

## P.C.M Housing Association Limited

# Laxton Hall

### Inspection report

Laxton  
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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Laxton Hall is a residential care home for up to 29 older people and people living with dementia. At the time of inspection there were 28 people living at the home.

Laxton Hall is a care home for older Polish people. It is staffed by the Polish Sisters of Mary Immaculate and Polish care staff. This Polish community provides for the religious and cultural as well as the physical needs of people.

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

There was a registered manager who had been the manager of the service since it registered with CQC in January 2011.

The provider did not always take prompt action to make changes where audits identified people could be at risk from environmental issues. People were at risk of accessing areas that contained hot surfaces or cleaning materials. The provider had not ensured there were window restrictors on bedroom windows on the first floor. Following our inspection, the provider took immediate action to ensure people were safe. Further improvement was required to improve the management oversight of the environment to ensure people did not have access to areas that contained items that could cause them harm.

Although people received their prescribed medicines as planned, further improvement was required to ensure staff had clear instructions for 'as required' medicines.

People were very happy living with other Polish people who had experienced similar lives. Polish staff supported people to reflect on their lives using story-telling, song and crafts, creating a safe culture. There was a strong sense of community.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to access relevant health and social care professionals.

There were enough staff deployed to meet people's needs. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a

complaints system in place and people were confident that any complaints would be responded to appropriately.

Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

The management team continually monitored the quality of the service, identifying issues and making changes to improve the care.

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 rating for this service was Outstanding (published 4 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified two breaches in relation to health and safety of the environment and management oversight of these at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by an inspector, an assistant inspector, an interpreter 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. The expert by experience had experience of caring for older people who use regulated services.

#### Service and service type

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

The 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 took place on 30 September, it 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. We took this into account in making our judgements in this report. We asked Healthwatch for any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including three care staff, three Sisters of Mary Immaculate and the registered manager.

We reviewed a range of records. This included four people's care records and medicines records. We looked at three 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.

After the inspection we asked the provider for clarification of their intended actions relating to the environmental risks. They sent us a report which showed the actions they had taken immediately to keep people safe.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

- The provider failed to ensure people were always protected from harm due to environmental risks.
- People were at risk of accessing areas of the home where equipment, hot appliances, hot water and substances that were hazardous to health; doors to the areas that contained these hazards such as the basement, boiler room, laundry and sluices were not closed or locked.
- The provider had not ensured there were window restrictors on bedroom windows on the first floor or the French doors in the lounge to prevent people from exiting from the windows. The panes of glass in two windows on the first floor were broken.
- People were at risk of burns from exposed radiators and pipes in bedrooms, corridors and toilets.
- People were at risk of a fall from a height as the main balustrade on the first floor was not fixed securely.
- We brought these concerns to the attention of the registered manager who arranged for safety measures to be put into place immediately.
- People were at risk of ingesting drinks thickener as these were placed on dining tables alongside the salt and pepper.
- We brought this to the attention of the registered manager who arranged for the thickener to be stored away immediately.
- People were at risk of not receiving their 'as required' medicines as prescribed. Staff did not have access to instruction or protocol to follow when to give 'as required' medicines. Staff did not record why they had given people their medicines, or whether the medicine had been effective.
- One person had been prescribed an 'as required' medicine for treating a long-term heart condition. This medicine was not available.

The provider did not ensure people were always protected from environmental risks or safe management of 'as required' medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment

- We brought this to the attention of the registered manager who arranged for the pharmacy and GP to assist them with creating the 'as required' protocols. Following the inspection the registered manager sent one 'as required' protocol to CQC.
- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.

- Staff demonstrated how they were aware of people's risks and acted to mitigate these risks. For example, using equipment to assist people to move around. One person told us, "They [staff] use a hoist for giving me a bath and they are very polite and friendly."
- People who used call bells told us the call bells were answered quickly. Staff carried out regular checks on people who could not summon assistance. One person told us, "At night-time someone [staff] pops in regularly to check I'm okay and if I need anything."
- Each person had been assessed for their mobility needs in the event of an evacuation and these assessments were kept updated.

#### Using medicines safely

- People received their medicines as prescribed.
- Staff received training in the safe management of medicines and their competencies had been checked.
- Regular medicines' audits informed the registered manager, identified issues were rectified in a timely manner. However, improvements were required in the method of auditing to identify all issues.

#### Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person told us, "I feel safe, I completely trust the staff. I have given myself to the nuns for care."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained. including sharing info with LA safeguarding and putting measures in place to reduce the chance of reoccurrence.

#### Staffing and recruitment

- There were enough staff deployed to provide people with their care. One person told us, "I think there are enough staff during the day, they are very quick if I have to call them to take me to the toilet." Another person said, "I don't feel rushed at all when the staff are caring for me."
- People received care from a regular group of staff who knew people well. All staff were employed through the church in Poland, on the recommendation of their priest. All staff spoke Polish and had an inherent understanding of the traditions and culture of people living at Laxton Hall. One relative told us, "I feel [relative] is safe as they can talk to other people who speak Polish."
- People's care was also provided by Polish Sisters of Mary Immaculate. The aim of the order was to care for the elderly, particularly those who have been affected by events of World War II.
- Staff were recruited using safe recruitment practices whereby references were checked and their suitability to work with the people who used the service.

#### Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.

#### Learning lessons when things go wrong

- Improvements were required to share outcomes of audits, complaints and incidents with staff, to involve them in how to improve practice.



# 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 before they commenced using the service to ensure staff understood people's needs and preferences. Staff told us, "We always have a detailed interview with new residents, if possible, and their families. We gather information about their past, their preferences, choices and diet."
- People could live at the home for a four-week trial period to ensure Laxton Hall met their needs.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- New staff received an induction, including time with the registered manager, which provided staff with a good foundation of knowledge and understanding of the organisation and their roles.
- Staff training was provided by accredited, qualified external trainers; an interpreter was used to ensure staff understood and could ask questions.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the registered manager was very supportive and approachable.

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

- People who were able ate together in a dining room where staff served fresh home cooked Polish meals. All the people we spoke with told us they enjoyed the food. One person told us, "The food is superb here," another said, "The food very good and freshly cooked."
- Staff knew people's dietary requirements and preferences, they ensured people were served these. For example, one person loved carrots, we observed staff asking if they would like more carrots towards the end of their meal.
- Staff understood where people required additional drinks to maintain people's health and well-being. We observed staff serving some people their taller large handled mugs; staff told us these people had to have more fluid intake so were served more.
- Staff monitored people's weight regularly and referred people to health professionals if they were not eating and drinking well. Staff followed health professionals' advice, for example providing pureed foods where prescribed. One relative told us, "I'm sure [relative] enjoys the food as they have not lost any weight since they've been here and seems happy."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to make healthier life choices such as diet and exercise. We observed people walking around the home and supported to use the stairs regularly. Exercises were also encouraged after lunch with gentle games and chair exercises. The number of falls at Laxton Hall was very low, we observed people were confident in their mobility and supported closely by staff.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. One relative told us, "[Name] came in two weeks ago and a doctor went through the treatment and medication with us and staff here. I'm happy that I will be kept informed of what's happening with [relative]."
- Staff followed health professionals' instructions and ensured people received their on-going treatment or assessments. People's care plans and records were duplicated in Polish and English to ensure health-professionals could communicate their instructions and assessments clearly. One person told us, "The doctor comes in here to see me and an optician has been in as well."

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

- The building and amenities were accessible to the people living at the service. The layout of the building ensured that the environment offered plenty of personal space. Further improvements were required to maintain safety.
- People's rooms reflected people's personalities. They were decorated with personal items and religious artefacts.
- The chapel was an integral part of Laxton Hall and used regularly.
- The communal areas could be accessed by people and their family members who were visiting. People in wheelchairs could easily access these areas.

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 principles of the MCA were being met.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- The registered manager had received DoLS authorisations; they reapplied for these when they were due for expiry. People's DoLS authorisations did not contain any specific conditions.

# 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 Outstanding. At this inspection this key question has now deteriorated to 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 knew them well. Everyone we spoke with told us staff had a caring attitude. One person told us, "I'm really happy here, the Sisters and carers [staff] are very good." Another person said, "The staff call me by my first name, it's a personal name and I'm very happy with that." A relative told us, "[Relative] has made friends here and is very happy."
- People told us staff were kind and friendly. People told us, "I stay in bed and I have the same carer who is so friendly" and "Staff are very polite and kind, I cannot complain at all." One relative said, "The care here is really good, the home has a caring attitude."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with others that provided them with support.

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

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care. Where people could not express their wishes, their representatives had been involved in their care planning.
- People told us they felt their views were listened to and acted on. One person told us, "I'm listened to by staff."
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. One person said, "They [staff] are very polite and help me with getting up in the morning and washing. I feel comfortable with nearly all of them and I'm generally not rushed when they are helping me."
- Staff were respectful. One person told us, "If I get anything on my clothes and the staff see they suggest I change it then they help me take it off and it goes away to be washed." One person who stayed in bed had problems with the direct sunlight in their room, they told us the Sisters managed this by coming into their room at regular intervals to close or open curtains as required.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person said, "[Staff] encourage me to be independent, I choose what to be involved with, I'm being looked after, I'm happy."

- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# 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 Outstanding. At this inspection this key question has now deteriorated to Good. 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

- People's care plans had been kept under regular review, to make sure they reflected people's current needs. This helped ensure staff were provided with up to date and appropriate information to meet people's needs.
- Care plans were personalised and contained information about people's likes and dislikes. For example, hobbies and interests and people who were important to them.
- People chose how they spent their day. One person told us, "Staff respect my choices, I sometimes like to go to my room after lunch if I'm not feeling good and I like to get up at 6am and they help me with that."
- People chose how and when they worshipped. One person said, "A priest comes in once a week to my bedroom [to worship] but the Sisters will take me in my wheelchair to the chapel service as well if I want to go." Another person told us, "Staff let me choose if I want to go to chapel, I get asked and it's up to me and how I'm feeling."

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 treated as individuals where each person brought experience and skills which they could share with each other.
- Each person had an activity plan to suit their mobility and cognitive levels. However, people could join in on any activity. For example, people were taking part in creative activities at the craft table, people had differing abilities. A relative told us, "My [relative] joins in the activities and the craft ones are appropriate for them as they have dementia."
- People were included in group discussions, creating a sense of community and friendship. Before lunch people sat in a large circle and talked about the food they would have at Christmas and how they used to cook it. One person joined the group late, they were greeted warmly and encouraged to join in the discussion.
- Some people took part in a gardening group where they potted plants. We observed people were enjoying the activity with friendly chatter and laughter.
- People were observed to spontaneously start singing during the day; all residents and staff joined in. All staff knew the words to the songs which referred to people's younger years. One person told us, "I like the singing, I join in activities and enjoy reading."
- Laxton Hall had a library of books in Polish which staff read to people who could no longer read for themselves. People sat in small groups to listen to stories from books, which led to discussions about people's own life experiences.
- Where people became emotional, from their story telling or from songs, staff were very responsive,

providing companionship and time to listen.

- Where people were cared for in bed, staff ensured they had their preferred entertainment, such as Polish television.

#### 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 provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given.
- People received information in their first language, Polish. Where required people and their relatives could have information in English. People appreciated the home being Polish, they told us, "I like it here as everyone speaks the same language."

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

- People and their relatives told us they were confident they could complain to the registered manager and have their concerns addressed. One person said, "If I needed to complain, which I won't as I have everything here I need, I would talk to the staff." Another person said "I've never had to complain but would go to the manager if I needed to."
- There was a complaints procedure in place whereby complaints would be addressed in accordance with the provider's policy. The registered manager had responded to complaints in accordance with the provider's policy.

#### End of life care and support

- People chose whether they stayed at the home when their health deteriorated.
- Staff liaised with people's GP and district nurses to get additional assistance to prevent potential symptoms such as pain.
- The priest provided religious ceremonies and the Sisters provided on-going companionship and spiritual guidance.
- Staff kept people's relatives informed, provided them with time to talk and ensured they were made to feel welcome to stay with their relatives.
- There was a chapel used for funerals in the grounds and a private cemetery for those that wished to remain at Laxton Hall.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The provider carried out regular audits and checks, however, they did not always act to redress any issues that had been identified. For example, the environmental audit carried out in March 2019 identified people were at risk due to missing window restrictors and exposed hot pipes. No action had been taken to rectify these known risks.
- The provider's environmental audit had not identified people were at risk of uncovered radiators, broken window panes or unsafe balustrade.
- The provider did not have oversight of the staff practices of leaving doors to the basement, boiler room, laundry and sluices open or unlocked. This put people at risk of harm from hot appliances, hot water and substances that could be hazardous to health.
- The registered manager did not implement a system of instructions or protocols for 'as required' medicines for all people following feedback from commissioners in August 2019.

The provider did not have sufficient systems and processes in place to assess, monitor and improve the health and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. Good governance.

- We brought these issues to the attention of the registered manager and provider, who put systems in place immediately to ensure the environment was safe. They also carried out an environmental audit which demonstrated the provider had identified risks and taken immediate action.
- Following the inspection the registered manager sent one 'as required' protocol to CQC.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge.

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

- The care people received at Laxton Hall was specifically designed, using research, to create a home for people to feel safe. People shared their experiences and spoke freely without fear of reprisal or rejection.

One relative summed this up by saying, "This home suits my [relative] really well, what [relative] has been through in the war they can all relate to. Here [relative] can talk about their experiences, their childhood, how they were evacuated and share it with people in the home. People who come here are often in a bit of a time warp and my [relative] feels comfortable with likeminded people."

- People told us the home was well-run. One person said, "This home is very close to my heart, it is well run and very enjoyable." Another said, "I have had visitors from Romania here and they said they have never seen a home as good as this one."
- Relatives were happy with the contact at the service. A relative told us, "We have the Sister's phone number and her email so can contact her anytime."
- Staff told us they were happy working at the service and felt supported by the registered manager.

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.

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

- People were asked for their feedback through formal surveys and at group meetings.
- People's equality characteristics were considered when sharing information, accessing care and activities.
- Laxton Hall regularly opened their doors to the Polish community for cultural events and encouraged shared worship.
- The registered manager had developed good relationships with people's GP, district nurses and health teams.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure people were always protected from environmental risks or safe management of 'as required' medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have sufficient systems and processes in place to assess, monitor and improve the health and safety of the service. The provider failed to respond to CQC's request for information.