

# South Beach House Care Home Service

7 South Crescent Road  
Ardrossan  
KA22 8DU

Telephone: 01294 468 234

**Type of inspection:**  
Unannounced

**Completed on:**  
20 November 2024

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003001139

## About the service

South Beach House is registered to provide a care home service to 42 older people with a maximum of four respite placements at any one time.

The care home is a detached, extended property set in its own grounds. It is situated on the sea front in a residential area of Ardrossan, close to local amenities and transport links.

The 42 bedrooms are single occupancy, 32 of which have en-suite facilities including a shower. Adapted bathrooms for shared use are situated on both floors. Communal lounges and dining facilities are situated on the ground floor and there is a passenger lift for accessing the upper floor.

There is a large garden, including an enclosed garden space for residents to access at the back of the building.

## About the inspection

This was an unannounced follow-up inspection which took place on 19 November 2024. 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 two people using the service and one of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents

## Key messages

- The service had made several significant improvements since the previous inspection.
- A previous requirement for improving self-evaluation and improvement planning was met.
- A previous requirement for improving and maintaining the quality of people's environment was met.
- A previous requirement for improving the management and storage of topical medications was met.

## 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 good is our leadership?	3 - Adequate
How good is our setting?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

3 - Adequate

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

The service had met three requirements made at the previous inspection. The achieved improvements directly related to the quality of management and leadership. Taken together these significant improvements had a positive impact on people's outcomes and experiences (**see details under section 'What the service has done to meet any requirements we made at or since the last inspection'**).

## How good is our setting?

3 - Adequate

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

The service had met a requirement for maintaining an ongoing, comprehensive, and regularly evaluated improvement plan for the environment. The achieved improvements had a positive impact on people's outcomes and experiences of their personal and communal environment (**see details under section 'What the service has done to meet any requirements we made at or since the last inspection'**).

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

### Requirements

#### Requirement 1

By 18 November 2024, the provider must improve the management of topical medication.

To do this, the provider must, at a minimum:

- a) carry out a robust review of existing quality assurance systems for topical medication, to ensure that they are effective and fit for the purpose
- b) develop and implement new, effective quality assurance processes as required
- c) ensure that staff with responsibilities for quality assurance are sufficiently trained and competent to carry out these tasks
- d) ensure that all staff with the responsibility of administering, documenting, and ordering of topical medication are sufficiently trained and competent
- d) ensure that appropriate storage facilities for topical medication and any associated documents exist in every bedroom.

This is to comply with Regulation 4(a) and 14(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 the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

**This requirement was made on 17 September 2024.**

#### Action taken on previous requirement

The provider had made significant improvements since the last inspection.

New documentation processes for prescribed topical medication were put in place. This improved how staff documented that they applied the medication. As a result, managers and senior staff were able to carry out regular and effective quality assurance. This meant that people could be more confident that they received their treatment as prescribed.

New storage facilities for the safe and hygienic storage of toiletries and topical medication were installed in people's ensuite bathrooms. This meant that the storage of topical medications was safe and easy to monitor.

We found that some processes, such as ensuring that an opening date was written on used cream tubes and bottles, still needed to become more robust. We discussed this with the manager and asked them to include this in their ongoing service improvement plan.

## Met - within timescales

### Requirement 2

By 18 November 2024, the provider must have a detailed improvement and development plan for the service in place.

To do this, the provider must, at a minimum:

- a) carry out a robust review of all existing quality assurance systems to ensure that they are effective and fit for the purpose of robust self-evaluation of the service
- b) develop and implement new, effective quality assurance processes as required
- c) ensure that staff with responsibilities for quality assurance are sufficiently trained and competent to carry out these tasks
- d) ensure that the improvement plan is detailed, measurable, and includes predicted dates of completion.

This is to comply with Regulation 3 and 15 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 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 17 September 2024.**

### Action taken on previous requirement

The provider had made significant improvements since the last inspection. New and comprehensive service improvement plans were put in place. These were set up in a format that included clear, specific and measurable information. This enabled managers to regularly evaluate progress and to make adjustments, if necessary.

We found that managers reviewed their improvement plans regularly and documented the outcomes of these reviews. As a result, managers had an improved understanding of the service's strengths and weaknesses and we could see improved quality of people's care and support across several areas of practice.

Part of the improvements achieved by the provider were new and more effective quality assurance processes, such as for the management of topical medication and for maintaining a high quality of people's personal environment. In addition, this had led to some new forms of training that were particularly appreciated by new and inexperienced staff, who said that it gave them more confidence in their daily practice. This included peer observations of practice. As a result, staff skills and awareness of good practice and quality assurance were improved and leadership at all levels was strengthened.

## Met - within timescales

### Requirement 3

By 18 November 2024, the provider must produce and start the implementation of a detailed environmental improvement plan for the service.

To do this, the provider must, at a minimum:

- a) carry out a detailed and accurate assessment of all bedrooms and communal areas to identify necessary repairs and improvements
- b) ensure that the assessment includes all furniture in people's bedrooms
- c) ensure that the assessment includes any work required in the garden
- d) ensure that the improvement plan is measurable and includes predicted dates of completion.

This is to comply with Regulation 4 and 10(1) and (2) 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 an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22) and 'If I live in a care home, I can use a private garden.' (HSCS 5.23).

**This requirement was made on 17 September 2024.**

#### Action taken on previous requirement

The provider had made significant improvements since the last inspection. New and comprehensive environmental improvement plans were put in place. These included detailed lists of improvements required in people's bedrooms and of the garden space.

The environmental improvement plans included planned dates for the start and planned completion of works. We found that already completed refurbishments were carried out to a good standard, this included improvements to people's rooms, communal areas and the garden space.

The action plans for the environment provided the manager and external managers with up to date and comprehensive information of required work and purchases. This meant that they had a clear understanding of the service's environmental strengths and weaknesses, which helped them to make effective and timely improvements.

**Met - within timescales**

### Requirement 4

By 7 January 2025, the provider must ensure that people's care and support plans contain up-to-date and correct information of people's needs, abilities, planned support, wishes, choices and personal outcomes.

To do this, the provider must, at a minimum:

- a) ensure regular, accurate and evaluative reviews of every care plan
- b) develop and implement effective quality assurance processes
- c) ensure regular, meaningful involvement of people, or their representatives, by carrying out detailed and evidence-based six-monthly joint reviews of their care and support plans.

This is to comply with Regulation 5(1) and (2) 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 care and support meets my needs and is right for me.' (HSCS 1.19).

**This requirement was made on 17 September 2024.**

**Action taken on previous requirement**

**Not assessed at this inspection.**

**Not assessed at this inspection**

## 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 are being supported with a range of social and physical activities to meet their aspirations, wishes, choices and needs, the provider should improve the quality of support with activities in the service.

This should include, but is not limited to:

- a) ensuring that people's activity care plans contain up-to-date information of their needs, wishes, choices and defined personal outcomes
- b) ensuring that activity staff take an active role in the regular evaluation of people's personal outcomes for activities
- c) ensuring that all staff are sufficiently trained and competent to understand and fulfil their role in supporting people with activities.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential (HSCS 1.6)  
and

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors (HSCS 1.25).

**This area for improvement was made on 17 September 2024.**



**Action taken since then**

The provider had comprehensive and regularly evaluated improvement plans in place. More time was needed to ensure a robust and sustainable implementation of the recommended improvements. We will re-assess this area for improvement at our next follow-up inspection.

**This area for improvement was not met.**

**Previous area for improvement 2**

To support people to maintain contact with their local community the provider should explore developing links with local community groups and schools.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors (HSCS 1.25)  
and

'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

**This area for improvement was made on 6 December 2023.**

**Action taken since then**

The provider had comprehensive and regularly evaluated improvement plans in place. More time was needed to ensure a robust and sustainable implementation of the recommended improvements. We will re-assess this area for improvement at our next follow-up inspection.

**This area for improvement was not met.**

**Previous area for improvement 3**

To ensure that pro-active and effective leadership at all levels of the staff team promotes good outcomes for people, the provider should carry out a review of staff roles and responsibilities.

This should include, but not be limited to, ensuring effective guidance and support for roles such as keyworker or good practice champions.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 17 September 2024.**

**Action taken since then**

The provider had comprehensive and regularly evaluated improvement plans in place. More time was needed to ensure a robust and sustainable implementation of the recommended improvements. We will re-assess this area for improvement at our next follow-up inspection.

**This area for improvement was not met.**

## Previous area for improvement 4

To promote and support ongoing and effective self-evaluation of the service, the provider should review and strengthen external oversight and support arrangements.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) 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 17 September 2024.**

### Action taken since then

The provider had comprehensive and regularly evaluated improvement plans in place. More time was needed to ensure a robust and sustainable implementation of the recommended improvements. We will re-assess this area for improvement at our next follow-up inspection.

**This area for improvement was not met.**

## Previous area for improvement 5

To ensure that safe and effective staffing is centred on supporting good outcomes for people, the provider should improve the regular assessment, planning and evaluation of staffing.

This should include, but not be limited to, ensuring taking account of the views of staff and people who use services and ensuring a structured, transparent and outcome focussed approach to staffing.

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

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

This is to ensure the assessment, planning and evaluation of staffing is consistent with the Care Inspectorate guidance document 'Staffing Method Framework' for adult care homes (2024) and the Scottish Government document 'Health and Care (Staffing) (Scotland) Act 2019: Statutory Guidance' (2024).

**This area for improvement was made on 17 September 2024.**

### Action taken since then

The provider had comprehensive and regularly evaluated improvement plans in place. More time was needed to ensure a robust and sustainable implementation of the recommended improvements. We will re-assess this area for improvement at our next follow-up inspection.

**This area for improvement was not met.**

## Previous area for improvement 6

To support people's safety and wellbeing, the provider should ensure that infection prevention and control practice in the service is robust.

This should include, but is not limited to, regular, effective quality assurance, including observations of practice, and refresher training for staff, as required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe.' (HSCS 5.17).

**This area for improvement was made on 17 September 2024.**

#### Action taken since then

The provider had comprehensive and regularly evaluated improvement plans in place. More time was needed to ensure a robust and sustainable implementation of the recommended improvements. We will re-assess this area for improvement at our next follow-up inspection.

**This area for improvement was not met.**

#### Previous area for improvement 7

To support people's safety and wellbeing, the provider should ensure that the documentation of regular maintenance checks is detailed and accurate enough to enable effective quality assurance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe.' (HSCS 5.17).

**This area for improvement was made on 17 September 2024.**

#### Action taken since then

The provider had comprehensive and regularly evaluated improvement plans in place. More time was needed to ensure a robust and sustainable implementation of the recommended improvements. We will re-assess this area for improvement at our next follow-up inspection.

**This area for improvement was not met.**

#### Previous area for improvement 8

To ensure effective care planning for acute health issues the provider should supplement the electronic care planning system where necessary, such as short-term care plans or particular health assessments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 17 September 2024.**

#### Action taken since then

The provider had comprehensive and regularly evaluated improvement plans in place. More time was needed to ensure a robust and sustainable implementation of the recommended improvements. We will re-assess this area for improvement at our next follow-up inspection.

**This area for improvement was not met.**

## 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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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