

Mrs J Elvin

# St Lawrences Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Lawrences Lodge is a residential care home providing personal care to 14 people aged 65 and over at the time of the inspection. The service is registered to support up to 20 people in one adapted building.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were safe systems of staff recruitment in place and there were sufficient staff deployed to meet people's needs. Risks to individuals and staff were identified and well managed. Premises and equipment were well maintained and the home had undergone a refurbishment. This included redecoration and furnishings. Medicines were managed and administered safely. People told us they felt safe living at the home. One person said, "I feel safe here because they really look after everybody. They treat me well and are very helpful." Throughout our inspection we saw lots of people visiting and visitors were warmly welcomed by staff.

People were shown respect and were very well treated. They were supported by staff who knew them well. We observed, warm, friendly, kind, caring and attentive interactions. There was a happy atmosphere, with lots of chatting and banter. Throughout the inspection we saw people engaged in activities that were important to them. People's cultural and religious beliefs were respected.

The registered manager and provider had good oversight of the service. A range of audits, monitoring and oversight had been put in place. Everyone was positive about the registered manager and the way the home was run. We found the registered manager to be committed to providing responsive person-centred care, staff shared that commitment. The home had a positive person-centred culture. Staff placed great importance on ensuring people were happy and well cared for.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 8 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Laurences Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service caring?**

**Good** ●

The service was caring.

Details are in our caring findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# St Lawrences Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by 1 inspector on the first day and 1 inspector and an Expert by Experience on day 2. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Lawrences Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Lawrences Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people who used the service and 4 people's visitors about their experience of the care provided. We spoke with 5 staff including; the registered manager, a cook and care workers. We also spent time in communal areas observing how staff supported people.

We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, staffing, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. As well as a variety of records relating to the management of the service, including audits and policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection the provider had failed to ensure all the required checks on staff had been completed before staff started to work at the home. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- All required checks had been undertaken prior to people commencing employment.
- There were sufficient staff deployed to meet people's needs. We observed staff were busy, but interactions were not rushed. Staff responded promptly to the call bell system when people used it. Staff took time and supported people at a pace that suited the person. Staff were very responsive and good humoured, they spent time ensuring people had the support they needed and wanted.
- There was an ongoing recruitment of staff, any vacancies were being covered by staff picking up extra shifts. Staff told us this sometimes meant doing longer hours, but that this wasn't impacting on the care people received and said it ensured people were supported by staff that they knew. Staff said, "We all pick up shifts. We do our best" and "We are busy, but we make sure people are ok."

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the premises were properly maintained. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Risks to individuals and staff were identified and well managed. Risk assessments were person centred.
- Equipment was maintained and required health and safety checks had been completed. There were daily walk rounds undertaken to ensure any issues with the building were identified promptly.
- The home had undergone a refurbishment. This included redecoration and furnishings. People's rooms were bright, well-furnished and personalised to people's own taste and with their own belongings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

### Using medicines safely

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate medicines were effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed and administered safely. People told us they received their medicines on time. A visitor told us, "They look after all [persons] medication and there hasn't been a problem."
- The registered manager was in the process of updating records relating to 'as required' medicines to make them more detailed.
- Records indicated how people liked to take their medicine and whether they could self-administer.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had received training and were aware of their responsibilities. They were very confident if they raised any concerns they would be dealt with by the registered manager. One said, "If there was something I didn't like, absolutely I would say. I know [registered manager] would deal with it."
- People told us they felt safe living at the home. One said, "I feel safe here because they really look after everybody. They treat me well and are very helpful." Visitors told us, "[Person] is very safe in here. The staff are great. They are helpful, friendly" and "I can see they are looking after [person]. If [person] wasn't being looked after [person] wouldn't be here."

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or



managed.

- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There was no restriction on people having visitors to the home. Throughout our inspection we saw lots of people visiting, and visitors were warmly welcomed by staff. One visitor told us, "It's a very welcoming place. As soon as I come in they ask me if I want a cup of tea."

#### Learning lessons when things go wrong

- Records were kept of accidents and incidents. Evidence supported immediate action was taken to mitigate future risk.
- The registered manager analysed to identify action, patterns or themes that could prevent future risk.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we did not review this key question. Our last rating of this key question, published 25 March 2020, was good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were shown respect and were very well treated. They were supported by staff who knew them well. Staff acted professionally and also showed a fondness for the people who lived at the home. We observed, warm, friendly, kind, caring and attentive interactions. We observed a lunch time, staff ate their meals with people who lived at the home, this created a very relaxed, social atmosphere. There was generally a happy atmosphere, with lots of chatting and banter. One staff member said, "It's all about the people, it's so homely here. We are like friends."
- People told us, "The staff are friendly, helpful and reliable. I know all the staff by name, and they know me. I can have a good bit of banter with them especially [staff name] she's a good laugh" and "The staff do their best and they are very caring. They are very pleasant, and they know what they are doing. I'm getting to know the staff very well. The staff are doing the job because they care about it, not because it's just a job."
- Throughout the inspection we saw people engaged in activities that were important to them. People's cultural and religious beliefs were respected. One staff member said, "We have really good links with the local church." On our second day there was a religious service held within the home, which was well attended.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in decisions about their care. Care records included information about how staff could encourage them to make choices and decisions.
- We saw that when one person became distressed, staff knew how to help them become settled. They reminisced with the person about the job the person used to do, the person clearly enjoyed this.
- Care records gave detail of what was important to and for the person. They guided staff on what people could do for themselves and how to encourage and promote people's independence.
- The registered manager told us they placed great importance on encouraging and promoting people's independence. Records and our observations of staff supported this. Staff gently encouraged people to do things for themselves where they could. Staff said, "We try to encourage people to do things for themselves, its important."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure systems for governance and oversight were sufficiently robust and effective to identify shortfalls and drive improvement in the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had good oversight of the service. A range of audits, monitoring and oversight had been put in place. The provider had monthly meetings with the registered manager where they completed an overview of all audits and any issues.
- Everyone was positive about the registered manager. We found the registered manager to be committed to providing responsive person-centred care, staff shared that commitment. People said, "The [registered] manager is always about the place. She's great and easy to talk to. Her office is only down there and I know I can just go in to speak to her if I want. If I feel down she will speak to me and try to cheer me up", "[Manager] is very pleasant and she is very visible" and "I think [registered manager] is very good she helps everybody when they want something."
- One staff member said, "The manager is really friendly. You can go to her about anything."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive person-centred culture. Staff placed great importance on ensuring people were happy and well cared for.
- People and staff spoke positively about the registered manager, staff and the way the service was run. People told us, "It's fantastic here. It's the best place I've been in. The staff will do anything for me and nothing is too much trouble" and "I am happy here. I am happier than ever. I think there is a great atmosphere here. Most people get on with each other and the staff are fantastic." Visitors told us, "I think the place is fabulous. The staff are hardworking and pleasant every time I come. They do good work with the residents and they also have a good Chef. I honestly can't fault the place" and "I don't go home worried about [person]. It's very open here and you can see everything that is going on and how the staff treat

people."

- Staff told us they enjoyed working at the home, they spoke positively about the culture. They said, "I love my job. Its such a nice home" and "I like it here; we are a good team. We are like friends as well as colleagues."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Records confirmed the registered manager and the provider understood and acted on the duty of candour.

- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC as required.

- Systems were in place to protect people in the event of an emergency. Contingency plans gave detailed information to staff on action to take for events that could disrupt the service.

- We found there was a positive approach to ensuring continuous development and the service had a range of policies and procedures to guide staff on what was expected of them in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views about the service were sought. A satisfaction survey questionnaire had recently been sent to people. We saw some that had been returned, they were very positive about the home and staff.

- Visitors told us they were kept up to date with any changes and communication with staff at the home was good. One said, "If there is anything wrong they let me know straightaway. [when person wasn't well], they rang me and told me what was happening. I can also phone them at any time to see how [person] is."

- Staff had opportunities to discuss any concerns or ideas they had. There was a range of meetings, but staff told us they could approach the manager directly with anything. One said "Yes, I feel really supported and listened to."