

Kintyre House (Care Home) Care Home Service

Saltburn
Invergordon
IV18 0JX

Telephone: 01349 853 248

Type of inspection:
Unannounced

Completed on:
3 December 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 follow up inspection which took place between 2 and 3 December 2025. 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 seven people using the service and seven of their family members;
- spoke with a number of staff, management and observed practice and daily life;
- spoke with two external health professionals; and
- reviewed documents.

Key messages

- A robust action plan had been developed by the management team to support improvements.
- Families were positive about the changes in the home and felt good progress was being made.
- People continued to be supported by the staff team, and effective relationships were in place.
- Improvements had been made in relation to how people were supported with eating and drinking
- There were more staff available to support people and keep them safe.
- Improvements had been made to ensure people's care plans 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 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

At the last inspection we made a requirement that the provider must ensure the prompt recognition and monitoring of people who are at risk of malnutrition and dehydration. The staff team had taken effective action to address this, resulting in a positive improvement to how people were supported with eating and drinking. Details about the action taken by the service to meet this requirement are provided in the section, "What the service has done to meet any requirements we made since the last inspection".

Based on these actions and evidence reviewed, we concluded the requirement had been met. To make sure this improvement is sustained, an area for improvement has been made (see area for improvement 1).

Areas for improvement

1. To maintain people's health and wellbeing, the service should continue to make improvements in the way that people's nutrition and hydration needs are fully assessed, planned, evaluated and met. To do this, the service should:

a) use this information to inform all staff, including kitchen staff, to ensure that fortifying food (adding calories) is focused and relevant to the specific needs of the people who may require it.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19).

How well is our care and support planned?

3 - Adequate

At the last inspection we made a requirement that the provider must ensure that 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.

The staff team had taken effective action to address this, resulting in a positive improvement in the accuracy of people's care plans.

Details about the action taken by the service to meet this requirement are provided in the section, "What the service has done to meet any requirements we made since the last inspection".

Based on these actions and evidence reviewed, we concluded the requirement had been met. To make sure this improvement is sustained, an area for improvement has been made (see area for improvement 1).

Areas for improvement

1. To achieve the best outcomes for people, the service should continue their improvement work to ensure people's care plans accurately reflect the care and support required. To do this, the service should:

a) ensure care plans always contain the most up to date information about individuals' care and support needs, to include where a person's care needs or risk level changes, for example after an incident.

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 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).

This requirement was made on 3 October 2025.

Action taken on previous requirement

The provider had acted to make improvements in relation to how people were supported with eating and drinking. The meals prepared were appetising, and people told us they enjoyed the food. The staff knew the residents and their preferences well, which meant support was delivered in a person centred and respectful way.

We reviewed risk assessments in relation to nutrition, which identified people who may be at risk of under nutrition. This assessment supported care plans to improve outcomes for those people. People had been referred to the dietician for advice, and this was recorded in their personal care plan. We observed that the dietetic advice had been followed, adding additional calories (fortifying) to their food. This enhanced people's health and wellbeing. However, we found there was a need to focus fortification of meals to the people who specifically require it (see area for improvement 1 below).

We observed people being offered drinks at regular intervals, and those in their rooms had jugs of water or juice within reach. Fluid intake records were being completed accurately. To achieve this, the person in charge checked progress throughout the day so that people met their fluid intake targets. Staff actively encouraged people to drink, supporting them to be well hydrated.

We concluded that the service had made sufficient progress to conclude the requirement had been met.

To support the service to embed the change in practice we have made an area for improvement. See section "How well do we support people's wellbeing?"

Met - within timescales

Requirement 2

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).

This requirement was made on 3 October 2025.

Action taken on previous requirement

The team had taken positive action to meet this requirement. There was evidence that care plans were being evaluated by the staff team as part of the monthly 'resident of the day' review. This meant changes in people's health and current care needs were being reviewed regularly to make sure people's plan of care accurately reflected their care needs.

This review included whether a person's goals had been met. For example, in relation to keeping their skin healthy. Changes to care plans between monthly reviews were also recorded. For example, following advice from a specialist health professional. These actions provided assurance that the care planning process was being used to improve people's experiences and outcomes.

Effective action was taken to make any necessary improvements to reduce a person's risk level and update the care plan accordingly. For example, where an individual was at risk from skin damage, the appropriate pressure relieving mattresses were in place. Staff supported individuals to regularly change their position where they were unable to do this independently. However, during the inspection, we discussed the importance of ensuring this included people who spent time sitting. We also highlighted the need to make sure everyone was seated in an appropriate and comfortable chair.

To reduce risk of choking, specialist advice was sought to ensure this risk was reduced. Furthermore, the service had taken significant steps to reduce people's risk of falling. The service was working with external health professionals to achieve this. This included making sure there were always enough staff available to support and observe people to keep them safe.

The service had completed the majority of people's formal reviews which should take place twice a year. These reviews provide an opportunity for individuals and their family or those with legal authority to consider their goals, personal plans and discuss their loved one's care needs. The service confirmed that care plans were made available to look at and discuss as part of the review process. Furthermore, the service confirmed that people's care plans can be looked at with their loved one or if they have legal authority to do so, outwith the formal review process.

We concluded that the team had made sufficient progress to consider that the requirement had been met.

We have made an area for improvement to ensure a focus on this area continues which will be reviewed at our next inspection. See section "How well is our care and support planned?".

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

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).

This area for improvement was made on 3 October 2025.

Action taken since then

The management team had laid effective foundations to address this. There was improved recording of accidents and incidents in people's daily 'care notes'. This included photographic records of any injury, for example skin damage following a fall. We discussed the importance of accurate labelling of these images.

In addition, appropriate assessments were routinely undertaken after an incident or accident. This included completion of moving and handling, falls and mobility assessments and falls checklist which informed any changes needed in a person's plan of care.

However, there was limited evidence of any learning or consideration about how the fall or incident could be prevented in the future. For example, where an individual had experienced skin damage, we would expect to see a review of the event. This should include how this could be prevented and what practice needs to change as a result.

We concluded that insufficient progress had been made and concluded that the area for improvement has not been met and will remain in place until our next inspection.

Previous area for improvement 2

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).

This area for improvement was made on 3 October 2025.

Action taken since then

Effective action had been taken to address this area for improvement. For example, where people's independence, choice and control were restricted, people's legally appointed representatives had been contacted to gain consent. Individual risk assessments had also been completed. The outcome of this work had resulted in a written register. The next step was to ensure this information is also included within people's care plans.

We concluded that the service had made sufficient progress to confirm 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

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 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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