

Lornebank Care Centre Care Home Service

3 Lorne Street
Hamilton
ML3 9AB

Telephone: 01698 539 440

Type of inspection:
Unannounced

Completed on:
13 March 2024

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 transport links. The care home has 74 single rooms with ensuite 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 carpark for visitors to the front, and a spacious garden area with seating to the rear of the building.

There were 74 people living at the home at the time of this inspection.

About the inspection

This was an unannounced inspection which took place between 11 and 13 March 2024. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spoke with nine people using the service and 12 of their friends and family members.
- Spoke with staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- The care home was bright, pleasant, and welcoming.
- People were supported with warmth and kindness.
- People's health and social needs were met well.
- There was a consistent and experienced staff team.
- A new management team had introduced positive changes to the care home.
- Improvements should be made to the choice and selection of people's meals.
- Care planning should improve to fully reflect people's outcomes and wishes.

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
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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, because there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths promoted positive outcomes and experiences for people.

Lornebank Care Centre was a bright, attractive, and welcoming care home. People living at the service appeared happy, comfortable, and enjoyed regular visits from loved ones in the home's spacious communal areas, which promoted a positive atmosphere.

There was a stable and consistent workforce comprised of staff who were experienced in care, and new staff who were inducted and welcomed into the service. The use of agency staff was limited, and attempts were made to only use agency workers who had experience of working in the home. This continuity further promoted a pleasant environment, and a thorough understanding of people's needs and wishes.

We observed staff interactions with people and they were warm, kind, and good natured. We saw people having fun and meaningful discussions with staff that improved their wellbeing. And, also, when people experienced stress and distress, staff knew how to support people effectively, to reduce their anxiety and re-engage in activities.

The programme of activities had improved since our last inspection, with a more diverse and meaningful choice of opportunities available for people. We saw people trying new life experiences such as going ice skating, golfing, and regular day trips in the wider community. At home, there were regular visiting entertainers, group activities, and a well-used café for residents to interact with visitors and members of the community. People who could not, or did not want to, participate in group sessions, had one-to-one visits which included music, reading, and sensory experiences. The home had planned to further improve on this approach with more spontaneous activities available to people of all abilities, such as more reminiscing and sensory experiences, and we encouraged them to develop this important area.

People's health needs were generally met well by the nursing and care staff. The service used a range of screening tools to monitor people's health needs and any associated risks such as undernutrition, falls, and skin damage. These tools, such as nutrition and weight monitoring and falls management, were completed regularly and used to identify when changes to people's support were needed. We saw the service liaising with health professionals including, dietitians and speech and language therapists, to keep people safe and well. This pro-active monitoring of people's needs and multi-agency approach promoted good health outcomes for people.

People expressed mixed feedback about their experiences of meals in the care home. We sampled food during our visits and were satisfied with the quality of meals available to people. However, there was a consistent view that food was repetitive and there was a lack of choice at times. We expect services to regularly engage with people, observe their experiences, and act on residents' views. This had not been happening as frequently or meaningfully as needed. The management team had identified this in recent weeks, arranged additional training for kitchen staff, and started to develop new menus with people and relatives. We will monitor progress in this area to improve people's experiences. (See area for improvement 1).

Areas for improvement

1. To enhance people's wellbeing, the provider should improve the care home's approach to menu planning and selection of food and drink available to residents.

This should include, but is not limited to, developing training and support to kitchen staff, and ensuring people have meaningful choice over their meals.

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

How good is our leadership?

4 - Good

We evaluated this key question as good, because there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths promoted positive outcomes and experiences for people.

There was a new management team since our last inspection, who had made improvements across the care home. The management team adopted valuable lessons from quality assurance, previous inspections, complaint activity, and good practice guidance. The mix of fresh ideas and lessons-learned approach, resulted in a greater focus on improving standards of care and people's experiences.

Leaders had introduced a new system of meeting people who used the service and relatives to discuss what was going well and what could improve. A 'you said, we did' approach had been implemented which evidenced people were starting to have a stronger voice and influence in the service to reflect their needs and wishes.

There were improvements in the care home's approach to quality assurance and auditing. Management had a good oversight of important areas of the service by monitoring people's health needs, accidents and incidents, medication, and infection prevention and control. Importantly, we could see a more pro-active approach in taking effective action when issues were identified. This ensured that when people needed additional support, or adaptations were required in the service, meaningful change was introduced.

The management team were well supported by the provider organisation, and external senior managers supported the service in identifying and achieving improvements. The care home now had a comprehensive improvement plan that highlighted what the service needed to develop, to further enhance people's experiences. This was an insightful and dynamic tool that was regularly reviewed to ensure that progress was being made.

We did recognise that the care home had experienced significant changes in a relatively short period of time. These changes had made real improvements to the service, but the pace of change appeared unsettling for some members of staff. Whilst the atmosphere in the home was positive, there was a risk to staff morale if unaddressed. We asked the management team to further enhance its staff wellbeing agenda and focus on morale through team meetings and supervision sessions as the service develops. A refreshed approach to staff wellbeing will ensure that improvements in the service for people are maintained.

How good is our staff team?

4 - Good

We evaluated this key question as good, because there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths promoted positive outcomes and experiences for people.

People were supported by a stable and experienced workforce. Staff working in the care home were generally permanent workers, and there was limited use of agency staff. This consistency was important to people and relatives, and promoted good understanding of people's needs.

We observed interactions between staff and people and found them to be warm, respectful, and caring. There was a good mix of staff completing their duties efficiently whilst establishing good rapport and communication with people, leading to a positive atmosphere in the care home. Staff knew people's needs and wishes and demonstrated positive values in our discussions.

Staff were recruited in line with national guidance with all required checks, references, and professional registrations in place. There was an appropriate induction which ensured staff knew their roles and responsibilities well. A comprehensive training programme, which consisted of online and face-to-face courses, promoted staff knowledge and skills. Our review of training records evidenced that all staff had completed appropriate training which promoted good practice in the care home.

We expect services to complete observations of staff practice to assess and monitor performance, and ensure staff are implementing learning from training into practice. This had not been completed routinely. However, we were reassured that the management team had recently introduced a new system of practice observations and we encouraged them to prioritise this area. This will further ensure staff are performing well and meeting people's needs and wishes.

Staff were supported through regular team and one-to-one team meetings. These are important forums to discuss practice, measure performance, and include staff in the service. Whilst the frequency of these meetings was high, some of the minutes were brief and did not evidence meaningful discussions. We were pleased to see that the service had self-identified this limitation and had reviewed its supervision process, to promote greater staff inclusion and reflection. For example, staff were now being asked to reflect on their experiences, identify what was going well and what could improve, and set goals they would like to achieve. This outcome-focused approach should further enhance staff confidence and practice, and better experiences for people using the service.

How good is our setting?

4 - Good

We evaluated this key question as good, because there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths promoted positive outcomes and experiences for people.

Lornebank Care Centre was a bright, attractive care home with a welcoming atmosphere. The care home was clean, tidy, and free of malodours and clutter. This was aesthetically pleasing and promoted good infection prevention and control to keep people safe and well.

Communal areas were decorated to a high standard and people's bedrooms were personalised to reflect their own taste and choice. The mix of attractive communal and personal spaces gave people a balance between socialising with peers and right of privacy. We enjoyed meeting visitors in the home's café which was well used as a vibrant meeting place for people and their guests.

The care home had a housekeeping team who worked hard to maintain a good standard of cleanliness across the service. We found the reception area, café, corridors, toilets, and people's bedrooms to be particularly clean and well-maintained. When reviewing cleaning schedules, which are documents that record when cleaning is completed, we noted some gaps in recordings for communal lounges. This was confirmed in our inspection as we noted some minor issues in lounges such as dust on skirting boards which suggested these areas weren't cleaned as frequently or robustly as others. The management team responded appropriately by introducing a new cleaning schedule with regular scheduled deep cleans of these spaces. Whilst lounges were generally clean and attractive, this will further ensure high standards of infection prevention and control.

A dedicated maintenance worker completed appropriate checks of health and safety issues. This included the maintenance of equipment, water, and fire safety. This robust approach ensured the care home was safe for people and staff.

We noted that the service's main lift was out of order and needed to be replaced. This meant that people living upstairs in one area had reduced access to the ground floor and outdoor spaces. We were reassured that the service had introduced appropriate remedial actions. There was a stairlift to support people's movement downstairs, and increased staffing in the affected areas. We could see a new lift was being installed and should be fully operational soon. We did not have to make formal requirements of the service as we were confident that important action had been taken to reduce the impact on people, and the matter was being resolved as quickly as possible.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, because there were a number of important strengths which, taken together, clearly outweighed areas for improvement.

Every person living at the care home had a personal plan, known as a care plan. The plans were digital and completed on service laptops and portable devices. The digital approach to care planning allowed for plans to be updated easily and frequently. This meant that staff had access to important information which was relevant and up to date to support people well.

A key strength of the service's care planning was managing people's health needs. People's health needs were clearly assessed, planned, and evaluated to ensure they were being met effectively. People who had specific needs – in areas such as nutrition, stress and distress, and mobility – had specific tools to monitor their progress. There were also frequent recordings of people's additional needs such as food and fluid intake and weights. The service made appropriate referrals to health professionals when they identified that people needed enhanced support. This thorough and multi-disciplinary approach helped to promote people's health and wellbeing.

Plans contained relevant risk assessments and legal documents, and people's medication needs were monitored robustly with clear recordings. This further promoted people's safety and wellbeing.

The plans should be more person-centred and record people's outcomes and achievements better. We learned of many positive experiences in the care home through discussions with people, relatives, and staff. However, these were often not captured in care plans which were more health focused. Similarly, people's life histories, likes and dislikes, and personal goals were not recorded consistently.

There were missed opportunities to include people and residents in their care plans, capturing this important information that could strengthen the service's understanding of people.

Every person using the service should have a six monthly review of their experience at the care home. Reviews should comprehensively highlight people's views, achievements, and any challenges or changes they would like to make in their lives. Whilst reviews were happening at an appropriate frequency, they were often recorded as a brief paragraph and did not sufficiently reflect people's lives. We asked the service to improve its approach to person-centred planning and reviews to further promote people's inclusion and outcomes. (See area for improvement 1).

Areas for improvement

1. 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 states 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).

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 manager should carry out a review of the systems that are in place in relation to the logging in and out and care of belongings that are not clothing.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 22 November 2023.

Action taken since then

The service had developed an inventory of people's belongings and promoted better care and monitoring of this area.

This area for improvement had been met.

Previous area for improvement 2

Each individual should have their own personal care items and these should be used for them each time they require support with their hygiene and personal care.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 22 November 2023.

Action taken since then

The service ensured that people were supported with items that were personal and belonged to them.

This area for improvement had been met.

Previous area for improvement 3

There should be a policy and procedure put in place where the keyed entry for any main doors should be changed periodically to ensure safety and security in the home.

This is in order to comply with:

Health and Social Care Standard 5.17: My environment is secure and safe.

This area for improvement was made on 22 November 2023.

Action taken since then

The service had met with people using the service and their relatives to develop a new procedure for entry and security in the home.

This area for improvement had been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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