

# Torrance Lodge Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 January 2024

**Service provided by:**  
Thorntoun (Ayrshire) Limited

**Service provider number:**  
SP2017012932

**Service no:**  
CS2017356925

## About the service

Torrance Lodge is registered to provide care to a maximum of 88 adults (aged 50 and above) and older people with assessed needs which can be met by the service. The provider is Thorntoun (Ayrshire) Limited.

The service is situated on the outskirts of Kilmarnock. Accommodation is all on one level with three separate units - Culzean, Arran and Buchanan. Each unit is laid out with lounge and dining areas. All bedrooms are single occupancy with the majority having en-suite shower facilities. Additional shared bathing and shower facilities are available within each unit.

From walking round the care home, we noted the environment was well presented and efforts were clearly made by domestic and housekeeping staff to maintain a good standard of cleanliness.

## About the inspection

This was an unannounced inspection which took place on 25 January 2024. The inspection was carried out by one inspector from the Care Inspectorate. This inspection visit was to follow up and focus on one requirement made in response to an upheld element of a previous complaint.

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:

Reviewed the documentation referred to in the requirement and checked fluid balance and nutritional records, care plans, discussed training of staff, walked round the care home and spoke to the newly appointed manager and deputy for an update on the progress of addressing this requirement.

## Key messages

- From the evidence and information we looked at during this follow up visit, the service has met this requirement.
- We saw that there were good systems and procedures in place to assess and risk manage people with fluid balance and nutritional needs.
- Documentation in place and regular communications and auditing procedures in place to manage this.
- Nurses and senior management had good oversight of the systems and people who require additional attention and support.

## 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 who live at the service have a sufficient daily fluid intake to meet their health care needs. To do this, the provider must, at a minimum:

- a) Ensure there are acute care plans in place for people who are unwell.
- b) There is documented evidence within the care plan on action taken when people are not achieving their targeted daily fluid requirements, and
- c) Staff have a clear understanding about effective hydration and can demonstrate this through monitoring of their practice.

To be completed by: 21 July 2023 This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order 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 requirement was made on 8 June 2023.

#### Action taken on previous requirement

We visited the service on 25 January 2024 and reviewed the documentation and progress the service had made in response to this requirement.

We sampled several charts of people identified as at risk of fluid balance and nutritional needs. The records we sampled, viewed and photographed for evidence were satisfactorily completed and addressed the requirement elements stated.

We spoke to the newly appointed manager and deputy manager and went over the various strategies and systems they had in place to monitor these issues when identified this included risk assessments, escalation procedures and communications at handovers, flash meetings and overview auditing procedures to cover all aspects of this issue and ensure that anyone identified as at risk of these issues had prompt and appropriate action taken to address their identified needs.

We spoke to some of the nursing staff and noted that staff training and supervision had been updated to ensure that all staff were fully aware of the importance and need to communicate any issues or concerns as soon as they are noted. This helps to ensure immediate and prompt responses to these concerns before they become more serious.

From the evidence and information we reviewed during this follow up inspection this requirement has now been met.

**Met - outwith timescales**

## Complaints

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

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