

Kinloch Care Centre Care Home Service

Kinloch Street
Carnoustie
DD7 7EN

Telephone: 01241 465 140

Type of inspection:
Unannounced

Completed on:
28 May 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 a full inspection which took place on 26 and 27 May 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 five people using the service and eight of their family representatives;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- Staff demonstrated respectful and kind interactions with people.
- Some management processes needed to be improved and audits completed to ensure these were effective and resulted in improvements to the service.
- The emergency call system needed to be updated.
- People enjoyed a well designed and spacious building and garden areas.
- Essential and core staff training required updating.
- Care planning processes were well organised.

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 good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	5 - Very Good
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?

3 - Adequate

We considered three quality indicators under this key question. We evaluated Quality Indicators 1.2 -People get the most out of life as very good, where major strengths support outcomes for people. 1.3 -People's health and wellbeing benefits from their care and support as adequate where strengths only just outweighed weaknesses. We also considered Quality Indicator 1.5 -People's health and wellbeing benefits from safe infection prevention and control practices and procedures. We evaluated 1.5 as good. The overall evaluation for this key question is therefore adequate.

We observed good relationships between staff and residents which were respectful, and patient. People told us; 'The staff here are fantastic and so welcoming', and 'the staff get in touch if there are any concerns and there is good communication'. People's representatives told us that they were well looked after, and that they had confidence in the staff supporting their relatives.

Support plans detailed people's support needs, and other peripatetic professionals involved in their care such as GPs, district nurses and dietitians. We observed in support records, that health professionals were regular visitors to the service, which ensured that people's health and wellbeing were monitored when required. Personal plans were reviewed regularly, and appropriate risk assessments were in place to keep people safe. We found that regular audits of support plans were taking place, however, some areas of concern had not been identified, or that agreed action points had not been followed up timeously. For example, some oral care charts had not been completed properly or clearly enough, which meant that we could not be confident that some residents had received appropriate levels of oral care, and some assessments had not been completed fully.

(See requirement in Key Question 2 How good is our leadership).

Medication systems had transferred to a new online system which was well managed. There were good processes in place to monitor the administration of oral and topical medications, and audits were in place to monitor accurate administration and stock control of medications. This ensured that people received the right medication at the right time.

The call system was not adequate and increased risks for people and staff. One telephone device was carried by a member of staff on each floor, to which all calls from buzzers, pressure mats and alarmed doors from anywhere within the service, and the day care unit were received. Multiple calls could be received to the two phones at the same time, and required staff to monitor, sift and cancel irrelevant calls and mute the phone if not relevant to their area. This risked that new calls may not be heard, and increased the risk that emergency assistance could be delayed. We observed during our inspection that the phone rang on each floor multiple times throughout the day, interrupting support to people, which was not relevant to the area concerned. We heard that the manager was looking at alternative call systems, however, this work had not progressed, and no agreements had been reached about a more suitable call system for this service. **(See requirement 1).**

Wellbeing coordinators worked hard to ensure that people enjoyed activities of interest and were engaged with their local community. Activities were available for people to take part during the mornings and afternoons most days if they wanted to; people told us, 'My relative was virtually housebound before she arrived, and she is now out in the van, and taking part in activities which is amazing, we never thought she would enjoy these things again'. The service was active in the local community and groups such as singing groups, screen memories, football memories and contact with children via the local Beavers and Squirrel

groups visited the service regularly and encouraged the participation of residents and families. During our inspection we found that people were also enjoying a tea dance at the nearby British Legion, and people were regularly out in the local town accessing cafes and shops.

The service was clean and tidy and there were appropriate supplies of personal protective equipment (PPE) and cleaning materials for staff to use. Cleaning schedules were in use, however, some of these had not been completed fully at the time of our inspection. We reminded staff to ensure that these were completed to ensure that the environment was clean in all areas to prevent the spread of infection.

Requirements

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People using the service, and their relatives, told us, 'The manager is good, she is always very approachable', and 'I don't have any concerns about the staff, they are very good at getting in touch if there are any concerns.'

A range of audits were in place to monitor the service and check on progress. However, we found that some action points were not followed up timeously, which meant that information was missing or incomplete. For example, we found that whilst care plan audits had been completed regularly, follow up actions had not been completed within stated timescales, and some areas of improvement had been missed. Oral care and MUST (malnutrition universal screening tool) charts were incomplete or unclear, and some were not dated, which meant we could not be confident that this support had been provided, and some cleaning schedules were incomplete, and/or not dated. This meant we could not be confident that the required cleaning for some areas had been carried out. Seniors and managers should ensure that these audits are fully completed to ensure that they are effective and that they support improvements to the service. **(See requirement 1).**

Annual stakeholder feedback forms were sent to relatives and people's representatives, in addition to opportunities to feedback at people's six monthly reviews, which were carried out regularly. People and

their relatives told us that they were confident about feeding back about the service, and had confidence in the manager of the service.

Staff meetings were carried out at monthly intervals, which provided opportunities for managers to update staff about changes with the service, residents and reminders for staff, such as training updates due. These meetings also supported time for staff to feedback any comments or concerns to managers. Minutes of meetings were sent to staff unable to attend, and were available in the units to ensure that staff had access to these.

Some incidents had not been reported to the Care Inspectorate as is required of all services. We discussed these with the manager of the service and provided guidance to support this going forward, which we will monitor at our next inspection. **(See area for improvement 1).**

Processes to monitor the supervision and support and training of staff needed to improve. Some staff had not received supervision for prolonged periods, which was out with the service's own policies, and some training records were incomplete or out of date. This meant that there were missed opportunities to support staff, address any practice concerns, and ensure that staff were maintaining their skills and knowledge.

(See requirement in Key Question 3 How good is our staff team).

Requirements

1. 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).

Areas 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).

How good is our staff team?

3 - Adequate

We considered two quality indicators under this key question. We evaluated Quality Indicator 3.2 - Staff have the right competence and development to support people as adequate, where strengths only just outweighed weaknesses. We also considered 3.3 - Staffing levels are right, and staff work well together as adequate, where strengths only just outweighed weaknesses. The overall evaluation for this key question is therefore adequate.

People told us that the staff were very good, were approachable and always treated them with respect. During our inspection we observed that staff clearly knew people well and demonstrated patient and kind interactions with appropriate humour and banter.

A resident dependency tool was used daily to support decision making about staffing levels. We were informed that staffing was increased when people were being supported with end-of-life care, during respite admissions and discharges, or at other times when people required more support.

During our inspection we observed that there were times when there were no staff in the lounge areas, due to being busy in other areas, and in some cases having to leave one unit to assist at another. This could increase risk and delays in attending to people in emergencies. Some people told us that they had to wait for long periods for assistance to access the toilet, and some relatives commented that at times it appeared that there was no one about. One relative told us, 'there is not enough staff here, they are run off their feet, it's run on a tight budget.' Staff told us, 'sometimes residents don't get the right support at the right time,' and that it was sometimes difficult to obtain assistance from seniors at busy times, or felt that this was not encouraged. This meant that there was little supervision of people at times, and there appeared to be a lack of oversight and anticipation of busier times to support staff to work better as a team. **(See area for improvement 1).**

Many of the staff training records were incomplete or not up to date. For example, we could not find evidence that enough staff had attended food hygiene courses or supporting people with dementia, which was a key area of support for most people living at the service. Other areas of core training were also overdue, which increased risks for people. Reminders were issued to staff to complete overdue training, however, there were insufficient checks carried out to ensure that it had been completed. It is the responsibility of all staff to maintain their knowledge and skills in order to keep people safe and to maintain their conditions of professional registration. **(See requirement 1).**

Observations of staff practice were being carried out, which provided opportunities for seniors to identify any areas of concern with practice and provide feedback to staff. However, staff supervision was not carried

out at intervals specified in the service's own policies. Some staff had not received supervision for some time, which meant that there were missed opportunities to support staff or address outstanding concerns. (See requirement 1).

Requirements

1. 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).

Areas for improvement

1. 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).

How good is our setting?

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.

The service was spacious and provided different areas with plenty of light, for people to enjoy both inside and outside in the safe garden areas. In addition, a large community area was available for external groups to use, such as singing and football groups, which residents and their families were encouraged to participate in.

Bedrooms were highly personalised and provided en-suite showers and plenty of space to accommodate moving and handling equipment, such as hoists and wheelchairs, which ensured people were safely supported in their environment.

Arrangements for planned maintenance were in place, however, some records to evidence this were not available during this inspection. We discussed with the manager the importance of ensuring that all necessary maintenance information was available for next inspection.

(See requirement in Key Question 2 How good is our leadership).

We will monitor this at our next inspection.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care and support plans provided good information about people's support needs, and included other peripatetic professionals involved in their care and support. Advice and guidance from other professionals were included in support plans, and it was clear that people had been supported with routine health screening, such as dental and ophthalmic testing.

Legal information regarding people's representatives was available in support plans, such as Power of Attorney (POA), Guardianship and Section 47 medical treatment orders. This meant that staff knew who to contact when changes in support, or concerns were raised, and what powers people held in respect of their on-going care and support.

People received regular six-monthly reviews of their care and support, which provided opportunities for them and their representatives to feedback about the service and be involved in any changes required in people's support needs and outcomes.

A range of screening tools were used to monitor people's health and wellbeing, such as MUST (malnutrition universal screening tool), falls and oral care charts. However, we found that some of these had not been completed fully, or did not provide enough information. For example, some people's oral care charts had not been completed every day or were unclear regarding people's support needs. This meant that we were not confident that some people had received all the support they required when carrying out these tasks.

(See area for improvement 1 in Key Question 2 -How good is our leadership).

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
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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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