

## Westbank Care Home Care Home Service

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Troon  
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Telephone: 01292 311 246

**Type of inspection:**  
Unannounced

**Completed on:**  
2 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 20 people residing in the care home at the time of our inspection.

## About the inspection

This was an unannounced follow up inspection which took place on 2 July 2025 from 10:30 to 13:00. 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 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.

**This requirement was made on 23 May 2025.**

#### Action taken on previous requirement

During a discussion with the manager we were told not all of the action plan had been completed in accordance with the timescale specified. As improvements are ongoing we agreed to extend to allow the service more time to evidence the work completed to meet the requirement.

The requirement has been extended to 23 July 2025

**Not met**

#### 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

This requirement was made on 23 May 2025.

#### Action taken on previous requirement

During a discussion with the manager we were told not all of the action plan had been completed in accordance with the timescale specified. As improvements are ongoing we agreed to extend to allow the service more time to evidence the work completed to meet the requirement.

The requirement has been extended to 23 July 2025

Not met

### 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.

This requirement was made on 23 May 2025.

#### Action taken on previous requirement

During a discussion with the manager we were told not all of the action plan had been completed in accordance with the timescale specified. As improvements are ongoing we agreed to extend to allow the service more time to evidence the work completed to meet the requirement.

The requirement has been extended to 23 July 2025

Not met

### 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.

This requirement was made on 23 May 2025.

## Action taken on previous requirement

During a discussion with the manager we were told not all of the action plan had been completed in accordance with the timescale specified. As improvements are ongoing we agreed to extend to allow the service more time to evidence the work completed to meet the requirement.

The requirement has been extended to 23 July 2025

Not met

## 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 area for improvement was made on 23 May 2025.

### Action taken since then

Not assessed as part of this inspection

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

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