

Suncourt Nursing Home Care Home Service

19 Crosbie Road
Troon
KA10 6HE

Telephone: 01292 317 666

Type of inspection:
Unannounced

Completed on:
29 August 2025

Service provided by:
Suncourt Ltd

Service provider number:
SP2003002273

Service no:
CS2003010279

About the service

Suncourt Nursing Home is registered to provide a care service to a maximum of 44 older people. The home overlooks Royal Troon golf course, with coastal views and is close to shops and other amenities. The service comprises of an original building with a two-storey extension, including a lift and disabled access. There are 18 single bedrooms with ensuite toilet and shower facilities and 16 single bedrooms with ensuite toilet and hand washing facilities. The service also has three lounges, dining area and an accessible garden.

About the inspection

This was an unannounced follow-up inspection, which took place on 28 August 2025 between 09:30 and 14:15 hours. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focussed on the requirements and areas for improvement made during the previous inspection which took place on 4-7 May 2025. We evaluated how the service had addressed these to improve outcomes for people.

During this follow-up inspection, we increased the evaluation for quality indicator 5.1 to adequate because the service had made progress by building on key strengths.

Key messages

Improvement was evident in all required areas reviewed at this inspection. As a result, people's needs were being 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 well is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned?

3 - Adequate

This quality indicator was regraded due to the evidenced improvement since inspection.

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

Requirements

Requirement 1

By 27 August 2025, the provider must ensure that each person receiving a service has an up-to-date personal support plan that sets out accurately how people's health, wellbeing and safety needs will be met.

In order to achieve this, the provider must, at a minimum:

- a) ensure personal support plans are reviewed and revised when there are any changes in the condition of an individual's health, or in their support needs.
- b) ensure protocols and assessments are up to date and in place to guide and support staff in meeting individual's needs.
- c) ensure all assessments completed by external health professionals are available and kept with the personal support plan.
- d) ensure detailed information is accurately completed to confirm the daily support provided to each person who receives the service.
- e) ensure end of life/anticipatory care plans have been discussed and completed for each person. If a person or their representative chooses not to have this discussion or document completed, information must be recorded to confirm this.
- f) ensure management implement an ongoing quality assurance system for reviewing and evaluating personal support plans and daily records to ensure recording standards are maintained.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15:

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.

This is in order to comply with:

Regulations 5(2)(b)(ii) and 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 6 December 2024.

Action taken on previous requirement

The service has demonstrated meaningful progress in improving the quality and consistency of personal support plans. High-risk areas are now clearly recorded, and care plans contain substantial information relevant to individuals' health, wellbeing, and safety needs. A reviews planner is in place and actively used, supporting a structured approach to ongoing updates.

Daily progress notes are being completed, although some entries remain brief. Paper copies are available and accessible, with updates and reviews are being completed as planned.

The service has shown commitment to embedding improvements, with systems in place to support regular review and revision of care plans.

This requirement is met.

Met - within timescales

Requirement 2

By 27 August 2025, the provider must demonstrate that service users are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

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

- a) the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and the development of the service.
- b) utilise a range of quality audit tools including, staffing, clinical governance, activities and medication management.
- c) that the outcomes of quality audits inform action plans to address issues identified.
- d) that actions taken are reviewed to ensure that they effectively improve outcomes for service users.
- e) that feedback from people living in the home and their families is used to inform service development.

This is to comply with Regulation 4(1) (d) (Welfare of users) 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 27 May 2025.

Action taken on previous requirement

The service has made considerable progress in utilising a range of quality assurance systems. These include the use of Radar for audit planning and tracking., weekly clinical risk meetings, daily flash meetings, and walkthroughs that support real-time oversight.

A nutrition overview is actively shared with the kitchen team, demonstrating integration of clinical and operational functions. Additionally, a new staffing tool has been introduced and is being used weekly to assess and adjust staffing levels.

Inspectors noted that the manager has a strong overview of the service, which is contributing positively to governance and improvement.

The current reliance on four separate systems to manage audits, care planning, staffing, and feedback is proving time-consuming and is limiting the service's ability to streamline and accelerate development. The planned transition to a comprehensive, integrated system is a welcome development and is expected to enhance efficiency and oversight.

This requirement is met.

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

To support the safe administration of as required and topical medication, the provider should ensure the accurate completion of as required protocols , topical medication administration records (TMAR's) and accompanying body maps.

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

"Any treatment or intervention that I experience is safe and effective (HSCS 1.24)."

This area for improvement was made on 9 May 2025.

Action taken since then

The service has updated PRN protocols to be more person-centred, with clear guidance for staff. TMARs have been reviewed and improved, with body maps and administration instructions now in place.

This area for improvement has been met.

Previous area for improvement 2

To support the health and well being of residents the provider should ensure staff are trained in the needs of those living with dementia and apply their training in practice This should include completing Promoting Excellence training for all staff at the appropriate level for their role and completing competency assessments.

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

'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' (HSCS 3.14).

This area for improvement was made on 9 May 2025.

Action taken since then

Training sessions and workshops have been arranged, and staff are beginning to apply their learning in practice.

Positive feedback has been received regarding staff engagement.

This area for improvement is met

Previous area for improvement 3

The service provider should ensure people are provided with the opportunity to engage regularly in meaningful and stimulating activities in accordance with their likes, choices and preferences.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25:

"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".

This area for improvement was made on 6 December 2024.

Action taken since then

There has been progress in that the service is now engaging in activities such as the rickshaw rides and engaging with the local community.

Staffing issues have impacted on progress and this area for improvement will continue and be reviewed at the next visit.

Complaints

Detailed evaluations

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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