

Kinloch Care Centre Care Home Service

Kinloch Street
Carnoustie
DD7 7EN

Telephone: 01241 465 140

Type of inspection:
Unannounced

Completed on:
9 December 2025

Service provided by:
Angus Council

Service provider number:
SP2003000043

Service no:
CS2003000356

About the service

Kinloch Care Centre is a purpose-built care home that is operated by Angus Council.

Care can be provided to a maximum of 16 older people.

Each floor has eight spacious ensuite bedrooms, a large lounge/dining area, a quiet/remembrance room, and assisted bathroom. Secure garden areas are accessible on each floor; the upper floor being a roof garden.

The service is located in a residential area and is close to local amenities. One of the aims of the service is to maintain close links with the surrounding community.

This service has been registered since 1 April 2002.

About the inspection

This was an unannounced follow up inspection which took place on 4 December 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 one person using the service and two of their family representatives;
- spoke with four staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- Walkie Talkies had been provided to staff to supplement the call system for emergencies.
- Quality assurance processes had been strengthened and improved.
- People living in the service and relatives were very happy with the service.
- Staff supervision and monitoring of training had improved.

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

Requirements

Requirement 1

By 01 December 2025, the provider must ensure that people receive responsive care and support, when they need it. To do this the provider must, at a minimum ensure that the service call system is fit for purpose and ensures that people and staff can summon assistance in a safe and timely manner.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

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

'I am confident that people respond promptly, including when I ask for help'. (HSCS 3.17); and

'My care and support is provided in a planned and safe way, including if there is an emergency of unexpected event'. (HSCS 4.14).

This requirement was made on 3 July 2025.

Action taken on previous requirement

The current call system was under review and due for replacement. To support staff and ensure that they could access support in emergencies, walkie talkies had been provided to all staff to ensure that they could obtain assistance in situations when the current call system had calls backed up, which could cause delays in response times. We spoke to staff, who told us that the walkie talkies provided additional reassurance, and ensured that assistance could be summoned promptly when required.

The service was in the process of exploring how to either improve or replace the existing call system, which we will continue to monitor at our next inspection. Sufficient safeguards had been put in place to ensure that in the meantime, assistance in emergencies could be accessed for people and staff.

This requirement is met.

Met - within timescales

Requirement 2

By 01 December 2025, the provider must ensure that people benefit from comprehensive and structured internal and external systems for assuring the quality of the service.

To achieve this the provider must, as a minimum:

- a) Review and develop the quality assurance plan and procedural guidance.
- b) Include formal auditing and monitoring all areas of the service provided to evidence that the standards set out in the quality assurance plan are met within expected timescales.
- c) Ensure that routine and essential maintenance records are available for the service and equipment at required intervals.
- d) Implement effective action planning to address areas of required improvement to include appropriate timescales for completion and review of actions to be undertaken, and ensuring staff are accountable for, and carry out the required remedial actions.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19).

This requirement was made on 3 July 2025.

Action taken on previous requirement

A number of improvements had been implemented to monitor the service.

The manager had provided opportunities for staff to feedback about the service, and their experience of it. This was due to be repeated in the New Year to ensure that progress remained on track, and staff had opportunities to feedback to managers any concerns, and to ensure the service continued to run smoothly.

Some changes to how staff worked in the service had been introduced, for example, staff rotas had been improved to include a rotation of duties and staff breaks. This meant that staff were maintaining their skills across all areas, were clear about their duties for the day, when their breaks were planned; and managers were also ensuring that the skill mix of staff was also considered. All staff we spoke to told us, that the staff worked well together, and were supportive of each other.

Quality assurance processes were improving, and managers and seniors had introduced additional checks within care plan audits, notification reporting, and management of staff to ensure that essential documentation was completed fully, and that checks were being carried out to ensure these were being completed. We found that some areas were still under development, however, the manager was aware of these, and was actively consulting with staff and senior managers, and adjusting processes to ensure their effectiveness. This area will continue to be monitored at our next inspection; however, good progress has been made.

This requirement is met.

Met - within timescales

Requirement 3

By 01 December 2025 the provider must ensure that people receive responsive care and are kept safe by a knowledgeable and competent staff team.

To do this, the provider must ensure, as a minimum:

- a) Staff have access to, and complete training relevant to their role and needs of people living and using the service.
- b) Staff core and essential training is maintained and updated within required timescales to ensure that staff maintain their knowledge and skills to keep people safe.
- c) Staff receive regular supervision in accordance with the service's own policies and procedures.

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:

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

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14).

This requirement was made on 3 July 2025.

Action taken on previous requirement

Staff were working hard to bring essential and mandatory training up to date.

Although this had been a challenge, especially for staff also undertaking Scottish Vocational Qualifications (SVQ's) essential for their roles, progress had been made across this area, and we found that most staff had completed most of their core and mandatory training.

Managers had put in place a staff training matrix, which meant it was easier for seniors and managers to track any concerns and ensure that staff were progressing their training responsibilities.

Supervision meetings with staff were being brought up to date, and progress towards ensuring that these meetings were held in accordance with the service's own policies and procedures had been made.

Managers and seniors had introduced supervision planners, which meant that staff had either participated in supervision, or that these were booked in and planned. We spoke to staff who told us that they had regular supervision and could access support out with these times if required.

This requirement is met.

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

Managers should ensure that the Care Inspectorate is notified of accidents and incidents promptly, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate'. (HSCS 4.18).

This area for improvement was made on 3 July 2025.

Action taken since then

Notification of accidents and incidents had improved since our last inspection.

Checklists had been introduced to manager investigations of accidents and incidents, which included a prompt to ensure that the Care Inspectorate had been informed where necessary, which had improved reporting of notifications. We discussed the importance of also including some incidents involving errors in the administration of medication, to ensure that the Care Inspectorate were aware of any concerns or developing trends, and to ensure that appropriate supports were put in place.

This area for improvement is met.

Previous area for improvement 2

To ensure people's needs are met, the provider should review dependency levels and ensure that adequate numbers of staff are available. This should include more effective deployment of senior staff and their availability to support junior staff during busy periods.

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).

This area for improvement was made on 3 July 2025.

Action taken since then

The manager of the service had introduced regular checks on resident dependency levels to ensure that staffing levels were right. In addition, other management arrangements such as organizing staff tasks within the daily rotas had also been introduced, which ensured that seniors and the wider staff team were aware of their responsibilities when on duty, and ensured adequate cover for each area.

The manager also advised that staffing was increased during times when people with additional support needs were resident within the service, to ensure that people's support outcomes were met, and to ensure the safety of people and staff.

This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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