

# Kintyre House (Care Home) Care Home Service

Saltburn  
Invergordon  
IV18 0JX

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 October 2024

**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 1 September and 6 September 2024, between a variety of hours throughout the day. 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 eight people using the service and two of their family members;
- spoke with nine staff and management and received 27 responses to our staff survey;
- observed practice and daily life;
- reviewed documents; and
- received feedback from two visiting professionals.

A further meeting took place 1 October 2024 regarding the improvements in relation to the environment.

## Key messages

- The management team were working well together and had been involved in the service improvement plan.
- Some environment improvements had been completed, for instance decoration of the hallways, living room and some bedroom en-suites.
- Other environmental factors needed to be addressed as soon as possible, for example the conservatory roof and the drainage systems within the home.
- Staff appropriately escalated any health concerns to the relevant professionals.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

## 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?	2 - Weak
How well is our care and support planned?	5 - Very 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff had updated health-based assessments regularly and used these to inform how best to support people with their health-based needs. Staff made referrals to various health professionals when people needed this. People were supported by community nursing, where they had nursing needs, and there were good relationships between staff and the nursing teams. Community nurses offered support to people with a range of nursing needs, for instance, skin integrity issues, as Kintyre is a residential care home.

Staff planned for people's anticipatory care and documented people's wishes around end-of-life care. People's medication needs had been supported well, although staff could improve how they manage excessive stock.

People kept active and were seen to be walking to and from the dining room for meals, or to join in with activities. Activities staff ran a varied programme of activities throughout the week and people enjoyed taking part. People told us they enjoyed the activities and how they could choose what they wanted to be involved in.

Some people told us they were unable to go outdoors often enough. We found people's bedroom patio doors were fitted with restrictors preventing them from opening fully. One person told us 'I have to ask the staff to unlock the door'. We asked the management team to review this as people who could independently access the garden, should be able to do so as long as it was safe. The service responded to our advice promptly and ensured access was available.

The kitchen staff prepared varied meals, which people enjoyed. Staff offered regular snacks and drinks throughout the day, including those who chose to spend time in their bedrooms. One person told us 'The food is 100% great here, I really enjoy it'.

Staff spoke to people with dignity and respect, and we observed warm and kind interactions. One person told us 'I like most of the staff a lot, they are really good. There are some others I do not know so well'.

When people spoke about when they had raised a concern with the manager, they shared they felt this was dealt with appropriately. One person told us about their experience of raising a concern 'the manager listened and it has been resolved for me'.

The provider needed to make some improvements with the conservatory roof and with the drainage system which caused a smell and backflow occasionally. This did impact on people's experiences at times.

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The manager and leader carried out a range of quality audits to identify areas for improvement and areas of strengths. They used the information from these audits to inform the service improvement plan. We found the service improvement plan to be based around a self-evaluation approach.

The manager and provider had identified a series of improvements needed for the environment. We found one area of concern which related to the management of a drainage problem, which had impacted on people's experiences. We had become aware of a malodorous smell from the drainage system during our inspection. The manager and the provider had been attempting to find the problem through various contractors, but to date they had been unable to fully implement a plan to fix the issue. We asked the manager to contact the local Health Protection Team for advice about how they were managing the risks as we felt they had not taken all the necessary steps. Additionally, we contacted the Health Protection Team, and a series of meetings were set up following the inspection, which continued through October 2024.

Staff continually reviewed and evaluated people's experiences to ensure that care and support had been right for them. We found a couple of examples where changes had been identified and put in place. Additionally, we found an example whereby staff had not followed up as quickly as they needed to.

The manager and leadership team set out clearly to staff their roles and responsibilities. This enabled staff to be clear on what was expected of them. The manager and depute had regularly fed back to staff about the quality of work, identifying any strengths and improvements that they could take.

People told us they had been able to give feedback to staff, including to the management team. We found examples where this had worked well for people. For example, the service had been proactively seeking support for someone with regards to their ongoing wishes.

Staff completed accident and incident reports as close to the event happening as was possible. Management had reviewed these promptly and had documented what actions had been taken to minimise the likelihood of reoccurrence.

## How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The management team had worked through a detailed service dependency assessment which they used to inform the staffing levels. The tool they had used took in additional factors which added a level of detail which had helped when determining the staffing needs. The additional information covered a range of factors like the environment, skills, and experience of staff. We asked the service to continue to develop how they gained the views of others, particularly when evidencing this on their safer staffing tool.

Staff were deployed effectively and had understood their roles and responsibilities.

The service was operating with some vacant hours which were being covered by additional hours from their own staff and some purchased agency staff. The management team had been quick to recruit staff to help support vacancy cover. Staff told us there were times when levels dropped with last minute staff absence, which impacted the experience of people at times. Management had reassured us they were reviewing continuously ways to support the staffing levels of the service.

Overall, we found that they had provided a good skills mix of staff. Staff had kept up to date with most of their training, and there was a continuous plan to keep refreshing and updating training. Staff had been appropriately registered with the relevant body, for instance Scottish Social Services Council.

## 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.

The provider and management team had been working through the environmental improvements which had seen improvements in a number of areas. For example, the main lounge had been redecorated and the refreshed appearance was welcoming and comfortable. Some people's en-suite shower rooms had been updated which improved some of the bedrooms. They had refreshed hallways, and they had looked fresher and better.

The provider had contracted work to address concerns with the leaking conservatory roof. This work had not proved to be effective. When we asked about the long-term solution, it was apparent that this was not yet clear. The manager informed us that there had been times when they have had to close off that part of the dining room, because of the risk to people with water on hard floors (see requirement 1).

We reviewed maintenance records and noticed there had been some regular concerns about sewage smell and on occasion a back up of drainage matter in people's en-suites. During our inspection, the smell became apparent, and we found this to be malodorous. Maintenance staff came in and had to manually clear blockages in the main drain in the car park and the outcome was to a good effect. When speaking with the management team it was clear the problem was escalating in frequency. We said to the manager that we would be contacting the Health Protection team and advised the manager to do the same. This was because we were concerned the service had not put in robust protocols to deal with the risks attached to this within the home. For instance, they had not put in place enhanced cleaning protocols should there be waste backing up in people's en-suites. The manager did take our advice and from speaking with the local Health Protection team, they had implemented a risk assessment and additional mitigating measures to reduce the risk of harm.

From talking to the manager and the provider at feedback, it was apparent that the level of work required had the potential to be significant. We agreed with the provider to continue a sequence of meetings to keep us informed of the plan to address the root cause of the problems. We decided to conclude the inspection on 1 October 2024, as plans were still being made to address the drainage concerns. It was agreed meetings would continue with Health Protection team and others as deemed necessary (see requirement 1).

## Requirements

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).

## How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff had continuously updated personal plans to ensure the care and support people received was right for them and matched their preferences. The management team had systems in place to check information was up to date, and there was good communication across the team.

People we spoke to felt involved in their care plan, with some stating they were aware of their plans. We found personal plans were overall reflective of people's preferences and told staff how they wanted to be supported.

Staff regularly updated health-based assessments and made sure they escalated any concerns about a person's wellbeing quickly. People's personal plans covered more than basic care needs; they looked at social activities and future wishes.

Staff recorded the person's legal arrangements, for instance if there was a power of attorney, or a legal guardian in place for finances or welfare. This enabled staff to appropriately engage with the right people with regards to a person's care and support.

People's formal reviews happened regularly. We found reviews considered people's outcomes and their personal plans, whilst offering an opportunity for feedback to be given to the service. Where reviews were overdue, the service had plans in place to enable these important meetings to take place as soon as possible.

## 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 ensure people's care and support needs are met by the right number of people, the service should;

- a) review staffing cover arrangements with a view to increasing consistency in the levels;
- b) strengthen staff contingencies so that there are still enough staff on shift when short notice absences arise;
- c) consider ways of being able to increase the number of staff available, at times when people's support needs and dependency levels are high, for example, if people are experiencing stress and distress, are unwell, or in end of life stages.

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); and  
'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability or frailty' (HSCS 3.18).

**This area for improvement was made on 8 November 2023.**

#### Action taken since then

People's dependency levels had been reviewed regularly, which was cross checked with the staffing analysis for the service. The service had contingency arrangements in place which was largely effective. The service experienced some difficulties when there had been a last minute cancellation, which did impact on staffing levels occasionally.

The provider had implemented a new assessment tool, which took into consideration a range of factors from the safer staffing legislation.

Therefore we conclude this area for improvement as being met.

#### Previous area for improvement 2

To ensure that people can benefit from high quality facilities the provider should:

- a) progress, and complete, all the works identified in the current environmental improvement plan;
- b) also continue to evaluate the premises, and ensure that their findings, influence ongoing repairs and refurbishment.

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



'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

**This area for improvement was made on 8 November 2023.**

#### Action taken since then

The provider had progressed a number of areas within the environmental improvement plan. However, there were significant areas still to be addressed, as well as an area which had the potential to cause harm to people, which was around the drainage concerns.

Therefore, a requirement has now been made in key question 4 and this area for improvement will be discontinued because of that.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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