

Mrs J Elvin

# St Lawrences Lodge

## Inspection report

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Date of inspection visit:  
17 February 2020  
18 February 2020

Date of publication:  
25 March 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

### About the service

St Lawrences Lodge is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service is registered to support up to 20 people however only provides accommodation for 16 people in one adapted building.

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

Since the last inspection, systems had improved to monitor the quality and safety of the service and the service was no longer in breach of regulations. Additional safety measures had been implemented to reduce the risk around falls. Systems to record and report accidents, incidents and safeguarding concerns had also improved. However, we did find that some improvements in the recording of fire checks were required. We have reported on this further within the report.

St Lawrences Lodge provided support in accordance with the principles of the Mental Capacity Act 2005. 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. People were offered choices and involved in decision making relating their care. Care plans and risk assessments were regularly reviewed, people received their medicines safely and people could share their views on the service provided.

Care plans contained detailed person-centred information to ensure staff could meet the preferences of people receiving care. There were plenty of activities available for people to engage in and the communication needs of people were known, ensuring information could be presented to people in the most appropriate format.

Everybody we spoke with was positive about the quality of care provided and also about the leadership of the service. We received positive feedback from the local authority who had worked closely with the staff team since the last inspection. Staff were motivated to deliver a high standard of care and received training appropriate to their job role.

People had access to healthcare and the registered manager worked closely with other agencies to ensure successful outcomes were achieved.

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 04 February 2020) and there were two 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

This was a planned inspection based on the previous rating.

### Enforcement

Since the last inspection we recognised that the provider had failed to submit appropriate notifications in relation to incidents and deaths. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two family members about their experience of the

care provided. We spoke with six members of staff including the provider, registered manager, senior care workers, care workers and maintenance staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Although regular checks were made on the building, utilities and equipment, we found that the electrical safety report was out of date. We raised this with the registered manager who provided evidence that a contractor had been arranged to complete checks and produce an up to date safety report.
- We also found some improvements were needed to address fire safety. Actions had been completed following a recent fire risk assessment however these were not recorded. This was discussed with the maintenance officer, and the fire action plan was updated during the inspection.
- Monthly checks of the emergency lighting system were also not always recorded. We raised this with the registered manager as well as a representative from the local authority and we were assured this would be addressed immediately.
- During our last inspection, we found actions had not been taken to address a specific risk relating to an open stairway on the first floor directly next to the lift. At this inspection, we saw that a safety gate had now been fitted and this risk had been suitably mitigated.
- Risks to people were appropriately assessed and measures were in place to reduce these.

### Using medicines safely

- The management of medication was safe. Medicines were stored securely, and the medication room was clean and well maintained.
- Medicines were only administered by staff who were suitably trained.
- Records of administration were well maintained, in line with best practice.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse and required notifications to the CQC had been made. We reviewed recent records and saw all referrals had been made in a timely manner.
- Staff had completed safeguarding training and were aware of how to raise concerns.
- Incidents and accidents were clearly recorded; and reviewed by the registered manager on a monthly basis. This enabled them to identify causes and trends; and identify how future incidents could be prevented.

### Staffing and recruitment

- Staff were recruited safely with all the necessary checks completed before staff started to work at St Lawrences Lodge.
- During our inspection, we observed staff were always available to support people. People's needs were

met; and people were never rushed when supported.

#### Preventing and controlling infection

- There were systems in place to reduce the risk of infection and the home was visibly clean and tidy. One person told us, "Staff come in and clean a lot. It's very clean and tidy."
- Staff had access to personal protective equipment such as gloves and aprons and received training in infection control.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to living at St Lawrences Lodge, and care plans had been developed based on these assessments, as well as assessments provided by other health and social care professionals.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where a person was unable to consent to their care, all areas of support were appropriately assessed under the MCA, and decisions were clearly recorded when care was delivered in the person's best interests.
- Where appropriate, DoLS applications had been made and conditions were clearly recorded in care plans.

- During the inspection we observed staff asking people for consent before they delivered care. We also discussed MCA with staff who confirmed they received training and could describe what this meant in practice.

Staff support: induction, training, skills and experience

- Staff received the training they needed to do their job well and received an induction when they started working at the service. New members of staff had the opportunity to shadow experienced staff members which enabled them to get to know people living in the home. Staff members spoke positively about the training they received. One told us, "The training is in-depth and face to face, so it is more helpful."
- Staff felt supported in their roles. Staff received regular supervisions and observations of practice from the

registered manager and told us they felt able to raise any issues they may experience.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within people's care files.
- The dining room was a pleasant environment and people spoke positively about the food on offer. One person told us, "The food is very nice. If on the odd time I don't like something, staff will bring something else."
- We observed staff supporting people to eat and drink throughout the inspection. People were offered a choice and pictorial menus were in place to support this.
- People were also supported to eat and drink at their own pace with appropriate equipment. This helped people remain as independent as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and support, and care records showed referrals were made to other health professionals in a timely way when specialist advice was required.
- Staff worked closely with a number of agencies to ensure people's needs were being met, including GP's, and community health teams and advice provided by these professionals was incorporated within people's care plans.
- Family members told us they were kept informed if a person became ill.

Adapting service, design, decoration to meet people's needs

- People had the equipment they needed to be supported effectively and the home had considered appropriate signage to assist people living with dementia find their way around the home.
- People were able to decorate their own bedrooms and we observed people had their favourite pieces of furniture such as armchairs and artwork in their rooms.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We observed warm interactions and genuine affection between staff and people living in St Laurences Lodge throughout the inspection and staff knew people well.
- All of the people we spoke to were positive about the quality of care provided. Staff were described as, "Pleasant" and "Friendly" and one family member described the service as, "Like one big family." Family members also told us they were always made to feel welcome and there were always a lot of people visiting loved ones.
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- We observed people being offered choice throughout our inspection and encouraged to make everyday decisions.
- Care plans were reviewed on a regular basis. Records showed family members were involved in these reviews where the person was not able to be involved themselves. Family members also confirmed they were kept informed by staff of any changes in people's care needs.
- People were encouraged to access independent advocacy to assist them to make decisions.

Respecting and promoting people's privacy, dignity and independence

- We observed people's privacy being respected and people were treated with dignity. Staff knocked and sought permission before entering people's bedrooms and gave examples how they protected people's privacy when providing personal care. One person told us, "The staff are very nice girls, they always knock before coming in."
- People were supported to be as independent as possible. We observed staff promote people's independence at mealtimes and also when mobilising around the home.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager ensured people received personalised care and told us, "We are here for the residents, the staff as well. I want this place to be their home and I want their loved ones to have good memories. I want [family members] to go away and feel they put their loved ones in a nice home where people care."
- Care plans were both detailed and person centred. People were encouraged to share their personal histories in a document "My Life Story". One example in particular, was beautifully detailed, containing photographs and stories about the person throughout their life since childhood. This information helped staff understand the person they were caring for.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The individual communication needs of people were assessed and care plans contained detailed information.
- Information was available in alternative formats around the service. For example, with regards to the activities on offer and menu choices. Staff told us that they had introduced communication cards to help one person communicate their needs as their first language was not English.
- The registered provider had also introduced a hearing loop system to enable people experiencing hearing loss to watch television and join in activities. This helped prevent social isolation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of activities available and opportunities for people to pursue their interests. Including, crafts, games, outside entertainers, baking, dominoes, pampering sessions and quizzes.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible.
- People confirmed they knew how to raise a complaint and any complaints received were investigated and responded to appropriately.

End of life care and support

- People's wishes about their end of life care were recorded in their care plans including when they didn't wish to be resuscitated in a medical emergency.
- The registered manager told us the service worked closely with district nurses and was in the process of arranging additional training for staff.
- Adaptations to a flat on the top floor of the building were being undertaken to enable the flat to be used by relatives when their loved one was at the end stages of their life.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Continuous learning and improving care; 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

At our last inspection the provider had failed to ensure effective systems and audits were in place to address areas of risk within 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.

- Following the last inspection, the registered manager had developed an action plan and received continuous support from the local authority to address the areas of improvement required. A new system of audits had been introduced. These were reviewed by the registered manager, and the provider met with the registered manager on a weekly basis to discuss progress. Although the registered manager had not fully identified the issues we found relating to fire safety, they immediately responded to our concerns during the inspection.
- During our last inspection, we identified a breach of Regulation 18 of the Care Quality Commission Act (registration) regulations 2009. This was because we found statutory notifications had not been submitted. We issued a fixed penalty notice and the provider paid this in full. At this inspection, the registered manager and provider were clear about their responsibilities for notifying the Care Quality Commission of events and we saw records had improved and been maintained.

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

- People told us that the service was well led, and we observed a positive culture which was both person-centred and inclusive. People spoke very highly of the registered manager. One family member told us they were, "Very nice and open". A Staff member told us, "She can be strict but we respect her and she respects us. She is the heart of this place."
- Staff members told us they felt supported. Staff were committed to providing a high quality and caring service. One told us, "I come into work to look after these residents the way I look after my family. I am happy to get up and come into work. I love it here. I feel at home."
- The most recent CQC rating was clearly displayed in the reception areas.

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

- Systems were in place to engage with people and gather their feedback regarding the service. Records were maintained which demonstrated the actions taken by the service in response to feedback received.
- Regular team meetings were in place and staff told us they had the opportunity to share their views.
- The registered manager worked closely with external professionals to ensure consistently good outcomes were achieved for people.