

Kintyre House (Care Home) Care Home Service

Saltburn
Invergordon
IV18 0JX

Telephone: 01349 853 248

Type of inspection:
Unannounced

Completed on:
18 February 2026

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 on 16-18 February 2026.

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 five people using the service and 14 of their family
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Relatives were confident in the care and support their loved ones received.
- Staff worked with the relevant professionals to support people's wellbeing.
- People had formed strong, trusting relationships with the staff team who worked well together.
- Families felt confident about raising concerns.
- Staffing levels had improved and were sufficient to meet people's care and support needs.
- People were benefiting from a better maintained environment.
- The provider had taken effective steps to prevent drainage issues, but a longer term solution was still required.
- People's care plans were up-to-date, detailed, and regularly reviewed.

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 leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - 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 found improvements in relation to how people were supported with eating and drinking due to weight loss. This meant they needed support with additional calories (fortification). Advice had been sought from the dietician to provide direction about how best to support people who had experienced weight loss. Kitchen staff had received additional training in relation to fortifying meals and snacks. This benefited people's health and wellbeing.

We observed staff fortifying meals during mealtimes. This ensured the right people received the additional calories needed to maintain their health and wellbeing. This meant that support was more focused and person centred.

People's plan of care set out their specific dietary needs. This information was shared with the staff team daily. This meant that staff knew who needed to be supported with additional calories to meet their nutritional needs.

People told us:

- "Food quality has improved and is of a good standard."
- "Meals are delicious."

We observed people being regularly offered food and fluids throughout the day. This meant people were supported to eat and drink well.

This area for improvement has therefore been met. We have re-evaluated the grade from 3 'Adequate' to 4 'Good' as strengths outweighed areas for improvement.

How good is our leadership?

4 - Good

We made a requirement in September 2025 to ensure leaders were responsive to feedback and used learning to improve through a culture of continuous improvement.

It was evident that people and their families felt better able to raise concerns about their loved one's care, because they had confidence they would be dealt with. The manager routinely investigated any concerns or complaints and dealt with them in an open and transparent way. This included discussion with all parties involved and an apology given where needed.

We discussed the need to ensure outcomes of any feedback and complaints were used to learn from the experience. This will reduce the risk of a recurrence and inform areas for improvement within the service.

Families also described feeling more positive about the quality of relatives' meetings and commented on how constructive and helpful these have been.

We previously found that meaningful analysis in the event of accidents and incidents was not sufficiently completed. It was positive that the management team were now reviewing incidents and accidents in a more detailed and effective way. This meant they were better able to see what had gone wrong following an incident, such as a fall, and what actions could be taken to prevent it happening again.

Overall, quality assurance systems within the service had improved, and there was better management oversight and visibility throughout the home. This provided assurance that people could feel safe and supported.

This key question has been re-evaluated from a grade 3 'Adequate' to a grade of 4, 'Good' as strengths outweighed areas for improvement.

How good is our staff team?

4 - Good

We found the service had implemented a robust review of people's needs which informed the staffing needs of the service. This meant that the right number of staff were available to meet the needs of the people using the service. We could see this had been consistently maintained, which meant that staff were more visible, and available to support people's needs.

The skill mix of the team had been reviewed by management. This had a positive outcome because more experienced staff were supporting less experienced team members. Management continued to actively recruit new staff which was having a positive effect on the morale of the team. People told us that the staff were respectful, friendly, and had a positive outlook. This made the environment feel welcoming.

People told us they felt that there was an improvement in the staffing of the service. However, some people told us that at times, during the weekend they still felt that answering the front door took longer. The provider had committed to seek a solution to make the service easier to access for families.

This requirement had therefore been met. We have re-evaluated this key question from a 3 'Adequate' to 4 'Good' as strengths outweighed areas for improvement.

How good is our setting?

3 - Adequate

We found the environment of Kintyre House Care home relaxed, clean and tidy. Families we spoke with told us there had been a lot of improvements made. They welcomed having easier access to the foyer on arrival to the home.

At the last inspection in September 2025, we made a requirement to complete a number of environmental improvements. To achieve this, the service had put in place an improved system for raising environmental issues. This included regular checks of people's rooms and daily verbal handover from staff to the maintenance person about any repairs. The manager completed a daily environmental walk round and senior management had completed internal and external building audits. These audits had resulted in the installation of hand rails at the front door, emergency lighting and generator works.

We previously identified significant problems with malodorous smells within the home. This was due to significant blockages with drains which were distressing for people and their families, and an infection control risk. The provider had taken action to reduce the risk of blockages which included daily flushing and two weekly rodding of the drains.

As a result of these measures, the number of blockages has significantly reduced. Families were significantly less anxious about the situation and had more confidence in the provider's management of the situation. Relatives felt that communication had improved about the actions and potential solutions to address this. This meant they felt better informed and less anxious about the impact on their loved ones.

The provider had undertaken a detailed review of the drainage system and developed a plan which will be considered by senior management in the near future. (See Requirement 1 below).

We have re-evaluated this key question from a 2 'weak' to a grade of 3 'Adequate' as strengths just outweighed weaknesses.

Requirements

1. By 25 May 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) continue to take mitigating action to reduce the risks of the current drainage system;
- b) ensure a written, solution-focused, long-term action plan is developed and agreed which addresses the root cause of the problems with the drainage system; and
- c) any action plan should have clear timescales and include plans to involve people living in Kintyre house, their families or representatives and key stakeholders, where appropriate.

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?

4 - Good

At the last inspection we made an area for improvement that the provider should continue to improve people's care plans to reflect their support needs. It was positive that we found continued improvement in this area.

Care plans were reviewed monthly as part of 'resident of the day.' This meant that changes to people's health were better recorded and communicated enabling staff to deliver support to meet people's current needs.

To guide staff about people's care needs, plans had detail regarding how best to support them to achieve their outcomes. For example, adding calories for eating and drinking, and what equipment was needed to support the reduction of falls. This meant that people were supported in a way that was right for them.

Families told us they felt more involved in the care planning process. The provider was looking at ways to support this further, so that families could have better access to information regarding their loved one's daily lives. This is in the early stages of development.

In review of the continued improvement in this area, we have re-evaluated the grade from a grade 3 'Adequate' to a grade 4 'Good.' This is due to strengths outweighing weaknesses in this area.

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

Requirements

Requirement 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;
- 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).

This requirement was made on 3 October 2025.

Action taken on previous requirement

The service had made effective improvements to the way they responded to feedback and complaints.

Further detail is written in Section, 'How good is our leadership' above.

Met - within timescales

Requirement 2

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).

This requirement was made on 3 October 2025.

Action taken on previous requirement

We found staffing levels had improved which had resulted in people feeling better supported. Families told us the care and support of their loved ones had improved.

Further detail is written in Section 'How good is our staff team?' above.

Met - within timescales

Requirement 3

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).

This requirement was made on 3 October 2025.

Action taken on previous requirement

The provider had taken steps to improve the environment internally and externally. This included the development of plans to address the drainage problems. Further detail is written in Section 'How good is our setting?' above.

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 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)

This area for improvement was made on 3 December 2025.

Action taken since then

The service had made good progress in this area, therefore this area for improvement has been met. Further detail is written in Section, 'How well do we support people's wellbeing?' above.

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

The service had made good progress in this area, therefore this area for improvement has been met. Further detail is written in Section, 'How good is our leadership?' above

Previous area for improvement 3

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).

This area for improvement was made on 3 December 2025.

Action taken since then

The service had made good progress in this area, therefore this area for improvement has been met. Further detail is written in Section, 'How well is our care and support planned?' above.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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