

Westbank Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
30 July 2025

Service provided by:
Westbank Care Home Limited

Service provider number:
SP2013012002

Service no:
CS2013314644

About the service

Westbank Care Home is registered to provide care and support for 20 older people who have physical needs and/or dementia. This includes a maximum of two places which maybe used to provide short term/respite care and three people under the age of 65 as part of Stroke rehabilitation pilot.

The care home is a two storey detached villa situated close to Troon town centre and views overlooking the seafront.

There are two communal lounges and a dining room downstairs. Bedrooms are all single occupancy with ensuite toilet with some having an en-suite shower. An accessible bath is located on the upper floor and large wet floor shower on ground floor.

There were 19 people residing in the care home at the time of our inspection.

About the inspection

This was a follow up inspection to review requirements made following complaints upheld, which took place on 30 July 2025 from 10:30am to 14:45pm. 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 management and reviewed documents.

Key messages

To ensure people's health, safety and wellbeing needs are met the care provider must ensure people receive prescribed medication in the correct dosage and at the correct times.

To ensure people's health and well being needs are met the care provider must ensure the ongoing monitoring and evaluation of people's skin integrity.

The care provider must ensure people's nutritional and hydration needs must be consistently well met.

To ensure people experiencing care and their families have confidence in the complaints process the care provider must ensure all concerns and complaints are effectively managed.

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

Requirements

Requirement 1

By 27 June 2025 the provider must ensure people receive prescribed medication in the correct dosage and at the correct times. To do this they must at a minimum:

- a) Ensure staff administer medication in accordance with the prescription.
- b) Ensure staff maintain accurate and comprehensive medication administration records in relation to each individual receiving care.
- c) Ensure there are clear and accurate recording systems in place to ensure issues obtaining prescriptions are identified and escalated in a timely manner
- d) Ensure staff adhere to the organisations policy on safe handling and administration of medication.
- e) Ensure pain level assessment tools are fully implemented and the nurse in charge/senior member of staff reviews pain level monitoring charts before handing over to the next shift.
- f) Ensure the manager implements an ongoing quality assurance system for the review of medication administration records.

To be completed by: 27 June 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

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 requirement was made on 23 May 2025.

Action taken on previous requirement

Good progress had been made to ensure staff had familiarised themselves with and understood the medication policy and procedure. Staff had participated in training relating to the new serial prescribing system that was introduced by the pharmacist. Further training on the safe administration of medication has been forward planned to take place in August 2025.

The care home manager had introduced nightly and weekly medication audit tools to be completed by staff to support the ongoing monitoring and auditing of medication management systems. We felt assured this will give clearer management oversight to ensure appropriate action is taken to resolve any issues that may arise.

We viewed records that confirmed improved communication with the pharmacy when there were issues identified relating to inaccurate information recorded on MAR records. This meant information for staff was up to date and accurate.

The care home manager had introduced communication systems to record when medication had been ordered, we discussed with the care home manager the format for these systems could be improved to include when medication had been received and signed by a named member of staff. The care home manager acknowledged this and assured us this would be implemented.

The care home manager had identified a new medication competency assessment tool for nurses and senior carers which this is aligned to policies and NMC guidance. The manager told us this is more robust. The care home manager told us these will be completed when staff are next due to complete a medication competency assessment.

Records viewed confirmed PRN protocols were now in place for those individuals who required them, this meant staff had clear accurate information on which to guide them when supporting people with their as required medication. We noted some gaps in the recording of MAR records to confirm whether or not as required medication administered had the desired effect. We discussed this with the care home manager who confirmed she was aware there were issues with staff recording of information and record keeping training had been arranged for staff.

Pain assessment tools and protocols had been implemented. We viewed protocol for using Pain Ad tool (Pain assessment in advanced dementia), this provided a step by step guide for staff about indicators and when to use it within the care home. We also viewed protocol for using numerical pain scale (for people who can communicate pain verbally). We felt assured staff had access to information to guide them in their assessment when supporting people who may be experiencing pain and when to administer pain relief medications.

We were satisfied the care home manager had made good progress to ensure staff were competent in the assessment of people's pain management needs. There were clear recording systems in place to ensure any issues obtaining prescriptions or relating to the administration of medication were identified and escalated in a timely manner.

Overall we were satisfied good progress had been made to ensure people supported would receive their prescribed medication in the correct dosage and at the correct times.

Met - within timescales

Requirement 2

By 27 June 2025 the care provider must support people who are identified as at risk of developing, or identified with pressure ulcers, to promote and maintain their skin integrity. To do this the provider must, at a minimum:

- a) Ensure robust assessment processes are in place to support the identification of appropriate pressure relieving equipment to help maintain people's skin integrity.
- b) Ensure that each person has a personal plan that details how staff will support them to maintain skin integrity.
- c) Ensure the nurse in charge/senior member of staff reviews monitoring charts including repositioning, food and hydration charts before handing over to the next shift.
- d) Ensure that where staff identify gaps in recording or concerns about an individual, are accurately recorded and the actions that will be taken.
- e) Ensure staff contact external professionals and escalate any issues relating skin integrity in a timely manner

To be completed by: 27 June 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

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 requirement was made on 23 May 2025.

Action taken on previous requirement

The care home manager had introduced a record of daily documentation checklist which is checked by day and night shift at end of each shift. Records sampled confirmed daily checks were taking place and any follow up action required.

We discussed with the care home manager the format of the checklist could be further developed to show the date the action took place and to be signed by the member of staff responsible. This would ensure robust oversight and monitoring of any ongoing actions to be followed up. The care home manager acknowledged this and assured us this would be implemented.

The care home manager had introduced a referral diary for external health professionals, information was also recorded in people's care plans.

We viewed detailed care plan records which confirmed the support required to support people's skin integrity and any follow up actions required. This meant we felt assured staff had access to information to support an accurate assessment of people's skin integrity and where necessary could make a timely referral to external health professionals.

Met - within timescales

Requirement 3

By 27 June 2025 the care provider must ensure people's nutritional and hydration needs are being consistently well met. To do this the care provider must at a minimum:

- a) Ensure care plans identify nutritional risks and strategies to support daily food intake
- b) Ensure food and fluid monitoring records are accurately maintained and audited regularly
- c) Ensure weights are recorded and evaluated with any follow up actions recorded within personal plans.
- d) Liaise with dietician services promptly as necessary
- e) Ensure there are clear communication systems in place in order to accurately share information in a timely manner with all staff regarding any changes to individuals food and hydration needs.

To be completed by: 27 June 2025

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

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 requirement was made on 23 May 2025.

Action taken on previous requirement

Good progress had been made to ensure communication systems were in place to support the sharing of information between nursing, care and kitchen staff about the needs, likes and dislikes of people supported.

We viewed detailed care plan records that gave clear information and guidance about the nutritional and hydration needs of people supported. Where necessary staff liaised with the dietician, we viewed records that showed follow up action had been taken and any changes to people's hydration and nutrition needs were accurately recorded.

The care home manager and staff had a clear oversight of food and fluid monitoring records on a daily basis. As a result of our discussions and evidence viewed we felt assured people's hydration and nutrition needs were being met.

Met - within timescales**Requirement 4**

By 27 June 2025 the care provider must ensure all concerns and complaints are effectively managed, this is to ensure individuals and their families have confidence in the complaints process. In order to do this and as a minimum the care provider must:

- a) ensure all complaints and concerns are accurately logged and investigated in line with company procedures.
- b) ensure all responses offer a clear record of what was investigated and how it was investigated.
- c) ensure if upheld or not the action the service has taken is clearly communicated to individuals and their families.
- d) ensure the manager implements an ongoing quality assurance system for the review of complaints and concerns.

To be completed by: 27 June 2025

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210)

This requirement was made on 23 May 2025.

Action taken on previous requirement

The care home manager had updated the complaints policy and shared this with staff. Staff were aware of the need to consider and record all concerns raised by residents and their relatives.

The care home manager had introduced a new compliments, concerns and complaints record and had shared with staff and relatives the purpose of this. We sampled records that showed concerns had been recorded and actions taken with the person raising the concerns signing to confirm they were satisfied with the action taken and resolution.

During a discussion with the care home manager we were told a complaints auditing tool had been introduced to be implemented in August 2025. Whilst the auditing of complaints was yet to be implemented we were satisfied the care home manager had introduced systems to ensure clear oversight of all concerns and complaints in order to effectively manage these.

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

People experiencing care should have their continence needs managed appropriately, the care provider should ensure people's intimate personal care needs are carried out timeously and in a manner that maintains their dignity at all times.

This is to ensure care and support is consistent with Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

This area for improvement was made on 23 May 2025.

Action taken since then

Not assessed as part of this inspection

Complaints

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

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