Kintyre House (Care Home)
Care Home Service

Saltburn
Invergordon
IV18 0JX

Telephone: 01349 853 248

Type of inspection:
Unannounced

Completed on:
31 July 2026

Service provided by:
Gate Healthcare Limited

Service provider number:
SP2003001705

Service no:
CS2003008482

About the service

Kintyre House is registered as a 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 on 28, 29, 30 July 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 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 ten people using the service and seven of their family.
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were benefiting from the care and support provided by the service.
- People were living in a well-maintained, homely environment.
- Families reported feeling involved in the service and described communication as effective, timely, and reassuring.
- Families expressed confidence in the leadership and management of the service.
- The provider had developed a robust long-term plan to address ongoing drainage issues.
- Leaders were using quality assurance audits proactively to review practice and drive continuous improvements in people's experiences.

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 setting?	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? 5 - Very Good

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

We found significant strengths in the care and support provided, and how this helped people achieve positive outcomes. Therefore, we evaluated this key question as Very Good.

People were supported by a staff team who knew them well and treated them with kindness, dignity and compassion. During our visit, we observed positive interactions between staff and people using the service. Staff often shared laughter and friendly conversation with people, helping them feel relaxed and comfortable.

People and their relatives spoke very positively about the service. Comments included:

"I wouldn't want to be anywhere else. I'm lucky I got a place here."

"The staff are excellent and notice if anything is wrong."

People were supported to maintain their personal appearance and take pride in how they looked. Staff paid attention to small but important details, ensuring people had their jewellery and accessories if they wished to wear them.

Managers and senior staff worked closely with external agencies, including specialist healthcare professionals. There was a strong team approach to supporting people's health and wellbeing. Staff understood people's healthcare needs and provided personalised support based on current guidance. This helped to ensure people received the right care at the right time.

Families told us they were kept informed about significant incidents or changes affecting their relatives. This gave families reassurance and confidence in the communication between themselves and Kintyre House.

People were supported to pursue their interests and take part in a range of activities both within the home and in their local community. They were also supported to maintain relationships with family and friends in ways that were meaningful to them. The activities coordinator spent time developing activities that reflected people's interests and preferences. However, people who chose to spend most of their time in their bedrooms had fewer opportunities to take part in meaningful activities. Therefore, we have identified an area for improvement in relation to this (See Area for Improvement 1).

The garden area was valued by people using the service. We observed people and their families enjoying time together in the enclosed outdoor space. However, the garden was not fully accessible to everyone who used the service. As this could have an impact on people's wellbeing, we have identified an area for improvement under How Good is Our Setting (please see how good is our setting for further details).

Medication was managed very well through the home's electronic system. Staff maintained accurate records and followed safe medication practices. Guidance for topical creams was clear and detailed, helping staff support people to maintain healthy skin. Protocols were also in place for medicines prescribed on an "as required" basis. While some of these could include more person-centred information, overall we found medication management to be safe and effective.

People appeared to enjoy the meals and snacks provided. The dining experience was calm and relaxed, and staff used visual prompts, such as show plates, to support people to make choices. A variety of drinks was available, and people were well supported to eat and drink. People who required additional calories due to weight loss were supported through fortified foods, such as adding butter, cheese and cream to meals. However, some people experienced long waits for meals and drinks. As a result, we have identified an area for improvement (See Area for Improvement 2).

Falls prevention and management were well organised. When people experienced a fall, staff took appropriate action to reduce future risks. It was positive to see that patterns and trends were reviewed, helping people remain safe while avoiding unnecessary restrictions on their independence.

Overall, people were benefiting from the care and support they received. Positive outcomes were evident throughout the service. Where outcomes were not being achieved, staff actively advocated on behalf of people to help them access additional services and support

Areas for improvement

1.
To achieve the best outcomes for people who spend most of their time in their bedrooms, the service should review how meaningful activity is supported.
To do this the service should:

a) Audit opportunities for meaningful activity for people who spend most of their time in their bedrooms, including seeking their feedback.

b) Develop an action plan to increase access to activities that reflect individual interests and preferences.

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)

2. To support continuous improvement, the service should review the dining experience of people living in Kintyre House.

To do this, the service should:
a) Review how long people currently wait for meals to be served.

b) Develop a plan to enhance the dining experience for people living in Kintyre House.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19

How good is our leadership? 5 - Very Good

Quality Indicator: 2.2 Quality assurance and improvement is led well

We found significant strengths in the leadership of the service and in how leadership supported positive outcomes for people. Therefore, we evaluated this key question as Very Good.

We observed a leadership team that was skilled, knowledgeable and visible throughout Kintyre. They were supported by a senior team that was committed to making ongoing improvements. We saw effective quality assurance processes that informed an active improvement plan. All areas of the service, including call bell response times, were regularly reviewed. This supported a culture of continuous improvement.

People's experiences were regularly evaluated and their views were actively sought. As a result, people felt listened to and valued. One person told us, "Communication is very good. We are involved in what is happening in the home."

There were clear lines of responsibility and accountability across the service. Staff understood their roles and felt confident carrying out their responsibilities. One staff member told us, "We are supported to do our best." The manager maintained effective oversight of the service and demonstrated how adverse events were reviewed and responded to. This helped to ensure learning was shared and improvements were made when needed. Leaders focused on supporting staff to achieve positive outcomes for people and to advocate on their behalf when appropriate.

Meetings were held regularly, with agreed actions monitored through the service improvement plan. This supported communication and helped drive improvement across the service. However, we found that the manager's office was busy and shared with others. This made it difficult at times to hold confidential conversations or meetings. We have therefore made an area for improvement in relation to the availability of a suitable private space to lead the service (See Area for Improvement 1).

Staff received regular supervision to support their development and to address areas identified for improvement. This demonstrated a positive learning culture. Leaders were responsive to feedback and showed a commitment to learning from adverse events. We saw examples of learning being shared through supervision, staff training and daily handovers, helping to improve practice.

Overall, the leadership team had established quality assurance processes that were meaningful, effective and based on the service's values. Leaders used these processes to drive improvements that benefited people experiencing care.

Areas for improvement

1. To support people's privacy, dignity and confidentiality, the provider should ensure that a suitable private space is available for confidential discussions and effective service leadership.

To do this, the provider should:
a) Review the current shared manager's office arrangements to assess how privacy and confidentiality can be maintained.
b) Develop and implement, in partnership with the manager, a plan to provide access to a suitable private space.

This is to ensure care and support are consistent with the Health and Social Care Standards (HSCS), which state: 'I am treated with dignity and respect' (HSCS 1.5). and
'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

How good is our setting? 4 - Good

Quality Indicator: 4.1 People experience high quality facilities

We evaluated this key question as good because several strengths had a positive impact on outcomes for people and clearly outweighed the areas identified for improvement.

We found the environment to be clean, homely and mostly free from odours. People were able to spend time in their personalised bedrooms or choose to use a range of communal spaces. This supported people's comfort, dignity and ability to spend time in areas that suited their preferences.

It was positive to see improvements to the environment driven by an environmental action plan. This demonstrated the provider's commitment to continually improving the home and enhancing the experience of people living there.

There was a robust maintenance programme in place, including weekly, monthly and quarterly checks. These covered areas such as equipment safety, fire safety, water systems and lifting equipment. This helped to ensure that the environment remained safe and well maintained for people.

At our previous inspection, we made a requirement regarding ongoing drainage issues. It was positive to note that enhanced monitoring and regular flushing of the system had prevented any further blockages or leaks. The provider also shared a detailed long-term improvement plan outlining permanent solutions to the drainage concerns within Kintyre House. While progress had been made, we have made an area for improvement to support continued development in this area (See Area for Improvement 1).

The service used the King's Fund environmental assessment tool to identify opportunities to make the environment more dementia friendly. Planned and completed improvements helped to support people's independence, orientation and overall quality of life. We also found that infection prevention and control measures were being followed effectively. Housekeeping staff were knowledgeable and thorough in maintaining a clean and hygienic environment.

The gardens were well maintained and provided an attractive outdoor space for people to enjoy. We saw tidy grounds with planting and garden features, and the rear garden was secure. We were pleased to hear that some families had been involved in enhancing the outdoor space. However, not everyone was able to access the garden easily. As spending time outdoors can support wellbeing, independence and social interaction, we have identified this as an area for improvement (See Area for Improvement 2).

There was currently no working bath within Kintyre House, which limited people's choice in how they wished to meet their personal care needs. Although the provider had committed to replacing the bath, access to bathing facilities is important in promoting choice, comfort and wellbeing. We have therefore identified this as an area for improvement (See Area for Improvement 3).

Areas for improvement

1.
To support people's safety, wellbeing and comfort, the provider should continue to improve the environment and address the risks associated with the current drainage system. To achieve this, the service should:
a) Continue to take appropriate measures to minimise the risks associated with the existing drainage system.

b) Complete the improvement works outlined in the solution-focused action plan submitted to the Care Inspectorate.

This is to ensure care and support are consistent with the Health and Social Care Standards, which state: 'My environment is relaxed, welcoming, peaceful, and free from avoidable and intrusive noise and smells.' (HSCS 5.20)

2. To support people's wellbeing and quality of life, the service should improve opportunities for people to access outdoor spaces. To achieve this, the service should:
a) Review access to the enclosed garden and identify ways to make it easier and more accessible for people to use.

b) Ensure people are supported and encouraged to spend time outdoors regularly, in line with their wishes and preferences.

This is to ensure care and support are consistent with the Health and Social Care Standards, which state: 'If I live in a care home, I can use a private garden' (HSCS 5.25).

3. To support people's choices and preferences, the provider should review bathing facilities to ensure people have access to a bath should they wish to use one.

To do this, the provider should:
a) Follow its procurement process to identify and progress suitable options for providing bathing facilities.

b) Keep people informed of proposed plans and progress, ensuring their views and preferences are considered as part of the review and development of bathing facilities.

This is to ensure care and support are consistent with the Health and Social Care Standards, which state: 'As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people' (HSCS 5.30).

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

Requirements

Requirement 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)

This requirement was made on 25 May 2026.

Action taken on previous requirement
It was positive to note that drainage is now a standing agenda item at meetings. This has ensured that people living in Kintyre House are kept informed and has helped alleviate concerns regarding the actions required to address the underlying problem. We reviewed detailed plans outlining the improvements needed to the drainage system and received assurance that the provider is taking appropriate action to progress these works.

Based on the actions taken and the assurances provided, we concluded that this requirement has been met. However, given the historical nature and ongoing significance of the drainage issues, we have made an Area for Improvement to monitor progress and follow up on drainage actions at the next inspection (Please See Area for Improvement 1 under "How Good Is Our Setting?").

Met - within timescales

Complaints

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

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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