

P.C.M Housing Association Limited

# Laxton Hall

## Inspection report

Laxton  
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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

### About the service

Laxton Hall is a residential care home for up to 30 older people and people living with dementia. At the time of inspection there were 27 people living at the home.

Laxton Hall is a care home for older Polish people. The home is a 17th Century Grade II-listed building, situated between Laxton and Corby in Northamptonshire. It has been converted into a residential care home whilst keeping the integrity of the original architecture intact. It is set in 97 acres of land and gardens. It is staffed by the Polish Sisters of Mary Immaculate and Polish care staff. This Polish community provides for the religious, cultural and the physical needs of people using the service.

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

People were supported to live in a Polish community where their culture, religion and traditions were practiced daily.

The registered manager had systems to assess, monitor and improve the safety and the quality of the service.

The provider reviewed information from safeguarding incidents, complaints and accidents to learn and prevent reoccurrences.

People received food and drink that met their physical and cultural needs and preferences. People received their prescribed medicines.

People's risks were assessed, and staff had the information they required in English and Polish to mitigate these known risks. People's risk assessments and care plans were reviewed regularly or as their needs changed.

The registered manager followed safe recruitment practices to ensure staff were of good character. Staff received induction, training and supervision to carry out their roles and meet people's specific needs. Staff training was adapted to meet staff training needs.

People were protected from harm and abuse as staff received training in safeguarding. The registered manager reported and investigated concerns.

Staff identified when people were unwell and referred them to healthcare professionals promptly. People were supported by staff who spoke English and Polish to access healthcare appointments when they needed them.

People were cared for by staff that knew them well, who knew their needs and preferences. People's privacy

and dignity was respected, and people were supported to be independent. People and their relatives were involved in their care planning and reviews.

People and relatives knew how to make a formal complaint. The provider's complaints policy had been followed and complaints had been resolved.

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.

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

The last inspection was rated good, published 19 April 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Laxton Hall

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by 2 inspectors (one Polish speaking) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was asked to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 4 relatives/visitors to ask about their experience of the care provided.

We spoke with 7 members of staff including the registered manager and 6 care staff.

We reviewed a range of records. This included 5 peoples care records, multiple medicine records, audits, accident and incident records and 3 staff recruitment files.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's risks had been assessed and reviewed regularly or as their needs changed. Staff had the information they needed to mitigate these known risks. One member of staff told us, "Each shift will handover important information about each individual."
- The registered manager assessed and regularly checked the risks associated with water, fire and health and safety. People had personal evacuation plans in the event of an emergency.
- People were protected from the risk of infection as staff were following safe infection prevention and control practices. Staff had personal protective equipment which they used appropriately. One relative told us, the home was "Immaculate. My relative has not had one cold since they moved in here last year. I believe it's because they keep it so clean and always keep them warm".

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse as staff received training in safeguarding.
- Staff understood how to recognise and report any concerns to the registered manager and relevant professionals. One member of staff told us, "Any safeguarding issues, such as bruises, we report to [senior staff]. I have never been concerned about any safeguarding issues. If I saw anything I'd tell the manager. We also have the phone numbers on the boards where to report externally."
- Safeguarding incidents had been reported and investigated. The registered manager reviewed the information and used this to make improvements to the service and to help prevent reoccurrence.

Using medicines safely

- People were supported to receive their medicines safely.
- Senior staff administered and managed people's medicines. They received training in managing medicines and their competencies were checked regularly. All staff received on-line training in medicines for awareness. One person told us, "[Staff] always give [our medicines] at breakfast, lunchtime and evening." They said staff would watch the medication had been taken.
- People's medicine records were regularly reviewed and audited.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to meet people's needs. There were English speaking staff member on each shift, and English speaking senior staff available on call within the home in the event of emergencies.
- All staff were trained to carry out care and cleaning tasks. This meant care staff also carried care and cleaning duties. Some staff told us they would continue to work after their shift to ensure all the cleaning

was completed. Staff also told us they carried out training in their own time. The registered manager told us they would consider employing cleaning staff and they were continually recruiting from the Polish community to ensure staff could meet people's cultural and language needs.

- The provider operated safe recruitment processes. The provider carried out the necessary Disclosure and Barring Service (DBS) checks before staff commenced employment. The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- The provider had systems to gather and review information from accidents, safeguarding incidents, people's feedback, complaints and staff experiences. The registered manager used the information to understand and learn lessons when things had gone wrong. They had implemented changes which had improved the safety and quality of the service.



# 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 our last inspection we rated this key question good. At this inspection the rating remains good. 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

- The provider's pre-assessment of people's needs was comprehensive and gathered information from relatives and relevant professionals. People's protected characteristics under the Equality Act 2010 were considered. This included age, disability, gender reassignment and religion. People's choices, preferences and routines were reflected including individual goals and aspirations.
- People's needs were assessed with evidence-based assessment tools to safely assess their current needs. This included assessment to monitor people's skin integrity and moving and handling.

Staff support: induction, training, skills and experience

- Staff had received induction, supervision and support to ensure they had the skills required to carry out their roles. One member of staff told us, "The induction was professional, all the important things were shown to me. I was shadowing / working alongside senior member of staff to start with."
- Staff received training and competency checks through supervision to enable them to provide care that met people's needs. One member of staff said, "Training was good, all I need to know about care and specific conditions, about dementia, safeguarding and health and safety." The training was delivered using interpreters to ensure Polish speaking staff understood and could ask questions.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider was working in line with the Mental Capacity Act
- Mental capacity assessments were carried out where applicable. Where people lacked capacity to make

specific decisions, this was documented clearly and best interest meetings were held to record decisions about people's care with the least restrictive options. Where people had the mental capacity to make decisions, but these decisions were against medical advice, the GP was involved and people were informed of the risks. Staff supported people to be as safe as possible, whilst respecting people's wishes.

- People's records included the names of others, including family members, who were involved in decisions relating to care. Records included where a person's family member had a lasting power of attorney (LPA) for decisions relating to health and welfare and/or property and financial affairs to ensure the appropriate people were involved in any decisions.
- Staff sought people's consent before providing care. One person told us they consented to staff assisting them to have their bath.

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

- People received food and drink that met their needs and preferences. Staff prepared Polish meals which people told us they enjoyed; some told us it was like being at home. One person told us, "[Staff] make oatmeal for everybody which they like." Staff received training in preparing foods that met people's needs. A member of staff told us, "Some people have specific diets, pureed and blended."
- People's risk of malnutrition was assessed using Malnutrition Universal Screening Tool (MUST). One member of staff described how they monitored people, they said, "We weigh people regularly and if we are concerned about weight loss we report it to [senior staff]. We have one resident who frequently refuses food, we try lots of different options to make sure we find something that they like."
- People were referred to the GP, speech and language teams and dietitians where they experienced a change in swallowing or were losing weight. People's care plans reflected their prescribed diets and staff recorded when they gave people their food and drink. One member of staff told us, "Once prescribed, [senior staff] tells the staff and make a note in the care plan. We are informed of any allergies, preferences, etc." We observed people received meals that met their assessed needs.

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

- People were supported to live healthier lives, access healthcare services and support. The registered manager took people to their eye and dental appointments to support them with language. One member of staff told us, "When people have new hearing aids, sometimes it takes time for them to get used to it, we slowly encourage and support."
- The registered manager and staff worked effectively within and across organisations to ensure all the information was readily available to enable health professionals to make assessments and prescribe care. One member of staff told us people had information for hospital care in their health passports in English and Polish, they said these were kept, "in people's bedrooms in the files."
- Staff identified when people were unwell and referred them to healthcare professionals promptly. Staff received training in taking clinical observations and senior staff liaised with health professionals to ensure all medical information was provided in English. People were supported to access healthcare appointments when they needed them.

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

- People's rooms reflected their lives and personalities. Staff had followed the Polish tradition of 'chalking the door' for each person's room to denote Three Kings Day. The Christmas decorations remained in place, the registered manager explained these would remain until after the forthcoming carol singing.
- People had access to communal areas where they met for activities and socialising. There was a library containing Polish books which staff read from and people had access to. People accessed the chapel within the home for mass.

- People had the equipment they required to assist with their moving and handling, such as wheelchairs, hoists and slings which were regularly checked for safety.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care from staff who spoke Polish and understood the Polish culture. One person told us, "That's why I came here, I like it because they speak my language, it's better for me." A relative told us, "[Name] finally has the opportunity to engage in religious celebrations. [Name] has made a lot of friends." Another relative told us, "[Name] is very happy, they go to mass at the chapel."
- People and their families provided positive feedback about their care, two people we spoke with together both told us, "We are very happy with care here. It's a very pleasant home." We observed staff speaking with people politely and calmly, offering choices, and including people who were not able to respond verbally."
- Staff received training and supervision to ensure they understood people's human rights, equality and diversity and these were implemented in people's daily care. One member of staff told us, "It's a very demanding job but I love it. All carers are very good and respectful."

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

Respecting and promoting people's privacy, dignity and independence

- People and their relatives worked with staff to create their care plans and reviewed these regularly.
- People were supported to express their views and make decisions about their care. One person said, "I pick out on an evening before the morning as to what I want to wear." They mentioned they were happy with their clothes being clean and kept nicely in the wardrobe. One member of staff told us, "We have a lot of time to speak and listen to people when they are in the lounge, we always talk to them when assisting with personal care. When people refuse care and treatment, we encourage, take time and try to find a way, we are patient."
- People's privacy, dignity and independence were respected and promoted. People were supported to maintain their mobility and make choices about their care. One member of staff told us, "People are well treated, with dignity. Everyone is treated as if they are our family."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people's needs were met.

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

- People received care and support that met their needs and preferences.
- Staff understood people's needs and preferences, they knew them well and helped facilitate people to do what they wanted. One person told us how staff helped them into their wheelchair by using the hoist and aided when being washed for personal care.
- Staff followed the care plans to ensure people's needs were met. People were involved in their regular care plan reviews. One member of staff told us, "The care plans are good and have all information we need." Staff recorded people's daily notes in English and Polish. Staff said, "We take notes of everything, what and how much people eat, fluids, personal care, toileting and activities."
- People chose what they could do, such as attending early morning mass, or activities. One person said they liked sit in the lounge and look out the windows in the sunshine, which we observed.

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

- People were supported to maintain the Polish culture through speaking Polish, keeping Polish traditions, eating Polish food, reading Polish books and newspapers, and telling stories of their lives. People practiced their catholic faith by attending mass, talking with nuns about their faith and speaking with the priest. One person told us, "We talk a lot amongst each other, share stories in our own language which is very important to us."
- People were supported to take part in activities they enjoyed. Staff spent time with people individually to carry out activities they particularly liked such as jigsaw puzzles, or in groups. People were encouraged to exercise, for example in seated ball games.
- People's visitors were made to feel welcome. One relative told us, "I always feel welcomed and the manager's communication is good."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported.
- The registered manager ensured people and their families received all the information they required in the

language they needed.

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People and relatives knew how to make a formal complaint. Information was also available on a notice board.
- The provider's complaints policy had been followed and complaints had been resolved. The provider used the information from complaints to review and improve the service.

#### End of life care and support

- People had care plans that detailed what is important to the person and their families, taking into account their cultural and religious needs.
- People were supported by staff who had received training and were experienced in providing end of life care. Staff sought support from health professionals to help control people's symptoms and administer medicines as required.
- People received support from the nuns and the priest to take part prayers for the sick and dying. Some people had chosen to be buried in the graveyard in the grounds of the home, where some of their relatives were.

# Is the service well-led?

## Our findings

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

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

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

- The registered manager had systems that provided person-centred care that achieved good outcomes for people. People and their relatives told us about their previous experiences of care and how they felt they had 'come home' as Laxton Hall provided a Polish community.
- There was a positive and open culture at the service. People received care from staff that shared the same language and culture. This was facilitated by the registered manager ensuring staff training was provided in Polish and English.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- The registered manager had implemented systems of quality checks. These had identified themes and trends and areas for improvement and actions taken to improve the quality and safety of people's care.
- The registered manager reviewed incidents, safeguarding and complaints to understand what had happened to prevent recurrence. They took action to improve staff understanding and make changes to improve the quality of people's care.
- Staff received regular supervision and attended staff meetings where they were encouraged to provide their feedback. One member of staff told us, "We have meetings with the management where we can discuss anything that we want to really."
- People and their families provided feedback about the care during reviews. Information was used to improve the service. The registered manager had implemented suggested changes made in the relative's feedback such as having more English speaking staff.
- The provider had submitted the relevant statutory notifications.
- The provider understood their responsibilities under the duty of candour.

Working in partnership with others

- The registered manager worked in partnership with others.
- The registered manager helped people and their families to translate and co-ordinate the information and care provided by health professionals.