

Lornebank Care Centre Care Home Service

3 Lorne Street
Hamilton
ML3 9AB

Telephone: 01698 539 440

Type of inspection:
Unannounced

Completed on:
4 June 2021

Service provided by:
Hudson (Lorne) Limited

Service provider number:
SP2011011699

Service no:
CS2011301463

About the service

Lornebank Care Centre is a care home registered to provide care and support to a maximum of 74 older people some of whom may have dementia. Inclusive in the maximum number are up to 10 places for older adults aged 50 years and above with conditions aligned to old age. The provider is Hudson (Lorne) Limited.

At the time of the inspection there were 70 people living in the service.

The home is situated in the town of Hamilton and is close to local amenities and local transport links.

The objectives of the service are 'to provide a high standard of individualised care to all its service users who will live in a clean, safe environment and be treated with care, dignity, respect and sensitivity to meet the individual needs and the abilities of the service user. The care service is delivered flexibly, attentively and in a non-discriminatory fashion with respect and independence, privacy and the right to make informed choices and to take risks.'

This was a focused follow-up inspection, to evaluate how the service has addressed a requirement which was made on 7 April 2021, as a result of a complaint investigation.

What people told us

We did not have the opportunity to engage with people living in the care home during this inspection.

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

Requirements

Requirement 1

The provider must ensure people receive catheter care that meets their assessed needs and preferences.

By the 30 May 2021, the provider must evidence improvement in the assessment, care planning and monitoring of people's catheter care within the service. In order to achieve this the provider must adhere to the following:

Support planning:

- a) People and/or their representatives must be consulted and involved in the risk assessment, subsequent development, implementation, monitoring and reviewing of their catheter care support plans.
- b) Catheter care support plans must meet the required standards and recognise best practice models for care and support.
- c) Quality assurance systems and processes must be in place to ensure effective and positive outcomes are achieved for people experiencing care.

Staffing:

- d) Appropriate to their role, all staff providing care must demonstrate competence and have the required skills, knowledge and competence to assess, plan, and monitor people's catheter care needs and take the appropriate action needed when concerns are identified.
- e) Robust systems and processes must be in place to ensure that staff have access to ongoing support and guidance and any identified learning and development needs are met.

This requirement was made on 14 April 2021.

Action taken on previous requirement

We found that the provider had made significant improvements to catheter care risk assessment and care planning for people living in the care home. People's care plans were now based on current best practice and included detailed information about how to support them to meet their catheter care needs.

The provider had been supported by the Care Home Liaison team who had facilitated training for staff, appropriate to their role. We saw that this training was comprehensive and reflected current best practice models.

Staff had also completed individual competency assessments with their manager. This gave staff the opportunity to reflect on their learning and discuss how this had improved their practice.

Quality assurance auditing of people's catheter care needs had been strengthened and care plans were now being reviewed and evaluated monthly.

Staff we spoke with were able to confidently describe the systems in place to plan and monitor people's catheter changes and we saw that this was working well.

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

In order to ensure good outcomes for people experiencing care, the manager should ensure that there are effective communication systems in place to involve people and their representatives in decisions about their care and support and keep them up to date with any changes to their health and wellbeing.

This is to ensure care and support is consistent with Health and Social Care Standard 2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me.

This area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection.

Previous area for improvement 2

In order to ensure good outcomes for people experiencing care, the manager should risk assess the impact of the current visiting restrictions for people and the impact of this on their individual communication and socialisation needs. Personal plans should include how their needs will be met and communication agreements with their family.

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 area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection.

Previous area for improvement 3

The service provider should ensure that people and staff have access to meal options, including special diets ahead of meals being served.

This ensures care and support is consistent with the Health and Social Care Standards which state 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33)

This area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection.

Previous area for improvement 4

The service provider should have systems and processes in place to monitor standards of maintenance and staff practice to ensure the care home environment is clean, and the risk of infection is minimised.

This ensures care and support is consistent with the Health and Social Care Standards which state '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) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

This area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection.

Previous area for improvement 5

The service provider should review the staffing arrangements of individual units to take account of the additional demands during the pandemic, including considering people who are self-isolating and how peoples social needs are met where there are restrictions in groups coming together.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19)

This area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection.

Previous area for improvement 6

The provider should ensure that there is a consistency of staff working within set areas of the home to provide continuity of care to those living there.

This ensures care and support is consistent with the Health and Social Care Standards which state - 'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I have a say on who provides my care and support' (HSCS 3.11)

This area for improvement was made on 3 July 2019.

Action taken since then

Not assessed during this inspection.

Previous area for improvement 7

The service should consider how the keyworker role can be developed to ensure that all residents have opportunities to spend time with their named worker on a regular basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which state - 'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8)

This area for improvement was made on 31 December 2019.

Action taken since then

Not assessed during this inspection.

Complaints

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

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