

Kintyre House (Care Home) Care Home Service

Saltburn
Invergordon
IV18 0JX

Telephone: 01349 853 248

Type of inspection:
Unannounced

Completed on:
3 October 2025

Service provided by:
Gate Healthcare Limited

Service provider number:
SP2003001705

Service no:
CS2003008482

About the service

Kintyre House is registered as care home for older people, and is situated in the town of Invergordon.

The service provider is Gate Healthcare Limited, which is part of Sanctuary Care Limited. The care home has a pleasant setting and overlooks the Cromarty Firth. The care home is close to local amenities and facilities. Kintyre House is surrounded by spacious garden areas.

Kintyre House is registered to provide a care service to a maximum of 41 older people. The home is located over two floors, with communal areas, and the majority of the bedrooms, on the ground floor, but with four bedrooms on the first floor.

About the inspection

This was an unannounced inspection which took place between 29 September and 2 October 2025. 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 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 10 people using the service and 12 of their family members;
- received 20 responses to our relative's survey, 14 responses from people who live in Kintyre House and 10 completed staff surveys;
- observed practice and daily life;
- reviewed documents; and
- spoke with four visiting professionals.

Key messages

- Relatives had mixed views about the care and support their loved one's received.
- Staff appropriately escalated any health concerns to the relevant professionals.
- People had formed strong, trusting relationships with the staff team who worked well together.
- Some families felt that their feedback and complaints were not always addressed.
- People were benefiting from a new conservatory area where people ate and spent time.
- Environmental concerns needed to be addressed as soon as possible, for example the drainage systems and general maintenance of the home.
- Staffing levels were not sufficient to meet people's care and support needs in full at all times.
- Improvements were required to ensure people's care were up to date and reflected their current 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
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 living in Kintyre described staff as caring and kindly. It was evident that people had formed strong, trusting relationships with the staff team who knew them well. We received fourteen completed care experience surveys from people living in Kintyre House and all stated that, overall, they were happy with the care and support received.

People told us:

- "I'm grateful and being looked after well"
- "They are all very caring and nothing is a bother to them".

Some family members said:

- "My relative is well cared for by staff. They always make my (relative) feel safe and comfortable".
- "A high standard of care is delivered, and the staff go over and above to provide support as appropriate".
- "I visit (regularly) and my (relative) always appears well cared for and is getting good care".

However, there were a significant number of less positive views. Half of the families who responded to our online survey were unhappy with the care and support that their relative received. Some families told us their loved one's personal care and nutritional needs were not always met until much later in the morning, putting their health at risk. Intimate personal care was not always carried out with dignity and respect or reflected peoples' choices. For example, hair was often untidy, and people were dressed in the wrong clothes. They said this was due to staffing levels"it is not the carer's fault, they do not have time".

See section, 'How good is our staff team' and requirement 1.

The laundry was described as a 'shambles' by some families. They felt there was a limited respect for their loved one's belongings in their rooms. Management advised they were in the process of making changes to ensure people's belongings were kept clean and safe. This will be followed up at the next inspection.

The recent appointment of the activities lead had already made a positive impact on people's emotional and physical wellbeing. A daily 'wake and shake' exercise class in the morning and group activities such as indoor bowls in the afternoon had been introduced. Some people had participated in gardening. Baking and cooking activities had been held and there were a number of outside trips planned. People living in Kintyre said: "Activities are back now which is great".

People's mealtimes were a sociable event held in the new conservatory. A significant proportion of residents chose to take their meals in this pleasant and spacious area. Staff supported people to mobilise at their own pace. Where full assistance was required to move to a table or area of their choice, this was undertaken safely. Support to eat and drink was undertaken with sensitivity and care. The choice and quality of food was of a good standard. Plated options were made in advance to help to assist people living with dementia to choose what they would prefer to eat. All these measures meant people had access to a varied, well-balanced diet.

However, where an individual had lost weight, immediate action had not been taken to address this. For example, introducing additional calories into meals (fortified diet). This should be stated in their care plan to guide staff. See requirement 1 below and section, 'How well is our care and support planned'?

Furthermore, where people were at risk of dehydration, there was ineffective recording of individuals' fluid intake. This meant a number of people may not be reaching their fluid intake goals over a period of time which could lead to dehydration and poor health. It was not clear what action was taken to address this. We have made a requirement to address these concerns. (See requirement 1 below).

To ensure that people's medical needs were met, there were strong and effective links with the local health service staff such as district nurses who said staff are quick to highlight concerns and followed up on their guidance. This provided confidence that everyone involved in people's care worked well together, especially if there was an unexpected event including end of life.

To support people's medical needs there was an effective medication system. Records confirmed that people were receiving their medication as prescribed, despite a new electronic medication system having been introduced on the first day of inspection. Staff completed training and undertook an annual competency assessment to ensure medication was administered by well-trained staff.

Requirements

1. By 17 November 2025, the provider must ensure prompt recognition and monitoring of people at risk of malnutrition and dehydration. In particular, the provider must ensure:

- a) People's nutrition and hydration needs are fully assessed, planned and evaluated;
- b) this information is used to inform all staff, including kitchen staff to ensure people's dietary requirements are fully understood and consistently met;
- c) treatment plans and tools, such as fluid intake records, relating to people at risk of malnutrition and/or dehydration, are completed regularly and consistently; and
- d) prompt action is taken where a person has not met their 24-hour fluid intake goal and/or has experienced further weight loss.

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 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

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

'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).

How good is our leadership?

3 - Adequate

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

The management team carried out a programme of quality audits to identify areas for improvement and areas of strengths. The outcome of these audits informed the service improvement plan which was based around a self-evaluation approach. This was used to identify what was working well and to identify and support improvement. It was positive that team leaders also supported these activities by ensuring any actions from care plan audits were addressed. However, they reported that this was often difficult to achieve due to staffing levels.

Staff completed accident and incident reports, such as a fall, as close to the event happening as was possible. These informed a monthly management review of all falls. However, there was a lack of analysis and limited effort to review what had gone wrong following adverse incidents to prevent it happening again. We have made an area for improvement to address this. (See area for improvement 1 below).

As part of the inspection process we asked relatives to comment on the leadership and management of Kintyre House. There was a mixed response. For example:

- "The management team is strong and approachable; they listen and implement any changes needed to support us.... and are always friendly and welcoming".
- "I feel confident about raising concerns with staff. They always let me know if anything happens".

However, other families told us:

- "Nothing changes, even speaking to the manager".
- "I do not feel involved in how the service is run".
- "Staff will often appear to be over worked and there seems to be a chain of blame which means junior staff are always found to be in the wrong".

A number of families expressed frustration that feedback and complaints did not always result in meaningful change. This meant they did not feel confident about giving feedback and as a result had lost confidence in the service and care and support provided. To ensure people living in Kintyre and their families are given every opportunity to raise concerns in an open and transparent way, we have made a requirement. (See requirement 1 below).

Families who had access to the home's social media page could see if their loved one had been involved in any activity or trips out. However, for those who did not look at social media missed out on this and notifications about future events or fund-raising efforts. This meant they may be poorly attended. Furthermore, some relatives found it difficult to attend afternoon meetings which used to be held alternating afternoon and in the evening. This meant they did not always feel involved and missed opportunities to share their views. The service advised they were in the process of addressing this.

Requirements

1. By 12 January 2026, the provider must ensure leaders are responsive to feedback and use learning to improve through a culture of continuous improvement;

To do this, the provider must ensure, at a minimum, but not limited to:

- a) People and their families feel listened to and can influence changes and improvements by being given every opportunity to discuss or raise concerns about their loved one's care;
- b) any feedback and complaints are dealt with in an open and transparent way; and
- c) outcomes of any feedback and complaints are used to learn from the experience to prevent a recurrence and informs areas for improvement within the service.

This to comply with Regulations 3, 4(1)(a) and 17(c) 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:

- "I receive an apology if things go wrong with my care and support or my human rights are not respected". (HSCS 4.4); and
- "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me". (HSCS 4.21).

Areas for improvement

1. To achieve the best outcomes for people the service should ensure meaningful analysis is routinely undertaken in the event of accidents and incidents, such as, but not limited to, a fall.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

How good is our staff team?

3 - Adequate

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

Visitors and people living in the care home and staff benefited from a warm atmosphere because there were good working relationships between the care team. This included those who were not involved in direct care who played an important role in the staff team. During the inspection, we saw cheery and warm 'banter' between people and the whole team. Visitors felt welcomed and described an atmosphere of warmth from the staff team.

Although staff said they worked well as a team, morale was low due to staffing levels. This was having an impact on people living in the home who said:

- "Peace and quiet is impossible when the buzzers are a constant".
- "I worry about the health and wellbeing of the staff they are always so busy, and no one listens".

As part of the inspection process we asked relatives if they felt there were enough staff to care for their relative properly. More than half of those who responded were not happy with staffing levels, although when we spoke with families, they were positive about the staff team overall. For example:

- "All the staff are friendly and helpful and welcoming".
- "Staff are very pleasant and speak when they see us".
- "A very friendly and supportive team that are always ready to listen and help".

However, when asked about staffing numbers, family members told us:

- "Some staff really care, however often short staffed".
- "Not enough qualified staff, therefore they do not have enough time for each resident".
- "There seems to be different staff, not sure if there is a lot of staff leaving or they just stay for a short term".

Staff echoed these views and said:

- "There is never enough time for residents, it's a rush all day from start to finish: always short staffed".
- "I love spending time and speaking to the residents. I just feel we barely get time to".
- "We should have time to talk to residents, do residents hair, give them proper personal care and having time to cut their fingernails!"

Safe staffing procedures should consider the skill mix of staff, and how they are deployed, with the aim of achieving the best possible outcomes for each individual. The service used a dependency assessment tool to determine how many staff hours were needed to meet people's care and support needs over a twenty four hour period. However, due to absence from work and vacancies, the service was consistently unable to meet their calculated staffing levels even with staff undertaking significant additional hours.

We concluded that there was not sufficient evidence to confirm that safe staffing levels were in place and in view of the significant concerns raised by people, families and staff, as outlined above, we have made a requirement to address this. (See requirement 1 below).

Requirements

1. By 12 January 2026, the provide must ensure that service users receive care that meets their health, safety and wellbeing needs.

To do this, the provider must ensure, at a minimum, but not limited to:

- a) There are sufficient suitably qualified and competent staff on shift during the day and at night to meet service users' care and support needs at all times;
- b) the numbers and skill mix of staff employed are based on an accurate assessment of each service user's needs over a 24 hour period, including taking the layout of the building into account; and
- c) there are sufficient numbers of staff, suitably deployed on day and night shifts to ensure service users are supported well in accordance with their agreed plan of care and that they can summon assistance and receive support in a timely manner.

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 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people'. (HSCS 3.15).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

At the last inspection in October 2024, we made a requirement about the need to regularly review and assess the environment, in particular the conservatory and the drainage system. The provider was asked to ensure remedial action was taken to address these issues.

The provider and management team had completed a number of environmental improvements. For example, the conservatory had been replaced and redecorated and provided a spacious, pleasant and comfortable area for dining and spending time. Some people's en-suite shower rooms had been updated which improved some of the bedrooms. Improvements to the garden were described as 'very nice' particularly the enclosed back garden.

The requirement also stated the need for a plan to be put in place, with timescales to address the root cause of the concerns of the continuing drainage problems. This was to be completed as soon as possible.

Actions taken by the provider included a robust risk assessment. Monthly clearing of the drains by an external company was undertaken to prevent back up of drainage matter into people's rooms and garden area. During the inspection feedback, the provider advised that this work will be undertaken twice monthly in the future. The service continued to liaise with the Health Protection team about infection prevention and control risks.

Despite these mitigating measures, multiple families and staff spoke about the continuing, strong malodours even when drains were not overflowing. Whilst these actions had reduced the risk of harm, there was an unpleasant odour during the inspection in some areas. This was made worse by a strong smell coming from the lift area, due to a significant leak from the kitchen into the lift shaft. The odour was present in the upstairs corridor where people's rooms were located. Due to corrective action taken, the odour was reducing by the end of the inspection.

During conversations with the manager and the provider, it was apparent that the level of work required to address the problems associated with the drainage systems had the potential to be significant and very disruptive to people's lives in Kintyre House. We concluded that the previous requirement had been partially met and have made a revised requirement (See requirement 1 below).

We also raised concerns about the standard of general maintenance of the building, internally and externally. Despite regular environmental management 'audits' and a logbook for staff to record any faults, we were not confident that the service's systems for the ongoing maintenance of the environment were sufficiently organised, which may be placing people at risk.

For example, we found a bedroom plug socket and bathroom door handle were coming away from the wall/door. There were areas of flooring which were a potential trip hazard. Some of these internal findings were addressed during the inspection, however outdoor paving was a slip and trip hazard, and gutters needed cleaning. We have therefore included this area within a revised requirement to ensure improvements are made. (See requirement 1 below).

Requirements

1. By 12 January 2026, the provider must ensure the care home is kept in a good state of repair to promote the safety and wellbeing of people externally and internally.

To do this, the provider must, at a minimum, but not limited to:

- a) in the short term, continue to take mitigating action to reduce the risks of the current drainage system;
- b) ensure a long-term plan is put in place with timescales to address the root cause of the problems with the drainage system;
- c) undertake a full review of the internal and external environment to include a review of the effectiveness of current systems for ongoing maintenance; and
- d) as a result of this review, ensure corrective actions are taken to improve reporting and ongoing maintenance.

This is to comply with Regulation 10(2)(b) 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 Health and Social Care Standards (HSCS) which state that:

'My environment is relaxed, welcoming, peaceful, and free from avoidable and intrusive noise and smells.'(HSCS 5.20).

How well is our care and support planned?

3 - Adequate

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

Personal plans were developed when people moved into Kintyre House. The service used an electronic care planning system which included a range of health and risk-based assessments, such as the risk of developing skin damage. These assessments were used to develop people's care plans to inform staff about the care they required and were reviewed monthly. For example, how to safely support individuals' eating and drinking, mobility needs or keep people safe.

It was positive that care plans set out peoples' preferences and choices, such as favoured meals and drinks, when they like to start their day. There was a record of peoples' preferences at end of life or in the event of a serious unexpected event.

However, a monthly review of care plans, we found they did not always reflect people's current health and care needs. For example, up to date and accurate details about an individual's dietary requirements following weight loss were missing, as outlined in section 1 above. We would expect to see detailed information in a person's food and fluid care plan to reflect their additional nutritional needs.

Furthermore, where an individual was unable to move independently in bed and was at high risk of skin damage, their care plan did not reflect the need for overnight support with re-positioning which put them at risk of harm.

Care plans should also set out accurate information about an individual's changing health in between the monthly review. This will enable staff to use people's care plans to deliver care and support effectively.

This is particularly important where people approaching end of life care. We found this information was not accurately documented during the inspection. The principles of care at this time in life should be agreed, in place and recorded to make sure they receive high quality comfort, care and support.

At the inspection feedback, we were advised that these areas had been corrected, however we were unable to evidence this. Given the additional concerns about fluid balance records as outlined in section 1 above, we have made a requirement to ensure people's support plans are always kept up to date, in particular where a person's care needs or risk level changes. (See requirement 1 below).

People's formal reviews happened twice yearly. These reviews should consider people's outcomes and their personal plans. Some families said the service had been reluctant to share their loved one's care plan with them. (See requirement 1 below). However, a number of other families found the review process was helpful and a good opportunity to discuss their loved one's care needs.

Finally, where people's independence, choice and control were restricted, such as a sensor mat to alert staff to the risk of someone falling, there was limited evidence that consent had been obtained for their use. A discussion with individuals or those who represent them, when someone lacked capacity to consent, is vital to ensure these measures were still in their best interests. (See area for improvement 1 below).

Requirements

1. By 17 November 2025, the provider must ensure people's care plans accurately reflect the care and support required and experienced by people who live in the service and contain the most up to date information about their care and support needs.

To do this, the provider must, at a minimum:

- a) ensure prompt recognition of and recording of changes in people's health or level of risk, for example risk of skin damage or undernutrition, so that people's plan of care accurately reflects their care needs;
- b) the care planning process is used to improve people's experiences and outcomes;
- c) the quality of people's care and support is evaluated and recorded on a monthly basis or less where a person's care needs or risk level changes, for example after an incident;
- d) action is taken to make any necessary improvements to reduce a person's risk level and update the care plan accordingly;
- e) the care plan is formally reviewed at least once in every six-month period; and

f) people and their relatives/legal representative/s are given access to the care plan in order to ensure they can be fully involved in the review.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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).

Areas for improvement

1. To ensure people's care plans reflect people's choices and preferences, the service should:

a) ensure all legal arrangements and consents are in place where people's independence, choice and control are restricted, such as, but not limited to, the use of equipment such as sensor mats and wheelchair lap belts to prevent a fall; and

b) where people are not able to fully express their wishes and preferences, the necessary consents must be agreed by the person's legally appointed representative.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that;

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and;

'My rights are protected by ensuring any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.' (HSCS 2.7)

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

Requirements

Requirement 1

By 1 January 2025, to promote the safety and wellbeing of people, the provider must ensure the care home is kept in a good state of repair externally and internally.

To do this, the provider must, at a minimum:

- a) regularly review and assess the environment, in particular the conservatory and the drainage system, taking remedial action as required;
- b) implement robust plans to mitigate the risks to people who live in the care home; and
- c) put in place a plan with timescales to address the root cause of the concerns, which should be done as soon as possible.

This is to comply with Regulation 10(2)(b) 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 Health and Social Care Standards (HSCS) which state that:

'My environment is relaxed, welcoming, peaceful, and free from avoidable and intrusive noise and smells.' (HSCS 5.20).

This requirement was made on 1 October 2024.

Action taken on previous requirement

The provider had taken action to build a new conservatory which was having a positive impact on the quality of the environment in Kintyre House.

With regard to the problems associated with the drainage system, the provider had taken action to reduce the risk to people.

However, a plan to address the root cause of the problem in the long term was outstanding. Furthermore, we identified concerns about the standard of general maintenance of the building, internally and externally.

Further detail can be found in section 'How good is our setting?' above.

A revised requirement has also been written with an closing date of 1 January 2025 under section 'How good is our setting?' above.

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
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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