

Lornebank Care Centre Care Home Service

3 Lorne Street
Hamilton
ML3 9AB

Telephone: 01698 539 440

Type of inspection:
Unannounced

Completed on:
14 October 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 59 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 had addressed three requirements which were made on 27 August 2021, as a result of an upheld complaint investigation.

What people told us

We did not speak with people using the service or any relatives or carers during this inspection

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

Requirements

Requirement 1

In order to support good outcomes for people experiencing care, the service must ensure risk assessments are reviewed and recorded immediately when infections are diagnosed.

This requirement was made on 27 August 2021.

Action taken on previous requirement

We were shown an infection software package the service had introduced recently which is used for recording information in people's support plans. From the records sampled, we were satisfied appropriate actions had been taken and recorded when a resident had been identified with a suspected or confirmed infection.

Although we found good progress, the manager should ensure improvements continue to be monitored and

audited to ensure appropriate actions are taken when people experiencing care are suspected or confirmed as having an infection.

Met - within timescales

Requirement 2

In order to support good outcomes for people experiencing care, the registered manager must review the skills and knowledge of all staff in relation to recognising the signs and symptoms of Sepsis. The registered manager must submit evidence to the Care Inspectorate that he has reviewed the skills and knowledge of all staff in relation to recognising the signs and symptoms of Sepsis. In submitting this evidence, he must provide assurance that staff are competent in this.

This requirement was made on 27 August 2021.

Action taken on previous requirement

We viewed records of the skills and knowledge audit completed by senior carers and nurses. Information about Sepsis had been shared with staff and we were informed training had been scheduled, however as a result of a Covid-19 outbreak, the training had to be rescheduled. We viewed evidence which confirmed staff had been able to identify potential signs and symptoms of Sepsis and we were reassured by records analysed. We have encouraged the manager to continue to develop this area and to obtain easy read resources to promote further learning.

Met - within timescales

Requirement 3

In order to support good outcomes for people experiencing care, the service provider must ensure all concerns and/or complaints are recorded, fully investigated with accurate records of all follow up actions taken.

This requirement was made on 27 August 2021.

Action taken on previous requirement

We were satisfied from our information gathering that systems had improved to ensure that complaints recording systems were now in place. We viewed one complaint record and records of the follow up action taken. We were satisfied the appropriate actions had been taken.

Due to the timescales of the requirement, and the one record available, the manager was informed records will be considered during their next inspection.

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

The service should review their current falls policy to ensure it contains clear guidance for staff to follow in accordance with reporting notifiable events to the Health and Safety Executive.

This area for improvement was made on 27 August 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 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 area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection.

Previous area for improvement 3

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

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 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 area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection

Previous area for improvement 6

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 people's social needs are met where there are restrictions in groups coming together.

This area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection

Previous area for improvement 7

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 area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection

Previous area for improvement 8

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 area for improvement was made on 14 April 2021.

Action taken since then

Not assessed during this inspection

Complaints

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

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