

Suncourt Nursing Home Care Home Service

19 Crosbie Road
Troon
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Telephone: 01292 317 666

Type of inspection:
Unannounced

Completed on:
2 July 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 30 June 2025 between 12:00 and 16:30 hours. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focused 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 indicators 1.3 , 2.2 and 3.3 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 do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

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

How good is our leadership?

3 - Adequate

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

How good is our staff team?

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 25 June 2025, for the comfort and safe wellbeing of people experiencing care, records must demonstrate how people's needs will be met. In order to achieve this, as a minimum, the provider must ensure:

- a) staff are familiar with and follow best practice in respect of record keeping ensuring records are accurately and sufficiently detailed to reflect the care and treatment provided. This must include, but is not limited to, the completion of pain assessments/care plans, and accurate post falls monitoring to demonstrate how care is being managed effectively.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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 6 December 2024.

Action taken on previous requirement

Evaluation of action taken:

The monitoring of people's health needs had improved. On review of documents, for people with specific care needs, the information was accurate and up to date. We saw evidence of post falls observation records and this information was reflected within the risk assessments. Sampling of the handover notes and flash meetings demonstrated that they reflected people's needs. This meant that we could be assured that staff were receiving accurate and up to date information.

Food and fluid charts were reviewed and found to be relevant and accurate. Fluid targets were reflected in the handover documentation. Visits from external professionals were recorded and the guidance offered was reflected with the notes and care plan documentation. This meant that people's health needs were being appropriately monitored.

This requirement has been met.

Met - within timescales

Requirement 2

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

Not assessed as date for requirement has not yet been reached.

Not assessed at this inspection

Requirement 3

By 25 June 2025, the provider must ensure that they are effectively monitoring and tracking the progress of people's specific health needs to promote their health and well being.

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

- a) that a system is in place to ensure that all wounds are identified, tracked and monitored
- b) that appropriate action is taken in the event of weight loss including the introduction of fortified food and snacks.

This is 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:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 27 May 2025.

Action taken on previous requirement

We reviewed the systems in place to record people's skin condition and how any changes were reported. There was a robust system covering the handover and recording of information to ensure that changes were reported and tracked. This was backed up by alerts on the electronic system as well as additional oversight by the management team. This meant that any skin issues were identified and treated in a timely manner.

The recording of any weight loss experienced by people was also recorded and relayed at handovers. The manager had oversight and monitored people's progress. The weekly clinical review meetings were attended by the chef, to ensure the information the kitchen staff received was relevant and up to date. All dietary

needs were displayed in the kitchen in a clear and easily referenced way. This meant that any weight loss people experienced was recognised and the appropriate steps put in place.

This requirement has been met.

Met - within timescales

Requirement 4

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

Not assessed as date for requirement has not yet been reached.

Not assessed at this inspection

Requirement 5

By 25 June 2025, the provider must review their staffing tool to ensure that there are sufficient staff at all times to support people. To do this, the provider must at a minimum ensure:

- a) they consider the needs of people supported.
- b) they take into account the layout of the building.
- c) they consider other tasks which may impact on staffs ability to provide support.
- d) they analyse nurse call response times.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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).

This requirement was made on 9 May 2025.

Action taken on previous requirement

The staffing assessment had been split into areas, resulting in a redeployment of staff. This was regularly evaluated to ensure the staffing numbers were sufficient to meet people's needs. This meant that staff were placed appropriately throughout the areas of the home.

Staff told us that new ways of working had resulted in a more structured day. We saw that the staff appeared less rushed and that the ringing of the call bell had reduced significantly. A review of the call bell analysis showed that people's requests were being met in a timely manner and that there were no times of the day where people were having to wait for long periods. This assisted staff to meet peoples needs as promptly as possible and maximise the time they had to spend with people.

Staff were more confident in assisting anyone experiencing distress which resulted in less repeated requirements for staff to assist them as they had met the persons needs at the first interaction. Staff were also more confident and knowledgeable with regards to the requirements of their role and this accountability prevented the need for repeated requests for tasks to be completed. This contributed to staff being available to assist people as required.

This requirement has been 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

Review of the Tmars was ongoing but not yet complete. These will be reviewed at our next visit.

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

Staff had attended both promoting excellence training and training on stress and distress. We observed that staff were more confident assisting people experiencing stress and distress. Not all staff have attended this training as yet and we will review this area for improvement at our next visit.

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

A new activities coordinator had been appointed but had only been in post a short time. It was agreed that we would review this area for improvement at our next visit to allow any changes to take place and have an impact on outcomes for people.

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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