27 June 2024.

Action taken since then

Fluid charts were completed inconsistently across the service. While many charts showed good practice and demonstrated that people were supported to stay hydrated, there were times when people had low fluid intake and staff did not take responsive action or escalate concerns. In some cases, this may have prevented urinary tract infections and avoided a negative impact on people's wellbeing. Inconsistent monitoring and a lack of escalation may have increased the risk of dehydration and related health issues, which could have been avoided with timely intervention.

Bowel monitoring was generally well recorded, but consistency and oversight is needed to ensure staff document this in the correct section of care notes. This will help highlight and address any issues promptly.

This area for improvement has not 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?	4 - 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	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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