

Lornebank Care Centre

Care Home Service

3 Lorne Street
Hamilton
ML3 9AB

Telephone: 01698 539 440

Type of inspection:
Unannounced

Completed on:
28 November 2025

Service provided by:
Hudson (Lorne) Limited

Service provider number:
SP2011011699

Service no:
CS2011301463

About the service

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

Lornebank Care Centre is a purpose-built care home situated in a residential area of Hamilton, South Lanarkshire. It has easy access to local amenities and good transport links.

The care home has 74 single rooms with en suite facilities and consists of five units over two floors. There is a passenger lift providing access to the upper floors. The entrance is situated at ground level with a spacious reception area and café for residents and visitors. Each of the five units provide access to shared and private spaces for people to use.

There is a car park for visitors to the front, and a spacious garden area with seating to the rear of the building.

There were 72 people living at the home at the time of this inspection.

About the inspection

This was an unannounced follow-up inspection which took place on 27 and 28 November 2025. The inspection was carried out by one inspector from the Care Inspectorate.

The inspection focused on the requirements and areas for improvement made at the previous inspection which was completed on 11 September 2025.

In making our evaluations of the service we:

- spoke with 9 people using the service and five visiting relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- There had been improvement in practices with people prescribed "as required" medication across the service.
- Further improvements were required around the reporting of significant events.
- Improvements had been made in meaningful engagement, service improvement plan, staff supervision and care planning.
- Further improvements are needed around staff deployment and daily recordings.

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

Requirements

Requirement 1

By 6 November 2025, the provider must ensure that people receive medication safely and as prescribed, including the appropriate use of prescribed "as required" medication. To do this, the provider must, at a minimum:

- a) ensure accurate stock checks and reconciliation of medication records
- b) implement detailed protocols for all people prescribed any "as required" medication, including guidance on its purpose, administration and non-pharmacological alternatives
- c) ensure the effectiveness of any administered "as required" prescribed medication is consistently recorded and reviewed.

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) and "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 requirement was made on 13 October 2025.

Action taken on previous requirement

Since the last inspection, there had been an increase in medication stock checks and audits carried out by the management team. Where any discrepancies were found, these were being actioned to address. The manager was in regular communication with the provider of the electronic medication record used in the service about the system's accuracy. On sampling medication stock, not all balances accurately reflected the medication record. The management team took action around these at the visit.

People prescribed with any "as required" medication now had detailed protocols which helped to guide staff and covered any non-pharmacological techniques to try, any prior refusal of medication, observation for side effects and the effectiveness of the medication prescribed. Staff involved in administering medication in the service had received in house training around the use of the "as required" medication protocols.

From the sample of medication records reviewed, we could see that staff involved were consistently reviewing and recording the effectiveness of any "as required" prescribed medication administered to people supported.

Met - within timescales

Requirement 2

By 6 November 2025, the provider must ensure confidence in the service's commitment to continuous improvement and have robust and transparent quality assurance processes in place. All significant events must be promptly reported to relevant agencies, including the Care Inspectorate, in line with regulatory requirements. <http://www.careinspectorate.com/index.php/notifications>

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 which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

This requirement was made on 13 October 2025.

Action taken on previous requirement

Since the last inspection, we found there had been an increased level of notifications submitted to relevant agencies, including the Care Inspectorate, about significant events that had occurred. We discussed with the management team that some of these did not always use the correct reporting notification.

On reviewing the service's incident recording system, we identified continued instances where significant events were not being notified to the Care Inspectorate in accordance with the regulations.

Although there had been improvement in the reporting of significant events, this requirement was assessed as not being met. We are extending the timescale to allow more time to embed the improvements required.

This requirement had not been met and we have agreed an extension until 15 January 2026.

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

To support people's health and wellbeing and improve the quality of their day, the provider should improve how they support all people, in particular those who stay in their bedrooms, to take part in meaningful activities and engagement.

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) and "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 13 October 2025.

Action taken since then

On our visit, we observed positive staff engagement with people supported across the service. There was evidence the activity staff had created detailed records of individuals' preferences, and staff encouraged participation through scheduled one-to-one interactions, supporting meaningful engagement for those cared for in bed or bedrooms. Personal plans sampled reflected individuals' interests and choices, enhancing wellbeing and quality of life. This needs to be continued and sustained to ensure people's lives are enhanced and stimulated.

This area for improvement has been met.

Previous area for improvement 2

To support improvements to the service, the provider should ensure that quality assurance processes improve people's outcomes. This should include, but is not limited to:

- Developing a service improvement plan that prioritises areas for development, has a clear action plan for each area identified and which demonstrates the effectiveness of the actions in improving the service.
- Stakeholders' views and opinions being reflected in the service's improvement plan.

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 area for improvement was made on 13 October 2025.

Action taken since then

We found the service had in place a development plan that integrated previous inspection requirements, areas for improvement and the internal service refurbishment goals. This detailed the identified actions which were tracked with timescales. This plan was being updated with any progress on the identified areas to help keep track of the improvements.

There had been engagement events organised with relatives and stakeholders through meetings to get views on helping to shape improvement priorities, supporting better outcomes for people using the service.

This area for improvement has been met.

Previous area for improvement 3

To ensure people receive timely support across all areas of the home, the provider should review how staff are deployed throughout the building. This should include consideration of the environment's layout and how staff presence is balanced across communal spaces, corridors and bedrooms.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

This area for improvement was made on 13 October 2025.

Action taken since then

We found on our visit that staff were visible in the care home and the call button activation appeared to be responded to without a long delay. Staff were allocated, when on shift, to specific areas such as communal lounges and asked to monitor corridors and bedrooms. Visiting relatives consistently spoke of staff being visible and available in the service. The management team had increased their monitoring visits to the units. From observations made, actions were taken on any issues picked up. The management team had identified a need for review of the overall staff skill mix and plans were in place to change the staffing across the home to help meet this.

Although progress had been made, more time was needed for the home to embed the staff changes.

This area for improvement has not been met.

Previous area for improvement 4

To support safe and personalised care, the provider should ensure staff receive training and support to complete care records in a way that reflects each person's individual needs, choices, and experiences. This includes avoiding generic or pre-populated entries and ensuring daily notes are meaningful and outcome focused.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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" (HSCS 1.15).

This area for improvement was made on 13 October 2025.

Action taken since then

We found, since the last inspection, that some staff had undertaken training in care recordings and more training was planned. On sampling daily care notes, there remained inconsistencies in some of the recordings made, with prepopulated text being used and the recordings being task orientated at times. Further improvement was needed to ensure care documentation reliably reflects each person's needs and experiences.

This area for improvement has not been met.

Previous area for improvement 5

To ensure people experience high quality care, the provider should ensure staff have scheduled opportunities to reflect on their practice through regular formal supervision. Discussions should be reflective, incorporate feedback on observations of practice, learning from training and areas for development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 13 October 2025.

Action taken since then

We found staff supervision had improved since the last inspection. This was supported by a supervision planner/tracker and a new supervision format that promoted meaningful and reflective discussions. Records sampled had been consistently completed, with evidence of good practice, constructive feedback and individual support offered where needed. Staff reported receiving supervision more regularly and finding this reflective and supportive. This should be an area for the service to continue to encourage staff to reflect on their practice and development.

This area for improvement has been met.

Previous area for improvement 6

To promote people's wellbeing, the provider should improve its approach to person-centred care planning. This should include, but is not limited to, highlighting people's life histories, likes and dislikes, personal outcomes, and comprehensively reviewing their experiences at the care home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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" (HSCS 1.15).

This area for improvement was made on 15 April 2024.

Action taken since then

Since the last inspection, progress had been made to strengthen person-centred care planning, including improved recording of life histories and staff training. The personal plans sampled demonstrated a good level of detail, reflecting individual needs and preferences. Respectful language was consistently used, and person-centred approaches were evident in several areas including meaningful engagement. Work should be continued to ensure personal plans consistently reflect individual preferences and outcomes, and are reviewed and updated on a regular basis.

This area for improvement has been met.

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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