

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### **Raunds Lodge Nursing Home**

**63 Marshalls Road  
Raunds  
Wellingborough  
Northants  
NN9 6EY**

*Lead Inspector*  
**Judith Roan**

*Key Unannounced Inspection*  
**10th April 2007      09:30**

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Raunds Lodge Nursing Home
<b>Address</b>	63 Marshalls Road Raunds Wellingborough Northants NN9 6EY
<b>Telephone number</b>	01933 625404
<b>Fax number</b>	F/P 01933 625404
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Raunds Lodge Nursing Home Limited
<b>Name of registered manager (if applicable)</b>	Carol Goodman
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	19
<b>Category(ies) of registration, with number of places</b>	Dementia - over 65 years of age (16), Old age, not falling within any other category (19)

# SERVICE INFORMATION

## Conditions of registration:

1. A total of 19 residents may be accommodated in the home at any one time.
2. A total of 19 residents may be accommodated in the category of OP.
3. A total of 16 residents may be accommodated in the category of DE (E).
4. No more residents in the category of DE (E) may be accommodated in the home when there are already 16 residents in this category accommodated.
5. No more residents may be admitted to the home when 19 residents are already accommodated.

**Date of last inspection**      10th April 2006

## Brief Description of the Service:

Raunds Lodge is a facility providing personal and nursing care for elderly frail service users, and those suffering from Dementia. The number of residents in the category of DE (E)(dementia) has been increased since the last inspection as a response to the increased need for this type of service, and the majority of the residents in the home at present fit into this category. Accommodation is provided in both single and double rooms, over three floors, in a homely environment, as the facility is a converted house. The facility is located in Raunds, a small town halfway between Rushden and Thrapston. There is a bus service within the town, and also from towns and villages in the surrounding area. The main A14 and A6 roads are close by. Fees range from £331.60 to £555.00 per week.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The focus of inspections undertaken by the Commission of Social Care Inspection is upon the outcomes for Service Users and their views of the service provided.

The primary method of inspection used was 'case tracking' which involved selecting 3 residents and tracking the care they receive through review of their records, discussion with them, the care staff and observation of care practices. A pre inspection report was received from the provider. In addition the inspector received surveys from 5 residents and 8 relatives about the service provided.

The inspection took place during the morning and afternoon, over a period of 7 hours and was carried out on an unannounced basis. A Manager application and a variation for changes to the registration of categories, increase in bed number have been received and are awaiting final approval. This report also reflects outcomes from a random unannounced inspection on 30/8/06 to check compliance of requirements made at the last key inspection.

## **What the service does well:**

Care practices are person centred and meet the identified needs of residents.  
' They look after my relative very well, the standard of care is very high'

Healthcare needs are monitored and appropriate professional support when required.

A balanced menu with choice is available at the home.

The home's environment is safe, clean and hygienically maintained.  
There is adequate staff on duty to meet residents' needs.

Staff are well trained and supported.

Records are maintained and stored securely.

## **What has improved since the last inspection?**

Care plans reflect how Mental Health care needs are met for those residents who have a Dementia.

Medication systems now meet guidelines Nursing and Midwifery guidelines.

Staff training in first aid has taken place and there is a first aider on all shifts.

A manager has been appointed and has been successful in their application for registration with CSCI.

**What they could do better:**

All standards have been met at this inspection.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

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Health and Personal Care (Standards 7-11)

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection



# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

1,2,3

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service. Residents are fully assessed to ensure that their needs can be met within the home.

## **EVIDENCE:**

The needs of prospective residents are assessed prior to admission. Information about the home is provided within the homes Statement of purpose and service users guide and these are available to all residents. The resident's files contained full details of assessed needs that enable carers to provide the service.

An application to vary the categories of resident that the home can admit and to increase the number of beds within the home is awaiting final approval.

The home does not have any intermediate care beds therefore this standard was not inspected.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service. Practices within the home ensure that resident's needs are fully met with respect and dignity.

### EVIDENCE:

Care plans were evident on all residents' files. Plans stated how the resident would like to be cared for and were detailed. The files were written in the first person and gave details on how an individual liked to be supported. The mental health needs of people who have a dementia were appropriately detailed. A requirement made at the last key inspection has therefore been met. Care plans are reviewed on a regular basis and meet standards. In observation throughout the inspection residents were treated with respect and their personal care needs were carried out with dignity.

However it was noted and fed back to the Manager that support could be improved if the carers discussed what actions they were to take and reassured residents whilst they were undertaking transfer via the hoist.

Monitoring systems in relation to healthcare needs were found in individual files and records were up to date. Medication storage, administration and

disposals were carried out professionally and in accordance with the Royal Pharmaceutical Society guidelines. A requirement relating to the administration of medication covertly has now been met by the introduction of consent forms recording the decision of a meeting between the GP home staff and family. Where possible medication is provided by the pharmacist in a liquid form.

Risk assessments were available for all activities and all incidents, and accidents were reported on individual files. These were all reviewed as part of the care plan review and appropriate action is taken to minimise recurring falls, trips and slips. Bed safety rails were in use within the home and all had been fitted appropriately in accordance with Health & Safety Executive guidelines.

## Daily Life and Social Activities

**The intended outcomes for Standards 12 - 15 are:**

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

12,13,14,15

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service. Residents are fully supported to make choices within their daily lives.

### **EVIDENCE:**

As part of the assessment process social profiles are being completed to ensure that appropriate daily activities are provided within the home. The newly appointed manager is working to extend the activities within the home to create a person centred approach. Themed days are part of the activity programme and cover religious festivals and cultural differences. Staff have undertaken specialist training in Dementia care to increase their awareness and skills.

Families are welcomed at the home and in discussion with one relative and from comments received from surveys they feel that they are included within the support for their relative.

Meals served were attractively presented and met varied diets. Residents agreed that the meals are well cooked and appetising. Support for individuals with eating is available with sufficient staffing levels available at mealtimes. Hot and cold drinks are available throughout the day.

# Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

16,17,18

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service. Practices within the home ensure that residents are protected.

## **EVIDENCE:**

Service users spoken with were aware of the complaints procedure, as were all of the comments made within the relative surveys. One relative stated that I have not complained, the attitude of the staff make this unnecessary, any queries are soon dealt with.

Staff training records confirms that they have undertaken safeguarding adults training and in discussion were aware of signs that would raise any concerns and the procedures to follow.

The newly appointed manager was fully aware of the new legislation 'Mental Capacity Act' and would refer if the support of an advocate was required in the decision making process for any resident that was unable to consent. See health and personal care and medication administration.

# Environment

## The intended outcomes for Standards 19 – 26 are:

- 19. Service users live in a safe, well-maintained environment.
- 20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
- 21. Service users have sufficient and suitable lavatories and washing facilities.
- 22. Service users have the specialist equipment they require to maximise their independence.
- 23. Service users' own rooms suit their needs.
- 24. Service users live in safe, comfortable bedrooms with their own possessions around them.
- 25. Service users live in safe, comfortable surroundings.
- 26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

## JUDGEMENT – we looked at outcomes for the following standard(s):

19,20,21,22,23,24,25,26

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service. The homes environment is safe, hygienic and well maintained and meets resident's needs.

## EVIDENCE:

The homes environment has undergone significant changes with a new extension now completed and awaiting final approval by CSCI. The new part of the home will increase the number of beds available within the home. On completion existing resident will move temporarily into the new part of the building whilst the older part undergoes a refurbishment. The changes will improve the facilities to the home creating more communal and personal space.

The home is homely, clean and hygienic. A dedicated housekeeping team ensure that standards are well maintained. Resident's rooms were personalised and meets their needs. All shared rooms contain privacy curtains to maintain dignity.

Specialist bathing equipment and hoists are available within the home in adequate supply to avoid residents having to wait for personal care. There are good bathing and toilet facilities within the home some of which are ensuite.

A step lift on the first floor used to access bedrooms where there are a few steps is prone to failure. However this is to be removed in the next stage of the refurbishment. The installation of a ramp will be need to at the appropriate gradient to enable safe access.

# Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27,28,29,30

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service. Recruitment practices within the home ensure that residents are safe and supported by competent staff team.

## **EVIDENCE:**

Sufficient staff were on duty during the inspection to meet the needs of residents. A qualified nurse leads the shift and the manager is available for additional support when required. Staff breaks are taken within the lounge at present. After lunch once a week a training session that is part of the International English Language Testing system is available to those staff that need to improve their oral and written skills.

Staff training is available for all staff and all required training is up to date. Additional training has also been undertaken to improve awareness in dementia care. First aid training has been completed and a first aider on all shifts now covers the home. The requirement made at the last key inspection has therefore been met.

Safe working practices were observed throughout the day and staff were following guidelines.

Staff recruitment procedures are robust and ensure that full checks have been undertaken prior to new staff taking up their appointment. All staff have had a criminal record disclosure and references were taken up. Training certificates



were found on staff files viewed. In discussion with staff the inspector found that they were very knowledgeable and competent within their role.

Good support and supervision is available within the home and there is a positive relationship between managers and staff.

# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

## The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,38

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service. The service is managed in resident's best interests and ensures that their views are listened to.

### EVIDENCE:

The newly appointed manager has now been registered as the manager with CSCI. They are awaiting confirmation from the central registration team of the outcome. The requirement made at the last key inspection has been met.

The manager has demonstrated that they are able to carry out their role professionally within the home and has worked effectively with regulators. The home is run and managed in the best interests of residents with their and their representative's views central to the development of the service. Good communication is maintained with families and there are regular surveys carried out to check quality. Resident's families are fully involved with the maintenance of finances as appropriate.

Full records are maintained of all health and safety maintenance checks and these seen to be kept up to date. Regular checks are undertaken for fire safety, legionella water test, electrical & gas supplies and emergency call systems.

Records are fully maintained within the home in relation to care practices and all files are kept confidential.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

**4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	3
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	3
21	3
22	3
23	3
24	3
25	3
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection?

NO

### **STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

### **RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

## **Commission for Social Care Inspection**

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