

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 and 14 November 2017 and was unannounced.

At our previous inspection on 17 August 2016 the service was given an overall rating of requires improvement and we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, need for consent, person-centred care and good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, by when to improve the overall rating of the service to at least good. At this inspection we found the provider had taken the required action necessary and was now meeting the regulatory requirements.

St Lawrence's Lodge provides care for older people, some of whom are living with a diagnosis of dementia or experience short term memory loss. The home is situated in a residential area, close to the centre of Denton, Manchester.

St Lawrence's Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is registered with CQC to provide care and accommodation for up to 20 people. However, as a result of home refurbishments undertaken there were now a maximum of 16 single occupancy rooms in one adapted building serviced by a lift to the second floor. At the time of the inspection, 16 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at St Lawrence's Lodge told us they felt safe and said staff were kind and caring. The staff we spoke with told us they had completed training in safeguarding and were able to describe the different types of abuse.

There were policies and procedures to guide staff about how to safeguard people from the risk of abuse or harm. Staff had access to a wide range of policies and procedures regarding all aspects of the service.

Staff received appropriate induction, training, supervision and appraisal and there was a staff training matrix in place. Staff told us they had sufficient induction and training and this enabled them to feel confident when supporting people.

We saw there were individualised risk assessments in place to identify specific areas of concern. The care plans were person-centred and covered essential elements of people's needs and preferences. Staff sought consent from people before providing support. People's health needs were managed effectively and there was evidence of professional's involvement.

Equipment used by the home was maintained and serviced at regular intervals. The home was clean throughout and there were no malodours. The environment was suitable for people's needs.

We looked at five staff personnel files and there was evidence of robust recruitment procedures.

Accidents and incidents were recorded and audited monthly to identify any trends or re-occurrences. The home had been responsive in referring people to other services when there were concerns about their health.

People told us the food at the home was good. There was a four week seasonal menu in use and this was displayed on the wall in the dining room. We found people's nutritional needs were monitored and met.

People who used the service told us staff treated them well and respected their privacy and dignity. We observed positive interactions between staff and people who used the service.

The service aimed to embed equality and human rights through good person-centred care planning and people were provided with a range of useful information about the home and other supporting organisations.

The service did not provide end of life care directly, which was supported by other relevant professionals.

When people had undertaken an activity this was recorded in their care file information.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care.

The home had received a high number of compliments since the date of the last inspection.

The service worked in partnership with other professionals and agencies in order to meet people's care needs.

There was a service user guide and statement of purpose in place.

Formal feedback from staff, people who used the service and their relatives was sought through annual quality assurance surveys.

Regular audits were carried out in a number of areas.

There was an up to date certificate of registration with CQC and insurance certificates on display as required. We saw the last CQC report was also displayed in the premises and the provider's website as per legal requirements.

## 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.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Compliance/safety certificates regarding the premises and equipment were all up to date and in place.

The service had appropriate arrangements in place to manage medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received supervision and appraisal and a schedule of meetings was identified for the year.

People who used the service and their relatives said the food was good and there was a four week seasonal menu in use.

There were appropriate records relating to the people who were subject to DoLS.

### Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us they felt staff were caring.

Staff attitude to people was polite and respectful and people responded well to staff interactions.

Staff respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were up to date and staff had access to all the latest relevant information.

Care plans were person-centred, well organised and easy to follow.

A variety of activities were available to stimulate people.

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

The service was well-led

There was a registered manager in post; staff felt the home was well-led and the manager was supportive of staff.

People were asked for their views about the service and the culture of the service was focussed on the needs of people who used the service.

Audits were carried out regularly to manage the regulated activity.

**Good** ●

# St Lawrences Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 13 and 14 November 2017 and was unannounced, which meant the provider did not know we would be visiting on that day. The inspection was undertaken by one adult social care inspector from Care Quality Commission.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted the local authority who regularly monitors the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service, two visiting relatives and five members of staff including care staff, the registered manager and maintenance staff.

We also looked at records held by the service, including five care files and medication administration records (MARs) and five staff personnel files. We undertook pathway tracking of two care records, which involves cross referencing care records via the home's documentation, in order to establish if people's needs were being met.

We observed care within the home throughout the day including a medicines round and the breakfast and lunchtime meal.

## Is the service safe?

### Our findings

At the last inspection on 17 August 2016, we found there was no dedicated sluice area in the home which presented a risk of cross infection, the laundry was cramped and untidy and the outside rear of the building contained old equipment that needed removing. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 12 safe care and treatment. At this inspection we found the registered manager had taken all the required action to address this issue and the service was now meeting the requirements of this regulation.

At this inspection, we saw there was now a dedicated sluice room in place which was clean and had new flooring and sinks. Similarly the laundry area was tidy, well organised and clean. We saw different coloured mops and buckets were used for cleaning different areas of the home. An up to date cleaning schedule was in place and the entire home was fresh throughout with no malodours. A cleaning handover book was used to identify any required actions, for example entries in the book included, 'room 5 carpet needs cleaning,' and 'new door handle needed to room 15.' A bedroom cleaning checklist was also in place and up to date and identified various items in each room that required cleaning, such as sink, toilet, curtains, light shades, window sills.

Doors to the sluice and laundry were locked when not in use to prevent people from entering them. There was information on how to safely use products that are hazardous to health (COSHH). We looked at the outside rear of the building and found old items of furniture had now been removed and the area was safe and secure for use. We observed there was easy access to infection control equipment for staff such as gloves, aprons, and hand gel throughout the home.

A fire safety handbook was in use which covered fire classification, methods for extinguishing a fire, different extinguisher types and how to use them. During the inspection a fire alarm test was undertaken. We saw the infection control team had carried out a recent inspection and the home had achieved a high score of 97% compliance. A pest control visit had also recently been undertaken. This demonstrated the provider had rectified the issues regarding the environment and infection control found at the last inspection and had implemented measures to maintain the environment.

Equipment used at the home was maintained and serviced at regular intervals, and records were held in a building maintenance file, including hoists, the passenger lift, call bells, the fire alarm system and fire-fighting items, gas and electrical appliances. The servicing of equipment helped to ensure each item was safe to use when required.

The service used the 'Weekly Environmental Cleanliness Checklist/Audit Tool for Care Homes designed and produced by the NHS. This covered the entrance, corridors, dining area, kitchen, bedrooms, bathrooms, toilets, clinical room, sluice, linen store and laundry.

A fire safety log book was kept including details of mock fire evacuations previously undertaken which we found were done on a regular basis.

We looked at how the service managed people's medicines. At the last inspection we had concerns regarding the management of 'as required' medicines (PRN) and the monitoring of the medicines room temperature and this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 12 safe care and treatment.

At this inspection, we found the service was now meeting the requirements of this regulation. Medicines were stored appropriately in a dedicated secure medication room that was kept locked when not in use. We saw all liquid medications had been dated when opened to ensure they were still in date for use and controlled drugs (CD's) were stored in accordance with the appropriate guidelines. The home had a policy regarding giving medications covertly and at the time of the inspection no-one was in receipt of covert medicines. We checked the stock of CD's and found these to all be correct and corresponded with each medication administration record, (MAR). Any prescribed creams were stored safely.

There were now clear protocols for the use of 'as required' (PRN) medications and homely remedies; the reasons why these medicines were needed and the amount administered was now recorded on MAR charts. We saw the registered manager returned unused or unwanted medications to the pharmacy on a regular basis.

We saw MARs had been consistently signed when medicines had been administered, with no gaps or omissions and there was a photograph of each person on the MAR to enable positive identification and ensure the medicine was given to the right person.

Staff who administered medicines confirmed they had received the appropriate training which we verified by looking at staff training records and were able to identify different types of medication errors such as not signing MAR charts correctly. One staff member said, "It's about following the six rights of medication administration; the right patient, the right time and frequency of administration, the right dose, the right route, the right drug." A second staff member told us, "I did medication training in-house and also with Boots pharmacy and had my competence assessed before being allowed to give any medicines. Errors could be not signing the MAR, not storing medicines correctly, not ordering in time or giving it to the wrong person."

People who used the service and their relatives told us they felt safe living at St Lawrence's Lodge and staff supported them well. One person said, "Since coming here I've not regretted it at all, I was initially invited to a Christmas party and they made me feel so welcome I decided to stay. I have never once felt unsafe since being here. Cleanliness is good, [staff name] cleans my room regularly and does a great job; he has a sense of pride in what he does." A second person told us, "I always feel safe here and I think staff do all they can to keep me safe." A third person commented, "I'm happy with things and I think the majority of people are." A visiting relative said, "I think it's fantastic here and I can't really fault them."

There were policies and procedures to guide staff about how to safeguard people from the risk of abuse or harm. We looked at the safeguarding policies and procedures which were clear and up to date. We saw from records that staff had completed training and refresher training in safeguarding. Staff we spoke with confirmed they had received training in safeguarding and were aware of the actions to take if they had any concerns such as informing the manager, the local authority and CQC. Similarly staff were aware of the whistleblowing procedure, designed to enable them to raise any concerns in a confidential way. One staff member said, "Abuse might be indicated by a change in behaviour, or it could be institutional, financial or sexual. I know how to report anything and also the whistleblowing procedure." A second staff member said, "Abuse could be sexual, financial, physical or psychological like bullying. I would report anything to the manager and if they weren't available I would go to the local authority and CQC. With whistleblowing I



would have no hesitation in raising any concerns."

We saw there were individual risk assessments in people's care files and care plans identified specific areas of concern and how these were managed such as; falls, skin integrity, nutrition, choking, moving and handling, and personal emergency evacuation plans (PEEPs). The home had a dedicated PEEPS grab file in place for use by any emergency services or staff in the event of an emergency situation. The risk assessments were reviewed and updated when changes occurred. This demonstrated the registered person's responded appropriately to risks and provided guidance to staff on how to minimise these risks.

At the time of the inspection, we found there was no-one living at St Lawrence's Lodge who had a significant pressure sore. We spoke with a visiting health care professional who told us, "I feel people's skin is managed very well here and dressings are always in place when we visit. Communication is good and staff know all about everyone when we ask them. We get the least number of referrals from this home and have never had any problems with them."

We looked at staff rotas and found; three care staff on duty during the day, plus the registered manager and two care staff on duty at night. These were supported by ancillary staff such as catering, domestic and maintenance which meant care staff could focus on care tasks and supporting people. An on-call system was in use outside of normal office working hours for staff to access if they needed support and guidance. Staff told us they felt staffing levels were sufficient to meet people's needs safely. One staff member said, "Staffing levels are as they should be; I am a keyworker for two people and I contribute to care plans and daily records."

We looked at five staff personnel files and there was evidence of robust recruitment procedures. The files included application forms, proof of identity and at least two written references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. A recruitment checklist was used to ensure all elements of the recruitment process had been followed and we saw these records had been completed for each staff member.

Accidents and incidents were recorded and audited monthly to identify any trends or re-occurrences. Where appropriate these contained an associated body map to identify the specific site of the injury and identified the action to be taken to reduce the potential for further re-occurrence in the future.

## Is the service effective?

### Our findings

At the last inspection on 17 August 2016 we found an appropriate assessment of people's capacity had not been undertaken in relation to the Deprivation of Liberty Safeguards (DoLS) and this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 13 safeguarding service users from abuse and improper treatment. At this inspection we found the registered manager had taken all the required action necessary and the service was now meeting the requirements of this regulation.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were appropriate records maintained relating to people who were currently subject to DoLS. There were appropriate mental capacity assessments in place which outlined the issues and concerns. Timely applications for DoLS had been made when the indication was this was required and we saw these were up to date and reviewed regularly. However, we noted the provider did not have an up to date MCA/DoLS policy in place. We discussed this with the registered manager who immediately took action to rectify this issue.

The provider promoted people's independence and the manager included people's lasting power of attorney in discussions about their care where appropriate, (LPA allows a person to give someone they trust the legal power to make decisions on their behalf),. For example; the staff had noticed one person was leaving their food for no apparent reason and as a result had contacted the person's lasting power of attorney (LPA) for health and welfare, and discussed the potential for using different coloured crockery as it is known some people living with dementia may not be able to see food clearly on a white plate. As a result green crockery had been put in place and the person was now eating normally again.

We saw where people had capacity to make their own decisions they had signed consent forms to say they agreed to actions being taken or had signed their care plans to say they agreed to the care being delivered. Relatives told us the provider acted in the best interests of their relatives, and people told us staff always asked their permission before doing anything. One relative told us, "I think the care here is fantastic and I can't fault them. Staff are attentive to [my relative] as a person and they get him talking about his past and his work. Staff are competent and definitely know what they are doing; they do a marvellous job. We have regular meetings with [manager name] about [my relative's] care." A person who used the service commented, "Staff always ask my permission before doing anything." A second person said, "Staff always listen to me and ask me before they do anything."

At the last inspection we found there was no formal process of staff annual appraisal and we recommended the provider should consider the introduction of an annual appraisal system to review staff performance at the home. At this inspection we found a staff appraisal system was now in place which we verified by looking at appraisal records.

We looked at the process of staff supervision and found staff received regular supervision with the registered manager, which was in accordance with the provider's supervision policy. Additionally staff told us the provider had recently started undertaking supervisions which they found helpful. One staff member said, "I get supervisions every three months with the manager and I find these useful as we can discuss things. [Provider name] has also recently started doing some supervisions and [manager name] listens to me when I make suggestions."

We looked at staff training and saw there was a staff training matrix in place. We saw staff had access to a range of training including MCA/DoLS, first aid, fire safety and evacuation, food hygiene, safeguarding, infection prevention and control, health and safety, moving and handling, safe use of equipment. Staff who administered medicines had completed training in this area. One staff member commented, "I have done training in first aid, safeguarding, fire, MCA/DoLS and medicines as well as how to use equipment safely." A second staff member said, "I've done training in health and safety, first aid, medicines, safeguarding, food hygiene and we can discuss training afterwards. I've also done NVQ level three and level five whilst I've been here."

Staff told us they had sufficient induction and training and this enabled them to feel confident when supporting people. If a new staff member had not previously worked in social care, induction was aligned with the requirements of the care certificate. One staff member told us, "I did an induction at the beginning; I was shown around the building and was introduced to everyone. I read policies and procedures and did training over two days and shadowed other staff until I was deemed competent to work alone. Other staff provided feedback on my competence and I filled in an induction book." A second staff member said, "I had an induction when I started which included face-to-face training and shadowing; I completed the workbook which was signed to say I was competent."

We looked at the mealtime experience and observed the breakfast and lunchtime meal. We saw staff supported people with patience and consideration, holding conversations with people as they supported them at mealtimes. The meal times were not rushed and people had plenty of time to eat their meal at their own pace. There was a seasonal menu in use which was balanced and offered a good range of choices. We saw dining tables were nicely presented with napkins, place mats, cutlery and flowers. The menu was hand written onto a menu board each day and people were asked each day what they wanted to eat. The manager told us staff would deliberately miss-spell some words on the menu because one person had a previous occupation that required them to correct poor grammar and this person took a particular interest in the correctness of the spelling on the menu. We observed this person check the menu after staff had written it and discussed this with the manager. It was clear the person valued this role and engagement.

We asked people what they thought about the food provided. One person said, "I'm pretty picky with what I eat but they've been very good with me and ask me what I want; if I don't like anything on the menu they get me something else." A second person told us, "The food is very good, I get a choice and I like good food." It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal.

Food temperatures were checked and recorded at each serving. We checked the food stocks in the kitchen and found there was an adequate supply of fresh and dry goods and the freezers were well stocked. Fridge temperatures were recorded daily and a daily and weekly cleaning schedule was in place. The

environmental health officer food hygiene rating score (FHRS) was five; food preparation facilities are given an FHRS rating from zero to five, zero being the worst and five being the best. There was a food hygiene policy and we saw that staff had completed training in food hygiene.

We found people's nutritional needs were monitored and met. People's nutritional status was assessed as part of the admission process and risk screening was carried out using a nationally recognised tool. We saw any risks identified were recorded in care plans and people were weighed as required. People's weights were regularly monitored and action taken if staff were concerned about any significant weight loss.

People's health needs were managed effectively and there was evidence of professional involvement, for example GPs, podiatrists, district nurses, Speech and Language Therapy (SaLT), dietetic advice, chiropodists or opticians where appropriate. This demonstrated people had access to health care professionals when required. Staff recorded in each person's care file when they had been visited and treated by health care professionals.

The environment was suitable for people's physical needs. There were hand rails in corridors, grab rails in toilets and bathrooms, pressure relieving items and sufficient moving and handling equipment. There was some signage for bathrooms/toilets, the dining room and other areas of the building which would assist people living with a dementia to better orientate around the building. People were able to personalise their bedrooms with individual items such as family photographs, bedding and personal objects and there was adequate space and seating in each bedroom for visitors to use and spend private time with their relative.

## Is the service caring?

### Our findings

People who used the service and their relatives told us staff were kind and caring. One person said, "I like my own space and to spend time in my own room but staff come and check on me when I'm upstairs. Staff are brilliant with me and very caring. When my brother passed away my keyworker went with me to the funeral to support me; [staff name] didn't interfere but was just there in the background in case I needed any help. A second person said, "Staff are caring and always listen to me. They help me to keep my independence and are always dignified when speaking to me." A third person commented, "I visited this home because it was recommended; I had a look round and decided to stay. I discussed my needs with the manager and my brother was also involved. Staff are very pleasant with me; they're brilliant."

A visiting relative of a person who had previously lived at the home but had now passed away commented, "[My relative] was always well-dressed and this was important to her. Even when [my relative] got agitated due to her illness the care side of things was second to none and staff showed patience and warmth; the manager and staff care. For her funeral [my relative] had asked staff to wear pink and on the day of the funeral they all wore pink and lined up at the window to say goodbye, it meant so much to me; they also sent a bouquet of flowers so they supported me as well as they supported [my relative]." The relative also told us they continued to visit the home because they had made friendships with other people living there, which those people wished to maintain, and were always made to feel welcome when they visited. Another relative also told us they were always welcomed when they visited.

We saw people were provided with information about the service. Information about the service was available in the home's entrance, including a copy of the provider's Statement of Purpose. Each person was provided with a guide to the service which included information about the service and staff, along with a copy of the statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

Additional information about other local services such as advocacy was also available in the entrance area. There was a 'residents mailbox' in the dining area so people could receive and open their own post personally which afforded people respect as well as helping to maintain their independence.

A comments box was situated near the entrance area for visitors and/or people who used the service. We looked at some of the comments recently received which included, 'On every visit I have found staff to be very welcoming, the home is very clean and feels like home-from-home,' 'The staff and manager are extremely helpful and welcoming of our large family; [our relative] is very well looked after here,' 'We know most staff by name, we have come to trust them implicitly in the care and well-being of [our relative]. Nothing seems to be too much trouble to them and they always have a smile on their faces.'

We looked to see how the provider protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. A range of policies were in place to support this approach and provide guidance to staff including safeguarding, equal

opportunities, race relations, independence, privacy, fulfilment, residents charter of rights. Information about how people could contact a local advocacy service was available in the main entrance to the home.

One staff member said, "People must have a quality of life and it's important to come in with a smile on your face; it's their time first (meaning people who used the service), and I leave my own problems at home because this is their home. It works both ways because residents help me to feel good too."

We observed positive interactions between staff and people who used the service. Staff were patient and spoke to people in a kind way. For example, we observed one staff member engaging in general conversation with a person whilst they prepared their breakfast explaining what they were doing throughout. On another occasion we saw a person had enquired about our visit and the staff member sat down next to the person and explained the reasons why we were visiting which reassured the person concerned.

Throughout the inspection we overheard lots of laughter and conversation between staff and people and staff took their time to speak to people individually using their names, for example when asking what they wanted to eat or if they wanted to take part in activities. Staff interacted with people throughout the day and it was clear that they had a good understanding of the individual people who used the service.

There was information about likes, dislikes and preferences in care files for how care should be carried out which demonstrated people and their relatives had been involved in decisions about planning their care and support.

We found people's care files were held in the staff office where they were accessible but secure and staff records were also held securely in the main office. Medication administration records were stored in the lockable treatment room. Any computers were password protected to aid security which meant people's confidentiality was maintained.

We found the service had received a high number of compliments from people who used the service and their relatives.

## Is the service responsive?

### Our findings

At the previous inspection we found care plans and risk assessments were reviewed on a monthly basis but the detail of these reviews was sometimes limited and this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 9 person centred care. At this inspection we found the service had taken the remedial action necessary and care plans now contained a greater level of detail which meant the provider was now meeting the requirements of this regulation.

Care plans contained a good level of detail and had a more person-centred approach. We saw prior to admission the provider completed their own initial assessment to determine that the home was able to meet the person's support needs. Some people also had additional assessment information received prior to admission from the referring local authority. This enabled staff to establish what people's care needs were and the type of individual care people required and the involvement of people and their relatives was recorded in their care file information.

Each care plan contained a variety of risk assessments and included areas such as nutrition, mobility, pressure sores, physical health, mental health and pain management. The plans contained a profile of the person concerned including basic personal information such as height, nationality and previous occupation and this was completed for every person. Each section of the care plans we looked at had been reviewed each month, or if/when there was a change to people's care needs.

We saw the home had been responsive in referring people to other services when there were concerns about their health. For example, people with people with diabetes were provided with an appropriate diet type following their assessment and received support for relevant other professionals. Daily records were kept of any staff observations and interactions with people which enabled the tracking of historical events and demonstrated care was being provided in accordance with people's assessed needs and expressed preferences.

We asked people and their relatives if staff were responsive to their needs. One relative told us, "Within days of coming here [my relative] was drinking out of her own cup herself again and I can't thank them enough." A second relative commented, "Staff get on with the job and if there is ever a problem they will tell me; they are very responsive to any changes." A person who used the service said, "I like my own space and spend a lot of time in my room but staff come and check on me regularly to make sure I'm okay. Staff used to open my door in the morning but not now because I told them I like to sleep-in in the morning. My laundry is delivered to my bedroom in a box with my name on it which I think is good." A second person told us, "I love sport and so staff help me to find the TV programmes I like to watch in my bedroom. I think staff do all they can to help me."

We found people were encouraged to continue to participate in activities outside of the home if this is what they previously did. People and their relatives were consulted about what was important to them and this was incorporated into care plans. A section in care plans was completed which contained information about people's interests, personal life and asked if there was anything they wished to continue to do when

entering the home, prior to becoming a resident.

All staff were required to read this information and become familiar with it to ensure they provided care that was responsive to individual preferences. Where a person had a specific religious belief or religious requirements, the home ensured these were maintained by inviting different faith churches into the home to complete services. Where people requested to attend a church the home accommodated this wherever possible.

We looked at historical records of activities undertaken and saw these included church services, hairdresser, keep fit chair exercises, baby afternoon, pet therapy, one-to-one support, trips out, pamper day, sing-alongs, skittles, film day. One person had an interest in gardening and we found they had been provided with their own gardening equipment so they could assist with maintaining the garden areas.

Care plans contained a document called 'All About Me' which gave a wide range of information about the person, including people's background and life history, preferences regarding the preferred times for getting up and going to bed, preferred activities interests, where they would like to receive any personal care, (for example their bathroom), preferred food types, arrangements in the event of a serious illness. Each care file contained a 'Terms and Conditions of Residency' document which identified the type of care to be provided.

Staff we spoke with were able to demonstrate they had a good understanding of people's needs, their particular likes or dislikes and their personalities. Staff were able to tell us in detail about people's histories and any particular personal interests. Care plan assessments contained assessments of people's preferences, including whether they wished to be supported by male or female care staff.

We looked at how complaints were managed and saw there had been four complaints in the previous 12 months prior to the date of the inspection. All these had been responded to and resolved within the timescale identified in the provider's complaints policy. Details of how to make a complaint were posted round the building and people were also given information on complaints when they first started using the service. A log of complaints was kept, including detail of the action taken to resolve the issue; for example an issue regarding clothing had been resolved by staff being given further training and instruction, and laundry tasks had been passed to day staff to ensure that all clothing was with the right person. Another issue was regarding carpet cleanliness and we found the carpet which had previously been cleaned and shampooed regularly had now been replaced. This demonstrated the provider listened to people's complaints and responded appropriately.

We asked people if they knew how to make a complaint. One person said, "I've never had cause to make a complaint but know what to do; I would tell the manager who I know would listen to me." A second person said, "I have never made a serious complaint about anything." A third stated, "I've never made a complaint that I can remember." A relative commented, "I have never made a complaint but have information on how to make one if need be."

The service did not provide end of life care directly, which was supported by other relevant professionals but people's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. Some people we spoke with living at the home confirmed this was the case. At the time of the inspection no person was in receipt of end of life care. A relative told us, "The home supported me very well indeed when [my relative] was at the end of life; everything was wonderful."



## Is the service well-led?

### Our findings

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection we found informal checks and formal audit documents had failed to identify the issues we had found at the inspection regarding the laundry and infection risks, and the safety risk from the discarded equipment in the yard area and this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 17 good governance. At this inspection we found the provider had taken action and the service was now meeting the requirements of this regulation.

We looked at the systems in place to monitor the quality of service provided at the home and found there was now a series of weekly audits including fire alarms, lighting, water temperatures, the kitchen, building maintenance, accidents/incidents, care plans, bedrooms, equipment and medicines; all were completed and up to date. A falls monitoring audit was also carried out including the details of the action taken to reduce the potential for a reoccurrence and if CQC had been notified.

We saw the registered manager was visible within the home and actively involved in provision of care and support to people living at St Lawrence's Lodge. Throughout the course of the inspection we saw the registered manager walking around and observing and supporting staff and people who used the service. We saw the manager spoke kindly to the staff group and encouraged them throughout the inspection.

It was clear from our conversations that the registered manager had a detailed and in-depth knowledge of each person and was able to talk fluently to us about individual people without the need to refer to care planning information or ask another staff member. We saw the manager's office was situated to enable them to have a direct view of the dining room and lounge which meant they maintained a constant visual oversight of day-to day practice.

We received positive comments about the manager from people who used the service and their relatives. One relative told us, "[Manager name] is unbelievable, she gets stuck-in and always makes me feel welcome when I visit. We always have a laugh as well and they always offer me a brew so I can have a drink with [my relative]. I visit at least four times each week and we often have meetings about [my relative]." A second relative told us, "[Manager name] is dedicated and staff love her as well; I adore them all." A person who used the service said, "[Manager name] comes and talks to me a lot. She keeps the home in a good state of repair and it's a pleasant place to live."

We found the service had received a high number of compliments and thank-you cards from people's relatives since the date of the last inspection. One positive comment had also been received from a healthcare professional. This demonstrated the provider had sustained a good quality of service delivery over a period of time. Comments included, 'Whenever I visit the home I find the staff are very helpful and

friendly. Any advice or requests I make regarding people are followed through in my absence. I have never had any problems or reasons to be concerned on any of my visits at this home,' 'The home has a lovely atmosphere and staff are helpful and friendly; any questions or requests are dealt with promptly, 'Words cannot express our gratitude to you all for looking after [my relative] so well; we knew in our hearts she was settled and well cared for. You are truly dedicated and caring compassionate people.'

Formal feedback from staff, other professionals, people who used the service and their relatives was sought through annual quality assurance surveys. We looked at the most recent surveys and saw comments were all positive, with a high response rate. One response said, 'Having visited many different care homes during my time as a training advisor I can count on one hand the number of homes I would rate as excellent; St Lawrence's Lodge in my view is rated as excellent.'

A recent meeting held with residents and their relatives included discussions about entertainment, laundry, decorating, meals and the use of memory boxes.

Staff meetings were held regularly and records we saw identified discussions included the last CQC inspection, team working, attendance, keyworkers role, resident's appearance, cleaning, medicines and clothing.

We found the management also supported student placements. One previous student had commented positively on their experience at the home via a 'thank-you' card which stated, 'Thank you for allowing me to do my placement with you and for making it so enjoyable.' Another student had also commented, 'Thank you for letting me complete my placement hours with you and for being so kind and welcoming. I've really enjoyed coming here and I will continue to do so.'

Staff we spoke with also commented positively about the manager. One staff member said, "I think [manager name] is a great manager; firm but fair. Definitely a hands-on manager who discusses issues with me and supports us all. I feel we get along well as a team and [manager name] is always available and I enjoy working here." A second staff member told us, "[Manager name] is a good manager, very hands-on and supportive of us all. We have a good bond and we can talk in confidence about anything."

Staff had access to a wide range of policies and procedures. These included medication, nutrition, moving and handling, safeguarding, whistleblowing, health and safety and infection control which were available to staff if they needed to seek advice or guidance in a particular area. Records were stored correctly and kept securely to maintain confidentiality.

The service worked in partnership with other professionals and agencies in order to meet people's care needs as required and involvement with these services was recorded in people's care files. The manager also attended the Care Homes Forum organised by the local authority in order to share ideas and good practice.

There was a service user guide and statement of purpose in place. A statement of purpose is a document which includes a standard required set of information about a service. When people were given a copy of the service user guide at the commencement of their residence they were also given a copy of the complaints policy, a satisfaction questionnaire and terms of residence.

We saw the ratings from the last inspection were displayed in the home and on the provider website which is a legal requirement.

