South Beach House
Care Home Service

7 South Crescent Road
Ardrossan
KA22 8DU

Telephone: 01294 468 234

Type of inspection:
Unannounced

Completed on:
29 October 2026

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. 36 people lived at the home at the time of our inspection.

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 29 October 2026. The inspection was carried out by one inspector 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 staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

• Stronger medication reviews, checks and oversight supported safer, more individualised treatment.
• Clearer handovers, stronger governance and better use of data supported more consistent responses to people's changing needs.
• Better access to the conservatory increased people's choice, although the service still needed to develop its use for meaningful activities.
• The service needed to continue work on consistent, lasting improvements in personal plans that reflected people's needs, wishes and preferences.

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?	4 - Good

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

How well do we support people's wellbeing? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We increased the evaluation of this Key Question from Adequate to Good, because the service demonstrated important strengths in practice that clearly outweighed remaining areas for improvement.

Robust medication reviews, stronger checks and direct management oversight supported safer treatment that better reflected people's needs, promoted comfort and reduced the risk of unnecessary medication.

Clearer handovers, a continually updated risk register and regular reviews of falls, weight and skin condition supported more consistent care between shifts, and reduced the risk of changes in people's health being overlooked.

Better access to the conservatory area gave people greater choice about where they spent their time, although its use for meaningful activities needed further development.

The service needed to continue ongoing improvement work on the quality of people's care plans. However, the strong evidence of safer, more responsive care supported and evaluation of Good, while recognising the need for further improvement.

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

Requirements

Requirement 1

By 9 October 2026, to ensure people's health, safety and wellbeing are promoted, the provider must ensure that medication is managed safely and effectively.

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

a) Ensure all medication is administered, recorded, stored and managed in line with prescribers' instructions and current best practice guidance;

b) Ensure all 'as required' medication has clear, person-centred guidance that supports safe and consistent administration and is regularly reviewed to ensure it remains appropriate and effective;

c) Implement robust quality assurance systems that effectively monitor medication practice, identify errors, omissions and trends, and result in timely action to reduce risk and improve outcomes for people; and

d) Ensure all staff responsible for the administration of medication receive appropriate training, support and regular competency assessments to demonstrate their ongoing competence.

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) and Section 8(1)(a) 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:

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

This requirement was made on 18 August 2026.

Action taken on previous requirement

The provider arranged refresher training on managing medication safely, and staff attendance was high. Feedback showed that staff valued the training. It reinforced safe medication practice, supported more consistent administration and reduced the risk of avoidable harm to people.

The service contacted all GP surgeries to request reviews of 'as required' medication. Most reviews were complete, and the service had received responses and clearly recorded the outcomes. Prescribers clarified why they had prescribed the medication and how best to use it. This gave clearer guidance for care planning and helped people receive medication when they needed it, rather than as a matter of routine.

Regular internal reviews checked whether 'as required' medication worked and whether people still needed it. These reviews helped the service respond to people's current symptoms and seek further advice from prescribers when medication did not work or people no longer needed it. This supported people's comfort and helped avoid unnecessary medication.

Managers regularly took part in medication rounds and helped identify and address issues that routine audits had missed. They observed practice directly as well as reviewing records. This gave greater assurance that managers could spot and address medication problems promptly, reducing the risk of concerns continuing unnoticed.

A new pain management protocol prompted changes to some people's prescriptions, including changes to take account of weight loss or other weight changes. These reviews helped keep treatment appropriate to each person's needs. They supported effective pain relief and comfort while helping people avoid unnecessary or unsuitable medication.

Records showed regular quality checks and clearly set out how the service had followed up and resolved issues promptly. Recording how the service resolved concerns mattered because identifying a problem alone did not prevent it from happening again. Together with managers' direct oversight and medication reviews, these checks gave greater assurance that the service acted on concerns and responded to people's medication needs.

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

Area for improvement 1:

The provider should strengthen handover arrangements to ensure that all significant risks relating to people's health, wellbeing and care needs are consistently communicated between staff teams. This should include a structured approach to highlighting all current clinical and wellbeing risks, not solely nutritional concerns, and ensuring that agreed actions are clearly allocated and followed up.

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

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

This area for improvement was made on 4 August 2026.

Action taken since then

The service introduced a new handover form and a register of individual risks. These brought together key information about people's needs and risks. This helped teams maintain consistent care between shifts and reduced the risk of missing important care or monitoring needs.

Completed handover forms showed that the service used the new approach well. They included each person's existing risks and key information, with space for updates. Feedback suggested clearer communication about changes in people's health, wellbeing and monitoring needs. These included food and fluid intake and pressure relief. Sharing this information helped teams follow up care consistently across shifts. It also supported nutrition, hydration and skin care without relying on informal handovers.

The completed forms gave a clearer record of the information teams shared between shifts. This made it easier for managers to check whether handovers covered significant changes and risks. It gave greater assurance that the service could identify and address communication gaps. These gaps could otherwise lead to inconsistent care or delays in responding to changing needs.

Training on recognising signs of worsening health, taking physical observations and seeking timely medical support had taken place. Staff feedback suggested that the training helped staff feel more confident in using the approach. The training also supported a structured way to communicate signs of worsening health. This was important for timely assessment and treatment, and for effective communication.

This area for improvement was met.

Previous area for improvement 2

To support people's health, safety and wellbeing, the provider should strengthen quality assurance arrangements to ensure governance systems consistently identify areas of risk, evaluate the effectiveness of improvement actions, and demonstrate how these have improved outcomes for people.

This should include, but not be limited to, strengthening oversight of medication management and ensuring audits effectively identify, review and evaluate higher-risk areas of practice.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.34)

This area for improvement was made on 4 August 2026.

Action taken since then

Regular clinical governance meetings provided a structured way to review people's risks, changing needs, incidents and emerging patterns. Bringing this information together helped the service identify concerns earlier and coordinate its response. It also reduced the risk of overlooking changes in people's health and wellbeing.

A new, ongoingly updated risk register gave a clear overview of each person's risks and the actions in place to reduce them. Easy access to this information helped teams coordinate the precautions and support each person needed. Regular updates helped keep actions relevant as people's circumstances changed, rather than relying on outdated assessments.

Improved handovers strengthened communication about risks and changes in people's needs. They linked management checks with day-to-day care and helped teams respond consistently between shifts. Together, these measures gave greater assurance that identified concerns informed people's care.

This area for improvement was met.

Previous area for improvement 3

To support meaningful self-evaluation and improvement planning, the provider should develop the use of data over time to identify trends and inform decision-making.

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

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

This area for improvement was made on 4 July 2025.

Action taken since then

The service began to make better use of data to check care quality and plan improvements. Discussions showed an understanding of how reviewing information over time could support lasting improvement. This approach helped identify gradual deterioration or recurring concerns that individual records might not reveal. It also helped direct action towards people most at risk. However, the service needed to show more consistently whether its actions made a lasting difference to people's care and wellbeing. We encouraged the service to address this through its ongoing improvement plan.

Recent examples of working with a data over time approach included analysis of people's weights and regular analysis of falls. Reviewing weight trends helped identify changes that could require nutritional assessment or extra support. Reviewing falls patterns helped identify when preventative action might be needed. These developments supported better-informed decisions about people's health and safety.

There was a recent example of how the service used data to identify a problem and take practical action. A recent review of weight records highlighted unusual patterns of changes and revealed problems with the service's scales. As a result, the service bought new chair scales to support more accurate measurements. This supported appropriate assessment and reduced the risk of decisions based on misleading information.

This area for improvement was met

Previous area for improvement 4

To enhance people's comfort and engagement, the provider should review the use of communal spaces to reduce overcrowding and support more effective delivery of meaningful activities.

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

"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 4 July 2025.

Action taken since then

The service made the conservatory more accessible and welcoming as an alternative to the main lounge. Removing unnecessary barriers, such as locked doors, gave people greater access and more choice about where to spend their time. Changes to its appearance aimed to encourage use. The space offered opportunities for social contact and activities away from the main lounge. However, the service still needed to work on changing established routines, to ensure a better use of the conservatory area as an alternative to the main lounge. We agreed that the service would take this forward through its ongoing development plan.

This area for improvement was met.

Previous area for improvement 5

The provider should continue to improve the quality, consistency and evaluation of personal plans. This should include:

- Ensuring care plans consistently reflect people's outcomes, preferences, wishes and changing needs;
- Ensuring actions identified through audits and review processes are completed and clearly evidenced;
- Strengthening anticipatory care planning, including future care preferences and end-of-life wishes where appropriate; and- ensuring quality assurance systems evaluate the effectiveness of care planning improvements on outcomes for people.

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

"My personal 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 4 August 2026.

Action taken since then

The service needed to show consistent and lasting improvement in people's personal plans. Changes to working arrangements gave senior staff greater responsibility for writing, reviewing and updating plans and individual risk assessments. Clearer responsibilities supported timely reviews so that care reflected people's current needs, wishes and preferences. The revised arrangements also aimed to ease time pressures on junior staff and allow more time for direct care. However, the evidence did not yet show that plans consistently gave accurate, individual guidance or that regular evaluations fully reflected people's outcomes. This limited assurance that people received consistent support which reflected what mattered to them and responded to their changing needs.

This area for improvement was not met and will continue.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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