Kingfisher House
Care Home Service

Dundee Road
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Type of inspection:
Unannounced

Completed on:
23 June 2026

Service provided by:
KINGFISHER HOUSE PERTH (OPCO) LIMITED

Service provider number:
SP2025000052

Service no:
CS2025000502

About the service

Kingfisher House is a care home for older people situated in a residential area of Perth. It is close to local transport links, shops, and community services. The service provides nursing, residential, and respite care for up to 77 people. There were 21 people living at the service at the time of this inspection.

Accommodation is arranged over three floors, in single bedrooms with en suite bathrooms. Each unit has a lounge and dining area, and there are a number of communal spaces located throughout the home, including a private dining area, cinema, and hairdressing salon. The service also has an accessible garden and balconies on the upper floors, providing outdoor space and gardening areas for people to enjoy.

About the inspection

This was an unannounced inspection which took place on 17 and 18 June 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information and information submitted by the service.

In making our evaluations of the service we:

- spoke with eight people using the service and nine of their family and friends
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Staff were very good at developing meaningful relationships with people.
- Leaders were highly knowledgeable about all aspects of service provision.
- People were fully involved in planning their care and support.
- Staff were customer-focused and practised in a person-centred way.
- People were supported to remain connected with their families and the local community.

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 leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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? 5 - Very Good

We found major strengths in performance for supporting people to achieve positive outcomes in health and wellbeing. Opportunities were taken to strive for excellence within a culture of continuous improvement. We have, therefore, evaluated this key question as very good.

Staff engaged with people in a warm, encouraging, and respectful way. People told us that they felt listened to and valued. Staff demonstrated high levels of customer-centric focus and were motivated to ensure a positive experience for all who lived at and visited the service.

The service had developed, and continued to build, good relationships with external professionals. As a result, people received the right care from the right people at the right time.

People's needs had been holistically assessed prior to becoming resident in the home and the service ensured that they were equipped to fully meet people's needs upon arrival. People told us about the positive experience of moving into the home, how they were made feel welcome, and supported during the transition. This contributed positively to people's feelings of confidence in the service.

People told us that the service was very good at involving them and their representatives in the design and delivery of their care. People were regularly asked for feedback about their experiences and what might improve their personal outcomes. A resident representative was involved in wider service development. For example, the development of the environment and activities. This ensured that people would continue to receive care and support that was right for them.

Staff regularly and effectively communicated with each other about people's changing needs and what was required to support them. There was a whole-team approach to achieving good health outcomes for people. For example, the catering team worked closely with the clinical team to share ideas and put plans in place where a person may need fortified meals for weight gain or extra protein in their diet to promote good skin health.

When we spoke with people they praised the quality of the food. They told us how accommodating the catering team were and how their opinions were regularly sought about what they would like to see on the menu. We saw that people benefitted from a variety of high quality, tasty, and well balanced meals with sweet treats made available. People were able to eat in the privacy of their room or share a meal with other residents in the dining area. Mealtimes were not rushed, people could take time to enjoy their meal at a pace that suited them. People who needed support to eat and drink received this discretely. We observed very good practice from staff supporting people to eat and drink.

Prevention of falls was managed well. People had individual mobility management plans in place which were reviewed regularly with people's changing needs. People were encouraged to move regularly and had safe spaces and equipment to support and promote independent mobility. Staff were visible throughout the service and people were prompted to use mobility aids. Staff were observed to sensitively accompany people as they mobilised throughout the service. We heard one staff member say, "May I walk with you?", sensitively providing observation to ensure safety as the person moved through the building.

Staff were very good at managing stress and distress. They provided people with time and space when they needed it and were skilled at diverting people's attention to diffuse situations. This resulted in a reduced use of pharmacological interventions and people experiencing greater psychological comfort.

Medication administration was supported by an electronic system, this contributed positively to a reduction in medication errors. Protocols were in place to support the administration of 'as required' medication. We discussed with the provider during the inspection how these could be improved by providing greater detail around person-specific signs and symptoms and non pharmacological interventions that should be attempted first. Leaders completed regular quality assurance audits and were proactive and had taken action where improvements were necessary. For example, ensuring sufficient stocks of medication were available.

There was a wide range of activities available for people to choose from and both activity staff and care staff supported people to engage in activities. People told us about music events, quizzes, afternoon teas, and cinema evenings that they had enjoyed and we heard how staff took time to engage meaningfully with people, adding value to their day.

People remained connected to their families, friends, and community. Personal plans described how people should be supported to remain in contact with those who were important to them. People had access to the internet and technology to support communication. We heard how one person regularly kept up to date with friends via email and another resident who regularly and independently accessed community events and met friends for meals. Visiting was not restrictive and people were made very welcome. Families were able to come and share a meal with their loved one in a private dining area, which also ensured privacy and dignity for others.

People could be confident that staff knew how to protect them from harm. Staff had received protection training relevant to their role and they told us how to identify and escalate concerns about potential harm.

How good is our leadership? 5 - Very Good

Leaders demonstrated major strengths in supporting positive outcomes for people. Opportunities were taken to strive for excellence within a culture of continuous improvement. We have, therefore, evaluated performance for this key question as very good.

Leaders were improvement-focused and the team as a whole were invested in ensuring that people had positive experiences from the service. Leaders supported each other and the team to ensure effective service delivery.

Leaders were visible throughout the service and residents and their families told us that the leadership team were approachable and responsive. People told us that it gave them confidence to see leaders engaging with residents and supporting the team to complete care and support.

The provider has a suite of quality assurance and audit tools which were completed regularly. Information from these was transferred into a service improvement plan where actions were tracked through to completion. Areas for improvement identified at the inspection had already been highlighted by the provider's own processes and progress was evidenced.

People's experiences were regularly evaluated ensuring that people would continue to receive care and support that met their expectations. The provider worked hard to engage with all stakeholders for service development and had established resident and relative meetings to support this.

There were systems and processes in place to investigate and respond to incidents where things had gone wrong, with opportunities for lessons to be learned from these.

The provider has a robust complaints policy and procedure in place. When we spoke with people they were aware of how to make a complaint. People told us that they felt confident that they would be able to raise concerns and that leaders would be responsive.

How good is our staff team? 5 - Very Good

We found significant strengths in staffing arrangements and the way in which staff worked together to support people to achieve positive outcomes. We have, therefore, evaluated this key question as very good.

Information from people's needs assessments and personal plans informed staffing arrangements. Staff continually and effectively engaged with each other to support clinical activity and to direct staff to where the need was greatest.

Staff were visible throughout the service. They were sufficient in numbers to provide observation and support to people in communal areas while others provided support for people being cared for in their bedrooms.

Whilst staff were busy they did not appear to be rushed or stressed. People told us that staff took time with them and worked at their pace, giving them opportunities to maintain skills in areas where they were independent.

We observed effective teamwork and strong collaboration across departments to ensure that people's outcomes were met and their wellbeing improved. For example, the housekeeping team regularly checked in with people to see if they were comfortable or needed cups of tea or snacks; the maintenance team spent time ensuring that a greenhouse would be accessible for wheelchair users; and the chef discussed options for meals that would promote healing and improve wound care. Together, this positively impacted people's overall experiences.

It is important that people experience care in an environment where all people are respected and valued. When we spoke with staff, they reported good working relationships and a positive team culture where they were able to share ideas for improvement.

Recruitment to the service was ongoing. The provider took time to ensure that sufficiently trained staff were in place as the service grew. Recruitment was being completed in line with safer recruitment guidance and new staff completed a detailed induction programme where opportunities were provided to shadow other staff and complete competencies to ensure that practice was at an agreed standard.

People could have confidence that they were supported by staff who were appropriately trained and registered. We saw that staff achieved a high compliance rate with essential training and opportunities were made available for staff to engage in both eLearning and face-to-face in-person training. Leaders completed regular audits to ensure that staff met the requirements and remained on appropriate professional registers.

How good is our setting? 5 - Very Good

We evaluated this key question as very good. There were significant strengths demonstrated in ensuring that people experienced high quality facilities.

The service was provided in a new purpose-built home. The quality of the environment, including decoration and furnishings, are of a very good standard. The home was bright, clean, and welcoming and people appeared comfortable in their surroundings. We noted that the building was very hot in places but staff were managing this well with fans and air conditioning units to ensure people remained as comfortable as possible.

People were able to choose from a range of spaces to spend their day and thought had been given to the layout of furniture to support safe mobilisation. Seated areas were provided at different points so that people could rest as they walked through the building.

While there had not yet been an environmental assessment completed for supporting people experiencing dementia, the provider is progressing a strategy to implement this and we saw that measures had already been taken to ensure people felt safe and orientated in the units.
Lighting was good and signage helped people recognise where they were. People's bedrooms were spacious and personalised, helping them feel at home.

People had access to safe and interesting outdoor spaces. Some people were able to access these freely, while others needed staff to support them. We saw that residents continued to be able to garden, having access to raised beds and planter gardens outside of their rooms. This improved upon people's feelings of inclusion and wellbeing.

Infection prevention and control was managed well. Staff had received training relevant to their role. There were sufficient supplies of personal protective equipment (PPE) and cleaning materials to support the housekeeping and care teams in their roles. When we spoke with housekeepers, they demonstrated high levels of knowledge about standards of cleanliness expected in the care home environment and how to achieve this. One person told us that the housekeeping team delivered "a first class service."

There were systems and processes for ensuring a safe environment and relevant safety checks and certification was in place. Regular audits were completed to ensure that the environment and equipment was complaint with regulatory standards. Maintenance personnel completed work quickly and to a high standard, ensuring that people could enjoy a safe and well cared for home.

How well is our care and support planned? 5 - Very Good

There were major strengths identified in performance of assessment and personal planning, which supported people in achieving positive personal outcomes. We have, therefore, evaluated this key question as very good.

The service used an electronic system to manage people's care and support needs. While people and their representatives do not yet have access to this, it is something that the service is working towards.

Overall, plans sampled were of a very good standard. Some plans were at differing stages of development which corelated with the length of time people had been resident in the home. We saw that staff updated and reviewed plans regularly to ensure that information remained current.

Plans were person-centred, containing good detail about people's histories and what and who was important to them. Plans detailed the way in which people wished for care and support to be delivered. This contributed positively to people receiving a service that met with their needs and expectations.

The service supported person-centred human rights-based care where people were provided with opportunities to direct their own care. People told us about high levels of engagement with care planning where they felt that their views were always considered and that staff took on board where changes were needed. There was evidence of multi-agency involvement in assessment and care delivery. This ensured that care was dynamic and reflected people's changing needs.

We saw that the care and support that people received matched what was detailed in their personal plans.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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