



Enter and View Report

St. Lawrence's Lodge Care Home

August 2025

Report details

General information about the service

Name and address of the Care Home:	St Lawrence's Lodge, 275 Stockport Rd, Denton, Manchester M34 6AX
Type of Care:	Residential and dementia care
Number of Residents:	15
Description of Facility:	Situated in a residential area of Denton, St Lawrence's Lodge is a 16 bed care home on two floors with a lounge, dining area and gardens. All living areas are easily accessible by wheelchair.
Care Quality Commission Rating:	Good. The report can be viewed: St Lawrences Lodge - Care Quality Commission

Details of visit

Visit date and time	27/08/25 - 10:30am
Healthwatch Tameside Enter and View Representatives	Ayesha Khatun Imogen Shortall Linda Kent

Acknowledgements

Healthwatch Tameside would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



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“Our Enter and View visits offer a vital opportunity to see services in action, hear directly from those receiving and delivering care, highlighting both good practice and areas for improvement. This work ensures that the voices of Tameside residents are not only heard, but also help shape more person-centered compassionate, and effective care environments.”

Alex Leach, Healthwatch Tameside Manager



Introduction

About us

Healthwatch Tameside is the independent consumer champion for health and care. It was created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community-based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Tameside has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

What is Enter and View?

Local Healthwatch representatives carry out Enter and View visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well, from the perspective of people who experience the service first hand.

Healthwatch Tameside Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with our safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.



Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents and their independence.
- Speak to residents, family members and carers about their experience in the home, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

The questionnaires and observations were based on eight care quality indicators developed by the national charity, Independent Age. These were:

1	Have Strong, visible management
2	Have staff with time and skills to do their job
3	Have a good knowledge of each individual resident and how their needs may be changing
4	Offer a varied programme of activities
5	Offer quality, choice and flexibility around food and mealtimes
6	Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7	Accommodate residents' personal, cultural and lifestyle needs
8	Be an open environment where feedback is actively sought and used



Executive summary of findings

St Lawrences Lodge is a 16-bed care home in Denton providing a warm and homely environment for residents. During our visit the home had a calm and relaxed atmosphere, and residents appeared comfortable and content.

Staff were observed interacting with residents in a kind and respectful manner. Residents told us they were happy with the care provided and felt staff knew them well, supported their choices and helped them maintain their independence. Most residents were familiar with the manager and knew how to raise any concerns.

Although there were no activities taking place during the visit, residents reported that they enjoyed those on offer, with singing being particularly valued. There were good examples of residents being supported to continue personal hobbies and engaging with the community, such as attending sports events and local day centres.

The home benefits from an experienced and consistent staff team, with most staff having worked there for several years. This continuity enables staff to build trusting relationships and deliver consistent care.

All the staff told us they enjoy working at the home, with comments including: "I love looking after the residents", "it feels like one big family," and "it feels like my second home". Staff also reported feeling well trained and supported in their roles and gave positive feedback about the manager, noting her visibility and approachable leadership style.

A visiting friend of a resident told us they felt welcome, involved, and confident in the standard of care provided. Residents benefit from regular input from health professionals, including weekly GP visits and district nurse visiting on alternate days, reducing the need to travel to appointments and receiving consistent, timely medical care.

During the visit we identified areas of the home requiring attention and observed a number of safety concerns within the building, which were raised with the manager during the visit. These issues have been detailed within the report and actions are included in our recommendations.



Methodology

Prior to the Enter and View taking place

We informed the care home of our intention to conduct an Enter and View visit four weeks in advance. An intention to visit (though not the date and time), the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a schedule for the day was put together with their input, taking into consideration mealtimes, visiting times for carers and families etc.

The provider was contacted to see if there were individuals who should not be approached or were unable to give informed consent and a comprehensive risk assessment was completed.

We asked the provider to display a poster with details of the Enter and View visit and copies of Family, carers and friend's questionnaires were left at the home to return via FREEPOST.

During the visit

The visit was carried out over the course of two hours. The visit date and times are shown on the front cover of this report. During the visit Healthwatch Tameside representatives spent time talking to the staff, relatives and residents using an agreed set of questions.

11 Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Tameside.

Authorised representatives spoke to 3 residents and 1 visiting friend of a resident and conducted short interviews about their experiences of the service using guided questionnaires. 2 members of staff and management were interviewed and we received 4 completed staff surveys.

Following the Enter and View Visit

Initial findings were shared with the provider at the end of the visit. This report was completed within 27 working days of the visit, with a draft sent to the provider for comment. The provider was given 20 working days to respond, and their response is included at the end of this report.



Results of the visit

Observations

Location and external environment

St Lawrence's Lodge is located on a busy main road in a residential area of Denton and is close to local amenities. There is a regular bus route and a well signed, designated car park for visitors with multiple parking spaces available. There is a visible doorbell at the front for visitors to use to gain entry and a ramp for wheelchair access. The building is on two floors, and all areas are wheelchair accessible.



Figure 1: Main entrance

Access to the garden is through the dining room patio doors leading to a large, paved area with multiple seating areas enabling residents to relax and socialise, with a designated smoking area. The flower beds, shrubs and plants were well maintained.

Representatives noticed that outdoor seating was visibly worn, with rusting and fabric deterioration. We also found that the path from the dining room to the garden was on an incline as it had an adjoining ramp off the conservatory, which could make it difficult for a resident with mobility issues. There were no handrails available to support residents when going outside, and during the visit we noticed one resident holding a bin for support. This observation was brought up with the manager at the de-brief session.



Figure 2: Gardens



Figure 3: Gardens

Internal environment

The building is on two floors, and all areas are wheelchair accessible, and the upper floor is accessible via a lift. The entrance and reception area of the home though limited in size and without seating, presented a welcoming environment. A signing in book, PPE measures and

hand sanitiser was readily available, reflecting the home's commitment to infection control and hygiene.

Representatives were asked to sign-in and welcomed by a member of staff, who provided a brief tour of the building, facilities, routines of the residents. Staff were easily identifiable through colour-coded uniforms.

All areas of the home were well-lit, clean, well maintained and pleasantly decorated with wallpaper and the temperature inside the home was pleasant. Photographs and artwork could be seen displayed throughout. Generally, there were no obtrusive smells or noises apparent during the visit. However, we were shown 3 resident bedrooms whilst accompanied by a staff member, which were unoccupied at the time. We found that two of the rooms had a strong odour. This was brought up with the manager during the de-brief, and we were informed that the cleaner was not in work on the day of our visit. A thorough deep clean has been put forward as a recommendation.

Corridors were accessible and wide enough for wheelchairs and walking aids with grabrails in situ. All areas of the home were secure, and external doors were kept locked. Representatives noticed fire exits of the home did not have a 'fire exit' sign above the door, and both fire exits were obstructed by equipment, presenting a potential safety concern. These concerns were brought up with the manager on the day.



Figure 4: Reception area



Figure 5: Fire exit ground floor



Figure 6: Fire exit 1st floor

The communal areas of the home include a large lounge, dining room and conservatory. The lounge was furnished with armchairs, side tables and a widescreen TV. There were books and magazines available for residents to use at their leisure. A quiet area is available if residents wanted to meet with visitors.

During our walk round we found that a cleaning storage room was unlocked, with the key left in the door. There was a sign stating the door must always be kept locked. This concern was raised with the manager on the day.



Figure 7: Lounge



Figure 8: Corridor



Figure 9: Cleaning cupboard

We found that the conservatory appeared to be used as a storage space rather than a communal area, containing a mattress, bin bags and packaging. Some of the seating in there were also in a poor, deteriorated condition. We recommend that the stored items be removed and seating replaced to restore the conservatory as an inviting and functional communal space, benefitting from natural light and views of the garden. During the de-brief the manager confirmed plans were already in place to remove the mattress.



Figure 10: Conservatory

Notice boards and signage

In the reception area of the home, information such as CQC reports, leaflets and safeguarding information was placed in a magazine rack, which limited visibility as the documents were concealed in trays. A poster inviting people to feedback about the home via the home's website as well as 'Enter and view' posters were seen on display.



Figure 11: Notices in tray



Figure 12: Posters

The home observed several dementia friendly features in resident areas, such as flooring that contrasted with walls, signage placed around 4ft from floor level and toilets and bathrooms clearly identified with pictures. On the first floor there was a caution sign to highlight steep stairs, along with a 'mind your step' notice. However, representatives noted that the edging of this step blends into the dark carpet and a recommendation of adding a contrasting edge strip to enhance safety has been put forward.

Resident rooms

A sample of resident bedrooms were undertaken as part of the observations. Rooms were easily identifiable with numbers and some had photographs of residents on doors.

Bedrooms felt welcoming and homely, enhanced by personal touches such as photographs, flowers, blankets and artwork contributing to a sense of comfort, familiarity and belonging. The rooms were generally clean, well-maintained, and provided adequate lighting and ventilation.

The majority of the bedrooms have an ensuite and all bedrooms were equipped with armchairs and adequate storage facilities such as wardrobes and drawers and there was sufficient space for mobility aids. Call bells were within easy reach, and each room had a sensor which alert staff of movement.

Residents

Residents appeared well dressed and groomed demonstrating a good standard of personal care and attention provided by staff.

The communal area had a calm and relaxed atmosphere and we observed residents watching tv, singing or asleep on their chairs or moving around the home independently. Staff were observed interacting positively with residents and interactions were warm and respectful, with friendly conversations, laughter and light-hearted exchanges. We observed staff offering residents drinks and snacks promptly and courteously with discreet assistance when required.

Food

Food is prepared and cooked on site in the well-equipped café style kitchen. A daily menu is displayed in the dining room offering three meals a day with two choices including vegetarian options. Meals are served at set times each day, however residents can choose to eat at a time of their choice and have the option to order off menu. A snack trolley is available throughout the day for residents to help themselves to a variety of healthy snacks or drinks in between



Figure 13: caution signs

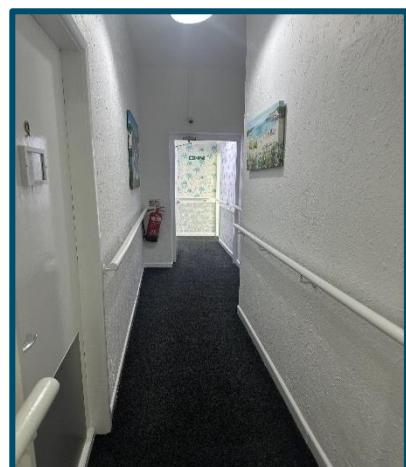


Figure 14: Upstairs landing



meals to support hydration and nutrition. Due to time constraints of the visit, representatives did not have the opportunity to observe lunch time.



Figure 15: Menu of the day



Figure 16: Dining room

Bathrooms

Bathrooms were clean and well equipped with safety features such as handrails and non-slip flooring. Adapted equipment including raised toilet seats, walk in showers, shower and bath chairs were available to support residents' independence while maintaining comfort and dignity. The layout of bathrooms provides adequate space for walking aids and wheelchairs. Supplies such as towels and soaps were sufficiently stocked and housekeeping staff followed a regular cleaning schedule. For improved safety, we recommended that taps are clearly labelled as 'hot' and 'cold'.

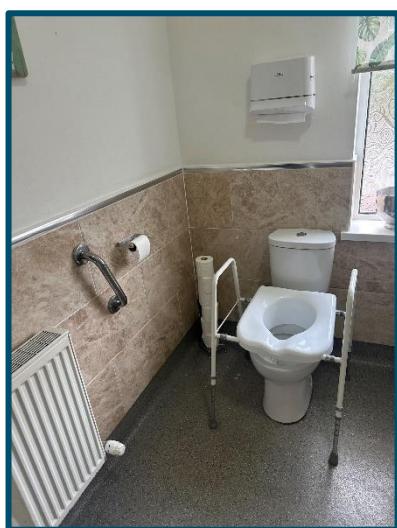


Figure 17: Bathroom



Figure 18: Bathroom



Figure 19: Bathroom

Findings from speaking to staff, residents, family, friends and carers

1: Have Strong, visible management

Staff and management feedback

During the visit we spoke with two staff and management and we received four completed staff surveys. Staff length of service ranged from one month to fourteen years, with the majority having worked at the care home for over 5-years.

The manager brings more than 30 years' experience in the care sector and has been in her current role for 9 years. She is actively involved in the day-to-day life of the home, frequently spending time engaging with residents and their families. She expressed a strong sense of pride in having ownership of the home and highlighted one of the most rewarding aspects of her role is the autonomy it provides, allowing her to make decisions that directly benefit both residents and staff. She doesn't view herself as being the 'manager', as all staff work collaboratively as a team towards delivering high quality person-centred care.

Staff told us they felt well supported in their roles and provided positive feedback about management. They described the manager as approachable, supportive and understanding and receptive to feedback. Staff noted that the manager makes a conscious effort to remain visible around the home, whilst regularly checking in with team members. Staff comments included:

- *The manager is a good listener and helpful if you have a problem*
- *I feel very supported in my role*
- *Manager is visible around the home and easily contactable when she's not*

Resident, family, friends, and carer feedback

Of the three residents we spoke with, one reported that they did not know the manager, as they tend to forget, while two residents said they knew the manager. Family, carer and friends commented that the management team are always welcoming and helpful.

2: Have staff with time and skills to do their job

Staff and management feedback

The manager highlighted training and professional development as key factors in equipping staff with the confidence required to meet the residents needs. Staff development is reviewed regularly through supervisions and appraisals and all staff complete mandatory training and are undergoing an accredited level 2 or 3 qualification. Further training opportunities are



available to staff on the 'Florence' app and staff are encouraged to request additional training as part of their ongoing development. When asked how management ensure staff have the time to care for residents, we were told this is done through observations, reviews of staffing ratios and feedback from staff. Currently there are two night staff and two day staff on shift and the manager explained agency and bank staff are seldom used to ensure continuity and familiarity of residents care.

Staff felt there was a good range of training available to them and they felt well equipped to perform duties effectively. Staff noted that their training covered a wide range of areas, including infection control, health and safety, manual handling, dementia awareness, legionella, fire safety, and they are encouraged to request additional training or undertake qualifications. Staff stated that the current staffing levels and allocation of tasks provided enough time for both meaningful interactions with residents and delivery of care.

Comments included:

- *I have all the resources I require, which makes it easier for me to deliver care*
- *The training we undertake is helpful and covers everything I need in my role*
- *I've completed my NVQ 2 through this job*

Resident, family, friends and carer feedback

Residents told us staff were very good, however there were mixed views when asked if staff have time to stop and chat with them:

- *Staff sometimes have time to stop and chat with us*
- *Staff do have time to talk with residents*
- *Staff are so busy doing other things, they have a lot to do*

Family, carer and friends gave the following feedback about the care their loved one receives:

- *my friend is always beautifully dressed and clean*

3: Have a good knowledge of each individual resident and how their needs may be changing

Staff and management feedback

The manager confirmed a care plan and a preference sheet is held for each resident. Pre-admission checks include obtaining information about a resident's medical information, routines, hobbies and preferences, and are completed in conjunction with residents, their families and social workers. Staff explained they take time to read through care plans when a resident first arrives, and build on this through spending time and getting to know the residents. Through daily care of residents staff told us they are able to pick up on any changes, which are promptly reported to management, and care plans are updated and shared with staff at handovers and a communication book between staff is also utilised.



Resident, family, friends and carer feedback

All residents we spoke with agreed that staff have a good knowledge of their needs and preferences and accommodate these, such as clothing preferences, hobbies and food choices.

Residents gave the following comments:

- *Staff know I like bright colours*
- *I get a good book*

Family, carer and friends reported staff were always vigilant in responding to noticed changes in their loved one.

4. Offer a varied programme of activities

Staff and management feedback

The manager explained that activities are arranged by the cleaner and are tailored to residents interests and there was currently no formal activity schedule in place. Activities include board games, chess, dominoes, gardening and arts and crafts. Some residents prefer not to take part in organised activities and instead enjoy watching movies or singing. Outings in the past have included trips to the pantomime, shopping and restaurants. The home also celebrates special occasions such as themed parties, Valentine's day, Christmas and VE day. Residents are encouraged to maintain personal hobbies, with some supported to attend cricket and football matches or outings to the pub. One resident also visits a day centre independently.

Staff actively encourage residents to take part in activities and feel there is a good variety on offer. However, they noted that many of the residents prefer to rest or relax instead, and this choice is respected. Singing was highlighted as a particular popular activity, with a daily singalong at 7pm led by staff and a singer / entertainer is brought in occasionally. One staff member reported they are not always able to accommodate requests by residents to take them out.

Resident, family, friends and carer feedback

Residents told us they enjoy the activities on offer, mentioning singing, writing, playing with tractors and spending time in the garden and reported staff adapting activities to their individual preferences. Family, carers and friends gave the following feedback:

- *Residents seem happy with the activities at the home and staff encourage and assist involvement*



5: Offer quality, choice and flexibility around food and mealtimes

Staff and management feedback

A weekly menu was not available for representatives to view, however, the manager advised that the menu is developed in line with residents' preferences and caters for specialist diets (religious, medical, diabetics) and incorporates popular dishes such as lasagna and curries. Two cooks provide kitchen cover across the week, and the manager commended their awareness of residents' individual preferences, noting that feedback is sought on a regular basis. A food and fluid diary is maintained for each resident to monitor nutritional intake.

Staff told us the cook asks each resident individually what their choice of meal is on the day. Mealtimes are organised to promote a communal dining experience, with seating arranged in groups and staff join residents during meals to encourage social interaction. Relatives are also welcomed to join residents during mealtimes.

Staff comments included:

- *Good old fashioned meals available*
- *Allergies and diet needs are updated on care plans*
- *We sit with residents at mealtime and have a singalong at dinner*

Resident, family, friends and carer feedback

Residents told us they were satisfied with the quality and variety of the meals at the home, noting favourite dishes such as roast dinners, chips and veggies.

Residents commented:

- *Buttie's are nice*
- *I enjoy the meals here*

Additionally, Family, carers and friends shared that their loved one enjoys their food and doesn't have any complaints.

6: Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists

Staff and management feedback

Overall, we heard that residents could access regular health professionals such as GPs, dentists, opticians or chiropodists. However, we did hear that there were challenges implementing the medical treatment for one resident with an ongoing health issue. Our team discussed this with management, as part of our debrief on the day, who confirmed this matter has been raised with the required authorities.



Resident, family, friends and carer feedback

When residents were asked about access to health professionals, they told us visiting professionals such as a GP and district nurses visit the home regularly which reduced the need to travel for appointments and allowed residents to receive timely advice and care. Family, carer and friends highlighted that family arrange appointments.

7: Accommodate residents' personal, cultural and lifestyle needs

Staff and management feedback

We found that the care home supported residents' personal preferences and individuality within a respectful and inclusive environment. The manager explained that care plans reflect individual preferences, which are identified during the admission process. Staff provided examples of supporting residents to attend church services, facilitated visits from a local sister and adapted meals to meet religious requirements. A hairdresser also visits every 6 weeks.

Resident, family, friends and carer feedback

Residents reported that their choices are respected and accommodated, citing examples such as being able to wear clothing of their choice, having access to a visiting barber, enabling them to feel more independent and maintain a sense of dignity and wellbeing. Family, carer and friends agreed and told us residents have regular visits from the Church.

8: Be an open environment where feedback is actively sought and used

Staff and management feedback

The Manager maintains an 'open door' policy for residents, relatives and staff. Posters encouraging feedback about the home were displayed around the building. However, a complaints policy was not observed on display within the home. The manager advised that staff and resident satisfaction surveys are carried out once in a while, with a 'you said, we did' document produced to demonstrate actions taken. At the time of the visit this document was not on display.



Figure 20: Feedback poster

Of the six staff that completed surveys, five respondents reported feeling comfortable raising concerns and suggesting improvements, while one staff did not comment. Staff confirmed they have opportunities to share their views through supervisions, appraisals and at group discussions. One staff member described how their suggestion to adjust the shower timetable, split between day and night staff was implemented, which they felt encouraged further contributions and ideas from the team. When we asked staff if there was anything they would change, suggestions were given for relatives to take residents out more and increased staff capacity to enable staff to take residents on trips, which they stated didn't occur often.



Resident, family, friends and carer feedback

Residents were asked if they get any opportunities to feedback about the home. Mixed views were received, one resident stated yes, one resident stated no and another resident was unable to vocalise. We asked all three residents if they knew how to make a complaint, one resident said they did and would speak to the manager, another resident said they would speak to family who would complain on their behalf, and one resident didn't know how to make a complaint.

When residents were asked if they would like to see any changes in the home, one resident said no changes were needed and another two residents did not provide a response.



Recommendations



Priority: High – within 1 month

1. Fire exits signs to be placed on each doorway and exit routes to be immediately cleared of obstruction.
2. Conservatory to be cleared of unwanted items, organised and made more inviting to enable residents to use it as a communal space.
3. Installation of a handrail to support residents to safely access the garden.
4. Storage areas with cleaning and hazardous materials must always remain locked and care home to consider a keypad entry system to replace the current key operated locks.
5. We recommend a deep clean of the resident bedrooms to eliminate strong odours.
6. Install an edging strip to the step on the first floor to increase visibility and enhance safety, as the step currently blends into the dark carpet.
7. Where possible bathroom taps to be clearly labelled 'hot' and 'cold' to reduce confusion and enhance safety.

Priority: Low – within 6 months

8. Care home to develop a regular activity programme schedule, incorporating day trips, planned in consultation with residents. Activity co-ordinator training to be sought for cleaner, if necessary, to ensure an engaging and comprehensive programme is offered to residents.
9. Improve the menu displayed in the dining room and include pictorial elements, as the current menu with faded writing could be difficult for residents to read and understand.
10. Improve visibility and accessibility of essential information on notice boards in a prominent location. We recommend information such as staff photo board, pictorial menu, activity schedule, complaints procedure, 'you said we did' leaflets to be displayed on notice boards, replacing current mail trays.
11. In addition to the posters currently displayed in the home inviting feedback about the care home, we recommend providing a more user-friendly option for those who may not be familiar with digital technology such as a 'comments and suggestions box.'
12. Staff, Resident and Relative surveys to be conducted on a timetabled basis and a 'you said we did' summary is produced and displayed to demonstrate the care home's commitment to continuous improvement and responsiveness to feedback.
13. Review and update garden and conservatory seating for safety and comfort of residents.



Response from service provider

Although no formal response to all recommendations has been received by the care provider. As part of an email exchange with the Care Home Manager at St Lawrences' Lodge Care Home, we have been informed that actions have been taken against recommendation number 5.

Response to Healthwatch Tameside Recommendation number 5:

We recommend a deep clean of the resident bedrooms to eliminate strong odours.

"I did check the rooms as soon as an odour was mentioned, but I could not smell anything myself. A member of staff did inform me that the toilets had not been flushed that morning after the residents had been assisted up."



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