

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## St Lawrences Lodge

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6AX

Tel: 01613362783

Date of Inspection: 26 June 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Mrs J Elvin
Overview of the service	St Lawrences Lodge is registered to provide care and accommodation for up to 20 people. The home provides care for older people some of whom may have dementia or short term memory loss. The home is situated in a residential area, close to the centre of Denton, Manchester, with good public transport and motorway links.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with carers and / or family members.

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### What people told us and what we found

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We spoke with people who lived at St Laurences Lodge about their care and treatment. We observed that a number of people who lived at the home were unable to comment in detail about the care they received due to memory impairment. As a consequence of this we found that some people were unable to communicate their feelings about the care they received. In light of this we spoke with care staff and spent a lot of time observing routines at the home and staff interaction with people. We spoke with one relative of a person who lived and the home and we spoke with an advocate of another person who lived at St Laurences Lodge.

One person said: "I am very happy and quite satisfied with the care I receive."

One visitor told us: "Care is great...staff are very caring and respectful towards [resident], staff work hard and are good with the residents."

Another visitor said: "We feel relaxed knowing that [resident] is getting the attention she deserves."

We found that staff made every effort to include people in decisions about how their care was delivered.

We found that the registered provider operated an effective recruitment and selection process and this ensured that good quality staff were recruited to work at the home.

We saw that there was an effective system in place that assessed and monitored the quality of service provided to people who lived at the home.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People were involved in making decisions and choices about their care as far as it was possible and their consent or implied consent was sought and acknowledged.

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### Reasons for our judgement

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One visitor told us: "I'm more than happy with the care provided."

We looked at the care records of four people who lived at St Lawrences Lodge. We saw that each person had an 'All about me' assessment on their care file. This assessment was completed by a member of staff when a person was first admitted to the home. The assessment asked people's preferred term of reference, it asked people about their preferences around bedtime, and for example, when they like to go to bed and what time they liked to get up in the morning. Other areas discussed included food choices, whether they preferred to have their personal care needs met by a male or female carer and how they preferred to have their religious and spiritual needs met. This meant that from the start of their admission staff made attempts to find out how people liked to have their care and spiritual needs met.

We also saw that the home completed an 'Emotional well being' assessment for every person and this focused on what people enjoyed and what they didn't enjoy. We saw that this information had been incorporated into people's care plans and staff had a good understanding of people's likes and dislikes and took this into account when planning and delivering care.

During our inspection visit we saw care staff offering people choices and saw staff assisting people in making choices and discussing options with them. This meant that staff made every effort to include people in decisions about how their care was delivered.

We saw that staff encouraged and enabled people to be involved in how the service was run and how they preferred to have their care needs met. For example, people always had a choice at meal times and people could have a leisurely breakfast if they wanted. We saw that one person who liked to sleep in late regularly had their breakfast at 11am. This meant that daily routines were flexible and relaxed and fitted in the people's preferred lifestyle. One person living at the home told us: "I am very happy and quite satisfied with

the care I receive."

We observed that people appeared relaxed and comfortable with staff and with other people who lived in the home. The staff we spoke with were knowledgeable about the individual preferences of people who lived at the home.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We visited St Lawrences Lodge in March 2013 and made a compliance action because we found that care and treatment was not always planned and delivered in a way that ensured people's safety and welfare.

We visited St Lawrences again on the 26 June 2013 and looked at what the registered provider had done to become compliant in respect to the care and welfare of people who lived at the home.

A relative we spoke with told us they were very satisfied with the care provided.

Another visitor told us: "Care is great...staff are very caring and respectful towards [resident], staff work hard and are good with the residents."

One person said: "I am very happy and quite satisfied with the care I receive."

During our inspection we looked at the care records of four people who lived at the home. We found that there had been no new admissions to the home since our last inspection. We spoke with a relative and an advocate of a person who lived at the home and we spoke to people who used the service and spoke to care staff.

We found that since our last visit the manager had, as part of the homes quality assurance arrangements reviewed all care planning documentation including risk assessments.

We found that each person had a full care plan. We found care records to be detailed, person centred and they provided a good level of information to assist staff in their day to day care of people living at the home. Since our last inspection the manager had introduced a monthly review of documentation sheet and all care staff were asked to read and sign to confirm that they had read a persons care plan following a monthly review. This meant that the registered provider had taken measures to ensure that every person at the home had an up to date care plan and that all staff were aware of the contents.

We saw that risk assessments were in place on people's care files and these were

reviewed on a regular basis or more frequently if required and if new risks were identified, for example, following a fall.

We spoke with care staff and asked them how they found out about people's care needs. Staff told us the team communicated well with each other. They told us people's care needs and any changes to their care needs or routines were discussed and shared at handover meetings at the end of shifts and were recorded in a communication book and on daily record sheets that were completed for each person. We looked at these documents and saw that they contained clear information about people's current care needs, including visits from relatives and health professionals.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from abuse or exploitation.

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## **Reasons for our judgement**

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We visited St Lawrences Lodge in March 2013 and made a compliance action because we found that the registered provider did not respond appropriately to allegations of abuse and they had not notified us of safeguarding incidents.

We visited St Lawrences again on the 26 June 2013 and looked at what the registered provider had done to become compliant in this area.

One person who lived at St Lawrences Lodge told us they were very satisfied with the care provided and they knew how to make a complaint and they had no reason to complain.

Visitors told us that they were happy with the care provided; they told us that the manager and care staff were very approachable and they could discuss any concerns they had with them.

During our visit we observed that people living at the home were treated with dignity and consideration by staff at all times. We observed that people appeared relaxed and confident around staff and comfortable in their presence.

Since our last inspection there had been one reported safeguarding incident and the registered provider notified us of this incident. This meant that the registered provider was now fully aware of the requirement to notify us of important events that affected people who lived at the home.

We spoke with a representative from Tameside Borough Council and they advised that there were no safeguarding incidents or investigations currently ongoing in respect of St Lawrences Lodge.

We spoke with care staff about their understanding of good safeguarding practice, their duty of care, their responsibility to keep people who used the service safe and what action they would take in response to concerns. Care staff we spoke with had completed training in adult protection and were able to tell us what action they would take in response to concerns and how they would ensure people's safety. Staff demonstrated a good understanding of what constituted abuse and were able to give examples; equally they

were able to demonstrate what action they would take. Staff also understood the term 'Whistle Blowing.' Staff told us they were confident that the registered provider and the manager would listen and act on any concerns they raised. This meant that care staff were able to identify and raise concerns they had in relation to poor practice and people who lived at St Lawrences Lodge were protected from abuse.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

There were effective recruitment and selection processes in place.

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### Reasons for our judgement

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We looked at the way the registered provider recruited care staff to work at St Lawrences Lodge. We wanted to know if the registered provider was operating an effective recruitment procedure that ensured that employees were of a good character, had appropriate qualifications, skills and experience for the work they performed.

We looked at the employment files of the most recently appointed members of staff and we found all pre-employment checks were in place. The records reviewed included application forms outlining the skills and experience relevant to the role applied for, health questionnaires, interview records, and Criminal Records Bureau (CRB) checks, and references. We saw that in respect of one person employed at the home, this person had provided three character references, one of which was not dated. We discussed this with the manager who agreed to send out formal written requests to these referees. The registered provider may wish to consider sending out formal written reference requests for character referees, so as to ensure the validity of the information being provided.

We found that whilst pre employment information was in place, recruitment and personnel files were not well organised and would have benefitted from confidential information being stored in an orderly manner. Despite this we found that there was an effective recruitment and selection procedure in place and because of this people who lived at the home had their health and welfare needs met by staff who were appropriately qualified and who were physically and mentally able to do their job.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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We visited St Lawrences Lodge in March 2013 and made a compliance action because we found that the registered provider did not have an effective system in operation that regularly assessed and monitored the quality of the service that people received.

We visited St Lawrences Lodge again in June 2013 to see what improvements had been made since our last inspection. We found there were a number of systems in place that ensured the effective and efficient running of the service.

We found that since our last visit the manager had, as part of the homes quality assurance arrangements reviewed all care planning documentation including risk assessments and review documentation.

We found that all people who lived at St Lawrences Lodge had an up to date care plan and since our last inspection the manager had introduced a monthly review of documentation sheet and all care staff were asked to read and sign to confirm that they had read a persons care plan following a monthly review.

We discussed this with care staff and with the manager. Care staff told us that they were required to read and sign each persons care plan review on a monthly basis. They told us this ensured that they were fully aware of how to meet each persons care needs and if there had been any changes. This meant that the registered provider had taken measures to ensure that every person at the home had an up to date care plan and that all staff were aware of the contents in order to provide the right level of care.

We saw that since our last inspection every person who lived at St Lawrences Lodge had a risk assessment or a series of risk assessments depending on their needs. We saw that risk assessments were now reviewed on a monthly basis or more frequently if required. This meant that staff had up to date information concerning people's care needs and this ensured that people had their care needs met.

The manager had a system in place that reviewed the number of falls that people had on a monthly basis. This system provided useful information on the number of falls each

person had each calendar month. This information was used to inform and develop people's care plans and any changes if needed were made to people's care plans. We found that information concerning people's falls was now linked to risk assessment documentation and care planning documentation. This meant that there were good system in place that managed risks and people's safety.

We found that care staff were monitored and supervised in their role and received regular updates of their mandatory training. Staff we spoke with told us they felt supported by the manager and they kept up to date with training. We saw evidence that staff met with the manager on a regular basis to discuss their work and training needs. We also observed that there were good informal support system for care staff and these included team meetings and daily handover meetings at the change of shift. This meant that people who used the service were cared for by a staff group who were trained and supported to do their job.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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